

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE RUFFRIDGE

TO: SB 134

Page 16, following line 13:

Insert a new bill section to read:

"* Sec. 32. AS 21.36.520(a) is amended to read:

(a) An insurer providing a health care insurance policy or its pharmacy benefits manager may not

(1) interfere with a covered person's right to choose a pharmacy or provider;

(2) interfere with a covered person's right of access to a clinician-administered drug;

(3) interfere with the right of a pharmacy or pharmacist to participate as a network pharmacy;

(4) reimburse a pharmacy or pharmacist an amount less than the amount the pharmacy benefits manager reimburses an affiliate for providing the same pharmacy services, calculated on a per-unit basis using the same generic product identifier or generic code number;

(5) impose a reduction in reimbursement for pharmacy services because of the person's choice among pharmacies that have agreed to participate in the plan according to the terms offered by the insurer or its pharmacy benefits manager;

(6) use a covered person's pharmacy services data collected under the provision of claims processing services for the purpose of soliciting, marketing, or referring the person to an affiliate of the pharmacy benefits manager;

(7) prohibit or limit a pharmacy from mailing, shipping, or delivering drugs to a patient as an ancillary service; however, the insurer or its pharmacy benefits

1 manager

2 (A) is not required to reimburse a delivery fee charged by a
3 pharmacy unless the fee is specified in the contract between the pharmacy
4 benefits manager and the pharmacy;

5 (B) may not require a patient signature as proof of delivery of a
6 mailed or shipped drug if the pharmacy

7 (i) maintains a mailing or shipping log signed by a
8 representative of the pharmacy or keeps a record of each notification of
9 delivery provided by the United States mail or a package delivery
10 service; and

11 (ii) is responsible for the cost of mailing, shipping, or
12 delivering a replacement for a drug that was mailed or shipped but not
13 received by the covered person;

14 (8) prohibit or limit a network pharmacy from informing an insured
15 person of the difference between the out-of-pocket cost to the covered person to
16 purchase a drug, medical device, or supply using the covered person's pharmacy
17 benefits and the pharmacy's usual and customary charge for the drug, medical device,
18 or supply;

19 (9) conduct or participate in spread pricing in the state;

20 (10) assess, charge, or collect a form of remuneration that passes from
21 a pharmacy or a pharmacist in a pharmacy network to the pharmacy benefits manager,
22 including claim processing fees, performance-based fees, network participation fees,
23 or accreditation fees;

24 (11) reverse and resubmit the claim of a pharmacy more than 90 days
25 after the date the claim was first adjudicated, and may not reverse and resubmit the
26 claim of a pharmacy unless the insurer or pharmacy benefits manager

27 (A) provides prior written notification to the pharmacy;

28 (B) has just cause;

29 (C) first attempts to reconcile the claim with the pharmacy; and

30 (D) provides to the pharmacy, at the time of the reversal and
31 resubmittal, a written description that includes details of and justification for

1 the reversal and resubmittal;

2 **(12) prohibit or limit a pharmacy from collecting a fee from a**
3 **covered person for a service or product not covered by the covered person's**
4 **health care insurance policy."**

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6 Renumber the following bill sections accordingly.