NASHP's Prescription Drug Cost Workgroup

A Project of the National Academy for State Health Policy

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State	Bill	Status	Category	Summary
AL	HB 177	Referred to House of Representatives Ways and Means Committee	Volume Purchasing	Creates the Alabama Prescription Cost Initiative Board. The board may enter into agreements with or affiliate with a prescription drug-buying group for the centralized purchase and distribution of prescription drugs to retail pharmacies. Reimportation of prescription drugs is expressly prohibited.
CA	AB 265	Pending	Other	Would prohibit the use of coupons for pharmaceutical drugs when other FDA-approved drugs are available and less expensive.
CA	S 17	From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS	Transparency	Would require manufacturers to provide public and private purchasers advance notice of price increases for the cost of prescription drugs currently on the market, and to provide information regarding justification for such increases, as well as justification of launch prices for new drugs.
CT	SB 737	Referred to Committee on General Law	Transparency	That the general statutes be amended to require every manufacturer of a prescription drug made available in the state to file a report regarding each such drug that contains the total cost for the production of the drug, including, but not limited to, (1) the total research and development costs paid by the manufacturer and by any predecessor of such manufacturer, (2) the total costs of clinical trials and other regulatory costs paid by the manufacturer and by any predecessor of such manufacturer, (3) the total costs for materials, manufacturing and administration of the drug, (4) any other costs associated with the acquisition of the drug, and (5) the total marketing and advertising costs for the promotion of the drug directly to potential prescribers and consumers.
CT	SB 445	Office of Legislative Research and Office of Fiscal Analysis	Transparency; Pharmacy Benefit Managers	On and after January 1, 2018, no contract entered into in the state between a health carrier, as defined in section 38a-591a of the general statutes, pharmacy benefit manager or any other entity and a pharmacist shall contain a provision prohibiting the pharmacist from disclosing any relevant information to an individual purchasing prescription medication, including, but not limited to, the cost of the prescription medication, actual reimbursement to the pharmacist for the sale of the prescription medication, efficacy of the prescription medication and the availability of any alternative medications that are less expensive than the prescription medication.
CT	SB 925	Public Hearing	Transparency; Pharmacy Benefit Managers	Manufacturers shall send written notice to the commissioner if the manufacturer plans to: (1) Sell or distribute in this state (A) any brand name prescription drug that has an initial annual aggregate wholesale acquisition cost that is equal to or greater than thirty thousand dollars, or (B) any generic drug that has an initial annual aggregate wholesale acquisition cost that is equal to or greater than three thousand dollars; or (2) increase the annual aggregate wholesale acquisition cost of (A) any brand name prescription drug sold or distributed in this state by more than ten per cent or ten thousand dollars, whichever is lower, or (B) any generic drug sold or distributed in this state by more than twenty-five per cent or three hundred dollars, whichever is lower. Manufactuers must report the value of all price concessions provided to pharmacy benefit managers.
CT	HB 7124	Reported out of Legislative Commissioners Office	Transparency; Pharmacy Benefit Managers	Requires PBMs to disclose information regarding the maximum allowable costs of prescription drugs and establish procedures concerning maximum allowable cost lists.
FL	HB 589	Introduced	Transparency; Study	Requires Agency for Health Care Administration to collect data on the retail prices charged by pharmacies for the 300 most frequently prescriped medicines; requires the agency to update the website monthly.
FL	SB 888	Appropriations Subcommittee	Transparency; Study	Requires Agency for Health Care Administration to collect data on the retail prices charged by pharmacies for the 300 most frequently prescriped medicines; requires the agency to update the website monthly. Companion bill to HB 589
HI	HB 1444	Passed Second Reading, referred to Ways and Means	Transparency; Pharmacy Benefit Managers	Requires pharmacy benefit mangers (PBMs) to register with the insurance commisioner
IL	SB 73	Senate Human Services Committee	Transparency	Requires manufacturers of prescription drugs to notify State purchasers, health insurers, health care service plan providers, and pharmacy benefit managers of specified increases in drug prices at least 30 days before such increase and the cost of specified new prescription drugs 3 days before the commercial availability of a new drug approved by the U.S. Food and Drug Administration or within 3 days after approval by the U.S. Food and Drug Administration if the new drug will be made commercially available within 3 days of such approval. Provides that within 30 days after such notifications, prescription drug manufacturers shall report specified information to the Department of Public Health and requires the Department to publish such information on its website.

