

SB93 INTRODUCED



1 SB93
2 LUDQAAA-1
3 By Senators Jones, Butler, Beasley, Stewart, Chesteen, Kelley,
4 Barfoot, Allen, Price
5 RFD: Banking and Insurance
6 First Read: 04-Feb-25



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SYNOPSIS:

Pharmacy benefits managers are third-party administrators of prescription drug benefits in a health insurance plan. They are primarily responsible for processing and paying prescription drug claims. They typically negotiate price discounts and rebates from manufacturers and determine how pharmacies get reimbursed for dispensing prescriptions. Under state law, pharmacy benefits managers are licensed and regulated by the Department of Insurance.

This bill would prohibit pharmacy benefits managers from reimbursing a pharmacy less than the actual acquisition cost paid by the pharmacy and would prohibit pharmacy benefits managers from charging pharmacies or pharmacists miscellaneous fees related to network participation and claims processing.

This bill would permit pharmacists to disclose information to consumers about drug prices and alternative drugs for treatment.

This bill would recognize the right of a pharmacy to refuse to dispense a drug when the pharmacy would be reimbursed less than a pharmacy's dispensing cost, and would further prohibit a pharmacy benefits manager from recovering the pharmacy's dispensing cost by requiring a consumer to pay a higher deductible or



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29 copayment.

30 This bill would specify that the Commissioner of
31 Insurance may enforce violations of the Alabama
32 Pharmacy Benefits Manager Licensure and Regulation Act
33 committed by a pharmacy benefits manager during an
34 audit of a pharmacy, and may also enforce the Pharmacy
35 Audit Integrity Act in relation to auditing of a
36 pharmacy by a pharmacy benefits manager.

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A BILL

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TO BE ENTITLED

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AN ACT

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43 Relating to pharmacy benefits managers; to amend
44 Sections 27-45A-3, 27-45A-6, 27-45A-7, 27-45A-8, and
45 27-45A-10, Code of Alabama 1975; to further regulate pharmacy
46 benefits managers in relation to pharmacies and pharmacists;
47 to further regulate reimbursement by pharmacy benefits
48 managers to pharmacies; to prohibit pharmacy benefits managers
49 from charging pharmacies certain fees; to permit pharmacists
50 to disclose drug information to covered individuals; to add
51 Section 27-45A-13 to the Code of Alabama 1975, to provide
52 circumstances when pharmacies may refuse to dispense drugs; to
53 amend Sections 34-23-181 and 34-23-185, Code of Alabama 1975,
54 to authorize the Commissioner of Insurance to enforce the
55 Pharmacy Audit Integrity Act; and to amend Section 34-23-187,
56 Code of Alabama 1975, to provide that an investigation into



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57 fraud, waste, or abuse by a pharmacy benefits manager falls
58 under the Pharmacy Audit Integrity Act; and to add Section
59 34-23-188, to authorize the Commissioner of Insurance to
60 investigate complaints concerning an entity licensed by the
61 Department of Insurance that audits a pharmacy.

62 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

63 Section 1. Sections 27-45A-3, 27-45A-6, 27-45A-7,
64 27-45A-8, and 27-45A-10, Code of Alabama 1975, are amended to
65 read as follows:

66 "§27-45A-3

67 For purposes of this chapter, the following words ~~shall~~
68 have the following meanings:

69 (1) ACTUAL ACQUISITION COST. The Average Acquisition
70 Cost (AAC) of a drug for the State of Alabama, as published by
71 the Alabama Medicaid Agency. If no AAC is available, the term
72 means the wholesale acquisition cost (WAC + 0%).

73 (2) AFFILIATE or PBM AFFILIATE. An entity, including,
74 but not limited to, a pharmacy, health insurer, or group
75 purchasing organization that directly or indirectly, through
76 one or more intermediaries, has one of the following
77 affiliations:

78 a. Owns, controls, or has an investment interest in a
79 pharmacy benefits manager.

80 b. Is owned, controlled by, or has an investment
81 interest holder who is a pharmacy benefits manager.

82 c. Is under common ownership or corporate control with
83 a pharmacy benefits manager.

84 ~~(1)~~ (3) CLAIMS PROCESSING SERVICES. The administrative



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85 services performed in connection with the processing and
86 adjudicating of claims relating to pharmacist services that
87 include any of the following:

88 a. Receiving payments for pharmacist services.

