

---

---

THE GENERAL ASSEMBLY OF PENNSYLVANIA

---

SENATE BILL

No. 1305 Session of  
2015

---

INTRODUCED BY YAW, TEPLITZ, ARGALL, GORDNER, GREENLEAF, COSTA,  
VULAKOVICH, SABATINA AND WARD, JUNE 10, 2016

---

REFERRED TO BANKING AND INSURANCE, JUNE 10, 2016

---

AN ACT

1 Providing for coverage requirements by an insurance carrier or  
2 health insurance plan for abuse-deterrent opioid analgesic  
3 drug products.

4 The General Assembly of the Commonwealth of Pennsylvania  
5 hereby enacts as follows:

6 Section 1. Short title.

7 This act shall be known and may be cited as the Abuse-  
8 Deterrent Opioid Analgesic Drug Products Coverage Act.

9 Section 2. Findings and declarations.

10 The General Assembly finds and declares as follows:

11 (1) The abuse of opioids is a serious problem that  
12 affects the health, social and economic welfare of this  
13 Commonwealth.

14 (2) An estimated 2.1 million people in the United States  
15 suffered from substance use disorders related to prescription  
16 opioid pain relievers in 2012.

17 (3) The number of unintentional overdose deaths from  
18 prescription opioid pain relievers has more than quadrupled

1 in the United States since 1999.

2 (4) It is imperative for people suffering from pain to  
3 get the relief they need while minimizing the potential for  
4 negative consequences.

5 (5) The human suffering caused by drug addiction,  
6 including the effect on the loved ones of the individuals  
7 suffering from drug addiction, has now reached epidemic  
8 proportions in this Commonwealth.

9 Section 3. Definitions.

10 The following words and phrases when used in this act shall  
11 have the meanings given to them in this section unless the  
12 context clearly indicates otherwise:

13 "Abuse-deterrent opioid analgesic drug product." A brand or  
14 generic opioid analgesic drug product approved by the United  
15 States Food and Drug Administration with abuse-deterrence  
16 labeling claims indicating its abuse-deterrent properties are  
17 expected to deter or reduce its abuse.

18 "Cost-sharing." The cost to an individual insured under a  
19 health insurance plan according to any coverage limit,  
20 copayment, coinsurance, deductible or other out-of-pocket  
21 expense requirements imposed by the health insurance plan.

22 "Health insurance carrier." An entity that offers or issues  
23 a health insurance plan and is subject to any of the following:

24 (1) The act of May 17, 1921 (P.L.682, No.284), known as  
25 The Insurance Company Law of 1921.

26 (2) The act of December 29, 1972 (P.L.1701, No.364),  
27 known as the Health Maintenance Organization Act.

28 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan  
29 corporations) or 63 (relating to professional health services  
30 plan corporations).

1 "Health insurance plan." A policy, contract, certificate or  
2 agreement offered or issued by a health insurance carrier to  
3 provide for the costs of health care services. The term does not  
4 include the following types of policies:

5 (1) Accident only.

6 (2) Limited benefit.

7 (3) Credit.

8 (4) Vision.

9 (5) Specified disease.

10 (6) Civilian Health and Medical Program of the Uniformed  
11 Services (CHAMPUS) supplement.

12 (7) Long-term care or disability income.

13 (8) Workers' compensation.

14 (9) Automobile medical payment.

15 "Lowest cost-sharing level." The term does not mean the  
16 cost-sharing level applicable to preventive care services which  
17 are required to be provided at no cost-sharing under the Patient  
18 Protection and Affordable Care Act (Public Law 111-148, 124  
19 Stat. 119).

20 "Opioid analgesic drug product." A drug product that  
21 contains an opioid agonist and is designated by the United  
22 States Food and Drug Administration for the treatment of pain,  
23 notwithstanding whether or not the drug product is in an  
24 immediate-release or extended-release formulation or contains  
25 other drug substances.

26 Section 4. Coverage requirements for abuse-deterrent opioid  
27 analgesic drug products.

28 (a) Requirement.--A health insurance carrier or health  
29 insurance plan shall provide coverage on its formulary, drug  
30 list or other lists of similar construct for at least one abuse-

1 deterrent opioid analgesic drug product per opioid analgesic  
2 active ingredient.

3 (b) Cost-sharing.--The following apply:

4 (1) Cost-sharing for brand name abuse-deterrent opioid  
5 analgesic drug products shall not exceed the lowest cost-  
6 sharing level applied to brand name prescription drugs  
7 covered under the health insurance plan.

8 (2) Cost-sharing for generic abuse-deterrent opioid  
9 analgesic drug products shall not exceed the lowest cost-  
10 sharing level applied to generic prescription drugs covered  
11 under the health insurance plan.

12 (3) An increase in cost-sharing or other disincentives  
13 for prescribers or dispensers may not be used to achieve  
14 compliance with this section.

15 Section 5. Utilization management.

16 (a) Prohibition.--A health insurance carrier or health  
17 insurance plan shall not require an insured or enrollee to first  
18 use an opioid analgesic drug product that is not an abuse-  
19 deterrent opioid analgesic drug product before providing  
20 coverage for an abuse-deterrent opioid analgesic drug product.

21 (b) Construction.--Nothing in this section shall be  
22 construed to prevent a health insurance carrier or health  
23 insurance plan from applying utilization review requirements,  
24 including prior authorization, to abuse-deterrent opioid  
25 analgesic drug products if the requirements are applied to all  
26 opioid analgesic drug products with the same type of drug  
27 release, immediate or extended.

28 Section 6. Applicability.

29 This act shall apply as follows:

30 (1) For health insurance plans for which rates or forms

1 are required to be filed with the Insurance Department or the  
2 Federal Government, this act shall apply to a policy for  
3 which a form or rate is filed on or after the effective date  
4 of this section.

5 (2) For health insurance plans for which rates or forms  
6 are not required to be filed with the Insurance Department or  
7 the Federal Government, this act shall apply to a policy  
8 issued or renewed on or after 180 days after the effective  
9 date of this section.

10 Section 7. Effective date.

11 This act shall take effect in 60 days.