

State Prescription Drug Legislative Tracker 2018

	Bill	Status	Category	Summary	Primary Sponsor
AK	HB 240	Awaiting governor's signature	Pharmacy Benefit Managers	Would require pharmacy benefit managers to register biennially as third-party administrators with the state's Division of Insurance. Would establish rules for pharmacy audits. Would establish rules for calculating pharmacy overpayments and underpayments based on actuals rather than estimates. Would require pharmacy benefit managers to disclose methodology and sources for drug reimbursement amounts. Would require pharmacy benefit managers to establish appeals process for reimbursement of multi-source drugs.	Rep. David Guttenberg
AR	SR 9	Voted down in Senate	Pharmacy Benefit Managers	Would require licensure of pharmacy benefit managers by the insurance commissioner. Would require pharmacy benefit managers to file monthly and yearly statements with the insurance commissioner. Would require pharmacy benefit managers to provide reports on pharmacy benefit manager network to the insurance commissioner. Would require pharmacy benefit managers to conduct audits in compliance with Pharmacy Audit Bill of Rights. Establishes prohibited practices of pharmacy benefit manager, including ban on the use of misleading advertising, promotion, and solicitation. Prohibits pharmacy benefit managers from requiring pharmacy accreditation standards or certification beyond state requirements. Would permit the insurance commissioner to audit a pharmacy benefit manager for cause.	Sen. Ronald Caldwell
AR	SB 2	Enacted	Pharmacy Benefit Managers	Prohibits a pharmacy benefit manager from prohibiting pharmacy or pharmacist from disclosing information regarding the total cost for pharmacist services for a prescription drug or from selling a more affordable alternative to an individual. Establishes pharmacy benefit licensure and reporting requirements.	Sen. Ronald Caldwell
AR	HB 1010	Enacted	Pharmacy Benefit Managers	Would require pharmacy benefit managers to register to obtain a license. Would prohibit pharmacy benefit managers from using untrue, deceptive or misleading solicitations or advertisements. Would prohibit pharmacy benefit managers from requiring accreditation or certification. Would prohibit pharmacy benefit managers from paying a pharmacy benefit manager's own pharmacy or pharmacist more than they pay an Arkansas pharmacy or pharmacist for providing the same pharmacist services. Would prohibit pharmacy benefit managers from placing a gag over the pharmacy or pharmacist from sharing data with the patient and government entities.	Rep. Michelle Gray
AZ	HB 2202	No action	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from charging or collecting from an enrollee an amount that exceeds what was retained by the pharmacist or pharmacy from all payment sources. Would prohibit a pharmacy benefit manager from restricting the ability of a pharmacy or pharmacist to inform customers about lower cost alternatives to prescribed medication. Would not allow pharmacy benefit manager to prohibit the cash sale of a drug to an enrollee choosing not to use prescription drug coverage for the purchase cost. Would permit delivery services of prescription drugs. Would restrict a pharmacy benefit manager from prohibiting a pharmacy from dispensing a 90-day fill of prescription medication.	Rep. Regina Cobb
AZ	HB 2107	Enacted	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager or other entity that administers prescription drug benefits from prohibiting or penalizing a pharmacy or pharmacist from informing the patient of a lower cost including the cash price.	Rep. Maria Syms
CA	AB 29	Voted down in Assembly Appropriations Committee	Pharmacy Benefit Managers	Would require pharmacy benefit managers to disclose to contracted insurer clients the aggregate amount of all rebates, retrospective utilization discounts, and all other revenue received directly or indirectly from pharmaceutical manufacturers or labelers for drug benefits and therapeutic classes related to prescription drug benefits specific to the client. Would require pharmacy benefit managers to be licensed by the state.	Asm. Adrin Nazarian
CA	SB 1021	Re-referred to Committee on Appropriations	Other	Would indefinitely extend the provision that limits outpatient prescription drug cost-sharing to \$250 for a 30-day supply and would require individual and small group health plans to use specified definitions for each tier of a drug formulary. Would drug formularies with more than four tiers. Would limit patient charges for prescription drug to no more than the retail price for a prescription drug if a pharmacy's retail price is less than the copayment or coinsurance amount. Would extend coverage requirement that a plan contract or policy cover a single tablet prescription drug regimen for combination antiretroviral drug treatments that are medically necessary for the treatment of AIDS/HIV.	Sen. Scott Wiener
CO	HB 1097	Senate Committee on Business, Labor and Technology Postponed indefinitely	Pharmacy Benefit Managers	Would prohibit a health benefits plan and its pharmacy benefit manager from restricting where a covered person may fill a prescription drug. Would prohibit imposition of financial penalties (higher copayments) or other conditions that limit or restrict covered person's choice. Would prohibit denial of a state-licensed pharmacy or pharmacist from participating in a pharmacy network.	Rep. Marc Caitlin, Sen. Nancy Todd
CO	HB 1009	Senate Committee on State Veterans and Military Affairs Postponed indefinitely	Transparency	Would require drug manufacturers to submit reports to the state Board of Health for diabetes products when the price increases more than the increase in the medical component of the consumer price index. Information to be reported includes market analysis, research, production and marketing costs among other information. There are financial penalties for failure to comply. Would require pharmacy benefit managers to report on the total rebates received for diabetes products, the amount of those rebates retained by the pharmacy benefit manager and other information. Would require all groups that advocate for people with diabetes to disclose the funding received from the drug industry. Information reported could be made public.	Rep. Dylan Roberts, Sen. Kerry Donovan

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CO	SB 080	Senate Committee on State Veterans and Military Affairs postponed indefinitely	Importation	Would require the Department of Health Care Policy and Financing to design a program to import prescription pharmaceuticals from Canada for sale to Colorado consumers.	Sen. Irene Aguilar
CO	SB 152	Senate Committee on State Veterans and Military Affairs postponed indefinitely	Price Gouging	Would prohibit a pharmaceutical manufacturer or wholesaler from price gouging on sales of essential off-patent or generic drugs. Would make the practice of price gouging a deceptive trade practice under the Colorado Consumer Protection Act. Would require the State Board of Pharmacy and the executive director of the Department of Health Care Policy and Financing to report suspected price gouging to the attorney general.	Sen. Irene Aguilar, Rep. Susan Lentine
CO	HB 1260	Senate Committee on State Veterans and Military Affairs postponed indefinitely	Transparency	Would require health insurers to annually report detailed information about pharmacy benefit costs and impact on premiums. Would require prescription drug manufacturers to notify state purchasers, health insurers, and pharmacy benefit managers about price increases when the price exceeds more than 10% or when the manufacturer introduces a new specialty drug in the commercial market. Would require drug manufacturers to provide additional information to the state's insurance commissioner regarding the drugs about which insured were notified. Would require the commissioner to post manufacturer reported information on the department website. Would impose civil monetary penalties of \$1,000 per day for failure to comply.	Sen. Joann Ginal, Rep. Dominique Jackson
CT	HB 5384	Enacted	Pharmacy Benefit Managers	Would amend current pharmacy benefit manager disclosures to include health plan clients' formularies, including changes and exclusions. Would require the insurance commissioner to post this information to the department's website. Would allow health carriers to submit written complaints to the insurance commissioner if a drug that increased in price more than 25% and is determined to have directly and exclusively caused premiums to increase more than a dollar per month. Would require the manufacturer to report on net drug cost after rebates and utilization in the complainant health plan. Each drug manufacturer would be required to inform the Office of Health Strategy when it has submitted a drug approval application to the FDA. If any of those drugs are expected to significantly increase state expenditures, further study will ensure with manufacturer-supplied information. Would require the Office of Health Strategy to annually list 10 drugs whose wholesale acquisition cost has increased by 25% and that represents substantial state spending. Manufacturer would be required to provide price increase justification Office of Health Strategy would be required to post the information on the Office's website. Would require health plans to pass any manufacturer rebates to consumers at the point of service.	House of Representatives Insurance and Real Estate Committee
CO	HB 1284	Enacted	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager or carrier from prohibiting or penalizing a pharmacy or pharmacist from informing the patient of an alternative prescription drug and lower cost including the cash price. Would prohibit pharmacy benefit managers from charging or collecting a copayment that exceeds the total charges submitted by the network pharmacy.	Rep. Buckner
DE	SB 148	In Senate Health, Children and Social Services Committee upon adjournment	Other	Would re-establish the Delaware Prescription Drug Payment Assistance Program, administered by the Department of Health and Social Services to help seniors and those disabled with the cost of prescription drugs. Would be made available for in-state residents over the age of 65 or those who qualify for Social Security Disability benefits. Would also require that participant income be at or below 200% of the federal poverty level.	Sen. David McBride
FL	SB 1872	Voted down in Senate Banking and Insurance Committee	Volume Purchasing	Would create the Healthy Florida program to provide universal health coverage in the state. Would require consolidated drug price negotiations by the state on behalf of all Healthy Florida participants. Would establish a public advisory committee to advise the board on policy matters.	Sen. Victor Torres
FL	HB 351	Enacted	Pharmacy Benefit Managers	Would require pharmacists to inform customers of certain generically equivalent drug products and whether cost sharing obligations to such customers exceeds retail price of prescription. Would require registration with Office of Insurance.	Rep. David Santiago
FL	SB 98	No action	Pharmacy Benefit Managers	Would require health insurer or pharmacy benefit manager to provide upon request a detailed description of prior authorization for coverage of a medical procedure, course of treatment, or prescription drug. Insurer or pharmacy benefit manager shall not change or implement new prior authorization requirements unless the changes have been publicly available for at least 60 days before changes are implemented. Prior authorization decisions must be made within 72 hours for non-urgent care and within 24 hours for urgent care.	Sen. Greg Steube
FL	SB 534	Voted down in Senate Health Policy Committee	Pharmacy Benefit Managers	Would include pharmacy benefit managers in definition of term "administrator" and defined term "health insurance plan."	Sen. Denise Grimsley

