



General Assembly

**Amendment**

January Session, 2021

LCO No. 10101



Offered by:  
SEN. KELLY, 21<sup>st</sup> Dist.

To: House Bill No. 6622

File No. 753

Cal. No. 513

**"AN ACT CONCERNING PRESCRIPTION DRUG FORMULARIES  
AND LISTS OF COVERED DRUGS."**

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Section 38a-492f of the general statutes is repealed and the  
4 following is substituted in lieu thereof (*Effective January 1, 2022*):

5 [Each] (a) Except as provided in subsection (b) of this section, each  
6 individual health insurance policy providing coverage of the type  
7 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
8 delivered, issued for delivery, renewed, amended or continued in this  
9 state that provides coverage for outpatient prescription drugs shall not,  
10 [deny] for an insured who is using a covered outpatient prescription  
11 drug to treat a chronic illness during a policy year:

12 (1) Deny coverage [for an] to the insured for any such drug that the  
13 insurer removes from its list of covered drugs, or otherwise ceases to  
14 [provide coverage for] cover during such policy year, if [(1)] (A) the

15 insured was using the drug [for the treatment of a chronic illness] prior  
16 to the removal or cessation of coverage, [(2)] (B) the insured was covered  
17 under the policy for the drug prior to the removal or cessation of  
18 coverage, and [(3)] (C) the insured's [attending] prescribing health care  
19 provider states, in writing [,] after the removal or cessation of coverage,  
20 that the drug is medically necessary and lists the reasons why [the] such  
21 drug is more medically beneficial than the drugs on the list of covered  
22 drugs; [. Such] or

23 (2) Increase the amount of the coinsurance, copayment or deductible  
24 for the drug during the policy year, regardless of whether the insurer  
25 removes such drug from such insurer's list of covered drugs or  
26 otherwise ceases to cover such drug, unless such policy's list of covered  
27 drugs includes, at the time of such increase, another outpatient  
28 prescription drug that (A) requires that the insured pay a coinsurance,  
29 copayment or deductible in an equal or lesser amount, and (B) is  
30 designated as "AA" or "AB" in the most current edition of the "Approved  
31 Drug Products with Therapeutic Equivalence Valuations", published by  
32 the federal Food and Drug Administration.

33 (b) A policy providing coverage of the type described in subsection  
34 (a) of this section may deny coverage to an insured for an outpatient  
35 prescription drug:

36 (1) If the drug is (A) not approved by the federal Food and Drug  
37 Administration, (B) the subject of a notice, guidance, warning,  
38 announcement or any other statement from the federal Food and Drug  
39 Administration that calls into question the clinical safety of such drug,  
40 or (C) approved by the federal Food and Drug Administration as an  
41 over-the-counter drug; or

42 (2) Upon notice to an insured and the insured's prescribing health  
43 care provider at least sixty days prior to the effective date of the policy  
44 change described in the notice.

45 (c) The benefits required under this section shall be subject to the  
46 same terms and conditions applicable to all other benefits under [such

47 policies] the policy that is subject to the provisions of this section.

48 Sec. 2. Section 38a-518f of the general statutes is repealed and the  
49 following is substituted in lieu thereof (*Effective January 1, 2022*):

50 [Each] (a) Except as provided in subsection (b) of this section, each  
51 group health insurance policy providing coverage of the type specified  
52 in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,  
53 issued for delivery, renewed, amended or continued in this state that  
54 provides coverage for outpatient prescription drugs shall not, [deny] for  
55 an insured who is using a covered outpatient prescription drug to treat  
56 a chronic illness during a policy year:

57 (1) Deny coverage [for an] to the insured for any such drug that the  
58 insurer removes from its list of covered drugs, or otherwise ceases to  
59 [provide coverage for] cover during such policy year, if [(1)] (A) the  
60 insured was using the drug [for the treatment of a chronic illness] prior  
61 to the removal or cessation of coverage, [(2)] (B) the insured was covered  
62 under the policy for the drug prior to the removal or cessation of  
63 coverage, and [(3)] (C) the insured's [attending] prescribing health care  
64 provider states, in writing [,] after the removal or cessation of coverage,  
65 that the drug is medically necessary and lists the reasons why [the] such  
66 drug is more medically beneficial than the drugs on the list of covered  
67 drugs; [, Such] or

68 (2) Increase the amount of the coinsurance, copayment or deductible  
69 for the drug during the policy year, regardless of whether the insurer  
70 removes such drug from such insurer's list of covered drugs or  
71 otherwise ceases to cover such drug, unless such policy's list of covered  
72 drugs includes, at the time of such increase, another outpatient  
73 prescription drug that (A) requires that the insured pay a coinsurance,  
74 copayment or deductible in an equal or lesser amount, and (B) is  
75 designated as "AA" or "AB" in the most current edition of the "Approved  
76 Drug Products with Therapeutic Equivalence Valuations", published by  
77 the federal Food and Drug Administration.

78 (b) A policy providing coverage of the type described in subsection

79 (a) of this section may deny coverage to an insured for an outpatient  
80 prescription drug:

81 (1) If the drug is (A) not approved by the federal Food and Drug  
82 Administration, (B) the subject of a notice, guidance, warning,  
83 announcement or any other statement from the federal Food and Drug  
84 Administration that calls into question the clinical safety of such drug,  
85 or (C) approved by the federal Food and Drug Administration as an  
86 over-the-counter drug; or

87 (2) Upon notice to an insured and the insured's prescribing health  
88 care provider at least sixty days prior to the effective date of the policy  
89 change described in the notice.

90 (c) The benefits required under this section shall be subject to the  
91 same terms and conditions applicable to all other benefits under [such  
92 policies] the policy that is subject to the provisions of this section."

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2022	38a-492f
Sec. 2	January 1, 2022	38a-518f