MAINE STATE LEGISLATURE

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1	L.D. 919
2	Date: 5/19/15 (Filing No. H-159)
3	INSURANCE AND FINANCIAL SERVICES
4	Reproduced and distributed under the direction of the Clerk of the House.
5	STATE OF MAINE
6	HOUSE OF REPRESENTATIVES
7	127TH LEGISLATURE
8	FIRST REGULAR SESSION
9 10	COMMITTEE AMENDMENT "To H.P. 638, L.D. 919, Bill, "An Act To Provide Access to Opioid Analgesics with Abuse-deterrent Properties"
11 12	Amend the bill in section 1 in §4320-J by striking out all of subsections 2 and 3 (page 1, lines 16 to 31 in L.D.) and inserting the following:
13 14 15 16 17 18	'2. Required coverage. A carrier offering a health plan in this State shall provide coverage for abuse-deterrent opioid analgesic drug products listed on any formulary, preferred drug list or other list of drugs used by the carrier on a basis not less favorable than that for opioid analgesic drug products that are not abuse-deterrent and are covered by the health plan. An increase in enrollee cost sharing to achieve compliance with this section may not be implemented.'
19	SUMMARY
20 21 22 23 24	This amendment requires all health insurance carriers offering individual and group health plans to provide coverage for abuse-deterrent opioid analgesic drug products on a basis not less favorable than that for other opioid analgesic drug products, instead of other prescription drugs as specified in the bill, on any formulary, preferred drug list or other list of drugs used by the carrier.
25	This amendment removes the prior authorization requirements specified in the bill.
26	FISCAL NOTE REQUIRED
27	(See attached)

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127th MAINE LEGISLATURE

LD 919

LR 1724(02)

An Act To Provide Access to Opioid Analgesics with Abuse-deterrent Properties

Fiscal Note for Bill as Amended by Committee Amendment "#" (#-/59)
Committee: Insurance and Financial Services
Fiscal Note Required: Yes

Fiscal Note

Potential future biennium cost increase - All Funds

Fiscal Detail and Notes

The proposed law would not have any fiscal impact in the current biennium to the state employee health plan because non-abuse-deterrent opioids and abuse-deterrent opioids are currently on the same tiers in the formulary for the plan, so there is no cost differential.

To the extent that the State Employee Health Commission (SEHC) might want to adjust formularies in the future to guide members toward lower cost generic non-abuse-deterrent opioids, the SEHC would be precluded from doing so by this legislation. That could lead to future increased costs due to an inability to utilize that option to achieve savings.