
HOUSE BILL 2303

State of Washington 62nd Legislature 2012 Regular Session

By Representatives Pearson, Green, and Appleton

Read first time 01/11/12. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to protection against unfair prescription drug
2 practices by pharmacy benefits managers; and adding a new chapter to
3 Title 19 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** DEFINITIONS. The definitions in this
6 section apply throughout this chapter unless the context clearly
7 requires otherwise.

8 (1) "Covered entity" means a health plan as defined in RCW
9 48.43.005, a health carrier as defined in RCW 48.43.005, a state
10 purchased health care program as defined in RCW 41.05.011, the
11 Washington state health insurance pool as established in RCW 48.41.040,
12 or an employer, labor union, or other group of persons organized in the
13 state, that provides health coverage to covered individuals who are
14 employed or reside in the state.

15 (2) "Covered individual" means a member, participant, enrollee,
16 contract holder, or policyholder or beneficiary of a covered entity,
17 who is provided health coverage by the covered entity. "Covered
18 individual" includes a dependent or other person provided health
19 coverage through a contract or health plan for a covered individual.

1 (3) "Generic drug" means a chemically equivalent copy of a brand-
2 name drug with an expired patent.

3 (4) "Labeler" means an entity or person that receives prescription
4 drugs from a manufacturer or wholesaler and repackages those drugs for
5 later retail sale and that has a labeler code from the federal food and
6 drug administration under 21 C.F.R. Sec. 270.20 (1999). "Labeler" does
7 not mean a person or entity that repackages drugs for use of its
8 participants, members, or enrollees or pharmacy operations of any
9 integrated delivery system undertaken for the benefit of patients
10 obtaining care through that system.

11 (5)(a) "Pharmacy benefits management" means the procurement of
12 prescription drugs at a negotiated rate for dispensation within
13 Washington state to covered individuals, the administration or
14 management of prescription drug benefits provided by a covered entity
15 for the benefit of covered individuals, or any of the following
16 services provided with regard to the administration of pharmacy
17 benefits:

18 (i) Mail order pharmacy;

19 (ii) Claims processing, retail network management, and payment of
20 claims to pharmacies for prescription drugs dispensed to covered
21 individuals;

22 (iii) Clinical formulary development and management services;

23 (iv) Rebate contracting and administration;

24 (v) Certain patient compliance, therapeutic intervention, and
25 generic substitution programs; and

26 (vi) Disease management programs.

27 (b) "Pharmacy benefits management" does not include activities of
28 retail, community, long-term care, or hospital pharmacies licensed
29 under chapter 18.64 RCW that are not carried out as part of a contract
30 entered into by that pharmacy with a covered entity to administer and
31 manage payment for pharmacy benefits for covered individuals.

32 (6) "Pharmacy benefits manager" means an entity that performs
33 pharmacy benefits management. "Pharmacy benefits manager" includes a
34 person or entity acting for a pharmacy benefits manager in a
35 contractual or employment relationship in the performance of pharmacy
36 benefits management for a covered entity and includes mail order
37 pharmacy. "Pharmacy benefit manager" does not include a health carrier
38 as defined in RCW 48.43.005 if the health carrier provides or

1 administers pharmacy benefits management to its insureds, participants,
2 members, or enrollees, or pharmacy operations of any integrated
3 delivery system undertaken for the benefit of patients obtaining care
4 through that system.

5 NEW SECTION. **Sec. 2.** PRESCRIPTION DRUG PRACTICES. All pharmacy
6 benefits managers who provide pharmacy benefits management for covered
7 entities, or affecting covered lives, in this state, and any contract
8 for pharmacy benefits management entered into in this state or by a
9 covered entity in this state, must comply with this chapter.

10 NEW SECTION. **Sec. 3.** REQUIRED PRACTICES. (1) The business of
11 pharmacy benefits management is one affected by the public interest,
12 requiring that pharmacy benefits managers act in good faith, abstain
13 from deception, and practice honesty and equity in all pharmacy
14 benefits management matters.

15 (2) A pharmacy benefits manager shall notify the covered entity in
16 writing of any activity, policy, or practice of the pharmacy benefits
17 manager that directly or indirectly presents any conflict of interest
18 with the duties imposed by this section.

