



# Senate

General Assembly

**File No. 462**

February Session, 2026

Substitute Senate Bill No. 331

*Senate, April 7, 2026*

The Committee on Human Services reported through SEN. LESSER of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING STEP THERAPY REQUIREMENTS FOR PRESCRIPTION DRUGS COVERED UNDER THE MEDICAID PROGRAM AND REQUIRED NOTICE TO ENROLLEES OF PRESCRIPTION DRUG PAYMENT SUSPENSIONS, DENIALS OR IMPOSITION OF NEW REQUIREMENTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 17b-274f of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective from*  
3 *passage*):

4 (b) The duration of any step therapy program requirement [shall] for  
5 Medicaid coverage of a prescription drug may follow evidence-based  
6 guidelines issued by the manufacturer of the prescription drug and the  
7 federal Food and Drug Administration. If no such guidelines exist, step  
8 therapy may not be longer than a period of thirty days, after which time  
9 the prescribing practitioner may deem such treatment as clinically  
10 ineffective for the patient. When the prescribing practitioner deems the  
11 treatment to be clinically ineffective, the drug prescribed and  
12 recommended by the practitioner shall be dispensed and covered under

13 the Medicaid program.

14 Sec. 2. (NEW) (*Effective from passage*) (a) The Department of Social  
15 Services, or any entity under contract with the department to administer  
16 pharmacy benefits, shall provide the following notice to a HUSKY  
17 Health plan enrollee affected by a decision by the department to deny  
18 or suspend payment for a prescription drug or institute new step  
19 therapy or prior authorization requirements:

20 (1) For prescription payment requests submitted electronically by a  
21 pharmacy and denied for any reason, an individualized written notice  
22 (A) at the pharmacy at the time of the denial, or (B) through United  
23 States mail not later than twenty-four business hours after the time of  
24 the denial;

25 (2) For a planned electronic suspension or termination of payment for  
26 a prescribed prescription drug, written notice by United States mail not  
27 later than ten days before such suspension or termination; and

28 (3) In the event of new prior authorization or step therapy  
29 requirements for a prescription drug prescribed to a HUSKY Health  
30 plan enrollee, written notice by United States mail at the same time that  
31 the department electronically informs prescribers of any such  
32 requirements or sixty days before the new requirements are  
33 implemented, whichever is earlier. Such notice shall include  
34 information in plain language about (A) the new requirements, (B) how  
35 to comply with such requirements, and (C) the importance of talking to  
36 the prescriber of such prescription drug about alternative prescription  
37 drugs that may be available.

38 (b) Notices sent pursuant to this section shall contain information on  
39 any due process or appeal rights a HUSKY Health plan enrollee has  
40 under federal and state laws and regulations, including, but not limited  
41 to, as applicable, the provisions of 42 CFR 431.206, 42 CFR 431. 210 and  
42 42 CFR 431.211.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-274f(b)
Sec. 2	<i>from passage</i>	New section

**Statement of Legislative Commissioners:**

Sections 2 to 4, inclusive, were consolidated into Section 2 and redrafted for clarity.

**HS**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Social Services, Dept.	GF - Cost/ Savings	See Below	See Below

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

**Section 1** results in savings to the Department of Social Services (DSS) to the extent step therapy is utilized beyond the current 30-day limit. The scope of savings is dependent on the cost and number of days the preferred drug is continued compared to the cost of the subsequent drug prescribed and recommended by the practitioner that would otherwise be utilized after 30 days.

**Section 2** results in a cost to DSS associated with printing and mailing notices to HUSKY Health members affected by a DSS decision to deny or suspend payment for a prescription drug or institute new step therapy or prior authorization requirements. For context, there were approximately 674,200 pharmacy claims paid in June 2025. If 10% of estimated annual claims require a notice, DSS would incur costs between \$680,000 and \$1.2 million depending on the number of pages required and associated postage rates.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to the duration of step therapy drugs utilized, notices required, and associated costs.

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**OLR Bill Analysis****sSB 331*****AN ACT CONCERNING STEP THERAPY REQUIREMENTS FOR PRESCRIPTION DRUGS COVERED UNDER THE MEDICAID PROGRAM AND REQUIRED NOTICE TO ENROLLEES OF PRESCRIPTION DRUG PAYMENT SUSPENSIONS, DENIALS OR IMPOSITION OF NEW REQUIREMENTS.*****SUMMARY**

This bill changes the allowed duration for step therapy for Medicaid prescription drugs and sets notice requirements for HUSKY Health enrollees affected by decisions related to prescription drugs, step therapy, or prior authorization requirements.

Existing law allows the Department of Social Services (DSS) commissioner to establish a step therapy program for Medicaid prescription drugs. Under this program, she may condition Medicaid payments on a requirement that the patient use a drug from the preferred drug list before any other prescribed drug, with certain exceptions. Current law limits the duration of a step therapy requirement to 30 days, after which a practitioner may deem the drug clinically ineffective for the patient. The bill allows DSS to impose a step therapy requirement for a period of time that adheres to evidence-based guidelines issued by the drug manufacturer and the FDA. If these guidelines do not exist, the 30-day limit applies. As under existing law, if the practitioner deems the drug ineffective, the drug the practitioner prescribes and recommends is dispensed and covered by Medicaid.

EFFECTIVE DATE: Upon passage

**NOTICE REQUIREMENTS**

The bill requires DSS, or an entity it contracts with to administer pharmacy benefits, to provide certain notices to HUSKY Health enrollees affected by a DSS decision to (1) deny or suspend payment for

a prescription drug or (2) institute new step therapy or prior authorization requirements, as shown in the table below. (HUSKY Health generally includes Medicaid and the State Children’s Health Insurance Program.)

**Table: Required Notice for Certain Actions**

<i>Action</i>	<i>Required Notice</i>
Denial, for any reason, of a prescription payment request submitted electronically by the pharmacy	Individualized written notice (1) at the pharmacy when payment is denied or (2) through U.S. mail within 24 business hours after the denial
Planned electronic payment suspension or termination for a prescribed drug	Written notice by U.S. mail at least 10 days before the suspension or termination
A new prior authorization or step therapy requirement for a prescription drug	Written notice by U.S. mail when DSS informs prescribers of the requirements or 60 days before implementing them, whichever is earlier

The bill requires the notices for new prior authorization or step therapy requirements to include information in plain language about the requirements, how to comply with them, and the importance of talking to prescribers about available alternative prescription drugs.

The bill requires all notices to include information on any due process or appeal rights an enrollee has under state and federal laws and regulations, including federal regulations on agency hearing procedures, fair hearing notices, and advance notice of actions.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute

Yea 23 Nay 0 (03/19/2026)