ASSEMBLY BILL NO. 434–COMMITTEE ON HEALTH AND HUMAN SERVICES

MARCH 27, 2023

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing prescription drugs. (BDR 57-652)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact. Effect on the State: Yes.

EXPLANATION - Matter in *bolded italics* is new; matter between brackets [omitted material] is material to be omitted.

AN ACT relating to prescription drugs; prohibiting a pharmacy benefit manager or health carrier from taking certain actions against entities that participate in a federal program to facilitate the discounted purchase of prescription drugs; prohibiting a program administered by the Department of Health and Human Services to provide therapeutics to persons with human immunodeficiency virus from taking similar actions; imposing certain limitations on the use of money available to administer the program to provide therapeutics to persons with human immunodeficiency virus; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 Existing federal law creates a program, known as the 340B Program, by which 234567 certain hospitals and other facilities that provide health care to low-income patients are able to purchase certain drugs at discounted rates. (42 U.S.C. § 256b) Existing law prohibits a pharmacy benefit manger from prohibiting a pharmacist or pharmacy from taking certain actions to assist a person in obtaining a less expensive alternative or generic drug. (NRS 683A.179) Existing law imposes certain requirements relating to the operation of health carriers. (NRS 687B.470-8 687B.850) Sections 1, 3, 6 and 7 of this bill prohibit pharmacy benefit managers 9 and health carriers, including governmental entities that provide coverage for 10 employees, from: (1) discriminating against a covered entity that participates in the 11 340B Program to purchase drugs at a discounted rate or a pharmacy that contracts 12 with such an entity with regard to reimbursement; (2) taking certain actions to limit 13 the ability of such an entity or pharmacy to receive the full benefit of participating 14 in that program; (3) excluding such an entity or pharmacy from an insurance





15 network because the entity or pharmacy participates in that program; (4) restricting 16 the ability of a person to receive a 340B drug; or (5) taking certain other actions to 17 limit the participation of an entity or pharmacy in the Program. Sections 2, 4 and 5 18 of this bill make conforming changes to indicate the proper placement of sections 1 19 and 3 in the Nevada Revised Statutes.

20 Existing law authorizes the Department of Health and Human Services to 21 22 23 24 25 26 27 28 29 administer a program pursuant to federal law to provide therapeutics to treat certain persons who have been diagnosed with the human immunodeficiency virus. (NRS 439.529) Section 9 of this bill prescribes certain limitations on the use of money allocated to the program. Section 8 of this bill requires the program to take certain actions and refrain from certain activity to ensure that a covered provider that participates in the 340B Program to purchase drugs at a discounted rate or a pharmacy that contracts with such a provider receives the full benefit of participating in the Program. Section 8 additionally prohibits the program administered by the Department from: (1) denying a request from such a covered $\overline{30}$ provider or contract pharmacy to participate in the network of the program in 31 certain circumstances; or (2) engaging in certain discrimination against a covered 32 provider or contract pharmacy.

> THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Chapter 683A of NRS is hereby amended by 2 adding thereto a new section to read as follows:

3 A pharmacy benefit manager shall not: 1.

4 (a) Discriminate against a covered entity, a contract pharmacy 5 or a 340B drug in the amount of reimbursement for any item or 6 service or the procedures for obtaining such reimbursement;

7 (b) Assess any fee, chargeback, clawback or adjustment 8 against a covered entity or contract pharmacy on the basis that the 9 covered entity or contract pharmacy dispenses a 340B drug or 10 otherwise limit the ability of a covered entity or contract pharmacy 11 to receive the full benefit of purchasing the 340B drug at or below 12 the ceiling price, as calculated pursuant to 42 U.S.C. § 256b(a)(1);

13 (c) Exclude a covered entity or contract pharmacy from any 14 network because the covered entity or contract pharmacy 15 dispenses a 340B drug; 16

(d) Restrict the ability of a person to receive a 340B drug;

17 (e) Restrict the methods by which a covered entity or contract pharmacy may dispense or deliver a 340B drug or the entity 18 through which a covered entity may dispense or deliver such a 19 20 drug in a manner that does not apply to drugs that are not 340B 21 drugs; or

22 (f) Prohibit a covered entity or contract pharmacy from 23 purchasing a 340B drug or interfere with the ability of a covered entity or contract pharmacy to purchase a 340B drug. 24

2. As used in this section: 25





(a) "340B drug" means a prescription drug that is purchased 1 2 by an entity that participates in the 340B Program, and that is 3 dispensed by a covered entity.

