

National Academy for State Health Policy  
State Prescription Drug Legislative Tracker 2019

State	Bill	Status	Category	Summary	
CO	SB 5	Referred to Senate Health and Human Services Committee	Importation	This measure directs the Department of Health Care Policy and Financing to design a program to allow for the wholesale importation of prescription pharmaceutical products from Canada for sale to Colorado consumers.	Sen. Robert Rodriguez (D)
CT	SB 27	Referred to Joint Human Services Committee	Cost Review (Rate Setting)	This measure authorizes the Commissioner of Social Services to reduce prescription drug costs in the Medicaid program by establishing a price cap that requires additional negotiation for rebates with manufacturers and review when the cap is exceeded. This measure also requires the commissioner to develop a transparent reimbursement model for pharmacy benefit managers (PBM) that allows the Medicaid program to pay the discounted cost for drugs negotiated by the PBMs.	Sen. Martin Looney (D)
CT	SB 84	Referred to Joint Human Services Committee	Importation	This measure allows for the wholesale importation of prescription drugs from Canada.	Sen. Alexandra Bergstein (D)
CT	SB 142	Referred to Joint Public Health Committee	Importation	This measure establishes a wholesale Canadian drug importation program.	Sen. Christine Cohen (D)
CT	SB 332	Referred to Joint Insurance and Real Estate Committee	Pharmacy Benefit Managers	This measure requires that each pharmacy benefits manager (PBM) establish a uniform rate of compensation for each prescription drug covered by a drug benefit administered by the PBM.	Sen. George Logan (R)
CT	SB 370	Referred to Joint Public Health Committee	Cost Review (Rate Setting)	This measure establishes a prescription drug review board to investigate spikes in prescription drug pricing.	Sen. Martin Looney (D)
DE	HB 24	Passed House Economic Development, Banking, Insurance, Commerce Committee	Pharmacy Benefit Managers	This measure prohibits insurers and pharmacy benefit managers (PBMs) from engaging in the practice of clawbacks. Under this measure, an insurer or PBM may not retain the difference between a patient's copay and the total cost of the drug.	Rep. Andria Bennett (D)
HI	HB 267/SB 1328	Referred to House Health Committee/Referred to Senate Commerce, Consumer Protection, and Health Committee	Transparency	This measure requires drug manufacturers that produce a drug with a wholesale acquisition cost (WAC) of more than \$40 to notify each benefit plan and pharmacy benefit manager of any planned price increase if that increase will result in a 16% or more increase in the WAC over a two-year period.	Rep. Roy Takumi (D), Sen. Rosalyn Baker (D)
HI	HB 1442/SB 1521	Amended; passed House Health Committee/Referred to Senate Commerce, Consumer Protection, and Health Committee	Pharmacy Benefit Managers	This measure establishes requirements for pharmacy benefit managers (PBM) and maximum allowable cost (MAC). PBMs must notify all contracting pharmacies of a 10% or greater increase in drug acquisition cost for any drug on the MAC list for 60% or more regional pharmaceutical wholesalers. This bill also requires PBMs to disclose where an equivalent drug can be obtained at or below the maximum allowable cost.	Rep. Della Belatti (D), Sen. Rosalyn Baker (D)
HI	SB 507	Referred to Senate Commerce, Consumer Protection and Health Committee	Pharmacy Benefit Managers	This measure requires pharmacy benefit managers (PBM) to notify contracting pharmacies of changes to maximum allowable costs (MAC) for any drug 15 days before the change. This measure also requires PBMs to disclose where an equivalent drug can be obtained at or below the maximum allowable cost when a MAC appeal is upheld on appeal. This measure also allows a pharmacy to decline to dispense a drug if the reimbursement is less than the acquisition cost	Sen. Donna Kim (D)
HI	SB 1401/HB 1361	Referred to Senate Commerce, Consumer Protection, and Health Committee/Referred to House Health Committee	Pharmacy Benefit Managers	This measure requires pharmacy benefit managers (PBM) to obtain a license and prohibits a PBM from providing financial incentives to covered persons as incentives to use a retail pharmacies. This measure also requires PBMs to submit annually a transparency report regarding rebates received from manufacturers.	Sen. Rosalyn Baker (D), Rep. Roy Takumi (D)

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IL	HB 53	Referred to House Prescription Drug Affordability and Accessibility Committee	Transparency	This measure requires manufacturers of brand name or generic prescription drugs to notify state purchasers, health insurers, pharmacy benefit managers and the general assembly about specified increases in drug prices at least 60 days before an increase, and the cost of new prescription drugs within three days of US Food and Drug Administration approval. Notice must be provided if the brand manufacturer is increasing the wholesale price of the brand name drug by more than 10% or \$10,000 during a 12-month period or if the generic manufacturer is increasing the wholesale price by 25% during a 12-month period. Price increases must be justified by manufacturers.	Rep. Mary Flowers (D)
