

HB0435/376282/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 435  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “prohibiting” in line 3 down through “term;” in line 5 and substitute “requiring certain entities to establish and implement a procedure by which a member may receive a prescription drug or device that has been removed from a certain entity’s formulary or a member may continue the same cost sharing requirements under certain circumstances; altering the requirement that a certain entity provide coverage for a prescription drug or device under certain circumstances; requiring a certain entity to provide a certain member with a certain notice;”.

AMENDMENT NO. 2

On page 2, strike in their entirety lines 4 through 12, inclusive.

On pages 2 and 3, strike in their entirety the lines beginning with line 25 on page 2 through line 30 on page 3, inclusive.

On page 3, in line 31, strike the brackets; in the same line, strike “(D)”; and in line 33, after “may” insert “:

**(1)**”.

On page 4, in line 1, after “formulary” insert “**OR HAS BEEN REMOVED FROM THE ENTITY’S FORMULARY**”; in the same line, after “section” insert “**; OR**

**(2) CONTINUE THE SAME COST SHARING REQUIREMENTS IF THE ENTITY HAS MOVED THE PRESCRIPTION DRUG OR DEVICE TO A HIGHER DEDUCTIBLE, COPAYMENT, OR COINSURANCE TIER**”;

(Over)

**HB0435/376282/1 Health and Government Operations Committee  
Amendments to HB 435  
Page 2 of 2**

in line 2, strike the brackets; in the same line, strike “(E)”; in line 3, strike “that is not in the formulary” and substitute “IN ACCORDANCE WITH SUBSECTION (C) OF THIS SECTION”; in lines 5 and 6, in each instance, after “formulary” insert “IN A LOWER TIER”; in line 14, strike the brackets; in the same line, strike “(F)”; and after line 18, insert:

**“(F) AN ENTITY SUBJECT TO THIS SECTION THAT REMOVES A DRUG FROM ITS FORMULARY OR MOVES A PRESCRIPTION DRUG OR DEVICE TO A BENEFIT TIER THAT REQUIRES A MEMBER TO PAY A HIGHER DEDUCTIBLE, COPAYMENT, OR COINSURANCE AMOUNT FOR THE PRESCRIPTION DRUG OR DEVICE SHALL PROVIDE A MEMBER WHO IS CURRENTLY ON THE PRESCRIPTION DRUG OR DEVICE AND THE MEMBER’S HEALTH CARE PROVIDER WITH:**

**(1) NOTICE OF THE CHANGE AT LEAST 30 DAYS BEFORE THE CHANGE IS IMPLEMENTED; AND**

**(2) IN THE NOTICE REQUIRED UNDER ITEM (1) OF THIS SUBSECTION, THE PROCESS FOR REQUESTING AN EXEMPTION THROUGH THE PROCEDURE ADOPTED IN ACCORDANCE WITH THIS SECTION.”.**