(b) "340B Program" means the drug pricing program 4 established by the United States Secretary of Health and Human 5 6 Services pursuant to section 340B of the Public Health Service 7 Act, 42 U.S.C. § 256b, as amended.

8 (c) "Contract pharmacy" means a pharmacy that enters into a 9 contract with a covered entity to dispense 340B drugs and provide 10 related pharmacy services to the patients of the covered entity.

11 (d) "Covered entity" has the meaning ascribed to it in 42 12 $U.S.C. \ \S \ 256b(a)(4).$

13 (e) "Network" means a defined set of providers of health care 14 who are under contract with a pharmacy benefit manager or third 15 party to provide health care services to covered persons.

16 **Sec. 2.** NRS 683A.171 is hereby amended to read as follows:

17 683A.171 As used in NRS 683A.171 to 683A.179, inclusive, 18 and section 1 of this act, unless the context otherwise requires, the 19 words and terms defined in NRS 683A.172 to 683A.176, inclusive, 20 have the meanings ascribed to them in those sections.

21 Sec. 3. Chapter 687B of NRS is hereby amended by adding 22 thereto a new section to read as follows:

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A pharmacy benefit manager shall not: 1.

24 (a) Discriminate against a covered entity, a contract pharmacy 25 or a 340B drug in the amount of reimbursement for any item or 26 service or the procedures for obtaining such reimbursement;

27 (b) Assess any fee, chargeback, clawback or adjustment 28 against a covered entity or contract pharmacy on the basis that the 29 covered entity or contract pharmacy dispenses a 340B drug or 30 otherwise limit the ability of a covered entity or contract pharmacy to receive the full benefit of purchasing the 340B drug at or below 31 32 the ceiling price, as calculated pursuant to 42 U.S.C. § 256b(a)(1);

33 (c) Exclude a covered entity or contract pharmacy from any 34 network because the covered entity or contract pharmacy 35 dispenses a 340B drug; 36

(d) Restrict the ability of a person to receive a 340B drug;

37 (e) Restrict the methods by which a covered entity or contract 38 pharmacy may dispense or deliver a 340B drug or the entity through which a covered entity may dispense or deliver such a 39 40 drug in a manner that does not apply to drugs that are not 340B 41 drugs; or

42 (f) Prohibit a covered entity or contract pharmacy from 43 purchasing a 340B drug or interfere with the ability of a covered 44 entity or contract pharmacy to purchase a 340B drug. 45 2. As used in this section:



(a) "340B drug" means a prescription drug that is purchased
by an entity that participates in the 340B Program, and that is
dispensed by a covered entity.

4 (b) "340B Program" means the drug pricing program 5 established by the United States Secretary of Health and Human 6 Services pursuant to section 340B of the Public Health Service 7 Act, 42 U.S.C. § 256b, as amended.

8 (c) "Contract pharmacy" means a pharmacy that enters into a 9 contract with a covered entity to dispense 340B drugs and provide 10 related pharmacy services to the patients of the covered entity.

11 (d) "Covered entity" has the meaning ascribed to it in 42 12 U.S.C. § 256b(a)(4).

13 (e) "Pharmacy benefit manager" has the meaning ascribed to 14 it in NRS 683A.174.

Sec. 4. NRS 687B.600 is hereby amended to read as follows:

687B.600 As used in NRS 687B.600 to 687B.850, inclusive, *and section 3 of this act*, unless the context otherwise requires, the
words and terms defined in NRS 687B.602 to 687B.665, inclusive,
have the meanings ascribed to them in those sections.

Sec. 5. NRS 687B.670 is hereby amended to read as follows:

687B.670 If a health carrier offers or issues a network plan, thehealth carrier shall, with regard to that network plan:

23 1. Comply with all applicable requirements set forth in NRS
24 687B.600 to 687B.850, inclusive [;], and section 3 of this act;

25 2. As applicable, ensure that each contract entered into for the 26 purposes of the network plan between a participating provider of 27 health care and the health carrier complies with the requirements set 28 forth in NRS 687B.600 to 687B.850, inclusive [;], and section 3 of 29 this act; and

30 3. As applicable, ensure that the network plan complies with 31 the requirements set forth in NRS 687B.600 to 687B.850, inclusive 32 [.], *and section 3 of this act.*

Sec. 6. NRS 287.010 is hereby amended to read as follows:

287.010 1. The governing body of any county, school
district, municipal corporation, political subdivision, public
corporation or other local governmental agency of the State of
Nevada may:

(a) Adopt and carry into effect a system of group life, accident
or health insurance, or any combination thereof, for the benefit of its
officers and employees, and the dependents of officers and
employees who elect to accept the insurance and who, where
necessary, have authorized the governing body to make deductions
from their compensation for the payment of premiums on the
insurance.



