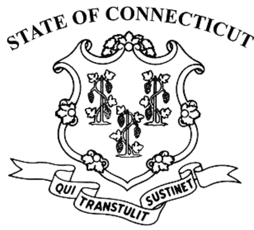

General Assembly

Amendment

January Session, 2021

LCO No. **10011**

Offered by:
REP. COMEY, 102nd Dist.
REP. WOOD, 29th Dist.
REP. DATHAN, 142nd Dist.
REP. NUCCIO, 53rd Dist.
REP. MESKERS, 150th Dist.

To: Subst. House Bill No. **6587** File No. 309 Cal. No. 241

"AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR EPINEPHRINE CARTRIDGE INJECTORS."

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

3 "Section 1. (NEW) (*Effective January 1, 2022*) (a) Each individual health
4 insurance policy providing coverage of the type specified in
5 subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the
6 general statutes delivered, issued for delivery, renewed, amended or
7 continued in this state on or after January 1, 2022, that includes coverage
8 for outpatient prescription drugs shall provide coverage for at least one
9 epinephrine cartridge injector, as defined in section 19a-909 of the
10 general statutes.

11 (b) No policy described in subsection (a) of this section shall impose
12 a coinsurance, copayment, deductible or other out-of-pocket expense for
13 the epinephrine cartridge injector that such policy is required to cover
14 pursuant to said subsection (a) in an amount that is greater than twenty-
15 five dollars. The provisions of this subsection shall apply to a high
16 deductible health plan, as that term is used in subsection (f) of section
17 38a-493 of the general statutes, to the maximum extent permitted by
18 federal law, except if such plan is used to establish a medical savings
19 account or an Archer MSA pursuant to Section 220 of the Internal
20 Revenue Code of 1986, or any subsequent corresponding internal
21 revenue code of the United States, as amended from time to time, or a
22 health savings account pursuant to Section 223 of said Internal Revenue
23 Code, as amended from time to time, the provisions of this subsection
24 shall apply to such plan to the maximum extent that (1) is permitted by
25 federal law, and (2) does not disqualify such account for the deduction
26 allowed under said Section 220 or 223, as applicable.

27 Sec. 2. (NEW) (*Effective January 1, 2022*) (a) Each group health
28 insurance policy providing coverage of the type specified in
29 subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the
30 general statutes delivered, issued for delivery, renewed, amended or
31 continued in this state on or after January 1, 2022, that includes coverage
32 for outpatient prescription drugs shall provide coverage for at least one
33 epinephrine cartridge injector, as defined in section 19a-909 of the
34 general statutes.

35 (b) No policy described in subsection (a) of this section shall impose
36 a coinsurance, copayment, deductible or other out-of-pocket expense for
37 the epinephrine cartridge injector that such policy is required to cover
38 pursuant to said subsection (a) in an amount that is greater than twenty-
39 five dollars. The provisions of this subsection shall apply to a high
40 deductible health plan, as that term is used in subsection (f) of section
41 38a-520 of the general statutes, to the maximum extent permitted by
42 federal law, except if such plan is used to establish a medical savings
43 account or an Archer MSA pursuant to Section 220 of the Internal
44 Revenue Code of 1986, or any subsequent corresponding internal

45 revenue code of the United States, as amended from time to time, or a
46 health savings account pursuant to Section 223 of said Internal Revenue
47 Code, as amended from time to time, the provisions of this subsection
48 shall apply to such plan to the maximum extent that (1) is permitted by
49 federal law, and (2) does not disqualify such account for the deduction
50 allowed under said Section 220 or 223, as applicable.

51 Sec. 3. Section 38a-479ooo of the general statutes is repealed and the
52 following is substituted in lieu thereof (*Effective January 1, 2022*):

53 For the purposes of this part and section 4 of this act:

54 (1) "Commissioner" means the Insurance Commissioner.

55 (2) "Department" means the Insurance Department.

56 (3) "Drug" has the same meaning as provided in section 21a-92.

57 (4) "Health care plan" means an individual or a group health
58 insurance policy that provides coverage of the types specified in
59 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 and includes
60 coverage for outpatient prescription drugs.

61 (5) "Health carrier" means an insurance company, health care center,
62 hospital service corporation, medical service corporation, fraternal
63 benefit society or other entity that delivers, issues for delivery, renews,
64 amends or continues a health care plan in this state.

