Senate Health and Human Services
February 20, 2025
2025-0531s
05/08

Amendment to SB 17-FN

Amend the bill by replacing all after the enacting clause with the following:

1 New Section; Accident and Health Insurance; Applying Patient Assistance for Prescription Drugs to Cost Sharing. Amend RSA 415:18 by inserting after section 415:18-ee the following new section:

415:18-ff Applying Patient Assistance for Prescription Drugs to Cost Sharing.

I. In this section:

(a) "Cost-sharing" means any coinsurance, copayment, deductible or out-of-pocket maximum.

(b) "Interchangeable biological product" means a biological product that the federal Food and Drug Administration:

(1) Has licensed and determined meets the standards for interchangeability pursuant to 42 U.S.C. section 262(k)(4); or

(2) Has determined is therapeutically equivalent as set forth in the latest edition of or supplement to the federal Food and Drug Administration's Approved Drug Products with Therapeutic Equivalence Evaluations.

II. Each insurer that issues or renews any policy of individual or group accident or health insurance which provides coverage for prescription drugs, or which contracts with an entity providing such prescription drug coverage, including but not limited to pharmacy benefit manager companies, shall apply any amounts paid at the time of a claim on behalf of an enrollee by a third party, including but not limited to an independent charity, to the enrollee's cost sharing requirements, except in the case of a covered prescription drug for which there is a generic alternative or interchangeable biological product.

III. If the assistance payment is not processed in coordination with the enrollee's health insurance coverage at the point of sale, then an insurer or its contracted entity providing prescription drug coverage may require a pharmacy processing an assistance payment from an independent charity patient assistance program on behalf of an enrollee to disclose to the enrollee's insurer:

(a) The name of the enrollee on whose behalf a payment was made;

(b) The name of the covered prescription drug for which the payment was made;

(c) The amount of the payment that was provided; and

(d) Any other terms and conditions that are attached to the assistance program under which payment was made.

IV. For a health care contract that meets the definition of a "high deductible plan" set forth in 26 U.S.C. section 223(c)(2) or a catastrophic health plan, as defined under the Patient Protection and Affordable Care Act of 2009, a carrier shall be exempt from the provisions of this section until the enrollee has satisfied the minimum deductible under Section 223 of the Federal Internal Revenue Code.

2 Effective Date. This act shall take effect on January 1, 2026.

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AMENDED ANALYSIS

This bill requires an insurer to apply an amount paid by a third party, including an independent charity, to the enrollee's cost sharing requirements, except in the case of a covered prescription drug for which there is a generic alternative or interchangeable biological product.