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IL	HB 239	Re-referred to Rules Committee	Transparency	Amends the Illinois Food, Drug and Cosmetic Act. Requires manufacturers of brand name or generic prescription drugs to notify State purchasers, health insurers, health care service plan providers, pharmacy benefit managers, and the General Assembly of specified increases in drug prices at least 60 days before such increase and the cost of specified new prescription drugs within 3 days after approval by the U.S. Food and Drug Administration. Provides that within 30 days after such notifications, prescription drug manufacturers shall report specified information to State purchasers, health insurers, health care service plan providers, pharmacy benefit managers, and the General Assembly. Provides that failure to report such information shall result in a specified civil penalty.
IN	HB 1150	Committee on Public Health	Transparency	Requires the office of the secretary of family and social services to identify any prescription drug under the Medicaid program for which the annual wholesale cost or the per course cost of treatment of the drug is at least $10,000, and directs the office to notify the manufacturer that the manufacturer is required to prepare a report on the drug to the drug utilization review board.
IN	SB 69	Committee on Health and Provider Services	Transparency; Study	Study of drug pricing and access. Urges the legislative council to assign to an interim study committee a study of prescription drug pricing and access to specialty prescription drugs. Requires submission of a report and recommendations to the legislative council.
KS	HB 2300	House Committee on Health and Human Services	Transparency; Pharmacy Benefit Managers	Requires pharmacy benefit managers (PBMs) contracting with the state health care benefits program to disclose any payment or benefit received for the dispensation of a prescription drug. The PBM will also disclose all financial and utilization information requested by the program. Any payment or benefit received by the PBM for the dispensation of a prescription drug will be passed along in full to the state.
LA	HB 436	Committee on Health and Welfare	Transparency	This bill establishes a Prescription Drub Review Committee within the State's insurance department. The Committee would develop a list of prescription drugs in which the Louisiana public has a critical interest in understanding how the prices for those drugs were developed. Manufacturers of those drugs would be required to submit information to the Committee about the underlying drivers of the cost of those drugs including: total production costs; R&D, advertising and marketing costs; prices charged outside of the US for the drug; prices charged to pharmacies, pharmacy chains, wholesalers and PBMS for those drugs. Bill includes enforcement provisions and protects the confidentiality of the manufacturer information. Committee would be required to annually report to the Legislature on its findings and recommendations for controlling the cost of prescription drugs. Bill also requires any prescription drug detailing to include disclosure of the average cost of the drug and the history of the pricing of the drug over time.
MA	SD 1896	Pending	Study	Establishes a special commission to study the delivery of prescription drug benefits in the Commonwealth. The Commission shall study and analyze bulk purchasing, discount cards, private section insurance drug programs, pharmaceutical benefit managers, and other issues which may improve prescription drug benefits for the citizens of the Commonwealth.
MA	SD 2051	Pending	Transparency	The Health Policy Commission, in collaboration with the Center for Health Information and Analysis, shall identify annually up to 15 prescription drugs on which the State spends significant health care dollars and for which the wholesale acquisition cost has increased by 50 percent or more over the past five years or by 15 percent or more over the past 12 months, or is a new drug whose price may have a significant impact on the cost benchmark.
