Stricken language would be deleted from and underlined language would be added to present law. Act 1103 of the Regular Session

1	State of Arkansas	As Engrossed: H4/15/21		
2	93rd General Assembly	A Bill		
3	Regular Session, 2021		HOUSE BILL 1881	
4				
5	By: Representatives M. Gray,	, Wardlaw, Murdock, V. Flowers		
6	By: Senator Rapert			
7				
8		For An Act To Be Entitled		
9	AN ACT TO ESTABLISH THE 340B DRUG PRICING			
10	NONDISCRIM	MINATION ACT; AND FOR OTHER PURP	POSES.	
11				
12				
13		Subtitle		
14	TO E	STABLISH THE 340B DRUG PRICING		
15	NOND	ISCRIMINATION ACT.		
16				
17				
18	BE IT ENACTED BY THE C	GENERAL ASSEMBLY OF THE STATE OF	ARKANSAS:	
19				
20	SECTION 1. Arkansas Code Title 23, Chapter 92, is amended to add an			
21	additional subchapter	to read as follows:		
22				
23	<u>Subchapter</u>	c 6 — 340B Drug Pricing Nondiscr	imination Act	
24				
25	23-92-601. Titl	<u>le.</u>		
26	This subchapter	shall be known and may be cited	l as the "340B Drug	
27	Pricing Nondiscriminat	ion Act".		
28				
29	<u>23-92-602. Defi</u>	<u>initions.</u>		
30	As used in this	subchapter:		
31	<u>(1) "Pati</u>	ient" means an individual seekin	g medical diagnosis and	
32	treatment;			
33	<u>(2) "Phar</u>	cmacy" means the same as defined	l in § 17-92-101;	
34	(3) "Prov	rider" means a licensed pharmaci	st as defined in § 17-	
35	<u>92-101;</u>			
36	(4)(A) "T	Third party" means:		

1	(i) A payor or the payor's intermediary; or			
2	(ii) A pharmacy benefits manager.			
3	(B) "Third party" does not include:			
4	(i) The Arkansas Medicaid Program;			
5	(ii) A risk-based provider organization as			
6	established under the Medicaid Provider-Led Organized Care Act, § 20-77-2701			
7	et seq.; or			
8	(iii) A self-insured governmental plan or a pharmacy			
9	benefits manager for a self-insured governmental plan; and			
10	(5) "340B drug pricing" means the program established under			
11	section 602 of the Veterans Health Care Act of 1992, Pub. L. No. 102-585.			
12				
13	23-92-603. Third-party requirements.			
14	A third party shall:			
15	(1) Inform a patient that the patient is not required to use a			
16	<pre>mail-order pharmacy;</pre>			
17	(2) Obtain a signed waiver from a patient before allowing the			
18	use of a mail-order pharmacy;			
19	(3) Make drug formulary and coverage decisions based on the			
20	third party's normal course of business;			
21	(4) Allow a patient the freedom to use any pharmacy or any			
22	provider the patient chooses, whether or not the pharmacy participates in			
23	340B drug pricing; and			
24	(5) Eliminate discriminatory contracting as it relates to:			
25	(A) Transferring the benefit of 340B drug-pricing savings			
26	from one (1) entity, including critical access hospitals, federally qualified			
27	health centers, other hospitals, or 340B drug-pricing participants and their			
28	underserved patients, to another entity, including without limitation			
29	pharmacy benefits managers, private insurers, and managed care organizations;			
30	(B) Pricing that occurs when offering a lower			
31	reimbursement for a drug purchased under 340B drug pricing than for the same			
32	drug not purchased under 340B drug pricing;			
33	(C) Refusal to cover drugs purchased under 340B drug			
34	<pre>pricing;</pre>			
35	(D) Refusal to allow 340B drug-pricing pharmacies to			
36	participate in networks; and			

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1	(E) Charging more than fair market value or seeking profit		
2	sharing in exchange for services involving 340B drug pricing.		
3			
4	23-92-604. Third party and pharmaceutical manufacturer - Prohibitions.		
5	(a) A third party shall not:		
6	(1) Coerce a patient into using a mail-order pharmacy;		
7	(2) Require a patient to use a mail-order pharmacy;		
8	(3) Discriminate, lower the reimbursement, or impose any		
9	separate terms upon a pharmacy in any other third party contract on the basis		
10	that a pharmacy participates in 340B drug pricing;		
11	(4) Require a pharmacy to reverse, resubmit, or clarify a 340B		
12	drug-pricing claim after the initial adjudication unless these actions are in		
13	the normal course of pharmacy business and not related to 340B drug pricing;		
14	(5) Require a billing modifier to indicate that the drug or		
15	claim is a 340B drug-pricing claim unless the drug or claim is being billed		
16	to the fee-for-service Arkansas Medicaid Program;		
17	(6) Modify a patient's copayment on the basis of a pharmacy's		
18	participation in 340B drug pricing;		
19	(7) Exclude a pharmacy from a network on the basis of the		
20	pharmacy's participation in 340B drug pricing;		
21	(8) Establish or set network adequacy requirements based on 340B		
22	drug pricing participation by a provider or a pharmacy; or		
23	(9) Prohibit an entity authorized to participate in 340B drug		
24	pricing or a pharmacy under contract with an entity authorized to participate		
25	in 340B drug pricing from participating in the third party's provider network		
26	on the basis of participation in 340B drug pricing.		
27	(b) A third party that is a pharmacy benefits manager shall not base		
28	the drug formulary or drug coverage decisions upon the 340B drug-pricing		
29	status of a drug, including price or availability, or whether a dispensing		
30	pharmacy participates in 340B drug pricing.		
31	(c) A pharmaceutical manufacturer shall not:		
32	(1) Prohibit a pharmacy from contracting or participating with		
33	an entity authorized to participate in 340B drug pricing by denying access to		
34	drugs that are manufactured by the pharmaceutical manufacturer; or		
35	(2) Deny or prohibit 340B drug pricing for an Arkansas-based		
36	community pharmacy that receives drugs purchased under a 340B drug pricing		

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1	contract pharmacy arrangement with an entity authorized to participate in
2	340B drug pricing.
3	
4	23-92-605. Pharmacy claims.
5	All pharmacy claims processed by a pharmacy that participates in 340B
6	drug pricing are final at the point of adjudication.
7	
8	23-92-606. Rules.
9	The Insurance Commissioner shall promulgate rules to implement this
10	subchapter.
11	
12	/s/M. Gray
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15	APPROVED: 5/3/21
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