NASHP's Prescription Drug Cost Workgroup

A Project of the National Academy for State Health Policy

Supported by The Laura and John Arnold Foundation and Kaiser Permanente

State	Bill	Status	Category	Sponsor	Summary
AL	HB 177	Failed - Adjourned	Volume Purchasing	Rep Phil Pettus	Would establish the Public Employee's Health Insurance Board (PEHIB) to govern the State Employees' Health Insurance Plan and the Public Education Employees' Health Insurance Plan. PEHIB would be granted membership to the Alabama Prescription Cost Initiative Board, among others. The Prescription Cost Initiative Board as it stands, may enter into agreements with or affiliate with a prescription drug-buying group or manufacturer for the centralized purchase and distribution of prescription drugs to retail pharmacies at negotiable price discounts or rebates. The board shall make recommendations for prescription formulary design. Would expressly prohibit the importation of prescription drugs.
AR	HB 1204	Failed - Withdrawn	Other	Rep Stephen Magie	Would allow a pharmacist who receives a prescription for a brand name drug product or biologic product to dispense a lower cost generically equivalent drug product or interchangeable biological product. Would require the pharmacist to notify the patient and the prescriber within 5 days of the substitution.
CA	AB 265	Read Second Time, Ordered Third Reading (7/10/17)	Other	Asm Jim Wood	Would prohibit the distribution of manufacturer-sponsored drug coupons when other FDA-approved lower cost generic drugs are available, are covered under the individual's health plan, and are not otherwise contraindicated for the condition for which the prescription drug is approved. Enforecment would be based on complaints.
CA	AB 29	Committee (5/26/17)	Transparency; Pharmacy Benefit Managers	Asm Adrin Nazarian	Would require a PBM to disclose information to a purchaser, including but not limited to, rebates, discounts, and other income recieved from a manufacturer or labeler. As specified, proprietary information would be kept confidential. The bill would authorize the Department of Managed Health Care to develop PBM licensing criteria, set the licensing fee, and provide enforcement authority.
CA	AB 315	Passed in Assembly, Senate Committee on Appro (7/11/2017)	Transparency; Pharmacy Benefit Managers	Asm Jim Wood	Would require PBMs to be licensed by the Department of Managed Health Care. Would also provide that a PBM has a fiduciary duty to a purchaser, and would require disclosure to a purchaser any conflict of interest. The bill would require a PBM to periodically disclose to the purchaser certain information such as drug acquisition costs, rebates received from manufacturers, and rates negotiated with pharmacies. Would prevent PBMs from imposing penalties or offering inducements that would deter the purchaser from requesting the specified information.
CA	AB 587	Passed in Assembly, Senate Committee on Appro (7/11/2017)	Volume Purchasing	Asm David Chiu	Would require select government departments to each appoint a Representative to a bulk purchasing collaborative. Also would authorize the Department of General Services to appoint a PBM for the state that would contract with pharmaceutical manufacturers and suppliers. Together they will coordinate best value clinical treatment protocols, coordinate state and local governmentals to achieve best value procurement, negotiate with manufacturers, and provide a forum for discussion where issues related to pharmaceuticals can be identified and addressed.
CA	AB 904	Pending (2/17/2017)	Other	Asm James Gallagher	Would declare the intent of the Legislature to enact legislation that would address high prescription drug costs.
CA	SB 17	Read Second Time and Ammended (7/5/17)	Transparency; Pharmacy Benefit Managers	Sen Ed Hernadnez	Would require manufacturers to notify all purchasers at least 90 days prior to the planned effective date of a price increase for prescription drugs currently on the market. Manufacturers would be required to provide information justifying these increases, as well as for when launch prices of new drugs that exceed the threshold set for a specialty drug under the Medicare Part D program. Would require all insurers to include in their yearly Report specified drugs which make up the highest share of spending. Would require PBMs who receive a notice of an increase in WAC to notify their public and private purchasers of the increase.
CA	SB 790	Read Second Time, Ordered Third Reading (7/10/17)	Other	Sen Mike McGuire	Would prohibit a drug manufacturer from offering or giving compensation for services provided by investigators, health care professionals, or health care entities in connection with a bona fide clinical trial, research project, or patient care.
CO	HB 1318	Failed - Adjourned	Transparency	Rep Joann Ginal	Would require health insurers to submit to the Commissioner of Insurance, retrospecitve information regarding pharmacy benefits in the individual and group markets. Data would include total pharmaceutical costs, including enrollee cost-sharing, negotiated rebates and discounts, and the drug classes of the ten most highly used products and the ten products with the highest total cost.
CT	HB 5930	Failed - Adjourned	Volume Purchasing	Rep Jonathan Steinberg	Would create a state PBM position and a uniform list of covered drugs for purchasing by the state to establish a database on drug development and marketing of specified drugs.
