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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2015

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A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives O'Grady, Ackerman, and Keable

Date Introduced: February 25, 2015

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness
2 Insurance Policies" is hereby amended by adding thereto the following section:

3 **27-18-82. Step therapy protocol. – (a) Legislative findings and declaration. The general**
4 **assembly makes the following findings:**

5 (1) Health insurance plans are increasingly making use of step therapy policies under
6 which health plan members are required to try one or more prescription drugs before coverage is
7 provided for a drug recommended by the patient's health care provider.

8 (2) Such step therapy policies, where they are based on well-developed scientific
9 standards and administered in a flexible manner that takes into account the individual needs of
10 patients, can play an important role in controlling health care costs.

11 (3) In some cases, requiring a patient to follow a step therapy policy may have adverse
12 and even dangerous consequences for the patient who may either not realize a benefit from taking
13 a prescription drug or may suffer harm from taking the wrong drug.

14 (4) Without uniform policies across the state on step therapy, patients may not receive the
15 best and most appropriate treatment.

16 (5) It is imperative that step therapy policies throughout the state preserve physicians'
17 rights to make treatment decisions in the best interest of their patients.

18 (6) Based on these findings, the general assembly declares it a matter of public interest
19 that it require health plans to base step therapy requirements on appropriate clinical practice

1 guidelines developed by professional medical societies with expertise in the condition or
2 conditions under consideration; that patients be exempt from step therapy requirements when
3 impracticable or otherwise not in the best interest of the patients; and that patients and prescribers
4 have access to a transparent and independent process for requesting an exception of step therapy
5 requirements when appropriate.

6 (b) Definitions. As used in this section:

7 (1) "Clinical practice guidelines" means a systematically developed statement to assist
8 practitioner and patient decisions about appropriate health care for specific clinical circumstances.

9 (2) "Clinical review criteria" means the written screening procedures, decision abstracts,
10 clinical protocols and practice guidelines used by an insurer or health plan to determine the
11 medical necessity and appropriateness of health care services.

12 (3) "Step therapy protocol" means a protocol or program that establishes the specific
13 sequence in which prescription drugs for a specified medical condition and medically appropriate
14 for a particular patient are to be prescribed and paid for by a health plan.

15 (4) "Step therapy override determination" means a determination as to whether step
16 therapy should apply in a particular situation, or whether the step therapy protocol should be
17 overridden in favor of immediate coverage of the patient's and/or prescriber's preferred drug.
18 This determination is based on a review of the patient's and/or prescriber's request for an override,
19 along with supporting rationale and documentation.

20 (5) "Utilization review organization" means an entity that conducts utilization review,
21 other than a health carrier performing utilization review for its own health benefit plans.

22 (c) Clinical review criteria, requirements and restrictions. Clinical review criteria used to
23 establish step therapy protocols shall be based on clinical practice guidelines:

24 (1) Independently developed by a professional medical society with expertise in the
25 medical condition, or conditions, for which coverage decisions said criteria will be applied; and

26 (2) That recommend drugs be taken in the specific sequence required by the step therapy
27 protocol.

28 (d) Exceptions process transparency.

29 (1) Exceptions process. When coverage of medications for the treatment of any medical
30 condition are restricted for use by an insurer, health plan, or utilization review organization via a
31 step therapy protocol, the patient and prescribing practitioner shall have access to a clear and
32 convenient process to request a step therapy exception determination. An insurer, health plan, or
33 utilization review organization may use its existing medical exceptions process to satisfy this
34 requirement. The process shall be disclosed to the patient and health care providers, including

1 documenting and making it easily accessible on the insurer's or health plan's website.

2 (2) Exceptions. An exception request shall be expeditiously granted if:

3 (i) The required drug is contraindicated or will likely cause an adverse reaction or
4 physical or mental harm to the patient;

5 (ii) The required drug is expected to be ineffective based on the known relevant physical
6 or mental characteristics of the insured/patient and the known characteristics of the drug regimen;

7 (iii) The enrollee has tried the step therapy required drug while under their current or a
8 previous health plan, or another drug in the same pharmacologic class or with the same
9 mechanism of action and such drugs were discontinued due to lack of efficacy or effectiveness,
10 diminished effect, or an adverse event; or

11 (iv) The patient is stable on a drug recommended by their health care provider for the
12 medical condition under consideration, based on, but not limited to, a trial with medication
13 samples or a prescription filled at a pharmacy.

