

Sixty-ninth  
Legislative Assembly  
of North Dakota

**FIRST ENGROSSMENT  
with Senate Amendments**

**ENGROSSED HOUSE BILL NO. 1584**

Introduced by

Representatives Kasper, Koppelman, Lefor, Steiner, Vigesaa, Warrey

Senators Barta, Boehm, Boschee, Hogue, Klein

1 A BILL for an Act to create and enact four new sections to chapter 26.1-27.1 of the North  
2 Dakota Century Code, relating to pharmacy benefits managers; to amend and reenact  
3 subsection 1 of section 26.1-01-07, sections 26.1-01-07.1, 26.1-27.1-01, 26.1-27.1-02,  
4 26.1-27.1-04, 26.1-27.1-06 and 26.1-27.1-07 of the North Dakota Century Code, relating to  
5 pharmacy benefits managers; to repeal section 26.1-27-01.1 and chapter 26.1-36.10 of the  
6 North Dakota Century Code, relating to pharmacy benefits managers and prescription drug  
7 costs; to provide a penalty; to provide a continuing appropriation; to provide a transfer; to  
8 provide an effective date; and to declare an emergency.

9 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

10 **SECTION 1. AMENDMENT.** Subsection 1 of section 26.1-01-07 of the North Dakota  
11 Century Code is amended and reenacted as follows:

- 12 1. The commissioner shall charge and collect the following fees:
- 13 a. For filing articles of incorporation, or copies, or amendments thereof, twenty-five  
14 dollars.
- 15 b. For each original certificate of authority issued upon admittance and for each  
16 annual renewal thereof, one hundred dollars and for amendment to certificate of  
17 authority, or certified copy thereof, fifty dollars.
- 18 c. For issuing an annual reciprocal exchange license, the same fees as those  
19 applicable to the issuance of a certificate of authority in subsection 2.
- 20 d. For filing an annual report of a fraternal benefit society, and issuing a license or  
21 permit to the society, and for each renewal thereof, one hundred dollars.
- 22 e. For filing of articles of merger, or copies thereof, thirty dollars.

- 1           f. For filing an annual statement, twenty-five dollars.
- 2           g. For filing the abstract of the annual statement of an insurance company for  
3           publication, thirty dollars.
- 4           h. For an official examination, the expenses of the examination at the rate adopted  
5           by the department. The rates must be reasonably related to the direct and  
6           indirect costs of the examination, including actual travel expenses, including hotel  
7           and other living expenses, compensation of the examiner and other persons  
8           making the examination, and necessary attendant administrative costs of the  
9           department directly related to the examination and must be paid by the examined  
10          insurer together with compensation upon presentation by the department to the  
11          insurer of a detailed account of the charges and expenses after a detailed  
12          statement has been filed by the examiner and approved by the department.
- 13          i. For issuing a certificate to a domestic insurance company showing a compliance  
14          with the compulsory reserve provisions of this title and the maintenance of proper  
15          security deposits and for any renewal of the certificate, twenty-five dollars.
- 16          j. For a written licensee's examination not administered by the office of the  
17          commissioner under a contract with a testing service, the actual cost of the  
18          examination, subject to approval of the commissioner, which must be paid to the  
19          testing service.
- 20          k. For issuing a surplus lines insurance producer's or insurance consultant's  
21          license, one hundred dollars. For each annual renewal of a surplus lines  
22          insurance producer's or insurance consultant's license, twenty-five dollars.
- 23          l. For issuing an insurance producer's license, one hundred dollars.
- 24          m. For issuing a duplicate of any license or registration issued under this title, ten  
25          dollars.
- 26          n. For each insurance company appointment and renewal of an appointment of an  
27          insurance producer, ten dollars.
- 28          o. For each company application for admission, five hundred dollars, except  
29          applications for admission for county mutual, fraternal benefit, and surplus lines  
30          companies must be one hundred dollars.