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(b) Purchase group policies of life, accident or health insurance, 1 2 or any combination thereof, for the benefit of such officers and 3 employees, and the dependents of such officers and employees, as 4 have authorized the purchase, from insurance companies authorized 5 to transact the business of such insurance in the State of Nevada, 6 and, where necessary, deduct from the compensation of officers and 7 employees the premiums upon insurance and pay the deductions 8 upon the premiums.

9 (c) Provide group life, accident or health coverage through a self-insurance reserve fund and, where necessary, 10 deduct contributions to the maintenance of the fund from the compensation 11 12 of officers and employees and pay the deductions into the fund. The 13 money accumulated for this purpose through deductions from the 14 compensation of officers and employees and contributions of 15 the governing body must be maintained as an internal service fund 16 as defined by NRS 354.543. The money must be deposited in a state 17 or national bank or credit union authorized to transact business in 18 the State of Nevada. Any independent administrator of a fund 19 created under this section is subject to the licensing requirements of 20 chapter 683A of NRS, and must be a resident of this State. Any 21 contract with an independent administrator must be approved by the 22 Commissioner of Insurance as to the reasonableness of 23 administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 686A.135, 687B.352, 24 25 687B.408, 687B.723, 687B.725, 689B.030 to 689B.050, inclusive, 26 689B.265, 689B.287 and 689B.500 and section 3 of this act apply 27 to coverage provided pursuant to this paragraph, except that the 28 provisions of NRS 689B.0378, 689B.03785 and 689B.500 only 29 apply to coverage for active officers and employees of the 30 governing body, or the dependents of such officers and employees.

(d) Defray part or all of the cost of maintenance of a selfinsurance fund or of the premiums upon insurance. The money for
contributions must be budgeted for in accordance with the laws
governing the county, school district, municipal corporation,
political subdivision, public corporation or other local governmental
agency of the State of Nevada.

2. If a school district offers group insurance to its officers and employees pursuant to this section, members of the board of trustees of the school district must not be excluded from participating in the group insurance. If the amount of the deductions from compensation required to pay for the group insurance exceeds the compensation to which a trustee is entitled, the difference must be paid by the trustee.

43 3. In any county in which a legal services organization exists,
44 the governing body of the county, or of any school district,
45 municipal corporation, political subdivision, public corporation or





other local governmental agency of the State of Nevada in the 1 2 county, may enter into a contract with the legal services organization pursuant to which the officers and employees of the 3 legal services organization, and the dependents of those officers and 4 5 employees, are eligible for any life, accident or health insurance 6 provided pursuant to this section to the officers and employees, and the dependents of the officers and employees, of the county, school 7 8 district, municipal corporation, political subdivision, public 9 corporation or other local governmental agency.

10 4. If a contract is entered into pursuant to subsection 3, the 11 officers and employees of the legal services organization:

(a) Shall be deemed, solely for the purposes of this section, to be
officers and employees of the county, school district, municipal
corporation, political subdivision, public corporation or other local
governmental agency with which the legal services organization has
contracted; and

(b) Must be required by the contract to pay the premiums orcontributions for all insurance which they elect to accept or of whichthey authorize the purchase.

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5. A contract that is entered into pursuant to subsection 3:

(a) Must be submitted to the Commissioner of Insurance for
approval not less than 30 days before the date on which the contract
is to become effective.

24 (b) Does not become effective unless approved by the 25 Commissioner.

(c) Shall be deemed to be approved if not disapproved by theCommissioner within 30 days after its submission.

6. As used in this section, "legal services organization" means an organization that operates a program for legal aid and receives money pursuant to NRS 19.031.

31 Sec. 7. NRS 287.04335 is hereby amended to read as follows:

32 287.04335 If the Board provides health insurance through a 33 plan of self-insurance, it shall comply with the provisions of NRS 686A.135, 687B.352, 687B.409, 687B.723, 687B.725, 689B.0353, 34 689B.255, 695C.1723, 695G.150, 695G.155, 695G.160, 695G.162, 35 36 695G.1635. 695G.164. 695G.1645. 695G.1665. 695G.167. 37 695G.1675, 695G.170 to 695G.174, inclusive, 695G.176, 695G.177, 38 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, 39 and 695G.405, and section 3 of this act, in the same manner as an 40 insurer that is licensed pursuant to title 57 of NRS is required to 41 comply with those provisions.

