# 2015 -- H 5602 SUBSTITUTE A AS AMENDED

LC001431/SUB A/4

# STATE OF RHODE ISLAND

#### IN GENERAL ASSEMBLY

#### JANUARY SESSION, A.D. 2015

## AN ACT

#### **RELATING TO INSURANCE - PRESCRIPTION DRUG BENEFITS**

Introduced By: Representatives Kennedy, Azzinaro, Keable, Winfield, and Shekarchi

Date Introduced: February 25, 2015

Referred To: House Corporations

It is enacted by the General Assembly as follows:

- 1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness
- 2 Insurance Policies" is hereby amended by adding thereto the following section:
- 3 <u>27-18-33.2. Pharmacy benefit manager requirements with respect to multi-source</u>
- 4 generic pricing updates to pharmacies. (a) Definitions. As used herein:
- 5 (1) "Maximum allowable cost" means the maximum amount that a pharmacy benefits
- 6 <u>manager will pay toward the cost of a drug;</u>
- 7 (2) "Nationally available" means that all pharmacies in this state can purchase the drug
- 8 from regional or national wholesalers and that the product is not obsolete or temporarily
- 9 <u>unavailable;</u>
- 10 (3) "Therapeutically equivalent" means the equivalent determined by the United States
- 11 Food and Drug Administration.
- 12 (b) "Pharmacy benefit manager" (PBM) means and refers to all requirements with respect
- 13 to multi-source generic pricing updates to pharmacies:
- 14 (1) Upon each contract execution or renewal, a PBM shall, with respect to contracts
- 15 between PBM and a pharmacy or, alternatively, a PBM and a pharmacy's contracting
- 16 representative or agent such as a pharmacy services administrative organization (PSAO):
- 17 (i) Include in such contracts a requirement that the PBM update such maximum allowable
- 18 costs (MAC) pricing information on such contracts at least every ten (10) calendar days, and
- 19 establish a reasonable process for the prompt notification of such pricing updates to network

- 1 pharmacies. 2 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service 3 Corporations" is hereby amended by adding thereto the following section: 4 27-19-42.1. Pharmacy benefit manager requirements with respect to multi-source 5 generic pricing updates to pharmacies. -- (a) Definitions. As used herein: 6 (1) "Maximum allowable cost" means the maximum amount that a pharmacy benefits 7 manager will pay toward the cost of a drug; 8 (2) "Nationally available" means that all pharmacies in this state can purchase the drug 9 from regional or national wholesalers and that the product is not obsolete or temporarily 10 unavailable; 11 (3) "Therapeutically equivalent" means the equivalent determined by the United States 12 Food and Drug Administration. 13 (b) "Pharmacy benefit manager" (PBM) means and refers to all requirements with respect 14 to multi-source generic pricing updates to pharmacies: 15 (1) Upon each contract execution or renewal, a PBM shall, with respect to contracts 16 between PBM and a pharmacy or, alternatively, a PBM and a pharmacy's contracting 17 representative or agent such as a pharmacy services administrative organization (PSAO): 18 (i) Include in such contracts a requirement that the PBM update such maximum allowable 19 costs (MAC) pricing information on such contracts at least every ten (10) calendar days, and 20 establish a reasonable process for the prompt notification of such pricing updates to network 21 pharmacies. 22 SECTION 3. Chapter 27-19.2 of the General Laws entitled "Nonprofit Hospital and 23 Medical Service Corporations" is hereby amended by adding thereto the following section: 24 27-19.2-12. Pharmacy benefit manager requirements with respect to multi-source generic pricing updates to pharmacies. -- (a) Definitions. As used herein: 25 (1) "Maximum allowable cost" means the maximum amount that a pharmacy benefits 26 27 manager will pay toward the cost of a drug; 28 (2) "Nationally available" means that all pharmacies in this state can purchase the drug 29 from regional or national wholesalers and that the product is not obsolete or temporarily 30 unavailable; 31 (3) "Therapeutically equivalent" means the equivalent determined by the United States 32 Food and Drug Administration. 33 (b) "Pharmacy benefit manager" (PBM) means and refers to all requirements with respect
- 34 to multi-source generic pricing updates to pharmacies:

