2020 Regular Session

HOUSE BILL NO. 321

BY REPRESENTATIVE ECHOLS

MEDICAID MANAGED CARE: Establishes a minimum generic dispensing rate requirement in Medicaid managed care

1	AN ACT
2	To enact R.S. 46:460.31(7) and 460.32, relative to the Medicaid managed care program; to
3	provide for duties of the Louisiana Department of Health in administering the
4	Medicaid managed care program; to provide relative to the pharmacy programs of
5	Medicaid managed care organizations; to provide requirements for prescription
6	dispensing rates in such pharmacy programs; and to provide for related matters.
7	Be it enacted by the Legislature of Louisiana:
8	Section 1. R.S. 46:460.31(7) and 460.32 are hereby enacted to read as follows:
9	§460.31. Definitions
10	As used in this Part, the following terms have the meaning ascribed to them
11	in this Section unless the context clearly indicates otherwise:
12	* * *
13	(7) "Generic dispensing rate" means the proportion of all prescriptions
14	dispensed as a generic drug.
15	<u>§460.32. Generic dispensing rate</u>
16	The department shall take all such actions as are necessary to ensure that the
17	generic dispensing rate within the pharmacy program of each managed care
18	organization is at least ninety percent in any calendar year.

Page 1 of 2

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 321 Original

2020 Regular Session

Echols

Abstract: Requires that the generic dispensing rate within the pharmacy program of each Medicaid managed care organization is at least 90%.

<u>Proposed law</u> defines "generic dispensing rate" as the proportion of all prescriptions dispensed as a generic drug.

<u>Proposed law</u> requires the La. Department of Health to take all such actions as are necessary to ensure that the generic dispensing rate within the pharmacy program of each Medicaid managed care organization is at least 90% in any calendar year.

(Adds R.S. 46:460.31(7) and 460.32)