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SENATE COMMITTEE SUBSTITUTE FOR SENATE, Nos. 2690 and 2727

STATE OF NEW JERSEY

218th LEGISLATURE

ADOPTED JANUARY 17, 2019

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SYNOPSIS

Prohibits pharmacy benefits managers and carriers from engaging in "clawback" and "gag clause" practices; requires certain disclosures by pharmacists; requires Commissioner of Health to conduct public information campaign.

CURRENT VERSION OF TEXT

As amended by the Senate on January 31, 2019.

(Sponsorship Updated As Of: 2/22/2019)

AN ACT concerning pharmacy benefits managers and pharmacies and supplementing P.L.2015, c.179 (C.17B:27F-1 et seq.), P.L.2003, c.280 (C.45:14-40 et seq.), and Title 26 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

- 1. a. A pharmacy benefits manager, in connection with any contract or arrangement with a private health insurer, prescription benefit plan, or the State Health Benefits Program or School Employees' Health Benefits Program, shall not charge a covered person a copayment for a prescription drug benefit in an amount that exceeds the cost of the prescription drug that the pharmacy would charge to persons who do not purchase the prescription drug through their health insurance coverage.
- b. A pharmacy benefits manager shall not prohibit a network pharmacy from disclosing to a covered person lower cost prescription drug options, including those that are available to the covered person if the covered person purchases the prescription drug without using health insurance coverage.
- c. Any provision of a contract that conflicts with the provisions of subsection b. of this section shall be void and unenforceable.
- d. A violation of this section shall be an unlawful practice and a violation of P.L.1960, c.39 (C.56:8-1 et seq.).

- 2. Notwithstanding any law or contract to the contrary, a pharmacist at a pharmacy practice site shall inform each patient, at the time of taking an order from a patient for home delivery or at the time of dispensing a prescription drug to the patient at the practice site:
 - a. of the lowest cost option for the prescription drug; and
- b. whether there is an alternative drug that is less expensive and interchangeable with the prescription drug, and if needed, that the consumer can discuss with the prescribing health care provider whether the alternative drug would be appropriate for the consumer.

¹[3. a. When a carrier provides coverage for a prescription drug under a covered person's health insurance policy or health benefits plan, and the covered person elects not to use that coverage to purchase the prescription drug but instead purchases the prescription drug at a lesser cost than the covered person's copayment for that prescription drug if the covered person purchased the prescription drug using that coverage, then the carrier

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

¹ Senate floor amendments adopted January 31, 2019.

shall apply the amount of the lesser cost actually paid toward any individual or family out-of-pocket limits for that covered person's policy for that policy period, provided the covered person provides the carrier with a sales receipt that documents the amount the covered person paid for the prescription drug.

b. A carrier shall provide an annual notice to covered persons regarding the right of covered persons to have the costs that they actually paid applied to out-of-pocket limits for the policy under the circumstances set forth in subsection a. of this section. \mathbf{I}^1

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- ¹3. a. A carrier that provides benefits for prescription drugs shall not charge a covered person a copayment for a prescription drug benefit in an amount that exceeds the cost of the prescription drug that the pharmacy would charge to persons who do not purchase the prescription drug through their health insurance coverage.
- b. A carrier shall not prohibit a network pharmacy from disclosing to a covered person lower cost prescription drug options, including those that are available to the covered person if the covered person purchases the prescription drug without using health insurance coverage.
- c. Any provision of a contract that conflicts with the provisions of subsection b. of this section shall be void and unenforceable.
- d. A violation of this section shall be an unlawful practice and a violation of P.L.1960, c.39 (C.56:8-1 et seq.).

- 4. The Commissioner of Health shall develop a public information campaign to educate consumers in this State about their right to ¹[:
- (1) \mathbf{I}^1 ask a pharmacist about the lowest cost option for any prescription drug ${}^1\mathbf{I}$; and
- (2) have their costs actually paid applied to out-of-pocket limits for the policy under the circumstances set forth in subsection a. of section 3 of this act 1.

As part of the information campaign, the commissioner shall develop a method that informs consumers about these rights, in a highly visible location near the point of purchase for prescription drugs. The commissioner shall integrate the consumer notification with other consumer informational requirements for pharmacists.

5. This act shall take effect on the 90th day next following enactment.