

## **127th MAINE LEGISLATURE**

## FIRST REGULAR SESSION-2015

**Legislative Document** 

No. 636

S.P. 229

In Senate, March 3, 2015

## An Act To Provide Consumers of Health Care with Information Regarding Health Care Costs

Reference to the Committee on Insurance and Financial Services suggested and ordered printed.

Heath & Print

HEATHER J.R. PRIEST Secretary of the Senate

Presented by Senator DILL of Penobscot. Cosponsored by Representative SANBORN of Gorham and Senators: ALFOND of Cumberland, GRATWICK of Penobscot, SAVIELLO of Franklin, Representatives: FARNSWORTH of Portland, NOON of Sanford.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 24-A MRSA §4303, sub-§20 is enacted to read:
3 4 5	<b>20. Information about prescription drugs.</b> A carrier offering a health plan in this State shall provide the following information to prospective enrollees and enrollees with respect to prescription drug coverage on its publicly accessible website.
6 7 8 9 10 11	A. A carrier shall post each prescription drug formulary for each health plan offered by the carrier. The prescription drug formularies must be posted in a manner that allows prospective enrollees and enrollees to search the formularies and compare formularies to determine whether a particular prescription drug is covered under a formulary. When a change is made to a formulary, the updated formulary must be posted on the website within 72 hours.
12	B. A carrier shall provide an explanation of:
13 14	(1) The requirements for utilization review, prior authorization or step therapy for each category of prescription drug covered under a health plan;
15 16 17 18	(2) The cost-sharing requirements for prescription drug coverage, including a description of how the costs of prescription drugs will specifically be applied or not applied to any deductible or out-of-pocket maximum required under a health plan;
19 20	(3) The exclusions from coverage under a health plan and any restrictions on use or quantity of covered health care services in each category of benefits; and
21 22 23 24	(4) The amount of coverage provided under a health plan for out-of-network providers or noncovered health care services and any right of appeal available to an enrollee when out-of-network providers or noncovered health care services are medically necessary.
25	SUMMARY
26	This bill requires all health insurance carriers offering individual and group health

26 This bill requires all health insurance carriers offering individual and group health 27 plans to provide certain information with respect to prescription drug coverage to 28 prospective enrollees and enrollees on its publicly accessible website. The bill requires 29 carriers to post each prescription drug formulary for each health plan in a manner that 30 allows enrollees to determine whether a particular prescription drug is covered under a 31 formulary. The bill also requires carriers to provide information about utilization review, 32 prior authorization or step therapy, cost-sharing, exclusions from coverage and the 33 amount of coverage for out-of-network providers or noncovered health care services.