14 (3) Effect of exception. Upon the granting of an exception request, the insurer, health
15 plan, utilization review organization, or other entity shall authorize dispensation of and coverage
16 for the drug prescribed by the enrollee's treating health care provider, provided such drug is a
17 covered drug under such policy or contract.

18 (4) Limitations. This section shall not be construed to prevent:

19 (i) An insurer, health plan, or utilization review organization from requiring an enrollee
20 try an AB-rated generic equivalent prior to providing reimbursement for the equivalent branded
21 drug;

22 (ii) A health care provider from prescribing a drug he or she determines is medically
23 appropriate.

24 (e) Regulations. Notwithstanding any general or special law to the contrary, the division
25 of insurance shall promulgate any regulations necessary to enforce this section.

26 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
27 Corporations" is hereby amended by adding thereto the following section:

28 **27-19-73. Step therapy drug protocol. -- (a) Legislative findings and declaration. The**
29 **general assembly makes the following findings:**

30 (1) Health insurance plans are increasingly making use of step therapy policies under
31 which health plan members are required to try one or more prescription drugs before coverage is
32 provided for a drug recommended by the patient's health care provider.

33 (2) Such step therapy policies, where they are based on well-developed scientific
34 standards and administered in a flexible manner that takes into account the individual needs of

1 patients, can play an important role in controlling health care costs.

2 (3) In some cases, requiring a patient to follow a step therapy policy may have adverse
3 and even dangerous consequences for the patient who may either not realize a benefit from taking
4 a prescription drug or may suffer harm from taking the wrong drug.

5 (4) Without uniform policies across the state on step therapy, patients may not receive the
6 best and most appropriate treatment.

7 (5) It is imperative that step therapy policies throughout the state preserve physicians'
8 rights to make treatment decisions in the best interest of their patients.

9 (6) Based on these findings, the general assembly declares it a matter of public interest
10 that it require health plans to base step therapy requirements on appropriate clinical practice
11 guidelines developed by professional medical societies with expertise in the condition or
12 conditions under consideration; that patients be exempt from step therapy requirements when
13 impracticable or otherwise not in the best interest of the patients; and that patients and prescribers
14 have access to a transparent and independent process for requesting an exception of step therapy
15 requirements when appropriate.

16 (b) Definitions. As used in this section:

17 (1) "Clinical practice guidelines" means a systematically developed statement to assist
18 practitioner and patient decisions about appropriate health care for specific clinical circumstances.

19 (2) "Clinical review criteria" means the written screening procedures, decision abstracts,
20 clinical protocols and practice guidelines used by an insurer or health plan to determine the
21 medical necessity and appropriateness of health care services.

22 (3) "Step therapy protocol" means a protocol or program that establishes the specific
23 sequence in which prescription drugs for a specified medical condition and medically appropriate
24 for a particular patient are to be prescribed and paid for by a health plan.

25 (4) "Step therapy override determination" means a determination as to whether step
26 therapy should apply in a particular situation, or whether the step therapy protocol should be
27 overridden in favor of immediate coverage of the patient's and/or prescriber's preferred drug.
28 This determination is based on a review of the patient's and/or prescriber's request for an override,
29 along with supporting rationale and documentation.

30 (5) "Utilization review organization" means an entity that conducts utilization review,
31 other than a health carrier performing utilization review for its own health benefit plans.

32 (c) Clinical review criteria. Requirements and restrictions. Clinical review criteria used to
33 establish step therapy protocols shall be based on clinical practice guidelines:

34 (1) Independently developed by a professional medical society with expertise in the

