

# OFFICE OF FISCAL ANALYSIS

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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.

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## **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.

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***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.