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Overview

This bill creates a process by which an enrollee and prescribing health care provider can override a health plan company's step therapy protocol (the protocol that requires an enrollee to use a specific prescription medication before receiving a different prescription medication).

Section

1 [62Q.184] Step therapy override.

Subd. 1. Definitions. Provides definitions.

Subd. 2. Establishment of a step therapy protocol. Requires health plan companies to establish a step therapy protocol based on clinical practice guidelines and provide an enrollee with the applicable clinical review criteria upon request.

Subd. 3. Step therapy override process; transparency. (a) Requires that if a health plan company restricts the use of a drug, they must provide a clear and convenient process for health care providers and enrollees to request an override. The process must be available on the health plan company's website and a health plan company that has an existing medical exceptions process can continue to use that process. An override must be granted if the drug or enrollee meets certain conditions.
(b) Requires that if a health plan company grants an override they must cover the drug in the same way they would any other covered drug.
(c) Clarifies that an enrollee or provider can appeal the denial of an override using the complaint procedure in sections 62Q.68 to 62Q.73.

Section

(d) Requires a health plan company to state why a step therapy override was not granted and provide information regarding a request for an external review of the denial under section 62Q.73. Provides that a denial that is upheld on appeal is final and is then eligible for a request for external review.

(e) Requires a health plan company to respond for a request for an override or an appeal within 5 days, or within 72 hours if there are exigent circumstances. Provides that if a health plan company does not respond within these time limits the request is granted.

(f) Requires step therapy override requests be accessible to health care providers and allow them to submit the request to group purchasers electronically.

(g) Clarifies that nothing in this section prohibits a health plan company from requesting relevant medical records, requiring an enrollee to try a generic or biosimilar equivalent before covering a branded drug, or using drug samples to meet the step therapy override requirements.

Effective date. This section is effective January 1, 2019, and applies to health plans after that date.