

**First Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 21-0462.02 Christy Chase x2008

HOUSE BILL 21-1297

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A BILL FOR AN ACT

101 **CONCERNING REQUIREMENTS REGARDING THE ADMINISTRATION OF**
102 **PRESCRIPTION DRUG BENEFITS UNDER HEALTH BENEFIT PLANS.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill precludes a health insurer, a pharmacy benefit manager (PBM), or an entity acting for a health insurer or PBM to conduct on-site audits of pharmacies within 12 months after a prior on-site audit except in specified circumstances.

Additionally, the bill enacts the "Pharmacy Fairness Act" (act), which imposes requirements regarding contracts between PBMs and

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

SENATE
2nd Reading Unamended
May 28, 2021

HOUSE
3rd Reading Unamended
May 24, 2021

HOUSE
Amended 2nd Reading
May 22, 2021

pharmacies as follows:

- Requires a health insurer to submit to the commissioner of insurance (commissioner) a list of PBMs the health insurer uses to manage or administer prescription drug benefits under its health benefit plans offered in this state;
- Prohibits PBMs from:
 - Restricting a covered person's access to prescription drug benefits at an in-network retail pharmacy, except as permitted in limited circumstances;
 - Charging a pharmacy or pharmacist a fee for adjudicating a claim, other than a one-time fee of not more than the lesser of 25% of the pharmacy dispensing fee or 25 cents for receipt and processing of the same pharmacy claim;
 - Requiring stricter pharmacy accreditation standards or certification requirements than the standards or requirements that are applicable to similarly situated PBM-affiliated pharmacies within the same PBM network; or
 - Refusing to designate a pharmacy located in a county with a population of 20,000 or fewer as a preferred pharmacy under the health benefit plan.

A PBM that administers the drug assistance program operated by the department of public health and environment is exempt from the requirements and prohibitions of the act with regard to the PBM's administration of that program only.

The bill also:

- Requires a health insurer or PBM to respond in real time to a request from an insured, the insured's health care provider, or a third party acting on behalf of the insured or provider for data regarding the cost, benefits, and coverage under the insured's health benefit plan for a particular drug; and
- Requires a health insurer or PBM that removes a prescription drug from the prescription drug formulary or moves a prescription drug to a higher cost tier on the formulary during the benefit year to notify a covered person that is prescribed that drug at least 30 days before the action and allow the covered person to continue using the drug without prior authorization and at the same coverage level for the remainder of the benefit year, except in specified circumstances.

1 **SECTION 1. Legislative declaration.** (1) The general assembly
2 finds that:

3 (a) Pharmacies are vital community resources, with local
4 pharmacies often serving as the only source of health information and
5 care for many patients;

6 (b) Pharmacies and pharmacists are particularly important in rural
7 communities, where residents may lack access to other regular health
8 care;

9 (c) Moreover, many pharmacists are authorized to dispense and
10 administer routine vaccinations and will play a critical role in distributing
11 the COVID-19 vaccine;

12 (d) Pharmacy benefit managers (PBMs) function as
13 claims-processing intermediaries between health insurers or plans and
14 pharmacies, and as administrators of the financial and logistical aspects
15 of claims processing, PBMs can serve a valuable purpose;

16 (e) By establishing infrastructure and centralizing processing,
17 PBMs can streamline services, realize efficiencies, and potentially reduce
18 system costs across the board, and by amassing large patient networks,
19 PBMs can gain leverage to negotiate discounts for the ultimate benefit of
20 the patient;

21 (f) When patients are left without a trusted pharmacy, they are
22 alone to navigate a confusing and unpredictable prescription drug benefits
23 system that includes barriers to medication access from diagnosis to
24 prescription pickup, such as impersonal technology and benefit
25 complications; and

26 (g) Access to prescription drugs needs to be fair, predictable, easy,
27 and empowered by technologies that break down barriers to medication

1 access and improve the lives of patients.

2 (2) The general assembly declares that the intent of this act is to:

3 (a) Ensure that all Colorado pharmacies and their patients are
4 treated fairly and equitably;

5 (b) Preserve patient access to pharmacy services; and

6 (c) Ensure that:

7 (I) Pharmacists are fairly compensated for their services;

8 (II) Patients have access to affordable, life-saving medications;

9 and

10 (III) Transactions between PBMs, patients, and pharmacies are
11 transparent.

