

General Assembly

Proposed Bill No. 5853

January Session, 2019



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by: REP. BUTLER, 72nd Dist. (By Request)

AN ACT RESTRICTING CHANGES TO HEALTH INSURERS' PRESCRIPTION DRUG FORMULARIES.

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

- That sections 38a-492f and 38a-518f of the general statutes be
- 2 amended to provide that no health carrier that includes prescription
- 3 drug coverage shall remove a covered prescription drug from its list of
- 4 covered drugs, or reclassify or place a covered prescription drug in a
- 5 higher cost-sharing tier, during a policy term unless (1) such drug is
- 6 not medically necessary, such health carrier provides the insured and
- 7 the insured's prescribing health care provider with not less than sixty
- 8 days' advance written notice of its intended action and such provider
- 9 agrees that such drug is not medically necessary, or (2) such drug is
- 10 identified as no longer safe and effective by the federal Food and Drug
- 11 Administration or peer-reviewed medical literature generally
- 12 recognized by the relevant medical community.

Statement of Purpose:

To restrict when health carriers may change prescription drug formularies during a policy term.

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