



General Assembly

Amendment

January Session, 2025

LCO No. 8940



Offered by:

SEN. HARDING, 30th Dist.

SEN. HWANG, 28th Dist.

To: Subst. Senate Bill No. 10

File No. 419

Cal. No. 241

(As Amended)

"AN ACT CONCERNING HEALTH INSURANCE AND PATIENT PROTECTION."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 38a-510 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective January 1, 2026*):

5 (a) No insurance company, hospital service corporation, medical
6 service corporation, health care center or other entity delivering, issuing
7 for delivery, renewing, amending or continuing an individual health
8 insurance policy or contract that provides coverage for prescription
9 drugs may:

10 (1) Require any person covered under such policy or contract to
11 obtain prescription drugs from a mail order pharmacy as a condition of
12 obtaining benefits for such drugs; or

13 (2) Require, if such insurance company, hospital service corporation,
14 medical service corporation, health care center or other entity uses step
15 therapy for such drugs, the use of step therapy (A) for any prescribed
16 drug for longer than thirty days, (B) for a prescribed drug for cancer
17 treatment for an insured who has been diagnosed with stage IV
18 metastatic cancer provided such prescribed drug is in compliance with
19 approved federal Food and Drug Administration indications, or (C) [for
20 the period commencing January 1, 2024, and ending January 1, 2027,
21 inclusive,] for the treatment of schizophrenia, major depressive disorder
22 or bipolar disorder, as defined in the most recent edition of the
23 American Psychiatric Association's "Diagnostic and Statistical Manual
24 of Mental Disorders".

25 (3) At the expiration of the time period specified in subparagraph (A)
26 of subdivision (2) of this subsection or for a prescribed drug described
27 in subparagraph (B) or (C) of subdivision (2) of this subsection, an
28 insured's treating health care provider may deem such step therapy
29 drug regimen clinically ineffective for the insured, at which time the
30 insurance company, hospital service corporation, medical service
31 corporation, health care center or other entity shall authorize
32 dispensation of and coverage for the drug prescribed by the insured's
33 treating health care provider, provided such drug is a covered drug
34 under such policy or contract. If such provider does not deem such step
35 therapy drug regimen clinically ineffective or has not requested an
36 override pursuant to subdivision (1) of subsection (b) of this section,
37 such drug regimen may be continued. For purposes of this section, "step
38 therapy" means a protocol or program that establishes the specific
39 sequence in which prescription drugs for a specified medical condition
40 are to be prescribed.

41 (b) (1) Notwithstanding the sixty-day period set forth in subdivision
42 (2) of subsection (a) of this section, each insurance company, hospital
43 service corporation, medical service corporation, health care center or
44 other entity that uses step therapy for such prescription drugs shall
45 establish and disclose to its health care providers a process by which an

46 insured's treating health care provider may request at any time an
47 override of the use of any step therapy drug regimen. The disclosure of
48 such process shall be made to each health care provider in writing and
49 not less than once each calendar year. Each health care provider shall
50 post, in a conspicuous and prominent place, information describing
51 such process, including, but not limited to, on such health care
52 provider's Internet web site and on a bulletin board in such health care
53 provider's office. Any such override process shall be convenient to use
54 by health care providers and an override request shall be expeditiously
55 granted when an insured's treating health care provider demonstrates
56 that the drug regimen required under step therapy (A) has been
57 ineffective in the past for treatment of the insured's medical condition,
58 (B) is expected to be ineffective based on the known relevant physical or
59 mental characteristics of the insured and the known characteristics of
60 the drug regimen, (C) will cause or will likely cause an adverse reaction
61 by or physical harm to the insured, or (D) is not in the best interest of
62 the insured, based on medical necessity.

63 (2) Upon the granting of an override request, the insurance company,
64 hospital service corporation, medical service corporation, health care
65 center or other entity shall authorize dispensation of and coverage for
66 the drug prescribed by the insured's treating health care provider,
67 provided such drug is a covered drug under such policy or contract.

68 (c) Nothing in this section shall (1) preclude an insured or an
69 insured's treating health care provider from requesting a review under
70 sections 38a-591c to 38a-591g, inclusive, or (2) affect the provisions of
71 section 38a-492i.

