



HOUSE BILL 178: Access to Prescription Drug Cost Information.

2021-2022 General Assembly

Committee:	House Health. If favorable, re-refer to Rules, Calendar, and Operations of the House	Date:	May 7, 2021
Introduced by:	Reps. Sasser, Adcock, Potts, K. Baker	Prepared by:	Jason Moran-Bates
Analysis of:	PCS to First Edition H178-CSBC-9		Committee Staff

OVERVIEW: *The proposed committee substitute to House Bill 178 would require insurers to make prescription drug cost information available at the point of prescribing and dispensing of drugs. When appropriate, prescribers would be required to make the cost information available to patients at the point of prescribing.*

BILL ANALYSIS: The Proposed Committee Substitute to House Bill 178 would create a new Article 56B (Access to Prescription Drug Benefit Cost Information) in Chapter 58 of the General Statutes.

- **G.S. 58-56B-1. Definitions** would create definitions for "coverage," "dispenser," "intermediary," "health care services," "patient-specific eligibility information," "patient-specific prescription drug benefit cost information," "payor," "pharmacy benefits manager," "prescriber," "provider," "real time," "standard transaction," "switch," and "therapeutically equivalent alternative."
- **G.S. 58-56B-5. Findings of fact** would declare the General Assembly finds there is a need for transparency in prescription drug pricing; that patients need to get full value from their plans; and that patients need to understand the benefits from competitive pricing.
- **G.S. 58-56B-10. Access to prescription drug benefit and cost information** would require health insurers, pharmacy benefits managers, and entities acting on their behalf to the minimum information described in G.S. 58-56B-15(c) to any prescription drug prescribing or dispensing point. Insurers, providers, pharmacies, and other organizations would be required to take actions necessary to create the technology required to make the minimum information available to the required individuals.
- **G.S. 58-56B-15. Real time requirements** would require the information sent through the technology required under G.S. 58-56B-10(a) to be available in real time and to be facilitated by standards developed by an organization accredited by the American National Standards Institute. It would also require the following information to be made available through the technology: (1) up-to-date, patient-specific eligibility information, (2) coverage information, (3) benefits, (4) formulary information, (5) cost-sharing requirements, (6) prior-authorization requirements, and (7) information on therapeutically equivalent alternatives. The information must be accurate and transmitted using a standard transaction.
- **G.S. 58-56B-20. Benefit and cost information requirements** would prevent insurers from interfering with a healthcare provider's ability to convey the full range of prescription cost information to a patient. Payors would not be able to restrict prescribers from seeing options for paying the cost of prescriptions that did not necessarily include using health benefits. When

Jeffrey Hudson
Director



Legislative Analysis
Division
919-733-2578

House PCS 178

Page 2

appropriate, providers would be required to provide drug cost information, including the cash price and delivery options, and therapeutically equivalent alternatives to patients.

- **G.S. 58-56B-25. Construction** would prevent anything in Article 56B from being construed to interfere with a patient's choice of drug cost coverage or a provider's ability to convey the full range of drug cost options to a patient.

EFFECTIVE DATE: This act would be effective January 1, 2023.