Senate Bill 433

By: Senators Jones of the 25th, Anderson of the 24th, Burke of the 11th, Martin of the 9th and Brass of the 28th

A BILL TO BE ENTITLED AN ACT

- 1 To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to
- 2 require disclosure of diabetes prescription drug pricing; to provide for a short title; to provide
- 3 for legislative findings; to provide for definitions; to provide for a listing of diabetes
- 4 prescription drugs; to provide for drug manufacturer and pharmacy benefits manager report
- 5 forms and insurer pricing reports; to provide for certain other reports; to provide for
- 6 penalties; to amend Chapter 1 of Title 10 of the Official Code of Georgia Annotated, relating
- 7 to selling and other trade practices, so as to provide for penalties regarding unfair or
- 8 deceptive practices in consumer transactions; to provide for related matters; to provide for
- 9 an effective date and applicability; to repeal conflicting laws; and for other purposes.

10 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

- 12 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by
- 13 adding a new chapter to read as follows:
- 14 "<u>CHAPTER 20E</u>
- 15 <u>33-20E-1.</u>
- 16 This chapter shall be known and may be cited as the 'Diabetes Drug Pricing Transparency
- 17 Act of 2020.'
- 18 <u>33-20E-2.</u>
- 19 The General Assembly finds that:
- 20 (1) More than one in ten Georgia adults have diabetes;
- 21 (2) More than one million Georgians have diabetes;
- 22 (3) Every Georgian with Type 1 diabetes and many with Type 2 diabetes rely on daily
- doses of insulin to survive; and
- 24 (4) Insulin prices have risen significantly in recent years.

- 25 33-20E-3.
- 26 As used in this chapter, the term:
- 27 (1) 'Cost-sharing amount' is the share of costs a covered person is required to pay under
- 28 <u>a health benefit plan for certain covered healthcare services which may include</u>
- deductibles, coinsurance, copayments, or other similar charges but does not include
- 30 <u>premium payments.</u>
- 31 (2) 'Covered person' means a natural person who is covered under a health benefit plan.
- 32 (3) 'Drug manufacturer' means a manufacturer of prescription insulin drugs that are made
- 33 <u>available in Georgia and that are used for the treatment of diabetes.</u>
- 34 (4) 'Health benefit plan' has the same meaning as in Code Section 33-24-59.5.
- 35 (5) 'Insurer' has the same meaning as in Code Section 33-24-59.14.
- 36 (6) 'Pharmacy benefits manager' has the same meaning as in Code Section 33-64-1.
- 37 (7) 'Wholesale acquisition cost' means a drug manufacturer's list price for a prescription
- 38 drug offered for sale to wholesalers or direct purchasers in the United States, not
- 39 <u>including any discounts, rebates, or reductions in price, as reported in wholesale price</u>
- 40 guides or other publications of drug pricing data.
- 41 <u>33-20E-4.</u>
- 42 (a) On or before February 1, 2021, and by February 1 each year thereafter, the department
- 43 <u>in consultation with the Department of Community Health shall compile:</u>
- 44 (1) A list of prescription insulin drugs that the department determines to be essential for
- 45 <u>treating diabetes in this state and that are made available in Georgia, together with the</u>
- 46 wholesale acquisition cost of each drug on the list; and
- 47 (2) A list of prescription insulin drugs described in paragraph (1) of this subsection that
- 48 were subject to an increase in the wholesale acquisition cost by a percentage greater than:
- 49 (A) The percentage increase in the medical care components of the consumer price
- 50 index for Atlanta, Georgia, for the immediately preceding calendar year; or
- 51 (B) Twice the sum of the percentage increase in the medical care components of the
- 52 <u>consumer price index for the two immediately preceding calendar years.</u> For purposes
- of this calculation, for years prior to 2020, the medical care components of the
- 54 consumer price index for Atlanta, Georgia, shall apply to this subparagraph and for
- 55 <u>2020 and succeeding years.</u>
- 56 (b) The department shall, by February 1, 2021, and by February 1 each year thereafter,
- 57 post the lists required to be compiled pursuant to subsection (a) of this Code section on
- 58 <u>the department's website.</u>