- 1 p. For issuing a license and each annual renewal of a license to an insurance  
2 premium finance company, one hundred dollars.
- 3 q. For examining or investigating an insurance premium finance company, the  
4 actual expense and per diem incurred; but the per diem charge may not exceed  
5 fifty dollars.
- 6 r. For issuing and each annual renewal of a license to an advisory organization, fifty  
7 dollars.
- 8 s. For filing an individual insurance producer licensing continuation, twenty-five  
9 dollars.
- 10 t. For services provided by the state fire marshal.
- 11 p. For the initial application fee for a pharmacy benefit manager, an amount  
12 determined by the commissioner, which may not exceed ten thousand dollars.  
13 For each annual renewal, an amount to be determined by the commissioner,  
14 which may not exceed ten thousand dollars.

15 **SECTION 2. AMENDMENT.** Section 26.1-01-07.1 of the North Dakota Century Code is  
16 amended and reenacted as follows:

17 **26.1-01-07.1. Insurance regulatory trust fund established - Continuing appropriation.**

- 18 1. There is hereby created a trust fund designated as the "insurance regulatory trust  
19 fund". The following amounts must be deposited in the insurance regulatory trust fund:  
20 a. All sums received under section 26.1-01-07.  
21 b. All sums received under section 26.1-01-07.2 from the insurance regulatory trust  
22 fund investments.  
23 c. All retaliatory fees imposed upon persons by the insurance department as  
24 authorized by law.  
25 d. All administrative penalties, fines, and fees collected by the commissioner from  
26 any person subject to this title.  
27 e. Any other amounts provided by legislative appropriation.
- 28 2. The moneys so received and deposited in the insurance regulatory trust fund are  
29 reserved for use by the insurance department to defray the expenses of the  
30 department in the discharge of its administrative and regulatory powers and duties as  
31 prescribed by law ~~subject to the applicable laws relating to the appropriations of state~~

1 funds and to the deposit and expenditure of state moneys. The insurance department  
2 is responsible for the proper expenditure of these moneys as provided by law.

3 3. ~~Except as otherwise provided by law, after the fiscal year has been closed and all~~  
4 ~~expenses relating to the fiscal year have been accounted for, the office of~~  
5 ~~management and budget shall transfer any fund balance remaining in the insurance~~  
6 ~~regulatory trust fund that exceeds one million dollars to the general fund and are~~  
7 ~~provided on a continuing basis.~~

8 **SECTION 3. AMENDMENT.** Section 26.1-27.1-01 of the North Dakota Century Code is  
9 amended and reenacted as follows:

10 **26.1-27.1-01. Definitions.**

11 In this chapter, unless the context otherwise requires:

- 12 1. "Covered entity" means a nonprofit hospital or a medical service corporation; a health  
13 insurer; a health benefit plan; a health maintenance organization; a health program  
14 administered by the state in the capacity of provider of health coverage; or an  
15 employer, a labor union, or other entity organized in the state which provides health  
16 coverage to covered individuals who are employed or reside in the state. The term  
17 does not include a self-funded plan that is exempt from state regulation pursuant to  
18 the Employee Retirement Income Security Act of 1974 [Pub. L. 93-406; 88 Stat. 829;  
19 29 U.S.C. 1001 et seq.]; a plan issued for coverage for federal employees; or a health  
20 plan that provides coverage only for accidental injury, specified disease, hospital  
21 indemnity, Medicare supplement, disability income, long-term care, or other  
22 limited-benefit health insurance ~~policy~~policies or ~~contract~~contracts that do not include  
23 prescription drug coverage.
- 24 2. "Covered individual" means a member, a participant, an enrollee, a contractholder, a  
25 policyholder, or a beneficiary of a covered entity who is provided health coverage by  
26 the covered entity. The term includes a dependent or other individual provided health  
27 coverage through a policy, contract, or plan for a covered individual.
- 28 3. "De-identified information" means information from which the name, address,  
29 telephone number, and other variables have been removed in accordance with  
30 requirements of title 45, Code of Federal Regulations, part 164, section 512,  
31 subsections (a) or (b).

