



## Specialty Tier Reform Update – Week of January 9, 2017

By Mark Hobraczek, JD, MPA

### STATES

#### Connecticut

##### ***Insurance committee to consider latest bill to limit cost-sharing for prescription drugs***

Senator Martin Looney (D) introduced legislation this week that would prohibit health insurers from imposing cost-sharing or out-of-pocket charges that exceed \$130 for a 30-day supply of any covered prescription drug. The bill (S.B. 22) increased this threshold from the \$100 limit proposed under similar legislation last session, which died in committee (see Specialty Tier Reform Update for Week of February 29<sup>th</sup>).

S.B. 22 also bars insurers from placing all prescription drugs for a given class of drugs into the highest cost-sharing tier of a tiered prescription drug formulary. Comparable prohibitions have been stripped out of earlier legislation in Connecticut and several other states (see Specialty Tier Reform Update for Week of May 11, 2015) even though such a practice was determined to be discriminatory by the insurance commissioners in Florida and Illinois, as well as the federal Centers for Medicare and Medicaid Services (see Specialty Tier Reform Update for Week of February 23, 2015).

The measure was referred to the Joint Committee on Insurance and Real Estate.