- 59 33-20E-5.
- 60 (a) The department shall prepare a report form to be completed by drug manufacturers of
- 61 prescription insulin drugs on the list compiled by the department in accordance with
- 62 paragraph (1) of subsection (a) of Code Section 33-20E-4.
- 63 (b) The report form shall specify the applicable time periods for the information required
- 64 to be reported.
- 65 (c) On or before May 1, 2021, and by May 1 each year thereafter, each drug manufacturer
- of a prescription insulin drug on the most current list compiled by the department in
- 67 <u>accordance with paragraph (1) of subsection (a) of Code Section 33-20E-4 shall prepare</u>
- and submit to the department a completed report form for each listed drug, which form
- 69 <u>includes:</u>
- 70 (1) The total cost to produce the drug:
- 71 (2) The total administrative expenditures directly related to the drug, including
- 72 <u>expenditures to market or advertise the drug to Georgia residents;</u>
- 73 (3) The total annual profit the drug manufacturer earned from the drug, identified by the
- 74 <u>year</u>;
- 75 (4) The percentage of the drug manufacturer's total profit attributable to the profit made
- from the drug, identified by the year;
- 77 (5) The total amount of financial assistance that the drug manufacturer provided through
- any patient prescription assistance program for the drug;
- 79 (6) The total cost associated with coupons or rebates provided directly to consumers and
- 80 the total cost of programs assisting consumers in paying copayments attributable to the
- 81 drug;
- 82 (7) The wholesale acquisition cost of the drug;
- 83 (8) A record of each increase in the wholesale acquisition cost of the drug over the five
- years immediately preceding the date on which the report is submitted, including:
- 85 (A) The amount of each increase, expressed as a percentage of the total wholesale
- 86 <u>acquisition cost of the drug:</u>
- 87 (B) The month and year in which each increase became effective; and
- 88 (C) A specific explanation for the increase, listing each factor that contributed to the
- increase, the percentage of the total increase that is attributable to each factor, and an
- 90 <u>explanation of how each factor affected the increase;</u>
- 91 (9) The aggregate amount of all rebates and, separately, the aggregate amount of all
- 92 <u>administrative fees that the drug manufacturer provided to pharmacy benefits managers</u>
- 93 <u>for sales of the drug within the state, identified by the year;</u>
- 94 (10) The aggregate amount of all research and development costs attributable to
- 95 prescription insulin drugs, identified by the year; and

96 (11) Any additional information required by the department to analyze the cost of

- 97 prescription insulin drugs on the list compiled in accordance paragraph (1) of subsection
- 98 (a) of Code Section 33-20E-4.
- 99 33-20E-6.
- 100 (a) The department shall prepare a report form to be completed by pharmacy benefits
- managers. The report form shall specify the applicable time periods for the information
- 102 required to be reported.
- 103 (b) On or before May 1, 2021, and by May 1 each year thereafter, a pharmacy benefits
- manager shall submit to the department a report that includes:
- 105 (1) The total amount of all rebates the pharmacy benefits manager received from drug
- manufacturers during the immediately preceding calendar year for prescription insulin
- drugs on the list compiled by the department in accordance with paragraph (1) of
- subsection (a) of Code Section 33-20E-4;
- (2) The total amount of all rebates described in paragraph (1) of this subsection retained
- by the pharmacy benefits manager;
- 111 (3) The total amount of administrative fees received from drug manufacturers and
- insurers for prescription insulin drugs on the list compiled by the department in
- accordance with paragraph (1) of subsection (a) of Code Section 33-20E-4, including all
- fees received to process utilization management requests; and
- 115 (4) The total amount of all rebates described in paragraph (1) of this subsection
- negotiated for purchases of drugs for use by:
- (A) Georgia Medicare recipients in accordance with 42 U.S.C. Section 1395 et seq.;
- (B) Georgia Medicaid recipients in accordance with 42 U.S.C. Section 1396 et seq.;
- (C) Persons enrolled in private health insurance plans, the premiums for which are paid
- at least in part by a government entity;
- (D) Georgia residents enrolled in private health insurance plans other than plans
- included in this Code section;
- (E) The total annual payments, including reimbursements and fees, paid to Georgia
- pharmacies for dispensing prescription insulin drugs on the list compiled in accordance
- with paragraph (1) of subsection (a) of Code Section 33-20E-4. This information must
- separately identify:
- (i) The amount attributable to dispensing fees; and
- (ii) The amount attributable to service or administrative fees;
- (F) The total annual payments received from Georgia pharmacies for prescription
- insulin drugs on the list compiled in accordance with paragraph (1) of subsection (a) of
- Code Section 33-20E-4; and

