



Patient Price Protection

Where allowable by federal law, the bill ensures that patients never pay more for a prescription than their health plan or pharmacy benefits manager (PBM).

- Plans have to pass through rebates at the point of sale directly to patients to offset a deductible or coinsurance
- For patients that do not have a deductible or coinsurance, plans have to use rebates to reduce premiums or provide additional health benefits
- PBMs and plans have to offer non-spread pricing options

Other provisions help clarify the relationship between health plans, PBMs and pharmacies, including:

- Development of a pharmacy's bill of rights to help them know when and how to file a complaint with the Insurance Department
- Health plans or PBMs cannot condition participation in a network on participation in another network
- Modifies conditions of audits to prohibit extrapolation, requires documentation of any audit findings, allows pharmacies to correct errors discovered in audits
- Ensure that network requirements are the same for HMOs and PPOs