THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 789

Session of 2019

INTRODUCED BY ARGALL, J. WARD, VOGEL, MARTIN AND PHILLIPS-HILL, JULY 9, 2019

REFERRED TO HEALTH AND HUMAN SERVICES, JULY 9, 2019

AN ACT

- Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An act to consolidate, editorially revise, and codify the public
- act to consolidate, editorially revise, and codify the public welfare laws of the Commonwealth," in public assistance,
- 4 providing for use of pharmacy benefits manager by medical
- assistance managed care organization.
- 6 The General Assembly of the Commonwealth of Pennsylvania
- 7 hereby enacts as follows:
- 8 Section 1. The act of June 13, 1967 (P.L.31, No.21), known
- 9 as the Human Services Code, is amended by adding a section to
- 10 read:
- 11 Section 449.1. Use of Pharmacy Benefits Manager by Medical
- 12 <u>Assistance Managed Care Organization.--(a) The department shall</u>
- 13 prevent a medical assistance managed care organization from
- 14 entering into any contract for pharmacy services with a pharmacy
- 15 benefits manager if:
- 16 <u>(1) the pharmacy benefits manager or a corporate affiliate</u>
- 17 of the pharmacy benefits manager has an ownership interest in a
- 18 pharmacy providing the pharmacy services; or
- 19 (2) the pharmacy providing the pharmacy services has an

- 1 ownership interest in the pharmacy benefits manager or a
- 2 corporate affiliate of the pharmacy benefits manager.
- 3 (b) A pharmacy benefits manager may not require that a
- 4 beneficiary use the services of a specific pharmacy for a
- 5 <u>specialty drug.</u>
- 6 (c) As used in this section, the following words and phrases
- 7 shall have the meanings given to them in this subsection:
- 8 <u>"Medical assistance managed care organization" means a</u>
- 9 Medicaid managed care organization as defined in section 1903(m)
- 10 (1)(a) of the Social Security Act (Public Law 74-271, 42 U.S.C.
- 11 § 1396b(m)(1)(A)) that is a party to a Medicaid managed care
- 12 <u>contract with the department.</u>
- "Pharmacy benefits management" means any of the following:
- 14 (1) Procurement of prescription drugs at a negotiated
- 15 contracted rate for distribution within this Commonwealth to
- 16 covered individuals.
- 17 (2) Administration or management of prescription drug
- 18 benefits provided by a covered entity for the benefit of covered
- 19 individuals.
- 20 (3) Administration of pharmacy benefits, including:
- 21 (i) Operating a mail-service pharmacy.
- 22 (ii) Claims processing.
- 23 (iii) Managing a retail pharmacy network management.
- 24 (iv) Paying claims to pharmacies for prescription drugs
- 25 <u>dispensed to covered individuals via retail, specialty</u> or mail-
- 26 order pharmacy.
- 27 <u>(v) Developing and managing a clinical formulary,</u>
- 28 utilization management and quality assurance programs.
- 29 <u>(vi) Rebate contracting and administration.</u>
- 30 (vii) Managing a patient compliance, therapeutic

- 1 <u>intervention and generic substitution program.</u>
- 2 (viii) Operating a disease management program.
- 3 (ix) Setting pharmacy reimbursement pricing and
- 4 methodologies, including maximum allowable cost, and determining
- 5 <u>single or multiple source drugs.</u>
- 6 "Pharmacy benefits manager" means a person, business or other
- 7 entity that performs pharmacy benefits management. The term
- 8 <u>shall include a wholly owned subsidiary of a medical assistance</u>
- 9 managed care organization that performs pharmacy benefits
- 10 management.
- 11 Section 2. This act shall take effect in 60 days.