CT	HB 7118	File Number 793	Other	Com. on General Law	Would allow the pharmacist to substitute a generic drug in place of a brand name drug. The pharmacist may substitute an oral tablet, capsule or liquid form of the prescribed drug as long as the form dispensed has the same strength, dose and dose schedule and is therapeutically equivalent to the drug prescribed. The pharmacist would be required to inform the patient and the practitioner of the substitution.

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CT	SB 442	Failed - Adjourned	Other	Com. on Public Health	Would make predatory pricing of pharmaceuticals an unfair trade practice, and would further protect victims of predatory pricing by implementing more strictly defined legal protections.
CT	SB 445	Passed - Public Act 17-241	Transparency; Pharmacy Benefit Managers	Com. on Public Health	Would prohibit future legislation preventing pharmacists from disclosing specified information to an individual purchasing a drug (i.e. the availability of any alternative less expensive medications). Would prohibit a health carrier or PBM from requiring an individual to pay for a covered prescription in an amount greater than the lesser of the (1) applicable copayment, (2) allowable claim amount (i.e. the amount the health carrier or PBM agreed to pay the pharmacy), or (3) amount an individual would pay for the drug if he or she had no insurance plan, benefits, or discounts. Would authorize the insurance commissioner to audit pharmacy services' contracts for compliance and to enforce violations by voiding contracts that contain unfair trade practices.
CT	SB 737	Failed - Adjourned	Transparency	Sen Ted Kennedy	Would require every manufacturer of a prescription drug made available in the state to to Report on R&D spending, clinical trial spending, spending on manufacturing and administrative costs, any other costs associated with acquisition of the drug, and the total marketing and advertising costs of the drug.
CT	SB 925	Failed - Adjourned	Transparency; Pharmacy Benefit Managers	Com. on Insurance and Real Estate	Would require manufacturers to send written notice of plans to: (1) Sell or distribute in this state (A) any brand name prescription drug that has an initial annual aggregate WAC that is equal to or greater than $30,000, or (B) any generic drug that has an initial annual aggregate WAC that is equal to or greater than $3,000; or (2) increase the annual aggregate WAC of (A) any brand name prescription drug sold or distributed in this state by more than 10% or $10,000, whichever is lower, or (B) any generic drug sold or distributed in this state by more than 25% or $300, whichever is lower. Manufactuers must Report the value of all price concessions provided to PBMs.
FL	HB 589	Passed - Chapter No. 2017-86	Study; Transparency	Rep Clay Yarborough	Would require the Agency for Health Care Administration to collect data on the retail prices charged by pharmacies for the 300 most frequently prescribed drugs within the state; requiring the agency to update monthly. When a generic is available the price data would be Reported for both the generic and the equivalent brand name drug and made available on the agency's internet website for each pharmacy to use.
GA	HB 276 & SB 103	Passed - Act 195	Pharmacy Benefit Managers	Rep David Knight & Sen Jeff Mullis	Authorizes the Commissioner of Insurance to promulgate rules and regulations to prohibit PBMs from requiring the use of mail-order pharmacies. Would ban the PBM practice that prohibits a pharmacist or pharmacy from providing an insured patient information regarding the amount of the patient's prescription drug cost share and the clinical efficacy of a lower priced alternative drug if one is available. Neither pharmacy nor pharmacist shall be penalized for sharing information or for selling a more affordable alternative if one is available. Would prohibit PBMs charging or collecting from an insured a copayment that exceeds the total submitted charges by the network pharmacy for which the pharmacy is paid.
HI	HB 1444 & SB 1158	Passed - Act 044	Pharmacy Benefit Managers	Rep Dee Morikawa & Sen Rosalyn Baker	Would require pharmacy benefit managers to register with the insurance commissioner. Any person who acts as a pharmacy benefit manager in this State without first being registered pursuant to this chapter would be subject to a fine of $500 for each violation.
IL	HB 239	Re-referred to Rules Committee (3/31/2017)	Transparency	Rep Mary Flowers	Would require manufacturers of brand name or generic prescription drugs to notify public and private purchasers and the General Assembly of (i) specified increases in drug prices at least 60 days before such increases, and (ii) the cost of specified new prescription drugs within 3 days after approval by the U.S. FDA. Provides that within 30 days after such notifications, prescription drug manufacturers would Report specified information to public and private purchasers and the General Assembly. Failure to Report such information would result in a specified civil penalty.
IL	HR 88	Passed - Resolution Adopted	Volume Purchasing	Rep Mary Flowers	Recognizes that the federal government has been able to use its purchasing power to reduce the price of prescription drugs through the VA system. Urges the federal government to monitor the ever-increasing costs of prescription drugs and to take any necessary action to reduce the out-of-pocket expenses for those purchasing medications.
IL	SB 1604	Re-referred to Assignments (4/7/17)	Other	Sen Chris Nybo	Would allow a pharmacist to dispense a brand name drug product as a substitute for an unavailable generic drug product specified in the prescription. Provides that if the substitute brand name drug product has a unit price greater than the unavailable generic drug product specified in the prescription, then the pharmacist shall dispense that substitute brand name at the lesser unit price of the generic specified in the prescription.

