General Assembly

Amendment

January Session, 2021

LCO No. **10101**

Offered by:
SEN. KELLY, 21st Dist.

To: House Bill No. **6622** File No. 753 Cal. No. 513

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

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

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 Section 38a-492f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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