

Bill as
Introduced

HB 657 - AS AMENDED BY THE HOUSE

19Mar2019... 0906h

2019 SESSION

19-0801
01/03

HOUSE BILL

657

AN ACT

relative to prescription drugs under the managed care law.

SPONSORS:

Rep. Butler, Carr. 7; Rep. Marsh, Carr. 8; Rep. Knirk, Carr. 3; Rep. Hennessey,
Graf. 1; Sen. Sherman, Dist 24

COMMITTEE:

Commerce and Consumer Affairs

AMENDED ANALYSIS

This bill clarifies the law regarding prescription drugs under the managed care law.

Explanation:

Matter added to current law appears in *bold italics*.

Matter removed from current law appears [~~in brackets and struckthrough~~].

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT relative to prescription drugs under the managed care law.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Managed Care Law; Prescription Drugs. Amend RSA 420-J:7-b, II through III to read as
2 follows:

3 II. Every health benefit plan that provides prescription drug benefits shall maintain an
4 expeditious exception process, not to exceed 48 hours, by which covered persons may obtain coverage
5 for a medically necessary nonformulary prescription drug *or for a nonformulary prescription*
6 *drug that was available during the previous 12 months.* The exception process shall begin
7 when the prescribing provider has submitted a request with a clinical rationale for the exception to
8 the health benefit plan. *The exception process shall also begin when a covered person has*
9 *submitted a non-clinical request for access to a drug approved by the federal Food and*
10 *Drug Administration for treating a specific condition when such drug was available on the*
11 *formulary during the previous 12 months.* A prescription that requires an exception for
12 coverage shall be considered approved if the exception process exceeds 48 hours.

13 II-a. No health benefit plan that provides prescription drug benefits and establishes the
14 specific sequence in which prescription drugs for a medical condition are to be prescribed shall
15 require failure on the same medication on more than one occasion for patients continuously enrolled
16 in the plan. Nothing in this section shall be construed to prevent a health care provider from
17 prescribing a medication to the same patient on more than one occasion, when he or she determines
18 it is medically appropriate.

19 III. Every health plan that provides prescription drug benefits shall ~~notify~~ *provide*
20 *written notice in a conspicuous font and size* to covered persons affected by deletions to the plan
21 list or plan formulary, provide an explanation of the exception process by which a covered person can
22 access nonformulary medically necessary prescription drugs, and provide a toll-free telephone
23 number through which a covered person can request additional information. For purposes of this
24 paragraph, covered persons affected by deletions to the plan list or plan formulary shall include
25 those covered persons for whom the health plan has provided coverage for the deleted prescription
26 drugs during the 12-month period immediately prior to the deletion. Upon notification to covered
27 persons, the health benefit plan shall allow at least 45 days before implementation of any formulary
28 deletions; provided, however, that advance notice shall not be required if the federal Food and Drug
29 Administration has determined that a prescription drug on the health benefit plan's formulary is
30 unsafe. *For purposes of this section, "conspicuous font and size" shall mean a font that is*
31 *at least 12 point in size and in an easily legible font. If a covered person avails him or*

1 *herself of the exception process as outlined in 420-J:7-b, II, the medication shall be covered*
2 *by the health plan until there is a resolution of the exception process.*

3 2 Managed Care Law; Prescription Drugs. Amend RSA 420-J:7-b, IX(a) to read as follows:

4 IX.(a) Every health benefit plan that provides prescription drug benefits shall allow its
5 covered persons to obtain an emergency prescription for up to a 72-hour supply of covered
6 prescription drugs on the covered person's health benefit plan formulary *or a prescription drug*
7 *that was deleted from the formulary within the last 90 days* in the event a prescription
8 requires prior authorization *or an exception* by an insurance carrier and the prior authorization *or*
9 *exception* has neither been approved nor denied and a pharmacist has determined the medication is
10 essential as provided in RSA 318:47-i. Such reimbursement shall be according to the payment rates
11 of the provider contract. If authorization *or exception* is subsequently denied, the carrier shall
12 reimburse the pharmacist for the prescription as given based on the pro-rated amount they would
13 have otherwise received under the terms of the provider contract.

14 3 Effective Date. This act shall take effect 60 days after its passage.

**HB 657 FISCAL NOTE
 AS AMENDED BY THE HOUSE (AMENDMENT #2019-0906h)**

AN ACT relative to prescription drugs under the managed care law.

