

CHAPTER 57  
FORMERLY  
HOUSE BILL NO. 24  
AS AMENDED BY  
HOUSE AMENDMENT NO. 1

AN ACT TO AMEND TITLE 18 OF THE DELAWARE CODE RELATING TO COPAYMENT OR COINSURANCE FOR PRESCRIPTION DRUGS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 33, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3350A. Copayment or coinsurance for prescription drugs limited.

(a) Definitions.

(1) "Carrier" means any entity that provides health insurance in this State. "Carrier" includes an insurance company, health service corporation, health maintenance organization, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation.

(2) "Contract price" means the lowest price a pharmacy is paid for the acquisition of a prescription drug based on a contract that a pharmacy has with a carrier or pharmacy benefits manager. "Contract price" includes a dispensing fee set by a contract between a pharmacy and a carrier or pharmacy benefits manager.

(3) "Pharmacy" means as defined in § 2502 of Title 24.

(2) "Pharmacy benefit manager" means as defined under § 3302A of this title.

(b) Application. This section applies to a carrier that provides coverage, either directly or through a pharmacy benefits manager, for prescription drugs under a health insurance policy or contract that is issued or delivered in this State.

(c) A carrier subject to this section may not impose a copayment or coinsurance requirement for a covered prescription drug that exceeds the lesser of one of the following:

(1) The applicable copayment or coinsurance that would apply for the prescription drug in the absence of this section.

(2) The amount an individual would pay for the prescription drug if the individual were paying the usual and customary price.

(3) The contract price for the prescription drug.

Section 2. Amend Subchapter III, Chapter 35, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3566A. Copayment or coinsurance for prescription drugs limited.

(a) Definitions.

(1) "Carrier" means any entity that provides health insurance in this State. "Carrier" includes an insurance company, health service corporation, health maintenance organization, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation.

(2) "Contract price" means the lowest price a pharmacy is paid for the acquisition of a prescription drug based on a contract that a pharmacy has with a carrier or pharmacy benefits manager. "Contract price" includes a dispensing fee set by a contract between a pharmacy and a carrier or pharmacy benefits manager.

(3) "Pharmacy" means as defined in § 2502 of Title 24.

(2) "Pharmacy benefit manager" means as defined under § 3302A of this title.

(b) Application. This section applies to a carrier that provides coverage, either directly or through a pharmacy benefits manager, for prescription drugs under a health insurance policy or contract that is issued or delivered in this State.

(c) A carrier subject to this section may not impose a copayment or coinsurance requirement for a covered prescription drug that exceeds the lesser of one of the following:

(1) The applicable copayment or coinsurance that would apply for the prescription drug in the absence of this section.

(2) The amount an individual would pay for the prescription drug if the individual were paying the usual and customary price.

(3) The contract price for the prescription drug.

Section 3. This Act applies to health insurance or health benefit plans covered under Sections 1 or 2 of this Act that are issued or renewed on or after January 1, 2020.

Approved June 19, 2019