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Date: (Filing No. H-)

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
129TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 751, L.D. 1009, Bill, “An Act To Provide Protections for Maine Patients Facing Step Therapy”

Amend the bill in section 1 in the first line (page 1, line 2 in L.D.) by striking out the following: "**§4320-L**" and inserting the following: '**§4320-M**'

Amend the bill in section 1 in §4320-L in the first line (page 1, line 3 in L.D.) by striking out the following: "**§4320-L**" and inserting the following: '**§4320-M**'

Amend the bill in section 1 in §4320-L in subsection 1 by inserting after paragraph D the following:

'E. "Stable on a prescription drug" means, with respect to an enrollee, receiving a positive therapeutic outcome on a prescription drug selected by the enrollee's health care provider for the enrollee's medical condition.'

Amend the bill in section 1 in §4320-L in subsection 1 by relettering the paragraphs to read alphabetically.

Amend the bill in section 1 in §4320-L in subsection 6 by striking out all of paragraph D (page 3, lines 15 to 21 in L.D.) and inserting the following:

'D. A carrier or utilization review organization shall grant or deny a request for a step therapy override exception determination or an appeal of a determination within 72 hours, or 2 business days, whichever is less, after receipt of the request. If exigent circumstances, as described in section 4311, subsection 1-A, paragraph B, exist, a carrier or utilization review organization shall grant or deny the request within 24 hours after receipt of the request. The carrier shall provide coverage for the prescription drug prescribed by the prescriber during the pendency of the request for a step therapy override exception determination or an appeal of a determination. If a carrier or utilization review organization does not grant or deny the request within the time required under this paragraph, the exception or appeal is granted.'

Amend the bill in section 1 in §4320-L in subsection 6 by striking out all of paragraph F (page 3, lines 23 to 28 in L.D.) and inserting the following:

COMMITTEE AMENDMENT

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F. This section does not prevent:

(1) A carrier or utilization review organization from requiring an enrollee to try a generic drug, as defined in Title 32, section 13702-A, subsection 14, or an interchangeable biological product, as defined in Title 32, section 13702-A, subsection 14-A, prior to providing coverage for the equivalent brand-name prescription drug; or

(2) A health care provider from prescribing a prescription drug that is determined to be medically necessary.'

Amend the bill in section 1 in §4320-L by striking out all of subsection 7 (page 3, lines 29 to 33 in L.D.) and inserting the following:

'7. Rules. The superintendent may adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

This amendment conforms the timeline for responding to a request for a step therapy override exception determination with the existing timeline for prior authorization requests. The amendment clarifies the meaning of exigent circumstances and makes clear that a carrier is required to continue to provide access to the prescription drug subject to step therapy protocol during the consideration of a request for a step therapy override exception determination. The amendment also adds a definition of "stable on a prescription drug" and clarifies that the provisions do not prevent a carrier from requiring an enrollee to try an interchangeable biological product. The amendment also changes the allocation of a new section of the statutory provision to avoid a numbering problem.