SENATE BILL 724

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8lr2052 CF HB 120

By: **Senators Klausmeier and Della** Introduced and read first time: February 1, 2008 Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

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Pharmacy Benefits Managers – Transparency

3 FOR the purpose of requiring a pharmacy benefits manager to disclose in writing 4 certain information to a prospective purchaser and a purchaser; specifying the 5 manner in which certain disclosures must be provided; providing that a 6 pharmacy benefits manager need not make certain disclosures unless and until 7 the prospective purchaser or the purchaser agrees in writing to maintain 8 certain information as confidential; providing that certain agreements may 9 include certain remedies and certain persons; requiring a contract executed by a 10 pharmacy benefits manager for the provision of pharmacy benefits management 11 services to include certain items; requiring the Commissioner to adopt certain regulations on or before a certain date; defining certain terms; and generally 12 relating to regulation of pharmacy benefits managers. 13

- 14 BY adding to
- 15 Article Insurance
- Section 15–1601 through 15–1609 to be under the new subtitle "Subtitle 16.
 Pharmacy Benefits Managers"
- 18 Annotated Code of Maryland
- 19 (2006 Replacement Volume and 2007 Supplement)
- 20 BY adding to
- 21 Article Health General
- 22 Section 19–706(ppp)
- 23 Annotated Code of Maryland
- 24 (2005 Replacement Volume and 2007 Supplement)
- 25 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 26 MARYLAND, That the Laws of Maryland read as follows:
- 27

Article – Insurance

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



1 SUBTITLE 16. PHARMACY BENEFITS MANAGERS. 15-1601. 2 3 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS 4 **INDICATED.** 5 **(B)** "BENEFICIARY" MEANS AN INDIVIDUAL ON WHOSE BEHALF A 6 PURCHASER ENTERS INTO AN AGREEMENT WITH A PHARMACY BENEFITS 7 MANAGER. (C) "LABELER" MEANS A PERSON THAT: 8 9 (1) **RECEIVES PRESCRIPTION DRUGS FROM A MANUFACTURER OR** 10 WHOLESALER AND REPACKAGES THOSE DRUGS FOR LATER RETAIL SALE; AND 11 HAS A LABELER CODE FROM THE U.S. FOOD AND DRUG (2) 12ADMINISTRATION UNDER 21 CFR § 207.20. 13 "PHARMACY BENEFITS MANAGEMENT SERVICES" MEANS THE **(D)** (1) 14 ADMINISTRATION OR MANAGEMENT OF PRESCRIPTION DRUG BENEFITS. "PHARMACY BENEFITS MANAGEMENT SERVICES" INCLUDES: 15(2) 16 **(I)** PROCUREMENT OF PRESCRIPTION DRUGS AT A 17**NEGOTIATED RATE FOR DISPENSATION WITHIN THE STATE;** 18 **(II) PROCESSING OF PRESCRIPTION DRUG CLAIMS;** 19 (III) ADMINISTRATION OF то PAYMENTS RELATED 20PRESCRIPTION DRUG CLAIMS; AND 21(IV) NEGOTIATING OR ENTERING INTO CONTRACTUAL 22ARRANGEMENTS WITH PHARMACY PROVIDERS. 23"PHARMACY BENEFITS MANAGER" MEANS A PERSON THAT **(E)** 24PERFORMS PHARMACY BENEFITS MANAGEMENT SERVICES. "PROSPECTIVE PURCHASER" MEANS A PERSON TO WHICH A 25**(F)** 26 PHARMACY BENEFITS MANAGER OFFERS TO PROVIDE PHARMACY BENEFITS

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27 MANAGEMENT SERVICES.

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1 (G) (1) "PURCHASER" MEANS A PERSON THAT ENTERS INTO AN 2 AGREEMENT WITH A PHARMACY BENEFITS MANAGER FOR THE PROVISION OF 3 PHARMACY BENEFITS MANAGEMENT SERVICES.

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(2) "PURCHASER" INCLUDES THE STATE.