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IL	SB 73	Re-referred to Assignments (5/19/2017)	Transparency	Sen Ira Silverstein	Would require manufacturers of prescription drugs to notify public and private purchasers of (i) the cost of specified increases in drug prices at least 30 days before such increases and (ii) the cost of specified new prescription drugs 3 days before commercial availability or within 3 days after approval by the U.S. FDA if the new drug will be made commercially available within 3 days. Provides that within 30 days after such notifications, manufacturers would Report specified information to the Department of Public Health to publish that information on its website.
IN	HB 1150	Failed - Adjourned	Transparency	Rep Joe Taylor	Would require the Office of the Secretary of Family and Social Services to identify any prescription drug under Medicaid for which the annual wholesale cost or the per course cost of treatment is at least $10,000, and directs the Office to notify the manufacturer that they are required to prepare a Report on the drug to the drug utilization review board. Authorizes the board to request additional information, establish forms, and specify other requirements that a manufacturer must include in the Report. The board would keep proprietary information confidential, and summarize the submitted Reports to the general assembly for inclusion on the general assembly's web site.
IN	SB 69	Failed - Adjourned	Study	Sen Jean Breaux	Would request the legislative council to assign an interim study committee to investigate prescription drug pricing and access to specialty prescription drugs. This committee Report would include actions taken by other states to lower prescription drug prices and further provide recommendations to the legislative council.
KS	HB 2300	Failed - Adjourned	Transparency; Pharmacy Benefit Managers	Com. on Health and Human Services	Would require that PBMs contracting with the state health care benefits program act as a fiduciary and disclose any payment or benefit received for the dispensing of a prescription drug. The PBM would also disclose all financial and utilization information requested by the program. Any payment or benefit received by the PBM for the dispensing of a prescription drug will be passed along in full to the state.
LA	HB 436	Passed - Act No 220	Transparency	Rep Kirk Talbot	Would require each drug manufacturer or pharmaceutical marketer who engages in any form of prescription drug marketing to a prescriber, his or her designee, or any member of his or her staff in Louisiana to provide to the Louisiana Board of Pharmacy the current WAC information for each of the U.S. FDA approved drugs marketed in the state by that manufacturer.
LA	HR 181	Passed - Resolution Adopted	Study	Rep Kirk Talbot	Urges the Louisiana Department of Health to study the desirability and feasibility of adopting a state policy similar to the recently enacted policies of the states of New York, Texas, and Ohio to provide for the review of prescription drug prices and to encourage drug manufacturers to provide supplemental Medicaid rebates.
LA	SB 59	Passed - Act No 236	Transparency	Rep Fred Mills	Would commit the Louisiana Board of Pharmacy to develop a website containing specified prescription drug pricing information to be made available to Louisiana prescribers.
MA	HB 1228 & SB 627	Joint Committee on Public Health (2/23/2017)	Transparency	Rep Jose Tosado & Sen Linda Furry	Would empower the state to appoint a commision charged with developing a list of the top 20 selling drugs in the state and other drugs based on an enumerated list of factors. For each specified drug, manufacturers must provide a detailed set of Reports including manufacturing and marketing costs, costs to public and private purchasers, and other specified factors. The Commission would promulgate regulations, violations of which could subject a manufacturer to monetary penalties of not more than $100,000 for each failure to comply.
MA	HB 3223	Joint Committee on Public Health (3/20/2017)	Transparency	Rep Christine Barber	Would require the Health Policy Commission and the Center for Health Information and Analysis to identify annually up to 15 prescription drugs for which the WAC has increased by 50% or more over the past five years or by 15% 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 manufactuer to provide price justification which may include: all factors that contributed to the cost increase, the percentage of the cost increase attributable to each factor, and an explanation for each factor contributing to the increase.
MA	HB 491 & SB 1163	Joint Committee on Financial Services (2/23/2017)	Transparency; Pharmacy Benefit Managers	Rep Jennifer Benson & Sen Joseph Boncore	Would require each manufacturer of a drug that has experienced a WAC increase of 15% or more over a 12 month period, to file a specified data and information with the Department of Public Health. Would require each PBM under contract with a covered entity to Report to the covered entity and to the Commissioner information including (i) rebates, discounts, or price concessions that were negotiated by the PBM; and (ii) the net difference between what the covered entity paid to the PBM and what the PBM paid retail or mail order pharmacies. The Department is required to keep proprietary information confidential. Would require insurance carriers that cover prescription drugs to disclose to enrollees and potential enrollees, all covered drugs and any cost-sharing imposed on such drugs.
MA	SB 1274	Concurred in Committee Referral (2/22/17)	Study	Sen Walter Timilty	Would establish a special commission to study the delivery of prescription drug benefits in the Commonwealth. The Commission would study and analyze bulk purchasing, discount cards, private section insurance drug programs, PBMs, and other issues which may improve prescription drug benefits for the citizens of the Commonwealth.

