**South Carolina General Assembly**

122nd Session, 2017-2018

**H. 5044**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Toole, Spires and Long

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Companion/Similar bill(s): 815, 5038

Introduced in the House on March 1, 2018

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Pharmacy benefit managers

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

3/1/2018 House Introduced and read first time ([House Journal‑page 19](file:///h:\hj\20180301.docx))

3/1/2018 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 19](file:///h:\hj\20180301.docx))

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=5044&session=122&summary=B) at the website

**VERSIONS OF THIS BILL**

[3/1/2018](file:///p:\pprever\2017-18\5044_20180301.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑2150 SO AS TO ESTABLISH PROHIBITED ACTS FOR PHARMACY BENEFIT MANAGERS AND TO PROVIDE EXCEPTIONS UNDER CERTAIN CIRCUMSTANCES; AND TO AMEND SECTION 38‑71‑2130, RELATING TO THE DUTIES OF A PHARMACY BENEFIT MANAGER, SO AS TO REQUIRE A PHARMACY BENEFIT MANAGER TO REIMBURSE A PROVIDER WITHIN SEVEN BUSINESS DAYS OF PAYMENT BY A PAYOR.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 20, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑2150. A pharmacy benefit manager may not:

(1) prohibit a pharmacist or pharmacy from providing an insured information on the amount of the insured’s cost share for a prescribed drug and the clinical efficacy of an alternative drug, if available. The pharmacist or pharmacy may not be penalized by a pharmacy benefit manager for disclosing such information to an insured or for selling an available alternative drug;

(2) prohibit a pharmacist or pharmacy from offering and providing direct delivery services to an insured as an ancillary service of the pharmacy;

(3) require an insured to use a mail‑order pharmaceutical distributor including, but not limited to, a mail‑order pharmacy;

(4) charge or collect a copayment from an insured that exceeds the total submitted charges by the network pharmacy for which the pharmacy is paid;

(5) charge or hold a pharmacist or pharmacy responsible for a fee relating to the adjudication of a claim;

(6) recoup funds from a pharmacy in connection with claims for which the pharmacy has already been paid without first complying with the requirements of Article 18 of this chapter;

(7) penalize or retaliate against a pharmacist or pharmacy for exercising rights provided pursuant to the provisions of this chapter; or

(8) prohibit a pharmacist or pharmacy from communicating with payors or other parties regarding contractual issues.”

SECTION 2. Section 38‑71‑2130 of the 1976 Code, as added by Act 163 of 2016, is amended to read:

“Section 38‑71‑2130. A pharmacy benefit manager must:

(1) make available to each network provider at the beginning of the term of the network provider’s contract, and upon renewal of the contract, the sources utilized to determine the maximum allowable cost pricing;

(2) provide a process for network pharmacy providers to readily access the maximum allowable cost specific to that provider;

(3) review and update maximum allowable cost price information at least once every seven business days to reflect any modification of maximum allowable cost pricing; ~~and~~

(4) ensure that dispensing fees are not included in the calculation of maximum allowable cost; and

(5) reimburse a provider within seven business days of payment by a payor unless the claim is disputed.”

SECTION 3. This act takes effect on July 1, 2018.

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