

2SSB 5213 - S AMD 178
By Senator Kuderer

NOT CONSIDERED 05/17/2023

1 On page 6, line 33, after "Managed" strike "health care systems
2 as defined in RCW 74.09.522" and insert "care organizations under
3 chapter 74.09 RCW"

4 On page 6, after line 40, insert the following:
5 "(vii) A Taft-Hartley Trust benefit plan;"

6 Reletter the remaining subsections consecutively and correct any
7 internal references accordingly.

8 On page 7, beginning on line 20, after "managed" strike "health
9 care system under RCW 74.09.522" and insert "care organization under
10 chapter 74.09 RCW"

11 On page 9, line 9, after "a" strike "third-party payor" and
12 insert "health carrier"

13 Beginning on page 10, line 37, after "not:" strike all material
14 through "content." on page 11, line 31 and insert the following:

15 "(a) Reimburse a network pharmacy an amount less than the
16 contract price between the pharmacy benefit manager and the third-
17 party payor the pharmacy benefit manager has contracted with to
18 provide a pharmacy benefits plan or program;

19 (b) Exclude a pharmacy from their pharmacy network based solely
20 on the pharmacy being new, open less than a defined amount of time,
21 or a license or location transfer; or

22 (c) Use information obtained through claim adjudication to
23 solicit, coerce, or incentivize a patient to use their owned or
24 affiliated pharmacies.

25 (2) A pharmacy benefit manager shall permit the covered person to
26 receive delivery or mail order of a medication through any network
27 pharmacy."

28 On page 12, after line 2, insert the following:

1 "NEW SECTION. **Sec. 7.** (1) For a pharmacy benefit plan
2 administered by a pharmacy benefit manager under a contract with a
3 health carrier as defined in RCW 48.43.005 or the public and school
4 employee benefit programs offered under chapter 41.05 RCW, a pharmacy
5 benefit manager may not:

6 (a) Require a covered person to obtain prescriptions from a mail
7 order pharmacy unless the prescription drug is a specialty drug; or

8 (b) Require a covered person to pay more for their medications
9 than the pharmacy benefit manager pays the pharmacy for the
10 medication and the dispensing fee.

11 (2) For a pharmacy benefit plan administered by a pharmacy
12 benefit manager under a contract with a health carrier as defined in
13 RCW 48.43.005 or the public and school employee benefit programs
14 offered under chapter 41.05 RCW, a pharmacy benefit manager must:

15 (a) Regardless of the participating pharmacy, including mail
16 order pharmacies, where the covered person obtains the prescription
17 drug, apply the same copays, fees, days allowance, and other
18 conditions upon the covered person; and

19 (b) Except when use of a mail order pharmacy can be required for
20 a specialty drug, receive affirmative authorization from a covered
21 person before filling a prescription drug through a mail order
22 pharmacy."

23 Renummer the remaining sections consecutively and correct any
24 internal references accordingly.

25 On page 15, line 25, after "through" strike "6 and 8" and insert
26 "7 and 9"

EFFECT: Restricts the prohibitions on requiring the use of mail order pharmacy, except for specialty drugs, and requiring a covered person to pay more for drug than a PBM reimburses the pharmacy for that drug to PBM contracts with fully insured and PEBB/SEBB plans only.

Restricts the requirements to apply the same copays and fees regardless of which pharmacy a covered person uses, and to receive authorization before filling a prescription through a mail order pharmacy to PBM contracts with fully insured and PEBB/SEBB plans only.

Removes the provision prohibiting a PBM from denying or reducing payment to a provider for a provider-administered drug on the basis that the provider obtained the drug from a wholesaler or pharmacy.

Changes terminology for managed care organizations in the definition of third-party payor.

Excludes Taft-Hartley plans from the definition of PBM.

Changes the requirement for PBMs to file contracts in support of a pharmacy benefits plan with a "third-party payor" to requiring filing contracts in support of a pharmacy benefit plan with a "health carrier."

--- END ---