

SENATE BILL No. 202

By Committee on Financial Institutions and Insurance

2-11

1 AN ACT concerning insurance; relating to certain health plans; pertaining
2 to patient co-payments and co-insurance fees; exception to formulary
3 request process.

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5 *Be it enacted by the Legislature of the State of Kansas:*

6 Section 1. (a) A health plan that is required to provide a platinum,
7 gold or silver level of coverage, as defined in 45 C.F.R. § 156.450, as in
8 effect on July 1, 2015, shall ensure that any required co-payment or co-
9 insurance does not exceed \$100 per month for each prescription drug for
10 up to a 30-day supply of any single drug.

11 (b) A health plan that is required to provide a bronze level of
12 coverage as defined in 45 C.F.R. § 156.450, as in effect on July 1, 2015,
13 shall ensure that any required co-payment or co-insurance does not exceed
14 \$200 per month for each prescription drug for up to a 30-day supply of any
15 single drug.

16 (c) The limits to co-payments and co-insurance prescribed in
17 subsections (a) and (b) shall be inclusive of any insured's out-of-pocket
18 spending, including payments towards any deductibles, co-payments or
19 co-insurance.

20 (d) For any insured who is enrolled in a plan that, but for the
21 requirements described in subsections (a) and (b), would be a high
22 deductible health plan as defined in section 223(c)(2)(A) of the internal
23 revenue code of 1986, as in effect on July 1, 2015, the limits to co-
24 payment and co-insurance shall be applicable only after the minimum
25 annual deductible specified in section 223(c)(2)(A) of the internal revenue
26 code of 1986, as in effect on July 1, 2015, is reached. In all other cases, the
27 limits to co-payment and co-insurance shall be applicable at any time in
28 the benefit design, including before and after any applicable deductible is
29 reached.

30 (e) A health plan that provides coverage for prescription drugs shall
31 implement an exceptions process that allows insureds to request an
32 exception to the formulary.

33 (1) Under such an exception, a non-formulary drug could be deemed
34 covered under the formulary if the prescribing physician determines that
35 the formulary drug treatment of the same condition: (A) Would not be as
36 effective for the patient; (B) would have adverse effects for the patient; or

1 (C) both (A) and (B).

2 (2) In the event an insured is denied an exception, such denial shall be
3 considered an adverse event and shall be subject to the health plan internal
4 and external review processes.

5 (f) Nothing contained in any other provision of the laws of the state
6 of Kansas shall preclude a health plan or other entity subject to chapter 40
7 of the Kansas Statutes Annotated, and amendments thereto, from requiring
8 that a prescription drug be obtained through a designated pharmacy or
9 other source of such drugs.

10 (g) As used in this section:

11 (1) "Health plan" shall have the meaning ascribed to it in 45 C.F.R. §
12 160.103 as in effect on July 1, 2015.

13 (2) "Insured" shall have the meaning ascribed to it in K.S.A. 40-4602,
14 and amendments thereto.

15 Sec. 2. This act shall take effect and be in force from and after its
16 publication in the statute book.