FISCAL IMPACT: State County Local None

| STATE: | Estimated Increase / (Decrease) | | | |
|------------------------|---|------------------------------------|----------------------------------|--------------------------------|
| | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
| Appropriation | \$0 | \$0 | \$0 | \$0 |
| Revenue | Indeterminable | Indeterminable | Indeterminable | Indeterminable |
| Expenditures | \$0 | \$0 | \$0 | \$0 |
| <i>Funding Source:</i> | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Education | <input type="checkbox"/> Highway | <input type="checkbox"/> Other |

METHODOLOGY:

This bill establishes an exception for non formulary prescription drugs which were recently on a plan's formulary. The Insurance Department assumes that the bill may cause some inflationary pressure on claim costs since the formulary was structured to provide lower cost alternatives. The Department's consideration of the fiscal impact includes only the possible impact on insurance premium tax revenue.

The Department of Health of Humans Services states the bill is not applicable to Managed Care Programs and will have no fiscal impact to the Department.

AGENCIES CONTACTED:

Insurance Department and Department of Health and Human Services

HB 657 - FINAL VERSION

19Mar2019... 0906h
6Jun2019... 2350-EBA

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COMMITTEE: Commerce and Consumer Affairs

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CHAPTER 180
HB 657 - FINAL VERSION

19Mar2019... 0906h
6Jun2019... 2350-EBA

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STATE OF NEW HAMPSHIRE

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- Page 2 -

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14 reimburse the pharmacist for the prescription as given based on the pro-rated amount they would
15 have otherwise received under the terms of the provider contract.

180:3 Effective Date. This act shall take effect 60 days after its passage.

Approved: July 10, 2019

Effective Date: September 08, 2019

Committee Minutes

SENATE CALENDAR NOTICE
Commerce

Sen Kevin Cavanaugh, Chair
Sen Jon Morgan, Vice Chair
Sen Donna Soucy, Member
Sen Chuck Morse, Member
Sen Harold French, Member

Date: April 18, 2019

HEARINGS

| Thursday | 04/25/2019 | |
|---------------------|------------|-----------|
| (Day) | (Date) | |
| Commerce | SH 100 | 1:00 p.m. |
| (Name of Committee) | (Place) | (Time) |

Note: The Committee will meet at 1:00 p.m. or 30 minutes following the end of Session.

- | | | |
|-----------|---------------|---|
| 1:00 p.m. | HB 695 | relative to transparency of nonprofit patient advocacy organizations. |
| 1:15 p.m. | HB 402 | relative to required notice of mortgage funding at a construction jobsite. |
| 1:30 p.m. | HB 654 | relative to surety required on construction loans. |
| 1:45 p.m. | HB 740 | exempting certain mortgages from the law regarding licensing of nondepository mortgage bankers, brokers, and servicers. |
| 2:00 p.m. | HB 268 | relative to real estate commissions paid to unlicensed entities. |
| 2:15 p.m. | HB 657 | relative to prescription drugs under the managed care law. |

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 695

Rep. McBeath

HB 402

Rep. Flanagan

HB 654

Rep. Butler

HB 740

Rep. Butler

HB 268

Rep. Baroody

HB 657

Rep. Butler

Sen. Sherman

Rep. Hinch

Rep. Marsh

Rep. DiSilvestro

Rep. Knirk

Sen. Carson

Rep. Hennessey

Laura Bryant 271-1403

Kevin Cavanaugh
Chairman

Senate Commerce Committee
Laura Bryant 271-1403

HB 657, relative to prescription drugs under the managed care law.

Hearing Date: April 25, 2019

Time Opened: 12:30 p.m.

Time Closed:

Members of the Committee Present: Senators Cavanaugh, Morse, Soucy and French

Members of the Committee Absent : Senator Morgan

Bill Analysis: This bill clarifies the law regarding prescription drugs under the managed care law.

Sponsors:

Rep. Butler

Rep. Marsh

Rep. Knirk

Rep. Hennessey

Sen. Sherman

Who supports the bill: None

Who opposes the bill: None

Who is neutral on the bill: None

Summary of testimony presented:

Senator Soucy, on behalf of Representative Butler, introduced the bill and read it's analysis. No one else was present to testify on the bill, and none of the committee members asked questions.

