SENATE BILL No. 272

By Committee on Financial Institutions and Insurance

2-5

AN ACT concerning the Kansas pharmacy benefits managers act; establishing duties for pharmacy benefit managers; establishing penalties for violations of the act; amending K.S.A. 2006 Supp. 40-3821, 40-3822, 40-3824 and 40-3826 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. Each pharmacy benefits manager owes a fiduciary duty to a covered entity and shall discharge that duty in accordance with both the laws of this state and federal law. A pharmacy benefits manager shall: (a) Perform its duties with care, skill, prudence and diligence and in accordance with the standards of conduct applicable to a fiduciary in an enterprise of a like character and with like aims.

- (b) Notify the covered entity in writing of any activity, policy or practice of the pharmacy benefits manager that directly or indirectly presents any conflict of interest with the duties imposed by this section.
- (c) (1) Provide to a covered entity all financial and utilization information:
- (A) Requested by the covered entity relating to the provision of benefits to covered individuals through such covered entity; and
- (B) all financial and utilization information relating to services to such covered entity.
- (2) Each pharmacy benefits manager providing information under this paragraph may designate that material as confidential. Information designated as confidential by a pharmacy benefits manager and provided to a covered entity under this paragraph shall not be disclosed by the covered entity to any person without the consent of the pharmacy benefits manager, except that disclosure may be ordered by a court of this state for good cause shown or made in a court filing under seal unless or until otherwise ordered by a court. Nothing in this paragraph shall limit the commissioner's authority under K.S.A. 40-2401 et seq. and amendments thereto.
- (d) Comply with the following requirements when dispensing a substitute prescription drug for a prescribed drug to a covered individual:
- (1) If a pharmacy benefits manager makes a substitution in which the substitute drug costs more than the prescribed drug, the pharmacy ben-

 efits manager shall disclose to the covered entity the cost of both drugs and any benefit or payment directly or indirectly accruing to the pharmacy benefits manager as a result of the substitution.

- (2) The pharmacy benefits manager shall transfer in full to the covered entity any benefit or payment received in any form by the pharmacy benefits manager either as a result of:
 - (A) A prescription drug substitution under paragraph (2); or
- (B) the pharmacy benefits manager's substituting a lower-priced generic and therapeutically equivalent drug for a higher-priced prescribed drug.
- (e) Each pharmacy benefits manager that derives any payment or benefit for the dispensation of prescription drugs within the state based on volume of sales for certain prescription drugs or classes or brands of drugs within the state shall pass that payment or benefit on in full to the covered entity.
- (f) (1) Each pharmacy benefits manager shall disclose to the covered entity all financial terms and arrangements for remuneration of any kind that apply between the pharmacy benefits manager and any prescription drug manufacturer or labeler, including, but not limited to, formulary management and drug-switch programs, educational support, claims processing and pharmacy network fees that are charged from retail pharmacies and data sales fees.
- (2) Each pharmacy benefits manager providing information under this paragraph may designate that material as confidential. Information designated as confidential by a pharmacy benefits manager and provided to a covered entity under this paragraph shall not be disclosed by the covered entity to any person without the consent of the pharmacy benefits manager, except that disclosure may be ordered by a court of this state for good cause shown or made in a court filing under seal unless or until otherwise ordered by a court. Nothing in this paragraph shall limit the commissioner's authority under K.S.A. 40-2401 et seq. and amendments thereto.
- New Sec. 2. Compliance with the requirements of section 1, and amendments thereto, is required in all contracts for pharmacy benefits management entered into in this state or by a covered entity in this state which are executed or renewed on and after the effective date of this act.
- Sec. 3. K.S.A. 2006 Supp. 40-3821 is hereby amended to read as follows: 40-3821. (a) K.S.A. 2006 Supp. 40-3821 through 40-3828, *section 1 and section 2*, and amendments thereto, shall be known and may be cited as the pharmacy benefits manager registration act.
- (b) This act shall apply to any pharmacy benefits manager that provides claims processing services, other prescription drug or device services, or both, to covered persons who are residents of this state.