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HI	HB 2644/SB3104	No Action	Pharmacy Benefit Managers	Would establish requirements for how pharmacy benefit managers manage maximum allowable cost (MAC) lists of generic drug payments, including the ability of pharmacies to receive comprehensive MAC lists and bring complaints to the Department of Commerce and Consumer Affairs instead of the Department of Health. Would create penalties for violations of MAC requirements. Would remove requirement that prohibits a contracting pharmacy from disclosing the MAC list and related information to any third party.	Rep. Roy Takumi, Sen. Rosalyn Baker
HI	SB 3072	Bill in House/ Senate conference upon adjournment	Pharmacy Benefit Managers	Would require pharmacy benefit managers to notify contracting pharmacies of changes to maximum allowable cost (MAC) by the National Drug Code 15 days prior to the changes. Would require pharmacy benefit managers to disclose where an equivalent drug can be obtained at or below the MAC. Would require pharmacy benefit managers to allow contracting pharmacies to reverse and rebill claims if the pharmacy benefit manager establishes a maximum allowable cost that is denied on appeal.	Sen. Donna Kim
HI	HB 2668	In House Health and Human Services Committee Upon Adjournment	Transparency	Would require drug manufacturers to submit reports to the Department of Health for diabetes products when the price increases relative to the increase in the medical component of the consumer price index. Information reported would include market analysis, research, production and marketing costs among other information. There are financial penalties for failure to comply. Would require pharmacy benefit managers to report on the total rebates received for diabetes products, the amount of those rebates retained by the pharmacy benefit managers and other information. Would require all groups that advocate for people with diabetes to disclose the funding received from the drug industry. Information reported could be made public.	Rep. Lei Learmont
IA	SSB 3004	In Senate Human Resources Committee upon adjournment	Other	Would require that 25% of health carrier policies or plans in individual, group, or small group markets not include deductibles for prescription drug coverage. If a health carrier offers only one contract, policy, or plan in the individual market, all policies must provide first dollar coverage in the prescription drug benefit.	Senate Human Resources Committee
ID	S 1289	In Senate Commerce and Human Resources Committee upon adjournment.	Pharmacy Benefit Managers	Would require pharmacy benefit managers to register with the director of the Idaho Department of Insurance. Would require pharmacy benefits managers to disclose any conflicts of interest. Would allow pharmacy benefit managers to substitute a lower-priced generic or therapeutically equivalent drug for a higher priced prescribed drug but only if substitution is made for medical reasons or for reasons that benefit the covered individual. Would require the pharmacy benefit manager to disclose payment, or benefit derived from payment, or other financial benefit for from the dispensing of prescription drugs. Would require pharmacy benefit managers to disclose all financial matters that apply between them and any prescription drug manufacturer or labeler. Would prohibit pharmacy benefit managers from restricting a covered individual's choice of pharmacy. Would establish transparency of covered drug lists and methodology that determines how reimbursement to pharmacies is calculated.	Senate Commerce and Human Resources Committee
ID	HB 339	Enacted	Drug Substitution	Permits a licensed prescriber to authorize a pharmacist to substitute a drug with another drug in the same therapeutic class that would have a substantially equivalent therapeutic effect even though the substitute drug is not a therapeutically-equivalent drug.	House of Delegates Health and Welfare Committee' Committee
ID	SCR 145	Recommitted to Senate Commerce and Human Resources upon adjournment	Study	Would appoint a committee to complete a study on pharmacy benefit manager transparency. Would require that the findings be reported to the state legislature.	Senate State Affairs Committee' Committee
ID	SB 1336	In Senate Health and Welfare upon adjournment	Pharmacy Benefit Managers	Would establish fiduciary duties and licensure requirements for pharmacy benefit managers. Would prevent pharmacy benefit managers from taking action to restrict a covered person's choice of pharmacy from which to receive prescription medications. Would prohibit pharmacy benefit managers from requiring that a covered person use a specific retail pharmacy, mail order pharmacy, specialty pharmacy or a pharmacy in which the pharmacy benefit manager has interest. Would prohibit a pharmacy benefit manager from requiring a pharmacist or pharmacy to participate in a network managed by such pharmacy benefit manager as a condition for the retail pharmacy to participate in another network managed by the same pharmacy benefit manager. Would establish maximum allowable cost transparency requirements. Would require pharmacy benefit manager to: disclose data sources used to establish pharmacy reimbursements; update reimbursements at least twice monthly; disclose reimbursement schedules to network pharmacies; and provide process for pharmacy appeals of reimbursement amounts. Would prohibit pharmacy benefit manager from imposing any pharmacy fees associated with processing or adjudicating a claim.	Senate State Affairs Committee' Committee

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IL	HB 4900	Passed House.Referred to Senate Subcommittee on Business Entities	Price Gouging	Would prohibit a pharmaceutical manufacturer or wholesaler from price gouging on sales of essential off-patent or generic drugs. Would require the director of Healthcare and Family Services or the director of Central Management Services to notify the attorney general of excessive price increases for off patent or generic drugs. Would authorize the attorney general to request information from drug manufacturers and institute proceedings for violations.	Rep. Will Guzzardi
IN	HB 1345	In House Public Health Committee upon adjournment	Study	Would authorize a study of prescription drug pricing to be conducted by the interim study committee on public health, behavioral health and human services.	Rep. Robin Shackelford
IN	HB 1158	In House Committee on Insurance upon adjournment	Other	Would require a state employee plan, health insurer, or health maintenance organization to inform a pharmacy of resources used to create the maximum allowable cost (MAC) list. Would require that each entity establish a procedure for updating reimbursement amounts and for the addition or removal of drugs on a plan's MAC list. Would establish a pharmacy appeals procedure to challenge amount reimbursed for a drug according to MAC list.	Rep. Steve Davisson
IN	HB 1317	Enacted	Pharmacy Benefit Managers	Would permit a pharmacy or pharmacist to provide individuals with information concerning the individuals cost share for a prescription drug. Would prohibit a third party administrator, health insurer or a health maintenance organization from limiting the ability of a pharmacy or pharmacist to discuss information about, or from selling to the individual, a more affordable alternative. Would prohibit a copayment for a drug under the state employee health plan, an accident and sickness insurance policy, or a health maintenance organization from exceeding the amount payable to the pharmacy for the drug. Requires Board of Pharmacy to adopt rules concerning telepharmacy.	Rep. Edward Clere
KS	SB 351	Enacted	Pharmacy Benefit Managers	Would prohibit a pharmacy benefits manager from prohibiting or penalizing a pharmacy or pharmacist from informing the patient of a lower cost including the cash price.	Senate Public Health and Welfare Committee
KY	SB 5	Enacted	Pharmacy Benefit Managers	Would require the Department for Medicaid services to directly administer all outpatient pharmacy benefits and prohibit pharmacy benefits in Medicaid managed care contracts	Sen. George Wise
KY	HB 463	Enacted	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from requiring that an insured person pay greater than the cash price for a prescription drug. Would prohibit a pharmacy benefit manager from prohibiting pharmacy or pharmacist from providing an insured information regarding applicable limitations on his or her cost sharing for a prescription drug.	Rep. Micheal Meredith
LA	SB 283	Enacted	Pharmacy Benefit Managers	Would require pharmacy benefit managers to be licensed by Louisiana Department of Insurance, which would post licensure information, including formulary, on its website. Would require pharmacy benefit managers to issue an annual transparency report that discloses aggregate data on rebates received from drug manufacturers, administrative fees, and aggregate rebates received that did not pass through to the health benefit plan or insurer. Would permit enforcement against pharmacy benefit managers license for failure to comply.	Sen. Fred Mills
LA	HB 436	Enacted	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager pharmacy network contract provisions that prohibit pharmacist from disclosing any relevant information to a consumer, including but not limited to the cost of the prescription medication, actual reimbursement of the drug to the pharmacist, efficacy of the prescription medication, and the availability of any alternative medications that are less expensive than the prescription medication. Would require pharmacy benefit managers to disclose data sources for reimbursement decisions and have a reimbursement appeals process.	Rep. Robert Johnson
LA	HB 384	In House Committee on Health and Welfare upon adjournment	Importation	Would establish the Canadian Prescription Drug Importation Program to be administered by the Louisiana Department of Health (LDH). Would require LDH to prepare and submit to the Secretary of the US Department of Health and Human Services a letter of intent to seek approval for importation of prescription drugs and an application for approval of importation program. Would require that the letter of intent be submitted before July 31, 2018. Would require that the application be submitted by Dec. 31, 2018.	Rep. Kirk Talbot
LA	HB 243	Returned to House Calendar Upon Adjournment	Price Gouging	Would prohibit a manufacturer or wholesale distributor of an essential off-patent or generic drug from engaging in price gouging. Would authorize the Louisiana Department of Health to notify the attorney general of any a price increase of 50% or more in the past year. Applies to drugs costing the Medicaid program at least \$80 for 30 days or course of treatment. Would require the attorney general to request information from drug manufacturers and institute proceedings for violations and allow the attorney general to determine if the price increase is an "unconscionable increase."	Rep. Kirk Talbot
LA	SB 130	Enacted	Pharmacy Benefit Managers	Would require Medicaid pharmacy benefit manager contracts to be limited to a set per transaction rate for every pharmacy claim paid. Would prohibit all pharmacy benefit managers from retaining federal drug rebates or "spread pricing" amounts in excess of what they paid the pharmacist.	Sen. Fred Mills