LHB

Date Hearing Report completed: April 25, 2019

SENATE CALENDAR NOTICE
Commerce

Sen Kevin Cavanaugh, Chair
Sen Jon Morgan, Vice Chair
Sen Donna Soucy, Member
Sen Chuck Morse, Member
Sen Harold French, Member

Date: April 25, 2019

HEARINGS

| Tuesday | 04/30/2019 | |
|---------------------|------------------|--|
| (Day) | (Date) | |
| Commerce | LOB 102 | 1:00 p.m. |
| (Name of Committee) | (Place) | (Time) |
| 1:00 p.m. | HB 233 | relative to the group and individual health insurance market. |
| 1:15 p.m. | HB 536-FN | adding biometric information to the consumer protection act. |
| 1:30 p.m. | HB 725-FN | relative to certain standards for managed care organizations. |
| 1:45 p.m. | HB 558-FN | restricting the distribution of plastic straws. |
| 2:15 p.m. | HB 560-FN | relative to single-use carryout bags. |
| 2:45 p.m. | HB 695 | relative to transparency of nonprofit patient advocacy organizations. (THE PREVIOUS HEARING FOR HB 695 WAS RECESSED ON APRIL 25th) |
| 3:00 p.m. | HB 657 | relative to prescription drugs under the managed care law. (THE PREVIOUS HEARING FOR HB 657 WAS RECESSED ON APRIL 25th) |

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 233

Rep. Butler
Rep. Luneau
Sen. Rosenwald

Rep. Marsh
Rep. Berrien
Sen. Hennessey

Rep. Ticehurst
Rep. Campion
Sen. Sherman

Rep. Knirk
Rep. Cushing
Sen. Bradley

HB 536-FN

Rep. Luneau

Rep. Hunt

Sen. Cavanaugh

HB 725-FN

Rep. Knirk
Sen. Sherman

Rep. Williams

Rep. Marsh

Rep. Woods

HB 558-FN

Rep. Spang
Sen. Fuller Clark

Rep. Balch
Sen. Watters

Rep. Luneau

Rep. Myler

HB 560-FN

Rep. Spang
Sen. Watters

Rep. Balch
Sen. Fuller Clark

Rep. Luneau

Rep. Myler

HB 695

Rep. McBeath

HB 657

Rep. Butler
Sen. Sherman

Rep. Marsh

Rep. Knirk

Rep. Hennessey

Laura Bryant 271-1403

Kevin Cavanaugh
Chairman

SENATE CALENDAR NOTICE
Commerce

Sen Kevin Cavanaugh, Chair
Sen Jon Morgan, Vice Chair
Sen Donna Soucy, Member
Sen Chuck Morse, Member
Sen Harold French, Member

Date: May 2, 2019

HEARINGS

| Tuesday | 05/07/2019 | |
|---------------------|------------------|--|
| (Day) | (Date) | |
| Commerce | SH 100 | 1:00 p.m. |
| (Name of Committee) | (Place) | (Time) |
| 1:00 p.m. | HB 695 | relative to transparency of nonprofit patient advocacy organizations. (THE PREVIOUS HEARING FOR HB 695 WAS RECESSED ON APRIL 30th) |
| 1:15 p.m. | HB 657 | relative to prescription drugs under the managed care law. (THE PREVIOUS HEARING FOR HB 657 WAS RECESSED ON APRIL 30th) |
| 1:30 p.m. | HB 656 | establishing a commission to study the impact of financial initiatives for commercially insured members by drug manufacturers on prescription drug prices and health insurance premiums. |
| 1:45 p.m. | HB 277 | establishing a commission to study a public option for health insurance. |
| 2:00 p.m. | HB 577 | relative to call blocking in an automated telephone dialing system. |
| 2:15 p.m. | HB 703-FN | relative to providing notice of the introduction of new high-cost prescription drugs. |

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 695

Rep. McBeath

HB 657

Rep. Butler

Sen. Sherman

HB 656

Rep. Butler

Sen. Bradley

HB 277

Rep. Knirk

Sen. Sherman

HB 577

Rep. Luneau

HB 703-FN

Rep. Butler

Rep. Marsh

Rep. Marsh

Sen. Sherman

Rep. Nutting-Wong

Sen. Hennessey

Rep. Gordon

Rep. Knirk

Rep. Knirk

Rep. Knirk

Rep. Campion

Sen. Sherman

Rep. Hennessey

Rep. Hennessey

Rep. Fothergill

Laura Bryant 271-1403

Kevin Cavanaugh
Chairman

Senate Commerce Committee
Laura Bryant 271-1403

HB 657, relative to prescription drugs under the managed care law.

Hearing Date: May 7, 2019

Time Opened: 1:27 p.m.

Time Closed: 1:32 p.m.

Members of the Committee Present: Senators Cavanaugh, Soucy, and Morse

Members of the Committee Absent : Senators Morgan and French

Bill Analysis: This bill clarifies the law regarding prescription drugs under the managed care law.