IL	HB 156	Referred to House Prescription Drug Affordability and Accessibility Committee	Transparency	This measure requires health insurers to disclose certain rate and spending information concerning prescription drug pricing information to the Department of Public Health, which in turn must create a list annually of the state's high-spend drugs. This measure also requires drug manufacturers to notify the attorney general when they plan to introduce a new drug at a wholesale acquisition cost that exceeds the threshold set for a specialty drug under the Medicare Part D program. This measure also requires a health insurer to apply the same cost-sharing requirements to interchangeable biological products as apply to generic drugs under the policy. Additionally, this measure instructs pharmacists to select the lowest-priced interchangeable biological product in place of a biologic drug, rather than allowing a pharmacist to substitute only if certain requirements are met. Finally, this bill requires that when a pharmacist receives a prescription from a Medicaid enrollee, the pharmacist must select the preferred drug or biologic from the state's preferred drug list.	Rep. Mary Flowers (D)
IL	HB 204	Referred to House Appropriations - Human Services Committee	Other	This measure reinstates the pharmaceutical assistance program for seniors that was eliminated by Public Act 97-689. The program will execute contracts with pharmacies to dispense covered prescription drugs and establish maximum limits on the size of prescriptions.	Rep. Steve Davisson (R)
IL	HB 891	Referred to House Rules Committee	Pharmacy Benefit Managers	This measure allows a pharmacy or pharmacist to provide an insured consumer with information about the amount of the insured's cost-share for a prescription drug. Under this bill, neither a pharmacy nor a pharmacist will be penalized by a pharmacy benefit manager (PBM) for discussing cost information with a consumer or for selling a lower-priced drug if one is available.	Rep. Joe Sosnowski (R)
IL	HB 1441	Referred to House Rules Committee	Importation	This measure establishes a wholesale Canadian drug importation program that allows the state to be a licensed wholesaler of imported drugs.	Rep. Anna Moeller (D)
IN	HB 1029	Referred to House Public Health Committee	Study	This measure urges the legislative council to assign to the Interim Study Committee on Public Health, Behavioral Health and Human Services the task of studying issues related to prescription drug price transparency by drug manufacturers in Indiana.	Rep. Robin Shackelford (D)
IN	HB 1180	Referred to House Insurance Committee	Pharmacy Benefit Managers	This measure requires a pharmacy benefit manager (PBM) to obtain a license from the Department of Insurance. This measure also prohibits a PBM from prohibiting or penalizing a pharmacy or pharmacist from informing the covered person about financial information or alternative therapies. This measure allows a pharmacist to provide cost information to a covered individual.	Rep. Martin Carbaugh (R)
IN	HB 1228	Referred to House Public Health Committee	Importation	This measure requires the Department of Health to conduct a study and report to the legislative council concerning a state wholesale prescription drug importation program.	Rep. Chris Chyung (D)
IN	HB 1249	Referred to House Public Health Committee	Other	This measure requires the Office of the Secretary of Family and Social Services to provide a prescription drug benefit for a Medicaid recipient under the risk based managed care program and the Healthy Indiana Plan. Current law allows the office or the managed care organization to provide the benefit.	Rep. Steve Davisson (R)
IN	HB 1252	Referred to House Insurance Committee	Pharmacy Benefit Managers	This measure requires a pharmacy benefit manager (PBM) that is not licensed as an administrator to be registered with the Board of Pharmacy. This measure also requires PBMs to submit annually a report containing information on the aggregate amount of all rebates the PBM received from pharmaceutical manufacturers, the aggregate amount of administrative fees that the PBM received from manufactures, and the aggregate amount of retained rebates the PBM received from manufacturers that were not passed through to the insurers.	Rep. Steve Davisson (R)
IN	SB 40	Referred to Senate Health and Provider Services Committee	Pharmacy Benefit Managers	This measure requires pharmacy benefit managers (PBM) to obtain a certificate of registration. This measure also requires PBMs to submit annually a report with information about aggregate rebates received from all pharmaceutical manufacturers.	Sen. Ron Grooms (R)

