

Wolf, Sheldon

From: Arnold, John R. <jrarnold@nd.gov>
Sent: Monday, March 27, 2023 3:07 PM
To: Lee, Judy E.
Cc: Wolf, Sheldon; NDLA, Intern 02 - Pouliot, Lindsey; Godfread, Jon; Bartuska, Chrystal A.
Subject: FW: 1095 email to committee
Attachments: 23-8073-02000- 1095-amendments- DOI.docx

Good Afternoon,

Our apologies for coming into the committee work on this a bit late but thank you for the opportunity to continue to work on it. We have attached a copy of redline edits that we feel get closer to where the committee wants to get and some suggestions from other interested parties.

26.1-36.11-02- page 2 lines 26 & 27- We added eligible enrollees who elect to participate.

Page 3 line 4- removed congestive as requested

Page 3 lines 15-26- The intent behind this section is to allow any and all pharmacists to participate in this program. We realize that SHP has an in-house program, but we feel that other pharmacist within their network should be able to participate. SHP is not the only company that may use 3rd parties or their affiliates to do this and so this section is to allow for local pharmacists to assist in the smaller communities. There has been debate on interpretation of this section stating that the carrier will need to “set up a whole new network of pharmacists”. That is not our us as the regulator read that. There is nothing prohibiting the insurer’s from utilizing their current contracted pharmacists, but they cannot use only their in house or direct affiliated or owned PBM’s. UHC and Healthpartners use various 3rd parties or even specialty pharmacists and so we want to ensure that this is applied evenly amongst our carriers. This is not against SHP. Based on this we added “or their affiliates”

Page 4 line 3-5- we removed the quarterly review to alleviate some of the burden on the directory.

Page 4 line 14- removed gender as requested.

26.1-36.1-03- Advisory Committee- we added a line that references that we (as the advisory committee) will utilize numbers 1-11 in that section to come up with best practices for the consumer. The thought process that it is too vague or too prescriptive depends on which side of this bill you are on and what your current program looks like.

The bottom line and intent behind this bill is to allow for consumers to access a program that will help them manage their health and medications. We do not wish to add additional burden on the insurance companies, but there also needs to be some accountability and consistency for these programs to allow for easy process and ease to the consumer. There are documented studies that show these programs have a good return on investment with the consumers.

John Arnold

Deputy Commissioner



**North Dakota
Insurance
Department**

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Jon Godfread, Commissioner