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MA	HB 1228	House Committee on Public Health will conduct study.	Transparency	The Health Policy Commission would be required to to develop a list of critical prescription drugs for which there is a substantial public interest in understanding its pricing. This list is to include the top 20 selling drugs in the commonwealth, and other drugs based on an enumerated list of factors. For each prescription drug that the commission places on the critical prescription drug list, manufacturers must provide a detailed set of reports to the commission. Monetary penalties of not more than \$100,000 for each failure to comply with the requirements of this section.	Rep. Jose Tosado
MA	HB 491/SB 1163	Joint Committee on Public Health will conduct study.	Transparency	Would require each manufacturer of a prescription drug with a wholesale acquisition cost increase of 15% or more over a 12-month period to file a report with the Department of Public Health no later than 90 days after the effective date of the most recent wholesale acquisition cost increase. The department would keep trade secrets or other proprietary information confidential. Pharmacy benefit managers must report to the department the generic dispensing rate for each drug, the aggregate amount of rebates or other price concessions offered to a covered entity, the difference between the amount paid to the covered entity and the amount paid to pharmacies. All information gathered in Chapter 175M will be confidential.	Rep. Jennifer Benson Sen. Joseph Boncore
MA	SB 1215	Re-referred to Senate Ways and Means Committee	Other	Would require the state's health department to develop and implement an outreach and education program about the therapeutic and cost-effective utilization of prescription drugs for physicians, pharmacists and other health care professionals authorized to prescribe and dispense prescription drugs. In developing the program, the department shall consult with physicians, pharmacists, private insurers, hospitals, pharmacy benefit managers, and the MassHealth drug utilization review board.	Sen. Jason Lewis
MA	HB 3223/ SB 627	New draft of bill introduced as H 4605	Transparency	Would require the Health Policy Commission in collaboration with the Center for Health Information and Analysis to annually identify up to 15 prescription drugs on which the state spends significant health care dollars and for which: the wholesale acquisition cost has increased by at least 50% in the past five years or by at least 15% in the past 12 months; as a new drug, the price may have significant impact on the costs. Would require manufacturers whose prescription drug is listed, to provide price increase justification to the Office of the Attorney General. Price increases of at least 10% over 12 months would necessitate a manufacturer report to the Health Policy Commission.	Rep. Christine Barber, Sen. Jason Lewis
MA	H 4605	Referred to the Committee on Health Care Financing	Other	Establishes act to enhance access to high quality, affordable and transparent health care in the commonwealth. Establishes several funds to help advance and implement high quality, affordable and transparent health care. Will require that pharmacies post a notice informing consumers that a consumer may request at the point of sale, the current pharmacy retail price for each prescription medication the consumer intends to purchase. Would require if the consumer cost sharing amount for a prescription medication exceeds the current pharmacy retail price, that the pharmacist notify the consumer that the pharmacy retail price is less than the patient's cost sharing amount. Would require pharmacist to charge the consumer applicable cost sharing amount or the current pharmacy retail price for that prescription medication. Would require a 25% physician licensure fee increase. Would impose an 8.75% tax on office based surgical centers.	Joint Committee on Health Care Financing
MA	S 652	Joint Committee on Health Care Financing will conduct study.	Transparency	Would require the Center for Health Information and Analysis to identify prescription drugs sold within the Commonwealth that are (1) the 10 costliest drugs by total private health care payer spending; (2) the 10 drugs with the highest annual increase in total private health care payer spending; (3) prescription drugs introduced to the US market within the past 10 years at a wholesale acquisition cost of \$10,000 or more annually or per course of treatment; and (4) prescription drugs whose wholesale acquisition cost has increased by at least 50% in the past five years or by at least 15% the past year. Would require each manufacturer of a drug on the center's list to report each factor contributing to the drug's cost or cost increase, and the percentage of cost or cost increase attributable to each factor. Would require the Health Policy Commission to notify the attorney general, the secretary of Health and Human Services, payers, and providers when a drug price has not been adequately justified and recommend further actions to be taken by the attorney general.	Sen. Mark Montigny, Rep. Jose Tosado
MD	SB 201	In Senate Finance Committee upon adjournment	Transparency	Would require a prescription drug or device manufacturer to submit certain average sale prices to the Maryland Department of Health for each calendar quarter. Would require the department to make the average sales prices submitted by manufacturers available on its website. Would prohibit manufacturers from denying a wholesale distributor the right to purchase prescription drugs or devices if the wholesale distributor agrees to pay the manufacturer's average sales price for the prescription drug or device.	Sen. James Brochin
MD	SB 169	In Senate upon adjournment	Study	Would require the Secretary of Health to convene a public/private workgroup to study the advisability of the state forming a generic drug and medical supplies purchasing cooperative that would support dedicated manufacturing for the cooperative.	Sen. Brian Feldman

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MD	SB 576/ HB 736	Enacted	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist from informing the patient of an alternative prescription drug and lower cost including the cash price.	Sen. Katherine Klausmeier
MD	HB 1290/SB 1074	Withdrawn	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from reimbursing a pharmacy or pharmacist for a product or pharmacy service in an amount less than the amount the pharmacy benefit manager reimburses itself or an affiliate for the same product or pharmacy service.	Del. Sheree Sample-Hughes
MD	HB 1402	Withdrawn	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from requiring that a beneficiary use a specific pharmacy or entity to fill a prescription drug if the pharmacy benefit manager has an ownership interest in the pharmacy or entity or the pharmacy/entity has an ownership interest in the pharmacy benefit manager.	Del. Christopher Adams
MD	HB 1194/ SB 1023	In Senate Finance Committee upon adjournment	Rate Setting	Based on the NASHP's rate-setting model legislation, would create an all-payer drug rate setting program through a Drug Cost Review Commission. Would require brand and generic manufacturers to report certain information to the commission if launch prices or price increases exceed certain thresholds. The commission, in consultation with stakeholders, would determine if drugs create affordability challenges in the state and if so, the commission would determine a reimbursement rate that would create affordability. The act would establish an appeals process and would require the commission to make an annual report for the public.	Del. Joseline Pena-Melnyk
MD	HB 1349/ SB 1079	Enacted	Pharmacy Benefit Managers	Would require pharmacy benefits manager to register with the Maryland Insurance Commissioner. Would prohibit a pharmacy benefit manager from prohibiting a pharmacy or pharmacist from providing a beneficiary with information regarding a retail price or cost share for a prescription drug. Would prohibit a pharmacy benefit manager from retaliating against a contracted pharmacy for filing a complaint. Would require that a pharmacy benefit manager to be transparent in contracts about pharmacy payment methodology and pricing sources that generate pharmacy reimbursements. Pricing sources would have to be updated every seven days. Pharmacy benefit managers would have to have an appeals processes for pharmacies.	Del. Carl Anderton
MD	SB 1077/HB 1376	Withdrawn	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager pharmacy benefit manager or purchaser from directly or indirectly charging a contracted pharmacy or holding a contracted pharmacy responsible for a fee related to a claim that's specifically enumerated by the pharmacy benefit manager or purchaser at the time of claims processing or reported on the initial remittance advice of an adjudicated claim.	Sen. Jim Mathias
MD	HB 1639	Withdrawn	Pharmacy Benefit Managers	Would prohibit the Department of Budget and Management from contracting with a pharmacy benefit manager if the pharmacy benefit manager has an ownership interest or any other means of financial interest in a pharmacy or pharmacist. Would prohibit Department of Budget and Management from contracting with pharmacy benefit manager if pharmacy benefit manager and a pharmacy or pharmacist are both assets of the same corporation.	Del. Sid Saab
MD	HB 1527/SB 1075	Withdrawn	Pharmacy Benefit Managers	Would prohibit any person or entity that provides health benefit plans (carriers) from limiting enrollee choice of pharmacy services if the pharmacy participates in the carrier network. Would prohibit carrier from excluding pharmacies from the network if the pharmacy agrees to contract terms. Would prohibit carriers from imposing payment conditions that affect enrollee freedom of choice for pharmacy services. Would prohibit carriers from requiring enrollee to use mail order pharmacy.	Del. Mary Carozza
ME	LD 1406	Enacted	Transparency	Require Maine Health Data Organization to provide a report containing information about the 25 most frequently-prescribed drugs in the state, the 25 costliest drugs as determined by total amount spent on those drugs in state, and the 25 drugs with the highest annual cost increases as determined by the total amount spent on those drugs in the state. Would require the Maine Health Data Organization to collect data from manufacturers related to the cost and pricing of prescription drugs in order to provide transparency and accountability for prescription drug pricing.	Sen. Eloise Vitelli, Rep. Robert Foley
MI	SB 825	No Action	Transparency	Would require drug manufacturers to submit reports to the Department of Insurance and Financial Services for drugs that have a wholesale acquisition cost of \$40 or more per course of therapy. Would establish Prescription Drug Transparency Workgroup to work with the Department of Insurance and Financial Services to create a standardized manufacturer reporting form that must request at least the following manufacturer information: research and development costs, costs of clinical trials, manufacturing and distribution, patent and licensing rights costs, marketing, and coupon costs and money made available to the manufacturer by government entities or programs to research and develop the prescription drug. Reporting must also include amount of financial assistance manufacturer provided through patent prescription assistance for the prescription drug, tax benefits manufacturer received from government entity, and prices charged outside of the United States.	Sen. Steven Bieda