- 1           4. ~~"Generic drug" means a drug that is chemically equivalent to a brand name drug for~~  
2           ~~which the patent has expired.~~
- 3           ~~5.~~ "Labeler" means a person that has been assigned a labeler code by the federal food  
4           and drug administration under title 21, Code of Federal Regulations, part 207,  
5           section 20, and that receives prescription drugs from a manufacturer or wholesaler  
6           and repackages those drugs for later retail sale.
- 7           ~~6.5.~~ "Payment received by the pharmacy benefits manager" means the aggregate amount  
8           of the following types of payments:
- 9           a. A rebate collected by the pharmacy benefits manager or a rebate aggregator  
10           which is allocated to a covered entity, or retained by the pharmacy benefits  
11           manager;
- 12           b. An administrative fee collected from the manufacturer in consideration of an  
13           administrative service provided by the pharmacy benefits manager to the  
14           manufacturer;
- 15           c. A pharmacy network fee; pharmacy price concessions, and any other financial  
16           payment made by a pharmacy to a pharmacy benefits manager; and
- 17           d. Any other fee or amount collected by the pharmacy benefits manager from a  
18           manufacturer or labeler for a drug switch program, formulary management  
19           program, mail service pharmacy, educational support, data sales related to a  
20           covered individual, or any other administrative function.
- 21           ~~7.6.~~ "Pharmacy benefits management" means the procurement of prescription drugs at a  
22           negotiated rate for dispensation within this state to covered individuals; the  
23           administration or management of prescription drug benefits provided by a covered  
24           entity for the benefit of covered individuals; or the providing of any of the following  
25           services with regard to the administration of the following pharmacy benefits:
- 26           a. Claims processing, ~~retail~~pharmacy network management, and payment of claims  
27           to a pharmacy for prescription drugs dispensed to a covered individual;
- 28           b. Clinical formulary development and management services; or
- 29           c. Rebate contracting and administration.
- 30           ~~8.7.~~ "Pharmacy benefits manager" means a person ~~that~~who performs pharmacy benefits  
31           management, as a third party, under a contract or other financial arrangement with a

1 ~~covered entity. The term includes~~does not include a person acting for a health benefit  
2 plan that manages or directs its own pharmacy benefits manager in a contractual or  
3 employment relationship in the performance of pharmacy benefits management for a  
4 covered entity. The term does not include a public self-funded pool or a private  
5 single-employer self-funded plan that provides benefits or services directly to its  
6 beneficiaries. The term does not include a health carrier licensed under title 26.1 if the  
7 health carrier is providing pharmacy benefits management to its insureds.

8 9.8. "Rebate" means a retrospective reimbursement of a monetary amount by a  
9 manufacturer under a manufacturer's discount program with a pharmacy benefits  
10 manager for drugs dispensed to a covered individual.

11 ~~10.9.~~ "Utilization information" means de-identified information regarding the quantity of drug  
12 prescriptions dispensed to members of a health plan during a specified time period.

13 **SECTION 4. AMENDMENT.** Section 26.1-27.1-02 of the North Dakota Century Code is  
14 amended and reenacted as follows:

15 **26.1-27.1-02. Licensing - Terms and fee - Application.**

- 16 1. A person may not ~~perform~~establish or ~~act~~operate as a pharmacy benefits manager in  
17 this state ~~unless that person holds~~without first obtaining a ~~certificate of~~  
18 ~~registration~~license as an administrator under chapter 26.1-27 from the commissioner  
19 under this section. A person violating this subsection is guilty of a class C felony.
- 20 2. A person applying for a pharmacy benefits manager license shall submit an application  
21 to the commissioner. The commissioner shall make an application form available on its  
22 website which includes a request for the following information:
- 23 a. The identity, address, electronic mail address, and telephone number of the  
24 applicant;
  - 25 b. The name, business address, electronic mail address, and telephone number of  
26 the contact person for the applicant;
  - 27 c. If applicable, the federal employer identification number for the applicant; and
  - 28 d. Any other information the commissioner considers necessary and appropriate to  
29 establish the qualifications to receive a license as a pharmacy benefits manager  
30 to complete the licensure process.
- 31 3. The term of licensure is one year from April thirtieth through March thirty-first.

