Senate File 284 - Introduced

SENATE FILE 284 BY KLIMESH

A BILL FOR

- 1 An Act relating to pharmacy benefits manager reverse auctions
- 2 and group insurance for public employees.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

- 1 Section 1. <u>NEW SECTION</u>. **8A.319 Pharmacy benefits manager** 2 reverse auctions.
- 1. This section may be cited as "The Iowa Competitive 4 Pharmacy Benefits Managers Marketplace Act".
- 5 2. As used in this section, unless the context otherwise 6 requires:
- 7 a. "Market check" means a technology-driven evaluation of an
- 8 incumbent pharmacy benefits manager's prescription drug pricing
- 9 based on benchmark comparators derived from pharmacy benefits
- 10 manager reverse auction processes conducted in the United
- 11 States over the immediately preceding twelve months.
- 12 b. "Participant bidding agreement" means an online
- 13 agreement that details common definitions, prescription drug
- 14 classifications, rules, data access and use rights, and other
- 15 optimal contract terms that benefit the state and that all
- 16 bidders must accept as a prerequisite for participation in a
- 17 pharmacy benefits manager reverse auction.
- 18 c. "Pharmacy benefits manager" means the same as defined in
- 19 section 510B.1.
- 20 d. "Pharmacy benefits manager reverse auction" means an
- 21 automated, transparent, and competitive bidding process
- 22 conducted online that starts with an opening round of bids
- 23 and allows qualified pharmacy benefits manager bidders to
- 24 counteroffer a lower price for as many rounds of bidding
- 25 as determined by the department for a multiple health plan
- 26 prescription drug purchasing group.
- 27 e. "Price" means the projected cost of a pharmacy benefits
- 28 manager's bid to provide prescription drug benefits to allow
- 29 direct comparison of the comparably calculated costs of
- 30 competing pharmacy benefits managers' proposals over the
- 31 duration of the pharmacy benefits manager's services contract.
- 32 f. "Real-time" means within no more than one hour.
- 33 g. "Self-funded private sector health plan" means any
- 34 self-funded private sector employer or multi-employer health
- 35 plan.

- 1 h. "Self-funded public sector health plan" means any group 2 benefit plan under chapter 509A.
- 3 3. Consistent with section 8A.311, and notwithstanding any
- 4 other law to the contrary, the department shall enter into a
- 5 contract for the services of a pharmacy benefits manager for
- 6 the administration of benefits of self-funded public sector
- 7 health plans in compliance with this section.
- 8 4. Prior to November 1, 2024, the department shall
- 9 procure, through solicitation of proposals from qualified
- 10 professional services vendors, all of the following based on
- 11 price, capabilities, and other factors deemed relevant by the
- 12 department:
- a. A technology platform with the capabilities to conduct
- 14 a pharmacy benefits manager reverse auction. The department
- 15 shall ensure that the technology platform possesses, at a
- 16 minimum, the capacity to do all of the following:
- 17 (1) Conduct an automated, online, reverse auction of
- 18 pharmacy benefits manager services using a software application
- 19 and high-performance data infrastructure to intake, cleanse,
- 20 and normalize pharmacy benefits manager data with development
- 21 methods and information security standards that have been
- 22 validated by receiving service organization control 2 and
- 23 national institute of standards and technology certification,
- 24 or successor information technology security certifications, as
- 25 identified by the office of the chief information officer.
- 26 (2) Automate repricing of diverse and complex pharmacy
- 27 benefits managers' prescription drug pricing proposals to allow
- 28 direct comparison by the state of the comparably calculated
- 29 costs of pharmacy benefits managers' bids using one hundred
- 30 percent of annual prescription drug claims data available
- 31 for state-funded health plans, or a multiple health plan
- 32 prescription drug purchasing group, and using code-based
- 33 classification of drugs from nationally accepted drug sources.
- 34 (3) Simultaneously evaluate in real-time diverse and
- 35 complex multiple proposals from full-service pharmacy benefits