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MN	SF 2671	In Senate Health and Human Services Finance and Policy upon adjournment	Transparency	Would require manufacturers of prescription drugs made available in Minnesota that have a wholesale acquisition cost of \$10,000 or more annually or per course of treatment to report to the state on the costs for each such drug. Would require the state to convene an advisory committee with representatives of the pharmaceutical industry, health carriers, pharmacy benefit managers, state agencies, consumer advocates, pharmacists and physicians.	Sen. Scott Jensen
MN	HF 3011	In House Health and Human Services Reform upon adjournment	Pharmacy Benefit Managers	Would prohibit a health plan or pharmacy benefit manager from requiring or providing financial incentives to an individual to prefer a retail pharmacy, mail order pharmacy, specialty pharmacy, or other entity providing pharmacy services in which a pharmacy benefit manager has an ownership interest or that has an ownership interest in a pharmacy benefit manager. Would prohibit a health plan or pharmacy benefit manager from imposing limits, including quantity limits or refill frequency limits, on a patient's access to medication that differ based on whether the health plan or pharmacy benefit manager has an ownership interest in a pharmacy.	Rep. Roz Peterson
MN	SF 2674	In Senate Health and Human Services Finance and Policy upon adjournment	Pharmacy Benefit Managers	Would prohibit a health plan from requiring a point of sale drug copayment that is greater than the lesser of (1) the amount the health plan or pharmacy benefit manager will reimburse the pharmacy for the or (2) the cash price.	Sen. Scott Jensen
MN	HF 3016	In House Health and Human Services Reform Committee upon adjournment	Pharmacy Benefit Managers	For every dispensed prescription, the law would require a pharmacist to disclose to patient the copayment amount, the pharmacy's own usual and customary price, and the net payment amount the pharmacy will receive from all sources. Would prohibit pharmacy network contract provisions of health plans or pharmacy benefit managers that bar a pharmacy from disclosing to patients when amount the patient is required to pay under their health plan is greater than the cash price.	Rep. Nick Zerwas
MN	SF 2801	In Senate Health and Human Services Finance and Policy Committee upon adjournment	Rate Setting	Follows the NASHP Drug Cost Review Commission Model Act. Would establish a Prescription Drug Review Commission. Would establish the Prescription Drug Cost Review Advisory Council. Would require a drug manufacturer to notify the commission if the manufacturer plans to increase the wholesale acquisition cost of a patent-protected brand name drug by more than \$10,000 during any 12 month-period or intends to introduce to market a brand name drug that has a wholesale acquisition cost (WAC) of \$30,000 per year or per course of treatment. Would require a drug manufacturer to notify the commission if the manufacturer plans to increase the WAC of a generic or off-patent sole source brand product drug by more than 25% or by more than \$300 during any 12-month period, or intends to introduce to market a generic drug that has a WAC of \$3,000 or more annually. Would require a drug manufacturer to include in the notice, a justification for the proposed introduction price or price increase. After notice and justification submission, the commission would determine whether to undertake a full cost review of the prescription drug. Would require the commission to conduct the review and make a determination as to whether appropriate utilization of the prescription drug under review has led or will lead to excess costs for the state health care system and then establish a drug reimbursement payment rate for all transactions of that drug in the state. Would require that instances of failure to bill and pay at the commission established all-payer price be referred to the attorney general for possible action. Would require the commission to annually report to the governor and legislature on general prescription drug price trends.	Sen. Scott Jensen
MN	SF 2841	In Senate Health and Human Services Finance and Policy Committee upon adjournment	Price Gouging	Would prohibit a manufacturer or wholesale drug distributor from price gouging of essential off patent or generic drugs. Would permit the Board of Pharmacy, the Commissioner of Human Services and health plan companies to notify the attorney general of prescription drug price increases. Would authorize the attorney general to obtain drug pricing information and take action against drug manufacturers and wholesalers related to price increases, imposing civil penalties.	Sen. Matt Klein
MN	SF 3394	In Senate Health and Human Services Finance and Policy Committee upon adjournment	Pharmacy Benefit Managers	Would set standards for pharmacy benefit manager payments to pharmacies and other contractual requirements.	Sen. Scott Jensen
MN	HF 2950	In House Commerce and Regulatory Reform upon adjournment	Pharmacy Benefit Managers	Would require pharmacy benefit managers to be licensed by the state and to exercise good faith and fair dealing in the performance of its contractual duties to a purchaser. Would require a pharmacy benefit manager to notify a purchaser in writing of any activity, policy, or practice of the pharmacy benefit manager that directly or indirectly presents a conflicts of interest that interferes with the discharge of the pharmacy benefit manager's duty to the purchaser. Establishes disclosure requirements for pharmacy benefit managers.	Rep. Rod Hamilton

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	Bill	Status	Category	Summary	Primary Sponsor
MO	HB 1542	In Senate Insurance and Banking Committee upon adjournment	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from charging or collecting a copayment that is greater than the amount paid to pharmacist or pharmacy. Would require informing a covered person of the difference between their insurance copayment and amount if insurance is not used. Would limit ability of pharmacy benefit manager to interfere or restrict communication with persons on copayment amount in comparison to not using insurance. Would prohibit pharmacy benefit manager interference with alternative drug discussions. Would prohibit pharmacy or pharmacist being charged a fee related to a claim.	Rep. Lynn Morris
MO	SB 722	In House Economic Development Committee upon adjournment	Importation	Would require the Department of Health and Senior Services to study the importation of certain prescription drugs from other countries for Missouri consumers. The act details the goals of the study, including how the state may be certified to operate a prescription drug importation program, what drugs may be imported, the cost savings associated with importation, how imported drugs may be distributed and to whom, and consultation with experts. The department would report the study's findings and recommendations to the General Assembly by Dec. 31, 2019.	Sen. David Sater
MS	HB 426	Voted down in House Committee on Public Health and Human Services and Insurance	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from entering into a contract that would penalize full disclosure of prescription cost and availability of alternative drugs, along with disclosure of cash price. Would prohibit pharmacy benefit manager from requiring payment for covered prescription that is greater than copayment, allowable claim amount or prescription cost without use of health benefit plan, other prescription benefits and discounts.	Rep. Christopher Bell
MS	SB 2076	Voted down in Senate Committee on Public Health and Welfare	Pharmacy Benefit Managers	Would require that pharmacists inform patients of affordable alternative payment options when getting their prescription medication. This includes, but is not limited to, clinically efficacious affordable alternatives if available.	Sen. Dean Kirby
MS	HB 784	Voted down in House Committee on Drug Policy	Transparency	Would require the attorney general to identify drugs essential for treating diabetes together with the cost and cost increases of each essential drug. Would require manufacturers of essential drugs and pharmacy benefit managers to provide information to the attorney general regarding drugs listed, cost of those drugs, reason for price increase and rebates received by pharmacy benefit managers.	Rep. Jarvis Dortch
MS	HB 137	Voted down in House Committee on Drug Policy	Price Gouging	Would prohibit price-gouging in the sale of essential drugs by requiring the Division of Medicaid and Department of Human Services to notify the attorney general of excessive price increases for essential drugs. Would authorize the attorney general to request information from drug manufacturers and institute proceedings for violations.	Rep. Christopher Bell
MS	HB 709	Enacted	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist from informing the patient of a lower cost treatment or payment option including the cash price.	Rep. Sam Mims
NE	LB 862	Legislative Health and Human Services postponed indefinitely	Transparency	Would require public reporting of manufacturer information to justify price increases of 16% or more over 12 months for drugs costing less than or equal to \$40. Manufacturers can limit their reporting to information that is otherwise public. Would also require manufacturer notice to the state when launching a drug costing more than \$670 plus submission of specified information to the state.	Sen. Gwen Howard
NE	LB 324	Bank, Commerce, and Insurance Committee postponed indefinitely	Pharmacy Benefit Managers	Would require a pharmacy benefit manager to obtain a certificate of authority as a third-party administrator. Would impose fiduciary duty of good faith and faith dealing on pharmacy benefit manager. Would prohibit pharmacy benefit managers from mandating contracted pharmacies basic record keeping be more stringent than that required by state or federal law or regulation. Would prohibit pharmacy benefit managers from tying a pharmacist or pharmacy participation in one contract with the pharmacy benefit manager with participation in other contracts of the pharmacy benefit manager. Prohibits charging higher costs to patients for using network pharmacy instead of mail order. Prohibits pharmacy benefit managers from prohibiting a pharmacist or contracted pharmacy from mailing a prescription drug to a covered individual. Prohibits pharmacy benefit manager from mandating accreditation for a contracted pharmacy as a prerequisite to a mailing a prescription drug to a covered individual or reimbursing the contracted pharmacy or participating in a network or plan. Requires pharmacy benefit managers to disclose to pharmacies its drug reimbursement methodology for pharmacy benefit managers' single-source and multiple-source prescription drugs. Requires pharmacy benefit managers to disclose to their clients all financial benefits it receives as well as and their methods used to calculate various fees. Requires pharmacy benefit managers to mail an explanation of benefits to the covered individual for each of their claims for a covered prescription drug. Would prohibit pharmacy benefit managers from prohibiting or penalizing a pharmacy or pharmacist from informing patients of costs.	Sen. Mark Kolterman
NH	HB 1741	Enrolled in Senate upon adjournment	Other	Would allow consumer at the point of sale to pay no more than applicable copayment amount, allowable claim amount, or amount charged without using health benefits.	Rep. Edward Butler
NH	HB 1746	Enacted	Pharmacy Benefit Managers	Prohibits a pharmacy benefit manager from requiring accreditation, credentialing, or licensing of providers other than by the New Hampshire Pharmacy Board or other state or federal entity.	Rep. Erin Hennessey

