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2	89th General Assembly A Bill	
3	Regular Session, 2013 SENATE	BILL 916
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5	By: Senator J. Woods	
6	By: Representative Harris	
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27	Subchapter 15 — Continuity of Care Act of 2013	
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29	23-79-1501. Title.	
30	This subchapter shall be known and may be cited as the "Continua	ity of
31	Care Act of 2013".	
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33	23-79-1502. Definitions.	
34	As used in this subchapter:	
35	(1) "Drug formulary" means a list of drugs:	
36	(A) For which a health benefit plan provides cover	age;

1	(B) For which a health benefit plan approves payment; or	
2	(C) That a health benefit plan encourages physicians to	
3	prescribe or offers incentives for physicians to prescribe;	
4	(2) "Health benefit plan" means the same as defined in § 23-99-	
5	503; and	
6	(3) "Prescription drug" means the same as defined in § 17-92-	
7	<u>1102.</u>	
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9	23-79-1503. Prescription drug formularies.	
10	A health benefit plan that covers prescription drugs and uses one (1)	
11	or more drug formularies to specify the prescription drugs covered under the	
12	health benefit plan shall provide in plain language in the coverage	
13	documentation provided to each enrollee information necessary for a	
14	comprehensive understanding of the structure and scope of the drug formulary	
15	plan.	
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17	23-79-1504. Modifications of prescription drug coverage.	
18	A health benefit plan may modify drug coverage provided under a health	
19	benefit plan if:	
20	(1) The modification occurs at the time of coverage renewal;	
21	(2) The modification is effective uniformly among all group	
22	health benefit plan sponsors covered by identical or substantially identical	
23	health benefit plans or all individuals covered by identical or substantially	
24	identical individual health benefit plans, as applicable; and	
25	(3) No later than sixty (60) days before the date the	
26	modification is effective, the health benefit plan provides written notice of	
27	the modification to each affected individual, agency, and health insurer.	
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29	23-79-1505. Continuity of prescription drug coverage.	
30	(a) A health benefit plan that covers prescription drugs shall offer	
31	continuous coverage to each enrollee until the health benefit plan renewal	
32	date for a prescription drug that was approved or covered under the health	
33	benefit plan for a medical condition or mental illness, regardless of whether	
34	the prescription drug has been removed from the health benefit plan's	
35	prescription drug formulary before the health benefit plan renewal date.	
36	(b) A physician or other health professional authorized to prescribe a	

T	prescription drug may prescribe a prescription drug that is an atternative to
2	a prescription drug for which continuation of coverage is required under
3	subsection (a) of this section if the alternative prescription drug is:
4	(1) Covered under the health benefit plan; and
5	(2) Medically appropriate for the enrollee.
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7	23-79-1506. Appeals.
8	A health benefit plan shall ensure that an enrollee has an opportunity
9	to appeal a decision regarding a drug formulary that conflicts with the
10	prescription decision of a physician or other health professional authorized
11	to prescribe a prescription drug.
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