

MINUTES OF THE SENATE FINANCIAL INSTITUTIONS AND INSURANCE COMMITTEE

The meeting was called to order by Vice Chairman, Senator David Wysong, at 9:30 A.M. on February 20, 2006 in Room 234-N of the Capitol.

All members were present.

Committee staff present:

Melissa Calderwood, Kansas Legislative Research Department  
Terri Weber, Kansas Legislative Research Department  
Ken Wilke, Office of Revisor of Statutes  
Bev Beam, Committee Secretary

Conferees appearing before the committee:

Brad Smoot, American Insurance Assn.  
John L. Kiefhaber, Kansas Pharmacists Assn.  
Brian Caswell, R.Ph.  
Bill Sneed, Express Scripps

Others attending:

See attached list.

The Vice Chair asked for approval of the minutes of February 7, 8, 9, 13 and 14. Senator Steineger so moved. Senator Schmidt seconded. Motion passed.

**Hearing on:**

**(SB 539) - concerning casualty insurance companies; relating to certain requirements regarding filing rates, forms and premiums**

Melissa Calderwood gave an overview. Miss Calderwood said in part that K.S.A. 2005 Supp. 40-216 is hereby amended to read as follows: (1) No insurance company shall hereafter transact business in this state until certified copies of its charter and amendments thereto shall have been filed with and approved by the commissioner of insurance. A copy of the bylaws and amendments thereto of insurance companies organized under the laws of this state shall also be filed with and approved by the commissioner of insurance. The commissioner may also require the filing of such other documents and papers as are necessary to determine compliance with the laws of this state.

She continued that (2) Except for contracts pertaining to large risks as defined in K.S.A. 40-955(I), and amendments thereto, which are exempt from the filing requirements of this section, each contract of insurance or indemnity issued or delivered in this state shall be effective on filing, or any subsequent date selected by the insurer, unless the commissioner disapproves such contract of insurance within 30 days after filing because the rates are determined to be inadequate, excessive, unfairly discriminatory or otherwise fail to meet the requirements of this act.

The Chair arrived at the meeting and called Brad Smoot, American Insurance Association, to testify as a proponent of **(SB 539)**. Mr. Smoot said Kansas has long been a "prior approval" state, meaning that insurance rates and policy forms had to be approved by the Kansas Insurance Department before they could be used by insurers, agents and customers. He said historically, prior approval meant long delays in bringing new rates or forms to Kansas commercial and personal lines customers. In 1999, then-commissioner, Kathleen Sebelius, brought the legislature a proposal to reduce some of these long-standing market barriers. That legislation removed prior approval of rates for commercial insurance products, moving them to a "file and use" process, he said. Large commercial risks were exempted from any rate filing requirement. These modest reforms have worked well and it is time to consider further modernizations, he said.

## CONTINUATION SHEET

MINUTES OF THE Senate Financial Institutions and Insurance Committee at 9:30 A.M. on February 20, 2006 in Room 234-N of the Capitol.

Mr. Smoot continued that it has been eight years since the legislature updated the insurance regulatory environment. We think it's time to consider making some of the changes that many of our sister states have adopted, including neighboring states of Colorado, Nebraska, Missouri and Oklahoma. **(SB 539)** points us in that direction, he said. (Attachment 1)

Submitting written testimony in opposition to **(SB 539)** was Larry Magill, KAIA. (Attachment 2)

The Chair closed the hearing on **(SB 539)** and opened the hearing on **(SB 547)** **An act enacting the pharmacy benefits manager registration act.**

The Chair asked Melissa Calderwood for an overview of **(SB 547)**. She stated that this act would apply to any pharmacy benefits manager that provides claims processing services, other prescription drug or device services, or both, to covered persons who are residents of this state.

She said if any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

The Chair asked John L. Kiefhaber, Executive Director of the Kansas Pharmacists' Association for his testimony. Mr. Kiefhaber said this new legislation is an important addition to the Kansas Insurance Department's options for identifying out-of-state companies that are serving prescription drug beneficiaries throughout the state. He said members of KphA wholeheartedly support this measure as a means of assisting the Insurance Department in its efforts to answer consumers questions and complaints concerning prescription drug services.