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(c) This act shall not apply to any pharmacy benefits manager that holds a certificate of registration as an administrator pursuant to K.S.A. 40-3810 and amendments thereto. 3

- Sec. 4. K.S.A. 2006 Supp. 40-3822 is hereby amended to read as follows: 40-3822. For purposes of this act: (a) "Commissioner" means the commissioner of insurance as defined by K.S.A. 40-102 and amendments thereto.
 - (b) (1) "Covered entity" means:
- 9 A nonprofit hospital or medical service corporation, health in-10 surer, health benefit plan or health maintenance organization;
 - a health program administered by a department or the state in the capacity of provider of health coverage; or
 - (C) an employer, labor union or other group of persons organized in the state that provides health coverage to covered individuals who are employed or reside in the state.
 - Covered entity shall not include any:
 - (A) Self-funded plan that is exempt from state regulation pursuant to ERISA:
 - (B) plan issued for coverage for federal employees; or
 - (C) health plan that provides coverage only for accidental injury, specified disease, hospital indemnity, medicare supplement, disability income, long-term care or other limited benefit health insurance policies and contracts.
 - "Covered person" means a member, policyholder, subscriber, enrollee, beneficiary, dependent or other individual participating in a health benefit plan.
 - (d) "Generic drug" means a chemically equivalent copy of a brandname drug with an expired patent.
 - "Labeler" means an entity or person that receives prescription drugs from a manufacturer or wholesaler and repackages those drugs for later retail sale and that has a labeler code from the federal food and drug administration.
 - "Pharmacy benefits management" means:
 - (1) Any of the following services provided with regard to the administration of the following pharmacy benefits:
 - Mail service pharmacy;
- 37 (B) claims processing, retail network management and payment of 38 claims to pharmacies for prescription drugs dispensed to covered 39 individuals;
 - (C) clinical formulary development and management services;
- 41 (\mathbf{D}) rebate contracting and administration;
- certain patient compliance, therapeutic intervention and generic 42 43 substitution programs; or

- (F) disease management programs involving prescription drug utilization; and
- (2) (A) the procurement of prescription drugs by a prescription benefits manager at a negotiated rate for dispensation to covered individuals within this state; or
- (B) the administration or management of prescription drug benefits provided by a covered insurance entity for the benefit of covered individuals.
- (e) (g) "Pharmacy benefits manager" means a person, business or other entity that performs pharmacy benefits management. Pharmacy benefits manager includes any person or entity acting in a contractual or employment relationship for a pharmacy benefits manager in the performance of pharmacy benefits management for a covered entity.

The term "pharmacy benefits manager" shall not include a covered insurance entity.

- (f) (h) "Person" means an individual, partnership, corporation, organization or other business entity.
- Sec. 5. K.S.A. 2006 Supp. 40-3824 is hereby amended to read as follows: 40-3824. (a) Each pharmacy benefits manager registration shall expire on March 31 each year and may be renewed annually on the request of the registrant. The application for renewal shall be submitted on a form furnished by the commissioner and accompanied by a renewal fee of \$140. The application for renewal shall be in such form and contain such matters as the commissioner prescribes.
- (b) If a registration renewal fee is not paid by the prescribed date, the amount of the fee, plus a penalty fee of \$140 shall be paid. The pharmacy benefits manager registration may be revoked or suspended by the commissioner until the renewal fee and any penalty assessed has been paid.
- (c) Any person who performs or is performing any pharmacy benefits management service on the effective date of this act must obtain a certificate of registration as a pharmacy benefits manager from the commissioner within 90 days after the effective date of this act in order to continue to do business in Kansas.
- (d) No fees shall be required under this section for any pharmacy benefits manager who is registered as an administrator in accordance with the provisions of K.S.A. 40-3801 et seq., and amendments thereto, and has paid the registration fee required by K.S.A. 40-3810 and amendments thereto.
- Sec. 6. K.S.A. 2006 Supp. 40-3826 is hereby amended to read as follows: 40-3826. (a) Any person who acts as a pharmacy benefits manager without being registered as required by this act shall be subject to a fine of \$500 for each violation.

- 1 (b) Except for a violation of subsection (a), any violation of this act 2 shall also be considered an unfair or deceptive act or practice under K.S.A.
- 3 40-2404, and amendments thereto, and subject to the penalties contained 4 in K.S.A. 40-2401 et seq., and amendments thereto.
- 5 Sec. 7. K.S.A. 2006 Supp. 40-3821, 40-3822, 40-3824 and 40-3826 are hereby repealed.
- Sec. 8. This act shall take effect and be in force from and after its publication in the statute book.