

SENATE BILL NO. 171—SENATOR HARDY

MARCH 4, 2021

JOINT SPONSOR: ASSEMBLYWOMAN HARDY

Referred to Committee on Commerce and Labor

SUMMARY—Prohibits a pharmacy benefit manager from requiring a covered person to obtain a drug by mail. (BDR 57-848)

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 requiring a covered person to obtain a drug by mail; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law prohibits a pharmacy benefit manager from engaging in certain trade practices. (NRS 683A.179) **Section 1** of this bill additionally prohibits a pharmacy benefit manager from requiring a covered person to obtain a drug by mail. **Section 2** of this bill provides that this prohibition applies to a contract existing on July 1, 2021, for a pharmacy benefit manager to manage a pharmacy benefits plan for a third party to the extent the prohibition does not conflict with the contract. Under **section 2**, if such a conflict exists, the provisions of the contract control.

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:



(1) The amount of any copayment or coinsurance for a prescription drug; or

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

(b) Penalize a pharmacist or pharmacy for providing the information described in paragraph (a) or selling a less expensive alternative or generic 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; ~~for~~

(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 ~~to~~; *or*

(e) Require a covered person to obtain any drug by mail.

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 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.

Sec. 2. 1. The amendatory provisions of section 1 of this act apply to a contract existing on July 1, 2021, for a pharmacy benefit manager to manage a pharmacy benefits plan for a third party to the extent that the amendatory provisions of section 1 of this act do not conflict with the terms of the contract. To the extent that a conflict exists, the provisions of the contract control.

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.



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

3 **Sec. 3.** This act becomes effective on July 1, 2021.