5 (H) **"TRADE SECRET" HAS THE MEANING STATED IN § 11–1201 OF THE** 6 **COMMERCIAL LAW ARTICLE.**

7 **15–1602.**

8 (A) THE PROVISIONS OF THIS SUBTITLE DO NOT APPLY TO A MANAGED
 9 CARE ORGANIZATION AUTHORIZED BY TITLE 15, SUBTITLE 1 OF THE HEALTH –
 10 GENERAL ARTICLE.

(B) THE PROVISIONS OF THIS SUBTITLE DO NOT APPLY TO AN INSURER,
 NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION,
 OR AN AFFILIATE, SUBSIDIARY, OR OTHER RELATED ENTITY OF AN INSURER,
 NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION
 ACTING OR REPRESENTING ITSELF AS A PHARMACY BENEFITS MANAGER IF:

16 (1) THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR 17 HEALTH MAINTENANCE ORGANIZATION OR THE AFFILIATE, SUBSIDIARY, OR 18 OTHER RELATED ENTITY OF THE INSURER, NONPROFIT HEALTH SERVICE PLAN, 19 OR HEALTH MAINTENANCE ORGANIZATION DIRECTLY OFFERS OR PROVIDES 20 PHARMACY BENEFITS MANAGEMENT SERVICES; AND

(2) THE PHARMACY BENEFITS MANAGEMENT SERVICES ARE
 OFFERED OR PROVIDED ONLY TO ENROLLEES, SUBSCRIBERS, OR INSUREDS
 WHO ALSO ARE COVERED BY HEALTH BENEFITS OFFERED OR PROVIDED BY THE
 INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE
 ORGANIZATION.

26 **15–1603.**

27(A) A PHARMACY BENEFITS MANAGER SHALL DISCLOSE TO A28PROSPECTIVE PURCHASER IN WRITING:

29 THE AMOUNT OF ALL REBATES, ADMINISTRATIVE FEES, (1) 30 DETAILING PAYMENTS, EDUCATIONAL PAYMENTS, AND OTHER RETROSPECTIVE 31DISCOUNTS THAT THE PHARMACY BENEFITS MANAGER ESTIMATES IT WOULD 32**RECEIVE.** DIRECTLY OR INDIRECTLY, FROM PHARMACEUTICAL 33 MANUFACTURERS OR LABELERS IN CONNECTION WITH PRESCRIPTION DRUG BENEFITS SPECIFIC TO THE PROSPECTIVE PURCHASER, IF THE PROSPECTIVE
 PURCHASER WERE TO CONTRACT WITH THE PHARMACY BENEFITS MANAGER;

3 (2) THE NATURE, TYPE, AND AMOUNT OF ALL OTHER REVENUE
4 THAT THE PHARMACY BENEFITS MANAGER ESTIMATES IT WOULD RECEIVE,
5 DIRECTLY OR INDIRECTLY, FROM PHARMACEUTICAL MANUFACTURERS OR
6 LABELERS IN CONNECTION WITH PRESCRIPTION DRUG BENEFITS SPECIFIC TO
7 THE PROSPECTIVE PURCHASER, IF THE PROSPECTIVE PURCHASER WERE TO
8 CONTRACT WITH THE PHARMACY BENEFITS MANAGER;

9 (3) ANY ADMINISTRATIVE OR OTHER FEES THAT WOULD BE 10 CHARGED BY THE PHARMACY BENEFITS MANAGER TO THE PROSPECTIVE 11 PURCHASER;

(4) ANY ARRANGEMENTS WITH PRESCRIBING PROVIDERS,
 MEDICAL GROUPS, INDIVIDUAL PRACTICE ASSOCIATIONS, PHARMACY
 PROVIDERS, OR OTHER PERSONS THAT ARE ASSOCIATED WITH ACTIVITIES OF
 THE PHARMACY BENEFITS MANAGER TO ENCOURAGE FORMULARY COMPLIANCE
 OR OTHERWISE MANAGE PRESCRIPTION DRUG BENEFITS; AND

17 (5) A LIST OF ANY DRUGS THAT THE PHARMACY BENEFITS
 18 MANAGER, DIRECTLY OR INDIRECTLY, REPACKAGED AND ASSIGNED NEW OR
 19 DIFFERENT NATIONAL DRUG CODE NUMBERS INCLUDING, FOR EACH DRUG ON
 20 THE LIST:

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(I) THE DRUG NAME AND STRENGTH;

(II) THE ORIGINAL NATIONAL DRUG CODE NUMBER AND
 THE NEW NATIONAL DRUG CODE NUMBER; AND

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(III) THE ORIGINAL PRICE AND THE NEW PRICE.

