

HB 2029 -- STEP THERAPY FOR PRESCRIPTION DRUGS

SPONSOR: Hoskins

This bill changes the laws regarding step therapy protocols for prescription drugs. In its main provisions, the bill:

(1) Delineates findings of the legislature that note the frequent utilization of step therapy protocols by health insurance plans, the cost-controlling benefits of such protocols, the possible adverse outcomes that may result from the use of such protocols, the need for uniform policies governing such protocols, and the need for the preservation of health care providers' ability to make treatment decisions for patients;

(2) Requires that clinical review criteria used to establish step therapy protocols must be based on clinical practice guidelines as specified in the bill;

(3) Requires an insurer, health plan, or utilization review organization to certify, annually in rate filing documents submitted to the Department of Insurance, Financial Institutions and Professional Registration, that the clinical review criteria used in any step therapy program for pharmaceuticals meet the requirements of these provisions;

(4) Requires proposed clinical review criteria to be submitted to the department for review and requires the criteria receive approval or accreditation prior to implementation so long as the department is equipped to conduct such review;

(5) Requires the patient and prescribing practitioner to have access to a clear, convenient, and readily accessible process to request a step therapy override exception determination if coverage of a prescription drug for the treatment of any medical condition is restricted for use by an insurer, health plan, or utilization review organization via a step therapy protocol. An insurer, health plan, or utilization review organization may use its existing medical exceptions process to satisfy this requirement;

(6) Requires an override exception request to be expeditiously granted as specified in the bill;

(7) Requires the insurer, health plan, or utilization review organization, upon the granting of an override exception request, to authorize dispensation of and coverage for the prescription drug prescribed by the patient's treating health care provider, provided the drug is a covered drug under the policy or contract;

(8) Requires the insurer, health plan, or utilization review organization to respond to an override exception within 72 hours of receipt, but if exigent circumstances exist, to respond within 24 hours of receipt, and requires that failure to timely respond must result in granting of the override exception request;

(9) Prohibits the provisions of the bill from being construed to prevent certain actions as specified in the bill; and

(10) Requires the provisions of the bill to apply only to health insurance and health benefit plans delivered, issued for delivery, or renewed on or after January 1, 2017.

This bill is similar to HB 932 (2015).