

By: Senator(s) Bryan

To: Public Health and  
Welfare

SENATE BILL NO. 2861

1 AN ACT TO AMEND SECTION 73-21-179, MISSISSIPPI CODE OF 1972,  
2 TO REVISE CERTAIN DEFINITIONS UNDER THE PHARMACY AUDIT INTEGRITY  
3 ACT; AND FOR RELATED PURPOSES.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

5 **SECTION 1.** Section 73-21-179, Mississippi Code of 1972, is  
6 amended as follows:

7 73-21-179. For purposes of Sections 73-21-175 through  
8 73-21-189:

9 (a) "Entity" means a pharmacy benefit manager, a  
10 managed care company, a health plan sponsor, an insurance company,  
11 a third-party payor, or any company, group or agent that  
12 represents or is engaged by those entities.

13 (b) "Health insurance plan" means benefits consisting  
14 of prescription drugs, other products and supplies, and pharmacist  
15 services provided directly, through insurance or reimbursement, or  
16 otherwise and including items and services paid for as  
17 prescription drugs, other products and supplies, and pharmacist  
18 services under any hospital or medical service policy or



19 certificate, hospital or medical service plan contract, preferred  
20 provider organization agreement, or health maintenance  
21 organization contract offered by a health insurance  
22 issuer.

23 (c) "Individual prescription" means the original  
24 prescription for a drug signed by the prescriber, and excludes  
25 refills referenced on the prescription.

26 (d) "Pharmacy benefit manager" means a business that  
27 provides pharmacy benefit management services or administers the  
28 prescription drug/device portion of pharmacy benefit management  
29 plans or health insurance plans on behalf of plan sponsors,  
30 insurance companies, unions and health maintenance  
31 organizations. \* \* \*

32 The term "pharmacy benefit manager" shall not include an  
33 insurance company, unless the insurance company is providing  
34 services as a pharmacy benefit manager as defined in this section,  
35 in which case the insurance company shall be subject to Sections  
36 73-21-151 through 73-21-163 only for those pharmacy benefit  
37 manager services.

38 (e) "Pharmacy benefit management plan" means an  
39 arrangement for the delivery of pharmacist's services in which a  
40 pharmacy benefit manager undertakes to administer the payment or  
41 reimbursement of any of the costs of pharmacist's services, \* \* \*  
42 drugs, or devices.



43           (f) Pharmacy benefit management services shall include,  
44 but are not limited to, the following services, which may be  
45 provided either directly or through outsourcing or contracts with  
46 other entities:

47           (i) Adjudicate drug claims or any portion of the  
48 transaction.

49           (ii) Contract with retail and mail pharmacy  
50 networks.

51           (iii) Establish payment levels for pharmacies.

52           (iv) Develop formulary or drug list of covered  
53 therapies.

54           (v) Provide benefit design consultation.

55           (vi) Manage cost and utilization trends.

56           (vii) Contract for manufacturer rebates.

57           (viii) Provide fee-based clinical services to  
58 improve member care

59           (ix) Third-party administration.

60           (x) Sponsoring or providing cash discount cards as  
61 defined in Section 83-9-6.1.

62           (g) "Pharmacist," "pharmacist services" and "pharmacy" or  
63 "pharmacies" shall have the same definitions as provided in  
64 Section 73-21-73.

65           **SECTION 2.** This act shall take effect and be in force from  
66 and after July 1, 2024.

