

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1418

Page 1, line 19, after "5." insert "Plan sponsor" means the employer in the case of an employee benefit plan established or maintained by a single employer, or the employee organization in the case of a plan established or maintained by an employee organization, an association, joint board of trustees, committee, or other similar group that establishes or maintains the plan.

6."

Page 2, line 4, replace "this" with "any"

Page 2, line 5, remove "or conducted by"

Page 2, line 6, remove "the state board of pharmacy"

Page 2, line 7, replace "eighteen" with "twenty-four"

Page 2, line 9, replace "eighteen" with "twenty-four"

Page 2, remove line 11

Page 2, line 12, replace "e." with "d."

Page 2, line 12, replace "seven" with "five"

Page 2, line 14, replace "f." with "e."

Page 2, line 17, replace "g." with "f."

Page 2, line 20, replace "h." with "g."

Page 3, line 11, remove "The insurance commissioner shall adopt rules establishing parameters of audits."

Page 3, replace lines 12 and 13 with "The parameters of an audit must comply with consumer-oriented parameters based on manufacturer listings or recommendations for the following:

- a. The day supply for eye drops must be calculated so that the consumer pays only one 30-day copayment if the bottle of eye drops is intended by the manufacturer to be a thirty-day supply.
- b. The day supply for insulin must be calculated so that the highest dose prescribed is used to determine the day supply and consumer copayment.
- c. The day supply for a topical product must be determined by the judgment of the pharmacist based upon the treated area.

Page 3, line 19, remove "which must"

Page 3, remove lines 20 through 23

Page 3, line 24, remove "to the pharmacy"

Page 3, line 27, replace "thirty" with "one hundred twenty"

Page 3, line 29, replace "thirty" with "sixty"

Page 4, remove lines 8 through 10

Page 4, line 11, replace "7." with "6."

Page 4, line 11, after the second "the" insert "plan"

Page 4, line 11, remove "of the plan"

Page 4, line 13, remove "and the copayment must be returned directly to the patient."

Page 4, remove line 14

Page 4, line 15, remove "auditing entity"

Page 4, line 18, replace "December 31, 2010" with "July 31, 2011"

Page 4, line 19, replace "investigative audit that involves" with "audit, review, or investigation that is initiated based upon alleged"

Page 5, after line 15, insert:

"4. This Act does not apply to state medicaid programs."

Page 5, replace lines 18 and 19 with "Any person violating this Act is guilty of a class B misdemeanor."

Re-number accordingly