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MA	SB 652	Hearing Scheduled 7/11 (6/13/2017)	Transparency; Pharmacy Benefit Managers	Sen Mark Montigny	Would promulgate regulations to ensure uniform Reporting of prescription drug WACs, discounts, rebates and other such data from PBMs, manufacturers and health care payers. Would require Reporting on specified drugs with the highest impact on spending and drugs whose 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 further require PBMs and manufactuers to submit documents or provide testimony justifying cost increases. If the Attorney General finds the costs are not justified, he or she may promologate regulations defining drug prices as excessivly high and an "unfair practice".
MD	HB 1273	Passed - Chapter 726	Other	Del Bonnie Cullison	Would authorize a pharmacist to substitute an interchangeable biologic product for a prescribed product under specified circumstances. Except when specified, the pharmacist must inform consumers of the availability of an interchangeable biologic product and the approximate cost difference as compared to the prescribed drug. Would require the State Board of Pharmacy to maintain on its web site a link to specified lists of biological products appropriate for substitution.
MD	HB 631 & SB 415	Passed - Chapter 818	Transparency	Rep Michael Busch (Speaker) & Sen Thomas Miller (president)	Authorizes Maryland Medicaid to notify the Attorney General the price of an essential off-patent or generic drug increases by a specified amount in a specified time period. The Attorney General can require the manufacturer to produce records or documents relevant in determining whether the increase was excessive or unconscionable and thus a violation of law. The AG may ask the circuit courts to impose civil penalties and other remedies in the event of a violation. The Attorney General and Courts are required to keep commercial information confidential.
MD	SB 437 & HB 666	Failed - Adjourned	Study	Sen Joan Conway & Rep Eric Bromwell	Would task the Maryland Health Insurance Coverage Protection Commission to review laws, initiatives, and information regarding prescription drug transparency and notification laws enacted in other states. Would open the Commission to review studies and receive input from experts on prescription drug pricing. These findings, along with reccomendations by the committee, would be submitted in an annual Report to the Governor and the General Assembly.
ME	LD 1406	Carry Over Requested	Transparency; Pharmacy Benefit Managers	Sen Eloise Vitelli	Would allow the Attorney General to collect information related to the price of qualifying prescription drugs from manufactuers including total cost of production and cost per dose, research and development funds, retail prices charged outside of the United States, and the true net typical prices charged to PBMs. Defines qualifying prescription drugs as drugs whose (i) WAC is $2,500 or more annually or for a course of treatment, or whose (ii) WAC of the drug has increased by 50% or more over the previous 5 years or increased by 15% or more over the previous 12 months.
ME	LD 1605	Failed - Died in Committee	Transparency	Sen Eloise Vitelli	Would prohibit price gouging in the sale of essential off-patent or generic drugs by requiring the Maine Health Data Organization to annually identify prescription drugs on which the State spends significant amounts of money and for which the manufacturer's list price for the drug has increased by 50% or more over the past 5 years or 15% or more over the past 12 months. This list would be provided to the Attorney General, who may require the manufacturer to provide justification for the increase with a civil penalty of $10,000 enforced each day after the Reporting deadline.
ME	LD 652	Failed - Died in Committee	Other	Sen Michael Carpenter	Would prevent the State, the State Purchasing Agent, or a state agency or department or other state entity from purchasing or paying for a prescription drug unless the net cost of the drug, after 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.
MN	HF 38	Failed - Adjourned	Transparency	Rep John Lesch	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.
MN	HF 712 & SF 1184	Passed - Chapter Number 84	Other	Rep Tony Albright & Sen Carla Nelson	Would allow pharmacists to substitute a generic in place of a brand name drug when there is a therapeutically equivalent product. Substitution not permitted when a presciber personally writes "dispense as written" or "D.A.W.". The pharmacist would be required to inform the customer and within 5 days communicate electronically to the prescriber.
MS	SB 2009	Failed - Died in Committee	Other	Sen Dean Kirby	Would ensure that pharmacists are not penalized when they provide additional information to patients about affordable alternative payment options when acquiring their prescription medication, including, but not limited to, the cost and clinical efficacy of more affordable alternatives if available.

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MT	HB 326	Failed - Died in Committee	Transparency; Pharmacy Benefit Managers	Rep Jessica Karjala	Would require each manufacturer responsible for the pricing of a drug, and each PBM that sells a drug whose WAC increases by more than twice the increase in the consumer price index from the previous year to provide to the Attorney General all relevant information necessary to justify the increase. The Attorney General would provide a Report to the legislature which would be posted on the Department of Justice website.
MT	HB 628	Failed - Died in Committee	Transparency	Rep Jessica Karjala	Would require a manufactuer responsible for the pricing of a drug whose WAC more then triples from the previous year to provide all relevant information necessary to justify the increase. Would also require PBMs that process a drug whose WAC more then triples to provide information about pricing practices.
MT	HJ 17	Passed - Filed with Secretary of State	Study	Rep Jonathan Windy Boy	Joint resolution requesting an interim study of specified factors impacting precription drug pricing.
