HOUSE BILL No. 1273

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-1.

Synopsis: Prescription drug rebates and pricing. Provides that, for individual health insurance coverage, the defined cost sharing for a prescription drug be calculated at the point of sale and based on a price that is reduced by an amount equal to at least 85% of all rebates received by the insurer in connection with the dispensing or administration of the prescription drug. Requires that, for group health insurance coverage, an insurer: (1) pass through to a plan sponsor 100% of all rebates received or estimated to be received by the insurer concerning the dispensing or administration of prescription drugs to the covered individuals of the plan sponsor; (2) provide a plan sponsor, at the time of contracting, the option of calculating defined cost sharing for covered individuals of the plan sponsor at the point of sale based on a price that is reduced by some or all of the rebates received or estimated to be received by the insurer concerning the dispensing or administration of the prescription drug; and (3) disclose specified information to the plan sponsor. Allows the department of insurance to enforce the provisions and impose a civil penalty.

Effective: July 1, 2023; January 1, 2024.

Schaibley

January 11, 2023, read first time and referred to Committee on Insurance.



First Regular Session of the 123rd General Assembly (2023)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

HOUSE BILL No. 1273

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 27-1-48 IS ADDED TO THE INDIANA CODE AS
2	A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
3	JANUARY 1, 2024]:
4	Chapter 48. Individual Prescription Drug Rebates
5	Sec. 1. As used in this chapter, "covered individual" means an
6	individual who is entitled to health insurance coverage.
7	Sec. 2. As used in this chapter, "defined cost sharing" means a
8	deductible payment or coinsurance amount imposed on a covered
9	individual for a covered prescription drug under the covered
10	individual's health insurance coverage.
11	Sec. 3. As used in this chapter, "health insurance coverage"
12	includes:
13	(1) an individual policy of accident and sickness insurance (as
14	defined in IC 27-8-5-1);
15	(2) an individual contract (as defined in IC 27-13-1-21) that
16	provides coverage for basic health care services (as defined in
17	IC 27-13-1-4); and



(3) any other health plan that:

2	(A) is issued on an individual basis;
3	(B) is subject to state law regulating insurance; and
4	(C) offers health insurance coverage (as defined in 42
5	U.S.C. 300gg-91).
6	The term includes coverage of a dependent of the covered
7	individual under an individual policy or contract described in
8	subdivisions (1) through (3).
9	Sec. 4. As used in this chapter, "insurer" means an insurer that
10	provides health insurance coverage to a covered individual. The
11	term includes a third party administrator, including a pharmacy
12	benefit manager (as defined in IC 27-1-24.5-12).
13	Sec. 5. As used in this chapter, "price protection rebate" means
14	a negotiated price concession that accrues directly or indirectly to
15	an insurer, or another party on behalf of an insurer, if there is an
16	increase in the wholesale acquisition cost of a prescription drug
17	above a specified threshold.
18	Sec. 6. As used in this chapter, "rebate" means:
19	(1) a discount or other negotiated price concession, including
20	base price concessions (whether described as a rebate or
21	otherwise) and reasonable estimates of price protection
22	rebates, and performance based price concessions, that may
23	accrue directly or indirectly or are anticipated to be passed
24	through to an insurer during the coverage year from a
25	manufacturer, dispensing pharmacy, or other party in
26	connection with the dispensing or administration of a
27	prescription drug; and
28	(2) a reasonable estimate of any negotiated price concession,
29	fee, or other administrative cost that is passed through, or is
30	reasonably anticipated to be passed through, to the insurer
31	and serves to reduce the insurer's liability for a prescription
32	drug.
33	Sec. 7. A covered individual's defined cost sharing for a
34	prescription drug must be:
35	(1) calculated at the point of sale; and
36	(2) based on a price that is reduced by an amount equal to at
37	least eighty-five percent (85%) of all rebates received or
38	estimated to be received by the insurer in connection with the
39	dispensing or administration of the prescription drug.
40	Sec. 8. Nothing in this chapter prohibits an insurer from
41	decreasing a covered individual's defined cost sharing by an
42	amount greater than the amount required under section 7 of this