- 1 managers, including average wholesale price, guaranteed
- 2 net cost, and national average drug acquisition cost
- 3 pricing models, as well as proposals from pharmacy benefits
- 4 administrators and specialty drug and rebate carve-out service
- 5 providers.
- 6 (4) Produce an automated report and analysis of pharmacy
- 7 benefits managers' bids, including ranking of pharmacy benefits
- 8 managers' bids based on comparative costs and qualitative
- 9 aspects of the bids in real-time following the close of each
- 10 round of reverse auction bidding.
- 11 (5) Perform real-time, electronic, line-by-line,
- 12 claim-by-claim review of one hundred percent of invoiced
- 13 pharmacy benefits managers' prescription drug claims, and
- 14 identify all deviations from the specific terms of the pharmacy
- 15 benefits manager's services contract that resulted from the
- 16 reserve auction process.
- 17 b. Related services from the operator of the technology
- 18 platform identified in paragraph "a", which at a minimum shall
- 19 include all of the following:
- 20 (1) Evaluation of the qualifications of pharmacy benefits
- 21 manager bidders.
- 22 (2) Pharmacy benefits manager reverse auction services to
- 23 support the department in comparing pricing for the pharmacy
- 24 benefits manager procurement.
- 25 (3) Related professional services.
- 26 5. The department shall not award a contract for the
- 27 technology platform and technology operator services to a
- 28 vendor that is a pharmacy benefits manager or to a vendor that
- 29 is managed by, or a subsidiary or affiliate of, a pharmacy
- 30 benefits manager.
- 31 6. The vendor awarded the contract by the department shall
- 32 not outsource any part of the pharmacy benefits manager reverse
- 33 auction or any part of the automated, real-time, electronic,
- 34 line-by-line, claim-by-claim review of invoiced pharmacy
- 35 benefits manager prescription drug claims.

7. With technical assistance and support provided by the technology platform operator, the department shall specify the terms of the participant bidding agreement. The terms of the participant bidding agreement shall not be modified except by specific consent of the department.

The technology platform used to conduct the reverse

- 7 auction shall be repurposed over the duration of the pharmacy 8 benefits manager's services contract as an automated pharmacy 9 claims adjudication engine to perform real-time, electronic, 10 line-by-line, claim-by-claim review of one hundred percent of 11 invoiced pharmacy benefits manager's prescription drug claims, 12 and to identify all deviations from the specific terms of the 13 pharmacy benefits manager's services contract.
- 14 b. The department shall reconcile the electronically
 15 adjudicated pharmacy claims, as described in paragraph "a",
 16 with pharmacy benefits manager's invoices on a monthly or
 17 quarterly basis to ensure that state payments shall not exceed
 18 the terms specified in any pharmacy benefits manager's services
 19 contract.
- 20 c. If following state payment to the pharmacy benefits 21 manager on the basis of the reconciliation under paragraph 22 "b" the pharmacy benefits manager asserts that the department 23 paid less than the amount owed, the pharmacy benefits manager 24 may seek resolution through a mutually acceptable dispute 25 resolution process that the parties agreed to in the terms of 26 the services contract under subsection 9, paragraph "a".
- 9. a. The first pharmacy benefits manager reverse auction shall be completed and the services contract shall be awarded to the winning pharmacy benefits manager with an effective date beginning July 1, 2024. Subsequent contracts must be awarded no later than three months prior to termination or expiration of the current pharmacy benefits manager's services contract for a covered group, such as the state employees benefits group, that includes only active employees and dependents, but does not include retiree participants in a Medicare part D

- 1 employer group waiver program pursuant to the federal Medicare
- 2 Prescription Drug, Improvement, and Modernization Act of 2003,
- 3 Pub. L. No. 108-173.
- b. In the event an eligible covered group that includes
- 5 retiree participants in a Medicare part D employer group
- 6 waiver program pursuant to the federal Medicare Prescription
- 7 Drug, Improvement, and Modernization Act of 2003, Pub. L. No.
- 8 108-173, opts to use the processes and procedures under this
- 9 section, the relevant pharmacy benefits manager reverse auction
- 10 shall be completed and the pharmacy benefits manager services
- 11 contract shall be awarded to the winning pharmacy benefits
- 12 manager no later than six months prior to termination or
- 13 expiration of the pharmacy benefits manager's services contract
- 14 currently covering the retiree employer group waiver program
- 15 participants.
- 16 The department may perform a market check for providing
- 17 pharmacy benefits manager services during the term of the
- 18 current pharmacy benefits manager's services contract in order
- 19 to ensure continuing competitiveness of incumbent prescription
- 20 drug pricing during the term of a pharmacy benefits manager's
- 21 services contract.
- 22 To ensure that the department does not incur additional
- 23 expenditures associated with the pharmacy benefits manager
- 24 reverse auction, ongoing electronic review and validation
- 25 of pharmacy benefits managers' claims, and periodic market
- 26 checks, the department shall implement a no-pay option that
- 27 obligates the winning pharmacy benefits manager, rather than
- 28 the state, to pay the cost of the technology platform and
- 29 related technology platform operator services by assessing the
- 30 pharmacy benefits manager a per-prescription fee in an amount
- 31 agreed to by the department and the technology operator, and
- 32 requiring the pharmacy benefits manager to pay the fees to the
- 33 technology operator over the duration of the pharmacy benefits
- 34 manager's services contract. The obligation of the winning
- 35 pharmacy benefits manager to pay the per-prescription fee shall