89 b. Making payments to pharmacists or pharmacies for
90 pharmacist services.

91 c. Both paragraphs a. and b.

92 ~~(2)~~ (4) COVERED INDIVIDUAL. A member, policyholder,
93 subscriber, enrollee, beneficiary, dependent, or other
94 individual participating in a health benefit plan.

95 ~~(3)~~ (5) HEALTH BENEFIT PLAN. A policy, contract,
96 certificate, or agreement entered into, offered, or issued by
97 a payor or health insurer to provide, deliver, arrange for,
98 pay for, or reimburse any of the costs of physical, mental, or
99 behavioral health care services, including pharmaceutical
100 services.

101 ~~(4)~~ (6) HEALTH INSURER. An entity subject to the
102 insurance laws of this state and rules of the department, or
103 subject to the jurisdiction of the department, that contracts
104 or offers to contract to provide, deliver, arrange for, pay
105 for, or reimburse any of the costs of health care services,
106 including, but not limited to, a sickness and accident
107 insurance company, a health maintenance organization operating
108 pursuant to Chapter 21A, a nonprofit hospital or health
109 service corporation, a health care service plan organized
110 pursuant to Article 6, Chapter 20 of Title 10A, or any other
111 entity providing a plan of health insurance, health benefits,
112 or health services.



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113 (7) IN-NETWORK or NETWORK. A network of pharmacists or
114 pharmacies that are paid for pharmacist services pursuant to
115 an agreement with a health benefit plan or a pharmacy benefits
116 manager.

117 ~~(5)~~ (8) OTHER PRESCRIPTION DRUG OR DEVICE SERVICES.
118 Services, other than claims processing services, provided
119 directly or indirectly, whether in connection with or separate
120 from claims processing services, including, but not limited
121 to, any of the following:

122 a. Negotiating rebates, ~~discounts, or other financial~~
123 ~~incentives and arrangements~~ with drug companies.

124 b. Disbursing or distributing rebates.

125 c. Managing or participating in incentive programs or
126 arrangements for pharmacist services.

127 d. Negotiating or entering into contractual
128 arrangements with pharmacists or pharmacies, or both.

129 e. Developing formularies.

130 f. Designing prescription benefit programs.

131 g. Advertising or promoting services.

132 (9) PAYOR. Any entity other than a health insurer
133 involved in the financing or payment of pharmacist services.

134 ~~(6)~~ (10) PHARMACIST. As defined in Section 34-23-1.

135 ~~(7)~~ (11) PHARMACIST SERVICES. Products, goods, and
136 services, or any combination of products, goods, and services,
137 provided as a part of the practice of pharmacy.

138 ~~(8)~~ (12) PHARMACY. As defined in Section 34-23-1.

139 ~~(9)~~ (13) PHARMACY BENEFITS MANAGER. a. A person,
140 including a wholly or partially owned or controlled subsidiary



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141 of a pharmacy benefits manager, that provides claims
142 processing services or other prescription drug or device
143 services, or both, to covered individuals who are employed in
144 or are residents of this state, for health benefit plans. The
145 term includes any person that administers a prescription
146 discount program directly for or on behalf of a pharmacy
147 benefits manager or health benefit plan for drugs to covered
148 individuals which are not reimbursed by a pharmacy benefits
149 manager or are not covered by a health benefit plan.

150 b. Pharmacy benefits manager does not include any of
151 the following:

152 1. A ~~healthcare~~health care facility licensed in this
153 state.

154 2. A ~~healthcare~~health care professional licensed in
155 this state.

156 3. A consultant who only provides advice as to the
157 selection or performance of a pharmacy benefits manager.

158 ~~(10) PBM AFFILIATE. A pharmacy or pharmacist that,~~
159 ~~directly or indirectly, through one or more intermediaries, is~~
160 ~~owned or controlled by, or is under common control by, a~~
161 ~~pharmacy benefits manager.~~

162 ~~(11)~~(14) PRESCRIPTION DRUGS. Includes, but is not
163 limited to, certain infusion, compounded, ~~and~~ long-term care,
164 and specialty prescription drugs. ~~The term does not include~~
165 ~~specialty drugs.~~

166 (15) REBATE. Any payments or price concessions that
167 accrue to a pharmacy benefits manager or its health benefit
168 plan client, directly or indirectly, including through its PBM



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169 affiliate or its subsidiary, third party, or intermediary,
170 including an off-shore purchasing organization, from a
171 pharmaceutical manufacturer or its affiliate, subsidiary,
172 third party, or intermediary. The term includes, but is not
173 limited to, payments, discounts, administration fees, credits,
174 incentives, or penalties associated, directly or indirectly,
175 in any way with claims administered on behalf of a health
176 benefit plan.