1 medical condition, or conditions, for which coverage decisions said criteria will be applied; and
2 (2) That recommend drugs be taken in the specific sequence required by the step therapy
3 protocol.
4 (d) Exceptions process transparency.
5 (1) Exceptions process. When coverage of medications for the treatment of any medical
6 condition are restricted for use by an insurer, health plan, or utilization review organization via a
7 step therapy protocol, the patient and prescribing practitioner shall have access to a clear and
8 convenient process to request a step therapy exception determination. An insurer, health plan, or
9 utilization review organization may use its existing medical exceptions process to satisfy this
10 requirement. The process shall be disclosed to the patient and health care providers, including
11 documenting and making it easily accessible on the insurer's or health plan's website.
12 (2) Exceptions. An exception request shall be expeditiously granted if:
13 (i) The required drug is contraindicated or will likely cause an adverse reaction or
14 physical or mental harm to the patient;
15 (ii) The required drug is expected to be ineffective based on the known relevant physical
16 or mental characteristics of the insured/patient and the known characteristics of the drug regimen;
17 (iii) The enrollee has tried the step therapy required drug while under their current or a
18 previous health plan, or another drug in the same pharmacologic class or with the same
19 mechanism of action and such drugs were discontinued due to lack of efficacy or effectiveness,
20 diminished effect, or an adverse event; or
21 (iv) The patient is stable on a drug recommended by their health care provider for the
22 medical condition under consideration, based on, but not limited to, a trial with medication
23 samples or a prescription filled at a pharmacy.
24 (3) Effect of exception. Upon the granting of an exception request, the insurer, health
25 plan, utilization review organization, or other entity shall authorize dispensation of and coverage
26 for the drug prescribed by the enrollee's treating health care provider, provided such drug is a
27 covered drug under such policy or contract.
28 (4) Limitations. This section shall not be construed to prevent:
29 (i) An insurer, health plan, or utilization review organization from requiring an enrollee
30 try an AB-rated generic equivalent prior to providing reimbursement for the equivalent branded
31 drug;
32 (ii) A health care provider from prescribing a drug he or she determines is medically
33 appropriate.
34 (e) Regulations. Notwithstanding any general or special law to the contrary, the division

1 of insurance shall promulgate any regulations necessary to enforce this section.

2 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
3 Corporations" is hereby amended by adding thereto the following section:

4 **27-20-69. Step therapy protocol. -- (a) Legislative findings and declaration. The general**
5 **assembly makes the following findings:**

6 (1) Health insurance plans are increasingly making use of step therapy policies under
7 which health plan members are required to try one or more prescription drugs before coverage is
8 provided for a drug recommended by the patient's health care provider.

9 (2) Such step therapy policies, where they are based on well-developed scientific
10 standards and administered in a flexible manner that takes into account the individual needs of
11 patients, can play an important role in controlling health care costs.

12 (3) In some cases, requiring a patient to follow a step therapy policy may have adverse
13 and even dangerous consequences for the patient who may either not realize a benefit from taking
14 a prescription drug or may suffer harm from taking the wrong drug.

15 (4) Without uniform policies across the state on step therapy, patients may not receive the
16 best and most appropriate treatment.

17 (5) It is imperative that step therapy policies throughout the state preserve physicians'
18 rights to make treatment decisions in the best interest of their patients.

19 (6) Based on these findings, the general assembly declares it a matter of public interest
20 that it require health plans to base step therapy requirements on appropriate clinical practice
21 guidelines developed by professional medical societies with expertise in the condition or
22 conditions under consideration; that patients be exempt from step therapy requirements when
23 impracticable or otherwise not in the best interest of the patients; and that patients and prescribers
24 have access to a transparent and independent process for requesting an exception of step therapy
25 requirements when appropriate.

26 (b) Definitions. As used in this section:

27 (1) "Clinical practice guidelines" means a systematically developed statement to assist
28 practitioner and patient decisions about appropriate health care for specific clinical circumstances.

29 (2) "Clinical review criteria" means the written screening procedures, decision abstracts,
30 clinical protocols and practice guidelines used by an insurer or health plan to determine the
31 medical necessity and appropriateness of health care services.

32 (3) "Step therapy protocol" means a protocol or program that establishes the specific
33 sequence in which prescription drugs for a specified medical condition and medically appropriate
34 for a particular patient are to be prescribed and paid for by a health plan.

1 (4) "Step therapy override determination" means a determination as to whether step
2 therapy should apply in a particular situation, or whether the step therapy protocol should be
3 overridden in favor of immediate coverage of the patient's and/or prescriber's preferred drug.
4 This determination is based on a review of the patient's and/or prescriber's request for an override,
5 along with supporting rationale and documentation.

6 (5) "Utilization review organization" means an entity that conducts utilization review,
7 other than a health carrier performing utilization review for its own health benefit plans.

8 (c) Clinical review criteria. Requirements and restrictions. Clinical review criteria used to
9 establish step therapy protocols shall be based on clinical practice guidelines:

10 (1) Independently developed by a professional medical society with expertise in the
11 medical condition, or conditions, for which coverage decisions said criteria will be applied; and

12 (2) That recommend drugs be taken in the specific sequence required by the step therapy
13 protocol.

