

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH10016-MR-2

Short Title: Access to Prescription Drug Cost Information. (Public)

Sponsors: Representative Sasser.

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE ACCESS TO ACCURATE PRESCRIPTION DRUG BENEFIT COST
3 INFORMATION.

4 The General Assembly of North Carolina enacts:

5 SECTION 1. Chapter 58 of the General Statutes is amended by adding a new Article
6 to read:

7 "Article 56B.

8 "Access to Prescription Drug Benefit Cost Information.

9 "§ 58-56B-1. Definitions.

10 The following definitions apply in this Article:

- 11 (1) Coverage. – The drug formulary information for a health benefit plan that
12 includes the brand and generic prescription drugs that the payor will cover for
13 a specific patient under the patient's health benefit plan.
- 14 (2) Dispenser. – Anyone licensed to dispense prescription drugs under the laws
15 of this State.
- 16 (3) Intermediary. – Any entity, including real-time networks and translation
17 services, that accepts an electronic transaction from another organization and
18 electronically routes the transaction to a receiving entity or facilitates the
19 routing of prescription drug benefit transactions.
- 20 (4) Health care services. – A health or medical care procedure or service rendered
21 by a health care provider that does at least one of the following:
22 a. Provides testing, diagnosis, or treatment of a human disease or
23 dysfunction.
24 b. Dispenses drugs, medical devices, medical appliances, or medical
25 goods for the treatment of a human disease or dysfunction.
- 26 (5) Patient-specific eligibility information. – Information on the status of the
27 health benefit plan and the prescription benefit available under a health benefit
28 plan provided to a specific patient by a payor, including any exclusions and
29 limitations under the health benefit plan and the prescription drug benefit
30 under the health benefit plan.
- 31 (6) Patient-specific prescription drug benefit and cost information. – The type of
32 prescription drug coverage offered to a patient by the patient's payor and any
33 out-of-pocket costs that may be incurred by the patient under the coverage,
34 including the patient's copayment, coinsurance, and deductible.
- 35 (7) Payor. – Any of the following:



- 1 a. An insurer or nonprofit health service plan that provides hospital,
 2 medical, prescription drug, or surgical benefits to individuals or
 3 groups on an expense-incurred basis under health insurance policies
 4 or contracts that are issued or delivered in the State.
- 5 b. A health maintenance organization that provides hospital, medical, or
 6 surgical benefits to individuals or groups under contracts that are
 7 issued or delivered in the State.
- 8 c. A pharmacy benefits manager.
- 9 (8) Pharmacy benefits manager. – As defined in G.S. 58-56A-1.
- 10 (9) Prescriber. – A licensed health care professional authorized by law to
 11 prescribe a prescription drug.
- 12 (10) Provider. – Any person or facility that is licensed or authorized in this State to
 13 provide health care services.
- 14 (11) Real time. – Delivered immediately after collection.
- 15 (12) Standard transaction. – Any electronic process that does all of the following:
- 16 a. Facilitates interoperability and data exchange of prescription drug
 17 benefit and investigation response information.
- 18 b. Is developed by an organization accredited by the American National
 19 Standards Institute.
- 20 (13) Switch. – Has the same meaning as the term "intermediary."
- 21 (14) Therapeutically equivalent alternative. – Any prescription drug that does all
 22 of the following:
- 23 a. Has the same clinical effect and safety profile to another prescription
 24 drug prescribed for a patient.
- 25 b. Is known to have nearly identical properties to another prescription
 26 drug prescribed for a patient.
- 27 c. May be interchanged for another prescription drug prescribed for a
 28 patient.

29 **"§ 58-56B-5. Findings of fact.**

30 The General Assembly of North Carolina makes the following findings:

- 31 (1) There is a need for clear and meaningful transparency that lowers
 32 out-of-pocket prescription drug costs for patients and drives clinically
 33 appropriate, data-driven shared decision making that ensures patients are
 34 informed and understand the full range of options to obtain their medically
 35 necessary medications.
- 36 (2) Patients need to understand the opportunity to derive full value of their health
 37 benefit plan formularies and understand coverage and payment considerations
 38 for drugs on those formularies, including lower-cost clinical and therapeutic
 39 alternatives.
- 40 (3) Patients need to understand the opportunity to benefit from competitive
 41 pricing of prescription drugs outside their health benefit plan's prescription
 42 drug formulary, whether in the form of a lower cash price, patient assistance,
 43 or foundation programs.

