

1 State of Arkansas  
2 90th General Assembly  
3 Regular Session, 2015  
4

# A Bill

SENATE BILL 542

5 By: Senators Rapert, Caldwell, J. Hendren, J. Hutchinson, Maloch, G. Stubblefield  
6 By: Representatives D. Douglas, Broadaway, Eubanks, D. Ferguson, Jett, Vaught  
7

## For An Act To Be Entitled

9 AN ACT TO MODIFY THE RESPONSIBILITIES OF A PHARMACY  
10 BENEFITS MANAGER AND PATIENT RIGHTS REGARDING PAYMENT  
11 FOR PHARMACISTS' SERVICES; AND FOR OTHER PURPOSES.  
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## Subtitle

15 TO MODIFY THE RESPONSIBILITIES OF A  
16 PHARMACY BENEFITS MANAGER AND PATIENT  
17 RIGHTS REGARDING PAYMENT FOR PHARMACISTS'  
18 SERVICES.  
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21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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23 SECTION 1. Arkansas Code § 4-88-801 is amended to read as follows:  
24 4-88-801. Title.

25 This subchapter shall be known and may be cited as the "Fair Disclosure  
26 ~~of State Funded Payments and Patient Rights Regarding Payment~~ for  
27 Pharmacists' Services Act".  
28

29 SECTION 2. Arkansas Code § 4-88-802, concerning the definitions under  
30 the Fair Disclosure and Patient Rights Regarding Payment for Pharmacists'  
31 Services Act, is amended to add additional subdivisions to read as follows:

32 (6) "Copayment" means a financial payment or contribution  
33 required from an individual to receive pharmacist services, including a  
34 deductible or a copayment, under a pharmacy benefits plan or program; and

35 (7) "Provider choice" means an individual's choice of provider  
36 network, individual pharmacy or pharmacist, or method of delivery under a



1 pharmacy benefits plan or program.

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3 SECTION 3. Arkansas Code Title 4, Chapter 88, Subchapter 8, is amended  
4 to add additional sections to read as follows:

5 4-88-805. Explanation of benefits.

6 (a) A pharmacy benefits manager that pays or directs payment or  
7 reimburses or directs reimbursement for pharmacists' services provided with a  
8 pharmacy benefits plan or program shall provide the individual receiving the  
9 pharmacists' services a quarterly written explanation of benefits, itemized  
10 by each individual claim, that includes the:

11 (1) Identity of the pharmacist or pharmacy providing the  
12 pharmacist services;

13 (2) Prescription number or other identifier of the pharmacists'  
14 services;

15 (3) Amount paid to the pharmacist or pharmacy by the individual;

16 (4) Amount paid to the pharmacist or pharmacy by the pharmacy  
17 benefits plan or program; and

18 (5) Amount paid or to be paid to the pharmacy benefits manager  
19 by the pharmacy benefits plan or program for the pharmacists' services with  
20 regard to the claim.

21 (b) Instead of providing a quarterly written explanation of benefits,  
22 a pharmacy benefits manager may maintain in electronic form the information  
23 described in subsection (a) of this section that are accessible by the  
24 individual receiving pharmacists' services.

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26 4-88-806. Change in choice of provider without express consent –  
27 Prohibited.

28 (a) When an individual's consent to altering or changing provider  
29 choice is required, a pharmacy benefits manager must obtain the individual's  
30 express written consent to effect such change.

31 (b) An alteration or change in provider choice that is subject to an  
32 individual's later opting out of the alteration or change does not satisfy  
33 subsection (a) of this section.

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35 4-88-807. Limitation – Copayment.

36 A pharmacy benefits manager shall not require an individual to make a

1 copayment for pharmacists' services in an amount greater than the pharmacy  
2 benefits manager pays a pharmacist or a pharmacy providing the pharmacists'  
3 services.

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