HOUSE BILL 589

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9lr1499 CF 9lr3083

By: Delegates Barron and Kipke

Introduced and read first time: February 4, 2019 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

Maryland Medical Assistance Program and Managed Care Organizations That Use Pharmacy Benefits Managers – Reimbursement Requirements

4 FOR the purpose of requiring the Maryland Medical Assistance Program to establish $\mathbf{5}$ certain reimbursement levels for certain drug products; providing that certain 6 provisions of this Act apply to managed care organizations that use pharmacy 7 benefits managers to manage prescription drug coverage; requiring a pharmacy 8 benefits manager that contracts with a pharmacy on behalf of a managed care 9 organization to reimburse the pharmacy an amount that is at least equal to a certain cost plus a certain fee; and generally relating to the Maryland Medical Assistance 10 11 Program and managed care organizations that use pharmacy benefits managers.

- 12 BY repealing and reenacting, with amendments,
- 13 Article Health General
- 14 Section 15–118(b)
- 15 Annotated Code of Maryland
- 16 (2015 Replacement Volume and 2018 Supplement)
- 17 BY adding to
- 18 Article Health General
- 19 Section 15–118(f)
- 20 Annotated Code of Maryland
- 21 (2015 Replacement Volume and 2018 Supplement)
- 22 BY adding to
- 23 Article Insurance
- 24 Section 15–1632
- 25 Annotated Code of Maryland
- 26 (2017 Replacement Volume and 2018 Supplement)
- 27 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

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



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1	That the Laws of Maryland read as follows:
2	Article – Health – General
3	15–118.
4	(b) (1) Except as provided under paragraph (2) of this subsection, the Program
5	shall establish [maximum] THE FOLLOWING reimbursement levels for the drug products
6	for which there is a generic equivalent authorized under § 12-504 of the Health
7	Occupations Article[, based on the cost of the generic product]:
8	(I) MINIMUM REIMBURSEMENT LEVELS AT LEAST EQUAL TO
9	THE NATIONAL AVERAGE DRUG ACQUISITION COST OF THE GENERIC PRODUCT
10	PLUS THE FEE-FOR-SERVICE PROFESSIONAL DISPENSING FEE DETERMINED BY THE
11	DEPARTMENT IN ACCORDANCE WITH THE MOST RECENT IN-STATE
12	COST-OF-DISPENSING SURVEY; AND
13	(II) MAXIMUM REIMBURSEMENT LEVELS, AS DETERMINED
14	APPROPRIATE BY THE PROGRAM.
15	(2) If a prescriber directs a specific brand name drug, the reimbursement
16	level shall be based on the [cost] NATIONAL AVERAGE DRUG ACQUISITION COST of the
17	brand name product.
18	(F) THE PROVISIONS OF § 15–1632 OF THE INSURANCE ARTICLE APPLY TO
19	A MANAGED CARE ORGANIZATION THAT USES A PHARMACY BENEFITS MANAGER TO
20	MANAGE PRESCRIPTION DRUG COVERAGE BENEFITS ON BEHALF OF THE MANAGED
21	CARE ORGANIZATION.
22	Article – Insurance
23	15–1632.
24	A PHARMACY BENEFITS MANAGER THAT CONTRACTS WITH A PHARMACY ON
25	BEHALF OF A MANAGED CARE ORGANIZATION, AS DEFINED IN § 15-101 OF THE
26	HEALTH - GENERAL ARTICLE, SHALL REIMBURSE THE PHARMACY AN AMOUNT
27	THAT IS AT LEAST EQUAL TO THE NATIONAL AVERAGE DRUG ACQUISITION COST
28	PLUS THE FEE-FOR-SERVICE PROFESSIONAL DISPENSING FEE DETERMINED BY THE
29	MARYLAND DEPARTMENT OF HEALTH FOR THE MARYLAND MEDICAL ASSISTANCE
30	PROGRAM IN ACCORDANCE WITH THE MOST RECENT IN-STATE
31	COST-OF-DISPENSING SURVEY.

32 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 33 October 1, 2019.