## SENATE BILL No. 82

By Committee on Public Health and Welfare

1-25

AN ACT concerning health and healthcare; relating to health insurance; prescription medication; step therapy protocols.

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WHEREAS, The legislature finds that health insurance plans are increasingly making use of step therapy protocols under which patients are required to try one or more prescription drugs before coverage is provided for a drug selected by the patient's healthcare provider; and

WHEREAS, The legislature further finds that such step therapy protocols, where they are based on well-developed scientific standards and administered in a flexible manner that takes into account the individual needs of patients, can play an important role in controlling healthcare costs; and

WHEREAS, The legislature further finds that, in some cases, requiring a patient to follow a step therapy protocol may have adverse and even dangerous consequences for the patient who may either not realize a benefit from taking a prescription drug or may suffer harm from taking an inappropriate drug; and

WHEREAS, The legislature further finds that, without uniform policies in the state for step therapy protocols, all patients may not receive the equivalent or most appropriate treatment; and

WHEREAS, The legislature further finds that it is imperative that step therapy protocols in the state preserve the healthcare provider's right to make treatment decisions in the best interest of the patient; and

WHEREAS, The legislature declares it a matter of public interest that health insurers base step therapy protocols on appropriate clinical practice guidelines or published peer review data developed by independent experts with knowledge of the condition or conditions under consideration; that patients be exempt from step therapy protocols when inappropriate or otherwise not in the best interest of the patient; and that patients have access to a fair, transparent and independent process for requesting an exception to a step therapy protocol when the patients physician deems appropriate.

Now, therefore:

34 Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) As used in this section:

(1) "Clinical practice guidelines" means a systematically developed

SB 82 2

statement to assist healthcare provider decision-making and patient decisions about appropriate healthcare for specific clinical circumstances and conditions.

- (2) "Clinical review criteria" means written screening procedures, decision abstracts, clinical protocols and practice guidelines used by a health insurance plan to determine the medical necessity and appropriateness of healthcare services.
- (3) "Health insurance plan" includes any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization, municipal group-funded pool and the state health care benefits plan that provides medical, surgical or hospital expense coverage. For purposes of this section, health insurance plan also includes any third-party entity that conducts utilization review pursuant to a contract with a health insurance plan provider.
- (4) "Step therapy protocol" means a protocol or program that establishes a specific sequence in which prescription drugs that are prescribed for a specified medical condition, medically appropriate for a particular patient and covered as a pharmacy or medical benefit by a health insurance plan, including self-administered and physician-administered drugs, are authorized to be covered by a health insurance plan.
- (b) Every provider of a health insurance plan that is delivered, issued for delivery, amended or renewed on or after January 1, 2018, that utilizes a step therapy protocol shall establish guidelines governing the use of the step therapy protocol using clinical review criteria based on clinical practice guidelines subject to the following requirements:
- (1) Such guidelines shall recommend that the prescription drugs be taken in the specific sequence required by the provider pursuant to the provider's step therapy protocol.
- (2) The guidelines shall be developed and endorsed by a multidisciplinary panel of medical experts that manages conflicts of interest among the members of the panel by:
- (A) Requiring members to disclose any potential conflict of interest with any relevant entity, including providers of health insurance plans and pharmaceutical manufacturers, and to abstain from voting on any issue for which the member has a conflict of interest;
- (B) using a methodologist to work with the panel to provide objectivity in data analysis, rank evidence and facilitate consensus; and
  - (C) offering opportunity for public review and comment.
- (3) The guidelines shall be based on high quality studies, research and medical practice.
  - (4) The guidelines shall be created by an explicit and transparent

SB 82 3

process that minimizes bias and conflict of interest, explains the relationship between treatment options and outcomes, rates the quality of evidence supporting the panel's recommendations and considers relevant patient subgroups and preferences, including atypical patient populations and diagnoses.

- (5) The guidelines shall be continually updated through review of new evidence, research and newly developed treatments.
- (6) In the absence of clinical practice guidelines that satisfy the requirements of this subsection, the provider of the health insurance plan may use peer-reviewed publications to develop the step therapy protocol.
- (c) (1) When a health insurance plan restricts coverage of a prescription drug for the treatment of any medical condition pursuant to a step therapy protocol, the plan provider shall provide to the prescribing healthcare provider access to a clear, convenient and readily accessible process to request an override of the step therapy protocol. A health insurance plan may use an existing medical exceptions process to satisfy the requirements of this subsection. A provider of a health insurance plan that utilizes a step therapy protocol shall make the process for override accessible on the provider's website.
- (2) When a health insurance plan restricts coverage of a prescription drug for the treatment of any medical condition pursuant to a step therapy protocol, the plan provider shall expeditiously grant an override to such restriction if:
- (A) The required prescription drug is contraindicated or will likely cause an adverse reaction by or physical or mental harm to the patient;
- (B) the required prescription drug is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug regimen;
- (C) the patient has tried the required prescription drug while under their current or a previous health insurance plan, or another prescription drug in the same pharmacologic class or with the same mechanism of action, and such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event;
- (D) the required prescription drug is not in the best interest of the patient, based on medical necessity; or
- (E) the patient is stable on a prescription drug selected by their healthcare provider for the medical condition under consideration while on a current or previous health insurance plan.
- (3) Upon granting an override of a step therapy protocol pursuant to this subsection, the health insurance plan shall authorize coverage for the prescription drug prescribed by the patient's healthcare provider.
- (4) A provider of a health insurance plan shall respond to a request to override a step therapy protocol within 72 hours of receiving the request or

SB 82 4

appeal. In cases where the healthcare provider has indicated that exigent circumstances exist, the provider shall respond within 24 hours of receiving the request or appeal. A provider shall permit a healthcare provider to appeal the provider's decision regarding a request to override a step therapy protocol subject to the same time limits as a request to override. If a provider fails to respond to a request or appeal within the prescribed time limits, the requested exception shall be deemed to be granted.

- (d) This section shall not be construed to require a provider of a health insurance plan to establish a new entity to develop clinical review criteria to be used for a step therapy protocol.
- (e) The department of insurance shall adopt rules and regulations as may be necessary to administer and implement this section prior to January 1, 2018.
- Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.