

PHARMACY BENEFIT MANAGER LICENSURE AND REGULATION ACT (EXCERPT)
Act 11 of 2022

***** 550.829.new THIS NEW SECTION IS EFFECTIVE JANUARY 1, 2024 *****

550.829.new Prohibited conduct.

Sec. 19. (1) A pharmacy benefit manager shall not discriminate against a nonaffiliated pharmacy that is a retail pharmacy.

(2) A pharmacy benefit manager shall not impose limits, including quantity limits or refill frequency limits, on an enrollee's access to retail prescription drugs that differ based solely on whether the pharmacy benefit manager has an ownership interest in a pharmacy or the pharmacy has an ownership interest in the pharmacy benefit manager.

(3) A pharmacy benefit manager or carrier shall not prohibit a 340B Program entity or a pharmacy that has a license in good standing in this state under contract with a 340B Program entity from participating in the pharmacy benefit manager's or carrier's provider network solely because it is a 340B Program entity or a pharmacy under contract with a 340B Program entity. A pharmacy benefit manager or carrier shall not reimburse a 340B Program entity or a pharmacy under contract with a 340B Program entity differently than other similarly situated pharmacies. As used in this subsection, "340B Program entity" means an entity authorized to participate in the federal 340B Program under section 340B of the public health service act, 42 USC 256b.

(4) Unless required by applicable law or as required under Medicaid by the department of health and human services, a carrier, health plan, or pharmacy benefit manager shall not require an enrollee or covered person to use only an affiliated pharmacy that is a retail pharmacy.

(5) A carrier, health plan, pharmacy, or pharmacy benefit manager shall not financially induce an enrollee or covered person or prescriber to transfer an enrollee or covered person prescription to a retail affiliated pharmacy. As used in this subsection, "prescriber" means that term as defined in section 17708 of the public health code, 1978 PA 368, MCL 333.17708.

(6) A carrier, health plan, or pharmacy benefit manager shall not require a retail nonaffiliated pharmacy to transfer an enrollee's or covered person's retail prescription to a retail affiliated pharmacy without the prior consent of the enrollee or patient.

(7) A pharmacy benefit manager shall not unreasonably restrict an enrollee or covered person from using a particular network retail pharmacy for the purposes of receiving pharmacist services covered by the enrollee's or covered person's health plan.

(8) Before a prescription is dispensed, an affiliated pharmacy shall disclose to an enrollee or covered person that the affiliated pharmacy is an affiliated pharmacy and that the enrollee or covered person is not obligated to use the affiliated pharmacy.

(9) This section does not prohibit a health plan or carrier from doing any of the following:

- (a) Offering customized pharmacy network options to its clients.
- (b) Offering mail order of specialty treatments.
- (c) Establishing a tiered network.

History: 2022, Act 11, Eff. Jan. 1, 2024.