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- 1 be incorporated as a term of the participant bidding agreement
- 2 and the pharmacy benefits manager's services contract awarded
- 3 to the pharmacy benefits manager reverse auction winner.
- 4 12. a. This section shall apply to group benefit plans
- 5 under chapter 509A. This section shall not apply to nonprofit,
- 6 nongovernmental health maintenance organizations with respect
- 7 to managed care plans that provide a majority of covered health
- 8 care services through a single contracted medical group.
- 9 b. After completion of the first pharmacy benefits manager
- 10 reverse auction, self-funded private sector health plans with
- 11 substantial participation by Iowa employees and the employees'
- 12 dependents shall have the option to participate in a joint
- 13 purchasing pool with state employees for subsequent pharmacy
- 14 benefits manager reverse auctions.
- 15 c. Any self-funded public sector health plans or self-funded
- 16 private sector health plans that opt to participate with
- 17 the state employees group benefits plan in a joint pharmacy
- 18 benefits manager reverse auction purchasing pool shall retain
- 19 full autonomy over determination of the individual health
- 20 plan's respective prescription drug formularies and pharmacy
- 21 benefit designs, and shall not be required to adopt a common
- 22 prescription drug formulary or common prescription pharmacy
- 23 benefit design. Any such entity or purchasing group shall
- 24 agree, before participating in the pharmacy benefits manager
- 25 reverse auction, to accept the prescription drug pricing plan
- 26 that is selected through a pharmacy benefits manager reverse
- 27 auction process.
- 28 d. Any pharmacy benefits manager providing services to the
- 29 department, to a self-funded public sector health plan, or
- 30 to a self-funded private sector health plan as described in
- 31 this section shall provide the department, each participating
- 32 self-funded public sector health plan, and each participating
- 33 self-funded private sector health plan access to complete
- 34 pharmacy claims data necessary to conduct the pharmacy
- 35 benefits manager reverse auction and to carry out applicable

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1 administrative and management duties.

2 Notwithstanding subsection 3, the department may elect 3 to vacate the outcome of a pharmacy benefits manager reverse 4 auction if the lowest-cost pharmacy benefits manager's bid 5 is not less than the projected cost trend for the incumbent 6 pharmacy benefits manager's services contract as verified by 7 the department. The department may utilize a consultant to 8 conduct the verification. The cost trend shall be projected 9 by the technology platform operator using industry-recognized 10 data sources and shall be subject to review and approval by 11 the department in advance of the pharmacy benefits manager 12 reverse auction. Methodology shall be applied consistently in 13 projection of cost and savings to the state with regard to the 14 incumbent pharmacy benefits manager's services contract and 15 competing pharmacy benefits manager reverse auction bids.

EXPLANATION

- 17 The inclusion of this explanation does not constitute agreement with 18 the explanation's substance by the members of the general assembly.
- This bill relates to pharmacy benefits manager reverse auctions and group insurance for public employees.
- 21 "Pharmacy benefits manager reverse auction" (reverse
 22 auction) is defined in the bill as an automated, transparent,
- 23 and competitive bidding process conducted online that starts
- 24 with an opening round of bids and allows qualified pharmacy
- 25 benefits manager (PBM) bidders to counter-offer a lower price
- 26 for as many rounds of bidding as determined by the department
- 27 of administrative services (DAS) for a multiple health plan
- 28 prescription drug purchasing group. "Price" is defined as
- 29 the projected cost of a PBM's bid to provide prescription
- 30 drug benefits to allow direct comparison of the comparably
- 31 calculated costs of competing PBMs' proposals over the duration
- 32 of the PBM's services contract.