Sponsors:

Rep. Butler

Rep. Marsh

Rep. Knirk

Rep. Hennessey

Sen. Sherman

Who supports the bill: Paula Rogers with Anthem, Senator Tom Sherman, Holly Stevens with New Futures

Who opposes the bill: None

Who is neutral on the bill: Tyler Brannen with NHID

Summary of testimony presented:

Holly Stevens with New Futures:

- Stevens said that this bill is a direct result of testimony from the commission that was created by HB 1418.
- She said that the commission made no recommendations, however, someone testified that they were on a medication and then it was taken off their formulary, only to then be put on a higher priced medication. This led to them having to fight to get back on the cheaper medication.
- She said that the amendment allows an exception so someone can be on a medication for a non-clinical reason if the medication was previously on their formulary in the last 12 months.
- She stated that this would also allow them to get an emergency 72-hour supply of the prescription filled once they begin the exception process.

Tyler Brannen, Director of Health Economics with the NH Insurance Department:

- Brannen stated that the department does regulate pharmacy benefit managers

and insurance companies that administer the medications on someone's formulary, but their oversight is largely limited to seeing if the formulary is discriminatory or not, like if a formulary didn't cover any medications for someone diagnosed with HIV or AIDS.

- He said that this bill gives the patient more choice when it comes to medication.

Senator Soucy asked about the placement of this bill in the statute and how this would apply to self-insured plans.

- **Brannen** said that this bill would not apply to the self-insured market.

Senator Soucy noted that the example that Holly Stevens cited was a state employee covered by the state, and asked if that meant that this bill wouldn't apply to someone in a similar circumstance.

- **Brannen** replied that indeed it wouldn't and that generally it wouldn't be subject to state law. He said these laws are permissible if it doesn't change the benefit that the employer has bought, but in that case it would be preempted by federal law.

LHB

Date Hearing Report completed: May 8, 2019

Speakers

Testimony



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

Jeffrey A. Meyers
Commissioner

Henry D. Lipman
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
Fax: 603-271-8431 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

April 29, 2019

Honorable Senator Kevin Cavanaugh, Chair
Senate Commerce Committee
State House, Room 100
107 North Main Street
Concord, NH 03301

RE: HB 657, an act relative to prescription drugs under the managed care law.

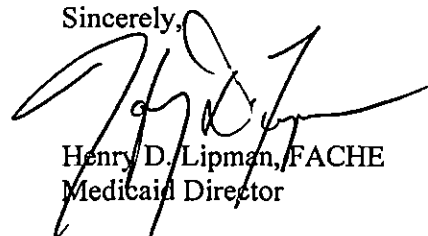
Dear Senator Cavanaugh:

The purpose of this communication is to inform you and members of the Senate Commerce Committee that the New Hampshire Department of Health and Human Services ("DHHS") does not take a position on HB 657, (as amended by the House), because the legislation does not apply to DHHS. As passed by the House, HB 657 amends various paragraphs of RSA 420-J:7-b, the section of the Managed Care Law that governs prescription drugs. RSA 420-J:7-b, IV-c, (g) affirmatively states "This section [RSA 420-J: 7-b] shall apply to RSA 420-J and shall not apply to the Medicaid managed care program under RSA 126-A:5, XIX."

By way of additional background, I note that DHHS is the administrating entity for the our state-federal Medicaid program which provides a prescription drug benefit to approximately 180,000 New Hampshire residents served by the Medicaid program. Pursuant to various statutory provisions, DHHS contracts with managed care organizations to provide health care services, including prescription drugs, to Medicaid recipients enrolled in Medicaid managed care organizations. The managed care organizations with which DHHS contracts are subject to the relevant provisions of federal and state Medicaid law, state insurance law, and the terms and conditions of the contracts with DHHS. DHHS is not subject to regulation by the New Hampshire Insurance Department as an insurance carrier or as a health benefit plan.

Please do not hesitate to contact me if you and or your committee members have any questions or wish additional information from DHHS. I may be reached at (603) 271-9434 or at henry.lipman@dhhs.nh.gov. Thank you for your consideration of these comments.

