Session of 2022

HOUSE BILL No. 2733

By Committee on Appropriations

3-8

AN ACT concerning insurance; relating to the regulation of pharmacy 1 2 benefits managers; requiring licensure rather than registration of such 3 entities; enacting the pharmacy benefits manager licensure act; 4 amending K.S.A. 40-3821, 40-3822, 40-3823, 40-3824, 40-3826, 40-3827 and 40-3829 and repealing the existing sections. 5 6 7 Be it enacted by the Legislature of the State of Kansas: 8 New Section 1. (a) A pharmacy benefits manager's license may be 9 revoked, suspended or limited, the licensee may be censured or placed 10 under probationary conditions or an application for a license or for 11 reinstatement of a license may be denied upon a finding that the: 12 (1) Applicant or licensee committed fraud or misrepresentation in 13 applying for or securing an original, renewal or reinstated license; (2) licensee has violated any lawful rule or regulation promulgated by 14 the commissioner or violated any lawful order or directive of the 15 commissioner previously entered by the commissioner; 16 (3) pharmacy benefits manager has engaged in fraudulent activity that 17 18 constitutes a violation of state or federal law; 19 (4) licensee has failed to furnish any information legally requested by 20 the commissioner to the commissioner or the commissioner's investigators 21 or representatives: 22 (5) pharmacy benefits manager has been determined by the 23 commissioner to be in violation of or noncompliance with state or federal 24 law: or 25 (6) pharmacy benefits manager has failed to timely submit a renewal 26 application and the information required under K.S.A. 40-3824, and 27 amendments thereto. In lieu of a denial of a renewal application, the 28 commissioner may permit the pharmacy benefits manager to submit to the 29 commissioner a corrective action plan to correct or cure any deficiencies. 30 (b) This section shall be a part of and supplemental to the pharmacy 31 benefits manager licensure act. 32 Sec. 2. K.S.A. 40-3821 is hereby amended to read as follows: 40-33 3821. (a) K.S.A. 40-3821 through 40-3828, and amendments thereto, and 34 section 1, and amendments thereto, shall be known and may be cited as the 35 pharmacy benefits manager-registration licensure act. 36 (b) On and after January 1, 2023, a person shall not perform, act or

1 do business in this state as a pharmacy benefits manager unless such 2 person has a valid license issued by the commissioner pursuant to this 3 act.

4 (c) This act shall apply to any pharmacy benefits manager that 5 provides claims processing services, other prescription drug or device 6 services, or both, to covered persons who are residents of this state.

7 (c) (d) This act shall not apply to any pharmacy benefits manager that
holds a certificate of registration as an administrator pursuant to K.S.A.
9 40-3810, and amendments thereto.

10 *(e) A* license issued in accordance with the pharmacy benefits 11 manager licensure act shall be nontransferrable.

12 Sec. 3. K.S.A. 40-3822 is hereby amended to read as follows: 40-13 3822. For purposes of *As used in* this act:

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(a) "Act" means the pharmacy benefits manager licensure act.

15 (b) "Commissioner" means the commissioner of insurance as defined 16 by K.S.A. 40-102, and amendments thereto.

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(b)(c)(1) "Covered entity" means:

(A) A nonprofit hospital or medical service corporation, healthinsurer, health benefit plan or health maintenance organization;

20 (B) a health program administered by a department or the state in the 21 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.

(2) "Covered entity-shall" *does* not include any:

26 (A) Self-funded plan that is exempt from state regulation pursuant to27 ERISA;

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(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.

33 (e)(d) "Covered person" means a member, policyholder, subscriber, 34 enrollee, beneficiary, dependent or other individual participating in a 35 health benefit plan.

(d)(e) "Department" means the insurance department.

37 *(f)* "ERISA" means the federal employee retirement income security 38 act of 1974.

39 (g) "Health benefit plan" means the same as defined in K.S.A. 40-40 4602, and amendments thereto.

41 (*h*) "Health insurer" means the same as defined in K.S.A. 40-4602, 42 and amendments thereto.

43 (i) "Maximum allowable cost" or "MAC" means any term or

methodology that a pharmacy benefits manager or a healthcare insurer 1 may use to establish the maximum amount that a pharmacy benefits 2 manager will reimburse a pharmacy or a pharmacist for pharmacist 3 4 services.

