SB0405/567978/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 405
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with "prohibiting" in line 3 down through "term;" in line 5 and substitute "requiring certain entities to establish and implement a procedure by which a member may receive a prescription drug or device that has been removed from a certain entity's formulary or a member may continue the same cost sharing requirements under certain circumstances; altering the requirement that a certain entity provide coverage for a prescription drug or device under certain circumstances; requiring a certain entity to provide a certain member with a certain notice;".

AMENDMENT NO. 2

On page 2, strike in their entirety lines 3 through 11, inclusive.

On pages 2 and 3, strike in their entirety the lines beginning with line 24 on page 2 through line 29 on page 3, inclusive.

On page 3, in line 30, strike the brackets; in the same line, strike "**(D)**"; in line 32, after "may" insert "**:**

(1)";

in line 33, after "formulary" insert "**OR HAS BEEN REMOVED FROM THE ENTITY'S FORMULARY**"; and in the same line, after "section" insert "**; OR**

(Over)

(2) CONTINUE THE SAME COST SHARING REQUIREMENTS IF THE ENTITY HAS MOVED THE PRESCRIPTION DRUG OR DEVICE TO A HIGHER DEDUCTIBLE, COPAYMENT, OR COINSURANCE TIER".

On page 4, in line 1, strike the brackets; in the same line, strike "**(E)**"; in line 2, strike "that is not in the formulary" and substitute "**IN ACCORDANCE WITH SUBSECTION (C) OF THIS SECTION**"; in lines 4 and 5, in each instance, after "formulary" insert "**IN A LOWER TIER**"; in line 13, strike the brackets; in the same line, strike "**(F)**"; and after line 17, insert:

"**(F) AN ENTITY SUBJECT TO THIS SECTION THAT REMOVES A DRUG FROM ITS FORMULARY OR MOVES A PRESCRIPTION DRUG OR DEVICE TO A BENEFIT TIER THAT REQUIRES A MEMBER TO PAY A HIGHER DEDUCTIBLE, COPAYMENT, OR COINSURANCE AMOUNT FOR THE PRESCRIPTION DRUG OR DEVICE SHALL PROVIDE A MEMBER WHO IS CURRENTLY ON THE PRESCRIPTION DRUG OR DEVICE AND THE MEMBER'S HEALTH CARE PROVIDER WITH:**

(1) NOTICE OF THE CHANGE AT LEAST 30 DAYS BEFORE THE CHANGE IS IMPLEMENTED; AND

(2) IN THE NOTICE REQUIRED UNDER ITEM (1) OF THIS SUBSECTION, THE PROCESS FOR REQUESTING AN EXEMPTION THROUGH THE PROCEDURE ADOPTED IN ACCORDANCE WITH THIS SECTION.".