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	Bill	Status	Category	Summary	Primary Sponsor
NH	HB 1791	Enacted	Pharmacy Benefit Managers	Prohibits insurers and pharmacy benefit managers from penalizing a pharmacy or pharmacist for disclosing to the consumer information about the cost of the prescription and availability of therapeutically equivalent alternative medication or alternative methods of purchasing the prescription. Limits insured consumers drug out of pocket to the lesser of: the insurance benefit cost sharing, the amount the insurer or pharmacy benefit manager will reimburse the pharmacy for the dispensed drug or the price that would be charged in the absence of any insurance coverage (the cash price).	Rep. Edward Butler
NH	HB 1418	Enrolled in Senate upon adjournment	Transparency	Would require the commissioner of the Department of Health and Human Services, in consultation with the commissioner of the Insurance Department, to develop a list of critical prescription drugs for which there is a substantial public interest in understanding the development of their pricing. For each prescription drug that the commissioner places on the critical drug list, the manufacturer of such drug shall be required to report information relating to costs of production, research and development, marketing and advertising, and prices charged. Would require the department to make an annual report on prescription drug prices and their role in overall health care spending in New Hampshire based on data submitted.	Rep. Edward Butler
NH	HB 1529	Voted down in Commerce and Consumer Affairs Committee	Transparency	Would require the insurance commissioner to select 25 prescription drugs based on high cost and utilization. Would require insurance carriers and pharmacy benefit managers to annually disclose the manufacturer rebate amounts for these drugs. The commissioner would issue an annual report on these drugs.	Rep. Edward Butler
NH	SB 591	Enacted	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from requiring accreditation of providers other than by the New Hampshire Pharmacy Board or other state or federal entity unless the pharmacy is a specialty pharmacy.	Sen. Donna Soucy
NH	SB 354	House holds conference committee report	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager or insurer from charging or holding a pharmacy responsible for a fee related to a claim. Would prohibit a pharmacy benefits manager or insurer from charging copayments that exceed the cost of the medication. Would prohibit a pharmacy benefit manager or insurer from prohibiting or penalizing a pharmacy or pharmacist from informing the patient about more affordable alternative drugs.	Sen. Donna Soucy
NH	SB 481	Enacted	Study	Would establish a committee to study the impact of pharmacy benefit manager operation on cost, administration, and distribution of prescription drugs.	Sen. Donna Soucy
NH	HB 1780	Voted down in House Commerce and Consumer Affairs	Price Gouging	Would prohibit a pharmaceutical manufacturer or wholesaler from price-gouging essential off-patent or generic drugs. Would require the Department of Justice to enforce the statute by hiring experts with knowledge of the pharmaceutical industry and the pricing of drugs to assist the department in analysis of specific drug pricing to determine if the price increase was "excessive and not justified by the cost of producing the drug or the cost of appropriate expansion of access to the drug to promote public health."	Rep. Rebecca McBeath
NH	SB 350	House Health, Human Services and Elderly Affairs recommends further study	Drug Substitution	Would require whenever a pharmacist dispenses a non-controlled drug pursuant to a prescription that he or she affix to the container in which the drug is dispensed a label showing at least the name and address of the pharmacy and the name or initials of the dispensing pharmacist or pharmacist in charge. Would permit pharmacies to substitute generically-equivalent drug products unless the prescribing practitioner hand-writes "medically necessary" on each prescription. Would permit a pharmacist to substitute a licensed biological product unless the prescriber writes "medically necessary" on the prescription or if the patient requests that the prescribed biological product be dispensed.	Rep. McKenzie Cantrell
NJ	A 583/S 983	Referred to the assembly's Health and Senior Services Committee. Referred to Senate Health and Human Services and Senior Citizens Committee.	Rate Setting	Would create a Drug Review Commission in the Department of Consumer Affairs that would compile a list of critical drugs based on: cost to Medicaid and Family Care Programs, the statewide cost and utilization, availability and cost of therapeutically-equivalent treatments, among other factors. Manufacturers of drugs on the list would be required to report a variety of data including research and development cost, marketing costs, prices out of state and outside the United States, and typical in-state prices. Proprietary information will not be disclosed. The commission would be authorized to set a price for any drug on the list, the price of which is considered excessively high.	Rep. Paul Moriarty, Sen. Joseph Vitale
NJ	SB 999	Referred to Senate Health, Human Services and Senior Citizens Committee	Pharmacy Benefit Managers	Would place certain restrictions on health insurance carriers and pharmacy benefit managers relating to the switching of drugs, step therapy, and fail first practices. Would require a switch communication to be provided. The Department of Banking and Insurance would develop the switch communication form.	Sen. Joseph Vitale

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	Bill	Status	Category	Summary	Primary Sponsor
NJ	S 977	Referred to Senate Health, Human Services and Senior Citizens Committee	Other	Would prohibit any person from charging excessive prices for drugs developed by direct or indirect publicly-funded research. It would be unlawful for any person to sell, offer to sell, or advertise for sale that publicly funded drug, biologic or technology to any purchaser in this state at a unit price that is greater than the lowest price in an OECD country with an economy comparable to the US economy. It would be unlawful to impose limits on supply or other discriminatory pricing that restricts access to such products.	Rep. Troy Singleton
NJ	SB 728	Referred to Senate Commerce Committee	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from retroactively reducing payment amount on a properly-filed pharmacy claim, except if the claim is found not to be clean during the course of a routine audit performed pursuant to an agreement between the pharmacy benefits manager and the pharmacy.	Sen. Linda Greenstein
NJ	S727/A2033	Referred to Senate Commerce Committee/ Assembly Financial Institutions and Insurance Committee	Pharmacy Benefit Managers	Would regulate pharmacy benefit managers as organized delivery systems and limit use of prior authorization.	Sen. Linda Greenstein, Asm. Craig Coughlin
NJ	S1117	Referred to Senate Health, Human Services and Senior Citizens Committee	Other	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.	Sen. Richard Cody
NJ	A 2214	Referred to Assembly Financial Institutions and Insurance Committee	Pharmacy Benefit Managers	Would prohibit a pharmacy benefits manager in contract or arrangement with a private health insurer, prescription benefit plan, or the State Health Benefits Program or School Employees' Health Benefits Program from prohibiting or penalizing a pharmacy or pharmacist from informing the covered person about a lower cost including the cash price.	Rep. Ronald Dancer
NJ	A 2431	Referred to Assembly Financial Institutions and Insurance Committee	Other	Would require insurers to limit to no more than \$100 enrollee out-of-pocket cost for up to a 30-day supply of any single drug. For bronze-level plans in the state exchange, cost-sharing would not exceed \$200 for up to a 30-day supply of of a single drug. For prescription drug coverage under a high deductible health plan, prescription drug benefits are not subject to the deductible. Would also require the plans to have an enrollee/appeals process to gain coverage of drugs not on formulary.	Rep. Daniel Benson
NJ	S 1863	Referred to Senate Commerce Committee	Pharmacy Benefit Managers	Would require pharmacy benefit managers to be certified by the Department of Banking and Insurance. Would require benefits and coverage disclosures to covered persons. Would require a pharmacy benefit manager to disclose any drug manufacturer revenues, rebates, or discounts related to the purchaser's contract pharmacy benefit manager. Would require a pharmacy benefit manager to notify health practitioners, covered persons, and purchasers if the pharmacy benefit manager seeks authorization to substitute a drug prescribed by a health care practitioner.	Sen. Nia Gill
NJ	S 2060	Referred to Senate Commerce Committee	Pharmacy Benefit Managers	Would require pharmacy benefit managers to disclose information about drug pricing and generic substitutions to benefit plan purchasers. Would require pharmacy benefit managers to establish a toll free telephone number for information about benefit coverage, price, drug safety and to discuss coverage/payment problems. Would require pharmacy benefit managers to disclose to purchasers whether the multiple source generic pricing list used to bill the purchaser is the same as the list used to reimburse all network pharmacies.	Sen. Linda Greenstein
NJ	SB 2438	Referred to Senate Commerce Committee	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist from informing the patient of a lower cost including the cash price.	Rep. Patrick Diegnan
NJ	S 1590	Referred to Senate Health Human Services and Senior Citizens Committee	Price Gouging	Would prohibit a pharmaceutical manufacturer or wholesaler from price-gouging on sales of essential off-patent, generic drugs and biological products. Would require the Division of Consumer Affairs in the Department of Law and Public Safety to report any suspected price gouging to the attorney general.	Rep. Troy Singleton, Sen. Kristin Corrado
NM	SB 8	Senate's Committee Committee postponed indefinitely	Volume Purchasing	Would establish the Interagency Pharmaceuticals Purchasing Council that would use existing constituent agency resources to review and coordinate cost-containment strategies for the procurement of pharmaceuticals and pharmacy benefits and the pooling of risk for pharmacy services by the constituent agencies.	Sen. Jeff Steinborn
NY	A 8781/ S 6940	Passed Senate returned to Assembly	Pharmacy Benefit Managers	Prohibits pharmacy benefit managers from prohibiting pharmacies from disclosing to consumers the cost of prescription medication, the availability of alternative medications or alternative means of purchasing prescription medications; and prohibits pharmacy benefit managers from collecting a copayment that exceeds the cost of the drug.	Asw. Linda Rosenthal