25 (B) THE DISCLOSURE REQUIRED UNDER SUBSECTION (A)(1) OF THIS 26 SECTION SHALL BE PROVIDED:

27 (1) IN THE AGGREGATE;

28 (2) FOR EACH THERAPEUTIC CLASS OF DRUGS ON A LIST OF
 29 SPECIFIED THERAPEUTIC CLASSES; AND

30(3) FOR FIVE INDIVIDUAL PRESCRIBED DRUGS IN EACH31THERAPEUTIC CLASS OF DRUGS AS REQUESTED BY THE PURCHASER.

32 (C) A THERAPEUTIC CLASS SHALL INCLUDE AT LEAST TWO DRUGS.

1 **15–1604.**

2 (A) AT LEAST QUARTERLY, A PHARMACY BENEFITS MANAGER SHALL
 3 DISCLOSE TO A PURCHASER IN WRITING:

4 (1) THE AMOUNT OF ALL REBATES, ADMINISTRATIVE FEES, 5 DETAILING PAYMENTS, EDUCATIONAL PAYMENTS, AND OTHER RETROSPECTIVE 6 DISCOUNTS THAT THE PHARMACY BENEFITS MANAGER RECEIVES, DIRECTLY OR 7 INDIRECTLY, FROM PHARMACEUTICAL MANUFACTURERS OR LABELERS IN 8 CONNECTION WITH PRESCRIPTION DRUG BENEFITS SPECIFIC TO THE 9 PURCHASER;

10 (2) THE NATURE, TYPE, AND AMOUNT OF ALL OTHER REVENUE 11 THAT THE PHARMACY BENEFITS MANAGER RECEIVES, DIRECTLY OR 12 INDIRECTLY, FROM PHARMACEUTICAL MANUFACTURERS OR LABELERS IN 13 CONNECTION WITH PRESCRIPTION DRUG BENEFITS SPECIFIC TO THE 14 PURCHASER;

15(3) ANY PRESCRIPTION DRUG UTILIZATION INFORMATION16RELATED TO UTILIZATION BY THE PURCHASER'S BENEFICIARIES OR17AGGREGATE UTILIZATION DATA THAT IS NOT SPECIFIC TO AN INDIVIDUAL18BENEFICIARY, PRESCRIBER, OR PURCHASER;

19(4) ANY ADMINISTRATIVE OR OTHER FEES CHARGED BY THE20PHARMACY BENEFITS MANAGER TO THE PURCHASER;

(5) ANY ARRANGEMENTS WITH PRESCRIBING PROVIDERS,
 MEDICAL GROUPS, INDIVIDUAL PRACTICE ASSOCIATIONS, PHARMACY
 PROVIDERS, OR OTHER PERSONS THAT ARE ASSOCIATED WITH ACTIVITIES OF
 THE PHARMACY BENEFITS MANAGER TO ENCOURAGE FORMULARY COMPLIANCE
 OR OTHERWISE MANAGE PRESCRIPTION DRUG BENEFITS;

(6) A LIST OF ANY DRUGS THAT THE PHARMACY BENEFITS
 MANAGER, DIRECTLY OR INDIRECTLY, REPACKAGED AND ASSIGNED NEW OR
 DIFFERENT NATIONAL DRUG CODE NUMBERS INCLUDING, FOR EACH DRUG ON
 THE LIST:

- 30 (I) THE DRUG NAME AND STRENGTH;
 31 (II) THE ORIGINAL NATIONAL DRUG CODE NUMBER AND
 32 THE NEW NATIONAL DRUG CODE NUMBER; AND
- 33 (III) THE ORIGINAL PRICE AND THE NEW PRICE; AND