MA	SD 923	Pending	Transparency	Creates a center that can promulgate regulations to ensure uniform reporting of prescription drug wholesale acquisition costs, discounts, rebates, and other data required of pharmacy benefit managers, health care payers and drug manufacturers. At a minimum, such reporting shall identify prescriptions drugs sold within the Commonwealth that are (i) the ten costliest drugs by total private health care payer spending; (ii) the ten prescription drugs with the highest annual increase in total private health care payer spending; (iii) prescriptions drug introduced to the U.S. market within the past ten years at a wholesale acquisition cost of $10,000 or more annually or per course of treatment; and (iv) prescription drugs whose wholesale acquisition cost has increased by 50% or more within the past five years or by 15% or more within the past one year.
MA	HB 491	Introduced	Transparency	Establishes manufactuering transparency provision, under which each manufacturer of a prescription drug that has experienced a wholesale acquisition cost increase of 15% or more over a 12 month period, must file a report with the Department of Public Health that includes an enumerated set of facts and disclosures. These forms must be filed no later than 90 days after the effective date of the most recent wholesale acquisition cost increase. The Department in turn is required to keep trade secrets confidential.

State	Bill	Status	Category	Summary
MA	SB 627	Introduced	Transparency	The commission shall develop a list of critical prescription drugs for which there is a substantial public interest in understanding the development of its pricing. The manufactuers of each drug placed on the critical list must report: i. Total cost of production, and approximate cost of production per dose; ii. Research and development costs of the drug, iii. Marketing and advertising costs for the drug, iv. Prices for the drug that are charged to purchasers outside the United States, by country, v. Prices charged to typical Massachusetts purchasers, vi. The price paid by the United States Veterans Administration for the drug, vii. The average profit margin of the drug over the prior five-year period and the projected profit margin anticipated for such drug in the coming year; and viii. True net typical prices charged to pharmacy benefit managers, health plans or state agencies, including the group insurance commission, and MassHealth.
MA	HB 1228	Introduced	Transparency	Companion bill to SB 627
MA	SB 652	Introduced	Transparency	The center shall promulgate regulations necessary to ensure the uniform reporting of prescription drug wholesale acquisition costs, discounts, rebates and other such data as the center may require of pharmacy benefit managers, pharmaceutical manufacturing companies and health care payers in order to better protect the public's interest in monitoring the overall effect of prescription drug spending on total health care expenditure growth. At a minimum, such reporting shall identify prescriptions drugs sold within the Commonwealth that are (i) the ten costliest drugs by total private health care payer spending; (ii) the ten prescription drugs with the highest annual increase in total private health care payer spending; (iii) prescriptions drug introduced to the U.S. market within the past ten years at a wholesale acquisition cost of $10,000 or more annually or per course of treatment; and (iv) prescription drugs whose wholesale acquisition cost has increased by 50% or more within the past five years or by 15% or more within the past one year. The attorney general may review any information submitted by manufactuers, and may require that pharmacy benefit managers and drug manufactuers submit documents or provide testimony related to prescription drug costs. All nonpublic information disclosed during this process will be kept confidential. If prices are found to be higher then justified the attorney general may promologate regulations to define drug prices and excessivly high and an "unfair practice."
MA	SB 1163	Introduced	Transparency	Establishes manufactuering transparency provision, under which each manufacturer of a prescription drug that has experienced a wholesale acquisition cost increase of 15% or more over a 12 month period, must file a report with the Department of Public Health that includes an enumerated set of facts and disclosures. These forms must be filed no later than 90 days after the effective date of the most recent wholesale acquisition cost increase. The Department in turn is required to keep trade secrets confidential.
MA	HB 3223	Concurred in committee referral	Transparency	The Health Policy Commission, in collaboration with the Center for Health Information and Analysis, shall identify annually up to 15 prescription drugs on which the state spends significant health care dollars and for which the wholesale acquisition cost has increased by 50 percent or more over the past five years or by 15 percent or more over the past 12 months, or is a new drug whose price may have a significant impact on the cost benchmark. The Office of the Attorney General shall require the drug manufactuer to provide price justification.