He said most prescription drugs in Kansas, as in the nation, are partially paid for by private insurance plans or government programs such as Medicare and Medicaid. In order to deliver the claims processing and utilization control aspects of these coverage programs employers and government agencies often contract with prescription benefit managers to handle the delivery of benefits, from the wholesale purchase of the drug products to the claims processing of orders at the pharmacy. In Kansas, most of those benefits are administered by a handful of PBMs. Most of those companies are also contracted to deliver services under the new Medicare Part D drug benefit and could be covered by legislation recently approved by this committee and the full senate to require registration by Prescription Drug Plans. (Attachment 3)

Mr. Kiefhaber then introduced Brian Caswell, Rph, owner of Wolkar Drug in Baxter Springs, and immediate past president of KphA.

Mr. Caswell said since graduating from KU he has witnessed the ever-changing world of pharmaceutical care in which the insurance industry has become increasingly more involved with payment of services and drug therapy selection. During this evolutionary period of healthcare, an arm of the insurance industry began to market itself to major insurance carriers. This new business entity offered to streamline and manage the cost of prescription drugs for these insurance carriers. Pharmacy benefit managers' key involvement was to contract with pharmacy providers for a discount fee and manage the claims as they were processed. With prescription drug usage on the rise and the predominant use of paper claims, it seemed to be a great idea for cost containment and efficiency. In fact, with more and more pharmacies becoming computerized, the PBM industry tailored their business practice to utilize the technology to eliminate paper claims and gather more prescription data. This allowed them to increase their own efficiency and to collect specific patient demographic information along with physician information, drug usage, pricing and other data to use at their own discretion. Today, with pharmacy cooperation, a prescription can now be adjudicated within a matter of a few seconds.

Mr. Caswell said with increased oversight of prescription drug coverage for over 200 million Americans, the PBM industry has become the face of the insurance industry in terms of prescription benefits. Many patients who face the looming specter of a PBM chosen drug over the prescription choice of a physician, do so with the idea that it is their insurance that is making the choice rather than a sub-contracted company. Many pharmacists, physicians, nurses and patients will tell you that this scenario is becoming increasingly more

## CONTINUATION SHEET

MINUTES OF THE Senate Financial Institutions and Insurance Committee at 9:30 A.M. on February 20, 2006 in Room 234-N of the Capitol.

prevalent in healthcare today. Drug selection, along with therapy management, is now in the hands of people outside of their healthcare team. (Attachment 4)

Senator Brownlee said Mr. Caswell was basically describing a middleman, so if the insurance company had done their job better managing their situation, we wouldn't need these middle guys because if we are trying to cut the costs of prescriptions why would we need these middle guys.

Mr. Caswell said that is a good question. As we have gone through this period of 25 to 30 years when the PBM industry has been around, at first it began as just an adjudication process. They more or less stepped in and said we will process these claims. In the past, the insurance industry was inundated with tons of paperwork. As pharmacies became more computerized, the idea was OK -- is there a way we can streamline that process. Can we take the electronic process of computer entry for the prescription and transfer it over so we can eliminate the paper claims and speed up the process and that actually is probably light years ahead of the rest of the healthcare industry. That was OK -- that was wonderful. But what happened in the 90's as the PBM industry was not being extremely profitable and PBM after PBM was sold off as a loss, the idea of rebates and formulary usage came up, and suddenly money started flowing in. So now we've seen about 15 years of that sort of business practice and it's become more and more constricted to the patients where they have fewer choices, less access. Patients don't get to go where they want to go to get their prescriptions filled, for instance, and many times they are confused as to what their co-pays are supposed to be.

Mr. Caswell said (**SB 547**) is a step in the right direction for the critical need of giving Kansas consumers the ability to balance out what would otherwise be an imbalance within our healthcare system. (**SB 547**) does nothing more than request a PBM operating in the state of Kansas to register with the Kansas Insurance Commissioner's office. By doing so, it will give the Insurance Commissioner the ability to locate and investigate a PBM who has had a grievance filed against it by a Kansas consumer. He said (**SB 547**) is also necessary in order to keep a fair and balanced approach to our healthcare system.

The Chair asked Bill Sneed, Legislative Counsel, Express Scripts, for his testimony. Mr. Sneed thanked the chair for allowing him to appear before the committee and said based upon their review, would respectfully request that the Committee not act favorably on (**SB 547**). (Attachment 5)

The Chair asked that both sides sit down together to see what they can work out and bring the bill back on Wednesday.

The Chair closed the hearing on (**SB 547**).

