

**BILL SUMMARY**  
1<sup>st</sup> Session of the 59<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB1713</b>
<b>Version:</b>	<b>PCS1</b>
<b>Request Number:</b>	
<b>Author:</b>	<b>Rep. Marti</b>
<b>Date:</b>	<b>2/28/2023</b>
<b>Impact:</b>	<b>No impact</b>

**Research Analysis**

The proposed committee substitute for HB 1713 prohibits all health benefit plans and pharmacy benefit managers from refusing to authorize, approve, or pay a participating provider for supplying covered physician-administered drugs to patients and requires all white-bagged drugs to meet supply chain security controls. Plan providers are prohibited from requiring a patient to self-administer an injectable drug against a provider's recommendation and may not require covered patients to pay additional fees beyond cost-sharing obligations outlined in the individual's plan. The measure also requires that providers establish a billing method based on the patient's best interest. Any payer in violation is to be fined a minimum of \$5,000 but not more than \$10,000 per violation. The measure includes an emergency and will take effect upon passage and approval.

Prepared By: Matthew Brenchley

**Fiscal Analysis**

The PCS1 to HB 1713 creates a penalty of \$5,000-10,000 for any payor per violation for pharmacy benefit managers who engaged in "white bagged drugs" and codifies health benefit plans shall not require covered patients to pay addition fees for white bagged drugs.

Prepared By: Stacy Johnson, House Fiscal Staff

**Other Considerations**

None.