## **DIGEST**

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HB 436 Engrossed

2018 Regular Session

Johnson

**Abstract:** Prohibit limitations on disclosures by pharmacists regarding drug costs and requires certain actions by pharmacy benefit managers after a successful appeal of a maximum allowable cost for a specific drug.

<u>Proposed law</u> prohibits a contract provision prohibiting a pharmacist from disclosing any relevant information to an individual purchasing prescription medication, including but not limited to the cost of the prescription medication, actual reimbursement to the pharmacist for the sale of the prescription medication, efficacy of the prescription medication, and the availability of any alternative medications that are less expensive than the prescription medication.

Proposed law updates the phrase "pharmacy benefits manager" to "pharmacy benefit manager".

<u>Proposed law</u> requires a pharmacy benefit manager, for every drug for which the pharmacy benefit manager establishes a maximum allowable cost to determine the drug product reimbursement, to make available to all pharmacies both of the following:

- (1) Information identifying the national drug pricing compendia or sources used to obtain the drug price data.
- (2) The comprehensive list of drugs subject to maximum allowable cost and the actual maximum allowable cost for each drug.

<u>Present law</u> requires a pharmacy benefit manager to perform certain actions after an appeal relative to maximum allowable cost is upheld.

<u>Proposed law</u> requires the pharmacy benefit manager, if the appeal is granted, to take the following actions:

- (1) Make the change in the Maximum Allowable Cost List to the initial date of service the appealed drug was dispensed.
- (2) Permit the appealing pharmacy and all other pharmacies in the network that filled prescriptions for patients covered under the same health benefit plan to reverse and resubmit claims and receive payment based on the adjusted maximum allowable cost from the initial date of service the appealed drug was dispensed.

- (3) Make the change effective for each similarly situated pharmacy as defined by the payor subject to the Maximum Allowable Cost List and individually notify all pharmacies in the pharmacy benefit manager's network.
- (4) Make retroactive price adjustments in the next payment cycle.

<u>Proposed law</u> authorizes a pharmacist or pharmacy to file a complaint with the commissioner of insurance following a final decision of the pharmacy benefit manager and provides for the investigation of the complaint.

<u>Proposed law</u> authorizes the commissioner to impose a fee upon pharmacy benefit managers, in addition to a license fee and annual report fee, in order to cover the costs of implementation and enforcement of present law and proposed law.

Effective Jan. 1, 2019.

(Amends R.S. 22:1060.6(B), 1863(intro. para.), (1) and (6), 1864(A)(intro. para.) and (3) and (B)(intro. para.) and 1865; Adds R.S. 22:1060.6(C) and 1864(A)(4))

## Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

- 1. Delete <u>proposed law</u> requiring an appeal to be granted to the appealing pharmacy if the commissioner is unable to obtain information from the pharmacy benefit manager that is necessary to resolve the appeal.
- 2. Make technical changes.