# HOUSE BILL 793

4 lr 1452

#### By: **Delegates Kach, Bromwell, Elliott, and Olszewski** Introduced and read first time: February 3, 2014 Assigned to: Health and Government Operations

# A BILL ENTITLED

1 AN ACT concerning

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## Pharmacy Benefits Managers – Pharmacy Contracts – Payments

3 FOR the purpose of requiring a pharmacy benefits manager to include in its contract 4 with a pharmacy, a pharmacy services administration organization, or a group  $\mathbf{5}$ purchasing organization the methodology used by the pharmacy benefits 6 manager to calculate a certain reimbursement paid for each drug, medical 7 product, and device that is a covered pharmacy benefit administered by the 8 pharmacy benefits manager; requiring a pharmacy benefits manager to include 9 in its contract with a pharmacy, a pharmacy services administration organization, or a group purchasing organization certain information and a 10 certain methodology, make available to a contracted pharmacy a certain list and 11 12a certain maximum allowable cost, review and make certain adjustments to the 13 maximum allowable cost, make available to a contracted pharmacy certain 14updates, allow a contracted pharmacy to resubmit a claim for payment under 15certain circumstances, and provide a process for a contracted pharmacy to 16 appeal the maximum allowable cost: establishing certain requirements for the 17appeal process; requiring a pharmacy benefits manager, if it denies an appeal, 18 to provide the reason for the denial and identify a certain national drug code 19product; requiring a pharmacy benefits manager to adjust the maximum 20allowable cost in a certain manner and provide a certain notice under certain 21circumstances; prohibiting a pharmacy benefits manager from requiring a 22pharmacy to dispense a prescription for a certain contractual reimbursement 23amount; defining certain terms; providing for the application of this Act; and 24generally relating to pharmacy benefits managers and payments to pharmacies 25for covered drugs, medical products, and devices.

- 26 BY adding to
- 27 Article Insurance
- 28 Section 15–1628.1 and 15–1628.2
- 29 Annotated Code of Maryland
- 30 (2011 Replacement Volume and 2013 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.



**Article – Insurance** 15-1628.1. IN THIS SECTION THE FOLLOWING WORDS HAVE THE (A) (1) **MEANINGS INDICATED.** (2) "CONTRACTED PHARMACY" MEANS A PHARMACY THAT PARTICIPATES IN THE NETWORK OF A PHARMACY BENEFITS MANAGER THROUGH A CONTRACT WITH: **(I)** THE PHARMACY BENEFITS MANAGER; OR **ADMINISTRATION** (II) A PHARMACY SERVICES ORGANIZATION OR A GROUP PURCHASING ORGANIZATION. (3) **(I) "DRUG PRODUCT REIMBURSEMENT"** AMOUNT PAID BY A PHARMACY BENEFITS MANAGER TO A CONTRACTED PHARMACY FOR THE COST OF A DRUG, A MEDICAL PRODUCT, OR A DEVICE **DISPENSED TO A BENEFICIARY. (II)** "DRUG PRODUCT REIMBURSEMENT" DOES NOT INCLUDE A DISPENSING FEE OR A PROFESSIONAL FEE. "MAXIMUM ALLOWABLE COST" MEANS THE MAXIMUM (4) AMOUNT THAT A PHARMACY BENEFITS MANAGER OR A PURCHASER WILL REIMBURSE A CONTRACTED PHARMACY FOR THE COST OF A MULTISOURCE GENERIC DRUG, A MEDICAL PRODUCT, OR A DEVICE.

MEANS

THE

"MAXIMUM ALLOWABLE COST LIST" MEANS A LIST OF 23(5) 24MULTISOURCE GENERIC DRUGS, MEDICAL PRODUCTS, AND DEVICES FOR WHICH 25A MAXIMUM ALLOWABLE COST HAS BEEN ESTABLISHED BY A PHARMACY 26BENEFITS MANAGER OR A PURCHASER.

27**(B)** A PHARMACY BENEFITS MANAGER SHALL INCLUDE IN ITS CONTRACT WITH A PHARMACY, A PHARMACY SERVICES ADMINISTRATION 2829ORGANIZATION, OR A GROUP PURCHASING ORGANIZATION THE METHODOLOGY 30 USED BY THE PHARMACY BENEFITS MANAGER TO CALCULATE THE DRUG 31 PRODUCT REIMBURSEMENT PAID FOR EACH DRUG, MEDICAL PRODUCT, AND

#### **HOUSE BILL 793**

- SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 1 2MARYLAND, That the Laws of Maryland read as follows:
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1 DEVICE THAT IS A COVERED PHARMACY BENEFIT ADMINISTERED BY THE 2 PHARMACY BENEFITS MANAGER.