MD	SB 437	House Rules and Executive Nominations	Transparency	Requiring, on or before March 31 each year, the manufacturer of an expensive drug sold or offered for sale in the State to file with the Secretary of Health and Mental Hygiene a specified annual report; establishing the Drug Price Transparency Advisory Committee; requiring a manufacturer of an expensive drug to file a notice with the Secretary before increasing a specified price or a specified cost by more than a specified percentage or amount during specified periods of time
MD	HB 631	Introduced	Price Regulation	Prohibiting a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential generic drug; requiring the Maryland Medical Assistance Program to notify the manufacturer of an essential generic drug and the Attorney General of a specified increase in the price of the essential generic drug under specified circumstances; requiring a manufacturer of an essential generic drug to submit a specified statement to the Attorney General within 20 days after receipt of a specified notice
MD	HB 631	Third Reading Passed with Amendments	Price Regulation	Prohibiting a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug; requiring the Maryland Medical Assistance Program to notify the Attorney General of a specified increase in the price of an essential off-patent or generic drug under specified circumstances; requiring a manufacturer of an essential off-patent or generic drug to submit a specified statement to the Attorney General within 20 days after its request; etc. The companion bill to SB 415
MD	SB 415	Hearing on 2/15	Price Regulation	Prohibiting a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug; requiring the Maryland Medical Assistance Program to notify the Attorney General of a specified increase in the price of an essential off-patent or generic drug under specified circumstances; requiring a manufacturer of an essential off-patent or generic drug to submit a specified statement to the Attorney General within 20 days after its request; etc. The companion bill to HB 631

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MD	HB 666	House Hearing	Transparency	Requiring, on or before March 31 each year, the manufacturer of an expensive drug sold or offered for sale in the State to file with the Secretary of Health and Mental Hygiene a specified annual report; establishing the Drug Price Transparency Advisory Committee; requiring a manufacturer of an expensive drug to file a notice with the Secretary before increasing a specified price or a specified cost by more than a specified percentage or amount during specified periods of time;
ME	LD 652	Committee on Health and Human Services	Price Regulation, Other	The State, the State Purchasing Agent, a state agency or department or other state entity may not purchase or pay for a prescription drug as defined in Title 32, section 13702-A, subsection 30 unless the net cost of the drug, after the application of cash discounts, free goods, volume discounts, rebates or any other discounts or credits, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
ME	LD 1273	Committee on Health and Human Services	Other	The Maine Board of Pharmacy shall adopt rules to allow a nongovernmental organization in the State to coordinate both the donation of unused prescription drugs by nursing homes, hospitals, wholesalers and other institutional pharmacies and the subsequent redispensing of these prescription drugs at no cost to low-income residents of the State.
ME	LD 1406	Introduced	Transparency	Allows the Attorney General to collect information related to the price of a prescription drug from manufactuers including total cost of production and cost per dones, research and development funds, retail prices charged outside of the United States, and the true net typical prices charged to pharmacy benefit managers. Requires the Attorney General to submit a written report each year.
MN	HF 38	Pending	Transparency	Would require managed care organizations doing business with the state to provide certain financial information to the state, including pharmaceutical statistics by program and population group, for measures of price and utilization
MT	HB 326	Missed deadline for revenue bill transmittal	Transparency; Pharmacy Benefit Managers	Each manufacturer that is responsible for the national drug code pricing of a prescription drug, and each pharmacy benefit manager located or that sells a precription drug available in Montana whose wholesale acquisition cost increases by more than twice the increase in the consumer price index for medical care commodities in the previous year shall provide to the attorney general all relevant information and supporting documentation necessary to justify the wholesale acquisition cost.The attorney general shall provide a report to the legislature on or before December 1 of each even-numbered year based on the information received from manufacturers and pharmacy benefit managers. The report must be posted on the department of justice website.
