

## **HB 2762 STAFF MEASURE SUMMARY**

### **House Committee On Behavioral Health and Health Care**

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**Prepared By:** Brian Nieuburt, LPRO Analyst

**Meeting Dates:** 1/25

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#### **WHAT THE MEASURE DOES:**

Requires insurers offering health benefit plans and pharmacy benefit managers to provide specified cost and coverage information regarding covered drug to enrollee upon request. Defines "enrollee." Prohibits health benefit plan from preventing or discouraging an enrollee's access to cost and coverage information. Prohibits health benefit plan from restricting prescriber from sharing with patient information about options to reduce patient's costs.

*FISCAL: May have fiscal impact, but no statement yet issued.*

*REVENUE: May have revenue impact, but no statement yet issued.*

#### **ISSUES DISCUSSED:**

#### **EFFECT OF AMENDMENT:**

No amendment.

#### **BACKGROUND:**

Pharmacy benefit managers (PBMs) are companies that help manage prescription drug benefits on behalf of health insurers, self-insured employers, government purchasers, and other payers. PBMs operate in the middle of the prescription drug supply chain, acting as brokers between payers, drug manufacturers, and pharmacies, thereby influencing drug availability, drug pricing, and pharmacy reimbursement. Leveraging volume purchasing, PBMs can negotiate discounts from drug manufacturers (often in the form of rebates) which can help mitigate rising costs of prescription drugs. PBMs are paid for their services using a mix of fees, retained rebates, and other means. PBMs are the subject of scrutiny due in large part to the fact that the amount of discounts they obtain in their negotiations with drug manufacturers are often not publicly disclosed.

House Bill 2762 would require health insurers and pharmacy benefit managers to provide specified cost and coverage information regarding covered drugs to enrollees upon request.