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"Pharmacy benefits management" means: (i)

6 (1) Any of the following services provided with regard to the 7 administration of the following pharmacy benefits:

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(A) Mail service pharmacy;

9 (B) claims processing, retail network management and payment of claims to pharmacies for prescription drugs dispensed to covered 10 11 individuals: (C) clinical formulary development and management services;

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(D) rebate contracting and administration; (E) certain patient compliance, therapeutic intervention and generic 14

substitution programs; or 15

16 (F) disease management programs involving prescription drug 17 utilization: and

18 (2) (A) the procurement of prescription drugs by a prescription benefits manager at a negotiated rate for dispensation to covered 19 20 individuals within this state: or

(B) the administration or management of prescription drug benefits 21 22 provided by a covered insurance entity for the benefit of covered 23 individuals.

24 (e)(k)"Pharmacy benefits manager" means a person, business or other entity that performs pharmacy benefits management. "Pharmacy 25 benefits manager" includes any person or entity acting in a contractual or 26 employment relationship for a pharmacy benefits manager in the 27 performance of pharmacy benefits management for a covered entity. The 28 term-"Pharmacy benefits manager"-shall does not include a covered 29 30 insurance entity.

31 "Person" means an individual, partnership, corporation, (f)(l) organization or other business entity. 32

Sec. 4. K.S.A. 40-3823 is hereby amended to read as follows: 40-33 3823. Registration requirement to act as a pharmacy benefits manager. 34

(a) No person shall act or operate as a pharmacy benefits manager 35 without first obtaining a valid-certificate of registration license issued by 36 37 the commissioner.

38 (b) Each person seeking a certificate of registration license to act as a 39 pharmacy benefits manager shall file with the commissioner an application for a certificate of registration license upon a form to be furnished by the 40 41 commissioner. At a minimum, the application form shall include the 42 following information:

43 (1) The name, address and telephone number of the pharmacy 1 benefits manager.

2 (2) The name, address. official position and professional 3 qualifications of each individual who is responsible for the conduct of the 4 affairs of the pharmacy benefits manager, including all members of the board of directors, board of trustees, executive committee, other governing 5 6 board or committee, the principal officers in the case of a corporation, the 7 partners or members in the case of a partnership or association-and any 8 other person who exercises control or influence over the affairs of the 9 pharmacy benefits manager.

10 (2)(3) The name and address of the applicant's agent for service of 11 process in the state.

12 (4) The name, address, phone number, email address and official 13 position of the employee who will serve as the primary contact for the 14 department.

(5) A copy of the pharmacy benefits manager's corporate charter,
 articles of incorporation or other charter document.

(6) A template contract, which shall include a dispute resolution
process, that ultimately involves an independent fact finder between:

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(A) The pharmacy benefits manager and the health insurer; or

20 *(B)* the pharmacy benefits manager and the pharmacy or a 21 pharmacy's contracting agent.

22 (7) A network adequacy report on a form prescribed by the 23 department through rules and regulations.

(3)(c) A nonrefundable application fee of \$140 \$2,500.

(d) The licensee shall inform the commissioner, by any means acceptable to the commissioner, of any material change in the information required by this subsection within 90 days of such change. Failure to timely inform the commissioner of a material change may result in a penalty against the licensee in the amount of \$500.

(e) Within 90 days after receipt of a completed application, the
network adequacy report and the applicable license fee, the commissioner
shall review the application and issue a license if the applicant is deemed
qualified under this section. If the commissioner determines that the
applicant is not qualified, the commissioner shall notify the applicant and
shall specify the reason for the denial.

36 (f) (1) All documents, materials or other information and copies 37 thereof in the possession or control of the department or any other 38 governmental entity that are obtained by or disclosed to the commissioner 39 or any other person in the course of an application, examination or 40 investigation made pursuant to this act shall be confidential by law and 41 privileged, shall not be subject to any open records, freedom of 42 information, sunshine or other public record disclosure laws, and shall not 43 be subject to subpoena or discovery.

1 (2) The provisions of paragraph (1) shall only apply to the disclosure 2 of the confidential documents described in paragraph (1) by the 3 department or any other governmental entity and shall not be construed to 4 create any privilege in favor of any other party.

5 (3) The provisions of this subsection shall expire on July 1, 2027, 6 unless the legislature reviews and reenacts this provision pursuant to 7 K.S.A. 45-229, and amendments thereto, prior to July 1, 2027.

8 Sec. 5. K.S.A. 40-3824 is hereby amended to read as follows: 40-9 3824. (a) Each pharmacy benefits manager-registration *license* shall expire 10 on March 31 each year and may be renewed annually on the request of the 11 registrant *licensee*. The application for renewal shall be submitted on a 12 form furnished by the commissioner and accompanied by a renewal fee of 13 \$140 \$2,500. The application for renewal shall be in such form and contain 14 such matters as the commissioner prescribes.