### **Final Action**

#### **(SB 264) - concerning municipalities; relating to depositories for public funds**

The Chair asked for comments from the committee. Senator Wilson said this bill is a very good compromise for cities and counties and government agencies to be able to get a better return on their investment. I think this protects the smaller banks in communities throughout Kansas and doesn't change a lot where there is not brick and mortar. I appreciate the compromise and hope the committee finds that we can pass out Substitute Bill for (**SB 264**).

Ken Wilke said (**SB 264**) as amended will become a substitute bill. Senator Wilson moved to pass out substitute for (**SB 264**) as amended favorable for passage. Senator Brownlee seconded. Motion passed.

Meeting adjourned at 10:30 a.m. The next meeting of this Committee is scheduled for February 21, 2006.

FINANCIAL INSTITUTIONS & INSURANCE COMMITTEE GUEST LIST

DATE: February 20, 2006

NAME	REPRESENTING
Doug Wareham	Kansas Bankers Assn.
Kathy Olsen	Kansas Bankers Assn.
Tom Caches	KIPSC
Alex Kotoyantz	PIA
John W. Campbell	HTID
James Ann Louer	KATP
Chuck Henry	Unifed Government
Judy Moler	KAC
MIKE TAYLOR	Unifed Gov WYANDOTE CO
Don Moler	LKM
LARRY MABILL	KAIA
William W Sneed	Express Scripts
John Kieftuber	Ks. Pharmacists Assoc.
DAVID SCHOEET	COLUMBUS PHARMACY
Sam Boyajian	Gardner Pharmacy
BRIAN CASWELL	WOLKAR DRUG
Pillman Sprague	Kennedy Assoc.
Chomkyz	Federico Consulting
Bud Burks	Eli Lilly

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Statement of Brad Smoot  
Legislative Counsel  
American Insurance Association  
Senate Financial Institutions & Insurance Committee  
Regarding 2006 Senate Bill 539  
February 20, 2006

Madam Chair and Members:

On behalf of the American Insurance Association (AIA), we appreciate this opportunity to appear in support of SB 539. This bill was introduced by this committee at our request. It represents AIA's intermediate goal for modernizing the Kansas insurance rate and filing laws. We very much appreciate the cooperation and input from others in the insurance industry and the Kansas Insurance Department.

By way of background, Kansas has long been a "prior approval" state, meaning that insurance rates and policy forms had to be approved by the Kansas Insurance Department before they could be used by insurers, agents and our customers. Historically, prior approval meant long delays in bringing new rates or forms to Kansas commercial and personal lines customers. In 1999, then-Commissioner Kathleen Sebelius brought the legislature a proposal to reduce some of these long-standing market barriers. That legislation removed prior approval of rates for commercial insurance products, moving them to a "file and use" process. "Large commercial risks" were exempted from any rate filing requirement. These modest reforms have worked well and it is, in our opinion, time to consider further modernizations.

As introduced, SB 539 would further reduce prior approval barriers. The bill would move personal lines of insurance (auto, home, etc.) from prior approval to a file and use system for rates and to a file and use with a 30 day approval period for personal lines forms. Commercial rates are already "file and use" and SB 539 would extend this faster process to commercial policy forms. Large risks, which are already exempt from any rate filing requirement, would be exempt from policy form filing requirements also. In addition, we have proposed a lower "large risk" threshold so that more Kansas businesses might qualify more quickly for new products. Finally, we've added New Section 4, increase the benefits that "schedule rating" affords both insureds and insurers. Schedule rating, which is already permitted under current law, provides rates that more closely match the risk presented by permitting the use of credits and debits to reflect factors that may impact loss experience. Section 4 would permit insurers to raise or lower rates for individual risks by as much as 40% plus or minus without KID approval. This provision only applies to commercial insurance, not personal lines, farmers or crop insurance. Current regulations limit such rating variations to plus or minus 25%.

*Senate FI & I Committee  
Attachment 1-1  
February 20, 2006*

Property and casualty insurance is one of the last outposts of government price and product controls. Over the last 25 year, price controls have been eliminated or drastically curtailed in almost every sector of the U.S. economy – from transportation to banking to agriculture. Even so-called natural monopolies, like the telephone industry, have been exchanging sharply reduced government regulation for increased competition, more consumer choice and lower prices. None of these industries has sharper competition or lower market concentration that most lines of property and casualty insurance.