12 **SECTION 2.** In Colorado Revised Statutes, 10-16-102, **amend**
13 (49) as follows:

14 **10-16-102. Definitions.** As used in this article 16, unless the
15 context otherwise requires:

16 (49) (a) "Pharmacy benefit management firm", "PHARMACY
17 BENEFIT MANAGER", OR "PBM" means any entity doing business in this
18 state that ~~contracts to administer or manage~~ ADMINISTERS OR MANAGES
19 prescription drug benefits, INCLUDING CLAIMS PROCESSING SERVICES AND
20 OTHER PRESCRIPTION DRUG OR DEVICE SERVICES AS DEFINED IN SECTION
21 10-16-122.1, on behalf of any carrier that provides prescription drug
22 benefits to residents of this state, EITHER PURSUANT TO A CONTRACT WITH
23 THE CARRIER OR AS AN ENTITY THAT IS RELATED TO, ASSOCIATED BY
24 COMMON OR OTHER OWNERSHIP WITH, OR OTHERWISE ASSOCIATED WITH
25 THE CARRIER.

26 (b) "PHARMACY BENEFIT MANAGEMENT FIRM", "PHARMACY
27 BENEFIT MANAGER", OR "PBM" DOES NOT INCLUDE:

1 (I) A HEALTH CARE FACILITY LICENSED OR CERTIFIED BY THE
2 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO
3 SECTION 25-1.5-103 (1)(a);

4 (II) A PROVIDER;

5 (III) A CONSULTANT WHO ONLY PROVIDES ADVICE AS TO THE
6 SELECTION OR PERFORMANCE OF A PHARMACY BENEFIT MANAGEMENT
7 FIRM; OR

8 (IV) A NONPROFIT HEALTH MAINTENANCE ORGANIZATION THAT
9 OFFERS MANAGED CARE PLANS THAT PROVIDE A MAJORITY OF COVERED
10 PROFESSIONAL SERVICES THROUGH A SINGLE, CONTRACTED MEDICAL
11 GROUP AND THAT OPERATES ITS OWN PHARMACIES.

12 **SECTION 3.** In Colorado Revised Statutes, **add** 10-16-122.1 as
13 follows:

14 **10-16-122.1. Contracts between PBMs and pharmacies -**
15 **carrier submit list of PBMs - prohibited practices - exception - short**
16 **title - definitions.** (1) THE SHORT TITLE OF THIS SECTION IS THE
17 "PHARMACY FAIRNESS ACT".

18 (2) (a) STARTING IN 2022, EACH CARRIER SHALL SUBMIT TO THE
19 COMMISSIONER, CONTEMPORANEOUSLY WITH ITS RATE FILING PURSUANT
20 TO SECTION 10-16-107 AND IN A FORM AND MANNER SPECIFIED BY THE
21 COMMISSIONER BY RULE, A LIST OF ALL PHARMACY BENEFIT MANAGERS
22 THE CARRIER CONTRACTS WITH OR OTHERWISE USES FOR CLAIMS
23 PROCESSING SERVICES OR OTHER PRESCRIPTION DRUG OR DEVICE SERVICES
24 UNDER HEALTH COVERAGE PLANS THE CARRIER OFFERS.

25 (b) THE LIST OF PBMs SUBMITTED TO THE COMMISSIONER
26 PURSUANT TO THIS SUBSECTION (2) IS CONSIDERED PROPRIETARY AND
27 CONFIDENTIAL INFORMATION AND IS NOT SUBJECT TO DISCLOSURE UNDER

1 THE "COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE
2 24.

3 (3) STARTING IN 2022, A PBM OR THE REPRESENTATIVE OF A PBM
4 SHALL NOT:

5 (a) (I) WITH REGARD TO INDIVIDUAL AND GROUP HEALTH BENEFIT
6 PLANS, PRECLUDE COVERED PERSONS FROM ACCESSING PRESCRIPTION
7 DRUG BENEFITS UNDER THE HEALTH BENEFIT PLAN AT AN IN-NETWORK
8 RETAIL PHARMACY UNLESS:

9 (A) THE FDA HAS RESTRICTED DISTRIBUTION OF THE
10 PRESCRIPTION DRUG; OR

11 (B) THE PRESCRIPTION DRUG REQUIRES SPECIAL HANDLING,
12 PROVIDER COORDINATION, OR PATIENT EDUCATION THAT CANNOT BE
13 PROVIDED BY A RETAIL PHARMACY.

