UNOFFICIAL COPY 20 RS HB 72/HCS 1

1	A	N ACT	relating to prescription drugs.
2	Be it enacted by the General Assembly of the Commonwealth of Kentucky:		
3	-	Section	n 1. KRS 304.17A-164 is amended to read as follows:
4	(1) A	s used i	n this section:
5	(a) "Co	st sharing" means the cost to an individual insured under a health benefit
6		plar	according to any coverage limit, copayment, coinsurance, deductible, or
7		othe	er out-of-pocket expense requirements imposed by the plan;
8	(b) <u>"Fi</u>	nancial assistance" means any discount, payment, product voucher,
9		<u>cou</u>	pon, or other assistance that is offered or provided by a drug
10		mai	nufacturer, nonprofit group, or other third-party to pay, or reduce, the
11		cosi	tof:
12		<u>1.</u>	A prescription drug for an insured; or
13		<u>2.</u>	An insured's cost-sharing requirements associated with a prescription
14			<u>drug;</u>
15	<u>(c</u>) ''Ge	eneric alternative" means a drug that is designated to be therapeutically
16		<u>equ</u>	ivalent, as indicated by the United States Food and Drug
17		Adn	ninistration's Approved Drug Products with Therapeutic Equivalence
18		Eva	luations, except that a drug shall not be considered a generic alternative
19		unl	ess the drug is nationally available;
20	<u>(d</u>	<u>')</u> "Ins	surer" includes:
21		1.	An insurer offering a health benefit plan providing coverage for
22			pharmacy benefits; or
23		2.	Any other administrator of pharmacy benefits under a health benefit
24			plan;
25	<u>(e)</u> [(c)]		"Pharmacy" includes:
26		1.	A pharmacy, as defined in KRS Chapter 315;
27		2.	A pharmacist, as defined in KRS Chapter 315; or

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1		3. Any employee of a pharmacy or pharmacist; and		
2		(f){(d)} "Pharmacy benefit manager" has the same meaning as in KRS 304.17A-		
3		161.		
4	(2)	An insurer issuing or renewing a health benefit plan on or after the effective date of		
5		this Act[January 1, 2019], or pharmacy benefit manager, shall not:		
6		(a) Require an insured purchasing a prescription drug to pay a cost-sharing		
7		amount greater than the amount the insured would pay for the drug if he or she		
8		were to purchase the drug without coverage under a health benefit plan;		
9		(b) Prohibit financial assistance received by an insured from being applied		
10		toward any cost sharing owed by the insured under the health benefit plan		
11		unless the prohibition is required to comply with federal law or the		
12		financial assistance is provided for a prescription drug for which there is a		
13		generic alternative;		
14		(c) Prohibit a pharmacy from discussing any information under subsection (3) of		
15		this section; and		
16		$\underline{(d)}$ [(e)] Impose a penalty on a pharmacy for complying with this section.		
17	(3)	A pharmacist shall have the right to provide an insured information regarding the		
18		applicable limitations on his or her cost-sharing pursuant to this section for a		
19		prescription drug.		
20	(4)	Any amount paid by, or on behalf of, an insured under subsection (2)(a) and (b) of		
21		this section shall be attributable toward any annual out-of-pocket maximums under		
22		the insured's health benefit plan. If in any situation the requirements of this		
23		subsection are invalid or incapable of being enforced due to conflict with federal		
24		law, the requirements of this subsection shall remain in full force and effect with		
25		respect to all insurers and in all situations where no such conflict exists.		
26	<u>(5)</u>	Subsections (2)(b) and (4) of this section shall not apply to any fully insured		
27		health benefit plan or self-insured plan provided to an employee under KRS		

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- 1 <u>18A.225.</u>
- 2 → Section 2. This Act takes effect January 1, 2021.

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