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1	chapter.
2	Sec. 9. The department may enforce the requirements of this
3	chapter to the extent permissible under applicable law.
4	Sec. 10. The commissioner may take appropriate action to
5	enforce this chapter by imposing a civil penalty not to exceed ten
6	thousand dollars (\$10,000) per violation.
7	Sec. 11. (a) In complying with the requirements of this chapter,
8	an insurer or an insurer's agent may not publish or otherwise
9	reveal information regarding the actual amount of rebates the
10	insurer receives on a product, manufacturer, or pharmacy specific
11	basis. This information is protected as a trade secret (as defined in
12	IC 24-2-3-2) and may not be published or otherwise disclosed
13	directly or indirectly.
14	(b) An insurer shall impose the confidentiality requirements of
15	this section on any vendor or downstream third party that
16	performs health care or administrative services on behalf of the
17	insurer that may receive or have access to rebate information.
18	SECTION 2. IC 27-1-49 IS ADDED TO THE INDIANA CODE AS
19	A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
20	1, 2023]:
21	Chapter 49. Group Prescription Drug Rebates
22	Sec. 1. As used in this chapter, "covered individual" means an
23	individual who is entitled to health insurance coverage.
24	Sec. 2. As used in this chapter, "defined cost sharing" means a
25	deductible payment or coinsurance amount imposed on a covered
26	individual for a covered prescription drug under the covered
27	individual's health insurance coverage.
28	Sec. 3. As used in this chapter, "health insurance coverage"
29	includes:
30	(1) a group policy of accident and sickness insurance (as
31	defined in IC 27-8-5-1);
32	(2) a group contract (as defined in IC 27-13-1-16) that
33	provides coverage for basic health care services (as defined in
34	IC 27-13-1-4); and
35	(3) any other group health plan that:
36	(A) limits eligibility to members of a specific group;
37	(B) is subject to state law regulating insurance; and
38	(C) offers health insurance coverage (as defined in 42
39	U.S.C. 300gg-91).
40	The term includes coverage of a dependent of the covered
41	individual under a group policy or contract described in



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subdivisions (1) through (3).

- Sec. 4. As used in this chapter, "insurer" means an insurer that provides health insurance coverage to a covered individual. The term includes a third party administrator, including a pharmacy benefit manager (as defined in IC 27-1-24.5-12).

 Sec. 5. As used in this chapter, "price protection rebate" means a negotiated price concession that accrues directly or indirectly to an insurer, or another party on behalf of an insurer, if there is an increase in the wholesale acquisition cost of a prescription drug above a specified threshold.

 Sec. 6. As used in this chapter, "rebate" means:

 (1) a discount or other negotiated price concession, including base price concessions (whether described as a rebate or otherwise) and reasonable estimates of price protection
 - (1) a discount or other negotiated price concession, including base price concessions (whether described as a rebate or otherwise) and reasonable estimates of price protection rebates, and performance based price concessions, that may accrue directly or indirectly or are anticipated to be passed through to an insurer during the coverage year from a manufacturer, dispensing pharmacy, or other party in connection with the dispensing or administration of a prescription drug; and
 - (2) a reasonable estimate of any negotiated price concession, fee, or other administrative cost that is passed through, or is reasonably anticipated to be passed through, to the insurer and serves to reduce the insurer's liability for a prescription drug.
 - Sec. 7. This section applies to a policy of health insurance coverage that is issued, delivered, amended, or renewed after December 31, 2023. An insurer shall pass through to a plan sponsor one hundred percent (100%) of all rebates received or estimated to be received by the insurer concerning the dispensing or administration of prescription drugs to the covered individuals of the plan sponsor.
 - Sec. 8. At the time of contracting, an insurer shall provide plan sponsors the option of calculating defined cost sharing for covered individuals of the plan sponsor at the point of sale based on a price that is reduced by some or all of the rebates received or estimated to be received by the insurer concerning the dispensing or administration of the prescription drug.
 - Sec. 9. Nothing in this chapter prohibits an insurer from decreasing a covered individual's defined cost sharing by an amount greater than the amount required under section 7 of this chapter.
 - Sec. 10. An insurer shall disclose the following information to a



1	plan sponsor on at least an annual basis:
2	(1) The approximate amount of rebates expected to be
3	received by the insurer concerning the dispensing or
4	administration of prescription drugs to the covered
5	individuals of the plan sponsor.
6	(2) An explanation that the plan sponsor may choose to:
7	(A) apply the rebates to reduce premiums for all covered
8	individuals; or
9	(B) calculate defined cost sharing for a covered individual
10	at the point of sale based on a price that is reduced by
11	rebates received or estimated to be received by the insurer
12	concerning the dispensing or administration of the covered
13	individual's prescription drugs.
14	(3) An explanation that, in the individual market, IC 27-1-48
15	requires that covered individual defined cost sharing be
16	calculated at the point of sale based on a price that is reduced
17	by at least eighty-five percent (85%) of the rebates received
18	or estimated to be received by the insurer concerning the
19	dispensing or administration of the covered individual's
20	prescription drugs.
21	Sec. 11. The department may enforce the requirements of this
22	chapter to the extent permissible under applicable law.
23	Sec. 12. The commissioner may take appropriate action to
24	enforce this chapter by imposing a civil penalty not to exceed ten
25	thousand dollars (\$10,000) per violation.
26	Sec. 13. (a) In complying with the requirements of this chapter,
27	an insurer may not publish or otherwise reveal information
28	regarding the actual amount of rebates the insurer receives on a
29	product, manufacturer, or pharmacy specific basis. This
30	information is protected as a trade secret (as defined in
31	IC 24-2-3-2) and may not be published or otherwise disclosed.
32	(b) An insurer shall impose the confidentiality requirements of
33	this section on any vendor or third party that performs health care
34	or administrative services on behalf of the insurer and that may
35	receive or have access to the rebate information.

