



House of Representatives

General Assembly

File No. 334

January Session, 2023

Substitute House Bill No. 6831

House of Representatives, March 30, 2023

The Committee on Insurance and Real Estate reported through REP. WOOD of the 29th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE OVERRIDE OF STEP THERAPY FOR CERTAIN MENTAL HEALTH CONDITIONS AND ESTABLISHING A TASK FORCE TO STUDY DATA COLLECTION EFFORTS REGARDING STEP THERAPY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (1) of subsection (b) of section 38a-510 of the
2 general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective October 1, 2023*):

4 (b) (1) Notwithstanding the sixty-day period set forth in subdivision
5 (2) of subsection (a) of this section, each insurance company, hospital
6 service corporation, medical service corporation, health care center or
7 other entity that uses step therapy for such prescription drugs shall
8 establish and disclose to its health care providers a process by which an
9 insured's treating health care provider may request at any time an
10 override of the use of any step therapy drug regimen. Such disclosure
11 shall be made to health care providers, in writing, not less than once
12 each calendar year and such health care provider shall display in a

13 conspicuous and prominent location, including the provider's Internet
14 web site and on a bulletin board in the provider's office, information
15 regarding the override process. Any such override process shall be
16 convenient to use by health care providers and an override request shall
17 be expeditiously granted when an insured's treating health care
18 provider demonstrates that the drug regimen required under step
19 therapy (A) has been ineffective in the past for treatment of the insured's
20 medical condition, (B) is expected to be ineffective based on the known
21 relevant physical or mental characteristics of the insured and the known
22 characteristics of the drug regimen, (C) will cause or will likely cause an
23 adverse reaction by or physical harm to the insured, or (D) is not in the
24 best interest of the insured, based on medical necessity. For the period
25 commencing October 1, 2023, and ending October 1, 2026, inclusive, in
26 the case of a prescribed drug for the treatment of schizophrenia, major
27 depressive disorder or bipolar disorder, as defined in the most recent
28 edition of the American Psychiatric Association's "Diagnostic and
29 Statistical Manual of Mental Disorders", such override request shall be
30 granted not later than twenty-four hours from the time of request.

31 Sec. 2. Subdivision (1) of subsection (b) of section 38a-544 of the
32 general statutes is repealed and the following is substituted in lieu
33 thereof (*Effective October 1, 2023*):

34 (b) (1) Notwithstanding the sixty-day period set forth in subdivision
35 (2) of subsection (a) of this section, each insurance company, hospital
36 service corporation, medical service corporation, health care center or
37 other entity that uses step therapy for such prescription drugs shall
38 establish and disclose to its health care providers a process by which an
39 insured's treating health care provider may request at any time an
40 override of the use of any step therapy drug regimen. Such disclosure
41 shall be made to health care providers, in writing, not less than once
42 each calendar year and such health care provider shall display in a
43 conspicuous and prominent location, including the provider's Internet
44 web site and on a bulletin board in the provider's office, information
45 regarding the override process. Any such override process shall be
46 convenient to use by health care providers and an override request shall

47 be expeditiously granted when an insured's treating health care
48 provider demonstrates that the drug regimen required under step
49 therapy (A) has been ineffective in the past for treatment of the insured's
50 medical condition, (B) is expected to be ineffective based on the known
51 relevant physical or mental characteristics of the insured and the known
52 characteristics of the drug regimen, (C) will cause or will likely cause an
53 adverse reaction by or physical harm to the insured, or (D) is not in the
54 best interest of the insured, based on medical necessity. For the period
55 commencing on October 1, 2023, and ending October 1, 2026, inclusive,
56 in the case of a prescribed drug for the treatment of schizophrenia, major
57 depressive disorder or bipolar disorder, as defined in the most recent
58 edition of the American Psychiatric Association's "Diagnostic and
59 Statistical Manual of Mental Disorders", such override request shall be
60 granted not later than twenty-four hours from the time of request.

61 Sec. 3. (*Effective from passage*) (a) There is established a task force to
62 study data collection efforts regarding step therapy. Such study shall
63 include, but need not be limited to, data collection regarding step
64 therapy edits, rejections and appeals of behavioral health drugs and the
65 best methods to collect such data.

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

67 (1) One appointed by the speaker of the House of Representatives,
68 who shall be a health care provider with expertise in mental health;

69 (2) One appointed by the president pro tempore of the Senate, who
70 shall be a health care provider with expertise in mental health;

71 (3) One appointed by the minority leader of the House of
72 Representatives, who shall be a pharmacist licensed under chapter 400j
73 of the general statutes;

74 (4) One appointed by the minority leader of the Senate, who shall be
75 a representative of the pharmaceutical manufacturing industry;

76 (5) The chairpersons and ranking members of the joint standing
77 committees of the General Assembly having cognizance of matters

78 relating to public health and insurance, or their designees;

79 (6) The executive director of the Office of Health Strategy, or the
80 executive director's designee;

81 (7) The Insurance Commissioner, or the commissioner's designee;

82 (8) The Commissioner of Consumer Protection, or the commissioner's
83 designee;

84 (9) One representative of the insurance industry, to be appointed by
85 the House chairperson of the joint standing committee of the General
86 Assembly having cognizance of matters relating to insurance;

87 (10) One representative of the pharmaceutical industry, to be
88 appointed by the House ranking member of the joint standing
89 committee of the General Assembly having cognizance of matters
90 relating to insurance;

91 (11) One mental health care provider, to be appointed by the House
92 chairperson of the joint standing committee of the General Assembly
93 having cognizance of matters relating to insurance; and

94 (12) One representative of a mental health advocacy group, who shall
95 be an impacted individual, to be appointed by the House ranking
96 member of the joint standing committee of the General Assembly
97 having cognizance of matters relating to public health.