14 (d) Exceptions process transparency.

15 (1) Exceptions process. When coverage of medications for the treatment of any medical
16 condition are restricted for use by an insurer, health plan, or utilization review organization via a
17 step therapy protocol, the patient and prescribing practitioner shall have access to a clear and
18 convenient process to request a step therapy exception determination. An insurer, health plan, or
19 utilization review organization may use its existing medical exceptions process to satisfy this
20 requirement. The process shall be disclosed to the patient and health care providers, including
21 documenting and making it easily accessible on the insurer's or health plan's website.

22 (2) Exceptions. An exception request shall be expeditiously granted if:

23 (i) The required drug is contraindicated or will likely cause an adverse reaction or
24 physical or mental harm to the patient;

25 (ii) The required drug is expected to be ineffective based on the known relevant physical
26 or mental characteristics of the insured/patient and the known characteristics of the drug regimen;

27 (iii) The enrollee has tried the step therapy required drug while under their current or a
28 previous health plan, or another drug in the same pharmacologic class or with the same
29 mechanism of action and such drugs were discontinued due to lack of efficacy or effectiveness,
30 diminished effect, or an adverse event; or

31 (iv) The patient is stable on a drug recommended by their health care provider for the
32 medical condition under consideration, based on, but not limited to, a trial with medication
33 samples or a prescription filled at a pharmacy.

34 (3) Effect of exception. Upon the granting of an exception request, the insurer, health

1 plan, utilization review organization, or other entity shall authorize dispensation of and coverage
2 for the drug prescribed by the enrollee's treating health care provider, provided such drug is a
3 covered drug under such policy or contract.

4 (4) Limitations. This section shall not be construed to prevent:

5 (i) An insurer, health plan, or utilization review organization from requiring an enrollee
6 try an AB-rated generic equivalent prior to providing reimbursement for the equivalent branded
7 drug;

8 (ii) A health care provider from prescribing a drug he or she determines is medically
9 appropriate.

10 (e) Regulations. Notwithstanding any general or special law to the contrary, the division
11 of insurance shall promulgate any regulations necessary to enforce this section.

12 SECTION 4. Chapter 27-20.1 of the General Laws entitled "Nonprofit Dental Service
13 Corporations" is hereby amended by adding thereto the following section:

14 **27-20.1-23. Step therapy protocol. – (a) Legislative findings and declaration. The**
15 **general assembly makes the following findings:**

16 (1) Health insurance plans are increasingly making use of step therapy policies under
17 which health plan members are required to try one or more prescription drugs before coverage is
18 provided for a drug recommended by the patient's health care provider.

19 (2) Such step therapy policies, where they are based on well-developed scientific
20 standards and administered in a flexible manner that takes into account the individual needs of
21 patients, can play an important role in controlling health care costs.

22 (3) In some cases, requiring a patient to follow a step therapy policy may have adverse
23 and even dangerous consequences for the patient who may either not realize a benefit from taking
24 a prescription drug or may suffer harm from taking the wrong drug.

25 (4) Without uniform policies across the state on step therapy, patients may not receive the
26 best and most appropriate treatment.

27 (5) It is imperative that step therapy policies throughout the state preserve physicians'
28 rights to make treatment decisions in the best interest of their patients.

29 (6) Based on these findings, the general assembly declares it a matter of public interest
30 that it require health plans to base step therapy requirements on appropriate clinical practice
31 guidelines developed by professional medical societies with expertise in the condition or
32 conditions under consideration; that patients be exempt from step therapy requirements when
33 impracticable or otherwise not in the best interest of the patients; and that patients and prescribers
34 have access to a transparent and independent process for requesting an exception of step therapy

1 requirements when appropriate.

2 (b) Definitions. As used in this section:

3 (1) "Clinical practice guidelines" means a systematically developed statement to assist
4 practitioner and patient decisions about appropriate healthcare for specific clinical circumstances.

5 (2) "Clinical review criteria" means the written screening procedures, decision abstracts,
6 clinical protocols and practice guidelines used by an insurer or health plan to determine the
7 medical necessity and appropriateness of healthcare services.

