

PUBLIC COMMENTS

HB 2090

HOUSE COMMITTEE ON INSURANCE

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Hearing Date: March 23, 2021 10:30 AM - or upon final adjourn./recess or bill referral if permission granted

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On behalf of Prime Therapeutics, a pharmacy benefit manager (PBM) owned by 18 not-for-profit Blue Cross and Blue Shield Insurers, including Blue Cross and Blue Shield of Texas, these comments are submitted in opposition of HB 2090 relating to health care cost disclosures by health benefit plan issuers and third-party administrators (TPA).

Health plan issuers and PBMs are covered entities that transfer and receive patient-specific information in compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). These activities are integral to administering prescription drug benefits.

Health plan issuers and PBMs support transparency of prescription drug costs with patients and prescribers. An unintended consequence of HB 2090 is increasing drug costs due to cost product-specific public disclosure provisions that will negatively impact health plan issuers and PBMs ability to negotiate the lowest net cost of prescription drugs. Below are examples of current member and physician prescription benefit communications from health plan issuers and PBMs:

- Member/Patient Transparency: information on premiums, cost sharing for drugs in their health plan, out-of-pocket maximum costs, what drugs are covered and on what formulary tier, what pharmacies are in the network, as well as expected annual out-of-pocket costs for prescriptions.
- Prescriber Transparency: health plan utilization management requirements, including for prior authorization and step therapy, and how to meet them. The patient's formulary and cost sharing in real time.

Health benefit plan issuers and PBMs support meaningful member cost-sharing transparency. We respectfully oppose HB 2090 as it requires cost disclosures that will negatively impact our ability to negotiate for the lowest net drug costs for insured Texans.