1 (7) A LIST OF PRESCRIPTIONS FOR WHICH THERE WAS A 2 DIFFERENCE BETWEEN THE PRICE PAID TO A RETAIL PHARMACY AND THE 3 AMOUNT THAT WAS BILLED TO THE PURCHASER INCLUDING, FOR EACH 4 PRESCRIPTION:

- 5 (I) THE PRESCRIPTION NUMBER;
 6 (II) THE DATE THE PRESCRIPTION WAS PROCESSED BY THE
 7 PHARMACY BENEFITS MANAGER;
 8 (III) THE NATIONAL DRUG CODE NUMBER;
 9 (IV) THE BENEFICIARY'S NAME; AND
 10 (V) THE PRICE PAID TO THE RETAIL PHARMACY AND THE
- 11 AMOUNT BILLED TO THE PURCHASER.

12 (B) THE DISCLOSURE REQUIRED UNDER SUBSECTION (A)(1) OF THIS 13 SECTION SHALL BE PROVIDED:

- 14 (1)
 - IN THE AGGREGATE;

15 (2) FOR EACH THERAPEUTIC CLASS OF DRUGS ON A LIST OF 16 SPECIFIED THERAPEUTIC CLASSES; AND

17(3) FOR FIVE INDIVIDUAL PRESCRIBED DRUGS IN EACH18THERAPEUTIC CLASS OF DRUGS AS REQUESTED BY THE PURCHASER.

19 (C) A THERAPEUTIC CLASS SHALL INCLUDE AT LEAST TWO DRUGS.

20 **15–1605.**

(A) EXCEPT FOR UTILIZATION INFORMATION, AND EXCEPT AS
PROVIDED IN SUBSECTION (D) OF THIS SECTION, A PHARMACY BENEFITS
MANAGER NEED NOT MAKE THE DISCLOSURES REQUIRED UNDER §§ 15–1603
AND 15–1604 OF THIS SUBTITLE UNLESS AND UNTIL THE PROSPECTIVE
PURCHASER OR THE PURCHASER AGREES IN WRITING TO MAINTAIN AS
CONFIDENTIAL ANY PROPRIETARY INFORMATION DISCLOSED BY THE
PHARMACY BENEFITS MANAGER.

28 (B) THE AGREEMENT UNDER SUBSECTION (A) OF THIS SECTION MAY:

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1(1) PROVIDE FOR EQUITABLE AND LEGAL REMEDIES IN THE2EVENT OF A VIOLATION OF THE AGREEMENT; AND

3 (2) INCLUDE PERSONS WITH WHICH THE PROSPECTIVE
 4 PURCHASER OR PURCHASER CONTRACTS TO PROVIDE CONSULTING SERVICES
 5 RELATING TO PHARMACY BENEFITS MANAGEMENT SERVICES.

- 6 (C) **PROPRIETARY INFORMATION INCLUDES:**
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- (1) TRADE SECRETS; AND

8 (2) INFORMATION ABOUT PRICING, COSTS, REVENUES, TAXES, 9 MARKET SHARE, NEGOTIATING STRATEGIES, CUSTOMERS, AND PERSONNEL 10 HELD BY A PHARMACY BENEFITS MANAGER AND USED FOR ITS BUSINESS 11 PURPOSES.

(D) THIS SECTION DOES NOT DIMINISH THE AUTHORITY OF THE OFFICE
 OF THE ATTORNEY GENERAL OR THE COMMISSIONER TO OBTAIN INFORMATION
 AND USE THE INFORMATION IN ANY PROCEEDING.