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	Bill	Status	Category	Summary	Primary Sponsor
NY	SB 7191	Referred to Senate Health Committee	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from prohibiting 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 pharmacy benefit managers 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 pharmacy benefit managers 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.	Sen. Joseph Griffo
NY	A 2261	Referred to Assembly Education Committee	Pharmacy Benefit Managers	Would require pharmacy benefit managers to account for all funds received and place them in a trust for the health plan or provider and provide full disclosure of contract or arrangement with any party relating to pharmacy benefit management to health plan or provider. Would require disclosure of conflicts of interest. Would create an appeals process to investigate and resolve disputes regarding multi-source generic drug pricing.	Asm. Crystal Peoples-Stokes
NY	S 7191	Introduced	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers or health insurance carriers from entering into a contract that would penalize the disclosure of prescription drug cost and availability of alternative drugs, along with the disclosure of cash price. Would prohibit pharmacy benefit managers from requiring payment for covered prescription that is greater than copayment, allowable claim amount or prescription cost without the use of health benefit plan, other prescription benefits and discounts.	Sen. Joseph Griffo
NY	A 9553	Referred to Assembly Governmental Operations Committee	Importation	Would establish program authorizing the superintendent of state police to investigate actual and or suspected cases of importation of unsafe drugs. Would authorize superintendent of state police to establish uniform procedures for investigation and receipt of such complaints from other agencies. Would require the commissioner of health to establish registry of websites and entities that offer or provide mechanism to sell prescription drugs to consumers in New York from another country.	Asm. Steven Englebright
NY	A 10215	Referred to Assembly Insurance Committee	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from entering into a contract that prohibits or penalizes a pharmacist or pharmacy from disclosing to an individual the cost of the prescription drug, availability of therapeutically equivalent medications or alternative methods of purchasing prescription drugs including cash price. Would prohibit an insurer or organization that provides coverage for prescription drugs from charging a consumer more than the primary acquisition cost or payer net costs after rebates and discounts. Would establish standard rules for the design and operation of health plan formularies and pharmacy benefits.	Asm. Michaelle Solages
NY	A 236	Recommitted to Assembly Health Committee	Transparency	Would require the commissioner of health to establish and publish list of generic drug products. Would require manufacturer of generic drug product to disclose to the Department of Health the biopharmaceutical studies and summaries.	Asw. Amy Paulin
NY	A 9893	Referred to Assembly Insurance Committee	Pharmacy Benefit Managers	Would prohibit provisions in contracts between pharmacy benefit managers and pharmacies that prohibit a pharmacy from disclosing to consumer the cost of the medication, availability of therapeutically-equivalent alternative medications or alternative methods of paying for medication, including cash price.	Asm. Anthony Brindisi
OK	SB 1573	In Senate Judiciary Committee upon adjournment	Pharmacy Benefit Managers	Would require pharmacy claims payers to specify sources used to determine maximum allowable cost (MAC) reimbursement for generic drugs. Would require payers to update a MAC generic pricing list every seven days and would require readily available access to MAC amounts to be given to providers. Would create an appeals process for providers to contest reimbursement amounts. Would prohibit pharmacy benefit managers from requiring accreditation or licensing of providers other than by State Board of Pharmacy.	Sen. Rob Standridge
OK	SB 1381	In Senate Health and Human Services Committee upon adjournment	Importation	Would require the Oklahoma Health Care Authority to submit an application to the secretary to permit prescription drug importation from Canada by August 2018 that meets federal requirements for drug safety and consumer savings.	Sen. Robert Standridge
OR	HB 4151	In House Ways and Means Committee upon adjournment	Volume Purchasing	Would require state agencies including the Public Employees' Benefit Board, Oregon Educators Benefit Board, Public Employees Retirement System and Oregon Health and Science University to purchase prescription drugs through the Oregon Prescription Drug Program. Would authorize the program to purchase prescription drugs, replenish prescription drugs dispensed or reimburse pharmacies for prescription drugs in order to receive discounted prices and rebates. Would appoint an administrator and authorize administrator to handle select responsibilities including but not limited to negotiating price discounts and rebates on prescription drugs with prescription drug manufacturers or group purchasing organizations.	Rep. Andrea Salinas
OR	HB 4103	In House Healthcare Committee upon adjournment	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from incentivizing mail order pharmacies over retail pharmacies. Pharmacy benefit managers would be prohibited from imposing additional licensing, accreditation, and credentialing of licensed pharmacist in addition to those required by the State Board of Pharmacy. Pharmacy benefit managers would be required to disclose any financial incentives offered by a mail order pharmacy to the pharmacy benefit manager provided the pharmacy benefit manager uses a mail order pharmacy instead of retail pharmacy.	Rep. Teresa Alonso Leon, Sen. Bill Hansell

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	Bill	Status	Category	Summary	Primary Sponsor
OR	HB 4005	Enacted	Transparency	Requires drug manufacturers to annually report prices of prescription drugs and costs associated with developing and marketing prescription drugs to the Department of Consumer and Business Services. Impose penalties on manufacturers for failure to comply with reporting requirements. Requires health insurers, that offer prescription drug benefits, to report to the department information about prescription drug prices and the impact of prescription drug prices on premium rates. Would authorize the department to adopt by rule fees on manufacturers. Would require the department to conduct annual public hearings on prescription drug prices reported by manufacturers.	Rep. Robert Nosse, Sen. Leslee Beyer
PA	SB 637	No action	Transparency	Would require each manufacturer to report to the state information about the costs of each prescription medication that is available in the state, including information about the total cost of research and development, costs of clinical trials, administrative costs, marketing, and a calmatime history of price increases and profits. Manufacturers must also submit information about patient assistance programs and the aggregate amount of rebates offered to all payers. Pharmacy benefit managers may not prohibit pharmacists from disclosing information that would reduce out of pocket costs. The Department of Health Information would create a public report but will only include the aggregate amount of rebates.	Sen. Donald White
RI	H 7022	House Corporations Committee recommended further study	Price Gouging	Would prohibit price-gouging of brand or generic pharmaceuticals in times of market shortages that result in a declaration of market emergency by the governor. Violations subject to felony charges, imprisonment and fines and injunctive relief.	Rep. John Lombardi
RI	H 7004	House Corporations Committee recommended further study	Transparency	Would require the State Board of Pharmacy to identify up to 15 prescription drugs for which the state spends significant money and for which the wholesale acquisition cost has increased by 50% or more over the past five years or increased by 15% or more over the past 12 months. Would require prescription drug manufacturers to provide justification of price increase to the Office of the Attorney General.	Rep. John Lombardi
RI	H 7042	House Corporations Committee recommended further study	Transparency	Would require the state's board of pharmacy to annually develop a list of critical prescription drugs for when there is substantial public interest in understanding the development of drug prices that when identified, require manufacturer reporting of costs of development, production and sales, US net prices and prices outside of the United States.	Rep. Aaron Regunberg
RI	H 7684	House Corporations Committee recommended further study	Pharmacy Benefit Managers	Would establish audit requirements for pharmacy benefit managers and establish annual reporting requirements for health insurers.	Rep. Raymond Hull
RI	H 7700	House H.E.W. Committee recommended further study	Pharmacy Benefit Managers	Would allow a pharmacist to provide information to patients, including less expensive prescription alternatives, and ensure confidentiality of patient-pharmacist communications. Would limit patient drug costs to the lesser of usual and customary price or insurance plan copay. For pharmacy benefits with a coverage gap (like Medicare Part D), the amount counted as patient drug spending is no more than what the plan reimbursed the pharmacy for the drug. Would prohibit pharmacy benefit managers from charging fees to pharmacies for claims adjudication and would prohibit promotion of patient use of any specific pharmacy or pharmacy chain.	Rep. Teresa Tanzi
RI	S 2550	Senate Health and Human Services Committee recommended further study	Transparency	Would direct the State Board of Pharmacy, in collaboration with the Rhode Island Department of Health, to annually develop a list of critical prescription drugs based on cost and price for which there is substantial public interest in understanding the development of the drugs' price. Would require manufacturer reporting of certain information for drugs on the list. If the cost of the drug is determined to jeopardize the state's ability to assure access to the drug, the board could require additional information from the manufacturer and could set a maximum manufacturer price for the drug in the state.	Sen. Adam Satchell
SC	S 0815	In House Medical, Military, Public, and Municipal Affairs Committee upon adjournment	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from taking certain actions. It would ban a pharmacy or pharmacist from disclosing information on cost share and clinical efficacy of alternative drugs. require an insured to use mail order from pharmaceutical distributors, or charge or collect a copayment that exceeds charges paid to a pharmacy, and charging adjudication fees for a claim.	Sen. Michael Gambrell
SC	H 4490	In House Committee on Medical, Military, Public, and Municipal Affairs upon adjournment	Pharmacy Benefit Managers	Would require drug manufacturers to submit reports to the Department of Health and Environmental Control for diabetes products when the price increases relative to the increase in the medical component of the consumer price index. Information reported would include market analysis, research, production, and marketing costs among other information. There are financial penalties for failure to comply. Would require pharmacy benefit managers to report on the total rebates received for diabetes products, the amount of those rebates retained by the pharmacy benefit managers and other information. Would require all groups that advocate for people with diabetes to disclose the funding received from the drug industry. Information reported could be made public.	Rep. Cezar McKnight

