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AUG 29 2022

MARKUP RULE 123

BUREAU OF LEGISLATIVE RESEARCH

340B DRUG PROGRAM NONDISCRIMINATION REQUIREMENTS

- I. AUTHORITY
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I. AUTHORITY

This rule is issued pursuant to Ark. Code Ann. § 23-92-606 which mandates that the Insurance Commissioner ("Commissioner") shall a promulgate a rule to implement the subchapter pertaining to the 340B Drug Pricing Nondiscrimation Act.

II. DEFINITIONS

As used in this Rule:

- (1) "Arkansas-based community pharmacy" means a Pharmacy licensed and located in this State;
- (2) "Covered entity" means an entity that meets the 340B Drug Pricing Program's eligibility requirements found at 42 U.S.C. § 256b(a)(4) to participate and is enrolled in the 340B Drug Pricing Program;
- (3) "Patient" means an individual who has an established relationship with a covered entity and is seeking medical diagnosis and treatment from the covered entity
- (4) "Pharmacy" means the same as defined in § 17-92-101;
- (5) "Provider" means a licensed pharmacist as defined in § 17-35 92-101;
- (6)(A) "Third party" means:
- (i) A payor or the payor's intermediary;
- or (ii) A pharmacy benefits manager.

- (B) "Third party" does not include:
- (i) The Arkansas Medicaid Program;
- (ii) A risk-based provider organization as established under the Medicaid Provider-Led Organized Care Act, § 20-77-2701 et seq.; or
- (iii) A self-insured governmental plan or a pharmacy benefits manager for a self-insured governmental plan; and
- (7) "340B drug pricing" means the acquisition and delivery of 340B-priced drugs as established under section 602 of the Veterans Health Care Act of 1992, Pub. L. No. 102-585.

III. THIRD PARTY REQUIREMENTS

A third party shall:

- (1) Inform a patient that the patient is not required to use a mail-order pharmacy;
- (2) Obtain a signed waiver from a patient before allowing the use of a mail-order pharmacy;
- (3) Make drug formulary and coverage decisions based on the third party's normal course of business;
- (4) Allow a patient the freedom to use any pharmacy or any provider the patient chooses, whether or not the pharmacy participates in 340B drug pricing; and
- (5) Eliminate discriminatory contracting as it relates to:
- (A) Transferring the benefit of 340B drug-pricing savings from one (1) entity, including critical access hospitals, federally qualified health centers, other hospitals, or 340B drug-pricing participants and their underserved patients, to another entity, including without limitation pharmacy benefits managers, private insurers, and managed care organizations;
- (B) Pricing that occurs when offering a lower reimbursement for a drug purchased under 340B drug pricing than for the same drug not purchased under 340B drug pricing;
- (C) Refusal to cover drugs purchased under 340B drug pricing;
- (D) Refusal to allow 340B drug-pricing pharmacies to participate in networks; and
- (E) Charging more than fair market value or seeking profit sharing in exchange for services involving 340B drug pricing.

IV. THIRD PARTY AND PHARMACEUTICAL MANUFACTURER-PROHIBITIONS

(a) A third party shall not:

- (1) Coerce a patient into using a mail-order pharmacy;
- (2) Require a patient to use a mail-order pharmacy;
- (3) Discriminate, lower the reimbursement, or impose any separate terms upon a pharmacy in any other third party contract on the basis that a pharmacy participates in 340B drug pricing;
- (4) Require a pharmacy to reverse, resubmit, or clarify a 340B drug-pricing claim after the initial adjudication unless these actions are in the normal course of pharmacy business and not related to 340B drug pricing;
- (5) Require a billing modifier to indicate that the drug or claim is a 340B drug-pricing claim unless the drug or claim is being billed to the fee-for-service Arkansas Medicaid Program;
- (6) Modify a patient's copayment on the basis of a pharmacy's participation in 340B drug pricing;
- (7) Exclude a pharmacy from a network on the basis of the pharmacy's participation in 340B drug pricing;
- (8) Establish or set network adequacy requirements based on 340B drug pricing participation by a provider or a pharmacy; or
- (9) Prohibit an entity authorized to participate in 340B drug pricing or a pharmacy under contract with an entity authorized to participate in 340B drug pricing from participating in the third party's provider network on the basis of participation in 340B drug pricing.
- (b) A third party that is a pharmacy benefits manager shall not base the drug formulary or drug coverage decisions upon the 340B drug-pricing status of a drug, including price or availability, or whether a dispensing pharmacy participates in 340B drug pricing.
- (c) A pharmaceutical manufacturer shall not:
- (1) Prohibit a pharmacy from contracting or participating with an entity authorized to participate in 340B drug pricing by denying access to drugs that are manufactured by the pharmaceutical manufacturer; or
- (2) Deny or prohibit 340B drug pricing for an Arkansas-based community pharmacy that receives drugs purchased under a 340B drug pricing contract pharmacy arrangement with an entity authorized to participate in 340B drug pricing.

The prohibitions in this subsection shall only apply to drug pricing contracts with or on behalf of a covered entity located and conducting business in Arkansas and is inapplicable to conduct occurring exclusively and entirely outside the boundaries of this State.

The prohibitions in this subsection shall also only apply to 340B drug pricing contract pharmacy arrangement transactions pertaining to a patient of a covered entity.

1	7.	PH	ARI	MA	CY	CLA	IMS

All pharmacy claims processed by a pharmacy that participates in 340B drug pricing are final at the point of adjudication.

VI. PENALTIES

The penalties, actions or orders, as authorized under Ark. Code Ann. §§ 23-66-209 and 23-66-210, shall apply to violations of this Rule.

VII. EFFECTIVE DATE

This Rule is effective after review and approval by the Arkansas Legislative Council, ten (10) days after filing of the approved Rule with the Arkansas Secretary of State.

ALAN MCCLAIN INSURANCE COMMISSIONER

DATE

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	7
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. Arka	ansas 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.</u> Defi	<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.
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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	mail-order pharmacy;
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

As Engrossed: H4/15/21 HB1881

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

As Engrossed: H4/15/21 HB1881

1	contract pharmacy arrangement with an entity authorized to participate in
2	340B drug pricing.
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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.
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8	23-92-606. Rules.
9	The Insurance Commissioner shall promulgate rules to implement this
10	subchapter.
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12	/s/M. Gray
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15	APPROVED: 5/3/21
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