# Insurance and Real Estate Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-6831

AN ACT CONCERNING THE OVERRIDE OF STEP THERAPY FOR CERTAIN

Title: MENTAL HEALTH CONDITIONS.

Vote Date: 3/14/2023

Vote Action: Joint Favorable Substitute

**PH Date:** 3/9/2023

File No.:

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# **SPONSORS OF BILL:**

The Insurance and Real Estate Committee

Sen. Saud Anwar. 3rd Dist.

Rep. Christie M. Carpino, 32<sup>nd</sup> Dist.

# **REASONS FOR BILL:**

Step therapy is a policy in which an insurer will not pay for an expensive treatment or drug for a patient unless their doctor/provider first pursues one that is less expensive and demonstrates it is inadequate. This bill seeks to expedite step therapy and ensure patients are made aware of the insurer's override process. In certain (mental health related) circumstances, insurers would be required to respond to override requests in 24 hours.

# SUBSTITUTE LANGUAGE:

The substitute language revises some provisions in Section 3 of the bill, which establishes a task force to study data collection efforts regarding step therapy. Language is added in Subsection (b)(3) to require the appointment of a pharmacist and (b)(4) to require the appointment of the representative of the pharmaceutical manufacturing industry. The new language in Subsections (c) and (d) regards initial appointments, vacancies, and appointing chairpersons, which is typical for any task force

# **RESPONSE FROM ADMINISTRATION/AGENCY:**

<u>State of Connecticut, Office of the Healthcare Advocate, Healthcare Advocate, Ted Doolittle:</u> supports the bill's intent to "make sure that patients have timely access. . . to the drugs that optimize their individual therapeutic benefit." He believes that "making the override process more transparent and efficient" will achieve this goal. He suggests the study outlined

in this bill could be made "truly comprehensive" by an amendment that "[balances] the task force with more consumer voices" such as an OHA designee, "consumers who have been denied medications due to step therapy, and consumers who have successfully" overridden the process.

State of Connecticut, Office of Health Strategy, Executive Director, Deidre Gifford: supports this bill and applauds its goal of "[ensuring] Connecticut residents have access to timely healthcare." She testified that cost-savings tools such as step therapy can "inadvertently exacerbate rather than help the current cost and access challenges." She is concerned that insurers may "tip the proverbial scales" of these cost balancing tools and "overly limit necessary care" to reduce spending. She is willing to work with stakeholders and the bill's proponents to find the "appropriate" balance and "ensure high-value care is still available at reasonable cost."

# **NATURE AND SOURCES OF SUPPORT:**

Connecticut Rare Action Network, Patient Advocate, Lesley Bennett: supports this bill because "prescription medications affect [patients] in different ways" and changing the drugs they take can bring "disastrous side effects." She discussed her daughter's experience with step therapy, which resulted in a week's stay in the ICU caused by a "seizure crisis" in addition to "a major GI bleed." She urges language regarding "rare neurological disorders" be added so doctors treating these patients can "override. . . any step therapy drug regimen."

<u>Dr. Richard Comshaw, Ph.D. APRN</u>: supports this bill because "step therapy handcuffs clinicians from choosing the most appropriate treatment for [their] patient." The impact of ineffective treatment is not merely "continued illness. . . adverse events, and side effects" but also "humanistic costs" such as decreased job performance, "failed relationships, increased hospitalization and even suicide." He finds the cost projections made by opponents of this bill fail to account for "the cost of increased service utilization and cost of increased hospitalization."

<u>Dr. Manage Nissanka, M.D.</u>: testified that her 40 years of experience as a psychiatrist leads her to oppose STEP therapy as makes it harder for patients to receive "proper medication." She testified that "one size fits all" does not apply to psychotropic drugs or their patients. Moreover, she finds the step therapy process to be too "cumbersome and time consuming."

National Alliance on Mental Illness Connecticut, Public Policy and Affiliates Relations

Manager, Thomas Burr: supports this bill because the process of step therapy "often results in denying people with mental health conditions the care that they need" and "is an intrusion by [non-medical] entities into the sacrosanct doctor-patient relationship." He notes that each patient's reaction to medication is unique, making it even more important for patients to "access the medication that works best for them." Furthermore, "delayed care can often lead to significant negative outcomes" such as hospitalization, job loss, criminal activity, and suicide.

# NATURE AND SOURCES OF OPPOSITION:

<u>Connecticut Hospital Association, Government Relations Team</u>: has "concerns about the bill as drafted" and gives suggestions on how the bill can be amended. The goal of the

disclosure process in lines 12-15 could be better accomplished if the insurers "send information regarding [step therapy overrides] directly to their insureds." They also request that the Association have representation on the task force outlined in Section 2 of the bill.

Reported by: Sean Chilson Date: 3/28/2023