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SB 387 Engrossed

DIGEST  
2026 Regular Session

Bass

Present law provides for definitions.

Proposed law retains present law and adds definitions for "enrollee", "healthcare service", "person", "pharmacy benefit management fee", "pharmacy benefit management service", "provider", and "related entity". Proposed law also amends the definition for "rebates".

Proposed law provides for a PBM's fiduciary duty of care and good faith and fair dealing to enrollees, health plans, and providers.

Proposed law provides for PBM compensation through pharmacy benefit manager flat dollar fees and flat dollar performance bonus and prohibits a PBM from retaining rebates and fees.

Proposed law allows the commissioner of insurance and any health insurance issuer or health plan contracted with a PBM to audit the PBM once per calendar year. Proposed law further provides for information that may be requested as part of the audit and provides for the protection of confidential and proprietary information through a public records exemption, including the books and records from any entity in the PBM's vertical corporate structure.

Proposed law requires PBM contracts to specify all forms of revenue to be paid by the health insurance issuer or health plan to the pharmacy benefit manager and to acknowledge that spread pricing is not permitted.

Proposed law provides that, in addition to any other civil or criminal penalty authorized by law, a violation of proposed law is punishable by the commissioner through a civil monetary penalty of \$25,000 for each and every act or violation, with no aggregate penalty maximum.

Proposed law further provides that if a violation is not corrected within 30 days after notice of the violation is received by the PBM, the commissioner must suspend or revoke the pharmacy benefit manager's license.

Proposed law is to be implemented to regulate a pharmacy benefit manager or health insurance issuer only to the extent permissible under applicable law.

Present law allows a PBM to audit pharmacy claims. Proposed law limits to the audit to claims filed within the 12 months prior to the start of the audit.

Proposed law allows a pharmacy to submit a consolidated appeal to a PBM of substantially similar claims.

Proposed law prohibits a PBM from using its formulary to obtain inducements, favor certain drugs over substantially similar drugs with a lower cost, charge more than the PBM's net acquisition cost of a drug, or ban the use of certain pharmacies by an insured.

Proposed law provides for a 60-day continuity of care for an enrollee when a formulary is changed and removes a drug prescribed to an enrollee.

Effective January 1, 2027.

(Amends R.S. 22:1856.1(B)(2)(a), 1863, 1865(A) and R.S. 44:4.1(B)(11); adds R.S. 22:1867.1 and 1868.2; repeals R.S.22:1868.1)

### Summary of Amendments Adopted by Senate

#### Committee Amendments Proposed by Senate Committee on Insurance to the original bill

1. Limit a PBM pharmacy audit to claims submitted not more than 12 months prior to the audit.
2. Allow for consolidated appeals.
3. Provide that a PBM owes a fiduciary duty to enrollees, pharmacies, and plans.
4. Prohibit a PBM from obtaining an inducement on a name brand drug in exchange for not placing other drugs of the same class on the PBM formulary.
5. Prohibit a PBM from favoring certain drugs over others on a formulary.
6. Prohibit a PBM from charging a cost greater than net acquisition cost.
7. Prohibit a PBM from using its formulary to ban the use of certain pharmacies.
8. Prohibit a PBM or GPO from retaining rebates and fees, requiring them to be passed through to the plan.
9. Allow a PBM to earn income only from a flat dollar fee.
10. Allow a PBM to receive a flat dollar performance bonus.
11. Allow the commissioner of insurance to examine the books or records of any entity in a PBM's corporate structure.

12. Require continuity of care for enrollees when a PBM formulary is changed.
13. Provide that proposed law becomes effective if SB 401 is enacted.
14. Make technical changes.