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LC000162/SUB B

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2015

AN ACT

RELATING TO INSURANCE -- PRESCRIPTION DRUG BENEFITS

Introduced By: Senator William A. Walaska

Date Introduced: January 22, 2015

Referred To: Senate Health & Human Services

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	27-18-33.2. Pharmacy benefit manager requirements with respect to multi-source
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	manager will pay toward the cost of a drug;
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	unavailable;
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

establish a reasonable process for the prompt notification of such pricing updates to network

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
25	generic pricing updates to pharmacies (a) Definitions. As used herein:
26	(1) "Maximum allowable cost" means the maximum amount that a pharmacy benefits
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:

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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	unavailable;
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	to multi-source generic pricing updates to pharmacies:
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.
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

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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