14 (II) A HEALTH BENEFIT PLAN MAY IMPOSE A DIFFERENT
15 COST-SHARING AMOUNT FOR OBTAINING A COVERED PRESCRIPTION DRUG
16 AT A RETAIL PHARMACY, BUT ALL COST SHARING MUST COUNT TOWARDS
17 THE PLAN'S ANNUAL LIMITATION ON COST SHARING SPECIFIED IN 45 CFR
18 156.130 AND MUST BE ACCOUNTED FOR IN THE PLAN'S ACTUARIAL VALUE
19 CALCULATED UNDER 45 CFR 156.135.

20 (b) CHARGE A PHARMACY OR PHARMACIST A FEE RELATED TO THE
21 ADJUDICATION OF A PHARMACIST SERVICES CLAIM, OTHER THAN A
22 ONE-TIME, REASONABLE FEE, NOT TO EXCEED THE LESSER OF TWENTY-FIVE
23 PERCENT OF THE PHARMACY DISPENSING FEE OR TWENTY-FIVE CENTS, FOR
24 RECEIPT AND PROCESSING OF THE SAME PHARMACIST SERVICES CLAIM; OR

25 (c) REQUIRE PHARMACY ACCREDITATION STANDARDS OR
26 CERTIFICATION REQUIREMENTS INCONSISTENT WITH, MORE STRINGENT
27 THAN, OR IN ADDITION TO REQUIREMENTS APPLICABLE TO SIMILARLY

1 SITUATED PBM-AFFILIATED PHARMACIES WITHIN THE SAME PBM
2 NETWORK.

3 (4) THIS SECTION DOES NOT APPLY TO THE ADMINISTRATION OR
4 MANAGEMENT OF THE DRUG ASSISTANCE PROGRAM AUTHORIZED
5 PURSUANT TO SECTION 25-4-1401.

6 (5) AS USED IN THIS SECTION AND SECTION 10-16-122.9, UNLESS
7 THE CONTEXT OTHERWISE REQUIRES:

8 (a) "CLAIMS PROCESSING SERVICES" MEANS THE ADMINISTRATIVE
9 SERVICES PERFORMED IN CONNECTION WITH PROCESSING AND
10 ADJUDICATING CLAIMS RELATED TO PHARMACIST SERVICES, WHICH
11 SERVICES INCLUDE:

12 (I) RECEIVING PAYMENTS FOR PHARMACIST SERVICES; OR

13 (II) MAKING PAYMENTS TO PHARMACIES OR PHARMACISTS FOR
14 PHARMACIST SERVICES.

15 (b) "OTHER PRESCRIPTION DRUG OR DEVICE SERVICES" MEANS
16 SERVICES, OTHER THAN CLAIMS PROCESSING SERVICES, PROVIDED
17 DIRECTLY OR INDIRECTLY AND EITHER IN CONNECTION WITH OR SEPARATE
18 FROM CLAIMS PROCESSING SERVICES. THE TERM INCLUDES:

19 (I) MANAGING OR PARTICIPATING IN INCENTIVE PROGRAMS OR
20 ARRANGEMENTS FOR PHARMACIST SERVICES;

21 (II) NEGOTIATING OR ENTERING INTO CONTRACTUAL
22 ARRANGEMENTS WITH PHARMACIES OR PHARMACISTS;

23 (III) DEVELOPING FORMULARIES;

24 (IV) DESIGNING PRESCRIPTION DRUG BENEFITS PROGRAMS; AND

25 (V) ADVERTISING OR PROMOTING SERVICES.

26 (c) "PBM-AFFILIATED PHARMACY" MEANS A PHARMACY OR
27 PHARMACIST THAT, EITHER DIRECTLY OR INDIRECTLY THROUGH ONE OR

1 MORE INTERMEDIARIES, OWNS OR CONTROLS OR IS OWNED OR
2 CONTROLLED BY A PBM.

3 (d) "PBM NETWORK" MEANS A NETWORK OF PHARMACIES OR
4 PHARMACISTS THAT ARE OFFERED AN AGREEMENT OR CONTRACT TO
5 PROVIDE PHARMACIST SERVICES FOR A HEALTH BENEFIT PLAN.

6 (e) "PHARMACIST" HAS THE SAME MEANING AS SET FORTH IN
7 SECTION 12-280-103 (35).