177 ~~(12)~~ (16) SPECIALTY DRUGS. Prescription medications that
178 require special handling, administration, or monitoring and
179 are used for the treatment of patients with serious health
180 conditions requiring complex therapies, and that are eligible
181 for specialty tier placement by the Centers for Medicare and
182 Medicaid Services pursuant to 42 C.F.R. § 423.560.

183 (17) SPREAD PRICING. A prescription drug pricing model
184 used by a pharmacy benefits manager in which the pharmacy
185 benefits manager charges a health benefit plan a contracted
186 price for prescription drugs that differs from the amount the
187 pharmacy benefits manager pays the pharmacy for the
188 prescription drug, including any post-sale or
189 post-adjudication fees, discounts, or adjustments where not
190 prohibited by law."

191 "§27-45A-6

192 ~~(a)~~ Nothing in this chapter is intended or shall be
193 construed to ~~do any of the following:~~

194 ~~(1) Be~~ be in conflict with existing relevant federal
195 law.

196 ~~(2) Apply to any specialty drug.~~



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197 ~~(3) Impact~~ or impact the ability of a hospital to
198 mandate its employees' use of a hospital-owned pharmacy.

199 ~~(b) The following provisions shall not apply to the~~
200 ~~administration by a person of any term, including prescription~~
201 ~~drug benefits, of a self-funded health benefit plan that is~~
202 ~~governed by the federal Employee Retirement Income Security~~
203 ~~Act of 1974, 29 U.S.C. §1001 et. seq.:~~

204 ~~(1) Subdivisions (1) and (5) of Section 27-45A-8.~~

205 ~~(2) Subdivisions (2), (3), (6), and (7) of Section~~
206 ~~27-45A-10."~~

207 "§27-45A-7

208 ~~Reserved~~ In addition to any other remedy provided by
209 law, a pharmacist, pharmacy, or covered individual who is
210 aggrieved by a violation of this chapter may bring a civil
211 action against a pharmacy benefits manager for damages or
212 equitable remedies."

213 "§27-45A-8

214 With respect to a covered individual, Aa pharmacy
215 benefits manager, directly or through an affiliate or a
216 contracted third party, may not do any of the following:

217 (1) Require a covered individual, as a condition of
218 payment or reimbursement, to purchase pharmacist services,
219 including, but not limited to, prescription drugs, exclusively
220 through a mail-order pharmacy or pharmacy benefits manager
221 affiliate.

222 (2) Prohibit or limit any covered individual from
223 selecting an in-network pharmacy or pharmacist of his or her
224 choice who meets and agrees to the terms and conditions,



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225 including reimbursements, in the pharmacy benefits manager's
226 contract.

227 (3) Impose a monetary advantage or penalty under a
228 health benefit plan that would affect a covered individual's
229 choice of pharmacy among those pharmacies that have chosen to
230 contract with the pharmacy benefits manager under the same
231 terms and conditions, including reimbursements. For purposes
232 of this subdivision, "monetary advantage or penalty" includes,
233 but is not limited to, a higher copayment, a waiver of a
234 copayment, a reduction in reimbursement services, a
235 requirement or limit on the number of days of a drug supply
236 for which reimbursement will be allowed, or a promotion of one
237 participating pharmacy over another by these methods.

238 (4)a. Use a covered individual's pharmacy services data
239 collected pursuant to the provision of claims processing
240 services for the purpose of soliciting, marketing, or
241 referring the covered individual to a mail-order pharmacy or
242 PBM affiliate.

243 b. This subdivision shall not limit a health benefit
244 plan's use of pharmacy services data for the purpose of
245 administering the health benefit plan.

246 c. This subdivision shall not prohibit a pharmacy
247 benefits manager from notifying a covered individual that a
248 less costly option for a specific prescription drug is
249 available through a mail-order pharmacy or PBM affiliate,
250 provided the notification shall state that switching to the
251 less costly option is not mandatory. The commissioner, by
252 rule, may determine the language of the notification



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253 authorized under this paragraph made by a pharmacy benefits
254 manager to a covered individual.

