## 2nd Sub. H.B. 425 HEALTH INSURANCE BENEFIT AMENDMENTS

SENATE COMMITTEE AMENDMENTS

AMENDMENT 1

FEBRUARY 26, 2024 7:43 AM

Representative **Norman K Thurston** proposes the following amendments:

- 1. Page 5, Lines 125 through 129:
  - (i) "Standard rebate amount" means a rebate amount that:
  - (i) is estimated and set by a health benefit plan or the health benefit plan's pharmacy
  - 127 <u>benefit manager for a drug</u> { <u>product</u>} <u>or device</u> ;
  - (ii) adjusts each quarter based on rebate underpayments or overpayments; and
  - 129 (iii) is applied when the drug { product } or device is purchased.
- 2. Page 5, Line 148:
  - (ii) using the rebate to reduce premiums paid by {the enrollee} ;
- 3. Page 6, Lines 162 through 163:
  - (ii) use a standard rebate amount.
    - (c) A health benefit plan or pharmacy benefit manager may reduce the value of a rebate passed through at the time a drug or device is purchased if the health benefit plan or pharmacy benefit manager:
    - (i) knows that the cost sharing requirement is being paid on behalf of the enrollee by another person unless the person paying:
    - (A) is a health benefit plan or pharmacy benefit manager providing a benefit; or
    - (B) would not directly or indirectly benefit from the enrollee purchasing the drug or device; and
    - (ii) is using a method described in Subsection (4)(a)(i) or (iv).
    - (d) Rebates reduced under Subsection (4)(c) shall be used to reduce premiums or otherwise benefit enrollees in the current or subsequent plan year.
  - 163 (5) A health benefit plan may not prohibit or condition participation in one pharmacy
- 4. Page 9, Lines 258 through 259:
  - 258 <u>utilization or effectiveness.</u>] means a discount or other price concession based on the utilization
  - or effectiveness of a prescription drug or device that is paid by a manufacturer or third party, directly or