It's been eight years since the legislature updated our insurance regulatory environment. We think it's time to consider making some of the changes that many of our sister states have adopted, including neighboring Midwestern states of Colorado, Nebraska, Missouri and Oklahoma. SB 539 points us in that direction.

We have worked closely with the Kansas Insurance Department and the Kansas Association of Independent Agents in crafting this bill. Since its introduction, some concerns have arisen about particular provisions and we are pleased to continue the dialogue in hopes of finding some common ground and presenting this committee with a consensus proposal that further modernizes the Kansas regulatory system. Thank you for consideration of our views.



Testimony on Senate Bill 539  
Before the Senate Financial Institutions & Insurance Committee  
By Larry Magill  
February 20, 2006

Thank you madam chair and members of the committee for the opportunity to appear today in opposition to Senate Bill 539 without some amendments. My name is Larry Magill and I represent the Kansas Association of Insurance Agents. We have approximately 425 member agencies across the state and another 125 branch offices that employ a total of approximately 2,500 people. Our members write roughly 70% of the business property and liability insurance in Kansas and 35% of the personal insurance. Independent agents are free to represent a number of different insurance companies.

Historically we have supported preserving Kansas' fairly strict prior approval rate and form laws. However, beginning with limited large commercial lines deregulation in the late 90's, we have agreed to changes that are designed to improve speed-to-market and address some of the concerns that are driving a push for federal regulation of insurance, or optional federal chartering of insurers.

We had hoped that this issue would have been studied last year during the interim but the subject was not assigned. However, we have been able to meet with the bills proponents and I think we have agreement on some of the changes incorporated in SB 539 and agreement to study the others further.

We cannot support the elimination of all filing requirements for policy forms contained on page 1, lines 23-29. We have said that we are comfortable with a file and use approach to forms so long as there is a clear process for us to ask for a hearing on a form after the fact. This may cause insurers some "heartburn" over starting to use a form and then having to defend it to the Department but in my experience, there have been very few instances where we would have used such a provision. It is more like "sleep insurance" for us to know it can be done if needed.

Just one example of where this might have been used was an issue raised by our Consumer and Technical Affairs committee a few years ago. An insurer had filed an endorsement form for a homeowners policy that allowed the insurer to deny a loss if there was an undisclosed wood burning stove. We felt that was way too harsh, especially if the stove were added midterm. Eventually the carrier withdrew the form. And in most cases, we think that informal discussions can cure a problem but the hearing option helps negotiate solutions.

There is a second place where form approval has been deleted on page 4 that will need to be changed as well.

Finally we felt that the definitions of a large risk on page 6, lines 29-37, were being decreased to the size of main street businesses who would not represent the "sophisticated buyer" that the exception is intended to address. The idea of this provision in the law is to allow greater rate flexibility to the large corporations, frequently with their own risk managers, who are capable of

*Senate FI&I Committee  
Attachment 2-1  
February 20, 2006*

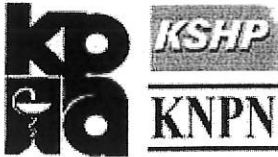
negotiating their own deal. It is our understanding that the proponents have agreed to study this area and personal lines "file and use" rating further.

Kansas' rate approval law can be a deterrent to a new insurance company deciding to come in to Kansas. I had a conversation with one personal lines insurer a couple years ago we had heard was thinking of entering Kansas. They had a good reputation among independent agents in other states and we were interested in recruiting them. But when they confirmed that we were still a prior approval state for personal lines, they deferred. As with economic development, we have to compete with other states that are "easier". There are lots of ways the Insurance Department can be given the tools to protect consumers without requiring prior approval of rates.

We urge the Committee to amend the bill if you decide to work it. We would be happy to answer questions or provide additional information.







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## TESTIMONY

Before the  
**SENATE COMMITTEE ON FINANCIAL INSTITUTIONS AND INSURANCE**  
By **John L. Kiefhaber, Executive Director**

Chairperson Teichman and members of the Committee:

The 1,300 members of the Kansas Pharmacists Association appreciate the opportunity to be heard today on **SENATE BILL 547: An ACT enacting the pharmacy benefit manager registration act**. This new legislation is an important addition to the Kansas Insurance Department's options for identifying out-of-state companies that are serving prescription drug beneficiaries throughout the state of Kansas. Members of KPhA wholeheartedly support this measure as a means of assisting the Insurance Department in its efforts to answer consumers questions and complaints concerning prescription drug services.