8 (f) "PHARMACIST SERVICES" MEANS PRODUCTS, GOODS, AND
9 SERVICES PROVIDED AS A PART OF THE PRACTICE OF PHARMACY, AS
10 DEFINED IN SECTION 12-280-103 (39).

11 (g) "PHARMACY" HAS THE SAME MEANING AS SET FORTH IN
12 SECTION 12-280-103 (43).

13 **SECTION 4.** In Colorado Revised Statutes, 10-16-122.5, **add**
14 (5.5) as follows:

15 **10-16-122.5. Pharmacy benefit manager - audit of pharmacies**
16 **- time limits on on-site audits.** (5.5) EXCEPT UNDER CIRCUMSTANCES
17 SPECIFIED IN SUBSECTION (5) OF THIS SECTION, ON OR AFTER THE
18 EFFECTIVE DATE OF THIS SUBSECTION (5.5), A PHARMACY BENEFIT
19 MANAGER, A CARRIER, OR AN ENTITY ACTING ON BEHALF OF A PBM OR A
20 CARRIER SHALL NOT CONDUCT AN ON-SITE AUDIT OF A PHARMACY FOR
21 WHICH THE PBM, CARRIER, OR ENTITY ACTING ON BEHALF OF A PBM OR
22 A CARRIER HAS CONDUCTED AN ON-SITE AUDIT WITHIN THE IMMEDIATELY
23 PRECEDING TWELVE MONTHS.

24 **SECTION 5.** In Colorado Revised Statutes, **add** 10-16-122.9 as
25 follows:

26 **10-16-122.9. Prescription drug benefits - real-time access to**
27 **benefit information - definitions.** (1) (a) UPON REQUEST OF A COVERED

1 PERSON, THE COVERED PERSON'S PROVIDER, OR A THIRD PARTY ON BEHALF
2 OF THE COVERED PERSON OR PROVIDER, A CARRIER OR, IF A CARRIER USES
3 A PHARMACY BENEFIT MANAGER FOR CLAIMS PROCESSING SERVICES OR
4 OTHER PRESCRIPTION DRUG OR DEVICE SERVICES UNDER A HEALTH
5 BENEFIT PLAN OFFERED BY THE CARRIER, THE PBM SHALL FURNISH THE
6 COST, BENEFIT, AND COVERAGE DATA SET FORTH IN SUBSECTION (1)(c) OF
7 THIS SECTION TO THE COVERED PERSON, THE COVERED PERSON'S
8 PROVIDER, OR THE THIRD PARTY ACTING ON BEHALF OF THE COVERED
9 PERSON OR PROVIDER AND SHALL ENSURE THAT THE DATA IS:

10 (I) CURRENT AND UPDATED NO LATER THAN ONE BUSINESS DAY
11 AFTER ANY CHANGE IS MADE;

12 (II) PROVIDED IN REAL TIME; AND

13 (III) PROVIDED IN THE SAME FORMAT THAT THE REQUEST IS MADE
14 BY THE COVERED PERSON, PROVIDER, OR THIRD PARTY THAT MADE THE
15 REQUEST.

16 (b) (I) A COVERED PERSON, THE COVERED PERSON'S PROVIDER, OR
17 A THIRD PARTY ACTING ON BEHALF OF THE COVERED PERSON OR PROVIDER
18 SHALL SUBMIT THE REQUEST FOR COST, BENEFIT, AND COVERAGE DATA
19 AND THE CARRIER OR PBM SHALL RESPOND TO THE REQUEST USING
20 ESTABLISHED INDUSTRY CONTENT AND TRANSPORT STANDARDS
21 PUBLISHED BY:

22 (A) A STANDARDS-DEVELOPING ORGANIZATION ACCREDITED BY
23 THE AMERICAN NATIONAL STANDARDS INSTITUTE OR ITS SUCCESSOR
24 ENTITY, INCLUDING THE NATIONAL COUNCIL FOR PRESCRIPTION DRUG
25 PROGRAMS, THE ACCREDITED STANDARDS COMMITTEE, OR HEALTH
26 LEVEL SEVEN INTERNATIONAL, OR THEIR SUCCESSOR ENTITIES; OR

27 (B) A RELEVANT FEDERAL OR STATE GOVERNING BODY, INCLUDING

1 THE CMS OR THE OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH
2 INFORMATION TECHNOLOGY IN THE FEDERAL DEPARTMENT OF HEALTH
3 AND HUMAN SERVICES.