Sincerely,



Henry D. Lipman, FACHE
Medicaid Director

cc: Honorable members of the Senate Commerce Committee
Representative Ed Butler, prime sponsor

April 25, 2019

The Honorable Kevin Cavanaugh, Chairman
Senate Commerce Committee
State House Room 100
Concord, NH 03301

Re: New Futures' support of HB 657

Dear Chairman Cavanaugh and Members of the Committee:

New Futures appreciates the opportunity to testify in support of HB 657 as amended by the House, which would expand the formulary exception process to include any drug that was removed from the formulary in the past 12 months even when that drug is not medically necessary. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, health care providers and families to increase access to quality, affordable health care throughout the Granite State.

Last summer, I participated in the HB 1418 Commission to Study Greater Transparency in Pharmaceutical Costs and Drug Rebate Programs (Commission). Although the Commission heard testimony from many stakeholders, it did not have enough time to complete its study. The Commission was not able to come to a consensus around any legislative recommendations; however, individual Commission members did make suggestions for legislative change. One thing that was clear from the testimony is that increasing drug prices are not the result of any one entity type (i.e. manufacturers, PBM, insurers, etc.), but due to what is going on in the entire system. The problem is, the system is very opaque, and no one can see what is truly causing the skyrocketing prices.

One of the legislative suggestions that resulted from the Commission was that health insurance plans would be required to include on their formularies the lowest cost option for the insured. A consumer testified that she was on a certain medication. She stated that it was removed from the formulary and was replaced by a drug that had a higher out of pocket cost to her. Not only was this medication a higher cost to her, it was a higher cost to her insurer. The medication she had been on cost much less than the one she was now required to be on. She was able to advocate for herself and have the insurer cover the less expensive medication. The thing that doesn't make sense is why the insurer stopped covering the medication in the first place, replacing it with a medication that was more expensive for everyone. HB 657 as introduced was meant to address this issue.

During work sessions on HB 657 when the bill was in House Commerce and Consumer Affairs, it became clear that the bill as drafted would be unworkable. Although great in theory, practically speaking, it would be impossible to implement. The stakeholders, including the insurers, some of the Pharmacy Benefit Managers, and New Futures met to discuss language that would address the issue raised during the Commission. The consensus of the stakeholders was expanding the current formulary exception process to include exceptions for non-clinical reasons if the drug had been on the formulary in the previous 12 months. It also changes the notice process when a drug is removed

from the formulary requiring the notice to be written and in a conspicuous font and size. If further expands the emergency 72-hour supply law to include drugs that were deleted from the formulary in the past 90 days if that drug would require an exception for the consumer to remain on it. Ninety days was chosen because that is the most amount of time that should pass before a consumer becomes aware that a medication has been deleted from the formulary, and it will allow the consumer to receive a 72-hour supply while availing him or herself of the exception process.

HB 657 as amended by the House was a collaboration by the stakeholders with all agreeing to the language. Additionally, it will remedy the issue brought up by the consumer during hearings of the HB 1418 Commission. For these reasons, New Futures urges the Committee to vote HB 657 ought to pass.

Please do not hesitate to contact me if you have any questions.

Respectfully submitted,



Holly A. Stevens, Esq.
Health Policy Coordinator

Voting Sheets

Senate Commerce Committee
EXECUTIVE SESSION RECORD
2019-2020 Session

Bill # 657

Hearing date: _____

Executive Session date: 5/14/19

Motion of: OTV Vote: 5-0

| Committee Member | Made by | Second | Yes | No |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Sen. Cavanaugh, Chair | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. Morgan, V- Chair | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. French | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. Morse | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. Soucy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Motion of: Comments Vote: 5-0

| Committee Member | Made by | Second | Yes | No |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Sen. Cavanaugh, Chair | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. Morgan, V- Chair | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. French | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. Morse | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. Soucy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Motion of: _____ Vote: _____

| Committee Member | Made by | Second | Yes | No |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sen. Cavanaugh, Chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sen. Morgan, V- Chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sen. French | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sen. Morse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sen. Soucy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reported out by: Chrangan

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Thursday, May 16, 2019

THE COMMITTEE ON Commerce

to which was referred **HB 657**

AN ACT

relative to prescription drugs under the managed
care law.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS

BY A VOTE OF: 5-0

Senator Kevin Cavanaugh
For the Committee

This bill clarifies the law regarding prescription drugs under the managed care law. The committee supports this bill because it will help in lowering prescription drug costs for patients by expanding the formulary exception process to include any drug that has been removed from a patient's formulary in the last 12 months even if it is not for a medically necessary reason.

Laura Bryant 271-1403

FOR THE CONSENT CALENDAR

COMMERCE

HB 657, relative to prescription drugs under the managed care law.

Ought to Pass, Vote 5-0.

Senator Kevin Cavanaugh for the committee.

