

Amendment No. 739

Senate Amendment to Assembly Bill No. 141 First Reprint	(BDR 57-947)
Proposed by: Senate Committee on Commerce and Labor	
Amends: Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: Yes	

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date		
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

EWR/RBL



Date: 5/16/2019

A.B. No. 141—Prohibits a pharmacy benefit manager from imposing certain limitations on the conduct of a pharmacist or pharmacy.
(BDR 57-947)



ASSEMBLY BILL NO. 141—ASSEMBLYMEN
HARDY, ROBERTS; HAFEN AND LEAVITT

FEBRUARY 14, 2019

Referred to Committee on Commerce and Labor

SUMMARY—Prohibits a pharmacy benefit manager from imposing certain limitations on the conduct of a pharmacist or pharmacy. (BDR 57-947)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to pharmacy benefit managers; prohibiting a pharmacy benefit manager from imposing certain limitations on the conduct of a pharmacist or pharmacy under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law forbids a pharmacy benefit manager, which is defined as an entity that contracts with or is employed by a third party and manages the pharmacy benefits plan provided by the third party, from prohibiting a pharmacist or pharmacy from providing information to a person covered by a pharmacy benefits plan concerning the amount of any copayment or coinsurance for a prescription drug or the clinical efficacy of a less expensive alternative drug. (NRS 683A.179) This bill additionally forbids a pharmacy benefit manager from prohibiting a pharmacist or pharmacy, other than an institutional pharmacy or a pharmacist working in an institutional pharmacy, from providing information to such a person concerning the availability of a less expensive ~~for more effective~~ drug. ~~If the usual and customary price of a covered prescription drug is lower than the amount of the copayment or coinsurance for the drug, this bill also prohibits a pharmacy benefit manager from prohibiting a pharmacist or pharmacy, other than an institutional pharmacy or a pharmacist working in an institutional pharmacy, from disclosing that price.~~

Existing law prohibits a pharmacy benefit manager from penalizing a pharmacist or pharmacy for selling a less expensive alternative drug to a person covered by a pharmacy benefits plan. (NRS 683A.179) This bill also prohibits a pharmacy benefit manager from penalizing a pharmacist or pharmacy, other than an institutional pharmacy or a pharmacist working in an institutional pharmacy, for selling a less expensive generic ~~drug or a more effective~~ drug to such a person.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 683A.179 is hereby amended to read as follows:
683A.179 1. A pharmacy benefit manager shall not:

(a) Prohibit a pharmacist or pharmacy from providing information to a covered person concerning ~~the~~:

(1) *The* amount of any copayment or coinsurance for a prescription drug ~~for informing a covered person concerning the~~; *or*

(2) *The availability of a less expensive alternative or generic drug for a more effective drug*, including, without limitation, information concerning clinical efficacy of *such* a ~~less expensive alternative~~ drug; ~~for~~

~~(3) If the usual and customary price of a covered prescription drug is lower than the copayment or coinsurance for the drug, the amount of that usual and customary price.~~

(b) Penalize a pharmacist or pharmacy for providing the information described in paragraph (a) or selling a less expensive alternative *or generic* drug ~~for a more effective drug~~ to a covered person;

(c) Prohibit a pharmacy from offering or providing delivery services directly to a covered person as an ancillary service of the pharmacy; or

(d) If the pharmacy benefit manager manages a pharmacy benefits plan that provides coverage through a network plan, charge a copayment or coinsurance for a prescription drug in an amount that is greater than the total amount paid to a pharmacy that is in the network of providers under contract with the third party.

2. *The provisions of this section:*

(a) *Must not be construed to authorize a pharmacist to dispense a drug that has not been prescribed by a practitioner, as defined in NRS 639.0125.*

(b) *Do not apply to an institutional pharmacy, as defined in NRS 639.0085, or a pharmacist working in such a pharmacy as an employee or independent contractor.*

3. As used in this section, *“network”* ~~is~~

~~(a) “Network” plan” means a health benefit plan offered by a health carrier under which the financing and delivery of medical care is provided, in whole or in part, through a defined set of providers under contract with the carrier. The term does not include an arrangement for the financing of premiums.~~

~~[(b) “Usual and customary price” means the usual and customary charges that a pharmacy charges to the general public for a drug, as described in 42 C.F.R. § 447.512.]~~

Sec. 2. 1. The provisions NRS 683A.179, as amended by section 1 of this act, apply to any contract entered into before, on or after July 1, 2019, with a pharmacy benefit manager to manage a pharmacy benefits plan for a third party.

2. As used in this section:

(a) “Pharmacy benefit manager” has the meaning ascribed to it in NRS 683A.174.

(b) “Pharmacy benefits plan” has the meaning ascribed to it in NRS 683A.175.

(c) “Third party” has the meaning ascribed to it in NRS 683A.176.

Sec. 3. This act becomes effective on July 1, 2019.