



General Assembly

Amendment

January Session, 2021

LCO No. 8511



Offered by:

SEN. KELLY, 21st Dist.
SEN. HWANG, 28th Dist.
SEN. SAMPSON, 16th Dist.
SEN. SOMERS, 18th Dist.

To: Senate Bill No. 1045

File No. 370

Cal. No. 237

"AN ACT CONCERNING STEP THERAPY, ADVERSE DETERMINATION AND UTILIZATION REVIEWS, AND HEALTH INSURANCE COVERAGE FOR CHILDREN, STEPCHILDREN AND OTHER DEPENDENT CHILDREN."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective July 1, 2022*) Notwithstanding any
4 provision of the general statutes, any health coverage offered by the
5 Comptroller to persons other than state employees or retirees for any
6 coverage period beginning on or after July 1, 2022, shall provide that
7 coverage of a child, stepchild or other dependent child shall terminate
8 not earlier than the coverage period expiration date immediately
9 following the date on which the child, stepchild or other dependent
10 child attains the age of twenty-six. Such health coverage shall cover a
11 stepchild or other dependent child on the same basis as a biological

12 child.

13 Sec. 502. (NEW) (*Effective July 1, 2022*) (a) As used in this section:

14 (1) "Step therapy" means a protocol or program that establishes the
15 specific sequence in which prescription drugs for a specified medical
16 condition are to be prescribed; and

17 (2) "Third-party administrator" means any person who directly or
18 indirectly underwrites, collects premiums or charges from or adjusts or
19 settles claims on residents of this state in connection with health
20 coverage offered by the Comptroller to persons other than state
21 employees or retirees.

22 (b) Notwithstanding any provision of the general statutes, no health
23 coverage offered by the Comptroller to persons other than state
24 employees or retirees for any coverage period beginning on or after July
25 1, 2022, and no third-party administrator administering such health
26 coverage, shall:

27 (1) Require any covered person to obtain prescription drugs from a
28 mail order pharmacy as a condition of obtaining benefits for such drugs;
29 or

30 (2) Require, if such health coverage or third-party administrator uses
31 step therapy for prescription drugs, the use of step therapy for:

32 (A) Any prescribed drug for longer than sixty days; or

33 (B) A prescribed drug for treatment of a behavioral health condition
34 or a chronic, disabling or life-threatening condition or disease for a
35 covered person who has been diagnosed with such a condition or
36 disease, provided such prescribed drug is in compliance with approved
37 federal Food and Drug Administration indications.

38 (3) At the expiration of the time period specified in subparagraph (A)
39 of subdivision (2) of this subsection, a covered person's treating health
40 care provider may deem such step therapy drug regimen clinically

41 ineffective for the covered person, at which time the Comptroller or
42 third-party administrator shall authorize dispensation of and coverage
43 for the drug prescribed by the covered person's treating health care
44 provider, provided such drug is a covered drug under such health
45 coverage. If such provider does not deem such step therapy drug
46 regimen clinically ineffective or has not requested an override pursuant
47 to subdivision (1) of subsection (c) of this section, such drug regimen
48 may be continued.

49 (c) (1) Notwithstanding the sixty-day period set forth in subdivision
50 (2) of subsection (b) of this section, the Comptroller or third-party
51 administrator, if the Comptroller or third-party administrator uses step
52 therapy for such prescription drugs, shall establish and disclose to its
53 health care providers a process by which a covered person's treating
54 health care provider may request at any time an override of the use of
55 any step therapy drug regimen. Any such override process shall be
56 convenient to use by health care providers and an override request shall
57 be expeditiously granted when a covered person's treating health care
58 provider demonstrates that the drug regimen required under step
59 therapy (A) has been ineffective in the past for treatment of the covered
60 person's medical condition, (B) is expected to be ineffective based on the
61 known relevant physical or mental characteristics of the covered person
62 and the known characteristics of the drug regimen, (C) will cause or will
63 likely cause an adverse reaction by or physical harm to the covered
64 person, or (D) is not in the best interest of the covered person, based on
65 medical necessity.

66 (2) Upon the granting of an override request, the Comptroller or
67 third-party administrator shall authorize dispensation of and coverage
68 for the drug prescribed by the covered person's treating health care
69 provider, provided such drug is a covered drug under such health
70 coverage.

71 Sec. 503. (NEW) (*Effective July 1, 2022*) (a) As used in this section:

72 (1) "Health carrier" has the same meaning as provided in section 38a-

73 591a of the general statutes, as amended by this act; and

74 (2) "Third-party administrator" means any person who directly or
75 indirectly underwrites, collects premiums or charges from or adjusts or
76 settles claims on residents of this state in connection with health
77 coverage offered by the Comptroller to persons other than state
78 employees or retirees.

79 (b) Notwithstanding any provision of the general statutes, any health
80 coverage offered by the Comptroller to persons other than state
81 employees or retirees for any coverage period beginning on or after July
82 1, 2022, and any third-party administrator administering such health
83 coverage, shall comply with the provisions of sections 38a-591a to 38a-
84 591n, inclusive, of the general statutes, as amended by this act, as if the
85 Comptroller or such third-party administrator were a health carrier."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	July 1, 2022	New section
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