132 (G) The total annual payments received from Georgia insurers and employers for

- prescription insulin drugs on the list compiled in accordance with paragraph (1) of
- subsection (a) of Code Section 33-20E-4.
- 135 33-20E-7.
- 136 <u>Insurers issuing health benefit plans to Georgia residents shall annually report to the</u>
- department the following:
- (1) The percentage of total premiums charged to Georgia residents in the prior calendar
- year that are directly attributable to the cost of covered prescription insulin drugs on the
- list compiled in accordance with paragraph (1) of subsection (a) of Code Section
- 141 <u>33-20E-4;</u>
- 142 (2) The estimated percentage of total premiums to be charged to Georgia residents for
- the next calendar year directly attributable to the cost of covered prescription insulin
- drugs on the list compiled in accordance with paragraph (1) of subsection (a) of Code
- 145 <u>Section 33-20E-4;</u>
- 146 (3) The annual percentage increase or decrease in total costs from the prior calendar year
- paid by the insurer for prescription insulin drugs on the list compiled in accordance with
- paragraph (1) of subsection (a) of Code Section 33-20E-4;
- 149 (4) The average monthly cost per enrollee for the prior calendar year incurred by the
- insurer for prescription insulin drugs on the list compiled in accordance with
- paragraph (1) of subsection (a) of Code Section 33-20E-4 divided by the number of
- persons enrolled in the health benefit plan;
- 153 (5) The average annual cost for the prior calendar year to an enrollee in a health benefit
- plan for prescription insulin drugs on the list compiled in accordance with paragraph (1)
- of subsection (a) of Code Section 33-20E-4;
- 156 (6) A statement describing the insurer's use of pharmacy benefits managers in managing
- costs under health benefit plans;
- 158 (7) The amount of rebates and discounts received from pharmacy benefits managers in
- the prior calendar year attributable to prescription insulin drugs on the list compiled in
- accordance with paragraph (1) of subsection (a) of Code Section 33-20E-4;
- 161 (8) A statement describing how the insurer adjusts the enrollee cost-sharing amount in
- health benefit plans as a result of pharmacy benefits manager rebates and discounts;
- 163 (9) The administrative fees paid in the prior calendar year to pharmacy benefits managers
- and the percentage of those administrative fees attributable to prescription insulin drugs
- on the list compiled in accordance with paragraph (1) of subsection (a) of Code Section
- 166 <u>33-20E-4; and</u>

167 (10) The average amount each enrollee pays for prescription insulin drugs on the list

- compiled in accordance with paragraph (1) of subsection (a) of Code Section 33-20E-4.
- 169 <u>33-20E-8.</u>
- 170 (a) Persons engaged in the practice of pharmacy as that term is defined in Code
- 171 <u>Section 26-4-4 shall annually report to the department the following information from the</u>
- prior calendar year:
- 173 (1) The total payments received from pharmacy benefits managers for prescription
- insulin drugs on the list compiled in accordance with paragraph (1) of subsection (a) of
- 175 <u>Code Section 33-20E-4;</u>
- 176 (2) The total payments received from insurers for the prescription insulin drugs on the
- list compiled in accordance with paragraph (1) of subsection (a) of Code Section
- 178 <u>33-20E-4;</u>
- 179 (3) The total payments to prescription drug wholesalers, distributors, and manufacturers
- for prescription insulin drugs on the list compiled in accordance with paragraph (1) of
- subsection (a) of Code Section 33-20E-4; and
- 182 (4) The total fees, including administrative fees paid to pharmacy benefits managers, for
- dispensing prescription insulin drugs on the list compiled in accordance with
- paragraph (1) of subsection (a) of Code Section 33-20E-4.
- 185 (b) The Commissioner shall notify the State Board of Pharmacy of any person who fails
- 186 to comply with this Code section.
- 187 <u>33-20E-9.</u>
- 188 (a) On or before August 1, 2021, and by August 1 each year thereafter, the department
- shall analyze data in the reports submitted by drug manufacturers and pharmacy benefits
- 190 managers pursuant to Code Sections 33-20E-5 and 33-20E-6 and produce a report on
- 191 prescription drug prices for drugs included in the drug manufacturer and pharmacy benefits
- 192 <u>manager reports</u>. Based on the department's analysis, the department report shall include
- 193 <u>such department's conclusions regarding the specific reasons for an increase in the price</u>
- of each listed drug. By August 1, 2021, and by August 1 each year thereafter, the
- department shall post a copy of its report on the department's website.
- 196 (b) By August 1, 2021, and by August 1 each year thereafter, the department shall submit
- 197 the report required by this Code section to the House Committee on Insurance and the
- 198 <u>Senate Insurance and Labor Committee or any successor committees.</u>