- 1       4. The pharmacy benefits manager shall pay an annual renewal fee no later than April  
2       thirtieth.
- 3       5. The applicant shall submit the fee with the initial application or renewal application for  
4       licensure. The initial application fee and renewal fee are nonrefundable.
- 5       6. Each application for a license, and subsequent renewal for a license, must be  
6       accompanied by evidence of financial responsibility in an amount of one million  
7       dollars.
- 8       7. Upon receipt of a completed application, evidence of financial responsibility, and fee,  
9       the commissioner shall review each application and issue a license if the applicant is  
10      qualified in accordance with the provisions of this section and the rules promulgated  
11      by the commissioner under this section. The commissioner may require additional  
12      information or submissions from an applicant and may obtain any documents or  
13      information reasonably necessary to verify the information contained in the application.
- 14      8. The license may be in paper or electronic form. The license is nontransferable, and  
15      must prominently list the expiration date.

16      **SECTION 5. AMENDMENT.** Section 26.1-27.1-04 of the North Dakota Century Code is  
17      amended and reenacted as follows:

18      **26.1-27.1-04. Prohibited practices.**

- 19      1. A pharmacy benefits manager shall comply with subsections 19-02.1-01, 19-02.1-02,  
20      19-02.1-14.2, 19-02.1-16, 19-02.1-16.1, 19-02.1-16.2, 19-02.1-16.3, 19-02.1-16.4,  
21      19-02.1-16.5, and 19-02.1-16.6 in chapter 19-02.1 regarding the substitution of one  
22      prescription drug for another.
- 23      2. A pharmacy benefits manager may not require a pharmacist or pharmacy to  
24      participate in one contract in order to participate in another contract. The pharmacy  
25      benefits manager may not exclude an otherwise qualified pharmacist or pharmacy  
26      from participation in a particular network if the pharmacist or pharmacy accepts the  
27      terms, conditions, and reimbursement rates of the pharmacy benefits manager's  
28      contract.
- 29      3. A pharmacy benefits manager shall offer pharmacy contracts that are opt-in contracts  
30      with at least thirty days to respond and signatures must be obtained from the  
31      pharmacy or an entity contracting on behalf of the pharmacy.

- 1       4. A pharmacy may opt-out of a pharmacy benefits managers contract by providing at  
2       least a ninety-day notice.

3       **SECTION 6. AMENDMENT.** Section 26.1-27.1-06 of the North Dakota Century Code is  
4 amended and reenacted as follows:

5       **26.1-27.1-06. Examination of insurer-covered entity.**

- 6       1. During an examination of a covered entity as provided for in chapter 26.1-03, 26.1-17,  
7       or 26.1-18.1, the commissioner shall examine any contract between the covered entity  
8       and a pharmacy benefits manager and any related record to determine if the payment  
9       received by the pharmacy benefits manager which the covered entity received ~~from~~  
10      ~~the pharmacy benefits manager~~ has been applied toward reducing the covered entity's  
11      rates or has been distributed to covered individuals.
- 12      2. To facilitate the examination, the covered entity shall disclose annually to the  
13      commissioner the benefits of the payment received by the pharmacy benefits manager  
14      received under any contract ~~with a pharmacy benefits manager~~ and shall describe the  
15      manner in which the payment received by the pharmacy benefits manager is applied  
16      toward reducing rates or is distributed to covered individuals.
- 17      3. Any information disclosed to the commissioner under this section is considered a trade  
18      secret under chapter 47-25.1. This section does not prevent the disclosure of a final  
19      order issued against a pharmacy benefits manager. Such order is an open record.