(b) If a registration *license* renewal fee is not paid by the prescribed
date, the amount of the fee, plus a penalty fee of \$140 \$2,500 shall be paid.
The pharmacy benefits manager registration manager's license 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 shall be required to obtain a license as a
pharmacy benefits manager from the commissioner within 90 days after
the effective date of this act not later than January 1, 2023, in order to
continue to do business in Kansas.

Sec. 6. K.S.A. 40-3825 is hereby amended to read as follows: 40-3825. (*a*) In accordance with the provisions of the rules and regulations filing act, K.S.A. 77-415 et seq., and amendments thereto, the commissioner may adopt, amend and revoke rules and regulations governing the administration and enforcement of this act, including, but not limited to:

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(a)(l) The content of the application form;

33 (b)(2) the content of any other form or report required to implement 34 this act; and

(c)(3) such other rules and regulations as the commissioner may deem necessary to carry out the provisions of this act.

(b) The commissioner shall adopt, amend and revoke all such
necessary rules and regulations not later than July 1, 2023.

Sec. 7. K.S.A. 40-3826 is hereby amended to read as follows: 40-3826. (a) If the commissioner has reason to believe that a pharmacy benefits manager has been engaged in this state or is engaging in this state in activity that violates the pharmacy benefits manager licensure act, the commissioner shall issue and serve upon such pharmacy benefits 1 manager a statement of the charges of any such violation and conduct a

2 hearing thereon in accordance with the provisions of the Kansas3 administrative procedure act.

4 (b) If, after such a hearing, the commissioner determines that the 5 pharmacy benefits manager charged has violated the act, the 6 commissioner may, in the exercise of discretion, order any one or more of 7 the following:

8 (1) (A) Payment of a monetary penalty of not more than \$1,000 for 9 each and every act or violation. The total of the monetary penalties for 10 such violations shall not exceed \$10,000;

11 (B) if the pharmacy benefits manager knew or reasonably should 12 have known that such manager was in violation of this act, payment of a 13 monetary penalty of not more than \$5,000 for each and every act or 14 violation. The total of the monetary penalties for such violations shall not 15 exceed \$50,000 in any six-month period;

16 (2) if such manager knew or reasonably should have known such 17 person was in violation of this act, the suspension or revocation of the 18 pharmacy benefits manager's license; or

(3) the assessment of any costs incurred as a result of conducting the
 administrative hearing authorized by the provisions of this section against
 the pharmacy benefits manager.

(c) As used in this section, "costs" includes witness fees, mileage
allowances, any costs associated with reproduction of documents that
become a part of the hearing record and expenses of making a record of
the hearing.

(d) (1) If the deadline for filing a petition for review has expired and
no such petition has been filed, the commissioner may reopen and modify
or set aside any portion or the entirety of any administrative order issued
under this section.

30 (2) The reopening of any such order may occur if, in the 31 commissioner's opinion, the conditions of fact or law have changed to 32 warrant such an action or if such an action is warranted in the public 33 interest.

(e) Any person who acts as a pharmacy benefits manager without
 being registered *licensed* as required by this act shall be subject to a fine of
 \$500 for each \$5,000 for the period in which the pharmacy benefits
 manager is found to be in violation.

Sec. 8. K.S.A. 40-3827 is hereby amended to read as follows: 40-3827. (a) There is hereby established in the state treasury the pharmacy benefits manager licensure fund. Such fund shall be administered by the commissioner for costs related to administering the pharmacy benefits manager licensing act. All expenditures from the pharmacy benefits manager licensure fund shall be made in accordance with appropriation 1 acts upon warrants of the director of accounts and reports issued pursuant 2 to vouchers approved by the commissioner or by the commissioner's

3 designee.

4 (b) The commissioner shall remit all moneys received by or for the 5 commissioner under the provisions of this act to the state treasurer-at least 6 monthly in accordance with the provisions of K.S.A. 75-4215, and 7 amendments thereto. Upon receipt of each such remittance, the state 8 treasurer shall deposit the entire amount thereof in the state treasury and 9 such amount shall be credited to the pharmacy benefits manager 10 registration licensure fund.

