



General Assembly

January Session, 2021

Raised Bill No. 6588

LCO No. 3806



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT CONCERNING MENTAL HEALTH CARE AND SUBSTANCE ABUSE SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2022*) Notwithstanding any
2 provision of the general statutes, no individual health insurance policy
3 providing coverage of the type specified in subdivisions (1), (2), (4), (11),
4 (12) and (16) of section 38a-469 of the general statutes delivered, issued
5 for delivery, renewed, amended or continued in this state on or after
6 January 1, 2022, that provides coverage for outpatient prescription
7 drugs shall: (1) Require a prescribing health care provider to prescribe a
8 supply of a covered outpatient psychotropic drug that is larger than the
9 supply of such drug that such provider deems clinically appropriate; or
10 (2) if a prescribing health care provider deems a ninety-day supply of a
11 covered outpatient psychotropic drug to be clinically inappropriate and
12 prescribes less than a ninety-day supply of such drug, impose a
13 coinsurance, copayment, deductible or other out-of-pocket expense for
14 the prescribed supply of such drug in an amount that exceeds the
15 amount of the coinsurance, copayment, deductible or other out-of-
16 pocket expense for a ninety-day supply of such drug reduced pro rata

17 in proportion to such prescribed supply of such drug.

18 Sec. 2. (NEW) (*Effective January 1, 2022*) Notwithstanding any
19 provision of the general statutes, no group health insurance policy
20 providing coverage of the type specified in subdivisions (1), (2), (4), (11),
21 (12) and (16) of section 38a-469 of the general statutes delivered, issued
22 for delivery, renewed, amended or continued in this state on or after
23 January 1, 2022, that provides coverage for outpatient prescription
24 drugs shall: (1) Require a prescribing health care provider to prescribe a
25 supply of a covered outpatient psychotropic drug that is larger than the
26 supply of such drug that such provider deems clinically appropriate; or
27 (2) if a prescribing health care provider deems a ninety-day supply of a
28 covered outpatient psychotropic drug to be clinically inappropriate and
29 prescribes less than a ninety-day supply of such drug, impose a
30 coinsurance, copayment, deductible or other out-of-pocket expense for
31 the prescribed supply of such drug in an amount that exceeds the
32 amount of the coinsurance, copayment, deductible or other out-of-
33 pocket expense for a ninety-day supply of such drug reduced pro rata
34 in proportion to such prescribed supply of such drug.

35 Sec. 3. Section 38a-476b of the general statutes is repealed and the
36 following is substituted in lieu thereof (*Effective January 1, 2022*):

37 Notwithstanding any provision of the general statutes or the
38 regulations of Connecticut state agencies, no mental health care benefit
39 provided under state law, or with state funds or to state employees may,
40 through the use of a drug formulary, list of covered drugs or any other
41 means: (1) Limit the availability of psychotropic drugs that are the most
42 effective therapeutically indicated pharmaceutical treatment with the
43 least probability of adverse side effects; [or] (2) require utilization of
44 psychotropic drugs that are not the most effective therapeutically
45 indicated pharmaceutical treatment with the least probability of adverse
46 side effects; or (3) require a prescribing health care provider to prescribe
47 a supply of an outpatient psychotropic drug that is larger than the
48 supply of such drug that such provider deems clinically appropriate.
49 Nothing in this section shall be construed to limit the authority of a

50 physician to prescribe a drug that is not the most recent pharmaceutical
51 treatment. Nothing in this section shall be construed to prohibit
52 differential copays among pharmaceutical treatments or to prohibit
53 utilization review.

54 Sec. 4. (*Effective from passage*) (a) There is established a task force to
55 study methods available to this state, and health carriers doing business
56 in this state, to encourage health care providers providing mental health
57 services to participate in provider networks.

58 (b) The task force shall consist of the following members:

59 (1) Two appointed by the speaker of the House of Representatives;

60 (2) Two appointed by the president pro tempore of the Senate;

61 (3) One appointed by the majority leader of the House of
62 Representatives;

63 (4) One appointed by the majority leader of the Senate;

64 (5) One appointed by the minority leader of the House of
65 Representatives;

66 (6) One appointed by the minority leader of the Senate;

67 (7) The Insurance Commissioner, or the commissioner's designee;
68 and

69 (8) Two appointed by the Governor.

70 (c) Any member of the task force appointed under subdivision (1),
71 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
72 of the General Assembly.

73 (d) All initial appointments to the task force shall be made not later
74 than thirty days after the effective date of this section. Any vacancy shall
75 be filled by the appointing authority.