Most prescription drugs in Kansas, as in the nation, are partially paid for by private insurance plans or government programs such as Medicare and Medicaid. In order to deliver the claims processing and utilization control aspects of these coverage programs employers and government agencies often contract with prescription benefit managers (PBMs) to handle the delivery of benefits, from the wholesale purchase of the drug products to the claims processing of orders at the pharmacy. In Kansas most of those benefits are administered by just a handful of PBMs: Medco, ExpressScripts, Caremark (which has the state employee contract), Prime Therapeutics, Prescription Solutions and Wellpoint. Most of these companies are also contracted to deliver services under the new Medicare Part D drug benefit and could be covered by legislation recently approved by this committee and the full Senate (S. B. 405) to require registration by Prescription Drug Plans (PDPs).

Joining me today is Brian Caswell, RPh., owner of Wolkar Drug in Baxter Springs, and immediate past president of KPhA. Brian will be explaining the role of (PBMs) in the process of delivering safe and effective prescription drug products to patients and what problems can emerge in that process.

*Senate FII Committee  
Attachment 3-1  
February 20, 2006*

**Pharmacy Benefits Manager Registration Act (SB 547)**

**Prepared for Testimony before Senate Finance and Insurance  
Committee**

**by Brian Caswell R.Ph.**

**February 20, 2006**

**Kansas State Capitol  
Topeka, Kansas 66612**

Good morning Chairman Teichman, distinguished members of the committee, my name is Brian Caswell. I am president of Wolkar Drug in Baxter Springs, Kansas and Immediate Past President of Kansas Pharmacist Association. I come today in support of SB 547, a registration act for pharmacy benefit managers operating within the state of Kansas.

Since graduating from the University of Kansas in 1987, I have witnessed the ever changing world of pharmaceutical care in which the insurance industry has become increasingly more involved with payment of services and drug therapy selection. During this evolutionary period of healthcare, an arm of the insurance industry began to market itself to major insurance carriers. This new business entity offered to streamline and manage the cost of prescription drugs for these insurance carriers. Pharmacy benefit managers (PBM's) key involvement was to contract with pharmacy providers for a discount fee and manage the claims as they were processed. With prescription drug usage on the rise and the predominant use of paper claims, it seemed to be a great idea for cost containment and efficiency. In fact, with more and more pharmacies becoming computerized the PBM industry tailored their business practice to utilize the technology to eliminate paper claims and gather more prescription data. This allowed them to increase their own efficiency and to collect specific patient demographic information along with physician information, drug usage, pricing, and other data to use at their own discretion. Today, with pharmacy cooperation, a prescription can now be adjudicated within a matter of a few seconds.

In the late 1980's, only a select few individuals had prescription drug coverage. Beginning in the early 1990's, healthcare witnessed a growing trend of PBM involvement while the insurance industry and managed care organizations looked more towards PBM's to manage the prescription benefit of their product. Since that point PBM's have steadily increased their presence within the industry to the point now that as much as 80-90% of prescriptions filled in a pharmacy will be covered by some form of a third party. During that time in the late 1980's and early 1990's, it was not a good time for the PBM

*Senate F I & I Committee  
Attachment 4-1  
February 20, 2006*

industry. Not until the industry teamed with HMO's and the concept and usage of formulary management and rebates, was the industry to finally turn a corner and become such a powerful force within health care.

With increased oversight of prescription drug coverage for over 200 million Americans, the PBM industry has become the face of the insurance industry in terms of prescription benefits. Many patients who face the looming specter of a PBM chosen drug over the prescription choice of a physician, do so with the idea that it is their insurance that is making the choice rather than a sub-contracted company. Many pharmacists, physicians, nurses and patients will tell you that this scenario is becoming increasingly more prevalent in healthcare today. Drug selection along with therapy management is now in the hands of people outside of their healthcare team.

Medicare Part D, now 7 weeks old, is a great example of how the PBM process operates. PBM's are the true manager of the benefit. This example, coupled with the problems patients, doctors and pharmacists are experiencing, demonstrates a good reason for consideration of SB 547. Unfortunately, to date, there is no governmental agency within the state of Kansas which has any authority to investigate any claims either by patients or providers with regard to the patient/PBM relationship.

