

1 HB640
2 118803-1
3 By Representatives Beasley, Sherer, Beech and Johnson
4 RFD: Health
5 First Read: 25-FEB-10

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8 SYNOPSIS: Under existing law, a health benefit plan
9 contracts with pharmacies to deliver drug
10 prescriptions to enrollees of the health benefit
11 plan.

12 This bill would require a health benefit
13 plan to apply the same coinsurance, copayment,
14 deductible, and quantity limits within the same
15 employer group and other plan-sponsored group to
16 all drug prescriptions, prescriptions filled by a
17 pharmacy provider who participates in the health
18 benefit plan's network, would prohibit a quantity
19 limitation unless uniformly applied, and prohibit a
20 mandated drug change by a health benefit plan.

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22 A BILL
23 TO BE ENTITLED
24 AN ACT

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26 Relating to health benefit plans and delivering of
27 prescriptions drugs; to require the same copayment,

1 coinsurance, deductible and quantity limits within the same
2 employer group and other plan-sponsored group to be applied to
3 all drug prescriptions filled by a pharmacy provider under
4 certain circumstances; and to further provide for certain
5 conditions or quantities and changes in prescription drug
6 orders.

7 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

8 Section 1. (a) For the purposes of this section, the
9 following words shall have the following meanings:

10 (1) ENROLLEE. A person enrolled in a health benefit
11 plan.

12 (2) HEALTH BENEFIT PLAN. Any individual or group
13 plan, employee welfare benefit plan, policy, or contract for
14 health care services issued, delivered, issued for delivery,
15 renewed in this state by a health care insurer, health
16 maintenance organization, accident and sickness insurer,
17 fraternal benefit society, nonprofit hospital service
18 corporation, nonprofit medical service corporation, health
19 care service plan, or any other person, firm, corporation,
20 joint venture, or other similar business entity that pays for,
21 purchases, or furnishes health care services to patients,
22 insureds, or beneficiaries in this state. The term includes,
23 but is not limited to, entities created pursuant to Article 6
24 of Chapter 4 of Title 10, Code of Alabama 1975. For the
25 purposes of this act, a health benefit plan located or
26 domiciled outside of the State of Alabama is deemed to be
27 subject to the provision of this act if it receives,

1 processes, adjudicates, pays, or denies claims for health care
2 services submitted by or on behalf of patients, insureds, or
3 beneficiaries who reside in the State of Alabama or who
4 receive health care services in the State of Alabama.

5 (b) Each health benefit plan shall apply the same
6 coinsurance, copayment, deductible and quantity limit factors
7 within the same employer group and other plan-sponsored group
8 factors to all drug prescriptions filled by a pharmacy
9 provider, whether by a retail provider or a mail order benefit
10 provider, who participates in the health benefit plan's
11 network. Nothing in this section shall be construed to
12 prohibit the health benefit plan from applying different
13 coinsurance, copayment, and deductible factors within the same
14 employer group and other plan-sponsored group between generic
15 and brand name drugs.

16 (c) A health benefit plan shall not set a limit on
17 the quantity of drugs which an enrollee may obtain at any one
18 time with a prescription, unless the limit is applied
19 uniformly to all pharmacy providers in the health benefit
20 plan's network.

21 (d) A health benefit plan shall not insist or
22 mandate any provider to change an enrollee's drug unless the
23 provider and the enrollee agree to the change.

24 Section 2. This act shall become effective October
25 1, 2010, following its passage and approval by the Governor,
26 or its otherwise becoming law.