



General Assembly

**Substitute Bill No. 5386**

February Session, 2022



**AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR  
EPINEPHRINE CARTRIDGE INJECTORS, HEALTH CARRIERS AND  
PHARMACY BENEFIT MANAGERS.**

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

1 Section 1. (NEW) (*Effective January 1, 2023*) (a) Each individual health  
2 insurance policy providing coverage of the type specified in  
3 subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the  
4 general statutes delivered, issued for delivery, renewed, amended or  
5 continued in this state on or after January 1, 2023, that includes coverage  
6 for outpatient prescription drugs shall provide coverage for at least one  
7 epinephrine cartridge injector, as defined in section 19a-909 of the  
8 general statutes.

9 (b) No policy described in subsection (a) of this section shall impose  
10 a coinsurance, copayment, deductible or other out-of-pocket expense for  
11 the epinephrine cartridge injector that such policy is required to cover  
12 pursuant to said subsection (a) in an amount that is greater than twenty-  
13 five dollars. The provisions of this subsection shall apply to a high  
14 deductible health plan, as that term is used in subsection (f) of section  
15 38a-493 of the general statutes, to the maximum extent permitted by  
16 federal law, except if such plan is used to establish a medical savings  
17 account or an Archer MSA pursuant to Section 220 of the Internal

18 Revenue Code of 1986, or any subsequent corresponding internal  
19 revenue code of the United States, as amended from time to time, or a  
20 health savings account pursuant to Section 223 of said Internal Revenue  
21 Code, as amended from time to time. The provisions of this subsection  
22 shall apply to such high deductible health plans to the maximum extent  
23 that (1) is permitted by federal law, and (2) does not disqualify such  
24 account for the deduction allowed under Section 220 or 223, of the  
25 Internal Revenue Code of 1986, as applicable.

26 Sec. 2. (NEW) (*Effective January 1, 2023*) (a) Each group health  
27 insurance policy providing coverage of the type specified in  
28 subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the  
29 general statutes delivered, issued for delivery, renewed, amended or  
30 continued in this state on or after January 1, 2023, that includes coverage  
31 for outpatient prescription drugs shall provide coverage for at least one  
32 epinephrine cartridge injector, as defined in section 19a-909 of the  
33 general statutes.

34 (b) No policy described in subsection (a) of this section shall impose  
35 a coinsurance, copayment, deductible or other out-of-pocket expense for  
36 the epinephrine cartridge injector that such policy is required to cover  
37 pursuant to said subsection (a) in an amount that is greater than twenty-  
38 five dollars. The provisions of this subsection shall apply to a high  
39 deductible health plan, as that term is used in subsection (f) of section  
40 38a-520 of the general statutes, to the maximum extent permitted by  
41 federal law, except if such plan is used to establish a medical savings  
42 account or an Archer MSA pursuant to Section 220 of the Internal  
43 Revenue Code of 1986, or any subsequent corresponding internal  
44 revenue code of the United States, as amended from time to time, or a  
45 health savings account pursuant to Section 223 of said Internal Revenue  
46 Code, as amended from time to time. The provisions of this subsection  
47 shall apply to such high deductible health plans to the maximum extent  
48 that (1) is permitted by federal law, and (2) does not disqualify such  
49 account for the deduction allowed under Section 220 or 223, of said the  
50 Internal Revenue Code of 1986, as applicable.

51       Sec. 3. Section 38a-479ooo of the general statutes is repealed and the  
52 following is substituted in lieu thereof (*Effective January 1, 2023*):

53       For the purposes of this part and section 4 of this act:

54       (1) "Commissioner" means the Insurance Commissioner.

55       (2) "Department" means the Insurance Department.

56       (3) "Drug" has the same meaning as provided in section 21a-92.

57       (4) "Health care plan" means an individual or a group health  
58 insurance policy that provides coverage of the types specified in  
59 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 and includes  
60 coverage for outpatient prescription drugs.

61       (5) "Health carrier" means an insurance company, health care center,  
62 hospital service corporation, medical service corporation, fraternal  
63 benefit society or other entity that delivers, issues for delivery, renews,  
64 amends or continues a health care plan in this state.

65       (6) "Person" has the same meaning as provided in section 38a-1.

66       (7) "Pharmacist" has the same meaning as provided in section 38a-  
67 479aaa.

68       (8) "Pharmacist services" has the same meaning as provided in section  
69 38a-479aaa.

70       (9) "Pharmacy" has the same meaning as provided in section 38a-  
71 479aaa.

72       (10) "Pharmacy benefits manager" or "manager" means any person  
73 that administers the prescription drug, prescription device, pharmacist  
74 services or prescription drug and device and pharmacist services  
75 portion of a health care plan on behalf of a health carrier.

76       (11) (A) "Rebate" means a discount or concession, which affects the

77 price of an outpatient prescription drug, that a pharmaceutical  
78 manufacturer directly provides to a (i) health carrier for an outpatient  
79 prescription drug manufactured by the pharmaceutical manufacturer,  
80 or (ii) pharmacy benefits manager after the manager processes a claim  
81 from a pharmacy or a pharmacist for an outpatient prescription drug  
82 manufactured by the pharmaceutical manufacturer.

83 (B) "Rebate" does not mean a bona fide service fee, as such term is  
84 defined in Section 447.502 of Title 42 of the Code of Federal Regulations,  
85 as amended from time to time.

86 (12) "Specialty drug" means a prescription outpatient specialty drug  
87 covered under the Medicare Part D program established pursuant to  
88 Public Law 108-173, the Medicare Prescription Drug, Improvement, and  
89 Modernization Act of 2003, as amended from time to time, that exceeds  
90 the specialty tier cost threshold established by the Centers for Medicare  
91 and Medicaid Services.

92 Sec. 4. (NEW) (*Effective January 1, 2023*) On or after January 1, 2023,  
93 each contract entered into between a health carrier and a pharmacy  
94 benefits manager that requires the pharmacy benefits manager to  
95 administer the prescription drug, prescription device, pharmacist  
96 services or prescription drug and device and pharmacist services  
97 portion of a health care plan on behalf of the health carrier shall, if the  
98 pharmacy benefits manager utilizes a tiered prescription drug  
99 formulary, require the pharmacy benefits manager to include at least  
100 one covered epinephrine cartridge injector, as defined in section 19a-909  
101 of the general statutes, in the cost-sharing tier that imposes the lowest  
102 coinsurance, copayment, deductible or other out-of-pocket expense for  
103 covered prescription drugs.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2023	New section
Sec. 2	January 1, 2023	New section
Sec. 3	January 1, 2023	38a-479ooo

---

Sec. 4	January 1, 2023	New section
--------	-----------------	-------------

**INS**      *Joint Favorable Subst.*

**APP**      *Joint Favorable*