255 (5) Require a covered individual to make a payment for
256 a prescription drug at the point of sale in an amount that
257 exceeds the ~~lesser~~lesser of the following:

258 a. The contracted cost share amount.

259 b. An amount an individual would pay for a prescription
260 if that individual were paying without insurance.

261 (6) Increase a covered individual's cost-sharing
262 percentage or ratio at or after the point of sale by raising
263 the deductible, copayment, or coinsurance, or by requiring any
264 other out-of-pocket payment as a means to recoup the
265 dispensing cost of a pharmacist or pharmacy."

266 "§27-45A-10

267 (a) With respect to a pharmacist or pharmacy, ~~Aa~~
268 pharmacy benefits manager, directly or through an affiliate or
269 a contracted third party, may not do any of the following:

270 (1) Reimburse an in-network pharmacy or pharmacist in
271 the state an amount less than the amount that the pharmacy
272 benefits manager reimburses a similarly situated PBM affiliate
273 for providing the same pharmacist services to covered
274 individuals in the same health benefit plan.

275 (2) Reimburse an in-network pharmacy or pharmacist for
276 a drug in an amount that is less than or exceeds the actual
277 acquisition cost plus the cost of dispensing pursuant to
278 Section 27-45A-13.

279 (3) Practice spread pricing in this state.

280 ~~(2)~~ (4) Deny a pharmacy or pharmacist the right to



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281 participate as a ~~contract~~network provider if the pharmacy or
282 pharmacist meets and agrees to the terms and conditions,
283 including reimbursements, in the pharmacy benefits manager's
284 contract.

285 ~~(3)~~ (5) Impose credentialing standards on a pharmacist
286 or pharmacy beyond or more onerous than the licensing
287 standards set by the Alabama State Board of Pharmacy or charge
288 a pharmacy or pharmacist ~~a~~any fee ~~in connection with~~ in regard
289 to, without limitation, network enrollment, network
290 participation, credentialing or recredentialing, change of
291 ownership, submission of claims, adjudication of claims,
292 claims processed through discount card programs, or otherwise,
293 if not in conjunction with an audit conducted pursuant to
294 Article 8 of Chapter 23 of Title 34, ~~provided~~ that this
295 subdivision shall not prohibit a pharmacy benefits manager
296 from setting minimum requirements for participating in a
297 pharmacy network.

298 ~~(4)~~ (6) Prohibit a pharmacist or pharmacy, while filling
299 a prescription for a covered individual, regardless of payment
300 source, from providing ~~a~~the covered individual ~~specific~~
301 ~~information on the amount of the covered individual's cost~~
302 ~~share for the covered individual's prescription drug and the~~
303 ~~clinical efficacy of a more affordable alternative drug if one~~
304 ~~is available, or penalize a pharmacist or pharmacy for~~
305 ~~disclosing this information to a covered individual or for~~
306 ~~selling to a covered individual a more affordable alternative~~
307 ~~if one is available~~ with any relevant information about the
308 prescription, including the following:



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- 309 a. The cost and reimbursement amount of the drug.
310 b. An alternative drug.
311 c. Any other information considered to be necessary in
312 the professional judgment of the pharmacist.

313 ~~(5)~~ (7) Prohibit a pharmacist or pharmacy from offering
314 and providing delivery services to a covered individual as an
315 ancillary service of the pharmacy, provided all of the
316 following requirements are met:

317 a. The pharmacist or pharmacy can demonstrate quality,
318 stability, and safety standards during delivery.

319 b. The pharmacist or pharmacy does not charge any
320 delivery or service fee to a pharmacy benefits manager or
321 health insurer.

322 c. The pharmacist or pharmacy alerts the covered
323 individual that he or she will be responsible for any delivery
324 service fee associated with the delivery service, and that the
325 pharmacy benefits manager or health insurer will not reimburse
326 the delivery service fee.

327 ~~(6)~~ (8) Charge or hold a pharmacist or pharmacy
328 responsible for a fee or penalty relating to an audit
329 conducted pursuant to ~~The Pharmacy Audit Integrity Act,~~
330 Article 8 of Chapter 23 of Title 34, provided this prohibition
331 does not restrict recoupments made in accordance with the
332 Pharmacy Audit Integrity Act.

