

- 28 (1) As used in this section, "federally qualified health center":
29 (a) means the same as that term is defined in 42 U.S.C. Sec. 1395x(aa)(4); and
30 (b) includes the pharmacy or pharmacies that are operated by or contract with a
31 federally qualified health center described in Subsection (1)(a) to dispense drugs purchased
32 through the federally qualified health center.
- 33 (2) This section applies to a contract entered into or renewed on or after January 1,
34 2022, between an insurer and a pharmacy described in Subsection (1)(b).
- 35 (3) An insurer may not vary the amount that the insurer reimburses to a federally
36 qualified health center for a drug on the basis of whether:
37 (a) the drug is a 340B drug; or
38 (b) the pharmacy is a 340B entity.
- 39 (4) Subsection (3) does not apply to a drug reimbursed, directly or indirectly, by the
40 Medicaid program.
- 41 (5) An insurer or an insurer's pharmacy service entity may not:
42 (a) on the basis that a federally qualified health center participates, directly or through a
43 contractual arrangement, in the 340B drug discount program:
44 (i) assess a fee, charge-back, or other adjustment on a federally qualified health center;
45 (ii) restrict access to the insurer's pharmacy network;
46 (iii) require the federally qualified health center to enter into a contract with a specific
47 pharmacy to participate in the insurer's pharmacy network;
48 (iv) create a restriction or an additional charge on a patient who chooses to receive
49 drugs from a federally qualified health center; or
50 (v) create any additional requirements or restrictions on the federally qualified health
51 center; or
52 (b) require a claim for a drug to include a modifier to indicate that the drug is a 340B
53 drug unless the claim is for payment, directly or indirectly, by the Medicaid program.