Session of 2023

SENATE BILL No. 236

By Committee on Public Health and Welfare

2-10

1	AN ACT concerning insurance; relating to pharmacy benefits managers;
2	the federal 340B drug pricing program; prohibiting disparate treatment
3	of pharmacies based upon participation in the 340B program; requiring
4	drug manufacturers to provide 340B pricing to pharmacies that enter
5	into contractual agreements covered under the 340B program;
6	prohibiting pharmacy benefits managers from denying patients the use
7	of the pharmacy and healthcare provider chosen by such patients.
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9	Be it enacted by the Legislature of the State of Kansas:
10	Section 1. (a) This section shall be known and may be cited as the
11	340B drug pricing nondiscrimination act.
12	(b) As used in this section:
13	(1) "340 drug pricing" means the federal 340B drug pricing program
14	authorized by 42 U.S.C. § 256b;
15	(2) "community pharmacy" means a pharmacy that is licensed and
16	located in the state of Kansas;
17	(3) "covered entity" means an entity that is participating in the federal
18	340B drug pricing program authorized by 42 U.S.C. § 256b, including
19	such entity's pharmacy or pharmacies, or any pharmacy or pharmacies
20	contracted for the purpose of dispensing drugs purchased through such
21	program;
22	(4) "hospital" includes a hospital as defined in K.S.A. 65-425, and
23	amendments thereto, and a rural emergency hospital as defined in K.S.A.
24	65-483, and amendments thereto;
25	(5) "patient" means an individual who has an established relationship
26	with a covered entity and is seeking medical diagnosis and treatment from
27	such covered entity;
28	(6) "pharmaceutical manufacturer" means the same as "manufacturer"
29	in K.S.A. 65-1626, and amendments thereto;
30	(7) "pharmacy" means the same as defined in K.S.A. 65-1626, and
31	amendments thereto;
32	(8) "pharmacy benefits manager" means the same as defined in
33	K.S.A. 40-3822, and amendments thereto;
34	(9) "provider" means an individual currently licensed by the board of
35	pharmacy to practice the profession of pharmacy in this state; and
36	(10) "third party" means a payor that reimburses a pharmacy for

drugs or services, including a pharmacy benefits manager. "Third party"
 does not include the Kansas program of medical assistance under K.S.A.
 39-709, and amendments thereto, or a managed care organization
 providing state medicaid or children's health insurance program services
 under the Kansas medical assistance or the state healthcare benefits
 program.

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(c) A third party shall:

8 (1) Inform a patient that such patient is not required to use a mail-9 order pharmacy;

10 (2) obtain a signed waiver from a patient before allowing the use of a 11 mail-order pharmacy;

(3) make drug formulary and coverage decisions based on the thirdparty'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

17 (5) eliminate contracts with discriminatory terms, including terms18 that:

(A) Transfer the benefits of 340B drug pricing savings from one
entity, including hospitals, federally qualified health centers or covered
entities and their underserved patients, to another entity, including
pharmacy benefits managers, private insurers and managed care
organizations;

(B) offer a lower reimbursement for a drug purchased under 340B
drug pricing than for the same drug not purchased under 340B drug
pricing;

(C) refuse to cover drugs purchased under 340B drug pricing;

(D) refuse to allow 340B drug pricing pharmacies to participate innetworks; and

30 (E) charge more than fair market value or seek profit sharing in 31 exchange for services involving 340B drug pricing.

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(d) A third party shall not:

33 (1) Coerce a patient into or require a patient to use a mail-order34 pharmacy;

discriminate, lower the reimbursement for or impose any separate
 terms upon a pharmacy in any other third party contract because a
 pharmacy participates in 340B drug pricing;

(3) require a pharmacy to reverse, resubmit or clarify a 340B drug
 pricing claim after the initial adjudication unless such actions are in the
 normal course of pharmacy business and not related to 340B drug pricing;

41 (4) require a billing modifier to indicate that the drug or claim is a42 340B drug pricing

43 claim unless the drug or claim is being billed as part of the medicaid

1 fee-for-service program;

2 (5) modify a patient's copayment on the basis of a pharmacy's
 3 participation in 340B drug pricing;

4 (6) exclude a pharmacy from a network on the basis of the 5 pharmacy's participation in 340B drug pricing;

6 (7) establish or set network adequacy requirements based on 340B 7 drug pricing participation by a provider or a pharmacy; or

8 (8) prohibit a covered entity or a pharmacy under contract with a
9 covered entity from participating in the third party's provider network
10 because of such entity's participation in 340B drug pricing.

(e) A third party that is a pharmacy benefits manager shall not base
 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.

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(f) A pharmaceutical manufacturer shall not:

16 (1) Prohibit a pharmacy from contracting or participating with a 17 covered entity by denying access to drugs that are manufactured by the 18 pharmaceutical manufacturer; or

(2) deny or prohibit 340B drug pricing for a community pharmacy
that receives drugs purchased under a 340B drug pricing contract
pharmacy arrangement with a covered entity.

(f) All pharmacy claims processed by a pharmacy that participates in340B drug pricing are final at the point of adjudication.

(g) The commissioner of insurance shall adopt rules and regulationsnecessary to carry out the provisions of this section.

26 Sec. 2. This act shall take effect and be in force from and after its 27 publication in the statute book.