Senate Bill 290 (Health Insurance - Out-of-Pocket Maximums and Cost-Sharing Requirements - Calculation)

First Reader, Proposed Amendments

On page 2, line 17, after "(D)" add "(1) SUBJECT PARAGRAPH (2) OF THIS SUBSECTION"

On page 2, line 21, substitute (a) for (1)

On page 2, line 22, substitute (b) for (2)

On page 2, at the end of line 23 add "(2) SUBJECT TO PARAGRAPHS (3) AND (4) OF THIS SUBSECTION, SUBSECTION D(1) SHALL NOT APPLY TO ANY PRESCRIPTION DRUG THAT HAS AN AB RATED GENERIC EQUIVALENT AS DETERMINED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION. (3) EACH ENTITY SUBJECT TO THIS SECTION SHALL ESTABLISH AND IMPLEMENT A PROCEDURE BY WHICH AN ENROLLEE MAY RECEIVE THE BENEFITS OF SUBSECTION (D)(1) IF, IN THE JUDGMENT OF THE AUTHORIZED PRESCRIBER, (A) THE AB RATED GENERIC HAS BEEN INEFFECTIVE IN TREATING THE DISEASE OR CONDITION OF THE ENROLLEE; (B) THE AB RATED GENERIC HAS CAUSED OR IS LIKELY TO CAUSE AN ADVERSE REACTION OR OTHER HARM TO THE ENROLLEE; OR, (C) THE BRAND NAME DRUG IS MEDICALLY NECESSARY FOR THE ENROLLEE TO ADHERE TO THE APPROPRIATE USE OF THE MEDICATION. (4) *ADVERSE DECISION* – A DECISION BY AN ENTITY SUBJECT TO THIS SECTION NOT TO PROVIDE THE BENEFITS OF SUBSECTION (D)(1) IN ACCORDANCE WITH SUBSECTION (D)(3) CONSTITUTES AN ADVERSE DECISION AS DEFINED UNDER SUBTITLE 10A OF THIS TITLE.