Bill Summary 1st Session of the 57th Legislature

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Bill Analysis

SB 509 requires any health insurance plan that delivers step therapy programs after January 1, 2020, to establish guidelines governing the use of the step therapy protocol using clinical review criteria or, in the absence of review criteria, peer-reviewed publications. Health insurance carriers will also be required to provide clear guidelines as to how a patient may request an exception to restrictions implemented by a step therapy program. The form or process to request such an exception must be on the carrier's website. The carrier must grant the exemption if certain conditions are met and must respond within 72 hours of a request.

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