Whereas, consumers who purchase health insurance may select a plan based on its stated prescription drug benefit coverage; and

Whereas, consumers presume the stated prescription drug benefit coverage will remain consistent through the duration of the plan year; and

Whereas, health plans have removed the medications from the prescription drug benefit mid-year or moved the prescription drug to a higher-cost tier mid-year; and

Whereas, forcing patients mid-year to different medications other than the medication prescribed by their physician is a harmful practice that can result in non-adherence; and

Whereas, in 2018, six states (CT, FL, NY, IL, PA, WA) introduced legislation prohibiting mid-year non-medical switching; therefore be it

Resolved, that MedChi propose legislation prohibiting health insurance plans from providing insurance coverage for prescription drugs that removes a covered prescription drug from its list of covered drugs mid-year, unless the United States Food and Drug Administration (FDA) has issued a statement about the drug that questions the clinical safety of the drug, or the manufacturer of the drug has notified the FDA of a manufacturing discontinuance or potential discontinuance of the drug; and be it further

Resolved, that MedChi propose legislation that would prohibit a health plan from reclassifying a drug mid-year to a more restrictive drug tier or move a drug to a higher cost-sharing tier or a tier with a larger deductible, copayment or coinsurance, unless a generic equivalent becomes available.

As amended and adopted by the House of Delegates at its meeting on September 22, 2018.