Sixty-sixth Legislative Assembly of North Dakota

## **HOUSE BILL NO. 1373**

Introduced by

Representatives M. Nelson, Adams, Holman

- 1 A BILL for an Act to create and enact a new section to chapter 23-01 of the North Dakota
- 2 Century Code, relating to state medical anti-kickback laws; to provide a penalty; and to provide
- 3 an effective date.

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## 4 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

5 **SECTION 1.** A new section to chapter 23-01 of the North Dakota Century Code is created and enacted as follows:

## Anti-kickback statute - Rules - Penalty.

- As used in this section the term "federal anti-kickback statute" means the federal Medicare anti-kickback statute under section 1128B(b) of the Social Security Act
   [42 U.S.C. 1320a-7b(b)] and regulations adopted under this federal law.
- 2. The health council shall adopt rules restricting financial relationships or payment arrangements involving health care providers under which a person benefits financially by referring a patient to another person, recommending another person, or furnishing or recommending an item or service. The rules must be compatible with, and more restrictive than, the federal anti-kickback statute. The rules must apply to all provider groups and business and professional arrangements. If the rules restrict an arrangement or relationship permissible under federal laws and regulations, including an arrangement or relationship expressly permitted under the federal anti-kickback
- statute safe harbor regulations, the fact that the state requirement is more restrictive
  than federal requirements must be stated clearly in the rule.
- 3. a. Until the health council adopts rules under this section, the restrictions in the
  federal anti-kickback statute apply to all persons in the state, regardless of
  whether the person participates in a state health care program.

1	<u>b.</u>	Sub	division a does not prohibit an individual from receiving a discount or other
2		<u>redu</u>	uction in price or a limited-time free supply or samples of a prescription drug,
3		med	dical supply, or medical equipment offered by a pharmaceutical manufacturer,
4		med	dical supply or device manufacturer, health plan company, or pharmacy
5		ben	efit manager, if:
6		<u>(1)</u>	The discount or reduction in price is provided to the individual in connection
7			with the purchase of a prescription drug, medical supply, or medical
8			equipment prescribed for that individual;
9		<u>(2)</u>	The discount or reduction in price otherwise complies with the requirements
10			of state and federal law applicable to enrollees of state and federal public
11			health care programs;
12		<u>(3)</u>	The discount or reduction in price does not exceed the amount paid directly
13			by the individual for the prescription drug, medical supply, or medical
14			equipment; and
15		<u>(4)</u>	The limited-time free supply or samples are provided by a physician or
16			pharmacist, as provided by the federal Prescription Drug Marketing Act of
17			1987 [Pub. L. 100-293, 102 Stat. 95].
18	<u>C.</u>	A be	enefit, reward, remuneration, or incentive for continued product use may not
19		be p	provided to an individual or the family of that individual by a pharmaceutical
20		mar	nufacturer, medical supply or device manufacturer, or pharmacy benefit
21		mar	nager, except this prohibition does not apply to:
22		<u>(1)</u>	Activities permitted under subdivision b;
23		<u>(2)</u>	A pharmaceutical manufacturer, medical supply or device manufacturer,
24			health plan company, or pharmacy benefit manager providing to a patient, at
25			a discount or reduced price or free of charge, ancillary products necessary
26			for treatment of the medical condition for which the prescription drug,
27			medical supply, or medical equipment was prescribed or provided; and
28		<u>(3)</u>	A pharmaceutical manufacturer, medical supply or device manufacturer,
29			health plan company, or pharmacy benefit manager providing to a patient a
30			trinket or memento of insignificant value.

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1		d. This subsection does not prohibit a health plan company from offering a tiered
2		formulary with different copayment or cost-sharing amounts for different drugs.
3	<u>4.</u>	The state health officer may assess a fine against a person that violates this section.
4		The amount of the fine is one thousand dollars or one hundred ten percent of the
5		estimated financial benefit the person realized as a result of the prohibited financial
6		arrangement or payment relationship, whichever is greater.
7	<u>5.</u>	A health provider cooperative operating under chapter 26.1-49 is not in violation of this
8		section.
9	SEC	CTION 2 FEFECTIVE DATE This Act becomes effective on January 1, 2020