

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.
3 22:1856.1(B)(2)(a), 1863, and 1865(A) and R.S. 44:4.1(B)(11), to enact R.S. 22:1867.1 and
4 1868.2, 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 22:1856.1(B)(2)(a), 1863, and 1865(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 lines 11 and 12, 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.

42 **(2) The administrative appeal procedure shall allow a pharmacy or**
43 **pharmacist the option to submit a consolidated appeal representing multiple**
44 **substantially similar claims.**

1 * * *

2 AMENDMENT NO. 7

3 On page 6, line 2, after "**PBM**" and before "**compensation**" delete "**Duty;**" and insert
4 "**fiduciary duty;**"

5 AMENDMENT NO. 8

6 On page 6, line 3, between "**PBM**" and "**Duty**" insert "**Fiduciary**"

7 AMENDMENT NO. 9

8 On page 6, at the beginning of line 5, between "**manager**" and "**duty**" insert "**fiduciary**"

9 AMENDMENT NO. 10

10 On page 6, line 10, between "**manager**" and "**duty**" insert "**fiduciary**"

11 AMENDMENT NO. 11

12 On page 6, line 18, between "**manager**" and "**duty**" insert "**fiduciary**"

13 AMENDMENT NO. 12

14 On page 6, line 25, between "**manager**" and "**duty**" insert "**fiduciary**"

15 AMENDMENT NO. 13

16 On page 7, at the beginning of line 5, before "**duty**" insert "**fiduciary**"

17 AMENDMENT NO. 14

18 On page 7, delete lines 6 and 7 in their entirety and insert "**party.**"

19 AMENDMENT NO. 15

20 On page 7, between lines 7 and 8, insert the following:

21 **(3) A pharmacy benefit manager shall not:**

22 **(a) Obtain a rebate, or any other incentive or inducement including but**
23 **not limited to discounts, on a name brand drug in exchange for not placing**
24 **other name brand drugs, biosimilars, generic drugs, or any other drug in the**
25 **same class of drugs on the PBM formulary.**

26 **(b) Design a prescription drug formulary to favor a certain branded**
27 **pharmaceutical or biologic over a therapeutically equivalent generic or**
28 **biosimilar, unless the branded pharmaceutical or biologic has a lower net**
29 **acquisition cost and that lower cost is reflected in a lower out-of-pocket expense**
30 **for consumers.**

31 **(c) Charge an out-of-pocket cost share that is based on a prescription**
32 **drug price greater than the pharmacy benefit manager's net acquisition cost of**
33 **the prescription drug.**

34 **(d) Use its formulary to effectively ban the use of certain pharmacies by**
35 **an insured.**

36 AMENDMENT NO. 16

37 On page 7, at the beginning of line 8, change "**(3)**" to "**(4)**"

38 AMENDMENT NO. 17

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

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

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

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

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

22 AMENDMENT NO. 18

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

24 AMENDMENT NO. 19

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

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

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

43 AMENDMENT NO. 20

44 On page 7, at the beginning of line 28, change "(3)" to "(5)"

45 AMENDMENT NO. 21

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

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