333 ~~(7)~~ (9) Charge a pharmacist or pharmacy a point-of-sale
334 or retroactive fee or otherwise recoup funds from a pharmacy
335 in connection with claims for which the pharmacy has already
336 been paid, unless the recoupment is made pursuant to an audit



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337 conducted in accordance with ~~the Pharmacy Audit Integrity~~
338 ~~Act~~Article 8 of Chapter 23 of Title 34.

339 ~~(8)~~ (10) Except for a drug reimbursed, directly or
340 indirectly, by the Medicaid program, vary the amount a
341 pharmacy benefits manager reimburses an entity for a drug,
342 including each and every prescription medication that is
343 eligible for specialty tier placement by the Centers for
344 Medicare and Medicaid Services pursuant to 42 C.F.R. §
345 423.560, regardless of any provision of law to the contrary,
346 on the basis of whether:

347 a. The drug is subject to an agreement under 42 U.S.C.
348 § 256b; or

349 b. The entity participates in the program set forth in
350 42 U.S.C. § 256b.

351 ~~(9)~~ (11) If an entity participates, directly or
352 indirectly, in the program set forth in 42 U.S.C. § 256b, do
353 any of the following:

354 a. Assess a fee, charge-back, or other adjustment on
355 the entity.

356 b. Restrict access to the pharmacy benefits manager's
357 pharmacy network.

358 c. Require the entity to enter into a contract with a
359 specific pharmacy to participate in the pharmacy benefits
360 manager's pharmacy network.

361 d. Create a restriction or an additional charge on a
362 patient who chooses to receive drugs from the entity.

363 e. Create any additional requirements or restrictions
364 on the entity.



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365 ~~(10)~~ (12) Require a claim for a drug to include a
366 modifier to indicate that the drug is subject to an agreement
367 under 42 U.S.C. § 256b.

368 ~~(11)~~ (13) Penalize or retaliate against a pharmacist or
369 pharmacy for exercising rights under this chapter or the
370 Pharmacy Audit Integrity Act. "

371 Section 2. Section 27-45A-13 is added to the Code of
372 Alabama 1975, to read as follows:

373 §27-45A-13

374 (a) A pharmacy benefits manager shall include in its
375 reimbursement of a prescription drug to a pharmacist or
376 pharmacy the cost of a professional dispensing fee as a
377 predetermined, average cost that is applied uniformly and
378 equally to all network pharmacies, and which shall not be
379 below the professional dispensing fee paid by the State of
380 Alabama under Title XIX of the federal Social Security Act,
381 provided that the cost of the professional dispensing fee
382 shall be borne by the pharmacy benefits manager and not the
383 covered individual as prohibited under Section 27-45A-8.

384 (b) (1) If a pharmacy benefits manager or a payor
385 reimburses a pharmacist or pharmacy an amount below the
386 pharmacist or pharmacy's dispensing cost for a particular
387 drug, the pharmacist or pharmacy may decline to dispense the
388 drug to a covered individual and may direct the individual to
389 another pharmacist or pharmacy.

390 (2) A pharmacy benefits manager may not take any
391 retaliatory action against, or impose any penalty on, a
392 pharmacy or pharmacist who declines to dispense a drug to a



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393 covered individual under subdivision (1), including
394 cancellation or nonrenewal of a contract, or bringing a suit
395 for breach of contract.

396 (c) Subject to state and federal privacy laws, a
397 pharmacist or pharmacy may disclose any reimbursement rate for
398 its prescription dispensing services to an ultimate payor for
399 those services, including an employer, the state, or the
400 federal government.

401 Section 3. Sections 34-23-181, 34-23-185, and
402 34-23-187, Code of Alabama 1975, are amended to read as
403 follows:

404 "§34-23-181

405 The following words ~~shall~~ have the following meanings
406 as used in this article:

407 (1) COMMISSIONER. The Commissioner of the Department of
408 Insurance of the State of Alabama.