- 199 33-20E-10.
- 200 (a) The department may impose a penalty on a pharmacy benefits manager for a failure to
- 201 <u>submit information required by this chapter.</u> The penalty shall not exceed \$10,000.00 per
- 202 day for each day the pharmacy benefits manager fails to submit the information required
- 203 by this chapter. In any administrative action by the department to impose a penalty
- 204 pursuant to this subsection, the process must be consistent with Code Section 33-2-24,
- 205 except that the monetary penalty imposed may be greater than provided for in such Code
- 206 section.
- 207 (b) Nothing contained in this chapter shall apply to the coverage of prescription insulin
- 208 <u>drugs under a health benefit plan that is subject to the federal Employee Retirement Income</u>
- 209 Security Act of 1974.
- 210 <u>33-20E-11.</u>
- 211 (a) On or before May 1, 2021, and by May 1 each year thereafter, a nonprofit organization
- 212 that advocates on behalf of patients with diabetes or funds diabetes medical research in
- 213 Georgia and that has received a payment, donation, subsidy, or thing of value from a drug
- 214 <u>manufacturer of a prescription insulin drug on the list compiled by the department in</u>
- 215 <u>accordance with paragraph (1) of subsection (a) of Code Section 33-20E-4 during the</u>
- 216 <u>immediately preceding calendar year shall compile a report that includes:</u>
- 217 (1) The amount of each payment, donation, subsidy, or thing of value received from each
- 218 <u>drug manufacturer; and</u>
- 219 (2) The percentage of the nonprofit organization's total gross income attributable to
- 220 payments, donations, subsidies, or other things of value received from each drug
- 221 <u>manufacturer in the previous calendar year.</u>
- 222 (b) By May 1, 2021, and by May 1 each year thereafter, each nonprofit organization
- 223 required to compile a report under this Code section must post the report on a website that
- 224 <u>is accessible to the public and maintained by the nonprofit organization. If the nonprofit</u>
- 225 <u>organization does not maintain a website that is accessible to the public, the nonprofit</u>
- organization shall submit the report to the department each year by May 1. The department
- 227 <u>shall post a copy of each report submitted on the department's website.</u>
- 228 <u>33-20E-12.</u>
- 229 An insurer that provides coverage for prescription insulin drugs pursuant to the terms of
- 230 <u>a health benefit plan shall limit the total cost-sharing amount that a covered person is</u>
- 231 required to pay for a covered prescription insulin drug to an amount not to exceed \$150.00
- 232 per 30 day supply of such drugs, regardless of the amount or type needed to fill the covered
- 233 person's prescription.

- 234 33-20E-13.
- 235 The Commissioner shall refer any case in which a drug manufacturer, pharmacist, or
- 236 <u>nonprofit organization fails to comply with any part of this chapter to the Attorney General.</u>
- 237 <u>33-20E-14.</u>
- 238 <u>Information required to be submitted to the department pursuant to this chapter shall not</u>
- be exempt from disclosure under Article 4 of Chapter 18 of Title 50."
- **SECTION 2.**
- 241 Chapter 1 of Title 10 of the Official Code of Georgia Annotated, relating to selling and other
- 242 trade practices, is amended by adding a new paragraph to subsection (b) of Code Section
- 243 10-1-393, relating to unfair or deceptive practices in consumer transactions unlawful and
- 244 examples, to read as follows:
- 245 "(14.1) Failure of a drug manufacturer, pharmacist, or nonprofit organization to comply
- with Chapter 20E of Title 33, the 'Diabetes Drug Pricing Transparency Act of 2020';"
- SECTION 3.
- 248 This Act shall become effective on January 1, 2021, and shall apply to all policies issued,
- 249 delivered, issued for delivery, or renewed in this state on or after such date.
- 250 **SECTION 4.**
- 251 All laws and parts of laws in conflict with this Act are repealed.