



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

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

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

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

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

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

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

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

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

(a) review and update no less than every 10 business days the price information for each drug, product, supply, or service for which reference pricing is used; and

(b) provide a process for each pharmacy to readily access the reference pricing specific to the plan sponsor or the health insurance issuer's plan.

(4) A plan sponsor, health insurance issuer, or pharmacy benefit manager may not:

(a) prohibit a pharmacist from discussing reimbursement criteria with a patient covered person;

(b) penalize a pharmacy or a pharmacist for disclosing the information described in subsection (4)(a) to a covered person or for selling a more affordable alternative to a covered person; or

(c) require a pharmacy to charge or collect a copayment from a covered person that exceeds the total charges submitted by the network pharmacy."

Section 2. Effective date -- applicability. [This act] is effective July 1, 2019, and applies to contracts with pharmacies signed on or after July 1, 2019.

- END -

I hereby certify that the within bill,
SB 0270, originated in the Senate.

President of the Senate

Signed this _____ day
of _____, 2019.

Secretary of the Senate

Speaker of the House

Signed this _____ day
of _____, 2019.

SENATE BILL NO. 270

INTRODUCED BY M. MCNALLY, B. BENNETT, J. GROSS, S. MALEK, E. MCCLAFFERTY,
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