19 (3) A pharmacy benefits manager shall provide to a covered entity
20 all financial and utilization information requested by the covered
21 entity relating to providing benefits to covered individuals through
22 that covered entity and all financial and utilization information
23 relating to services to that covered entity. A pharmacy benefits
24 manager providing information under this section may designate that
25 material as confidential. Information designated as confidential by a
26 pharmacy benefits manager and provided to a covered entity under this
27 section may not be disclosed by the covered entity to any person
28 without the consent of the pharmacy benefits manager, except that
29 disclosure may be made in a court filing under the consumer protection
30 act, chapter 19.86 RCW, or when authorized by chapter 19.86 RCW or
31 ordered by a court for good cause shown.

32 (4) With regard to the dispensation of a substitute prescription
33 drug for a prescribed drug to a covered individual, the provisions in
34 this subsection apply when a pharmacy benefits manager derives any
35 payment or benefit related to the price or cost of a drug dispensed
36 through a pharmacy benefits management contract.

1 (a) The pharmacy benefits manager may substitute a lower-priced
2 generic or therapeutically equivalent drug for a higher-priced
3 prescribed drug as authorized in chapter 69.41 RCW.

4 (b) The pharmacy benefits manager may substitute a higher-priced
5 drug for a lower-priced prescribed drug on behalf of a person enrolled
6 in a state purchased health care program, as defined in RCW 41.05.011,
7 when the drug substituted for the prescribed drug is a preferred drug
8 on the Washington state preferred drug list established under RCW
9 70.14.050.

10 (c) With regard to substitutions other than those authorized in (b)
11 of this subsection in which the substitute drug costs more than the
12 prescribed drug, the substitution must be made for medical reasons that
13 benefit the covered individual. If a substitution is being made under
14 this subsection, the pharmacy benefits manager shall obtain the
15 approval of the prescribing health professional or that person's
16 authorized representative after disclosing to the covered individual
17 and the covered entity the cost of both drugs and any benefit or
18 payment directly or indirectly accruing to the pharmacy benefits
19 manager as a result of the substitution.

20 (d) The pharmacy benefits manager shall disclose in full to the
21 covered entity any benefit or payment received in any form by the
22 pharmacy benefits manager as a result of a prescription drug
23 substitution under this subsection.

24 (5) A pharmacy benefits manager who derives any payment or benefit
25 for the dispensation of prescription drugs within the state based on
26 volume of sales for certain prescription drugs or classes or brands of
27 drugs within the state must disclose that payment or benefit in full to
28 the covered entity.

29 (6) A pharmacy benefits manager shall disclose to the covered
30 entity all financial terms and arrangements for remuneration of any
31 kind that apply between the pharmacy benefits manager and any
32 prescription drug manufacturer or labeler including, without
33 limitation, formulary management and drug-switch programs, educational
34 support, claims processing and pharmacy network fees that are charged
35 from retail pharmacies, and data sales fees.

36 (7) The agreement between a pharmacy benefits manager and a covered
37 entity must include a provision allowing the covered entity to have
38 audited the pharmacy benefits manager's books, accounts, and records,

1 including deidentified utilization information, as necessary to confirm
2 that the benefit of a payment received by the pharmacy benefits manager
3 is being disclosed as required by the contract, and that other
4 contractual provisions are being executed as agreed by the parties.

5 NEW SECTION. **Sec. 4.** WAIVERS. Any waiver by a covered entity of
6 the provisions of this chapter is contrary to public policy and is
7 unenforceable and void.

8 NEW SECTION. **Sec. 5.** ENFORCEMENT. (1) The legislature finds that
9 the practices covered by this chapter are matters vitally affecting the
10 public interest for the purpose of applying the consumer protection
11 act, chapter 19.86 RCW. A violation of this chapter is not reasonable
12 in relation to the development and preservation of business and is an
13 unfair or deceptive act in trade or commerce and an unfair method of
14 competition for the purpose of applying the consumer protection act,
15 chapter 19.86 RCW.

16 (2) The enforcement provisions of subsection (1) of this section
17 relate to state law only and are not intended to create an alternative
18 enforcement mechanism under the federal employee retirement income
19 security act of 1974 or any other federal law.

20 NEW SECTION. **Sec. 6.** If any provision of this act or its
21 application to any person or circumstance is held invalid, the
22 remainder of the act or the application of the provision to other
23 persons or circumstances is not affected.

24 NEW SECTION. **Sec. 7.** Sections 1 through 5 of this act constitute
25 a new chapter in Title 19 RCW.

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