3 (C) A PHARMACY BENEFITS MANAGER SHALL:

4 (1) INCLUDE IN ITS CONTRACT WITH A PHARMACY, A PHARMACY 5 SERVICES ADMINISTRATION ORGANIZATION, OR A GROUP PURCHASING 6 ORGANIZATION, FOR EVERY DRUG, MEDICAL PRODUCT, AND DEVICE FOR WHICH 7 THE PHARMACY BENEFITS MANAGER ESTABLISHES A MAXIMUM ALLOWABLE 8 COST TO DETERMINE THE DRUG PRODUCT REIMBURSEMENT:

9 (I) INFORMATION IDENTIFYING THE NATIONAL DRUG 10 PRICING COMPENDIA OR OTHER SOURCE USED TO OBTAIN THE DRUG, MEDICAL 11 PRODUCT, AND DEVICE PRICE DATA; AND

12 (II) THE METHODOLOGY USED TO CALCULATE THE 13 MAXIMUM ALLOWABLE COST;

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(2) MAKE AVAILABLE TO A CONTRACTED PHARMACY:

15(I) THE MAXIMUM ALLOWABLE COST LIST OF THE16PHARMACY BENEFITS MANAGER; AND

17 (II) THE MAXIMUM ALLOWABLE COST FOR EACH DRUG,
18 MEDICAL PRODUCT, AND DEVICE ON THE MAXIMUM ALLOWABLE COST LIST;

19(3) AT LEAST EVERY 7 DAYS, REVIEW AND MAKE ANY NECESSARY20ADJUSTMENTS TO:

(I) THE DRUGS, MEDICAL PRODUCTS, AND DEVICES ON THE
MAXIMUM ALLOWABLE COST LIST; AND

(II) THE MAXIMUM ALLOWABLE COST OF EACH DRUG,
MEDICAL PRODUCT, AND DEVICE ON THE MAXIMUM ALLOWABLE COST LIST TO
REFLECT THE CURRENT MANUFACTURER PRICE FOR THE DRUG, MEDICAL
PRODUCT, AND DEVICE;

27(4) AFTER REVIEWING AND MAKING NECESSARY ADJUSTMENTS,28MAKE AVAILABLE TO A CONTRACTED PHARMACY WEEKLY UPDATES OF:

29 (I) THE MAXIMUM ALLOWABLE COST LIST; AND

# HOUSE BILL 793

$\frac{1}{2}$	(II) THE MAXIMUM ALLOWABLE COST FOR EACH DRUG, MEDICAL PRODUCT, AND DEVICE ON THE MAXIMUM ALLOWABLE COST LIST;
3 4 5 6 7	(5) ALLOW A CONTRACTED PHARMACY TO RESUBMIT A CLAIM FOR PAYMENT AT THE MAXIMUM ALLOWABLE COST IN EFFECT ON THE DATE OF THE ORIGINAL CLAIM SUBMISSION IF THE PHARMACY'S CLAIM WAS ORIGINALLY SUBMITTED AT A MAXIMUM ALLOWABLE COST THAT CHANGED ON OR BEFORE THE ORIGINAL CLAIM SUBMISSION DATE; AND
8 9	(6) PROVIDE A PROCESS FOR A CONTRACTED PHARMACY TO APPEAL A MAXIMUM ALLOWABLE COST.
10 11	(D) THE APPEAL PROCESS REQUIRED UNDER SUBSECTION (C)(6) OF THIS SECTION SHALL:
$12 \\ 13 \\ 14$	(1) ALLOW A CONTRACTED PHARMACY TO APPEAL A MAXIMUM ALLOWABLE COST WITHIN 60 DAYS AFTER THE DATE OF THE ORIGINAL CLAIM SUBMISSION; AND
$\begin{array}{c} 15\\ 16\\ 17\end{array}$	(2) REQUIRE A PHARMACY BENEFITS MANAGER TO INVESTIGATE AND MAKE A DECISION ON AN APPEAL WITHIN 7 BUSINESS DAYS AFTER RECEIVING THE APPEAL.
18 19	(E) IF A PHARMACY BENEFITS MANAGER DENIES AN APPEAL, THE PHARMACY BENEFITS MANAGER SHALL:
20	(1) PROVIDE THE REASON FOR THE DENIAL; AND
21 22 23	(2) IDENTIFY THE NATIONAL DRUG CODE PRODUCT AVAILABLE TO PHARMACIES IN THE STATE THAT MAY BE PURCHASED AT A PRICE AT OR BELOW THE MAXIMUM ALLOWABLE COST.
$\begin{array}{c} 24\\ 25\\ 26 \end{array}$	(F) IF, AS A RESULT OF AN APPEAL, A PHARMACY BENEFITS MANAGER DETERMINES THAT THE MAXIMUM ALLOWABLE COST HAS BEEN APPLIED INCORRECTLY, THE PHARMACY BENEFITS MANAGER SHALL:
27 28	(1) ADJUST THE MAXIMUM ALLOWABLE COST RETROACTIVE TO THE DATE OF THE ORIGINAL CLAIM; AND
29 30 31	(2) NOTIFY THE CONTRACTED PHARMACY THAT ALL PAYMENT CLAIMS SUBMITTED AFTER THE EFFECTIVE DATE OF THE MAXIMUM ALLOWABLE COST ADJUSTMENT MAY BE RESUBMITTED, AT NO ADDITIONAL COST TO THE

1 CONTRACTED PHARMACY, FOR PAYMENT AT THE ADJUSTED MAXIMUM 2 ALLOWABLE COST.

### 3 **15–1628.2.**

# 4 A PHARMACY BENEFITS MANAGER MAY NOT REQUIRE A PHARMACY TO 5 DISPENSE A PRESCRIPTION FOR A CONTRACTUAL REIMBURSEMENT AMOUNT 6 THAT IS BELOW THE PHARMACY'S ACQUISITION COST.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
contracts between a pharmacy benefits manager and a pharmacy, a pharmacy services
administration organization, or a group purchasing organization entered into or
renewed on or after July 1, 2014.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effectJuly 1, 2014.