8 (3) "Step therapy protocol" means a protocol or program that establishes the specific
9 sequence in which prescription drugs for a specified medical condition and medically appropriate
10 for a particular patient are to be prescribed and paid for by a health plan.

11 (4) "Step therapy override determination" means a determination as to whether step
12 therapy should apply in a particular situation, or whether the step therapy protocol should be
13 overridden in favor of immediate coverage of the patient's and/or prescriber's preferred drug.
14 This determination is based on a review of the patient's and/or prescriber's request for an override,
15 along with supporting rationale and documentation.

16 (5) "Utilization review organization" means an entity that conducts utilization review,
17 other than a health carrier performing utilization review for its own health benefit plans.

18 (c) Clinical review criteria. Requirements and restrictions. Clinical review criteria used to
19 establish step therapy protocols shall be based on clinical practice guidelines:

20 (1) Independently developed by a professional medical society with expertise in the
21 medical condition, or conditions, for which coverage decisions said criteria will be applied; and

22 (2) That recommend drugs be taken in the specific sequence required by the step therapy
23 protocol.

24 (d) Exceptions process transparency.

25 (1) Exceptions process. When coverage of medications for the treatment of any medical
26 condition are restricted for use by an insurer, health plan, or utilization review organization via a
27 step therapy protocol, the patient and prescribing practitioner shall have access to a clear and
28 convenient process to request a step therapy exception determination. An insurer, health plan, or
29 utilization review organization may use its existing medical exceptions process to satisfy this
30 requirement. The process shall be disclosed to the patient and health care providers, including
31 documenting and making it easily accessible on the insurer's or health plan's website.

32 (2) Exceptions. An exception request shall be expeditiously granted if:

33 (i) The required drug is contraindicated or will likely cause an adverse reaction or
34 physical or mental harm to the patient;

1 (ii) The required drug is expected to be ineffective based on the known relevant physical
2 or mental characteristics of the insured/patient and the known characteristics of the drug regimen;

3 (iii) The enrollee has tried the step therapy required drug while under their current or a
4 previous health plan, or another drug in the same pharmacologic class or with the same
5 mechanism of action and such drugs were discontinued due to lack of efficacy or effectiveness,
6 diminished effect, or an adverse event; or

7 (iv) The patient is stable on a drug recommended by their health care provider for the
8 medical condition under consideration, based on, but not limited to, a trial with medication
9 samples or a prescription filled at a pharmacy.

10 (3) Effect of exception. Upon the granting of an exception request, the insurer, health
11 plan, utilization review organization, or other entity shall authorize dispensation of and coverage
12 for the drug prescribed by the enrollee's treating health care provider, provided such drug is a
13 covered drug under such policy or contract.

14 (4) Limitations. This section shall not be construed to prevent:

15 (i) An insurer, health plan, or utilization review organization from requiring an enrollee
16 try an AB-rated generic equivalent prior to providing reimbursement for the equivalent branded
17 drug;

18 (ii) A health care provider from prescribing a drug he or she determines is medically
19 appropriate.

20 (e) Regulations. Notwithstanding any general or special law to the contrary, the division
21 of insurance shall promulgate any regulations necessary to enforce this section.

22 SECTION 5. Chapter 27-41 of the General Laws entitled "Health Maintenance
23 Organizations" is hereby amended by adding thereto the following section:

24 **27-41-86. Step therapy protocol.** -- (a) Legislative findings and declaration. The general
25 assembly makes the following findings:

26 (1) Health insurance plans are increasingly making use of step therapy policies under
27 which health plan members are required to try one or more prescription drugs before coverage is
28 provided for a drug recommended by the patient's health care provider.

29 (2) Such step therapy policies, where they are based on well-developed scientific
30 standards and administered in a flexible manner that takes into account the individual needs of
31 patients, can play an important role in controlling health care costs.

32 (3) In some cases, requiring a patient to follow a step therapy policy may have adverse
33 and even dangerous consequences for the patient who may either not realize a benefit from taking
34 a prescription drug or may suffer harm from taking the wrong drug.

1 (4) Without uniform policies across the state on step therapy, patients may not receive the
2 best and most appropriate treatment.

3 (5) It is imperative that step therapy policies throughout the state preserve physicians'
4 rights to make treatment decisions in the best interest of their patients.

