

SENATE BILL NO. 270

INTRODUCED BY M. MCNALLY

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4 A BILL FOR AN ACT ENTITLED: "AN ACT REVISING REIMBURSEMENT CONDITIONS FOR A NETWORK  
5 PHARMACY OR PHARMACIST; ALLOWING PHARMACISTS TO DISCUSS REIMBURSEMENT CRITERIA AND  
6 SELL MORE AFFORDABLE ALTERNATIVES TO A COVERED PERSON; PROHIBITING PENALTIES FOR  
7 DISCLOSING REIMBURSEMENT CRITERIA; PROHIBITING COPAYMENTS THAT EXCEED TOTAL  
8 CHARGES SUBMITTED BY A NETWORK PHARMACY; AMENDING SECTION 33-22-172, MCA; AND  
9 PROVIDING AN EFFECTIVE DATE AND AN APPLICABILITY DATE."

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11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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13 **Section 1.** Section 33-22-172, MCA, is amended to read:

14 **"33-22-172. Maximum allowable cost or reference price list -- price formulation, updating, and**  
15 **disclosure -- exceptions.** (1) At the time ~~it enters~~ of entering into a contract with a pharmacy and subsequently  
16 upon request, a plan sponsor, health insurance issuer, or pharmacy benefit manager shall provide the pharmacy  
17 with the sources used to determine the pricing for the maximum allowable cost list or the reference used for  
18 reference pricing.

19 (2) If using a maximum allowable cost list, a plan sponsor, health insurance issuer, or pharmacy benefit  
20 manager shall:

21 (a) review and update the price information for each drug on the maximum allowable cost list at least  
22 once every 10 calendar days to reflect any modification of pricing;

23 (b) establish a process for eliminating products from the maximum allowable cost list or modifying the  
24 prices in the maximum allowable cost list in a timely manner to remain consistent with pricing changes and  
25 product availability in the marketplace; and

26 (c) provide a process for each pharmacy to readily access the maximum allowable cost list specific to  
27 the pharmacy in a searchable and usable format.

28 (3) If using reference pricing, a plan sponsor, health insurance issuer, or pharmacy benefit manager  
29 shall:

30 (a) review and update no less than every 10 business days the price information for each drug, product,

- 1 supply, or service for which reference pricing is used; and
- 2 (b) provide a process for each pharmacy to readily access the reference pricing specific to the plan
- 3 sponsor or the health insurance issuer's plan.
- 4 (4) A plan sponsor, health insurance issuer, or pharmacy benefit manager may not:
- 5 (a) prohibit a pharmacist from discussing reimbursement criteria with a patient covered person;
- 6 (b) penalize a pharmacy or a pharmacist for disclosing the information described in subsection (4)(a)
- 7 to a covered person or for selling a more affordable alternative to a covered person; or
- 8 (c) require a pharmacy to charge or collect a copayment from a covered person that exceeds the total
- 9 charges submitted by the network pharmacy."

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11 NEW SECTION. Section 2. Effective date -- applicability. [This act] is effective July 1, 2019, and

12 applies to contracts with pharmacies signed on or after July 1, 2019.

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