H.B. 294

HEALTH SYSTEM REFORM AMENDMENTS

HOUSE FLOOR AMENDMENTS

AMENDMENT 2

FEBRUARY 9, 2010 10:56 AM

Representative **Bradley G. Last** proposes the following amendments:

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Page 15, Lines 435 through 442:
435
              (2) (a) The commissioner shall promote informed consumer behavior and responsible
436
       [health insurance and] health benefit plans by requiring an insurer issuing [health insurance
437
       policies or health maintenance organization contracts] a health benefit plan to:
438
              (i) provide to all enrollees, prior to enrollment in the health benefit plan [or health
439
       insurance policy, written disclosure of:
440
              (i) (A) restrictions or limitations on prescription drugs and biologics including:
              (I) the use
       of a formulary {-and-}
441
              (II) co-payments and deductibles for prescription drugs; and
              (III) requirements for generic substitution;
442
              [(ii)] (B) coverage limits under the plan; and
 Page 15, Line 453 through Page 16, Line 464:
453
              (b) [In addition to the requirements of Subsections (2)(a), (d), and (e) an insurer
454
       described in Subsection (2)(a) An insurer shall { file }
                                                                     provide the {-written-}
                                                                                                    disclosure required
       by [this]
455
       Subsection (2)(a)(i) [to] { with the commissioner } :
                   in writing to the commissioner:
456
              (A) upon commencement of operations in the state; and
457
                {<del>-(ii-</del>}
                          (B) anytime the insurer amends any of the following described in Subsection (2)(a)(i):
458
                {<del>-(A-</del>}
                          (I ) treatment policies;
459
                {<del>(B)</del>}
                           (II) practice standards;
                           (III) restrictions;
460
                {<del>(C)</del>}
461
                {<del>-(D)</del>-}
                           (IV)
                                   coverage limits of the insurer's health benefit plan or health insurance policy; or
462
                {<del>-(E)</del>-}
                           (V)
                                  limitations or exclusions of coverage including a limitation or exclusion for a
463
       secondary medical condition related to a limitation or exclusion of the insurer's health
464
       insurance plan ; and
              (ii) to the enrollee, notice of the change in prescription drug coverage under Subsection (2)(a)(i)(A):
              (A) either in writing or through the insurer's website; and
              (B) at least 60 days prior to the date of the implementation of the change in prescription drug
       coverage .
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