65 (6) "Person" has the same meaning as provided in section 38a-1.

66 (7) "Pharmacist" has the same meaning as provided in section 38a-
67 479aaa.

68 (8) "Pharmacist services" has the same meaning as provided in section
69 38a-479aaa.

70 (9) "Pharmacy" has the same meaning as provided in section 38a-
71 479aaa.

72 (10) "Pharmacy benefits manager" or "manager" means any person
73 that administers the prescription drug, prescription device, pharmacist
74 services or prescription drug and device and pharmacist services
75 portion of a health care plan on behalf of a health carrier.

76 (11) (A) "Rebate" means a discount or concession, which affects the
77 price of an outpatient prescription drug, that a pharmaceutical
78 manufacturer directly provides to a (i) health carrier for an outpatient
79 prescription drug manufactured by the pharmaceutical manufacturer,
80 or (ii) pharmacy benefits manager after the manager processes a claim
81 from a pharmacy or a pharmacist for an outpatient prescription drug
82 manufactured by the pharmaceutical manufacturer.

83 (B) "Rebate" does not mean a bona fide service fee, as such term is
84 defined in Section 447.502 of Title 42 of the Code of Federal Regulations,
85 as amended from time to time.

86 (12) "Specialty drug" means a prescription outpatient specialty drug
87 covered under the Medicare Part D program established pursuant to
88 Public Law 108-173, the Medicare Prescription Drug, Improvement, and
89 Modernization Act of 2003, as amended from time to time, that exceeds
90 the specialty tier cost threshold established by the Centers for Medicare
91 and Medicaid Services.

92 Sec. 4. (NEW) (*Effective January 1, 2022*) On and after January 1, 2022,
93 each contract entered into between a health carrier and a pharmacy
94 benefits manager that requires the pharmacy benefits manager to
95 administer the prescription drug, prescription device, pharmacist
96 services or prescription drug and device and pharmacist services
97 portion of a health care plan on behalf of the health carrier shall, if the
98 pharmacy benefits manager utilizes a tiered prescription drug
99 formulary, require the pharmacy benefits manager to include at least
100 one covered epinephrine cartridge injector, as defined in section 19a-909
101 of the general statutes, in the cost-sharing tier that imposes the lowest
102 coinsurance, copayment, deductible or other out-of-pocket expense for
103 covered prescription drugs.

104 Sec. 5. (NEW) (*Effective January 1, 2022*) (a) For the purposes of this
105 section:

106 (1) "Affordable Care Act" has the same meaning as provided in
107 section 38a-1080 of the general statutes;

108 (2) "Exchange" has the same meaning as provided in section 38a-1080
109 of the general statutes;

110 (3) "Health benefit plan" has the same meaning as provided in section
111 38a-1080 of the general statutes, except that such term shall not include
112 a grandfathered health plan as such term is used in the Affordable Care
113 Act;

114 (4) "Office of Health Strategy" means the Office of Health Strategy
115 established under section 19a-754a of the general statutes; and

116 (5) "Qualified health plan" has the same meaning as provided in
117 section 38a-1080 of the general statutes.

118 (b) The Office of Health Strategy shall, at least annually, conduct a
119 study to determine the impact that:

120 (1) The requirements established in section 1 of this act have on the
121 cost of the individual health insurance policies that are subject to such
122 requirements;

123 (2) The requirements established in section 2 of this act have on the
124 cost of the group health insurance policies that are subject to such
125 requirements; and

126 (3) The requirements established in section 4 of this act have on the
127 cost of health benefit plans offered, delivered, issued for delivery,
128 renewed, amended or continued in this state and qualified health plans
129 offered and sold through the exchange.

130 (c) Not later than January 31, 2023, and annually thereafter, the Office
131 of Health Strategy shall submit a report, in accordance with the

132 provisions of section 11-4a of the general statutes, to the Insurance
133 Commissioner and the joint standing committee of the General
134 Assembly having cognizance of matters relating to insurance. Such
135 report shall disclose the results of the study conducted pursuant to
136 subsection (b) of this section for the preceding year."

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-479ooo
Sec. 4	*January 1, 2022*	New section
Sec. 5	*January 1, 2022*	New section