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- Consistent with Code section 8A.311, and notwithstanding
- 34 any other law to the contrary, the department shall enter into
- 35 a contract for the services of a PBM for the administration

- 1 of benefits of self-funded public sector health plans.
- 2 "Self-funded public sector health plans" is defined as any
- 3 group benefit plan under Code chapter 509A. Prior to November
- 4 1, 2024, DAS shall procure, through solicitation of proposals
- 5 from qualified professional services vendors, a technology
- 6 platform with capabilities to conducting a PBM reverse auction,
- 7 and related services from the operator of the technology
- 8 platform. The requirements for the technology platform and for
- 9 the related services are detailed in the bill.
- 10 DAS is prohibited from awarding a contract for either
- 11 the technology platform or the technology operator services
- 12 to a vendor that is a PBM or a vendor that is managed
- 13 by, or a subsidiary or affiliate of, a PBM. The vendor
- 14 awarded the contract by DAS shall not outsource any part
- 15 of the PBM reverse auction or of the automated, real-time,
- 16 electronic, line-by-line, claim-by-claim review of invoiced
- 17 PBM prescription drug claims. With technical assistance and
- 18 support provided by the technology platform operator, DAS shall
- 19 specify the terms of the participant bidding agreement.
- The technology platform used to conduct the reverse auction
- 21 shall be repurposed over the duration of the PBM's services
- 22 contract as an automated pharmacy claims adjudication engine
- 23 to perform real-time, electronic, line-by-line, claim-by-claim
- 24 review of 100 percent of invoiced PBM drug claims, and to
- 25 identify all deviations from the specific terms of the PBM's
- 26 services contract.
- 27 DAS is required to reconcile the electronically adjudicated
- 28 pharmacy claims with PBM invoices on a monthly or quarterly
- 29 basis to ensure that state payments shall not exceed the terms
- 30 specified in any PBM's services contract. If, following state
- 31 payment to the PBM on the basis of the reconciliation, the
- 32 PBM asserts that DAS has paid less than the amount owed, the
- 33 PBM may seek resolution through a mutually acceptable dispute
- 34 resolution process as agreed to in the terms of the services
- 35 contract between the parties.

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      The first PBM reverse auction shall be completed and the
 2 PBM services contract shall be awarded to the winning PBM
 3 with an effective date beginning July 1, 2024. Subsequent
 4 services contracts must be awarded no later than three months
 5 prior to termination or expiration of the current PBM's
 6 services contract for a covered group, such as the state
 7 employees benefits group, that includes only active employees
 8 and dependents, but does not include retiree participants in
 9 a Medicare part D employer group waiver program (Medicare
10 employer group) pursuant to the federal Medicare Prescription
11 Drug, Improvement, and Modernization Act of 2003 (Medicare
12 Act). If an eligible covered group that includes retiree
13 participants in a Medicare employer group pursuant to the
14 Medicare Act opts to use the processes and procedures under the
15 bill, the relevant PBM reverse auction shall be completed and
16 the PBM services contract shall be awarded to the winning PBM
17 no later than six months prior to termination or expiration
18 of the current PBM's services contract covering the Medicare
19 employer group.
20
      DAS may perform a market check for providing PBM services
21 during the term of the current PBM's services contract.
22 "Market check" is defined in the bill. DAS shall implement a
23 no-pay option that obligates the winning PBM, rather than the
24 state, to pay the cost of the technology platform and related
25 technology platform operator services by assessing the PBM a
26 per-prescription fee as detailed in the bill.
27
      The bill shall apply to group benefit plans under Code
28 chapter 509A. The bill shall not apply to nonprofit,
29 nongovernmental health maintenance organizations with respect
30 to managed care plans that provide a majority of covered health
31 care services through a single contracted medical group.
      After the first PBM reverse auction, self-funded private
33 sector health plans with substantial participation by Iowa
34 employees and their dependents shall have the option to
35 participate in a joint purchasing pool with state employees for
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- 1 subsequent PBM reverse auctions. Any self-funded public sector
- 2 health plans or self-funded private sector health plans that
- 3 opt to participate with the state employees group benefits plan
- 4 in a joint PBM reverse auction purchasing pool shall retain
- 5 full autonomy as detailed in the bill.
- 6 DAS may elect to vacate the outcome of a PBM reverse auction
- 7 if the lowest-cost PBM bid is not less than the projected cost
- 8 trend for the incumbent PBM contract as verified by DAS or by
- 9 a consultant retained by DAS.