

## HB 1842 - DIGEST

Provides that every health plan delivered, issued for delivery, or renewed by a health carrier on and after January 1, 2006, that provides for payment of all or a portion of prescription costs, or reimbursement of prescription costs, must: (1) Not limit the purchase of prescription medicines to specific pharmacies;

(2) Not discriminate between different providers of pharmacy services by requiring the payment of different copayments, coinsurance levels, deductibles, or prescription quantity limits by the covered pharmacy patient depending on the identity or nature of the provider of pharmacy services;

(3) Not prohibit a qualified provider of pharmacy services from becoming a provider under the policy if the applicant pharmacy indicates a desire to be recognized as a provider and meets all the applicable terms and conditions of the policy contract; and

(4) Offer a provider of pharmacy services the same terms and conditions.