44 **"§ 58-56B-10. Access to prescription drug benefit and cost information.**

45 (a) Health benefit plans, pharmacy benefits managers, or any entities' action on behalf of
 46 a health benefit plan shall electronically provide to any point of prescribing of a prescription
 47 drug, any point of dispensing of a prescription drug, or any patient-facing, real-time benefit tool
 48 the minimum information described in subsection (b) to inform patient prescription price
 49 transparency and patients' access to their prescribed medications.

50 (b) Payors, providers, pharmacies, and other organizations involved in the process of
 51 prescribing, dispensing, paying for, and exchanging information relating to prescription drugs,

1 including intermediaries, real-time networks, switches, and translation services shall take any
2 actions necessary to facilitate the creation of, access to, and use of the technology described in
3 subsection (a) of this section.

4 (c) Patient prescription price transparency technology shall not be prohibited from
5 displaying patient financial and resource assistance when that information is available for the
6 prescription drug selected by a provider.

7 **"§ 58-56B-15. Real time requirements.**

8 (a) Requests for patient-specific drug benefit and cost information through the
9 technology required under G.S. 58-56B-10 and any responses to those requests using that
10 technology shall be sent and received in real time.

11 (b) The real-time exchange of patient-specific eligibility information, including any
12 information related to a health benefit plan's coverage, benefits, formulary, and cost-sharing
13 requirements, shall be facilitated using health care industry standards developed by an
14 organization accredited by the American National Standards Institute.

15 (c) Electronic health records shall display, through real-time integration, the most
16 up-to-date patient-specific eligibility information, including information on a health benefit
17 plan's coverage, benefits, formulary, cost-sharing requirements, therapeutically equivalent
18 alternatives, and prior authorization requirements.

19 (d) Electronic health record vendors, payors, providers, pharmacies, and other
20 organizations involved in the process of prescribing, dispensing, paying for, and exchanging
21 information relating to prescription drugs shall partner with intermediaries to ensure the delivery
22 of accurate patient-specific prescription price transparency information.

23 (e) Intermediaries shall be capable of supporting and using a standard transaction that
24 meets the requirements of this section.

25 (f) Patient-specific information, as described in G.S. 58-56B-15(c), shall be provided in
26 real time.

27 **"§ 58-56B-20. Benefit and cost information requirements.**

28 (a) Nothing in this Article shall interfere with patient choice and a health care
29 professional's ability to convey the full range of prescription drug cost options to a patient. Health
30 benefit plans, pharmacy benefit managers, or any entities acting on behalf of a health benefit plan
31 shall not restrict a health care professional from communicating prescription cost options to a
32 patient.

33 (b) A payor shall not prohibit the display of patient-specific prescription drug benefit and
34 cost information at the point of prescribing that reflects options available for covering the cost of
35 a prescription drug other than what may be available under the patient's health benefit plan,
36 including cash-pay options, coverage through assistance or support programs, and cost coverage
37 options at the patient's pharmacy of choice.

38 (c) A provider shall communicate to a patient the most therapeutically appropriate
39 treatment for the patient's diagnosis and, when appropriate, prescription drug cost information,
40 including the cash price, therapeutically equivalent alternatives, and delivery options for a
41 prescription drug.

42 (d) In order to protect a patient's privacy and right to choose the means of prescription
43 drug cost coverage, if a patient chooses not to use the prescription drug benefit under the patient's
44 health benefit plan to obtain a prescription drug, a provider does not have an obligation to convey
45 that fact to the payor who provides the health benefit plan.

46 **"§ 58-56B-25. Construction.**

47 Nothing in this Article shall be construed to interfere with a patient's choice of prescription
48 drug cost coverage or to interfere with patient choice and the ability of a health care professional
49 to convey the full range of prescription drug cost options to a patient. Health benefit plans,
50 pharmacy benefit managers, or any entities acting on behalf of a health benefit plan shall not
51 restrict a health care professional from communicating prescription cost options to a patient."

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SECTION 2. This act is effective July 1, 2021.