

FIFTY-FIFTH LEGISLATURE
FIRST SESSION, 2021

HB 129/a

March 14, 2021

Mr. President:

Your **JUDICIARY COMMITTEE**, to whom has been referred

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has had it under consideration and reports same with recommendation that it **DO PASS**, amended as follows:

1. Strike all house health and human services committee amendments.

2. Strike all items of House Floor Amendment number 1.

3. On page 1, line 11, after the semicolon, strike the remainder of the line, strike lines 12 through 14 in their entirety and insert in lieu thereof "ENACTING A NEW SECTION OF THE PHARMACY BENEFITS MANAGER REGULATION ACT TO PROVIDE FOR COST SHARING CALCULATIONS."

4. On pages 1 through 12, strike Sections 1 through 5 in their entirety and insert in lieu thereof the following new sections:

"**SECTION 1.** A new section of the Pharmacy Benefits Manager Regulation Act is enacted to read:

"[NEW MATERIAL] PHARMACY BENEFITS MANAGER AND HEALTH INSURANCE ISSUER PROVISIONS RELATED TO PATIENT COST SHARING.--

A. To the extent allowed by federal law, when calculating an enrollee's contribution to any deductible, copayment or out-of-pocket maximum applicable to a prescription drug benefit or medical benefit, a health insurance carrier or pharmacy benefits manager shall, on a non-discriminatory basis, include all amounts paid by the enrollee or on the enrollee's behalf by any other person for a brand name prescription drug that is:

(1) without a generic equivalent; or

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(2) determined to be medically necessary by the prescriber.

B. As used in this section:

(1) "generic equivalent" means a drug that is designated to be therapeutically equivalent by the United States food and drug administration's approved drug products with therapeutic equivalence evaluations, except that a drug shall not be considered a generic alternative until the drug is nationally available; and

(2) "health insurance carrier" means an entity subject to state insurance laws, including a health insurance company, health maintenance organization, hospital and health service corporation, provider service network, nonprofit health care plan or any other entity that contracts or offers to contract, or enters into agreements to provide, deliver, arrange for, pay for or reimburse any costs of health care services, or that provides, offers or administers a health benefit plan or managed health care plan in the state.

C. The superintendent shall promulgate rules necessary to implement and carry out the provisions of this 2021 act."

SECTION 2. EFFECTIVE DATE.--The effective date of the provisions of this act is January 1, 2022."

and thence referred to the **FINANCE COMMITTEE.**,

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Respectfully submitted,

Joseph Cervantes, Chairman

Adopted _____ Not Adopted _____
(Chief Clerk) (Chief Clerk)

Date _____

The roll call vote was 7 For 0 Against

Yes: 7

No: 0

Excused: Baca, O'Neill

Absent: None

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