MT	HJ 17	Sponsors engrossed	Study	Joint resolution requesting an interim study of precription drug pricing.
MT	HB 628	Tabeled in committee	Transparency	A manufactuer responsible for the pricing of a prescription drug available in Montana whose whosesale acquisition cost (WAC) more then triples in the previous year shall provide all relevant information and supporting documentation necessary to justify the increase. A Pharmacy Benefit Manager who processes a prescription drug whose WAC more then triples shall also provide information about pricing practices.
NC	H 466	House Filed	Transparency; Pharmacy Benefit Managers	A pharmacy benefits manager shall not prohibit a pharmacist or pharmacy from providing an insured information regarding the amount of the insured's cost share for a prescription drug and the clinical efficacy of a lower-priced alternative drug, if one is available. Neither a pharmacy nor a pharmacist shall be penalized by a pharmacy benefits manager for discussing any information described in this section or for selling a lower-priced drug to the insured if one is available. Companion to S 384.
NC	S 384	Senate Filed	Transparency; Pharmacy Benefit Managers	A pharmacy benefits manager shall not prohibit a pharmacist or pharmacy from providing an insured information regarding the amount of the insured's cost share for a prescription drug and the clinical efficacy of a lower-priced alternative drug, if one is available. Neither a pharmacy nor a pharmacist shall be penalized by a pharmacy benefits manager for discussing any information described in this section or for selling a lower-priced drug to the insured if one is available. Companion to H 466.
NE	LB 324	Pending	Pharmacy Benefit Managers; Transparency	Requires PBMs to disclose the rebates and discounts received from manufacturers to parties that PBMs contract with.
NH	SB 238	To Senate for vote	Transparency; Pharmacy Benefit Managers	A pharmacy benefit manager or insurer shall require a pharmacy to charge an enrollee the pharmacy's usual and customary price of filling the prescription or the contracted copayment, whichever is less. This would stop consumers from paying a larger copayment fee if the outright price of the prescription is cheaper.
NJ	SB 2769	Pending	Other	Prohibits use of manufacturer coupons for certain prescription drug and prescription biological products.
NJ	S 2769	Pending	Price Regulation	This act would prohibit manufacturers from offering any discount, rebate, voucher, coupon, or other reduction in an individual's out of pocket expense (including a copay or deductible) for any prescription drug or biological, if a lower cost brand name or nonbrand name therapeutic equivalent is available
NJ	AB 762	Assembly Health and Senior Services Committee	Transparency	Creates the Prescription Drug Review Commission, which will require that production costs for certain drugs be reported. If the commission determines that the cost of a prescription drug is excessively high, the commission may set a maximum allowable price that the manufacturer may charge.
NJ	SB 2671	Pending	Volume Purchasing	Authorizes the Attorney General to negotiate discounts and contract for bulk purchasing of opioid antidotes such as Naloxone on behalf of public entities in the state.

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NJ	A 4338	Introduced	Transparency; Pharmacy Benefit Managers	"Prescription Drug Consumer Transparency Act;" requires pharmacy benefits managers to disclose certain information to benefit plan purchasers: a. The basis of the methodology and sources utilized to establish multiple source generic pricing. Applicable lists shall be updated and provided to the purchaser upon request whenever there is a change; b. If a pharmacy benefits manager utilizes a multiple source generic list for drugs dispensed at retail, but does not utilize a similar list for drugs dispensed by mail. This practice shall be disclosed to the purchaser in writing no later than 21 business days from the implementation of the practice; and c. Whether or not the pharmacy benefits manager is using the identical multiple source generic drug list with respect to billing the purchaser as it does when reimbursing all network pharmacies. If multiple source generic drug lists are used, the pharmacy benefits manager shall disclose whether there was any difference between the amount paid to any pharmacy and the amount charged to the purchaser.
