

MAINE STATE LEGISLATURE

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125th MAINE LEGISLATURE

FIRST REGULAR SESSION-2011

Legislative Document

No. 517

S.P. 150

In Senate, February 15, 2011

An Act Regarding Prescription Drug Step Therapy and Prior Authorization

Reference to the Committee on Insurance and Financial Services suggested and ordered printed.

Joseph G. Carleton Jr.

JOSEPH G. CARLETON, JR.
Secretary of the Senate

Presented by Senator SAVIELLO of Franklin.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 24-A MRSA §4319** is enacted to read:

3 **§4319. Coverage for acute and chronic pain**

4 Beginning January 1, 2012, a carrier that provides prescription drug coverage shall
5 provide the full range of prescription drug treatment options for patients suffering from
6 acute and chronic pain as follows.

7 **1. Formulary alternatives.** A carrier may not require that a patient try more than 2
8 formulary alternatives with unsuccessful results for the patient before approving the drug
9 prescribed by the patient's health care provider. A carrier may not require use of a
10 formulary alternative for longer than 7 days prior to determining the clinical
11 appropriateness of continued use of the formulary alternative. A health care provider
12 may override a carrier's decision regarding a formulary alternative for a patient if the
13 formulary alternative has been ineffective in treating the patient's condition or if there is
14 sound medical and scientific evidence that the required treatment is expected to be
15 ineffective or to cause an adverse reaction or other harm to the patient.

16 **2. Prior authorization.** A health care provider may override a requirement of prior
17 authorization regarding the use of a prescribed drug for a patient if there is sound medical
18 and scientific evidence that adherence to the prior authorization protocol will be
19 ineffective in the treatment of the patient's condition or will cause an adverse reaction or
20 other harm to the patient.

21 **SUMMARY**

22 This bill limits the ability of a health coverage carrier to require prescription drug
23 formulary alternatives and prior authorization in certain circumstances beginning January
24 1, 2012.