

SENATE COMMITTEE AMENDMENTS

2026 Regular Session

Amendments proposed by Senate Committee on Insurance to Original Senate Bill No. 387
by Senator Bass

1 AMENDMENT NO. 1

2 On page 1, line 2, after "reenact" delete the remainder of the line and insert "R.S. 22:1863,
3 1865(A), and 1865.1(B)(2)(a) and R.S. 44:4.1(B)(11), to enact R.S. 22:1867.1 and 1868.2,
4 and to "

5 AMENDMENT NO. 2

6 On page 1, line 4, after "definitions;" insert "to provide for appeals;"

7 AMENDMENT NO. 3

8 On page 1, line 5, after "compensation;" insert "to provide for rebates, formularies, and cost-
9 sharing;"

10 AMENDMENT NO. 4

11 On page 1, line 10, after "Section 1." delete the remainder of the line and insert "R.S.
12 22:1863, 1865(A), and 1865.1(B)(2)(a) are hereby amended and reenacted and R.S.
13 22:1867.1 and 1868.2 are "

14 AMENDMENT NO. 5

15 On page 1, between line 1 and line 2, insert the following:

16 "§1856.1. Pharmacy record audits; recoupment; appeals

17 * * *

18 B. Notwithstanding any other provision of law to the contrary, when an audit
19 of the records of a pharmacy is conducted by an entity, the audit shall be conducted
20 in accordance with the following criteria:

21 * * *

22 (2)(a) No entity shall conduct an audit at a particular pharmacy more than one
23 time annually. **The audit shall be limited to claims submitted not more than**
24 **twelve months prior to date the audit begins.** However, the provisions of this
25 Paragraph shall not apply when an entity must return to a pharmacy to complete an
26 audit already in progress, or there is an identified history of errors, an identified
27 activity which a reasonable ~~man~~ **person** would believe to be inappropriate, or illegal
28 activity that the entity has brought to the attention of the pharmacy owner or
29 corporate headquarters of the pharmacy.

30 * * *"

31 AMENDMENT NO. 6

32 On page 6, between lines 1 and 2, insert the following:

33 "§1865. Appeals; maximum allowable costs

34 A.(1) The pharmacy benefit manager shall provide a reasonable
35 administrative appeal procedure to allow pharmacies to challenge maximum
36 allowable costs for a specific NDC or NDCs as not meeting the requirements of this
37 Subpart or being below the cost at which the pharmacy may obtain the NDC. Within
38 fifteen business days after the applicable fill date, a pharmacy may file an appeal by
39 following the appeal process as provided for in this Subpart. The pharmacy benefit
40 manager shall respond to a challenge within fifteen business days after receipt of the
41 challenge.

1 AMENDMENT NO. 17

2 On page 7, delete lines 12 through 17 and insert the following:

3 "(1) A pharmacy benefit manager or group purchasing organization may
 4 negotiate but shall not retain rebates and fees. All manufacturer rebates,
 5 whether accrued to a pharmacy benefit manager, a pharmacy benefit manager's
 6 affiliated group purchasing organization, or any other pharmacy benefit
 7 manager owned or affiliated entity shall be passed through to the pharmacy
 8 benefit manager's healthcare plan sponsor client as described in this Section.

9 (2) A pharmacy benefit manager may earn income only from the
 10 following sources:

11 (a) The assessment of a flat dollar service fee charged on either a per-
 12 person per-month or a per-prescription basis which shall cover all of the
 13 pharmacy benefit manager's administrative, clinical, print, electronic, and
 14 related costs for the provision of prescription benefit management services to
 15 a client health benefit plan. The flat dollar service fee may vary among a
 16 pharmacy benefit manager's clients based on the number of health benefit plan
 17 participants and clinical and administrative services provided, and shall be set
 18 forth in a written agreement between the parties.

19 (b) A flat dollar performance bonus payment, which may be paid by a
 20 client health benefit plan to a pharmacy benefit manager for meeting specified
 21 benchmarks in reducing the client health benefit plan's aggregated overall drug
 22 spending over a specific period of time. A flat dollar performance bonus
 23 payment shall be set forth in a written agreement between the parties."

24 AMENDMENT NO. 18

25 On page 7, at the beginning of line 18, change "(2)" to "(3)"

26 AMENDMENT NO. 19

27 On page 7, between lines 27 and 28, insert the following:

28 "(4)(a) A pharmacy benefit manager or group purchasing organization
 29 shall not earn any income based directly on prescription drug list prices,
 30 acquisition cost, average wholesale cost, or any other metric for prescription
 31 drug pricing or fulfillment at any stage in the drug supply chain, including but
 32 not limited to prescription drug markups, up-charging, spread pricing of any
 33 kind, manufacturer-derived revenues of any sort, which shall include but not
 34 be limited to price protection, group purchasing organization retained rebates
 35 or fees of any kind, rebate aggregator administrative or any other fees charged
 36 or collected, coupon compensation and patient assistance compensation fees,
 37 retained discounts and rebates, and other manufacturer payments, and any
 38 other arrangements on price of prescription drugs.

39 (b) Any prohibited pharmacy benefit manager income that a pharmacy
 40 manager may receive during the course of a pharmacy benefit manager's
 41 operations in service of its Louisiana client health plans shall be considered
 42 prohibited income that the pharmacy benefit manager shall pass through in its
 43 entirety to the pharmacy benefit manager's Louisiana health benefit plan clients
 44 on a quarterly basis."

45 AMENDMENT NO. 20

46 On page 7, at the beginning of line 28, change "3" to "5"

47 AMENDMENT NO. 21

48 On page 8, line 9, after "contract." and before "As" insert the following:

49 "The commissioner may also examine the books or records of any entity
 50 in a pharmacy benefit manager's corporate vertical structure, including but not
 51 limited to the insurer, group purchasing organization, manufacturer, wholesale
 52 distributor, special or mail order pharmacy, retail or long-term care pharmacy,
 53 and provider."

1 **(c) The drug has been approved and made available over the counter by**
2 **the United States Food and Drug Administration and entered the commercial**
3 **market as such.**

4 **(2) Reclassify the drug to a more restrictive drug tier or increase the**
5 **amount that an insured must pay for a copayment, coinsurance, or deductible**
6 **for prescription drug benefits, or reclassify the drug to a higher cost-sharing**
7 **tier during the policy year.**

8 **F. This Section does not prohibit the addition of prescription drugs to the**
9 **formulary during the policy year."**

10 AMENDMENT NO. 24

11 On page 11, delete line 7 in its entirety and insert:

12 "Section 4. This Act shall take effect and become operative if and when the Act
13 which originated as Senate Bill No. 401 of this 2026 Regular Session of the
14 Legislature is enacted and become effective. If vetoed by the governor and
15 subsequently approved by the legislature, this Act shall become effective on the date
16 that Senate Bill No. 401 become effective."