

**304.17A-164 Limitations on insurers and pharmacy benefit managers regarding cost-sharing for prescription drugs.**

- (1) As used in this section:
  - (a) "Cost sharing" means the cost to an individual insured under a health benefit plan according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense requirements imposed by the plan;
  - (b) "Insurer" includes:
    1. An insurer offering a health benefit plan providing coverage for pharmacy benefits; or
    2. Any other administrator of pharmacy benefits under a health benefit plan;
  - (c) "Pharmacy" includes:
    1. A pharmacy, as defined in KRS Chapter 315;
    2. A pharmacist, as defined in KRS Chapter 315; or
    3. Any employee of a pharmacy or pharmacist; and
  - (d) "Pharmacy benefit manager" has the same meaning as in KRS 304.17A-161.
- (2) An insurer issuing or renewing a health benefit plan on or after January 1, 2019, or pharmacy benefit manager shall not:
  - (a) Require an insured purchasing a prescription drug to pay a cost-sharing amount greater than the amount the insured would pay for the drug if he or she were to purchase the drug without coverage under a health benefit plan;
  - (b) Prohibit a pharmacy from discussing any information under subsection (3) of this section; and
  - (c) Impose a penalty on a pharmacy for complying with this section.
- (3) A pharmacist shall have the right to provide an insured information regarding the applicable limitations on his or her cost-sharing pursuant to this section for a prescription drug.
- (4) Any amount paid by an insured under subsection (2)(a) of this section shall be attributable toward any annual out-of-pocket maximums under the insured's health benefit plan.

**Effective:** January 1, 2019

**History:** Created 2018 Ky. Acts ch. 144, sec. 1, effective January 1, 2019.