76 (e) The speaker of the House of Representatives and the president pro
77 tempore of the Senate shall select the chairpersons of the task force from
78 among the members of the task force. Such chairpersons shall schedule
79 the first meeting of the task force, which shall be held not later than sixty
80 days after the effective date of this section.

81 (f) The administrative staff of the joint standing committee of the
82 General Assembly having cognizance of matters relating to insurance
83 shall serve as administrative staff of the task force.

84 (g) Not later than January 1, 2022, the task force shall submit a report
85 on its findings and recommendations to the joint standing committee of
86 the General Assembly having cognizance of matters relating to
87 insurance, in accordance with the provisions of section 11-4a of the
88 general statutes. The task force shall terminate on the date that it
89 submits such report or January 1, 2022, whichever is later.

90 Sec. 5. (*Effective from passage*) (a) There is established a task force to
91 study health insurance coverage for peer support services in this state.
92 Such study shall include, but need not be limited to, an examination of
93 any means available to increase health insurance coverage for peer
94 support services provided to individuals in this state.

95 (b) The task force shall consist of the following members:

96 (1) Two appointed by the speaker of the House of Representatives,
97 one of whom is a recovery support specialist and one of whom is a
98 member of the Connecticut Certification Board;

99 (2) Two appointed by the president pro tempore of the Senate, one of
100 whom is a recovery coach and one of whom is a representative of the
101 Connecticut Hospital Association;

102 (3) One appointed by the majority leader of the House of
103 Representatives, who is a representative of a program overseen by the
104 Department of Children and Families;

105 (4) One appointed by the majority leader of the Senate, who is a

106 representative of an organization that trains recovery coaches or
107 recovery support specialists;

108 (5) One appointed by the minority leader of the House of
109 Representatives, who is a supervisor of peers from a provider agency
110 that employs peers;

111 (6) One appointed by the minority leader of the Senate, who is a
112 representative of an organization that provides services to Medicaid
113 beneficiaries;

114 (7) One appointed by the Insurance Commissioner, who is a
115 representative of a health carrier; and

116 (8) Two appointed by the Governor, one of whom is a young adult
117 with experience in various forms of peer support and one of whom has
118 perspective concerning community reentry.

119 (c) Any member of the task force appointed under subdivision (1),
120 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
121 of the General Assembly.

122 (d) All initial appointments to the task force shall be made not later
123 than thirty days after the effective date of this section. Any vacancy shall
124 be filled by the appointing authority.

125 (e) The speaker of the House of Representatives and the president pro
126 tempore of the Senate shall select the chairpersons of the task force from
127 among the members of the task force. Such chairpersons shall schedule
128 the first meeting of the task force, which shall be held not later than sixty
129 days after the effective date of this section.

130 (f) The administrative staff of the joint standing committee of the
131 General Assembly having cognizance of matters relating to insurance
132 shall serve as administrative staff of the task force.

133 (g) Not later than December 31, 2021, the task force shall submit a
134 report on its findings and recommendations to the joint standing

135 committee of the General Assembly having cognizance of matters
 136 relating to insurance, in accordance with the provisions of section 11-4a
 137 of the general statutes. The task force shall terminate on the date that it
 138 submits such report or December 31, 2021, whichever is later.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2022</i>	New section
Sec. 2	<i>January 1, 2022</i>	New section
Sec. 3	<i>January 1, 2022</i>	38a-476b
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section

Statement of Purpose:

To: (1) Provide that no individual or group health insurance policy providing coverage for outpatient prescription drugs shall (A) require a prescribing health care provider to prescribe a supply of a covered outpatient psychotropic drug that is larger than the supply of such drug that such provider deems clinically appropriate, or (B) if a prescribing health care provider deems a ninety-day supply of a covered outpatient psychotropic drug to be clinically inappropriate and prescribes less than a ninety-day supply of such drug, impose a coinsurance, copayment, deductible or other out-of-pocket expense for the prescribed supply of such drug in an amount that exceeds the amount of the coinsurance, copayment, deductible or other out-of-pocket expense for a ninety-day supply of such drug reduced pro rata in proportion to such prescribed supply of such drug; (2) provide that no mental health care benefits provided under state law, with state funds or to state employees shall require a prescribing health care provider to prescribe a supply of an outpatient psychotropic drug that is larger than the supply of such drug that such provider deems clinically appropriate; (3) establish a task force to study methods available to this state, and health carriers doing business in this state, to encourage health care providers providing mental health services to participate in provider networks; and (4) establish a task force to study health insurance coverage for peer support services.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]