SB 547 is a step in the right direction for the critical need of giving Kansas consumers the ability to balance out what would otherwise be an imbalance within our healthcare system. SB 547 does nothing more than request a PBM operating in the state of Kansas, to register with the Kansas Insurance Commissioner's office. By doing so, it will give the Insurance Commissioner the ability to locate and investigate a PBM whom has had a grievance filed against it by a Kansas consumer

SB 547 is not only a good step in the right direction, as evident with prescription plans like Medicare Part D, it is a necessary step in order to keep a fair and balanced approach to our healthcare system of today.

Thank you for allowing me to address the committee today on such an important issue. I will be glad to answer any questions the committee would like to ask.

## Memorandum

**TO:** THE HONORABLE RUTH TEICHMAN, CHAIR  
SENATE FINANCIAL INSTITUTIONS AND INSURANCE COMMITTEE

**FROM:** WILLIAM W. SNEED, LEGISLATIVE COUNSEL  
EXPRESS SCRIPTS

**RE:** S.B. 547

**DATE:** FEBRUARY 20, 2006

Madam Chair, Members of the Committee: My name is Bill Sneed and I represent Express Scripts, one of America's largest pharmacy benefit managers, providing the pharmacy benefit for millions of people nationwide through employers, managed care plans, unions and governmental entities. Express Scripts is a company dedicated to making the use of prescription drugs safer and more affordable for plan sponsors and over fifty million members and their families. We appreciate the opportunity to present testimony on S.B. 547. Based upon our review, we would respectfully request that the Committee not act favorably on S.B. 547.

Initially, my client wishes to express its disappointment with the Kansas Insurance Department. During the summer of 2005 my client became aware of the fact that the pharmacists' association might well be intending to introduce some type of registration/regulation of pharmacy benefit managers ("PBMs"). At that time we met with Commissioner Praeger and expressed our interest and willingness to discuss this issue, and requested a "seat at the table" if such a proposal were to move forward. Commissioner Praeger confirmed that she had met with the pharmacists' association, but at that point had not received any specific language as to the intent of that association. We requested that if such a proposal began to move we be invited back, and expressed our willingness to work with all interested parties. Commissioner Praeger told us she would make certain we would be included in such discussions. Over the course of the fall, I occasionally asked the Kansas Insurance Department the status of this situation and was told there was no activity. Certainly, we were surprised when the pharmacists' association introduced the bill, and we again contacted the Kansas Insurance Department to try to gain an understanding of why we had not been included in discussions on the proposal. All of our requests have been rebuffed. Needless to say, the first time my client saw the language of this bill was when it came out in printed form as S.B. 547. With that

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*Senate FI&I Committee  
Attachment 5-1  
February 20, 2006*

background, we have several comments about the bill in general, and some specific concerns as well.

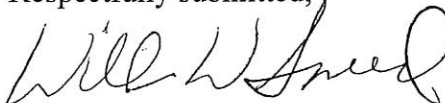
Generally, we are unaware of any major issues dealing with PBMs in the State of Kansas. My client holds six non-resident pharmacy registrations in Kansas. My client also holds three wholesaler licenses in Kansas. Further, Medicare Part D is regulated by CMS, and soon the Insurance Department, based upon action you all have taken through S.B. 405, will have purview over Medicare Part D. As you can see, my client is already involved in several levels of registration and regulation. We are unaware of any need for additional regulation or registration.

The specific issues we have with the bill are as follows. In Section (3)(c), the bill attempts to create standards by which the Commissioner can or cannot issue a certificate of registration. Although some of the components of those standards are very straightforward, there are others that are vague and overly broad. Further, in Section (3)(d), the PBM is to notify the Commissioner of any material change in its ownership without any definition of "material change."

Next, Section 6 imposes the Unfair Trade Practices Act on any PBM registered under the Act. We question why a uniform act developed to regulate the practices of insurance companies would be applicable to a pharmacy benefit manager and their activities. If the authors of the bill are simply looking for enforcement powers on the proposal, it would seem to us to be more appropriate to allow the Commissioner to file in district court and seek injunctive relief against a PBM in violation of this act.

We appreciate the opportunity to raise our concerns around this bill. We wish we had been given the opportunity by the parties to discuss these issues prior to this hearing. Unfortunately, we were not afforded that opportunity. Therefore, based upon that and the above, we respectfully request that the Committee act unfavorably on S.B. 547.

Respectfully submitted,



William W. Sneed

WBW:kjb

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