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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

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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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