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IN	SF 415	Referred to Senate Health and Provider Services Committee	Price Gouging	This bill prohibits a manufacturer or a wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug. The Office of the Secretary of Family and Social Services may provide a written notice of a price increase to the attorney general if the price increase represents an increase of at least 50% in the wholesale acquisition cost of the drug during a 12-month period and a 30-day supply of the drug costs \$80 or more. Manufacturers must submit to the attorney general a statement that explains the price increase. The attorney general may bring action against a manufacturer under this bill.	Sen. Jean Breaux (D)
MA	HB 1	Referred to House Ways and Means Committee	Cost Review (Rate Setting)	This is the governor's budget proposal. Under the bill, the state's Medicaid program (MassHealth) would be allowed to negotiate supplemental rebate agreements directly with drug manufacturers, including value-based agreements. It also provides MassHealth with additional tools to encourage manufacturers to engage in good faith negotiations for supplemental rebate agreements, including a public process to determine the value of a drug and referral to the Health Policy Commission (HPC) to determine if the manufacturer has priced the drug excessively. If HPC concludes that the drug manufacturer's pricing of the drug is unreasonable, HPC may refer the drug to the Office of the Attorney General for appropriate action.	Gov. Charlie Baker (R)
MN	SF 67	Referred to Senate Health and Human Services Finance and Policy Committee	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist for informing the covered person about the cost of the prescription or about any therapeutically equivalent alternative medications.	Sen. Scott Jensen (R)
MN	SF 237/HF 149	Referred to Senate Health and Human Services Finance and Policy Committee/Referred to House Health and Human Services Policy Committee	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist from informing a patient about the out-of-pocket price for a drug. This measure also requires a pharmacist, when dispensing a prescription, to disclose the net amount the pharmacy will receive from all sources for dispensing the drug.	Sen. Scott Jensen (R), Rep. Kristin Bahner (D)
MN	SF 278	Referred to Senate Health and Human Services Finance and Policy Committee	Pharmacy Benefit Managers	This measure requires a pharmacy benefit manager (PBM) to obtain a license and establishes that a PBM has a fiduciary duty to a health carrier. This measure also requires PBMs to disclose rebate and pricing information to plan sponsors and the state's Commissioner of Commerce. Under this bill, PBMs would be required to provide pharmacies with a maximum allowable cost list, which must be updated every seven business days. This measure also prohibits a PBM from prohibiting a pharmacist from disclosing information about the cost of the drug or the availability of alternative therapies. This bill imposes cost-sharing limits for consumers at the point of sale and allows a pharmacist to substitute a therapeutically equivalent and interchangeable drug in place of a prescribed drug.	Sen. Scott Jensen (R)
MN	SF 353	Referred to Senate Health and Human Services Finance and Policy Committee	Cost Review (Rate Setting)	This measure creates the Prescription Drug Affordability Commission. Under this bill, drug manufacturers must notify the commission if they increase the wholesale acquisition cost (WAC) of a brand-name drug or biologic by more than 10% or by more than \$10,000 during any 12-month period, or if they intend to introduce a brand name drug to market with a WAC of \$30,000 per calendar year. For generic drugs, a manufacturer must notify the commission if the WAC increases by more than 25% or \$300 in an 12-month period. All manufactures must notify the commission of increases at least 30 days before an increase takes effect, along with a justification for the increase. The chair of the commission may initiate a review of the cost of a drug, and the commission will determine whether the drug will lead to excess costs on the health care system. If the commission finds that spending on the drug creates excessive costs for consumers, the commission will establish a maximum level of reimbursement.	Sen. Scott Jensen (R)
MN	SF 364/HF 284	Referred to Senate Health and Human Services Finance and Policy Committee/Referred to House Commerce Committee	Cost Review (Rate Setting)	This measure authorizes the Commissioner of Health to review costs for insulin products sold in Minnesota to determine if the cost is excessive. Under this bill, each manufacturer of an insulin product must report the wholesale acquisition cost for each insulin product offered for sale in the state. If the commissioner finds that spending on an insulin product is excessive, the commissioner will establish a maximum level of reimbursement that must not create more than 50% net profit for the manufacturer.	Sen. Matt Little (D), Rep. Laurie Halverson (D)