This bill clarifies the law regarding prescription drugs under the managed care law. The committee supports this bill because it will help in lowering prescription drug costs for patients by expanding the formulary exception process to include any drug that has been removed from a patient's formulary in the last 12 months even if it is not for a medically necessary reason.

General Court of New Hampshire - Bill Status System

Docket of HB657

Docket Abbreviations

Bill Title: (New Title) relative to prescription drugs under the managed care law.*Official Docket of HB657.:*

| Date | Body | Description |
|-------------|-------------|---|
| 1/16/2019 | H | Introduced 01/03/2019 and referred to Commerce and Consumer Affairs HJ 3 P. 23 |
| 2/6/2019 | H | Public Hearing: 02/19/2019 10:15 am LOB 302 |
| 2/13/2019 | H | Subcommittee Work Session: 02/21/2019 10:30 am LOB 302 |
| 2/13/2019 | H | ==RECESSED== Executive Session: 02/21/2019 02:00 pm LOB 302 |
| 2/27/2019 | H | Subcommittee Work Session: 03/06/2019 02:30 pm LOB 302 |
| 3/6/2019 | H | Subcommittee Work Session: 03/08/2019 09:00 am LOB 302-304 |
| 2/28/2019 | H | ==CONTINUED== Executive Session: 03/08/2019 01:30 pm LOB 302-304 |
| 3/14/2019 | H | Committee Report: Ought to Pass with Amendment #2019-0906h (NT) for 03/19/2019 (Vote 20-0; CC) HC 16 P. 5 |
| 3/19/2019 | H | Amendment #2019-0906h (NT): AA VV 03/19/2019 HJ 10 P. 13 |
| 3/19/2019 | H | Ought to Pass with Amendment 2019-0906h (NT): MA VV 03/19/2019 HJ 10 P. 13 |
| 4/1/2019 | S | Introduced 03/28/2019 and Referred to Commerce; SJ 12 |
| 4/18/2019 | S | ==RECESSED== Hearing: 04/25/2019, Room 100, SH, 02:15 pm; SC 19 |
| 4/25/2019 | S | ==RECESSED== Hearing: 04/30/2019, Room 102, LOB, 03:00 pm; SC 20 |
| 5/2/2019 | S | ==RECONVENE== Hearing: 05/07/2019, Room 100, SH, 01:15 pm; SC 21 |
| 5/16/2019 | S | Committee Report: Ought to Pass, 05/23/2019; Vote 5-0; CC SC 23 |
| 5/23/2019 | S | Ought to Pass: MA, VV; OT3rdg; 05/23/2019; SJ 17 |
| 6/5/2019 | S | Enrolled Bill Amendment #2019-2350e Adopted, VV, (In recess of 05/30/2019); SJ 19 |
| 6/6/2019 | H | Enrolled Bill Amendment #2019-2350e: AA VV 06/06/2019 HJ 18 P. 40 |
| 6/18/2019 | S | Enrolled (In recess 06/13/2019); SJ 21 |
| 6/18/2019 | H | Enrolled 06/13/2019 HJ 19 P. 18 |
| 7/15/2019 | H | Signed by Governor Sununu 07/10/2019; Chapter 180; Eff: 09/08/2019 |

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: HB 657

Senate Committee: Commerce

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

_____ - amendment # _____ _____ - amendment # _____

_____ - amendment # _____ _____ - amendment # _____

Executive Session Sheet

Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

_____ - amendment # _____ _____ - amendment # _____

_____ - amendment # _____ _____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

_____ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

Enrolled Bill Amendment(s) 2350EBA

_____ Governor's Veto Message

All available versions of the bill: {Clerk's Office}

_____ as amended by the senate _____ as amended by the house

_____ final version

Completed Committee Report File Delivered to the Senate Clerk's Office By: _____

Committee Aide

Date

Senate Clerk's Office AK

May 28, 2019
2019-2350-EBA
05/10

Enrolled Bill Amendment to HB 657

The Committee on Enrolled Bills to which was referred HB 657

AN ACT relative to prescription drugs under the managed care law.

Having considered the same, report the same with the following amendment, and the recommendation that the bill as amended ought to pass.

FOR THE COMMITTEE

Explanation to Enrolled Bill Amendment to HB 657

This enrolled bill amendment makes a grammatical correction.

Enrolled Bill Amendment to HB 657

Amend RSA 420-J:7-b, III as inserted by section 1 of the bill by replacing line 14 with the following:

himself or herself of the exception process as outlined in 420-J:7-b, II, the medication shall be