State of Wisconsin
2023 - 2024 LEGISLATURE

LRBa1139/1
JPC:wlj

ASSEMBLY AMENDMENT 1,

TO ASSEMBLY BILL 773

February 12, 2024 – Offered by Representative SCHRAA.

At the locations indicated, amend the bill as follows:

1. Page 10, line 20: delete "par. (e)" and substitute "sub. (5)".

2. Page 11, line 3: delete "~~30~~ 90" and substitute "30".

3. Page 11, line 9: delete lines 9 to 13 and substitute:

"**SECTION 11m.** 632.861 (5) of the statutes is created to read:

632.861 **(5)** CONTINUITY OF CARE. (a) In this subsection:

1. "Demonstrated bioavailability" means the rate and extent of absorption of a drug or drug ingredient from a specified dosage form, as reflected by the time–concentration curve of the drug or drug ingredient in the systemic circulation.

2. "Interchangeable biological product" has the meaning given in s. 450.135 (1).

(b) With respect to a disability insurance policy that offers a prescription drug benefit, a self–insured health plan that offers a prescription drug benefit, or a

pharmacy benefit manager acting on behalf of a disability insurance policy or self–insured health plan, all of the following apply:

1. No disability insurance policy, self–insured health plan, or pharmacy benefit manager acting on behalf of a disability insurance policy or self–insured health plan may impose any limitations or exclusions of coverage of a prescription drug for any insured who is medically stable on the prescription drug as determined by the prescribing health care provider if all of the following apply:

a. The prescription drug was previously approved for coverage for the insured under the policy or plan.

b. The insured continues to be an enrollee under the policy or plan.

2. Coverage of a prescription drug, as described in subd. 1., shall continue through the last day of the insured's eligibility under the policy or plan, or through the last day of the plan year, whichever is earlier.

(c) For purposes of par. (b) 1., prohibited limitations and exclusions include all of the following:

1. Limiting or reducing the maximum coverage of prescription drug benefits.

2. Increasing cost–sharing for a covered prescription drug.

3. Moving a prescription drug to a more restrictive tier if the policy or plan uses a formulary with tiers.

4. Removing a prescription drug from the formulary, unless the federal food and drug administration has issued a statement about the prescription drug that calls into question the clinical safety of the prescription drug, or the manufacturer of the prescription drug has notified the federal food and drug administration of a manufacturing discontinuance or potential manufacturing discontinuance of the prescription drug as required under 21 USC 356c.

(d) Paragraphs (b) and (c) may not be construed to prohibit a substitution, formulary change, or preference for a prescription drug by a disability insurance policy, self–insured health plan, or pharmacy benefit manager acting on behalf of a disability insurance policy or self–insured health plan that has the same generic name and demonstrated bioavailability or that is an interchangeable biological product.

(e) This subsection may not be construed to do any of the following:

1. Prevent a health care provider from prescribing another drug covered by the disability insurance policy or self–insured health plan that the health care provider deems medically necessary for the insured.

2. Prevent a disability insurance policy, self–insured health plan, or pharmacy benefit manager acting on behalf of a disability insurance policy or self–insured health plan from doing any of the following:

a. Adding a prescription drug to its formulary.

b. Removing a prescription drug from its formulary if the drug manufacturer has removed the drug from sale in the United States.".

4. Page 26, line 22: delete "and (4) (a) and (e)" and substitute "(4) (a), and (5)".

(END)