NJ	ACR 207	Assembly Financial Institutions Insurance Committee	Other	Urges Congress and President to require federal government to negotiate Medicare prescription drug prices
NJ	A 4676	Financial Institutions and Insurance Committee	Pharmacy Benefit Managers	This bill, entitled the "Prescription Drug Patient Protection Act," requires pharmacy benefits managers to obtain, in accordance with the bill's provisions, a certificate of authority from the Commissioner of Banking and Insurance in order to operate in this State.
NJ	A 4347	Assembly Financial Institutions Insurance Committee	Transparency; Pharmacy Benefit Managers	Same as A4338, this bill requires pharmacy benefits managers to disclose certain information to benefit plan purchasers: a. The basis of the methodology and sources utilized to establish multiple source generic pricing. Applicable lists shall be updated and provided to the purchaser upon request whenever there is a change; b. If a pharmacy benefits manager utilizes a multiple source generic list for drugs dispensed at retail, but does not utilize a similar list for drugs dispensed by mail. This practice shall be disclosed to the purchaser in writing no later than 21 business days from the implementation of the practice; and c. Whether or not the pharmacy benefits manager is using the identical multiple source generic drug list with respect to billing the purchaser as it does when reimbursing all network pharmacies. If multiple source generic drug lists are used, the pharmacy benefits manager shall disclose whether there was any difference between the amount paid to any pharmacy and the amount charged to the purchaser.
NM	SM 99	Passed Senate, Vetoed by Gov.	Study	Requests that the Legislative Finance Committee complies information related to prescription drug and pharmacy benefit costs from certain state agencies and prepare findings and recommendations for achiving greater savings.
NV	AB 215	Committee on Health and Human Services	Transparency	Requires manufacturers of certain prescription drugs to prepare and submit a report to the Division of Insurance including information relating to the costs of prodicing the drug, administrative expednitures related to the drug, profit earned, any financial assitance provided by the manufacturer related to the drug and the wholesale cost of the drug.
NY	SB 2402	Pending	Price Regulation	Would penalize drug manufacturer's who take part in "price gouging," or when the price is deemed to be excessive. Excessive may be when there is a gross disparity between the market price, the amount being charged previously by other purchasers, or an excessive change in price over the last 6 months.
NY	AB 2939	Committee on Health	Transparency	Creates an annual drug cost report. Each manufacturer of a brand or generic medication that is made available in New York and; has a WAC of one thousand dollars for a 30 day supply; has during a three month period increased the price three times, shall file a report with the state. The report will include, but is not limited to, total research and development costs, total cost paid by any entity other then the manufacturer for development, total administrative costs for promoting the drug, total profit, total amount of financial assistance provided by the manufacturer to patients, costs associated with coupons and consumer assistance programs, and a five year history of the WAC.
NY	AB 215	Introduced	Transparency	Requires the manufacturers of certain prescription drugs to prepare and submit a report each year to the Division of Insurance including information relating to the cost of producing the drug, administrative expenditures attributable to the drug, profit earned, and financial assistance provided by the manufacturer related to the drug.
NY	AB 6733	Health Committee	Pharmacy Benefit Managers	Enacts provisions governing the conduct of audits of pharmacies by pharmacy benefit managers; provides timeframes for reports, specifies documentation to be used; exempts certain investigations.
NY	AB 5733	Committee on Health	Price Regulation	Prohibits price gouging by manufactuers of prescription drugs. Requires notification if the wholesale acquisition cost of a drug increases by 100 percent or more over a year. Companion to SB 2544
NY	SB 2544	Committee on Finance	Price Regulation	Prohibits price gouging by manufactuers of prescription drugs. Requires notification if the wholesale acquisition cost of a drug increases by 100 percent or more over a year. Companion to AB 5733

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NY	SB 2007	Returned to Senate	Price Regulation	NY State budget. Would allow the state's Drug Utilization Review Board to set a benchmark price for certain drugs. Prices above the state cap would require that the manufactuer to provide a rebate and surcharge.