4 (II) A FACSIMILE, PROPRIETARY PAYER OR PATIENT PORTAL, OR
5 OTHER ELECTRONIC FORM IS NOT AN ACCEPTABLE ELECTRONIC FORMAT
6 PURSUANT TO THIS SECTION.

7 (c) (I) UPON RECEIPT OF A REQUEST FOR COST, BENEFIT, AND
8 COVERAGE DATA PURSUANT TO THIS SUBSECTION (1), THE CARRIER OR
9 PBM, AS APPLICABLE, SHALL PROVIDE THE FOLLOWING DATA FOR ANY
10 DRUG COVERED UNDER THE COVERED PERSON'S HEALTH BENEFIT PLAN:

11 (A) THE COVERED PERSON'S ELIGIBILITY INFORMATION FOR THE
12 DRUG;

13 (B) A LIST OF ANY CLINICALLY APPROPRIATE ALTERNATIVES TO
14 THE DRUG THAT ARE COVERED UNDER THE COVERED PERSON'S HEALTH
15 BENEFIT PLAN;

16 (C) COST-SHARING INFORMATION FOR THE DRUG AND FOR
17 CLINICALLY APPROPRIATE ALTERNATIVES, INCLUDING A DESCRIPTION OF
18 ANY VARIANCE IN COST-SHARING BASED ON A PHARMACY, WHETHER
19 RETAIL OR MAIL ORDER, OR PROVIDER DISPENSING OR ADMINISTERING THE
20 DRUG OR ALTERNATIVES; AND

21 (D) ANY APPLICABLE UTILIZATION MANAGEMENT REQUIREMENTS
22 FOR THE DRUG OR CLINICALLY APPROPRIATE ALTERNATIVES, INCLUDING
23 PRIOR AUTHORIZATION, STEP THERAPY, QUANTITY LIMITS, AND
24 SITE-OF-SERVICE RESTRICTIONS.

25 (II) THE CARRIER OR PBM SHALL FURNISH THE DATA SPECIFIED IN
26 SUBSECTION (1)(c)(I) OF THIS SECTION, WHETHER THE REQUEST IS MADE
27 USING THE DRUG'S UNIQUE BILLING CODE, SUCH AS A NATIONAL DRUG

1 CODE OR HEALTHCARE COMMON PROCEDURE CODING SYSTEM CODE, OR
2 A DESCRIPTIVE TERM, SUCH AS THE BRAND OR GENERIC NAME OF THE
3 DRUG. A CARRIER OR PBM SHALL NOT DENY OR DELAY A REQUEST FOR
4 COST, BENEFIT, AND COVERAGE DATA AS A METHOD OF BLOCKING THE
5 DATA FROM BEING SHARED BASED ON HOW THE DRUG WAS REQUESTED.

6 (d) A CARRIER OR PBM FURNISHING THE DATA REQUESTED
7 PURSUANT TO THIS SUBSECTION (1) SHALL NOT:

8 (I) RESTRICT, PROHIBIT, OR OTHERWISE HINDER A PROVIDER FROM
9 COMMUNICATING OR SHARING WITH THE COVERED PERSON:

10 (A) ANY OF THE DATA SET FORTH IN SUBSECTION (1)(c)(I) OF THIS
11 SECTION;

12 (B) ADDITIONAL INFORMATION ON ANY LOWER-COST OR
13 CLINICALLY APPROPRIATE ALTERNATIVES, WHETHER OR NOT THE
14 ALTERNATIVES ARE COVERED UNDER THE COVERED PERSON'S PLAN; OR

15 (C) ADDITIONAL PAYMENT OR COST-SHARING INFORMATION THAT
16 MAY REDUCE THE COVERED PERSON'S OUT-OF-POCKET COSTS, SUCH AS
17 CASH PRICE OR PATIENT ASSISTANCE AND SUPPORT PROGRAMS, WHETHER
18 SPONSORED BY A MANUFACTURER, FOUNDATION, OR OTHER ENTITY;

19 (II) EXCEPT AS MAY BE REQUIRED BY LAW, INTERFERE WITH,
20 PREVENT, OR MATERIALLY DISCOURAGE ACCESS, EXCHANGE, OR USE OF
21 THE DATA SET FORTH IN SUBSECTION (1)(c)(I) OF THIS SECTION, WHICH
22 MAY INCLUDE:

