

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 64 of Title 33 of the Official Code of Georgia Annotated, relating to
2 regulation and licensure of pharmacy benefits managers, so as to revise the definition of
3 "rebate"; to require pharmacy benefits managers to disclose the true net cost and final net
4 cost, if applicable, of prescription drugs to insureds; to require pharmacy benefits managers
5 to calculate cost sharing requirements for insureds based on the true net cost of prescription
6 drugs; to provide for remittance of difference in cost sharing payments by insureds based on
7 final net cost; to provide for definitions; to provide for related matters; to provide for a short
8 title; to provide for an effective date and applicability; to repeal conflicting laws; and for
9 other purposes.

10 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

11 **SECTION 1.**

12 This Act shall be known and may be cited as the "Truth in Prescription Pricing for Patients
13 Act."

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SECTION 2.

Chapter 64 of Title 33 of the Official Code of Georgia Annotated, relating to regulation and licensure of pharmacy benefits managers, is amended in Code Section 33-64-1, relating to definitions, by revising paragraph (13) as follows:

"(13) 'Rebate' means any and all payments and price concessions that accrue to a pharmacy benefits manager or its health plan client, directly or indirectly, including through an affiliate, subsidiary, third party, or intermediary, from a pharmaceutical manufacturer, its affiliate, subsidiary, third party, or intermediary, including but not limited to discounts, administration fees, credits, incentives, or penalties associated directly or indirectly in any way with claims administered on behalf of a health plan client."

SECTION 3.

Said chapter is further amended by adding a new Code section to read as follows:

"33-64-10.1.

(a) As used in this Code section, the term:

(1) 'Cost sharing requirements' means copayments, coinsurance, deductibles, and any other amounts imposed on an insured for a covered prescription drug under the insured's health plan.

(2) 'Final net cost' means the true net cost for a prescription drug, less all rebates actually received by the pharmacy benefits manager or its health plan client subsequent to the point of sale.

(3) 'Health plan' has the same meaning as in Code Section 33-64-1, except that such term shall not include any health care coverage provided under the state health benefit plan pursuant to Article 1 of Chapter 18 of Title 45, the medical assistance program pursuant to Article 7 of Chapter 4 of Title 49, the PeachCare for Kids Program pursuant to Article

39 13 of Chapter 5 of Title 49, or any other health benefit plan or policy administered by or
40 on behalf of this state.

41 (4) 'True net cost' means the amount paid or to be paid by a pharmacy benefits manager
42 or health plan client to the pharmacy or dispenser for a prescription drug calculated at the
43 point of sale less any rebates received or estimated to be received by the pharmacy
44 benefits manager or its health plan client.

45 (b) A pharmacy benefits manager for a health plan shall disclose to an insured at the point
46 of sale the true net cost for a prescription drug. Further, if such prescription drug's final net
47 cost is subsequently calculated to be different than its true net cost, the pharmacy benefits
48 manager shall disclose such final net cost to the insured within 60 days of such subsequent
49 calculation.

50 (c) A pharmacy benefits manager for a health plan shall calculate an insured's cost sharing
51 requirements for a prescription drug at the point of sale of such prescription drug based on
52 the prescription drug's true net cost. If such prescription drug's final net cost is
53 subsequently calculated to be different than its true net cost, which would result in a lower
54 cost sharing requirement for the insured than that initially calculated based on the true net
55 cost, the pharmacy benefits manager within 60 days of such subsequent calculation shall
56 remit payment to such insured in an amount equal to the excess amount paid by the insured
57 over the previously calculated cost sharing requirement. If such prescription drug's final
58 net cost is subsequently calculated to be different than its true net cost, which would result
59 in a higher cost sharing requirement for the insured than that initially calculated based on
60 the true net cost, the pharmacy benefits manager or the health plan client shall not hold the
61 insured or the dispensing pharmacy responsible for the amount underpaid."

62 **SECTION 4.**

63 This Act shall become effective on January 1, 2023, and shall apply to all policies issued,
64 delivered, issued for delivery, or renewed in this state on or after such date.

65 **SECTION 5.**
66 All laws and parts of laws in conflict with this Act are repealed.