NY	SB 4001	Referred to Committee on Health	Transparency	Requires manufacturers and labelers of prescription drugs dispensed in this state which engage in marketing activities in the state to annually report marketing expenses to the department of health; imposes a $10,000 civil fine for failure to report; eliminates deductibility for certain expenses incurred in the advertising of prescription drugs.
NY	SB 4986	Referred to Committee on Health	Transparency	Enacts the pharmaceutical cost transparency act requiring prescription drug manufacturers to file a report disclosing certain financial information pertaining to prescription drugs which have a wholesale acquisition cost of $10,000 or more annually or per course of treatment.
OR	HB 2116	Pending	Price Regulation	Creates Help In Cutting Costs for Unusual Pharmaceuticals program in Oregon Health Authority to reimburse high costs incurred by persons in this state to purchase certain pharmaceutical products. Requires Department of Revenue to transfer specified amount of corporate excise taxes paid on Oregon sales of pharmaceutical products by pharmaceutical manufacturers doing business in Oregon to pay for administration of program.
OR	HB 2387	Work Session held	Transparency; Price Regulation	Requires pharmaceutical manufacturer to reimburse payers for cost of prescription drug that exceeds specified threshold. Requires pharmaceutical manufacturer to provide 60 days' advance notice of increase in cost of prescription drug that exceeds 3.4 percent over 12-month period. Prohibits Public Employees' Benefit Board, Oregon Educators Benefit Board, health care service contractors, multiple employer welfare arrangements and carriers for small employer, group or individual health benefit plans from requiring enrollees to incur out-of-pocket costs for prescription drugs that exceed specified maximums.
OR	HB 2116	Introduced	Pharmacy Benefit Managers	Creates Help In Cutting Costs for Unusual Pharmaceuticals program in Oregon Health Authority to reimburse high costs incurred by persons in this state to purchase certain pharmaceutical products.
OR	SB 793	Work Session scheduled	Transparency	Requires prescription drug manufacturer to report to Department of Consumer and Business Services prices and increases in prices of manufacturer's prescription drugs sold in Oregon.
PA	HB 161	Referred to Committee on Insurance	Transparency	On or before March 1 of each year, a manufacturer of a prescription drug described under subsection shall file with the Insurance Department the following information on a form prescribed by the Insurance Department the costs for the production of the drug, including the following: (i) The research and development costs paid by the manufacturer, and separately, the research and development costs paid by any predecessor in the development of the drug. (ii) The costs of clinical trials and other regulatory costs paid by the manufacturer, and separately, the costs of clinical trials and other regulatory costs paid by any predecessor in the development of the drug. (iii) The costs for materials, manufacturing and administration attributable to the drug. (iv) The costs paid by any entity other than the manufacturer or predecessor for research and development.
PA	HB 190	Committee on Health	Pharmacy Benefit Managers; Volume Purchasing	Establishes the Prescription Drug Program within the Department of Human Services. The program will negotiate rebates and discounts with prescription drug manufacturers, purchase prescription drugs on behalf of participants in the program, and cooperate with other states or regional consortia in the bulk purchase of drugs. The department will automatically enroll all consumers receiving pharmaceuticals through another department or entity of the state.
RI	HB 5323	Held in committee for study	Transparency	Directs the state board of pharmacy to annually identify up to 15 prescription drugs that the state has spent significant health care dollars on, and for which the WAC cost has increased by either 50% over the last 5 years or by 15% over the last year. This list will be given to the state attorney general who will require the drug manufacturer to submit all relevant documents to justify the increase in WAC. The attorney general will the write a report that will be posted on the department's website.
RI	S 496	Scheduled for hearing and/or consideration	Transparency; Price Regulation	Requires Executive Office of Health and Human Services to create a critical prescription drug drug list with a substantial public interest in pricing. Manufacturers would have to provide certain information costs to the EOHHS. In preparing the annual report EOHHS may include recomendations for actions to lower prescription drug costs, and shall determine whether those prescription drug included in the report are significantly high given it;s medical benefits, the cost to develop the drug, the cost in other countries. If the drug is determined to be signficantly high the EOHHS may set a maximum allowable price.
