H.B. NO. ²⁶¹ H.D. 2 S.D. 2 C.D. 1

A BILL FOR AN ACT

RELATING TO CONSUMER PROTECTION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

| 1 | SECTION 1. Chapter 431, Hawaii Revised Statutes, is | |
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| 2 | amended by adding a new section to article 10A to be | |
| 3 | appropriately designated and to read as follows: | |
| 4 | "§431:10A- Formulary; accessibility requirements. (a) | |
| 5 | Each insurer offering or renewing an individual or group | |
| 6 | accident and health or sickness insurance policy on or after | |
| 7 | January 1, 2017, shall provide the following information via a | |
| 8 | public website and through a toll-free number that is posted on | |
| 9 | the insurer's website: | |
| 10 | (1) Its formulary; provided that notice of any changes due | |
| 11 | to the addition of a new drug or deletion of any | |
| 12 | existing drug shall be made available no later than | |
| 13 | seventy-two hours after the effective date of the | |
| 14 | change; provided further that notice of other changes, | |
| 15 | including drug strength or form, shall be made | |
| 16 | available within fourteen calendar days of the | |
| 17 | effective date of the change; | |



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| - 1 | (2) | Provide a system that allows an insured or potential |
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| 2 | | insured to determine whether prescription drugs are |
| 3 | | covered under the plan's medical benefits and |
| 4 | | typically administered by a provider, along with any |
| 5 | | cost-sharing imposed on such drugs; |
| 6 | (3) | Indicate a dollar amount range of cost-sharing |
| 7 | | typically paid by an insured of each specific drug |
| 8 | | included on the formulary based on the information the |
| 9 | | insurer has available, as follows: |
| 10 | | (A) \$100 and under: \$; |
| 11 | | (B) Over \$100 to \$250: \$\$; |
| 12 | | (C) Over \$250 to \$500: \$\$\$; |
| 13 | | (D) Over \$500 to \$1,000: \$\$\$\$; and |
| 14 | | (E) Over \$1,000: \$\$\$\$; and |
| 15 | (4) | Display standardized content for the formulary for |
| 16 | | each product offered by the plan pursuant to |
| 17 | | recommendations made by the formulary accessibility |
| 18 | | working group established pursuant to Act , |
| 19 | | Session Laws of Hawaii 2015. |
| 20 | <u>(b)</u> | For the purposes of this section, "formulary" means |
| 21 | the compl | ete list of drugs preferred for use and eligible for |



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| 1 | coverage under a policy, including drugs covered under the |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | policy's pharmacy benefit and medical benefit as defined by the |
| 3 | health care service plans. |
| 4 | (c) This section shall not apply to limited benefit health |
| | |
| 5 | insurance as provided in section 431:10A-102.5; provided further |
| 6 | that this section shall not apply to medicare, medicaid, or |
| 7 | other federally financed plans." |
| 8 | SECTION 2. Chapter 432, Hawaii Revised Statutes, is |
| 9 | amended by adding a new section to article 1 to be appropriately |
| 10 | designated and to read as follows: |
| 11 | "§432:1- Formulary; accessibility requirements. (a) |
| | |
| 12 | Each mutual benefit society offering or renewing an individual |
| 12 | Each mutual benefit society offering or renewing an individual |
| 12 13 | Each mutual benefit society offering or renewing an individual and group hospital or medical service plan contract on or after |
| | |
| 13 | and group hospital or medical service plan contract on or after |
| 13 14 | and group hospital or medical service plan contract on or after January 1, 2017, shall provide the following information via a |
| 13 14 15 | and group hospital or medical service plan contract on or after January 1, 2017, shall provide the following information via a public website and through a toll-free number that is posted on |
| 13 14 15 16 | and group hospital or medical service plan contract on or after January 1, 2017, shall provide the following information via a public website and through a toll-free number that is posted on the mutual benefit society's website: |
| 13 14 15 16 17 | and group hospital or medical service plan contract on or after January 1, 2017, shall provide the following information via a public website and through a toll-free number that is posted on the mutual benefit society's website: (1) Its formulary; provided that notice of any changes due |
| 13 14 15 16 17 18 | <pre>and group hospital or medical service plan contract on or after January 1, 2017, shall provide the following information via a public website and through a toll-free number that is posted on the mutual benefit society's website: (1) Its formulary; provided that notice of any changes due</pre> |
| 13 14 15 16 17 18 19 | and group hospital or medical service plan contract on or after January 1, 2017, shall provide the following information via a public website and through a toll-free number that is posted on the mutual benefit society's website: (1) Its formulary; provided that notice of any changes due to the addition of a new drug or deletion of any existing drug shall be made available no later than |





