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.

Presented by Senator SANBORN of Cumberland.
Be it enacted by the People of the State of Maine as follows:

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

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

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

SUMMARY

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