

CHAPTER 296

INSURANCE

SENATE BILL 17-203

BY SENATOR(S) Todd, Coram, Aguilar, Crowder, Kefalas, Court, Fenberg, Fields, Jahn, Jones, Kerr, Martinez Humenik, Merrifield, Moreno, Priola, Tate;
also REPRESENTATIVE(S) Covarrubias and Kennedy, Buckner, Esgar, Ginal, Herod, Hooton, Jackson, Kraft-Tharp, Michaelson Jenet, Mitsch Bush, Rosenthal, Singer, Young, Becker K., Coleman, Exum, Gray, Hamner, Lee, Lontine, McLachlan, Pettersen, Valdez, Weissman, Wilson, Duran.

AN ACT

CONCERNING THE PROHIBITION AGAINST A CARRIER REQUIRING A COVERED PERSON TO UNDERGO STEP THERAPY, AND, IN CONNECTION THEREWITH, REQUIRING COVERAGE FOR A PRESCRIBED MEDICATION THAT IS PART OF THE CARRIER'S MEDICATION FORMULARY.

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

SECTION 1. In Colorado Revised Statutes, **add** 10-16-145 as follows:

10-16-145. Step therapy - prohibited - definitions. (1) FOR THE PURPOSES OF THIS SECTION, "STEP THERAPY" MEANS A PROTOCOL THAT REQUIRES A COVERED PERSON TO USE A PRESCRIPTION DRUG OR SEQUENCE OF PRESCRIPTION DRUGS, OTHER THAN THE DRUG THAT THE COVERED PERSON'S HEALTH CARE PROVIDER RECOMMENDS FOR THE COVERED PERSON'S TREATMENT, BEFORE THE CARRIER PROVIDES COVERAGE FOR THE RECOMMENDED PRESCRIPTION DRUG.

(2) A CARRIER SHALL NOT REQUIRE A COVERED PERSON TO UNDERGO STEP THERAPY, AND SHALL PROVIDE COVERAGE FOR THE DRUG PRESCRIBED BY THE COVERED PERSON'S HEALTH CARE PROVIDER AS LONG AS THE PRESCRIBED DRUG IS ON THE CARRIER'S PRESCRIPTION DRUG FORMULARY, WHEN THE PATIENT HAS TRIED THE STEP-THERAPY-REQUIRED PRESCRIPTION DRUGS WHILE UNDER HIS OR HER CURRENT OR PREVIOUS HEALTH INSURANCE OR HEALTH BENEFIT PLAN, AND SUCH PRESCRIPTION DRUGS WERE DISCONTINUED DUE TO LACK OF EFFICACY OR EFFECTIVENESS, DIMINISHED EFFECT, OR AN ADVERSE EVENT. PHARMACY DRUG SAMPLES SHALL NOT BE CONSIDERED TRIAL AND FAILURE OF A PREFERRED PRESCRIPTION DRUG IN LIEU OF TRYING THE STEP-THERAPY-REQUIRED PRESCRIPTION DRUG.

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

(3) THE HEALTH CARRIER, HEALTH BENEFIT PLAN, OR UTILIZATION REVIEW ORGANIZATION MAY REQUEST RELEVANT DOCUMENTATION FROM THE PATIENT OR PROVIDER TO SUPPORT THE OVERRIDE REQUEST.

(4) THIS SECTION DOES NOT PRECLUDE A CARRIER FROM REQUIRING PRIOR AUTHORIZATION FOR THE COVERAGE OF A PRESCRIBED DRUG THAT WAS COVERED BY THE COVERED PERSON'S FORMER HEALTH BENEFIT PLAN.

SECTION 2. Act subject to petition - effective date. This act takes effect September 1, 2017; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within the ninety-day period after final adjournment of the general assembly, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2018 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Approved: June 2, 2017