

SB0208S02 compared with SB0208S01

~~text~~ shows text that was in SB0208S01 but was deleted in SB0208S02.

Inserted text shows text that was not in SB0208S01 but was inserted into SB0208S02.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Senator Evan J. Vickers proposes the following substitute bill:

PHARMACY BENEFITS MANAGER OR COORDINATOR

AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Evan J. Vickers

House Sponsor: _____

LONG TITLE

General Description:

This bill amends the Pharmacy Practice Act.

Highlighted Provisions:

This bill:

- ▶ requires a pharmacy benefits manager or coordinator that uses direct or indirect remuneration to report certain information to pharmacies or the pharmacies' pharmacy services administration organization; and
- ▶ prohibits a pharmacy benefits manager or coordinator from preventing a pharmacist from disclosing cost information to a patient.

Money Appropriated in this Bill:

SB0208S02 compared with SB0208S01

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

58-17b-626, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **58-17b-626** is enacted to read:

58-17b-626. Direct or indirect remuneration by pharmacy benefits managers --

Disclosure of customer costs.

(1) As used in this section:

(a) "Cost" means the amount paid by a customer:

(i) with or without coverage by a health benefit plan;

(ii) with or without copays, deductibles, or coinsurance; and

(iii) with or without assistance from a drug manufacturer or others.

(b) (i) "Direct or indirect remuneration" means any adjustment in the total

compensation:

(A) received by a pharmacy from a pharmacy benefits manager for the sale of a drug, device, or other product or service; and

(B) determined after the sale of the product or service.

(ii) "Direct or indirect remuneration" includes performance-based adjustments.

(c) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.

(d) "Pharmacy services administration organization" means an entity that contracts with a pharmacy to assist with third-party payer interactions and administrative services related to third-party payer interactions, including:

(i) contracting with a pharmacy benefits manager on behalf of the pharmacy; and

(ii) managing a pharmacy's claims payments from third-party payers.

(~~f~~~~d~~~~e~~) "Sale" means a sale covered by a health benefit plan.

(2) If a pharmacy benefits manager or coordinator uses direct or indirect remuneration, the pharmacy benefits manager or coordinator shall report to the pharmacy:

SB0208S02 compared with SB0208S01

(a) the amount of direct or indirect remuneration related to the sale;
(b) the reason for the direct or indirect remuneration; and
(c) if the direct or indirect remuneration is a reduction in total compensation, what the pharmacy can do to prevent the direct or indirect remuneration in the future.

(3) The report described in Subsection (2) shall be sent to a pharmacy ~~or the pharmacy's pharmacy services administration organization~~ no later than 90 days after the pharmacy benefits manager or coordinator receives a report of a sale of a product or service by the pharmacy.

(4) (a) A pharmacy benefits manager or coordinator may not prohibit or penalize the disclosure by a pharmacist of the cost of a drug, device, or other product or service sold by the pharmacist to a patient or to the public.

(b) Penalties that are prohibited under Subsection (4)(a) include increased utilization review, reduced payments, and other financial disincentives.

(5) A pharmacy benefits manager or coordinator may not require a patient to pay, at the point of sale for a covered prescription drug, more than the lesser of:

(a) the applicable copayment for the prescription drug being dispensed; ~~f~~
~~— (b) the allowable claim amount for the prescription drug being dispensed; ~~f~~ or~~
(~~f~~~~c~~~~b~~) the amount that the patient would pay for the prescription drug if the patient purchased the prescription drug without using a health benefit plan.