

DRAFT: October 10,2017

COLORADO MEDICATION ADHERENCE ACT AND REGULATIONS

A BILL FOR AN ACT CONCERNING A PROHIBITION AGAINST EXCLUDING A DRUG FROM A HEALTH COVERAGE PLAN IF THE DRUG HAD BEEN APPROVED FOR COVERAGE BY THE PLAN FOR COVERAGE OF THE ENROLLEE AT THE TIME THE ENROLLEE ENROLLED IN THE PLAN

Bill Summary

The bill prohibits a health insurance carrier from excluding or limiting a drug for an enrollee in a health coverage plan if the drug was covered at the time the enrollee enrolled in the plan. A carrier may not raise the costs to the enrollee for the drug.

A Health Management Organization's obligations relating to drug previously approved for enrollee's medical condition.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, add 10-16-147 as follows:³ 10-16-147.
Approved drugs - continuity of coverage under health coverage plan.

(1) A health care service plan contract, issued, amended, or renewed on or after January 1, 2019, that covers prescription drug benefits shall not limit or exclude coverage for a drug for an enrollee:

(a) if the drug previously had been approved for coverage by the plan for a medical condition of the enrollee.

(b) the plan's prescribing provider continues to prescribe the drug for the medical condition.

(c) the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions. For purposes of this section, a prescribing provider shall include a provider authorized to write a prescription, pursuant to Title 12, Colorado Revised Statutes, to treat a medical condition of an enrollee.

(b) This section does not apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration.

(c) This section shall not be construed to restrict or impair the application of any other provision of this chapter, and including, but not limited to Title 12, Colorado Revised Statutes, that medical decisions are rendered by qualified medical providers unhindered by fiscal and administrative management.

(2) A carrier shall not increase the amount an enrollee pays for a co-payment, coinsurance, or deductible for prescription drug benefits or set limitations on maximum coverage for prescription drug benefits. If a carrier uses a tiered formulary, the carrier shall not move a drug to a disadvantaged tier if:

(a) the drug was approved for the enrollee at the time the enrollee enrolled in the health coverage plan.

(b) the prescribing health care provider continues to prescribe the drug, and,

(c) the drug is safe and effective for the enrollee

(3) Coverage of a covered enrollee's medication shall continue through the last day of the covered enrollee's eligibility under the health insurance plan, inclusive of any renewal period.

SECTION 2.

Effective date. This act takes effect January 1, 2019.