The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Cheryl Cooper.

## DIGEST

SB 191 Original

## 2021 Regular Session

Cloud

<u>Proposed law</u> prohibits a health insurance issuer from refusing to authorize, approve, or pay a participating provider for providing covered physician-administered drugs and related services to covered persons. Further prohibits a health insurance issuer from conditioning, denying, restricting, refusing to authorize or approve, or reducing payment to a participating provider for a physician-administered drug because the participating provider obtains physician-administered drugs from a pharmacy that is not a participating provider in the health insurance issuer's network. Requires that the drug supplied meets the supply chain security controls and chain of distribution set forth by the federal Drug Supply Chain Security Act.

<u>Proposed law</u> requires payment to a participating provider to be at the rate set forth in the health insurance issuer's agreement with the provider applicable to such drugs. If no rate is included in the agreement, the payment shall be at the wholesale acquisition cost.

<u>Proposed law</u> prohibits a health insurance issuer from requiring a covered person pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or any other increased cost-sharing amount for a physician-administered drug when provided by a participating provider.

<u>Proposed law</u> prohibits a pharmacy benefit manager or person acting on behalf of a pharmacy benefit manager from conditioning, denying, restricting, refusing to authorize or approve, or reducing payment to a pharmacy or pharmacist for providing covered physician-administered drugs and related services to an enrollee. Reimbursement shall be at the rate set forth in the contract between the pharmacy benefit manager or person acting on behalf of a pharmacy benefit manager with the pharmacy or pharmacist applicable to the drugs, or if no rate is included in the agreement, then at the wholesale acquisition cost.

<u>Proposed law</u> prohibits a pharmacy benefit manager from requiring an enrollee to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or any other increased cost-sharing amount for a physician-administered drug when provided by a pharmacy, pharmacist, clinic, hospital, or hospital outpatient department.

<u>Proposed law</u> requires the commission of any act prohibited by <u>proposed law</u> to be considered an unfair method of competition and unfair practice or act which shall subject the violator to any and all actions, including investigative demands, private actions, remedies, and penalties as provided in present law.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Adds R.S. 40:1227.1-1227.3)