



House Bill No. 6588

Public Act No. 21-125

AN ACT CONCERNING PSYCHOTROPIC DRUGS AND MENTAL HEALTH SERVICES.

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

Section 1. (NEW) (*Effective January 1, 2022*) Notwithstanding any provision of the general statutes, no individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2022, that provides coverage for outpatient prescription drugs shall: (1) Require a prescribing health care provider to prescribe a supply of a covered outpatient psychotropic drug that is larger than the supply of such drug that such provider deems clinically appropriate; or (2) if a prescribing health care provider deems a ninety-day supply of a covered outpatient psychotropic drug to be clinically inappropriate and prescribes less than a ninety-day supply of such drug, impose a coinsurance, copayment, deductible or other out-of-pocket expense for the prescribed supply of such drug in an amount that exceeds the amount of the coinsurance, copayment, deductible or other out-of-pocket expense for a ninety-day supply of such drug reduced pro rata in proportion to such prescribed supply of such drug.

Sec. 2. (NEW) (*Effective January 1, 2022*) Notwithstanding any

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provision of the general statutes, no group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2022, that provides coverage for outpatient prescription drugs shall: (1) Require a prescribing health care provider to prescribe a supply of a covered outpatient psychotropic drug that is larger than the supply of such drug that such provider deems clinically appropriate; or (2) if a prescribing health care provider deems a ninety-day supply of a covered outpatient psychotropic drug to be clinically inappropriate and prescribes less than a ninety-day supply of such drug, impose a coinsurance, copayment, deductible or other out-of-pocket expense for the prescribed supply of such drug in an amount that exceeds the amount of the coinsurance, copayment, deductible or other out-of-pocket expense for a ninety-day supply of such drug reduced pro rata in proportion to such prescribed supply of such drug.

Sec. 3. Section 38a-476b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2022*):

Notwithstanding any provision of the general statutes or the regulations of Connecticut state agencies, no mental health care benefit provided under state law, or with state funds or to state employees may, through the use of a drug formulary, list of covered drugs or any other means: (1) Limit the availability of psychotropic drugs that are the most effective therapeutically indicated pharmaceutical treatment with the least probability of adverse side effects; [or] (2) require utilization of psychotropic drugs that are not the most effective therapeutically indicated pharmaceutical treatment with the least probability of adverse side effects; or (3) require a prescribing health care provider to prescribe a supply of an outpatient psychotropic drug that is larger than the supply of such drug that such provider deems clinically appropriate. Nothing in this section shall be construed to limit the authority of a

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physician to prescribe a drug that is not the most recent pharmaceutical treatment. Nothing in this section shall be construed to prohibit differential copays among pharmaceutical treatments or to prohibit utilization review.

Sec. 4. (*Effective from passage*) (a) There is established a task force to study methods available to this state, and health carriers doing business in this state, to encourage health care providers providing mental health services to participate in provider networks.

(b) The task force shall consist of the following members:

(1) One appointed by the speaker of the House of Representatives, who is a representative of the Connecticut Health Insurance Exchange established pursuant to section 38a-1081 of the general statutes;

(2) One appointed by the president pro tempore of the Senate;

(3) One appointed by the majority leader of the House of Representatives;

(4) One appointed by the majority leader of the Senate, who is a representative of a health carrier offering or selling a qualified health plan through the Connecticut Health Insurance Exchange established pursuant to section 38a-1081 of the general statutes;

(5) One appointed by the minority leader of the House of Representatives;

(6) One appointed by the minority leader of the Senate, who has experience working for a health carrier offering or selling health insurance coverage in the large group market;

(7) The Insurance Commissioner, or the commissioner's designee;

(8) The executive director of the Office of Health Strategy, or the

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executive director's designee; and

(9) Two appointed by the Governor, both of whom are licensed health care providers and one of whom has experience working within a health care provider network.

(c) Any member of the task force appointed under subdivision (1), (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member of the General Assembly.

(d) All initial appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The speaker of the House of Representatives and the president pro tempore of the Senate shall select the chairpersons of the task force from among the members of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

(f) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to insurance shall serve as administrative staff of the task force.

(g) Not later than January 1, 2022, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to insurance, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, 2022, whichever is later.