

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017

HOUSE BILL 466
RATIFIED BILL

AN ACT RELATING TO THE REGULATION OF PHARMACY BENEFIT MANAGERS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 58-56A-1 reads as rewritten:

"§ 58-56A-1. Definitions.

The following definitions apply in this Article:

- (1) Health benefit plan. – As defined in G.S. 58-50-110(11). This definition specifically excludes the State Health Plan for Teachers and State Employees.
- (2) Insured. – An individual covered by a health benefit plan.
- (3) Insurer. – Any entity that provides or offers a health benefit plan.
- ~~(3)~~(4) Maximum allowable cost price. – The maximum per unit reimbursement for multiple source prescription drugs, medical products, or devices.
- (5) Pharmacist. – A person licensed to practice pharmacy under Article 4A of Chapter 90 of the General Statutes.
- ~~(4)~~(6) Pharmacy. – A pharmacy registered with the North Carolina Board of Pharmacy.
- ~~(5)~~(7) Pharmacy benefits manager. – An entity who contracts with a pharmacy on behalf of an insurer or third-party administrator to administer or manage prescription drug benefits.
- ~~(6)~~(8) Third-party administrator. – As defined in G.S. 58-56-2."

SECTION 2. Article 56A of Chapter 58 of the General Statutes is amended by adding two new sections to read:

"§ 58-56A-3. Consumer protections.

(a) A pharmacy or pharmacist shall have the right to provide an insured information regarding the amount of the insured's cost share for a prescription drug. Neither a pharmacy nor a pharmacist shall be penalized by a pharmacy benefits manager for discussing any information described in this section or for selling a lower-priced drug to the insured if one is available.

(b) A pharmacy benefits manager shall not, through contract, prohibit a pharmacy from offering and providing direct and limited delivery services to an insured as an ancillary service of the pharmacy, as delineated in the contract between the pharmacy benefits manager and the pharmacy.

(c) A pharmacy benefits manager shall not charge, or attempt to collect from, an insured a co-payment that exceeds the total submitted charges by the network pharmacy.

(d) Any contract for the provision of a network to deliver health care services between a pharmacy benefits manager and insurer shall be made available for review by the Department.

(e) The Department shall report to the Attorney General any violations of this section or G.S. 58-56A-4 in accordance with G.S. 58-2-40(5).

"§ 58-56A-4. Pharmacy and pharmacist protections.



A pharmacy benefits manager may only charge a fee or otherwise hold a pharmacy responsible for a fee relating to the adjudication of a claim if the fee is reported on the remittance advice of the adjudicated claim or is set out in contract between the pharmacy benefits manager and the pharmacy. This section shall not apply with respect to claims under an employee benefit plan under the Employee Retirement Income Security Act of 1974 or Medicare Part D."

SECTION 3. The Commissioner of Insurance may adopt rules to implement this act.

SECTION 4. This act becomes effective October 1, 2017, and applies to all contracts entered into, renewed, or amended on or after that date.

In the General Assembly read three times and ratified this the 29th day of June, 2017.

s/ Daniel J. Forest
President of the Senate

s/ Tim Moore
Speaker of the House of Representatives

Roy Cooper
Governor

Approved _____m. this _____ day of _____, 2017