MINA' TRENTAI UNU NA LIHESLATURAN GUAHAN 2011 (FIRST) Regular Session

PROVIDE

TITLE

22,

UNIFORMITY

Bill No. 410-31 (COR)

ACT

PRICING

CHAPTER

ANNOTATED.

TO

18,

Introduced by:

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D.G. RODRIGUEZ, JR.

FOR PHARMACY BY **HEALTHCARE** INSURERS, BY ADDING A NEW ARTICLE 9, TO **GUAM CODE**



BE IT ENACTED BY THE PEOPLE OF GUAM:

- **Section 1. Legislative Findings and Intent**: I Liheslaturan Guåhan finds that the choice of healthcare consumers to select their preferred pharmacy without undue pressure from healthcare insurers needs to be protected. Further, that there is a need to insure that health insurers are barred from favoring certain types of pharmacies (e.g. mail order) over others (e.g. independent retail pharmacies).
- It is the intent of I Liheslaturan Guåhan to require that copayments, 7 deductibles, and limits on the quantity of drugs that can be dispensed at one time 8 be applied uniformly regardless of the type of pharmacy the consumer chooses. 9
- Section 2. This Act shall be known and may be cited as the "Drug Benefit 10 **Equity Act.**" 11
- Section 3. A new Article 9 is hereby added to Chapter 18, Title 22, Guam 12 Code Annotated, to read: 13
 - "Article 9. Drug Benefit Equity Act

§18901. Legislative Finding and Intent. *I Liheslaturan Guåhan* finds that the choice of healthcare consumers to select their preferred pharmacy without undue pressure from healthcare insurers needs to be protected. Further, that there is a need to insure that health insurers are barred from favoring certain types of pharmacies (e.g. mail order) over others (e.g. independent retail pharmacies.

It is the intent of *I Liheslaturan Guåhan* to require that copayments, deductibles, and limits on the quantity of drugs that can be dispensed at one time be applied uniformly regardless of the type of pharmacy the consumer chooses.

§18902. Pharmacy providers.

- (a) Before entering into an agreement with pharmacy providers, a health care plan must establish terms and conditions that must be met by pharmacy providers desiring to contract with the health care plan. The terms and conditions shall not discriminate against a pharmacy provider. A health care plan may not refuse to contract with a pharmacy provider that meets the terms and conditions established by the health care plan. If a pharmacy provider rejects the terms and conditions established, the health care plan may offer other terms and conditions necessary to comply with network adequacy requirements.
- (b) A health care plan shall apply the same co-insurance, copayment, and deductible factors to all drug prescriptions filled by a pharmacy provider that participates in the health care plan's network. Nothing in this subsection, however, prohibits a health care plan from applying different co-insurance, copayment, and deductible factors between brand name drugs and generic drugs when a generic equivalent exists for the brand name drug.

- (c) A health care plan may not set a limit on the quantity of drugs that an enrollee may obtain at one time with a prescription unless the limit is applied uniformly to all pharmacy providers in the health care plan's network."
- §18903. Rules and Regulations; Authorized. The Banking and Insurance Commissioner *shall*, within 120 days of the enactment of this Act, promulgate any rules and regulations deemed necessary, if any, to implement the provisions of this Article; as provided pursuant to Article 3 [Rule-Making Procedures], Chapter 9 [Administrative Adjudication Law], Division 1, Title 5, Guam Code Annotated [Government Operations]."
- Section 3. Severability. *If* any provision of this Act or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall *not* affect other provisions or applications of this Act which can be given effect without the invalid provisions or application, and to this end the provisions of this Act are severable.
- Section 4. Effective Date. This Act shall become immediately effective upon enactment.