



Specialty Tier Reform Update – Week of February 25, 2013

Florida

New bills would limit out-of-pocket expenses for high-cost drugs

Two bills filed this month in advance of the legislative session would limit the out-of-pocket expenses that health plan subscribers must pay for the high-cost prescription drugs.

Rep. Janet Cruz (D), a health care executive and ranking member of the Insurance and Banking subcommittee, pre-filed H.B. 1003 this week. The measure would impose a specialty tier prescription drug moratorium and require the Agency for Health Care Administration to report to the Governor and Legislature on the impact of specialty tier coinsurance upon access and patient care.

Senator Jeremy Ring (D), chair of the Governmental Oversight and Accountability Committee, pre-filed S.B. 1010 earlier this month. The measure would prohibit higher copayments, deductibles, coinsurance, or similar charges for non-preferred prescription drugs as compared to preferred prescription drugs. It would also require the Agency for Health Care Administration, with the assistance of the Office of Insurance Regulation, to conduct a study and submit a report to the Governor and Legislature.

Rhode Island

New bill would limit all out-of-pocket cost drug costs to federal maximums

Rep. Cale Keable (D) introduced legislation this week that would require health plans to establish a separate out-of-pocket limit for all prescription drugs (including specialty drugs), equal to the maximum dollar amounts in effect under section 223(b)(2) of the Internal Revenue Code for self-only and family coverage. The out-of-pocket limits under H.5591 must be consistent with the limits prescribed by U.S. Department of Health and Human Services in implementing Section 2715 of the Affordable Care Act.