



# HOUSE BIPARTISAN Health Care Plan

## A more patient-focused approach to health care

### AFFORDABILITY

#### HELPING MICHIGAN FAMILIES SAVE MONEY ON LIFE-SAVING PRESCRIPTIONS

- **Insulin Co-pay Cap** – Caps insulin co-pays at \$50 for a 30-day supply.
- **Drug Transparency**- Requires drug manufacturers to submit a report to state regulators when they increase the cost of certain prescription medications.
- **Controlling Prescription Middlemen** – Licenses and regulates “pharmacy benefit managers.” The bill also requires quarterly transparency reports, prohibits middlemen from imposing retroactive fees on community pharmacists, bans spread pricing, establishes prompt pay requirements, and requires state regulators to submit an annual report to the Legislature detailing information regarding the cost of drugs received through this process.
- **Hospital Cost Transparency** – Requires hospitals to post a digital copy of their charge description master on their website for public viewing.
- **Generic Equivalent Rebate** – Ensures a drug rebate is only applied to a drug if there is not a lower-cost generic available, protecting families from having to pay for a more costly prescription when cheaper options are available.
- **Ending Gag Clauses** – Prohibits an insurer from requiring a patient to pay a higher co-pay than the cost of the dispensed medication and bans prescription middlemen from prohibiting a pharmacy from disclosing the current price of a medication.
- **Prescription Price Transparency** – Allows pharmacists to provide the current price of a comparable generic or name brand medication to anyone purchasing a medication. Additionally, the bill prohibits pharmacists from entering into a contract that would restrict them from disclosing the current price of a comparable generic.
- **Drug Rebates for Families** – Requires an insurer to count all drug rebates received for a medication toward a family’s maximum out-of-pocket costs or plan deductible.
- **Right to Shop** – Allows patients to purchase a covered prescription from out-of-network providers if the cost is below the in-network average. Patients would receive a credit toward their in-network prescription’s out-of-pocket cost, reflecting the savings they created for the insurance company with their purchase.

### ACCESSIBILITY

#### COMMON SENSE CHANGES TO MAKE HEALTH CARE WORK FOR PEOPLE WHO NEED IT

- **Oral Chemo** – Ensures patients have access to oral chemo medications and are not required to pay a higher co-payment or deductible than they would for other anti-cancer treatments. Forty-three states have approved similar reforms.
- **Expand Telehealth** – Allows out-of-state providers to provide telehealth services to people who need them.
- **Telehealth for Contact Lens Renewals** – Allows consumers to use an online or mobile platform to renew their contact prescriptions if their prescription hasn’t changed.

### QUALITY OF CARE

#### DEMANDING MORE FROM THE HEALTH CARE SYSTEM TO KEEP PEOPLE SAFE

- **Manufacturer Gift Prohibition** – Places strong limits on drug manufacturers giving gifts to physicians to try to influence doctors away from the best medical decisions.
  - **Patient Protection** – Stops insurance companies from removing a prescription drug from its list of offerings during a plan year, known as non-medical switching, with certain common-sense exceptions, like safety.
  - **Nurse Anesthetists** – Expands the scope of practice for Certified Registered Nurse Anesthetists to improve access to safe anesthesia services in Michigan.
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