

2024 Regular Session

HOUSE BILL NO. 509

BY REPRESENTATIVE BROWN

INSURANCE/HEALTH: Provides relative to pharmacy benefit managers

1 AN ACT

2 To amend and reenact R.S. 22:1657(B)(1), relative to pharmacy benefit managers; to
3 prohibit alterations of health benefit plans based on certain information pertaining
4 to prescription drugs; and to provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:1657(B)(1) is hereby amended and reenacted to read as follows:

7 §1657. Pharmacy benefit managers; prohibitions; published information

8 * * *

9 B.(1)(a) ~~No~~ A pharmacy benefit manager or other entity that administers
10 prescription drug benefits in Louisiana shall not prohibit, by contract, a pharmacy
11 or pharmacist from informing a patient of all relevant options when acquiring ~~their~~
12 his prescription medication, including but not limited to the cost and clinical efficacy
13 of a more affordable alternative if one is available, and the ability to pay cash if a
14 cash payment for the same drug is less than an insurance copayment or deductible
15 payment amount.

16 (b) A pharmacy benefit manager, insurer, or third-party administrator shall
17 not directly or indirectly set, alter, implement, or condition the terms of a health
18 benefit plan, including the benefit design, in part or entirely, based on information
19 about the availability or amount of financial or product assistance for a prescription
20 drug.

21 * * *

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 509 Original

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Abstract: Prohibits alterations of health benefit plans based on certain information about prescription drugs.

Proposed law prohibits a pharmacy benefit manager, insurer, or third-party administrator from directly or indirectly setting, altering, implementing, or conditioning the terms of a health benefit plan, including the benefit design, based on information about the availability or amount of financial or product assistance for a prescription drug.

(Amends R.S. 22:1657(B)(1))