NC	H 466 & S 384	Passed - Ch. SL 2017-116	Transparency; Pharmacy Benefit Managers	Rep Bert Jones & Sen Bill Rabon	Would ban the PBM practice that prohibits a pharmacist or pharmacy from providing an insured patient information regarding the amount of the patient's prescription drug cost share and the clinical efficacy of a lower-priced alternative drug if one is available. Neither pharmacy nor pharmacist shall be penalized by a PBM for discussing any information described in the bill or for selling a lower-priced drug to the patient if one is available. Would prohibit PBMs charging cost sharing that exceeds what the PBM pays the pharmacy for the drug. Would require PBM-insurer contracts be made available for review by the Department.
NE	LB 324	Failed - Adjourned	Transparency; Pharmacy Benefit Managers	Sen Mark Kolterman	Would require PBMs to disclose to their clients the rebates and discounts received from manufacturers as well as the PBM's pricing methodolgy. Would give the Director of Insurance the power to revoke the Certification of Authority of a PBM for violations of this act, the Third Party Administration Act, or the Unfair Insurance Trade Practices Act. Would create consistency and standards for the PBM pharmacy audits and pharmacy payments.
NH	HB 443	Failed - Adjourned	Other	Rep Neal Kurk	Would prohibit drug manufacturers from paying or remibursing an individual's coinsurance.
NH	HB 455	Passed - SJ 20	Pharmacy Benefit Managers	Rep Kathleen Souza	Would prohibit PBMs from requiring pharmacies to attain accreditation, credentialing, or licensing other than by the pharmacy board or other state or federal entity.
NH	SB 238	Failed - Adjourned	Pharmacy Benefit Managers	Sen Donna Soucy	Would require pharmacies to charge an enrollee/insured person the phamarcy's usual and customary price or the contracted co-payment (whichever is less), thereby preventing consumers from paying copayments fees in excess of the cost of the prescription.
NJ	A 4338 & S 3033	Passed Assembly floor with Amendments (2/17/17)	Pharmacy Benefit Managers	Asm Troy Singleton & Sen Linda Greenstein	Would require PBMs to disclose certain information to health plan customers concerning multi source generic coverage, pricing and reimbursement.
NJ	A 4676	Assembly Second Reading (6/1/17)	Pharmacy Benefit Managers	Asm Craig Coughlin	Would require PBMs to obtain a certificate of authority from the Commissioner of Banking and Insurance in order to operate in New Jersey. Certificates of authority would be revokable and would be reviewed every 3 years by the Commissioner.
NJ	A 762 & S 3088	Read in Senate (3/13/17)	Transparency	Asm Paul Moriarty & Sen Joseph Vitale	Would create the Prescription Drug Review Commission to determine whether the cost of a drug is excessive and if so, could establish a maximum allowable price for the drug. The Commission would also prepare an annual report with recommendations to lower drug prices statewide while maintaining access & quality.
NJ	ACR 207	Assembly Financial Institutions Insurance Committee (9/9/16)	Other	Asm John McKeon	Would urge Congress and the President to require the federal government to negotiate Medicare drug prices.

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NJ	S 2560	Health and Senior Services Committee (6/26/17)	Other	Sen Shirley Turner	Would allow the Comissioner of Health to authorize a private entity to establish and maintain a drug donation program, to which health care facilities, pharmacies, pharmaceutical manufacturers, and similar entities may donate over-the-counter drugs, prescription drugs, and administrative supplies to a redistributor for final dispensing to an individual who meets the eligibility criteria established by the private entity.
NJ	S 2671	Senate Law and Public Safety Committee (10/13/16)	Volume Purchasing	Sen Joseph Vitale	Would authorize 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.
NJ	S 2769	Read in Senate (11/10/16)	Other	Sen Richard Codey	Would prohibit drug manufacturer from offering any rebate, voucher, or other reduction of an individual's out-of-pocket expenses for any prescription drug or biological product if a lower cost product is available that is designated therapeutically equivalent by the FDA.
NJ	SR 37	Passed - Filed with Secretary of State	Transparency; Pharmacy Benefit Managers	Sen Linda Greenstein	Would urge CMS & Congress to investigate practices involving direct and indirect remuneration (DIR)fees charged by health plans and PBMs to pharmacies & take appropriate steps to safeguard fairness & transparency.
NM	SM 99	Failed - Adjourned	Study; Transparency	Sen Jeff Steinborn	Would request the Legislative Finance Committee to compile info related to prescription drug & pharmacy benefit costs from 8 state agencies and prepare findings & recommendations for acheiving greater savings.
