

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-182

AN ACT PROHIBITING CERTAIN HEALTH CARRIERS FROM REQUIRING STEP THERAPY FOR PRESCRIPTION DRUGS USED TO TREAT A MENTAL OR BEHAVIORAL HEALTH CONDITION OR A CHRONIC, DISABLING OR

Title: LIFE-THREATENING CONDITION.

Vote Date: 3/4/2024

Vote Action: Joint Favorable Substitute

PH Date: 2/26/2024

File No.: 20

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

Step therapy is a method through which insurance companies control the cost of prescription drugs. However, for some patients there may not be the time to go through this process which could cause significant harm or fatal consequences. This bill prohibits insurers from requiring the use of step therapy for drugs required to treat various conditions. When step therapy is allowed, the bill reduces the time an insurer can require an insured to use this process from 30 to 20 days. This bill recognizes that providers and patients are the ones who have the necessary information to make the decision and not insurers. The patients' providers can deem step therapy as clinically ineffective and at that point the insurer must cover the drugs prescribed by the provider. If the provider does not consider the step therapy regimen to be ineffective than the regimen may be continued.

RESPONSE FROM ADMINISTRATION/AGENCY:

Martin Looney, Senator (11th District), Connecticut General Assembly:

This bill will offer relief for patients and providers who have been forced to use a step therapy regimen. While this process may have legitimate uses, too often it is implemented in a manner that impedes patient care. In 2014 Public Act 14-118 created certain patient protections regarding insurance carriers' use of step therapy, however there are still situations where carriers' step therapy policies prevent a patient from getting optimal care. In 2017 PA 17-228 recognized these continued patient struggles and further regulated the use of step therapy in certain cancers. Last year Sec. 225 and 226 of PA 23-204 reduced how

long an insurer can require an insured to use step therapy for prescription drugs from 60 to 30 days and prohibited step therapy for certain conditions. This bill will provide further relief for patients and their providers to have more control over the use of this regimen.

NATURE AND SOURCES OF SUPPORT:

Connecticut Hospital Association (CHA):

CHA wants a whole-system approach, supporting additional resources and taking down barriers to care. They believe that step therapy is one such barrier. They believe that the provider should be the ones who make the decisions for the patients as they are the experts. Providers should retain the flexibility to alter that course of care if required.

Connecticut State Medical Society (CSMS):

Health insurers' administrative hurdles delay access to care for patients and impose on the patient-physician relationship. Step therapy can take several weeks or even months which harms patient outcomes and create obstacles to treatment decisions. CSMS believes that patient care decisions should be made in the best interest of the patients, not in the best financial interest of the health insurers. Many psychiatrists are reluctant to participate in health insurance networks because of step therapy.

Thomas Burr, Public Policy and Affective Relations Manager, NAMI CT:

NAMI supports this legislation which will prohibit certain health carriers from requiring step therapy for drugs used to treat a mental or behavioral health, or a chronic debilitating condition. Mental health needs affect people differently and for this reason, it is critical that a person access the medication that works best for them. Also, delayed care can lead to significant negative outcomes. Our state policies should protect, not endanger access to mental health medications.

Dyana Hagen, Manager, Intercommunity Common Ground:

Ms. Hagen has seen community mental health providers prescribe generic drugs before they prescribe other drugs which may be more effective. Some of these drugs do not provide the same positive effect. For example, she has seen cases where a person cannot, eat, sleep, or even hold the saliva in their mouth after being forced to try something that they have already tried, and doesn't work. Ms. Hagen shared her personal experience with this process after she was in a car accident over 20 years ago and had to get back surgery. She has worked through the chronic aspect of the crash but this past December she couldn't walk and was in severe pain while still having multiple responsibilities. Her doctor ordered an MRI in December, but it was denied. The doctor appealed with providing further evidence that was asked for. The appeal consumed the providers time as well as that of the staff, yet it was still denied. It was approved last week, and the MRI will be done three months later from the request.

NATURE AND SOURCES OF OPPOSITION:

Susan Halpin, Executive Director, CT Association of Health Plans:

Step therapy helps advance the use of clinical best practice protocols in recognition of the costs associated with various drug treatments. The Food and Drug Administration (FDA) establishes the indications for many of the step therapy regimens. State statute establishes

an automatic "override" provision that can be accessed at any point in the process and defines conditions under which an "override" must be granted. Health plans are subject to penalties by the Department of Insurance if they do not abide by these laws. They believe that the passage of this law is intended to discourage the use of step therapy all together and will result in rewarding pharmaceutical manufacturers.

Sam Hallemeier, Senior Director of State Affairs, Pharmaceutical Care Management Association (PCMA):

PCMA is the national organization representing America's pharmacy benefit managers. PCMA believes that this bill will remove a tool that mitigates the pressure on the rising cost of prescription drugs. There are a variety of guidelines in place that are designed to ensure that patients receive clinically appropriate and cost-effective drug therapies. Many drugs have harmful side effects or interact adversely with other medications, and step therapy encourages trying safer, alternative therapies first. Step therapy demonstrated savings of more than 10% in targeted categories according to the Federal Trade Commission (FTC). The National Academies of Sciences, Engineering, and Medicine claims that every plan has an exception process that includes safeguards against the use of prior authorization if step therapy is found to be too restrictive. PCMA believes that the language in this bill will increase the cost of providing reliable and affordable access to prescription drugs.

Reported by: Piotr Kolakowski

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