98 (c) All initial appointments to the task force shall be made not later
99 than thirty days after the effective date of this section. Any vacancy shall
100 be filled by the appointing authority.

101 (d) The speaker of the House of Representatives and the president
102 pro tempore of the Senate shall select the chairpersons of the task force
103 from among the members of the task force. Such chairpersons shall
104 schedule the first meeting of the task force, which shall be held not later
105 than sixty days after the effective date of this section.

106 (e) The administrative staff of the joint standing committee of the

107 General Assembly having cognizance of matters relating to public
108 health shall serve as administrative staff of the task force.

109 (f) Not later than February 1, 2024, the task force shall submit a report
110 on its findings and recommendations concerning subsection (a) of this
111 section to the joint standing committees of the General Assembly having
112 cognizance of matters relating to insurance and public health, in
113 accordance with the provisions of section 11-4a of the general statutes.
114 The task force shall terminate on the date that it submits such report or
115 on February 1, 2024, whichever is earlier.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	38a-510(b)(1)
Sec. 2	<i>October 1, 2023</i>	38a-544(b)(1)
Sec. 3	<i>from passage</i>	New section

INS *Joint Favorable Subst.*

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 24 \$	FY 25 \$
Various Municipalities	Potential Cost	See Below	See Below

Explanation

The bill does not result in a fiscal impact to the state employee and retiree health plan or municipalities that participate in the Partnership Plan as step therapy is not required in the treatment of mental health conditions outlined in the bill. The step therapy override provisions may increase costs to certain fully insured municipal plans which currently require step therapy for treatment of schizophrenia, major depressive disorder, and bipolar disorder.

Section 3 establishes a task force to study data collection efforts regarding step therapy resulting in no fiscal impact to the state because the task force has the expertise to meet the requirements of the bill.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 6831*****AN ACT CONCERNING THE OVERRIDE OF STEP THERAPY FOR CERTAIN MENTAL HEALTH CONDITIONS AND ESTABLISHING A TASK FORCE TO STUDY DATA COLLECTION EFFORTS REGARDING STEP THERAPY.*****SUMMARY**

By law, health carriers (e.g., insurers and HMOs) that use step therapy (i.e., fail first protocols) for covering prescription drugs must have a process that they disclose to health care providers for overriding the step therapy process. This bill requires health carriers to disclose the step therapy override process to providers in writing at least once a year. It also requires providers to display information about the override process in a conspicuous and prominent location, including on their website and an office bulletin board.

Additionally, from October 1, 2023, to October 1, 2026, the bill requires health carriers to grant a step therapy override request for drugs prescribed to treat schizophrenia, major depressive disorder, or bipolar disorder within 24 hours after a request is made.

Lastly, the bill establishes a 19-member task force to study step therapy data collection, including step therapy edits, rejections, and appeals for behavioral health drugs, and the best ways to collect data. It requires the task force to report its findings and recommendations to the Insurance and Real Estate and Public Health committees by February 1, 2024. The task force terminates when it submits its report or on February 1, 2024, whichever is earlier.

EFFECTIVE DATE: October 1, 2023, except the task force provisions are effective upon passage.

STEP THERAPY TASK FORCE

Under the bill, the task force includes the following members:

1. two health care providers with mental health expertise, one each appointed by the House speaker and the Senate president pro tempore;
2. one licensed pharmacist, appointed by the House minority leader;
3. one pharmaceutical manufacturing industry representative, appointed by the Senate minority leader;
4. the chairpersons and ranking members of the Insurance and Real Estate and Public Health committees, or their designees;
5. the Office of Health Strategy executive director, or her designee;
6. the insurance and consumer protection commissioners, or their designees;
7. one insurance industry representative, appointed by the Insurance and Real Estate Committee's House chairperson;
8. one pharmaceutical industry representative, appointed by the Insurance and Real Estate Committee's House ranking member;
9. one mental health care provider, appointed by the Insurance and Real Estate Committee's House chairperson; and
10. one mental health advocacy group representative who is an impacted individual, appointed by the Public Health Committee's House ranking member.

The bill requires the appointing authorities to make their appointments within 30 days after the bill's passage and fill any vacancies.

The bill also requires the House speaker and Senate president pro

tempore to select the task force’s chairpersons from among its members. The chairpersons must schedule the first meeting, which must be held within 60 days after the bill’s passage. The Public Health Committee’s administrative staff serve as the task force’s staff.

BACKGROUND

Related Bill

SB 6, reported favorably by the Insurance and Real Estate Committee, prohibits health carriers from using step therapy for drugs prescribed to treat a behavioral health condition or a disabling, chronic, or life-threatening condition or disease.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 11 Nay 1 (03/14/2023)