5 (6) Based on these findings, the general assembly declares it a matter of public interest
6 that it require health plans to base step therapy requirements on appropriate clinical practice
7 guidelines developed by professional medical societies with expertise in the condition or
8 conditions under consideration; that patients be exempt from step therapy requirements when
9 impracticable or otherwise not in the best interest of the patients; and that patients and prescribers
10 have access to a transparent and independent process for requesting an exception of step therapy
11 requirements when appropriate.

12 (b) Definitions. As used in this section:

13 (1) "Clinical practice guidelines" means a systematically developed statement to assist
14 practitioner and patient decisions about appropriate healthcare for specific clinical circumstances.

15 (2) "Clinical review criteria" means the written screening procedures, decision abstracts,
16 clinical protocols and practice guidelines used by an insurer or health plan to determine the
17 medical necessity and appropriateness of healthcare services.

18 (3) "Step therapy protocol" means a protocol or program that establishes the specific
19 sequence in which prescription drugs for a specified medical condition and medically appropriate
20 for a particular patient are to be prescribed and paid for by a health plan.

21 (4) "Step therapy override determination" means a determination as to whether step
22 therapy should apply in a particular situation, or whether the step therapy protocol should be
23 overridden in favor of immediate coverage of the patient's and/or prescriber's preferred drug.
24 This determination is based on a review of the patient's and/or prescriber's request for an override,
25 along with supporting rationale and documentation.

26 (5) "Utilization review organization" means an entity that conducts utilization review,
27 other than a health carrier performing utilization review for its own health benefit plans.

28 (c) Clinical review criteria. Requirements and restrictions. Clinical review criteria used to
29 establish step therapy protocols shall be based on clinical practice guidelines:

30 (1) Independently developed by a professional medical society with expertise in the
31 medical condition, or conditions, for which coverage decisions said criteria will be applied; and

32 (2) That recommend drugs be taken in the specific sequence required by the step therapy
33 protocol.

34 (d) Exceptions process transparency.

1 (1) Exceptions process. When coverage of medications for the treatment of any medical
2 condition are restricted for use by an insurer, health plan, or utilization review organization via a
3 step therapy protocol, the patient and prescribing practitioner shall have access to a clear and
4 convenient process to request a step therapy exception determination. An insurer, health plan, or
5 utilization review organization may use its existing medical exceptions process to satisfy this
6 requirement. The process shall be disclosed to the patient and health care providers, including
7 documenting and making it easily accessible on the insurer's or health plan's website.

8 (2) Exceptions. An exception request shall be expeditiously granted if:

9 (i) The required drug is contraindicated or will likely cause an adverse reaction or
10 physical or mental harm to the patient;

11 (ii) The required drug is expected to be ineffective based on the known relevant physical
12 or mental characteristics of the insured/patient and the known characteristics of the drug regimen;

13 (iii) The enrollee has tried the step therapy required drug while under their current or a
14 previous health plan, or another drug in the same pharmacologic class or with the same
15 mechanism of action and such drugs were discontinued due to lack of efficacy or effectiveness,
16 diminished effect, or an adverse event; or

17 (iv) The patient is stable on a drug recommended by their health care provider for the
18 medical condition under consideration, based on, but not limited to, a trial with medication
19 samples or a prescription filled at a pharmacy.

20 (3) Effect of exception. Upon the granting of an exception request, the insurer, health
21 plan, utilization review organization, or other entity shall authorize dispensation of and coverage
22 for the drug prescribed by the enrollee's treating health care provider, provided such drug is a
23 covered drug under such policy or contract.

24 (4) Limitations. This section shall not be construed to prevent:

25 (i) An insurer, health plan, or utilization review organization from requiring an enrollee
26 try an AB-rated generic equivalent prior to providing reimbursement for the equivalent branded
27 drug;

28 (ii) A health care provider from prescribing a drug he or she determines is medically
29 appropriate.

30 (e) Regulations. Notwithstanding any general or special law to the contrary, the division
31 of insurance shall promulgate any regulations necessary to enforce this section.

1 SECTION 6. This act shall take effect upon passage and shall apply to health insurance
2 policies and health benefit plans delivered, issued for delivery, or renewed on or after January 1,
3 2016.
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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would require that a step therapy protocol be included in all health care
2 insurance policies and health insurance plans.

3 This act would take effect upon passage and would apply to health insurance policies and
4 health benefit plans delivered, issued for delivery, or renewed on or after January 1, 2016.

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