

## AMENDMENTS TO HOUSE BILL NO. 1993

Sponsor: REPRESENTATIVE GAYDOS

Printer's No. 3317

1 Amend Bill, page 1, line 13, by inserting after "REQUIRED"  
2 and for sharing of cost, benefit and coverage data required  
3 Amend Bill, page 10, line 3, by striking out "A SECTION" and  
4 inserting  
5 sections

6 Amend Bill, page 11, by inserting between lines 9 and 10  
7 Section 703.2. Sharing of cost, benefit and coverage data  
8 required.

9 (a) General rule.--A health insurer or PBM shall, upon  
10 request of a covered individual, the covered individual's health  
11 care practitioner or a third party on behalf of the covered  
12 individual or health care practitioner, furnish the cost,  
13 benefit and coverage data specified in subsection (d) to the  
14 covered individual, the health care practitioner or the third  
15 party and shall ensure that such data is:

16 (1) Current no later than one business day after any  
17 change is made.

18 (2) Provided in real time.

19 (3) In the same format that the request is made by the  
20 covered individual, the health care practitioner or the third  
21 party.

22 (b) Format of request.--The request must be submitted with  
23 established industry content and transport standards published  
24 by:

25 (1) a standards developing organization accredited by  
26 the American National Standards Institute, including the  
27 National Council for Prescription Drug Programs, ASC X12,  
28 Health Level 7; or

29 (2) a relevant Federal or State governing body,  
30 including the Centers for Medicare and Medicaid Services or  
31 the Office of the National Coordinator for Health Information  
32 Technology.

33 (c) Electronic formats unacceptable.--A facsimile,  
34 proprietary payor or patient portal or other electronic form  
35 shall not be considered an acceptable electronic format under

1 this section.

2 (d) Required data.--Upon request, the following data shall  
3 be provided for a drug covered under the covered individual's  
4 health policy:

5 (1) The covered individual's eligibility information for  
6 the drug.

7 (2) A list of clinically-appropriate alternatives to the  
8 drug covered under the covered individual's health plan.

9 (3) Cost-sharing information for the drug and  
10 alternatives, including a description of a variance in cost-  
11 sharing based on pharmacy, whether retail or mail order, or  
12 health care provider dispensing or administering the drug or  
13 alternative.

14 (4) The applicable utilization management requirements  
15 for the drug or alternatives, including prior authorization,  
16 step therapy, quantity limits and site-of-service  
17 restrictions.

18 (e) Duty to provide information.--A health insurer or PBM  
19 shall furnish the data specified in subsection (d), whether the  
20 request is made using the drug's unique billing code, such as a  
21 National Drug Code or Healthcare Common Procedure Coding System  
22 code, or descriptive term, such as the brand or generic name of  
23 the drug.

24 (f) Prohibited conduct.--

25 (1) A health insurer or PBM may not deny or delay a  
26 request as a method of blocking the data specified in  
27 subsection (d) from being shared based on how the drug was  
28 requested.

29 (2) A health insurer or PBM furnishing the data  
30 specified in subsection (d) may not:

31 (i) Restrict, prohibit or otherwise hinder a health  
32 care professional or health care provider from  
33 communicating or sharing the data specified in subsection  
34 (d) or additional information on a lower-cost or  
35 clinically appropriate alternative, whether or not  
36 covered under the covered individual's plan or additional  
37 payment or cost-sharing information that may reduce the  
38 patient's out-of-pocket costs, such as cash price or  
39 patient assistance and support programs whether sponsored  
40 by a manufacturer, foundation or other entity.

41 (ii) Except as may be required by law, interfere  
42 with, prevent or materially discourage access to,  
43 exchange or use of the data specified in subsection (d),  
44 including charging fees, not responding to a request at  
45 the time made where a response is reasonably possible,  
46 implementing technology in nonstandard ways or  
47 instituting covered individual consent requirements,  
48 processes, policies, procedures or renewals that are  
49 likely to substantially increase the complexity or burden  
50 of accessing, exchanging or using the data.

51 (iii) Penalize a health care practitioner for

1 disclosing the data specified in subsection (d) to a  
2 covered individual or prescribing, administering or  
3 ordering a clinically appropriate or lower-cost  
4 alternative.

5 (g) Personal representatives.--

6 (1) For the purposes of this section, a health insurer  
7 or PBM shall treat a personal representative as the covered  
8 individual.

9 (2) If, under applicable law, a person has authority to  
10 act on behalf of a covered individual in making decisions  
11 relating to health care, a health insurer or PBM or an  
12 affiliate or entity acting on its behalf, shall treat the  
13 person as a personal representative under this section.