1	(1) Upon each contract execution or renewal, a PBM shall, with respect to contracts
2	between PBM and a pharmacy or, alternatively, a PBM and a pharmacy's contracting
3	representative or agent such as a pharmacy services administrative organization (PSAO):
4	(i) Include in such contracts a requirement that the PBM update such maximum allowable
5	costs (MAC) pricing information on such contracts at least every ten (10) calendar days, and
6	establish a reasonable process for the prompt notification of such pricing updates to network
7	pharmacies.
8	SECTION 4. Chapter 27-20.1 of the General Laws entitled "Nonprofit Dental Service
9	Corporations" is hereby amended by adding thereto the following section:
10	27-20.1-15.1. Pharmacy benefit manager requirements with respect to multi-source
11	generic pricing updates to pharmacies (a) Definitions. As used herein:
12	(1) "Maximum allowable cost" means the maximum amount that a pharmacy benefits
13	manager will pay toward the cost of a drug:
14	(2) "Nationally available" means that all pharmacies in this state can purchase the drug
15	from regional or national wholesalers and that the product is not obsolete or temporarily
16	unavailable:
17	(3) "Therapeutically equivalent" means the equivalent determined by the United States
18	Food and Drug Administration.
19	(b) "Pharmacy benefit manager" (PBM) means and refers to all requirements with respect
20	to multi-source generic pricing updates to pharmacies:
21	(1) Upon each contract execution or renewal, a PBM shall, with respect to contracts
22	between PBM and a pharmacy or, alternatively, a PBM and a pharmacy's contracting
23	representative or agent such as a pharmacy services administrative organization (PSAO):
24	(i) Include in such contracts a requirement that the PBM update such maximum allowable
25	costs (MAC) pricing information on such contracts at least every ten (10) calendar days, and
26	establish a reasonable process for the prompt notification of such pricing updates to network
27	pharmacies.
28	SECTION 5. Chapter 27-41 of the General Laws entitled "Health Maintenance
29	Organizations" is hereby amended by adding thereto the following section:
30	27-41-38.1. Pharmacy benefit manager requirements with respect to multi-source
31	generic pricing updates to pharmacies (a) Definitions. As used herein:
32	(1) "Maximum allowable cost" means the maximum amount that a pharmacy benefits
33	manager will pay toward the cost of a drug:
34	(2) "Nationally available" means that all pharmacies in this state can purchase the drug

1 from regional or national wholesalers and that the product is not obsolete or temporarily

2 <u>unavailable;</u>

- 3 (3) "Therapeutically equivalent" means the equivalent determined by the United States
- 4 Food and Drug Administration.
- 5 (b) "Pharmacy benefit manager" (PBM) means and refers to all requirements with respect
- 6 <u>to multi-source generic pricing updates to pharmacies:</u>
- 7 (1) Upon each contract execution or renewal, a PBM shall, with respect to contracts
- 8 between PBM and a pharmacy or, alternatively, a PBM and a pharmacy's contracting
- 9 representative or agent such as a pharmacy services administrative organization (PSAO):
- 10 (i) Include in such contracts a requirement that the PBM update such maximum allowable
- 11 costs (MAC) pricing information on such contracts at least every ten (10) calendar days, and
- 12 establish a reasonable process for the prompt notification of such pricing updates to network
- 13 pharmacies.

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14 SECTION 6. This act shall take effect on September 30, 2015.

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#### **EXPLANATION**

## BY THE LEGISLATIVE COUNCIL

#### OF

# AN ACT

## RELATING TO INSURANCE - PRESCRIPTION DRUG BENEFITS

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This act would require that pharmacy benefit managers (PBM) include in each contract a
requirement that the PBM would update maximum allowable cost (MAC) pricing information
every ten (10) calendar days pertaining to policies relating to accident and sickness, nonprofit
hospital service corporations, nonprofit medical service corporations, nonprofit dental service
corporations and health maintenance organizations.
This act would take effect on September 30, 2015.

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