

SENATE BILL No. 165

By Committee on Public Health and Welfare

2-6

AN ACT concerning health benefit plans; relating to drug prescriptions.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) As used in this section: "Health benefit plan" means any group health insurance policy, medical service plan or contract, hospital service corporation contract, hospital and medical service corporation contract or fraternal benefit society which provides coverage for health benefits and all contracts issued by health maintenance organizations organized or authorized to transact business in this state.

(b) Every health benefit plan shall apply the same coinsurance, copayment and deductible factors to all drug prescriptions filled by a pharmacy provider who participates in the health benefit plan's network if the provider meets the contract's explicit product cost determination. If any such contract is rejected by any pharmacy provider, the health benefit plan may offer other contracts necessary to comply with any network adequacy provisions. However, nothing in this section shall be construed to prohibit the health benefit plan from applying different coinsurance, copayment and deductible factors between generic and brand name drugs.

(c) A health benefit plan shall not set a limit on the quantity of drugs which an enrollee may obtain at any one time with a prescription, unless such limit is applied uniformly to all pharmacy providers in the health benefit plan's network.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.