



130th MAINE LEGISLATURE

SECOND REGULAR SESSION-2022

Legislative Document

No. 1783

S.P. 621

In Senate, December 9, 2021

**An Act To Require Health Insurance Carriers and Pharmacy
Benefits Managers To Appropriately Account for Cost-sharing
Amounts Paid on Behalf of Insureds**

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Received by the Secretary of the Senate on December 7, 2021. Referred to the Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed.

A handwritten signature in black ink, appearing to read 'D M Grant'.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator SANBORN of Cumberland.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 24-A MRSA §4349, sub-§6** is enacted to read:

3 **6. Cost-sharing amounts paid on behalf of covered person.** When calculating a
4 covered person's contribution to any applicable cost-sharing or other out-of-pocket
5 expense under a covered prescription drug benefit, a carrier or pharmacy benefits manager
6 shall give credit for any waiver, discount provided or payment made by a 3rd party for the
7 amount of, or any portion of the amount of, the applicable cost-sharing or other out-of-
8 pocket expense for the covered prescription drug benefit. The requirements of this
9 subsection do not apply in the case of a prescription drug for which there is a generic
10 alternative, unless the covered person has obtained access to the brand-name drug through
11 prior authorization, a step therapy override exception or other exception or appeal process.

12 **Sec. 2. Application.** The requirements of this Act apply to prescription drug benefits
13 provided pursuant to a contract or policy of insurance by a carrier or a pharmacy benefits
14 manager on behalf of a carrier on or after January 1, 2023.

15 **SUMMARY**

16 This bill requires health insurance carriers and their pharmacy benefits managers to
17 include cost-sharing amounts paid on behalf of an insured when calculating the insured's
18 contribution to any out-of-pocket maximum, deductible or copayment when a drug does
19 not have an alternative equivalent or was obtained through prior authorization, a step
20 therapy override exception or an exception or appeal process. The bill's requirements apply
21 to prescription drug benefits provided pursuant to a contract or policy of insurance by a
22 carrier or a pharmacy benefits manager on behalf of a carrier on or after January 1, 2023.