RI	H 5032	Held for further study	Price Regulation	Prohibits price gouging of prescription drugs in times of market emergency or shortages and makes violators guilty of a felony and subject to injunctive relief.
TN	HB 1328	Insurance and Banking Subcommittee	Transparency	As introduced, enacts the Prescription Drug Fair Pricing Act; requires studies and reports on or before January 15, 2018, by the commissioner of health concerning price gouging for essential generic drugs and the commissioner of commerce and insurance concerning price transparency for prescription drugs; requires reports to legislative committees.
TN	SB 1420	Senate Commerce and Labor Committee	Transparency	Enacts the Prescription Drug Fair Pricing Act; requires studies and reports on or before January 15, 2018, by the commissioner of health concerning price gouging for essential generic drugs and the commissioner of commerce and insurance concerning price transparency for prescription drugs; requires reports to legislative committees.

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TX	HB 2360	Committee on Insurance	Transparency; Pharmacy Benefit Managers	A health benefit plan that covers prescription drugs may not include a provision that requires an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than an amount that the pharmacist or pharmacy providing the prescription drug may retain from: (1) the health benefit plan issuer; or (2) the health benefit plan issuer's pharmacy benefit manager. Companion to SB 1076
TX	SB 1076	Left pending in committee	Transparency; Pharmacy Benefit Managers	A health benefit plan that covers prescription drugs may not include a provision that requires an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than an amount that the pharmacist or pharmacy providing the prescription drug may retain from: (1) the health benefit plan issuer; or (2) the health benefit plan issuer's pharmacy benefit manager. Companion to HB 2360
UT	HB 420	Pending	Study; Reimportation	This bill requires the Department of Health to study and report on prescription drug importation.
VA	HB 1113	Pending	Transparency	Prescription drug price transparency. Requires every manufacturer of a prescription drug that is made available in the Commonwealth and has a wholesale acquisition price of $10,000 or more for a single course of treatment to report to the Commissioner no later than July 1 of each year information related to the cost of developing, manufacturing, and marketing the prescription drug; any changes in the average wholesale price and average wholesale acquisition cost of the prescription drug; the amount of profits derived from sale of the prescription drug; and the total amount of financial assistance provided to consumers of the prescription drug. The bill requires the State Health Commissioner to cause such reports to be published on a website maintained by a nonprofit entity with which the Commissioner has entered into a contract for such purpose and to annually report on such information, in aggregate form, to the Chairmen of the House Committees on Appropriations and on Health, Welfare and Institutions and the Senate Committees on Finance and on Education and Health.
WA	SB 5586	Pending	Transparency	The data organization must compile the data submitted by issuers and manufacturers and prepare an annual report for the public and the legislature summarizing the data.
WA	HB 1541	Senate Committee on Health	Transparency	A data organization shall collect and summarize data collected from manufacturers and issuers concerning the 25 most frequently prescribed drugs in a network, the costliest prescription drugs by total health care spending, and the drugs with the highest year-over year increases in spending. Manufacturers must report for each covered drug; the itemized cost for production and sales; pricing history in the United States and Canada for the last five years; the total financial assistance given by the manufacturer through assistance programs rebates, and coupons; total profit attributable to the drug; justification of price level or price increases. Data will be made publically available. The data organization will compile this information into a report to be reviewed by the joint select committee on health care oversight for review.
WV	SB 507	Judiciary Committee	Transparency; Pharmacy Benefit Managers	Pharmacists may: Inform customers about lower cost alternatives for their prescription, including but not limited to biosimilar and generic drugs, and dispense and deliver such alternatives: Provided: That any therapeutic equivalent drug is authorized by the prescriber before it is dispensed; and inform customers if their copay exceeds the cost for their prescription.