

# MAINE STATE LEGISLATURE

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L.D. 1928

**MINORITY**

Date: 3/16/20

(Filing No. S-435)

**HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES**

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**STATE OF MAINE**

**SENATE**

**129TH LEGISLATURE**

**SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "B" to S.P. 670, L.D. 1928, Bill, "An Act To Prohibit Health Insurance Carriers from Retroactively Reducing Payment on Clean Claims Submitted by Pharmacies"

Amend the bill by striking out everything after the enacting clause and inserting the following:

**Sec. 1. 24-A MRSA §4317, sub-§2, ¶J** is enacted to read:

J. A carrier, a carrier's pharmacy benefits manager or any other entity contracting with a pharmacy provider, either directly or through an intermediary, may not directly or indirectly charge the pharmacy provider or hold the pharmacy provider responsible for any charge or fee related to a clean claim:

- (1) That is not apparent at the time the carrier processes the claim;
- (2) That is not reported on the remittance advice of a claim adjudicated by the carrier; or
- (3) After the initial claim is adjudicated by the carrier.

This paragraph does not prohibit a carrier, a carrier's pharmacy benefits manager or any other entity contracting with a pharmacy provider from charging a fee or holding a pharmacy provider responsible for any charge or fee related to a claim if the pharmacy provider is provided supporting documentation explaining the contractual basis for the charge or fee.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

**SUMMARY**

This amendment replaces the bill and is the minority report of the committee. The amendment prohibits a carrier, a carrier's pharmacy benefits manager or any other entity contracting with a pharmacy provider, either directly or through an intermediary, from

**COMMITTEE AMENDMENT**

1 charging a pharmacy provider or holding a pharmacy provider responsible for any charge  
2 or fee related to a claim that is not apparent at the time the carrier processes the claim,  
3 that is not reported on the remittance advice or after the initial claim is adjudicated, unless  
4 the carrier provides supporting documentation to the pharmacy provider explaining the  
5 contractual basis for the charge or fee.