NV	AB 215	Failed - Adjourned	Transparency	Asw Amber Joiner	Would require the manufacturer of drugs with a WAC price of at least $10,000 or drugs with a price increase of at least 25% over 12 months to submit a Report to the Division of Insurance containing specified information about the manufacturer costs associated with the drug
NV	SB 539	Passed - Chapter No. 592	Transparency; Pharmacy Benefit Managers	Sen Michael Roberson	Would require the Department of Health and Human Services to compile lists of prescription drugs that are used to treat diabetes, and require manufacturers and PBMs that sell these drugs to provide specified information to the Department which would keep proprietary information confidential. Would require manufacturers to submit a list of each sales Representative who markets prescription drugs in this State and further would prohibit any sales Representative who is not included on such a list from marketing drugs. Certain nonprofit organizations or patient assistance programs would be required to report specified information concerning contributions and benefits received from drug manufacturers, insurers and PBMs or the trade and advocacy groups for such entities. Would authorize the Department to impose penalties for certain violations.
NV	SB 91	Passed - Chapter No. 153	Other	Sen Joseph Hardy	Would create the Prescription Drug Donation Program that authorizes a person or governmental entity to donate any prescription drug with specified exceptions. Would allow a patricipating pharmacy, medical facility, health clinic or provider of health care to distribute donated prescription drugs to another such entity that participates in the Program.
NY	AB 236 & SB 5471	Approved in Assembly, Senate Rules (6/4/17)	Other	Asm Amy Paulin & Sen Andrew Lanza	Would require the Commissioner of Health to establish and publish a list of generic drug products matched to brand name drugs with which they have therapeutic equivalence. Would include on every prescription immediately below the prescriber's signature line and imprinted conspicuously in eight point upper case type the words: "THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW". Lack of 'd a w' written in the box the prescriber's (electronic) signature, shall be interpreted as approval of substitution by a pharmacist of a generic from the specified list.
NY	AB 2661	Committee on Ways and Means (3/1/17)	Pharmacy Benefit Managers	Asm Richard Gottfried	Would establish consistent rules for pharmacy benefits and operations across PBMs and health plans in terms of disclosures, reimbursements and appeals.
NY	AB 2939	Committee on Health (1/23/17)	Transparency	Asm John McDonald	Each manufacturer of a brand or generic medication sold in New York with a WAC of $1000 for a 30 day supply and for which the price has increased at least 3 times in a 3 month period, would be required to 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.

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NY	AB 3007 & SB 2007	Signed - Chapter 57	Other	Budget	Imposes a Medicaid drug spending cap as a separate component within the Medicaid global cap . The Department and the Division of the Budget shall assess on a quarterly basis the projected total amount to be expended in the year on a cash basis by the Medicaid program for each drug, and the project annual amount of drug expenditures for all drugs. The Drug Utilization Review Board will determine whether to recommend a suplemental rebate for a drug considering the actual cost of the drug to the Medicaid program including (1) the drug's impact on spending, (2) any significant and unjustified price increases of the drug, and (3) whether the drug may be priced disporportionately to its therapeutic benefits.
NY	AB 5733 & SB 2544	Committee on Health (2/28/17)	Transparency	Asm John McDonald & Sen Kemp Hannon	Would require manufacturer notification if a drug's WAC increases by at least 100% in a 12 month period. Would require the Drug Utilization Review Board to determine whether the increase is "excessive" based on 5 specific criteria. Drugs with price increases deemed excessive would be subjected to prior authorization.
NY	AB 7509	Passed in Assembly, Passed in Senate (6/20/17)	Other	Asm Richard Gottfried	Would allow for when a pharmacist receives a prescription for a brand name drug product or biologic product, the pharmacist may dispense a lower cost generically equivalent drug product or interchangeable biologic product. Would require the pharmacist to notify the patient and the prescriber within 5 days of the substitution.
NY	AB 8046 & SB 6629	Committee on Rules (6/7/17)	Transparency	Asm J Gary Pretlow & Sen George Latimer	Would require a pharmacy that recieves an electronic prescription to provide the retail price of the prescription directly to the patient. The retail price is the price at which the drug is sold not withstanding the cost an individual would pay after pharmaceutical insurance pricing is calculated.
NY	SB 2402	Senate Education Committee (2/13/17)	Other	Sen David Carlucci	Would penalize drug manufacturer for "unconscionably excessive" prices or price increases. Court may impose a civil penalty up to $1 million and order restitution to consumers.
NY	SB 2541	Committee on Rules (6/20/17)	Pharmacy Benefit Managers	Sen Kemp Hannon	Would prohibit PBMs and insurers from charging patient out of pocket costs that exceed the payors' cost of the drug net of manufacturer.
NY	SB 4001	Referred to Committee on Health (1/31/17)	Transparency	Sen Liz Krueger	Would require manufacturers and other drug labelers that market in the state to annually report marketing expenses to the Department of Health. Would imposes a $10,000 civil fine for failure to report and would eliminate favorable tax treatment of drug marketing expenses.
NY	SB 4986	Referred to Committee on Health (3/2/17)	Transparency	Sen Ruben Diaz	Would require Rx drug manufacturers to file a report disclosing certain financial info (including R&D, production, & marketing costs) on drugs that have a WAC of $10,000 or more annually or per course of treatment.
