

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

HB25-1094 be amended as follows:

- 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 BASED ON THE NUMBER OF HEALTH BENEFIT PLAN PARTICIPANTS,".
- 4 Page 3, line 23, strike "CARRIER OR SELF-FUNDED".
- 5 Page 3, strike lines 25 through 27.
- 6 Page 4, strike lines 1 through 14 and substitute:

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

18        (b) THE CONTRACT BETWEEN THE PBM AND A COVERED PERSON'S  
19 HEALTH BENEFIT PLAN MUST INCLUDE A PROVISION AUTHORIZING THE  
20 COVERED PERSON'S HEALTH BENEFIT PLAN TO ANNUALLY EXECUTE AN  
21 AUDIT FOR THE PURPOSE OF VALIDATING COMPLIANCE WITH CONTRACT  
22 TERMS AND THIS SECTION.".

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