Session of 2018

## SENATE BILL No. 351

By Committee on Public Health and Welfare

2-1

AN ACT concerning health and healthcare; relating to insurance; pharmacy benefits; enacting the Kansas pharmacy patients fair practices act.

- Be it enacted by the Legislature of the State of Kansas:
- Section 1. (a) This section shall be known and may be cited as the Kansas pharmacy patients fair practices act.
  - (b) As used in this section:
  - (1) "Commissioner" means the commissioner of insurance.
- (2) "Covered entity" means the same as defined in K.S.A. 2017 Supp. 40-3822, and amendments thereto, but does not include a managed eare-organization contracted to provide state medicaid services under the Kansas medical assistance program.
- (3) (1) "Covered person" means the same as defined in K.S.A. 2017 Supp. 40-3822, and amendments thereto.
- (2) "Health carrier" means the same as defined in K.S.A. 2017 Supp. 40-2,195, and amendments thereto.
- (4) "Pharmacy benefits management" means the same as defined in K.S.A. 2017 Supp. 40-3822, and amendments thereto.
- (5) (3) "Pharmacy benefits manager" means the same as defined in K.S.A. 2017 Supp. 40-3822, and amendments thereto.
- (6) "Practice of pharmacy" means the same as defined in K.S.A. 65-1626a, and amendments thereto.
- (c) (1) A pharmacy benefits manager shall not charge or collect from a covered person a cost-sharing requirement for a prescription or pharmacy service that exceeds the amount retained by the pharmacist or pharmacy from all payment sources for filling the prescription or providing the service.
- (2) A pharmacy benefits manager shall not prohibit a pharmacist or pharmacy from:
- (A) Informing a covered person of the difference between the covered person's cost sharing requirement for a prescription drug and the amount the covered person would pay if the covered person did not use a health-benefit plan to cover the cost; or
- 35 (B) selling a prescription drug to a covered person who chooses not to use a health benefit plan to cover the cost.

- (3) A pharmacy benefits manager shall not restrict or interfere with a pharmacist's ability to engage in the practice of pharmacy, including-engaging in pharmacist-patient communications with a covered person and discussing alternative drug options.
- (4) A pharmacy benefits manager shall not reduce reimbursement after a claim has been adjudicated or charge or hold a pharmacist or pharmacy responsible for any fee that is related to a claim, unless the amount of the reduction or fee can be determined and has been disclosed to the pharmacist or pharmacy at the time of the claim's adjudication.
- (5) A pharmacy benefits manager shall not prohibit or otherwise restrict a pharmacist or pharmacy from offering prescription delivery-services to a covered person.
  - (6) A pharmacy benefits manager shall not:
- (A) Require a covered person to obtain prescription drugs from a mail service pharmacy or through the mail or other common carrier; or
- (B) impose an additional cost-sharing requirement, fee, limitation on benefits or other condition or requirement on a covered person who obtains a prescription from a retail network pharmacy instead of through a mail service pharmacy.
- (7) A pharmacy benefits manager shall not restrict a covered person's ability to access prescription medications available at network pharmacies, as defined in K.S.A. 2017 Supp. 40-3829, and amendments thereto.
- (d) The commissioner shall adopt rules and regulations as may be necessary to implement and administer this section. The commissioner shall have the power to examine a pharmacy benefits manager if the commissioner has cause to believe that any provision of this section has been violated by the pharmacy benefits manager. The commissioner may impose a civil fine or suspend or revoke the certificate of registration of a pharmacy benefits manager upon finding that the pharmacy benefits manager has violated this section. Any administrative action taken under this section shall be in accordance with the Kansas administrative procedure act and reviewable in accordance with the Kansas judicial review act.
- (e) The provisions of this section are severable, and if any provision of this section or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of this section that can be given effect without the invalid provision or application.
- (c) (1) Co-payments applied by a health carrier for a prescription drug may not exceed the total submitted charges by the network pharmacy.
- (2) A pharmacy or pharmacist shall have the right to provide a covered person with information regarding the amount of the covered

person's cost share for a prescription drug. Neither a pharmacy nor a pharmacist shall be proscribed by a pharmacy benefits manager from discussing any such information or for selling a more affordable alternative to the covered person if such an alternative is available.

- (f) (d) This section applies to any contract between a pharmacy benefits manager and a pharmacy, a pharmacy services administration organization or a group purchasing organization that is entered into or renewed on and after July 1, 2018 January 1, 2019.
- Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.