OR	HB 2116	Failed - Adjourned	Other	Rep Mitch Greenlick	Would reimburse patient costs of certain high costs drugs funded by a manufacturer excise taxes.
OR	HB 2387 & SB 793	Failed - Adjourned	Transparency	Sen Elizabeth Hayward	Would establish the Oregon Premium Protection Fund that would require a drug manufacturer to reimburse payers for cost of drugs exceeding a specified threshold. Would require manufacturer to provide 60 days advance notice of a price increase that results in a price rise of more than 3.4% over the 12-month preceding the price increase. Would limit patient drug out of pocket costs in most health plans and programs in the State. Would require reporting and justification for launch prices in excess of $10,000 annually and price increases over 3.4% over 12 months. Would create civil penalties for failure to comply
OR	SB 792	Failed - Adjourned	Transparency	Sen Elizabeth Hayward	Would require that advertising for any drug sold in the state include the WAC price. There would be civil penalies up to $5,000 for violations.

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PA	HB 1464	Committee on Health (5/31/17)	Study; Transparency	Rep Eddie Pashinski	Would create the Prescription Drug Pricing Task Force Act to Report on: (1) Efforts to make prescription drugs more affordable, (2) factors contributing to high out-of-pocket prescription drug costs to patients, (3) patient treatment adherence and access to prescription drugs (4) expensive medical interventions or hospitalizations that may occur as a result of a patient's inability to afford and maintain access to prescription drugs, (5) manufacturer costs for research and development, clinical trials, regulatory costs, cost of materials, manufacturing and administration,(6) manufacturer annual prices for prescription drugs to purchasers inside and outside of the United States, (7) profit margins and projected profit margins of drug manufacturers, (8) financial assistance offered by drug manufacturers, (9) further oversight, transparency and clarity concerning the determination of prescription drug pricing (10) negotiation of prescription drug costs between manufacturers and the Pennsylvania medical assistance program.
PA	HB 161 & SB 637	Committee on Banking and Insurance (4/18/17)	Transparency	Rep Anthony DeLuca & Sen Donald White	Would establish the Pharmaceutical Transparency Commission to determine whether retail drug prices are reasonable. Insurers or PBMs would not be required to pay the price of a prescription that is more than 20% higher than the reasonable cost. The Commisson would also determine a reasonable reimbrusement to hospitals, health providers, and physicans for costs associated with dispensing medicine. Would create an assesment on drug manufacturers to fund the Commision. Would require manufacturers to report various financial data (including R&D, marketing costs, consumer rebates) to Commission annually for drugs sold in state.
PA	HB 190	Committee on Health (2/1/17)	Volume Purchasing	Rep Edward Gainey	Would establish the Prescription Drug Program within the Dept. of Human Services to negotiate price concessions with drug manufacturers, purchase drugs on behalf of Program participants and cooperate with other states or regional consortia in bulk drug purchases.
PA	HR 346	Committee on Health (5/22/17)	Study	Rep Eddie Pashinski	Would direct the Joint State Government Commission to conduct a study on prescription drug pricing and issue a Report to the General Assembly. The Report should contain findings and recommendations and include any proposed legislation regarding specified factors. Resulted in filing of HB 1464.
RI	H 5032	Failed - Adjourned	Other	Rep John Lombardi	Would make price gouging of drugs in market emergencies or shortages a felony with penalties up to 5 years imprisonment, up to $10,000 fines and subject to injunctive relief.
RI	H 5323	Failed - Adjourned	Transparency	Rep John Lombardi	Would direct State Board of Pharmacy to annually identify up to 15 drugs representing the highest costs to the state and for which the WAC increased by 50% over the last 5 years OR by 15% over the last year. The list of drugs would be given to the Attorney General who will require the drug manufacturer to submit all relevant documents to justify the increase in WAC. The AG would write and public post a report about manufacturing reporting. Would create civil penalties up to $10,000 for failure to comply.
RI	H 5390 & S 496	Failed - Adjourned	Transparency	Rep Patricia Serpa & Sen Cynthia Coyne	Would require Executive Office of Health & Human Services to create a critical drug list. Manufacturers would have to provide information on their costs to EOHHS. In its annual report, EOHHS may include recomendations for actions to lower drug costs and will determine whether prices of reported drugs are significantly high relative to clinical benefits, development costs, and costs in other countries. If drug cost determined to be signficantly high, EOHHS may set a maximum allowable price.
TN	HB 137 & SB 429	Passed - Public Chapter 392	Other	Rep Cameron Sexton & Sen Brian Kelsey	Would allow the Board of Pharmacy, in cooperation with the Department of Health, to establish and maintain a prescription drug donation Repository program under which any person may donate prescription drugs and supplies for use by another individual who meets eligibility criteria specified by the Board by rule. The Board may contract with a third party to implement and administer the program.