15 **15–1606.**

16A CONTRACT EXECUTED BY A PHARMACY BENEFITS MANAGER FOR THE17PROVISION OF PHARMACY BENEFITS MANAGEMENT SERVICES SHALL INCLUDE:

18 (1) THE AMOUNT OF THE TOTAL REVENUES, REBATES, AND 19 DISCOUNTS IDENTIFIED IN §§ 15–1603 AND 15–1604 OF THIS SUBTITLE THAT 20 WILL BE PASSED ON TO THE PURCHASER;

(2) THE MAXIMUM ALLOWABLE COST AND AVERAGE WHOLESALE
 PRICE RESOURCES USED TO DETERMINE THE PRICE PAID TO A PHARMACY AND
 BILLED TO THE PURCHASER;

(3) THE CONDITIONS UNDER WHICH BENEFICIARY UTILIZATION
 DATA MAY BE DISCLOSED OR SOLD BY THE PHARMACY BENEFITS MANAGER TO
 ANY PERSON OTHER THAN THE PURCHASER;

27 (4) ANY ADMINISTRATIVE OR OTHER FEES:

(I) CHARGED BY THE PHARMACY BENEFITS MANAGER TO
 THE PURCHASER; OR

30(II)COLLECTED BY THE PHARMACY BENEFITS MANAGER ON31BEHALF OF THE PURCHASER;

1(5) (I)THE CONDITIONS UNDER WHICH AN AUDIT WILL BE2CONDUCTED OF THE CONTRACT FOR PHARMACY BENEFITS MANAGEMENT3SERVICES;

4 (II) WHO WILL CONDUCT THE AUDIT; AND 5 (III) WHO WILL PAY FOR THE AUDIT; 6 (6) ANY REVENUES, REBATES, OR DISCOUNTS RECEIVED, 7 DIRECTLY OR INDIRECTLY, BY THE PHARMACY BENEFITS MANAGER FROM 8 PERSONS OTHER THAN PHARMACEUTICAL MANUFACTURERS AND LABELERS 9 THAT ARE SPECIFIC TO THE PHARMACY BENEFITS MANAGEMENT SERVICES TO 10 **BE PROVIDED TO THE PURCHASER;** 11 (7) THE PROCESS FOR THE DEVELOPMENT OF FORMULARIES, 12NOTIFICATION OF CHANGES TO FORMULARIES, AND APPROVAL OF CHANGES BY 13 THE PURCHASER; AND 14 $(\mathbf{8})$ AN AGREEMENT TO PROVIDE TO THE PURCHASER A LIST OF 15PRESCRIPTIONS FOR WHICH THERE WAS A DIFFERENCE BETWEEN THE PRICE 16 PAID TO A RETAIL PHARMACY AND THE AMOUNT THAT WILL BE OR WAS BILLED 17TO THE PURCHASER INCLUDING, FOR EACH PRESCRIPTION: 18 **(I)** THE PRESCRIPTION NUMBER; 19 **(II)** THE DATE THE PRESCRIPTION DRUG WAS PROCESSED 20BY THE PHARMACY BENEFITS MANAGER: 21(III) THE NATIONAL DRUG CODE NUMBER; 22(IV) THE BENEFICIARY'S NAME; AND 23THE PRICE PAID TO THE RETAIL PHARMACY AND THE **(V)**

- 24 AMOUNT BILLED TO THE PURCHASER.
- 25 **15–1607.**

ALL DISCLOSURES MADE UNDER THIS SUBTITLE SHALL COMPLY WITH
 THE PRIVACY STANDARDS OF THE FEDERAL HEALTH INSURANCE PORTABILITY
 AND ACCOUNTABILITY ACT.

29 **15–1608.**

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1 ON OR BEFORE APRIL 1, 2009, THE COMMISSIONER SHALL ADOPT 2 REGULATIONS TO IMPLEMENT THIS SUBTITLE.

3 **15–1609.**

4 (A) THE COMMISSIONER MAY ASSESS A CIVIL PENALTY NOT EXCEEDING 5 \$10,000 FOR EACH VIOLATION OF THIS SUBTITLE.

6 (B) IN ADDITION TO OR INSTEAD OF ASSESSING A CIVIL PENALTY, THE 7 COMMISSIONER MAY REQUIRE THE PHARMACY BENEFITS MANAGER TO MAKE 8 RESTITUTION TO ANY PERSON WHO HAS SUFFERED FINANCIAL INJURY BECAUSE 9 OF THE VIOLATION OF THIS SUBTITLE.

- 10 Article Health General
- 11 19–706.

12(PPP)THE PROVISIONS OF TITLE 15, SUBTITLE 16 OF THE INSURANCE13ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effectOctober 1, 2008.