Assembly Bill No. 141–Assemblymen
Hardy, Roberts; Hafen and Leavitt

CHAPTER.........

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 drug.

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 to such a person.

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

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 [or informing a covered person concerning the] ; or
(2) The availability of a less expensive alternative or generic drug including, without limitation, information concerning clinical efficacy of such a [less expensive alternative] 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; 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 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 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.