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	Bill	Status	Category	Summary	Primary Sponsor
SC	H 5044	In House Committee on Medical, Military, Public, and Municipal Affairs upon adjournment	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from prohibiting or penalizing a pharmacist for providing an insured with information on the amount of the insured cost share for a prescribed drug and the clinical efficacy of an alternative drug. When selling an alternative drug, network pharmacies must be allowed to offer and provide direct delivery services. Pharmacy benefit managers could not require patients to use mail order pharmacies, charge a copayment that exceeds the drug acquisition cost, charge pharmacies a claims adjudication fee, or recoup duplicate pharmacy payments. It would require pharmacy benefit managers to disclose data sources used for drug reimbursement amounts and update reimbursement information at least every seven days. Would require pharmacy benefit managers to ensure that dispensing fees are not included in the drug component reimbursement and to reimburse a provider within seven business days.	Rep. Mclain Toole
SC	H 5038	Enacted	Pharmacy Benefit Managers	Would prohibit a pharmacy benefits manager from prohibiting or penalizing a pharmacy or pharmacist from informing the patient of a lower cost including the cash price. Would prohibit pharmacy benefit manager from reducing reimbursement after a claim has been adjudicated or charge or hold a pharmacist or pharmacy responsible for any fee that is related to a claim. Would prohibit a pharmacy benefit manager from restricting pharmacy delivery services. Would prohibit a pharmacy benefits manager from restricting a covered person's ability to access prescription medications available at network pharmacies.	Rep. Todd Atwater
SD	SB 141	Enacted	Pharmacy Benefit Managers	Would prohibit a pharmacy benefits manager from prohibiting or penalizing a pharmacist or pharmacy for providing cost-sharing information on the amount a covered individual may pay for a particular prescription drug.	Sen. Alan Solano
SD	SB 75	Enacted	Drug Substitution	Would permit pharmacist dispensing prescription drug order for a biological product prescribed by its brand or proper name to select an interchangeable biological product of the prescribed product. Would prohibit pharmacist from dispensing an equivalent or interchangeable biological drug product if a brand name has been prescribed unless patient is informed of selection and given right of refusal. Would permit prescriber to prohibit a pharmacist from selecting an equivalent drug product or interchangeable biological product by hand-writing "brand necessary" on the prescription drug order.	Sen. Deb Soholt
TN	HB 1857/SB 1852	Enacted	Pharmacy Benefit Managers	Requires a pharmacy benefits manager to obtain a license through the Department of Commerce and Insurance. Imposes a fine on pharmacy benefit manager for failure to obtain a license.	Rep. Dennis Powers
TN	HB2466/SB2415	Sponsor withdrawn	Study	Would require the comptroller of the treasury to study the process utilized by the state to purchase prescription drugs. Would require the study to examine the role of pharmacy benefit managers, the role of co-payments in drug costs to the consumer and the state, and the desirability of a bid process approved by the General Assembly. Would require the comptroller to report to the Health Committee of the House of Representatives and the Health and Welfare Committee of the Senate.	Rep. G. Hardaway
TN	HB 327/ SB 0397	In House Insurance and Banking Subcommittee upon adjournment	Pharmacy Benefit Managers	Would prohibit a state agency from entering into a contract with a pharmacy benefit manager that requires a covered individual to use a retail, mail order, or specialty pharmacy in which the pharmacy benefit manager has ownership interest or that has ownership in the pharmacy benefit manager. Would prohibit a state agency from entering into a contract with pharmacy benefit manager that provides an incentive or other benefit to covered individual that encourages them to use a retail, mail order, or specialty pharmacy that has ownership interest in pharmacy benefit manager or pharmacy benefit has ownership in. Would require a pharmacy benefit manager to disclose to Commissioner of Finance and Administration any ownership interest in any organization or company that is related to the provision of pharmacy services or a pharmaceutical manufacturer.	Rep. Curtis Johnson
TN	HB 2465/ SB 2412	In State Government Sub-Committee upon adjournment	Study	Would require the Treasury to study the issue of transparency in the purchase of prescription drugs by the state. Would require the Comptroller of the Treasury to make recommendations for increasing prescription drug transparency in the state employees benefits program, the Medicaid TennCare program. Would require the comptroller to report any findings and recommendations to: the House Health Committee, Senate Health and Welfare Committee, Senate Commerce and Labor Committee, House Insurance and Banking Committee, Senate Finances, Ways and Means Committee, House Finance, Ways and Means Committee, Senate Government Operations Committee, and House Government Operations Committee.	Rep. G. Hardaway
UT	HB 163	Passed House. In Senate Committee upon adjournment	Importation	Would require the Department of Health to design a wholesale Canadian prescription drug importation program. Would require department to apply for approval of the program by the Secretary of US Department of Health and Human Services.	Rep. Norman Thurston

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	Bill	Status	Category	Summary	Primary Sponsor
UT	SB 208	Enacted	Pharmacy Benefit Managers	Would require a pharmacy benefit manager to report to pharmacies the amount of direct or indirect remuneration related to the sale, the reason for direct/indirect remuneration, if the direct/indirect remuneration is a reduction in total compensation, and what the pharmacy can do to prevent direct/indirect remuneration in the future. It would also prohibit a pharmacy benefit manager from preventing a pharmacist from disclosing cost information to a patient.	Sen. Evan Vickers
VA	HB 573	Voted down in House Commerce and Labor	Pharmacy Benefit Managers	For purposes of calculating the medical loss ratio in annual rate filings, it would require insurers to count as administrative costs, the fees paid to their pharmacy benefit managers.	Del. Keith Hodges
VA	HB 1302	Voted down in House Commerce and Labor	Pharmacy Benefit Managers	Would prohibit any contract between a health carrier or its pharmacy benefit managers and a pharmacy or pharmacist from containing a provision that requires an enrollee to make a copayment for a covered prescription drug in an amount that exceeds the least of (1) the applicable copayment for the prescription drug or (2) the cash price the enrollee would pay for the prescription drug if the enrollee purchased the prescription drug without using the enrollee's health plan.	Del. Kathy Byron
VA	SB 933	Enacted	Pharmacy Benefit Managers	Would require a health carrier, pharmacy benefit manager, pharmacy, or pharmacist from charging an enrollee a drug copayment that is the lesser of applicable insurance copayment or the cash price without using enrollee's health plan.	Sen. Richard Saslaw
VA	SB 223	Voted down in Senate Education and Health	Price Gouging	Would prohibit price-gouging in the sale of essential off-patent or generic drugs by requiring the director of the Department of Medical Assistance to notify the attorney general of excessive price increases. Would authorize the secretary of Health and Human Resources to designate drugs as essential drugs. Would authorize the attorney general to issue a civil investigative demand.	Sen. John Edwards
VA	HB 1177	Enacted	Pharmacy Benefit Managers	Establishes prohibited acts for pharmacy benefit managers. Prohibits provider contracts from including provisions that bar pharmacists from discussing lower-cost alternative drugs with consumers and selling lower-cost alternative drugs to consumers or using contract terms to prevent pharmacies from providing store direct delivery services.	Del. Todd Pillion
VA	HB 520	Enacted	Other	Would require Board of Pharmacy registration for any warehouse or third-party logistics provider located outside the state that ships prescription drugs or delivers into the state. Would allow the board to establish regulations relating to the storage, handling, and distribution of prescription drugs and devices by any third-party logistics provider and warehouses. Would require non-resident, third-party logistics providers or warehouse to maintain a valid, unexpired license, permit or registration in the state.	Del. Keith Hodges
VT	S 92	Enacted	Transparency	Requires pharmacists to dispense the lowest priced generic or interchangeable product. Requires an insurer to annually file a summary of proposed rates, including an analysis of the impact of drug cost on premium increases. Separately, requires insurers of different sizes to report on a specified number of most frequently prescribed drugs by average wholesale price for each drug, by the total spend, and by higher year on year price increases. Requires a subset of manufacturers to provide cost justification to the attorney general, who will provide the report from the information received from manufacturers. Green Mountain Care Board shall post the report on its website. Requires manufacturers notice to the Attorney General of new drug launches priced at more than \$670 and supply information about marketing and sales volume and other information to the Attorney General. Requires pharmacy benefit manager transparency as well.	Sen. Virginia Lyons
VT	S 175	Enacted	Importation	Establishes a wholesale importation program to import predetermined, high-cost drugs from Canada.	Sen. Tim Ashe
VT	S 163	In Senate Committee on Health and Welfare upon adjournment	Volume Purchasing	Would have Agency of Human Services explore ways to work with other states to create a public pharmacy benefit management program in order to contain prescription drug cost, determine prescription drug formularies, and increase transparency of pharmacy benefit management.	Sen. Claire Ayer
VT	H 886	In House Committee on Health Care upon adjournment	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager or other entity paying pharmacy claims from prohibiting or penalizing a pharmacy or pharmacist from informing the patient of the cash price of a prescription drug.	Rep. James Harrison
VT	H 713	In House Committee on Health Care upon adjournment	Price Gouging	Would prohibit a pharmaceutical manufacturer or wholesaler from price-gouging on sales of essential off-patent or generic drugs. Would require the Department of Vermont Health Access to report any suspected price gouging to the attorney general.	Rep. William Lippert
WA	SB 5995	In Senate Ways and Means Committee upon adjournment	Price Gouging	Declares that excessive price increases for generic medications are a violation of the Consumer Protection Act. The Health Commission may declare an increase to be excessive following an increase in wholesale acquisition cost of more than 100% within a 12 month period. The case is then referred to the attorney general.	Sen. Karen Keiser