TN	HB 1327 & SB 1423	Failed - Adjourned	Transparency	Rep Mike Stewart & Sen Reginald Tate	The TennCare program would identify up to 15 of the highest cost drugs to the state with WAC increases of 50% over 5 years or 15% over 12 months. Manufacturers of those drugs would have to submit price justifications for each listed drug. There would be civil monetary penalties for failure to report. Would require the Department of Commerce and Insurance to promulgate rules governing insurance drug benefits transparency.
TN	HB 1328 & SB 1420	Failed - Adjourned	Study; Transparency	Rep Mike Stewart & Sen Lee Harris	Would require a study by the Commissioner of Health concerning price gouging for essential generic drugs and a report by the Commissioner of Commerce and Insurance concerning price transparency for drugs.

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TX	HB 2360 & SB 1076	Passed - Effective 9/1/17	Other	Rep Greg Bonnen	Would prevent a health benefit plan issuer that covers prescription drugs from requiring an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than the lesser of: (1) the applicable copayment; (2) the allowable claim amount for the prescription drug; or (3) the amount an individual would pay for the drug if purchasing the drug without using a health benefit plan or any other source of drug benefits or discounts.
UT	HB 420	Failed - Adjourned	Study; Importation	Rep Norm Thurston	Would task the Department of Health to study how to gain approval for the State of Utah to import certain prescription drugs from other countries for eventual consumption by Utah consumers. Would propose amendments to the Utah Code to facilitate importation by the state.
VA	HB 1113	Failed - Adjourned	Transparency	Del. Timothy Hugo	Would require every manufacturer of a prescription drug with a WAC price of $10,000 or more for a single course of treatment to file a Report with the Commissioner of Health. The Report shall include information about factors contributing to total costs of the drug, the history of increases in WAC price , information on overall profits derived from the drug, and the total assistance the manufacturer provided to patients who use the drug through assistance programs. The Commissioner would Report the information to specified committees, keeping proprietary information confidential.
VT	S 146	Failed - Adjourned	Other	Sen Christopher Pearson (PRO)	Would prohibit State entities, including Medicaid and the State employees' health plan, from paying more for a prescription drug than the lowest price paid for the same drug by the U.S. Department of Veterans Affairs.
VT	S 57	Failed - Adjourned	Transparency; Pharmacy Benefit Managers	Sen Michael Sirotkin	Would require PBMs to mail an explanation of benefits to the beneficiary for each pharmacy claim for a prescription drug covered including information on (1) the cost of the prescription drug being charged to the health plan; (2) the co-payment amount paid by the beneficiary; (3) fees and other charges deducted from the cost of the drug; (4) the amount retained by the PBM; and (5) the final payment to the pharmacy.
VT	S 92	Failed - Adjourned	Other	Sen Virginia Lyons	Would allow a pharmacist, when filling a prescription for a brand name drug product or biologic product, to dispense a lower cost generically equivalent drug product or interchangeable biological product. Would require the pharmacist to notify the patient and the prescriber within 5 days of the substitution.
WA	HB 1541 & SB 5401	Passed in House; Read in Senate (6/21/2017)	Transparency	Rep June Robinson & Sen Ann Rivers	Would commission a private data organization to annually collect, verify, summarize and Report on specified prescription drug pricing data provided by health plan issuers and drug manufacturers. Manufacturers would submit specified data for drugs with price increases the lesser of $10,000 or 10% in the past 12 months, or the lesser of $25,000 or 25% in the past 36 months. Insurers would Report on the top 25 drugs by utilization, unit cost and total spent. Reporting enforced by a civil monetary penalty of up to $1000/day for each day an insurer or manufacturer fails to comply.
WA	SB 5586	Reintroduced and retained in present status (6/21/2017)	Study; Transparency	Sen Kevin Ranker	Would commission a private data organization to collect, verify, and summarize specified prescription drug pricing data provided by health plan issuers and drug manufacturers. Manufacturers would Report on specified costs for the drug in addition to pricing history in the U.S. and Canada for the previous five years. The pricing history in Canada must include, if applicable, the manufacturer's price for the drug to wholesalers or direct purchasers in Canada, excluding any discounts, rebates, or reductions in price, as published in prescription drug pricing publications.
WV	SB 406	Failed - Adjourned	Other	Sen Tom Takubo	Would allow a pharmacist to substitute a therapeutically equivalent generic drug pursuant for a brand name drug. The savings must be passed along to the consumer at the point of sale in the case of an uninsured individual.
WV	SB 507	Failed - Adjourned	Pharmacy Benefit Managers	Sen Sue Cline	Would allow pharmacists to inform customers about lower cost alternatives for their prescription and dispense those alternatives, provided that any therapeutic equivalent is authorized by the prescriber. Would also allow pharmacists to inform customers if their copay exceeds the cost for their prescriptions.
WY	SF 121	Passed - SEA No. 0082	Other	Sen Fred Baldwin	A pharmacist who receives a prescription for a brand name prescription drug may dispense any generically equivalent drug, unless the prescribing practitioner has clearly indicated substitution is not permitted.

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