11 Sec. 9. K.S.A. 40-3829 is hereby amended to read as follows: 40-12 3829. As used in-this act *K.S.A. 40-3829 and 40-3830, and amendments* 13 *thereto*:

(a) "List" means the list of drugs for which maximum allowable costshave been established;

16 (b) "maximum allowable cost" or "MAC" means the maximum-17 amount that a pharmacy benefits manager will reimburse a pharmacy for 18 the cost of a generic drug same as defined in K.S.A. 40-3822, and 19 amendments thereto;

20 (c) "network pharmacy" means a pharmacy that contracts with a 21 pharmacy benefits manager; and

(d) "pharmacy benefits manager" or "PBM" shall have the same
 meaning as means the same as defined in K.S.A. 40-3822(e), and
 amendments thereto;

(e) "pharmacist services" means products, goods or services
 provided as a part of the practice of pharmacy in Kansas;

(f) "pharmacy benefits plan or pharmacy benefits program" means a
plan or program that pays for, reimburses, covers the cost of or otherwise
provides for pharmacist services to individuals who reside in or are
employed in this state; and

(g) "wholesaler" means a person or entity that sells and distributes
prescription pharmaceutical products, including, but not limited to, a full
line of brand name, generic and over-the-counter pharmaceuticals and
that offers regular and private delivery to a pharmacy.

Sec. 10. K.S.A. 40-3830 is hereby amended to read as follows: 403830. A pharmacy benefits manager, *including the pharmacy benefits manager for the state healthcare benefits program, shall*:

(a) Shall-Not place a drug on a MAC list unless there are at least two
therapeutically equivalent multi-source generic drugs, or at least one
generic drug available from at least one manufacturer, generally available
for purchase by network pharmacies from national or regional wholesalers
and the *national drug code for the* drug is not obsolete-;

43 (b) Shall-provide to each network pharmacy at the beginning of the

term of a contract and upon request thereafter, the sources utilized to
 determine the maximum allowable cost price-;

3 (c) Shall-provide a process for each network pharmacy provider to 4 readily access the maximum allowable price specific to that provider-;

(d) Shall review and update each applicable maximum allowable cost
list every seven business days and apply the updates to reimbursements no *not* later than one business day.;

8 (e) Shall—ensure that dispensing fees are not included in the 9 calculation of maximum allowable cost.;

(f) Shall establish a process by which a network pharmacy may appeal reimbursement for a drug subject to maximum allowable cost as
 follows reasonable administrative appeal procedure to allow a pharmacy
 or pharmacy's contracting agent to challenge MAC for a specific drug as:

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(1) Not meeting the requirements of this section;
(2) being below the cost at which the pharmacy may obtain the drug;

(2) being below the cost at which the pharmacy may obtain the dru
 (g) include in any administrative appeals procedure the following:

17 *(I)* A dedicated telephone number and email address or website for 18 the purpose of submitting administrative appeals; and

(2) the ability to submit an administrative appeal directly to the
 pharmacy benefits manager regarding the pharmacy benefits plan or
 program or through a pharmacy service administrative organization;

The(h) permit a network pharmacy-must or a network pharmacy's
 contracting agent to file an administrative appeal-no not later than 10
 business days after the fill date.;

25 *(i)* require that the pharmacy benefits manager only request the 26 following information to determine a MAC administrative appeal:

27 (1) The prescription number;

28 (2) the provider's name;

29 (3) the national drug code used during the filing of the claim;

30 (4) the date of the fill;

(5) the reimbursement amount; and

32 (6) such other information related to the appealed claim as required
33 by contract; and

34 (2)(j) (1) The PBM shall-provide a response to the appealing network 35 pharmacy-no *not* later than 10 business days after receiving an appeal 36 request containing information sufficient for the PBM pharmacy benefits 37 manager to process the appeal as specified by the contract.

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(3)(2) If the appeal is upheld, the PBM pharmacy benefits manager:

39 (A) Shall make the adjustment in the drug price effective-no not later
 40 than one business day after the appeal is resolved;

41 (B) shall make the adjustment applicable to all similarly situated 42 network pharmacy providers, as determined by the plan sponsor or 43 pharmacy benefits manager, as appropriate; and 1 (C) permit the appealing pharmacy to reverse and rebill the appealed 2 claim.

3 (4)(3) If the appeal is denied, the <u>PBM</u> pharmacy benefits manager 4 shall provide the appealing pharmacy the *reason for the denial and the* 5 national drug code number from a national or regional wholesaler 6 operating in Kansas where the drug is generally available for purchase at a 7 price equal to or less than the maximum allowable cost, and when 8 applicable, may be substituted lawfully.

9 Sec. 11. K.S.A. 40-3821, 40-3822, 40-3823, 40-3824, 40-3825, 40-10 3826, 40-3827, 40-3829 and 40-3830 are hereby repealed.

11 Sec. 12. This act shall take effect and be in force from and after its 12 publication in the statute book.