

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1032

Page 1, line 18, after "7." insert """Hospital" means a facility licensed under chapter 23-16.

8."

Page 1, line 21, replace "8." with "9."

Page 2, line 1, replace "9." with "10. "Pharmacy" means a pharmacy or drugstore registered under chapter 43-15.

11."

Page 2, line 3, replace "10." with "12. "Pharmacy services administrative organization" means an entity that provides contracting and other administrative services to a pharmacy to assist the pharmacy in the pharmacy's interaction, including reimbursement rate negotiations with a third-party payer, pharmacy benefit manager, wholesale drug distributor, and other entities.

13."

Page 2, line 14, replace "11." with "14."

Page 2, line 17, replace "12." with "15."

Page 2, line 18, replace "13." with "16."

Page 2, line 21, replace "14." with "17."

Page 2, line 22, replace "wholesalers" with "wholesale drug distributors"

Page 2, after line 27, insert:

"18. "Wholesale drug distributor" has the same meaning as provided under section 43-15.1-01."

Page 5, after line 28, insert:

"Disclosure of pharmacy services administrative organization information.

1. On or before April first of each year, a pharmacy services administrative organization providing services for a pharmacy shall file a report with the board. The report must contain the following information for the previous calendar year:
 - a. The aggregated rebates, fees, price protection payments, and any other payments collected from each drug manufacturer or wholesale drug distributor;
 - b. The aggregated dollar amount of rebates, price protection payments, fees, and any other payments collected from each drug manufacturer or wholesale drug distributor which were passed to pharmacies;

- c. The aggregated fees, price concessions, penalties, effective rates, and any other financial incentive collected from pharmacies which were passed to pharmacies at the point of sale; and
 - d. The aggregated dollar amount of rebates, price protection payments, fees, and any other payments collected from drug manufacturers or wholesale drug distributors which were retained as revenue by the pharmacy services administrative organization.
 2. A report submitted by a pharmacy services administrative organization under this section may not disclose the identity of a specific health benefit plan or enrollee or the prices charged for specific drugs or classes of drugs.
 3. Within thirty days of receipt of a report under this section, the board shall provide the reported information to the commissioner in a format ready for publication on the commissioner's website. The information the board provides to the commissioner may not disclose or tend to disclose proprietary or confidential information of any pharmacy services administrative organization.

Disclosure of wholesale drug distributor information.

1. On or before April first of each year, a wholesale drug distributor in this state shall file a report with the board. The report must contain the following information for the previous calendar year:
 - a. The aggregated rebates, fees, price protection payments, and any other payments collected from each drug manufacturer;
 - b. The aggregated dollar amount of rebates, price protection payments, fees, and any other payments collected from each drug manufacturer;
 - c. The aggregated fees, price concessions, penalties, effective rates, and any other financial incentive collected from pharmacies;
 - d. The aggregated dollar amount of rebates, price protection payments, fees, and any other payments collected from drug manufacturers which were retained as revenue by the wholesale drug distributor; and
 - e. The aggregated rebates passed on to employers.
2. Reports submitted by wholesale drug distributors under this section may not disclose the identity of a specific health benefit plan or enrollee, the prices charged for specific drugs or classes of drugs, or the amount of any rebates or fees provided for specific drugs or classes of drugs.
3. Within thirty days of receipt of a report under this section, the board shall provide the reported information to the commissioner in a format ready for publication on the commissioner's website. The information the board provides to the commissioner may not disclose or tend to disclose proprietary or confidential information of any wholesale drug distributor.

Disclosure of hospital and pharmacy information.

1. On or before April first of each year, a pharmacy and a hospital shall file a report with the board. The report must contain the following information for the previous calendar year:
 - a. The aggregated rebates, fees, price protection payments, and any other payments collected for a pharmacy benefits manager;
 - b. The aggregated dollar amount of rebates, price protection payments, fees, and any other payments collected from each drug manufacturer or pharmacy benefits manager which were retained as revenue by the pharmacy or hospital; and
 - c. The aggregated rebates passed on to employers.
2. Reports submitted by a pharmacy or hospital under this section may not disclose the identity of a specific health benefit plan or enrollee, the prices charged for specific drugs or classes of drugs, or the amount of any rebates or fees provided for specific drugs or classes of drugs.
3. Within thirty days of receipt of a report under this section, the board shall provide the reported information to the commissioner in a format ready for publication on the commissioner's website. The information the board provides to the commissioner may not disclose or tend to disclose proprietary or confidential information of any pharmacy or hospital."

Page 6, line 12, after the second underscored comma insert "hospital, pharmacy, wholesale drug distributor, pharmacy services administrative organization,"

Renumber accordingly