20      **SECTION 7. AMENDMENT.** Section 26.1-27.1-07 of the North Dakota Century Code is  
21 amended and reenacted as follows:

22      **26.1-27.1-07. Rulemaking authority.**

23      The commissioner shall adopt rules as necessary ~~before implementation of~~ to implement  
24 this chapter.

25      **SECTION 8.** A new section to chapter 26.1-27.1 of the North Dakota Century Code is  
26 created and enacted as follows:

27      **Enforcement.**

- 28      1. All powers granted to the commissioner under title 26.1 and chapter 28-32 are  
29      available in enforcing chapter 26.1-27.1, including subpoena power.
- 30      2. This section does not limit the attorney general from investigating and prosecuting  
31      violations of the law.

- 1        3. This section does not prohibit the commissioner, state board of pharmacy, or  
2            department of health and human services from collaborating through joint exercise of  
3            common powers agreements.

4        **SECTION 9.** A new section to chapter 26.1-27.1 of the North Dakota Century Code is  
5 created and enacted as follows:

6        **Administrative penalties.**

- 7        1. A pharmacy benefits manager found to be in violation of this chapter or any rules  
8            adopted under this chapter is subject to:  
9            a. A monetary penalty of up to ten thousand dollars per violation;  
10           b. Suspension or revocation of license; and  
11           c. A civil penalty of up to fifty thousand dollars for a second or subsequent violation.  
12        2. The commissioner may require a pharmacy benefits manager to provide restitution to  
13           affected covered entities, pharmacies, or individuals for losses incurred as a result of  
14           the violation.  
15        3. A pharmacy benefits manager subject to penalties under this section is entitled to a  
16           hearing conducted in accordance with chapter 28-32.

17        **SECTION 10.** A new section to chapter 26.1-27.1 of the North Dakota Century Code is  
18 created and enacted as follows:

19        **Proceedings by commissioner - Service of process - Procedure.**

20        The commissioner shall serve process upon any licensee in any action or proceeding  
21 instituted by the commissioner under this chapter by electronic mail to the electronic mail  
22 address maintained in section 26.1-27.1-02 or by United States mail to the licensee at the  
23 licensee's last-known address of record or principal place of business. Service of process under  
24 this section is complete upon electronic mailing or United States mailing.

25        **SECTION 11.** A new section to chapter 26.1-27.1 of the North Dakota Century Code is  
26 created and enacted as follows:

27        **Wholesale license fee.**

28        The state board of pharmacy may deposit up to six hundred dollars of every eligible  
29 wholesaler license fee and every virtual wholesaler license fee collected by the board under  
30 section 43-15.3-12 to the insurance regulatory trust fund.

1       **SECTION 12. REPEAL.** Section 26.1-27-01.1 and chapter 26.1-36.10 of the North Dakota  
2 Century Code are repealed.

3       **SECTION 13. EXEMPTION - FULL-TIME EQUIVALENT POSITIONS - ADJUSTMENTS.**

4 Notwithstanding any other provisions of law, the insurance commissioner may increase or  
5 decrease authorized full-time equivalent positions as needed, subject to availability of funds,  
6 during the biennium beginning July 1, 2025, and ending June 30, 2027, for the purpose of  
7 enforcing the provisions of chapter 26.1-27.1. The insurance commissioner shall report to the  
8 office of management and budget and legislative council any adjustments made pursuant to this  
9 section.

10       **SECTION 14. TRANSFER - DRUG PRICING FUND TO INSURANCE REGULATORY**

11 **TRUST FUND.** On the effective date of this Act, the office of management and budget shall  
12 transfer any money in the drug pricing fund to the insurance regulatory trust fund for the  
13 purpose of enforcing the provision of chapter 26.1-27.1.

14       **SECTION 15. EFFECTIVE DATE.** Section 4 of this Act becomes effective January 1, 2026.

15       **SECTION 16. EMERGENCY.** This Act is declared to be an emergency measure.