



## Specialty Tier Reform Update – Week of August 10, 2015

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### STATES

#### New Jersey

#### ***Assembly bill to limit prescription drug cost-sharing now has Senate companion***

Senate Majority Leader Loretta Weinberg (D) introduced S. 3142 this week, which is the Senate companion to legislation previously filed in the Assembly that would require health insurers to limit cost-sharing for prescription drugs (see Specialty Tier Reform Update for Week of June 22<sup>nd</sup>).

Both bills (S. 3142 and A.4595) are identical. They require individual and small group plans that are not bronze or catastrophic plans as defined by the Affordable Care Act to limit out-of-pocket costs (including coinsurance or copayments) to no more than \$100 per month for each prescription drug (for up to a 30-day supply of any single drug). For bronze coverage, that limit shall increase to \$200 per month for up to a 30-day supply.

In the case of high-deductible plans, the cost sharing limits will apply across the benefit design, including before and after any applicable deductible is reached.

As with comparable legislation introduced in other states, the bills require the plans to allow enrollees to request an exception to any formulary. However, they do not include a prohibition on plans moving all or most drugs for a specific medical condition into specialty tiers. At least four states (California, Connecticut, Louisiana, and Oregon) have seen a similar prohibition removed from proposed legislation (see Specialty Tier Reform Update for Week of July 13<sup>th</sup>).