409 ~~(1)~~ (2) HEALTH BENEFIT PLAN. Any individual or group
410 plan, employee welfare benefit plan, policy, or contract for
411 health care services issued, delivered, issued for delivery,
412 or renewed in this state by a health care insurer, health
413 maintenance organization, accident and sickness insurer,
414 fraternal benefit society, nonprofit hospital service
415 corporation, nonprofit medical service corporation, health
416 care service plan, or any other person, firm, corporation,
417 joint venture, or other similar business entity that pays for
418 insureds or beneficiaries in this state. The term includes,
419 but is not limited to, entities created pursuant to Article 6
420 of Chapter 20 of Title 10A. A health benefit plan located or



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421 domiciled outside of the State of Alabama is deemed to be
422 subject to this article if it receives, processes,
423 adjudicates, pays, or denies claims for health care services
424 submitted by or on behalf of patients, insureds, or
425 beneficiaries who reside in Alabama.

426 ~~(2)~~ (3) PHARMACY. A place licensed by the Alabama State
427 Board of Pharmacy in which prescriptions, drugs, medicines,
428 medical devices, chemicals, and poisons are sold, offered for
429 sale, compounded, or dispensed and shall include all places
430 whose title may imply the sale, offering for sale,
431 compounding, or dispensing of prescriptions, drugs, medicines,
432 chemicals, or poisons.

433 ~~(3)~~ (4) PHARMACY ~~BENEFIT~~BENEFITS MANAGEMENT PLAN. An
434 arrangement for the delivery of pharmacist services in which a
435 pharmacy ~~benefit~~benefits manager undertakes to administer the
436 payment or reimbursement of any of the costs of pharmacist
437 services for an enrollee on a prepaid or insured basis that
438 contains one or more incentive arrangements intended to
439 influence the cost or level of pharmacist services between the
440 plan sponsor and one or more pharmacies with respect to the
441 delivery of pharmacist services and requires or creates
442 benefit payment differential incentives for enrollees to use
443 under contract with the pharmacy ~~benefit~~benefits manager.

444 ~~(4)~~ (5) PHARMACY ~~BENEFIT~~BENEFITS MANAGER. A business
445 that administers the prescription drug or device portion of
446 pharmacy ~~benefit~~benefits management plans or health insurance
447 plans on behalf of plan sponsors, insurance companies, unions,
448 and health maintenance organizations. The term includes a



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449 person or entity acting for a pharmacy ~~benefit~~benefits manager
450 in a contractual or employment relationship in the performance
451 of pharmacy ~~benefit~~benefits management for a managed care
452 company, nonprofit hospital or medical service organization,
453 insurance company, or third-party payor.

454 ~~(5)~~ (6) PHARMACIST SERVICES. Offering for sale,
455 compounding, or dispensing of prescriptions, drugs, medicines,
456 chemicals, or poisons pursuant to a prescription. Pharmacist
457 services also includes the sale or provision of, counseling
458 of, or fitting of medical devices, including prosthetics and
459 durable medical equipment."

460 "§34-23-185

461 (a) Each entity conducting an audit shall establish a
462 written appeals process under which a pharmacy may appeal an
463 unfavorable preliminary audit report to the entity.

464 (b) Following the appeal, if the entity finds that an
465 unfavorable audit report or any portion thereof is
466 unsubstantiated, the entity shall dismiss the audit report or
467 that portion without the necessity of any further action.

468 (c) (1) Following the appeal, if any of the issues
469 raised in the appeal are not resolved to the satisfaction of
470 either party, that party may ask for mediation of those
471 unresolved issues unless other remedies are granted under the
472 terms of the contract. A certified mediator shall be chosen by
473 agreement of the parties from the mediators list maintained by
474 the Alabama Supreme Court. The cost of mediation shall be
475 borne by agreement of the parties or by the decision of the
476 mediator.



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477 (2) Notwithstanding subdivision (1), the commissioner
478 shall have authority to enforce this article, including any
479 action under Chapter 45A of Title 27, and may modify or
480 reverse the findings of an audit report.

481 (3) A pharmacist or pharmacy may file a complaint
482 directly with the commissioner for enforcement of this
483 article."

484 "§34-23-187

485 This article ~~does not~~shall apply to any audit, review,
486 or investigation that involves alleged fraud, willful
487 misrepresentation, or waste abuse that is initiated by a
488 pharmacy benefits manager."

489 Section 4. To add Section 34-23-188 to the Code of
490 Alabama 1975, to read as follows:

491 §34-23-188

492 The Commissioner of Insurance may investigate
493 complaints of any alleged violation of this article by an
494 auditing entity that is licensed or regulated under Title 27,
495 and shall adopt rules to enforce this article.

496 Section 5. This act shall become effective on October
497 1, 2025.