23 (A) CHARGING FEES;

24 (B) FAILING TO RESPOND TO A REQUEST, AT THE TIME THE
25 REQUEST IS MADE, WHEN A RESPONSE IS REASONABLY POSSIBLE;

26 (C) IMPLEMENTING TECHNOLOGY IN NONSTANDARD WAYS OR
27 INSTITUTING COVERED PERSON CONSENT REQUIREMENTS, PROCESSES,

1 POLICIES, PROCEDURES, OR RENEWALS THAT ARE LIKELY TO
2 SUBSTANTIALLY INCREASE THE COMPLEXITY OR BURDEN OF ACCESSING,
3 EXCHANGING, OR USING THE DATA; OR

4 (III) PENALIZE A PROVIDER FOR DISCLOSING THE INFORMATION TO
5 A COVERED PERSON OR PRESCRIBING, ADMINISTERING, OR ORDERING A
6 CLINICALLY APPROPRIATE OR LOWER-COST ALTERNATIVE.

7 (e) A CARRIER OR PBM SHALL TREAT A PERSONAL
8 REPRESENTATIVE OF A COVERED PERSON AS THE COVERED PERSON FOR
9 PURPOSES OF THIS SECTION. IF, UNDER APPLICABLE LAW, A PERSON HAS
10 AUTHORITY TO ACT ON BEHALF OF A COVERED PERSON IN MAKING
11 DECISIONS RELATED TO HEALTH CARE, A CARRIER OR PBM, OR AFFILIATES
12 OR ENTITIES ACTING ON BEHALF OF THE CARRIER OR PBM, MUST TREAT
13 THE PERSON AS A PERSONAL REPRESENTATIVE OF THE COVERED PERSON
14 FOR PURPOSES OF THIS SECTION.

15 

16 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
17 REQUIRES:

18 (a) "CMS" MEANS THE FEDERAL CENTERS FOR MEDICARE AND
19 MEDICAID SERVICES IN THE UNITED STATES DEPARTMENT OF HEALTH AND
20 HUMAN SERVICES.

21 (b) "COST-SHARING INFORMATION" MEANS THE AMOUNT A
22 COVERED PERSON IS REQUIRED TO PAY FOR A DRUG THAT IS COVERED
23 UNDER THE COVERED PERSON'S HEALTH BENEFIT PLAN.

24 (c) "COVERED" OR "COVERAGE" MEANS THOSE HEALTH CARE
25 SERVICES TO WHICH A COVERED PERSON IS ENTITLED UNDER THE TERMS
26 OF THE COVERED PERSON'S HEALTH BENEFIT PLAN.

27 (d) "DRUG" MEANS ANY PRESCRIPTION DRUG OR MEDICATION

1 COVERED UNDER A HEALTH BENEFIT PLAN, WHETHER ORDERED,
2 PRESCRIBED, OR ADMINISTERED.

3 (e) "HEALTHCARE COMMON PROCEDURE CODING SYSTEM" MEANS
4 THE SYSTEM DEVELOPED BY THE CMS FOR IDENTIFYING HEALTH CARE
5 SERVICES IN A CONSISTENT AND STANDARDIZED MANNER.

6 (f) "NATIONAL DRUG CODE" MEANS THE UNIQUE, THREE-SEGMENT
7 IDENTIFIER NUMBER USED BY THE FDA TO IDENTIFY DRUGS THAT ARE
8 MANUFACTURED, PREPARED, PROPAGATED, COMPOUNDED, OR PROCESSED
9 FOR SALE IN THE UNITED STATES.

10 (g) "THIRD PARTY" MEANS A PERSON, OTHER THAN A PBM, THAT
11 IS NOT AN ENROLLEE IN OR A COVERED PERSON UNDER A HEALTH BENEFIT
12 PLAN.

13 **SECTION 6. Severability.** If any provision of this act or the
14 application thereof to any person or circumstance is held invalid, such
15 invalidity does not affect other provisions or applications of the act that
16 can be given effect without the invalid provision or application, and to
17 this end the provisions of this act are declared to be severable.

18 **SECTION 7. Safety clause.** The general assembly hereby finds,
19 determines, and declares that this act is necessary for the immediate
20 preservation of the public peace, health, or safety.