THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

_{No.} 943

Session of 2019

INTRODUCED BY GAYDOS, RAPP, BARRAR, BERNSTINE, BROWN, SCHLEGEL CULVER, DeLUCA, HERSHEY, KAUFFMAN, KEEFER, MILLARD, B. MILLER, MIZGORSKI, MOUL, MULLINS, PASHINSKI, PICKETT, PYLE, SAINATO, SCHWEYER, SIMS, STRUZZI, STURLA, TOEPEL, WHEELAND, LONGIETTI, GLEIM, KNOWLES, CIRESI, BURNS, DEASY, MATZIE, SCHMITT, EVERETT, KLUNK, READSHAW, GREINER, DUSH, SAYLOR, SCHLOSSBERG, HEFFLEY, RIGBY, McNEILL, OWLETT, MASSER, ISAACSON, QUINN, WILLIAMS, NEILSON, WENTLING, TOOHIL, WARREN, GABLER, T. DAVIS, SOLOMON AND HARKINS, APRIL 29, 2019

SENATOR BROOKS, HEALTH AND HUMAN SERVICES, IN SENATE, AS AMENDED, APRIL 28, 2020

AN ACT

- 1 Providing for consumer prescription drug pricing disclosure and 2 pharmacy freedom to communicate.
- 3 The General Assembly of the Commonwealth of Pennsylvania
- 4 hereby enacts as follows:
- 5 Section 1. Short title.
- 6 This act shall be known and may be cited as the Consumer
- 7 Prescription Drug Pricing and Freedom Disclosure Act.
- 8 Section 2. Definitions.
- 9 The following words and phrases when used in this act shall
- 10 have the meanings given to them in this section unless the
- 11 context clearly indicates otherwise:
- 12 "Contract." A contract administered by a pharmacy benefits
- 13 manager or pharmacy services administration organization.

- 1 "Covered entity." A contract holder or policy holder
- 2 providing pharmacy benefits to a covered individual under a
- 3 health insurance policy pursuant to a contract administered by a
- 4 pharmacy benefits manager.
- 5 "Covered individual." A member, participant, enrollee or
- 6 beneficiary of a covered entity who is provided health coverage
- 7 by the covered entity. The term includes a dependent or other
- 8 person provided health coverage through the policy or contract
- 9 of a covered individual.
- 10 "Health insurance policy." A policy, subscriber contract,
- 11 certificate or plan that provides prescription drug coverage.
- 12 The term includes both comprehensive and limited benefit health
- 13 policies.
- 14 "Pharmacist." As defined in section 2(10) of the act of
- 15 September 27, 1961 (P.L.1700, No.699), known as the Pharmacy
- 16 Act.
- 17 "Pharmacy." As defined in section 2(12) of the Pharmacy Act.
- 18 "Pharmacy benefits management." Any of the following:
- 19 (1) Procurement of prescription drugs at a negotiated
- 20 contracted rate for distribution within this Commonwealth to
- 21 covered individuals.
- 22 (2) Administration or management of prescription drug
- 23 benefits provided by a covered entity for the benefit of
- 24 covered individuals.
- 25 (3) Administration of pharmacy benefits, including:
- 26 (i) Operating a mail-service pharmacy.
- 27 (ii) Claims processing.
- 28 (iii) Retail pharmacy network management.
- 29 (iv) Paying claims to pharmacies for prescription
- drugs dispensed to covered individuals by a retail,

- 1 specialty or mail-order pharmacy.
- 2 (v) Developing and managing a clinical formulary,
- 3 utilization management and quality assurance programs.
- 4 (vi) Rebate contracting and administration.
- 5 (vii) Managing a patient compliance, therapeutic 6 intervention and generic substitution program.
- 7 (viii) Operating a disease management program.
- 8 (ix) Setting pharmacy reimbursement pricing and 9 methodologies, including maximum allowable cost, and
- determining single or multiple source drugs.
- "Pharmacy benefits manager." A person, business or other
- 12 entity that performs pharmacy benefits management FOR COVERED

<--

- 13 ENTITIES.
- 14 "Pharmacy services administration organization." A person,
- 15 business or other entity that performs any of the following:
- 16 (1) Negotiates and contracts with managed care
- organizations or pharmacy benefit managers on behalf of their
- 18 pharmacy members.
- 19 (2) Negotiates reimbursement rates, payment and audit
- terms on behalf of their pharmacy members.
- 21 (3) Payment collection or reconciliation on behalf of
- their pharmacy members.
- 23 Section 3. Disclosure of prescription drug costs.
- 24 (a) Information to covered individual. -- A pharmacy or
- 25 pharmacist shall have the right to provide a covered individual
- 26 with information concerning the cost of a prescription drug,
- 27 including the individual's cost share.
- 28 (b) No prohibition or penalization. -- A pharmacy, pharmacist
- 29 or contracting agent of a pharmacy or pharmacist may not be
- 30 prohibited from or penalized by a pharmacy benefits manager or

- 1 pharmacy services administration organization for discussing the
- 2 information under subsection (a), disclosing the availability of
- 3 therapeutically equivalent alternative medications or selling to
- 4 the covered individual a more affordable alternative if an
- 5 affordable alternative is available.
- 6 Section 4. Disclosure of contract information.
- 7 (a) Disclosure authorized. A pharmacy benefits manager or

<--

<--

- 8 pharmacy services administration organization shall not-
- 9 prohibit, restrict or limit written or oral disclosure of
- 10 contract information by a pharmacist or pharmacy to any State,
- 11 county or municipal official or before any State, county or
- 12 municipal committee, body or proceeding.
- 13 (b) Penalty prohibited. -- A pharmacy benefits manager or
- 14 pharmacy services administration organization shall not penalize-
- 15 or restrict a pharmacist or pharmacy for any disclosure under-
- 16 subsection (a).
- 17 Section 5 4. Effective date.
- 18 This act shall take effect immediately.