42 **Sec. 8.** Chapter 439 of NRS is hereby amended by adding 43 thereto a new section to read as follows:

44 1. If the Department administers a program pursuant to 45 NRS 439.529:



1 (a) The program may not prohibit or interfere with the ability 2 of a covered provider or contract pharmacy to purchase, 3 administer or dispense, as applicable, a 340B drug, regardless of 4 whether the drug is dispensed or administered to a person 5 participating in the program or whether the program pays all, part 6 or none of the cost of the drug.

7 (b) When a covered provider or contract pharmacy dispenses 8 or administers a drug that is eligible to be a 340B drug to a person 9 participating in the program and the program pays the insurance 10 premium of the person and the copayment, coinsurance or other 11 cost-sharing obligation of the person, the program shall pay to the 12 covered provider or contract pharmacy the full amount of the 13 copayment, coinsurance or other cost-sharing obligation, regardless of whether the drug is a 340B drug. 14

15 (c) The program may not deny a request from a covered 16 provider or contract pharmacy to be included in the network of the 17 program if the covered provider or contract pharmacy:

18 (1) Meets the terms and conditions for participation in the 19 network of the program; and

(2) Requests to participate in the network of the program.

(d) The program shall not treat a covered provider or contract
pharmacy differently from an entity that does not participate in the
340B Program or a pharmacy that has contracted with a covered
provider, as applicable, in any manner, including, without
limitation:

26 (1) In any regulation, guidance, policy, procedure or 27 contract;

28 (2) With regard to participation in the network of the 29 program; or

30 (3) In any matter relating to the dispensing of drugs or 31 billing and reimbursement for drugs.

32 **2.** As used in this section:

(a) "340B drug" means a prescription drug that is purchased
 under the 340B Program.

(b) "340B Program" means the drug pricing program
established by the United States Secretary of Health and Human
Services pursuant to section 340B of the Public Health Service
Act, 42 U.S.C. § 256b, as amended.

39 (c) "Contract pharmacy" means a pharmacy that enters into a 40 contract with a covered provider to dispense 340B drugs and 41 provide related pharmacy services to the patients of the covered 42 provider.

43 (d) "Covered entity" has the meaning ascribed to it in 42 44 U.S.C. § 256b(a)(4).



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1 (e) "Covered provider" means a covered entity other than the 2 program established pursuant to NRS 439.529.

3 (f) "Network" means a defined set of providers of health care 4 who are under contract with any program established pursuant to 5 NRS 439.529 to provide health care services to persons who 6 participate in the program.

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Sec. 9. NRS 439.529 is hereby amended to read as follows:

8 439.529 1. The Department may, to the extent that money is 9 available, administer a program pursuant to 42 U.S.C. §§ 300ff-21 10 et seq. to provide therapeutics to treat certain persons who have 11 been diagnosed with the human immunodeficiency virus and to 12 prevent the serious deterioration of the health of such persons. The 13 program may include the provision of subsidies and pharmaceutical 14 services.

15 2. The Director shall:

(a) Establish the criteria for eligibility for participation in the
program administered pursuant to this section, which must be in
accordance with the provisions of 42 U.S.C. §§ 300ff-21 et seq.; and
(b) Prescribe the manner in which the program will be
administered and services will be provided.

21 3. The Department may use any other program administered by 22 the Department to facilitate the provision of subsidies and services 23 pursuant to this section, including, without limitation, the provision 24 of subsidies for pharmaceutical services to senior citizens and 25 persons with disabilities pursuant to NRS 439.635 to 439.690, 26 inclusive. If the Department uses another program to facilitate the 27 provision of subsidies and services pursuant to this section, the 28 Department shall not commingle the money available to carry out 29 the provisions of this section and the money available to carry out 30 the other program.

4. Money available to carry out the provisions of this section
must be accounted for separately by the Department. *The Department shall use such money only to pay for or subsidize the cost of:*

(a) Drugs approved by the United States Food and Drug
 Administration;

(b) Insurance premiums, deductibles, copayments,
coinsurance or other cost-sharing obligations associated with
private health insurance; and

40 (c) Services that improve access to, adherence to and 41 monitoring of drug treatment.

42 Sec. 10. 1. This section becomes effective upon passage and 43 approval.

44 2. Sections 1 to 9, inclusive, of this act become effective:





(a) Upon passage and approval for the purpose of adopting any
regulations and performing any other preparatory administrative
tasks that are necessary to carry out the provisions of this act; and
(b) On January 1, 2024, for all other purposes.

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