

HOUSE COMMITTEE OF REFERENCE REPORT

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Chair of Committee

February 19, 2025  
Date

Committee on Health & Human Services.

After consideration on the merits, the Committee recommends the following:

HB25-1094 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

- 1 Amend printed bill, page 2, line 9, strike "A CARRIER OR A SELF-FUNDED".
- 2 Page 2, strike line 11 and substitute "FROM CLIENT TO CLIENT OF THE PBM
- 3 BASED ON THE NUMBER OF HEALTH BENEFIT PLAN PARTICIPANTS,".
- 4 Page 3, after line 7 insert:
  - 5 "(b) IF A PBM, WHICH MAY BE A PARENT OR SUBSIDIARY ENTITY
  - 6 TO OR OTHERWISE INTEGRATED WITH AN INSURANCE CARRIER THAT
  - 7 OFFERS A HEALTH BENEFIT PLAN, INADVERTENTLY COLLECTS INCOME
  - 8 DERIVED FROM SOURCES PROHIBITED BY SUBSECTION (2)(a)(I) OF THIS
  - 9 SECTION, THE PBM SHALL PASS THE INCOME THROUGH TO THE HEALTH
  - 10 BENEFIT PLAN BENEFICIARIES.
  - 11 (c) A PBM MUST BE REIMBURSED BY A HEALTH BENEFIT PLAN FOR
  - 12 LOWERING AGGREGATED PRESCRIPTION DRUG SPENDING FOR THE PLAN
  - 13 OVER A GIVEN PERIOD OF TIME. A PBM MUST ALSO BE REIMBURSED FOR
  - 14 THE DIRECT SERVICES THE PBM PROVIDES TO THE HEALTH BENEFIT
  - 15 PLAN."
- 16 Reletter succeeding paragraph accordingly.
- 17 Page 3, line 11, strike "(3) (a)" and substitute "(3)".
- 18 Page 3, strike lines 15 through 17 and substitute "PRESCRIPTION DRUG
- 19 INGREDIENTS AND A REASONABLE AND ADEQUATE DISPENSING FEE. IF THE
- 20 NATIONAL AVERAGE DRUG ACQUISITION COST IS NOT".
- 21 Page 3, strike lines 21 through 27.

1 Page 4, strike lines 1 through 14 and substitute:

2 "(4) (a) A CONTRACT BETWEEN A PBM AND A COVERED PERSON'S  
3 HEALTH BENEFIT PLAN MUST INCLUDE A PROVISION THAT REQUIRES THE  
4 PBM TO DISCLOSE PRESCRIPTION DRUG COST INFORMATION TO THE  
5 HEALTH BENEFIT PLAN, INCLUDING CLAIMS-LEVEL PHARMACY DATA AND  
6 PBM CREDITS TO THE HEALTH BENEFIT PLAN. THE INFORMATION MUST BE  
7 PROVIDED WITHIN THIRTY DAYS AFTER THE DATE OF THE NOTIFICATION TO  
8 THE PBM BY THE HEALTH BENEFIT PLAN OR AT REGULAR NEGOTIATED  
9 REPORTING INTERVALS NECESSARY FOR THE HEALTH BENEFIT PLAN TO  
10 DETERMINE THE PBM'S COMPLIANCE WITH THE CONTRACT TERMS AND  
11 THIS SECTION. THE PBM SHALL ASSESS NO ADDITIONAL FEES WITH  
12 REGARD TO PROVISION OF THIS INFORMATION.

13 (b) THE CONTRACT BETWEEN THE PBM AND A COVERED PERSON'S  
14 HEALTH BENEFIT PLAN MUST INCLUDE A PROVISION AUTHORIZING THE  
15 COVERED PERSON'S HEALTH BENEFIT PLAN TO ANNUALLY EXECUTE AN  
16 AUDIT FOR THE PURPOSE OF VALIDATING COMPLIANCE WITH CONTRACT  
17 TERMS AND THIS SECTION."

18 Page 4, line 18, strike "January 1, 2026;" and substitute "January 1,  
19 2027;"

20 Page 4, line 24, after "effect" insert "January 1, 2027, or".

21 Page 4, line 25, strike "governor." and substitute "governor, whichever is  
22 later."

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