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	Bill	Status	Category	Summary	Primary Sponsor
WA	SB 5699	In Senate Health and Long Term Care Committee upon adjournment	Pharmacy Benefit Managers	Would allow network pharmacies to appeal payments made by the pharmacy benefit manager. Would prohibit pharmacy benefit managers from placing a drug on a list of drugs for which predetermined costs have been established unless there are two therapeutically-equivalent, multiple-sourced drugs or at least one generic drug available from only one manufacturer.	Sen. Anna Rivers
WA	HB 2623	In House Health Care and Wellness Committee upon adjournment	Pharmacy Benefit Managers	Would prohibit insurers and pharmacy benefit managers from penalizing a pharmacy or pharmacist for disclosing to the consumer information about the cost of the prescription and alternative methods of purchasing the prescription including but not limited to paying cash price.	Rep. Matt Man Weller
WA	HB 2296	In House Rules Committee upon adjournment	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from prohibiting pharmacists from disclosing specified information to an individual purchasing a drug (i.e., the availability of any alternative less expensive medications).	Rep. Bandana Slater
WA	SB 6026	In Senate Ways and Means Committee upon adjournment	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from prohibiting pharmacists from disclosing specified information to an individual purchasing a drug (i.e., the availability of any alternative less expensive medications).	Sen. Patty Murderer
WA	HB 1541	In House Rules Committee upon adjournment	Transparency	Would require health plan issuer to submit drug cost utilization data from the previous calendar year to a state agency that will collect, verify, and summarize the reported data. The state agency will be selected by the Office of Financial Management.	Rep. June Robinson
WA	SB 5586	Voted down in Senate Rules Committee	Transparency	Would require issuers and drug manufacturers to report prescription drug pricing data to a data organization contracted by the Office of Financial Management. Would require the data organization to summarize the prescription drug pricing data and provide reports to the state legislature and the Office of Financial Management.	Sen. Kevin Ranker
WA	SB 5401	In Senate Health and Long Term Care Committee Upon Adjournment	Transparency	Would require issuers and drug manufacturers to report drug pricing data to a data organization contracted by the Office of Financial Management. Would require data organization to summarize the prescription drug pricing data and provide reports to the Office of Financial Management and Joint Select Committee on Health Care Oversight.	Sen. Anna Rivers
WI	SB 669	Voted down in Senate Committee on Insurance, Financial Services, Constitution and Federalism	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager or other entity that administers prescription drug benefits from prohibiting or penalizing a pharmacy or pharmacist for disclosing to the consumer information about the cost of the prescription drug, availability of therapeutically-equivalent alternative medications, and alternative methods of purchasing the prescription drug.	Sen. Janet Bewley
WI	SB 874	Voted down in Senate Committee on Senate Organization	Price Gouging	Would prohibit a manufacturer or wholesale distributor from price-gouging on sales of essential off-patent or generic drugs. Would permit the attorney general to request that a manufacturer or wholesale distributor submit a statement, records, or other documents that may be relevant to investigating price gouging of essential off-patent or generic drugs. Would permit the attorney general to petition the federal Circuit Court and impose a fine of \$10,000 for each instance of price-gouging.	Sen. Hansen
WI	AB 620	Voted down in Assembly Committee on Health	Transparency	Follows the NASHP model drug price transparency act. Would require a brand or generic drug manufacturer to notify the Department of Health Services and the Office of the Commissioner of Insurance if it is (1) increasing the wholesale acquisition cost of a brand-name drug by more than 25% over a 24-month period; (2) intending to introduce a brand-name drug with an annual wholesale acquisition cost of \$30,000 or more; (3) increasing the wholesale acquisition cost of a generic drug by more than 25% or by more than \$300 during any 12-month period; and/or (4) intending to introduce a generic drug that has an annual wholesale acquisition cost of \$3,000 or more. Would require that a manufacturer provide the notice at least 30 days before the planned date of the increase or introduction and must provide a justification. Would require each manufacturer of a brand-name or generic sold in Wisconsin to submit to the two agencies a report containing a description of each manufacturer-sponsored assistance program in effect during the previous year.	
WI	AB 679	Voted down in Assembly Committee on Rules	Drug Substitution	Would allow a pharmacist to dispense an interchangeable biological product in lieu of the biological product prescribed if the interchangeable biological product is lower in price to the consumer than the biological product prescribed, unless the prescribing practitioner specifically indicates on the prescription order that no substitution is permitted. Would establish requirements for pharmacists who dispense biological products to make an entry into an electronic records system to communicate with prescribing practitioner.	Rep. John Spiros
WV	SB 46	Enacted	Pharmacy Benefit Managers	Permits pharmacist to inform customers about lower-cost alternatives to prescribed drugs. Limits the ability of pharmacists and pharmacy benefit managers to charge retail prices for drugs in excess of the price paid for the drugs by pharmacist or pharmacy benefit managers.	Sen. Sue Cline

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	Bill	Status	Category	Summary	Primary Sponsor
WV	HB 4287	In House Judiciary Upon Adjournment	Pharmacy Benefit Managers	Would prohibit a contract between a health care provider and pharmacy benefit manager from containing a provision prohibiting disclosure of billed or allowed amounts and reimbursement rates or out-of-pocket costs to consumers. Would prohibit pharmacy benefit managers from placing a trademark or logo on a medical and prescription drug card.	Del. Gary Howell
WV	HB 4294	House placed on Interim Studies List for further study	Importation	Would design and establish a wholesale prescription drug importation program. Would permit the state to designate a state agency to become a drug wholesaler to import pharmaceuticals from Canada to provide cheaper drugs to West Virginians.	Del. Mick Bates
WV	SB 560	In Senate Health and Human Resources upon adjournment	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from charging a pharmacist or pharmacy a fee related to the adjudication of a claim. Would prohibit pharmacy benefit manager from entering into a contract that would prevent disclosure of billed or allowed amounts, reimbursement rates, and out-of-pocket costs. Would prohibit pharmacy benefit managers from requiring payment for covered prescription that is greater than copayment, allowable claim amount or prescription cost without use of health benefit plan, or other prescription benefits and discounts. Would prohibit pharmacy benefit managers from placing trademark or logo on a medical and prescription drug card.	Sen. Ron Stollings
WV	HB 4524	Enacted	Drug Substitution	Unless instructed otherwise by the purchaser, would permit a pharmacist to select a less expensive, interchangeable biological product provided that the pharmacist provide notice to the patient about the selection. Would permit prescriber to prohibit interchange by stating that the brand pharmaceutical or the specific biological product is medically necessary.	Del. Joe Ellington
WY	HB 107	Withdrawn by sponsor	Pharmacy Benefit Managers	Would prohibit insurers and pharmacy benefit managers from penalizing a pharmacy or pharmacist for disclosing to the consumer information about the cost of the prescription drug and availability of therapeutically-equivalent alternative medicine, or alternative methods of purchasing the prescription drug. Would require disclose of insurance drug out-of-pocket costs to the lesser of: the insurance benefit cost sharing, the amount the insurer or pharmacy benefit manager will reimburse the pharmacy for the dispensed drug, or the price that would be charged in the absence of any insurance coverage (the cash price).	Rep. Dan Kirkbrid
WY	SF 088	Voted down in Senate	Importation	Would require the Department of Health to study how to gain federal approval to import prescription drugs from outside the United States. As part of the study, the Department of Health will: identify prescription drugs with potential for consumer savings through importation; estimate potential consumer savings based on importation; identify potential contractors capable of distributing imported drugs; consult with the Department of Agriculture, Department of Revenue, Board of Pharmacy, representatives of the pharmaceutical industry, and patient advocates; and confer with the attorney general about potential market manipulation.	Sen. Chris Rothfuss
WY	SF 0075	Enacted	Drug Substitution	Permits a pharmacist to substitute an interchangeable biological for the prescribed original biologic product or substitute the generic equivalent of a prescribed pharmaceutical, unless the prescriber has clearly indicated that substitution is not permitted. Requires a pharmacist, upon dispensing an interchangeable biological product or generic-equivalent drug, to label the prescription container with the name of the dispensed biological product or drug.	Sen. Fred Baldwin