House of Representatives

File No. 691

General Assembly

January Session, 2021

(Reprint of File No. 344)

House Bill No. 6588
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 14, 2021

AN ACT CONCERNING MENTAL HEALTH CARE AND SUBSTANCE ABUSE 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 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 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

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.

Sec. 5. (*Effective from passage*) (a) There is established a task force to study health insurance coverage for peer support services in this state. Such study shall include, but need not be limited to, an examination of any means available to increase health insurance coverage for peer support services provided to individuals in this state.

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

(1) Two appointed by the speaker of the House of Representatives, one of whom is a recovery support specialist and one of whom is a member of the Connecticut Certification Board;

(2) Two appointed by the president pro tempore of the Senate, one of whom is a recovery coach and one of whom is a representative of the Connecticut Hospital Association;

(3) One appointed by the majority leader of the House of Representatives, who is a representative of a program overseen by the Department of Mental Health and Addiction Services;

(4) One appointed by the majority leader of the Senate, who is a representative of an organization that trains recovery coaches or recovery support specialists;

(5) One appointed by the minority leader of the House of Representatives, who is a supervisor of peers from a provider agency that employs peers;

(6) One appointed by the minority leader of the Senate, who is a representative of an organization that provides services to Medicaid beneficiaries; and

(7) Two appointed by the Governor, one of whom is a young adult with experience in various forms of peer support and one of whom has perspective concerning community reentry.

(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 December 31, 2021, 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 December 31, 2021, whichever is later.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*January 1, 2022*	New section
Sec. 2	*January 1, 2022*	New section
Sec. 3	*January 1, 2022*	38a-476b
Sec. 4	*from passage*	New section
Sec. 5	*from passage*	New section

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 22 $	FY 23 $
Various Municipalities	Potential Savings	Minimal	Minimal

Explanation

There is no fiscal impact to the State resulting from the bill as amended, which prohibits health insurance policies that provide pharmaceutical benefits from prescribing a supply of psychotropic drugs that is larger than the prescribing provider deems clinically necessary. The provisions of the bill as amended are consistent with the current contract between the state and its pharmacy benefit manager.

To the extent that the provisions of the bill as amended change the volume of psychotropic drugs utilized and the rate paid for such drugs as determined by a plan's formulary, there is a potential minimal savings to fully-insured municipal plans that will be reflected in premiums for contracts effective after January 1, 2022.

Pursuant to federal law, self-insured plans are exempt from state health insurance mandates. [1]

[1]The state employee and retiree health plan is currently a self-insured plan and therefore not required to comply with state health mandates; however, the plan has historically adopted all mandated health plan requirements.

Sections 4 and 5 of the bill as amended, which establish task forces related to peer support and mental health services, have no fiscal impact as PA 17-236 prohibits transportation allowances for members of task forces.

House "A" changes the membership of the task forces established in the underlying bill and does not result in a fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to future premiums for fully insured municipal plans.

OLR Bill Analysis

HB 6588 (as amended by House "A")*

AN ACT CONCERNING MENTAL HEALTH CARE AND SUBSTANCE ABUSE SERVICES.

SUMMARY

This bill prohibits certain health insurance policies that cover outpatient prescription drugs from:

1. requiring a health care provider to prescribe a supply of outpatient psychotropic drugs greater than that which he or she deems clinically appropriate or

2. imposing a cost-sharing amount (i.e., coinsurance, copayment, deductible, or out-of-pocket expense) for a less than 90-day supply of these drugs that exceeds the 90-day, reduced pro-rata, cost-sharing amount.

These provisions apply to individual or group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; (4) hospital or medical services, including those provided under an HMO plan; or (5) single service ancillary health coverage, including vision, dental, or prescription drug coverage. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

The bill also prohibits mental health care benefits provided under state law, with state funds, or to state employees, from requiring a health care provider to prescribe an outpatient psychotropic drug in a quantity greater than that which the provider deems clinically appropriate.

Lastly, the bill establishes two task forces: one to study mental health service provider networks and the other to study peer support services.

*House Amendment "A" reduces the size of both task forces from 11 to 10 members, modifies the qualification requirements for certain task force appointees, and makes other conforming changes.

EFFECTIVE DATE: January 1, 2022, except the task force provisions are effective upon passage.

§ 4 — MENTAL HEALTH SERVICE PROVIDER NETWORK TASK FORCE

The bill establishes a 10-member task force to study ways to encourage mental health service providers to participate in provider networks. The task force must report its findings and recommendations to the Insurance and Real Estate Committee by January 1, 2022. It terminates on the date when it submits the report or on January 1, 2022, whichever is later.

The task force consists of the insurance commissioner, or his designee, and the following members:

1. one appointed by the House speaker, who represents the Connecticut Health Insurance Exchange (i.e., "the exchange");
2. one appointed by the Senate president pro tempore;
3. one appointed by the House majority leader;
4. one appointed by the House minority leader;
5. one appointed by the Senate majority leader, who represents a carrier offering or selling a qualified health plan through the exchange;
6. one appointed by the Senate minority leader, who has experience working for a carrier offering or selling health insurance in the large group market;

7. the Office of Health Strategy's executive director or her designee; and

8. two appointed by the governor, both of whom must be licensed healthcare providers, one of whom must also have experience working within a provider network.

Under the bill, the legislatively appointed members may be members of the General Assembly. Appointing authorities must (1) make their initial appointments within 30 days after the bill's passage and (2) fill any vacancies.

The House speaker and the Senate president pro tempore pick the task force's chairpersons. The chairpersons must schedule the first meeting, which must be held within 60 days after the bill passes.

The bill requires the Insurance and Real Estate Committee's administrative staff to serve as the task force's staff.

§ 5 — PEER SUPPORT SERVICES TASK FORCE

The bill establishes a 10-member task force to study health insurance coverage for peer support services, including how to increase its coverage to people in Connecticut. The task force must report its findings and recommendations to the Insurance and Real Estate Committee by December 31, 2021. It terminates on that date or on the date when it submits its report, whichever is later.

The bill provides the task force's appointments, qualifications, and appointing authorities, as shown in Table 1.

Table 1: Peer Support Services Task Force Members

Appointing Authority	*Number of Appointments*	*Appointee Qualifications*
House speaker	2	One must be a recovery support specialist and the other must be a Connecticut Certification Board member
House majority	1	Must represent a program overseen by the Department of Mental Health and Addiction

leader		Services
Senate president pro tempore	2	One must be a recovery coach and the other must represent the Connecticut Hospital Association
Senate majority leader	1	Must represent an organization that trains recovery coaches or recovery support specialists
House minority leader	1	Must be a peer supervisor from an organization that employs peers (presumably, peer support specialists)
Senate minority leader	1	Must represent an organization that provides Medicaid services
Governor	2	One must be a young adult with various peer support experience and the other must have community reentry perspective

Under the bill, the legislatively-appointed members may be members of the General Assembly. Appointing authorities must (1) make their initial appointments within 30 days after the bill's passage and (2) fill any vacancies.

The House speaker and the Senate president pro tempore pick the chairpersons from among the task force members. The chairs must schedule the first meeting, which must be held within 60 days after the bill passes.

The bill requires the Insurance and Real Estate Committee's administrative staff to serve as the task force's staff.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable
Yea 18 Nay 0 (03/22/2021)