72 Sec. 2. Section 38a-544 of the general statutes is repealed and the
73 following is substituted in lieu thereof (*Effective January 1, 2026*):

74 (a) No insurance company, hospital service corporation, medical
75 service corporation, health care center or other entity delivering, issuing
76 for delivery, renewing, amending or continuing a group health
77 insurance policy or contract that provides coverage for prescription

78 drugs may:

79 (1) Require any person covered under such policy or contract to
80 obtain prescription drugs from a mail order pharmacy as a condition of
81 obtaining benefits for such drugs; or

82 (2) Require, if such insurance company, hospital service corporation,
83 medical service corporation, health care center or other entity uses step
84 therapy for such drugs, the use of step therapy (A) for any prescribed
85 drug for longer than thirty days, (B) for a prescribed drug for cancer
86 treatment for an insured who has been diagnosed with stage IV
87 metastatic cancer provided such prescribed drug is in compliance with
88 approved federal Food and Drug Administration indications, or (C) [for
89 the period commencing January 1, 2024, and ending January 1, 2027,
90 inclusive,] for the treatment of schizophrenia, major depressive disorder
91 or bipolar disorder, as defined in the most recent edition of the
92 American Psychiatric Association's "Diagnostic and Statistical Manual
93 of Mental Disorders".

94 (3) At the expiration of the time period specified in subparagraph (A)
95 of subdivision (2) of this subsection or for a prescribed drug described
96 in subparagraph (B) or (C) of subdivision (2) of this subsection, an
97 insured's treating health care provider may deem such step therapy
98 drug regimen clinically ineffective for the insured, at which time the
99 insurance company, hospital service corporation, medical service
100 corporation, health care center or other entity shall authorize
101 dispensation of and coverage for the drug prescribed by the insured's
102 treating health care provider, provided such drug is a covered drug
103 under such policy or contract. If such provider does not deem such step
104 therapy drug regimen clinically ineffective or has not requested an
105 override pursuant to subdivision (1) of subsection (b) of this section,
106 such drug regimen may be continued. For purposes of this section, "step
107 therapy" means a protocol or program that establishes the specific
108 sequence in which prescription drugs for a specified medical condition
109 are to be prescribed.

110 (b) (1) Notwithstanding the sixty-day period set forth in subdivision
111 (2) of subsection (a) of this section, each insurance company, hospital
112 service corporation, medical service corporation, health care center or
113 other entity that uses step therapy for such prescription drugs shall
114 establish and disclose to its health care providers a process by which an
115 insured's treating health care provider may request at any time an
116 override of the use of any step therapy drug regimen. The disclosure of
117 such process shall be made to each health care provider in writing and
118 not less than once each calendar year. Each health care provider shall
119 post, in a conspicuous and prominent place, information describing
120 such process, including, but not limited to, on such health care
121 provider's Internet web site and on a bulletin board in such health care
122 provider's office. Any such override process shall be convenient to use
123 by health care providers and an override request shall be expeditiously
124 granted when an insured's treating health care provider demonstrates
125 that the drug regimen required under step therapy (A) has been
126 ineffective in the past for treatment of the insured's medical condition,
127 (B) is expected to be ineffective based on the known relevant physical or
128 mental characteristics of the insured and the known characteristics of
129 the drug regimen, (C) will cause or will likely cause an adverse reaction
130 by or physical harm to the insured, or (D) is not in the best interest of
131 the insured, based on medical necessity.

132 (2) Upon the granting of an override request, the insurance company,
133 hospital service corporation, medical service corporation, health care
134 center or other entity shall authorize dispensation of and coverage for
135 the drug prescribed by the insured's treating health care provider,
136 provided such drug is a covered drug under such policy or contract.

137 (c) Nothing in this section shall (1) preclude an insured or an
138 insured's treating health care provider from requesting a review under
139 sections 38a-591c to 38a-591g, inclusive, or (2) affect the provisions of
140 section 38a-518i."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2026</i>	38a-510
Sec. 2	<i>January 1, 2026</i>	38a-544