| 1 | | including drug strength or form, shall be made |
|----|------------|--------------------------------------------------------|
| 2 | | available within fourteen calendar days of the |
| 3 | | effective date of the change; |
| 4 | (2) | Provide a system that allows a subscriber or potential |
| 5 | | subscriber to determine whether prescription drugs are |
| 6 | | covered under the plan's medical benefits and |
| 7 | | typically administered by a provider, along with any |
| 8 | | cost-sharing imposed on such drugs; |
| 9 | <u>(3)</u> | Indicate a dollar amount range of cost-sharing |
| 10 | | typically paid by a subscriber of each specific drug |
| 11 | | included on the formulary based on the information the |
| 12 | | mutual benefit society has available, as follows: |
| 13 | | (A) \$100 and under: \$; |
| 14 | | (B) Over \$100 to \$250: \$\$; |
| 15 | | (C) Over \$250 to \$500: \$\$\$; |
| 16 | | (D) Over \$500 to \$1,000: \$\$\$\$; and |
| 17 | | (E) Over \$1,000: \$\$\$\$; and |
| 18 | (4) | Display standardized content for the formulary for |
| 19 | | each product offered by the plan pursuant to |
| 20 | | recommendations made by the formulary accessibility |



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| 1 | working group established pursuant to Act , |
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| 2 | Session Laws of Hawaii 2015. |
| 3 | (b) For the purposes of this section, "formulary" means |
| 4 | the complete list of drugs preferred for use and eligible for |
| 5 | coverage under a policy, including drugs covered under the |
| 6 | policy's pharmacy benefit and medical benefit as defined by the |
| 7 | health care service plans. |
| 8 | (c) This section shall not apply to limited benefit health |
| 9 | insurance as provided in section 431:10A-102.5; provided further |
| 10 | that this section shall not apply to medicare, medicaid, or |
| 11 | other federally financed plans." |
| 12 | SECTION 3. Section 432D-23, Hawaii Revised Statutes, is |
| 13 | amended to read as follows: |
| 14 | "§432D-23 Required provisions and benefits. |
| 15 | Notwithstanding any provision of law to the contrary, each |
| 16 | policy, contract, plan, or agreement issued in the State after |
| 17 | January 1, 1995, by health maintenance organizations pursuant to |
| 18 | this chapter, shall include benefits provided in sections |
| 19 | 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A- |
| 20 | 116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121, |



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| 1 | 431:10A-1 | 25, 431:10A-126, 431:10A-122, [and] 431:10A-116.2, and |
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| 2 | 431:10A- | , and chapter 431M." |
| 3 | SECT | ION 4. (a) There is established a formulary |
| 4 | accessibi | lity working group to be appointed and administered by |
| 5 | the insur | ance commissioner for the purpose of making |
| 6 | recommend | ations for a standard formulary template pursuant to |
| 7 | this Act. | The working group shall include the following |
| 8 | members: | |
| 9 | (1) | Insurance commissioner, or the commissioner's |
| 10 | | designee, who shall serve as chair; |
| 11 | (2) | Director of health, or the director's designee; |
| 12 | (3) | Representatives from the health care provider |
| 13 | | community; |
| 14 | (4) | Representatives from the board of pharmacy; |
| 15 | (5) | Representatives from the Hawaii Association of Health |
| 16 | | Plans; and |
| 17 | (6) | One representative from the American Cancer Society |
| 18 | | Cancer Action Network - Hawaii Pacific Region. |
| 19 | (b) | The formulary accessibility working group shall make |
| 20 | its recom | mendations related to a standard formulary template to |
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| 1 | the legislature no later than twenty days prior to the convening |
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| 2 | of the regular session of 2016. |
| 3 | (c) The formulary accessibility working group shall |
| 4 | dissolve on June 30, 2016. |
| 5 | SECTION 5. Statutory material to be repealed is bracketed |
| 6 | and stricken. New statutory material is underscored. |
| 7 | SECTION 6. This Act shall take effect on July 1, 2015. |





Report Title:

Drug Formulary; Posting Requirements; Insurers; Health Plan

Description:

Requires health insurers, mutual benefit societies, and health maintenance organizations to post and update information on drug formularies via a public website and toll-free number for the benefit of insureds, potential insureds, and providers. Establishes a formulary accessibility working group. (HB261 CD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