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MN	SF 366/HF 289	Referred to Senate Health and Human Services Finance and Policy Committee/Referred to House Commerce Committee	Transparency	This measure requires the Commissioner of Health to compile a list of essential diabetes medications. From the list, the commissioner must also compile a list of diabetes medications that have been subject to an increase in the wholesale acquisition cost of a percentage equal to or greater than the percentage increase in the Consumer Price Index Medical Care Component during the previous year or twice the percentage increase in the previous two years. Under this bill, manufacturers of drugs included on the commissioner's list must disclose pricing information, including the aggregate amount of all rebates the manufacturer provided to pharmacy benefit managers (PBM), as well as a justification for the price increase. This measure also requires PBMs to submit a report to the commissioner regarding rebates.	Sen. Matt Little (D), Rep. Alice Mann (D)
MN	SF 495	Referred to Senate State Government Finance and Policy and Elections Committee	Importation	This measure establishes a wholesale Canadian drug importation program. State and local government employee health care programs, as well as state health care programs and health plan companies, will be able to enter into an agreement with a pharmacy benefit manager to negotiate prices and administer contracts with Canadian pharmacies.	Sen. Carla Nelson (R)
MS	HB 482	Referred to House Drug Policy Committee	Transparency	This measure requires the attorney general to compile a list of essential diabetes medications, along with the wholesale acquisition cost (WAC) of each drug on the list. If the WAC of any drug on that list has increase in a percentage equal to the percentage increase in the Consumer Price Index in the previous year or twice that in the previous two years, it will be added to a separate list. Manufacturers of drugs on the second list must submit a justification for the price increase along with other cost information. This measure also requires pharmacy benefit managers to submit information regarding rebates.	Rep. Jarvis Dortch (D)
MS	HB 976/SB 2365	Referred to House Public Health and Human Services Committee/Passed Senate Public Health and Welfare Committee	Pharmacy Benefit Managers	This measure allows pharmacists to make a product selection for an interchangeable biological product in the same manner as a generic drug.	Rep. Sam Mims (R), Sen. Dean Kirby (R)
MS	HB 1215	Referred to House Insurance Committee	Pharmacy Benefit Managers	This measure requires pharmacy benefit managers (PBM) to annually certify to the state's Board of Pharmacy that the insurer made available to enrollees at least a majority of rebates at the point of sale.	Rep. Nolan Mettetal (R)
MO	HB 667	Introduced	Importation	This measure prohibits a state official or law enforcement officer from impeding or inhibiting the importation of a prescription drug for personal use.	Sen. Steve Helms (R)
MO	SB 127	Referred to Senate Seniors, Families and Children Committee	Importation	This measure requires the Department of Health and Senior Services to conduct a study into the wholesale importation of prescription drugs by the state.	Sen. David Sater (R)
MO	SB 310	Introduced	Transparency	This measure creates the Prescription Drug Affordability Commission. Under this bill, drug manufacturers must notify the commission if the manufacturer increases the wholesale acquisition cost (WAC) of a brand-name drug or biologic by more than 10% or by more than \$10,000 during any 12-month period, or if the manufacturer intends to introduce a brand name drug to market with a WAC of \$30,000 per calendar year. For generic drugs, a manufacturer must notify the commission if the WAC increases by more than 25% or \$300 in an 12-month period. All manufacturers must notify the commission of increases at least 30 days before an increase takes effect, along with a justification for the increase. The chair of the commission may initiate a review of the cost of a drug, and the commission will determine whether the drug will lead to excess costs of the health care system. If the commission finds that spending on the drug creates excess costs for consumers, the commission will establish a maximum level of reimbursement.  This measure also requires health carriers to report the top 25 most frequently prescribed drugs, the 25 costliest drugs, and the top 25 drugs that experienced the largest year-over-year increase in wholesale acquisition cost (WAC). Insurers must report on how drug prices impact premium costs. Additionally, this measure allows the commission to conduct studies on pipeline drugs that may have a significant impact on state spending. Any manufacturer involved in the study will be required to submit information regarding the cost of the pipeline drug. Pharmacy benefit managers also must report information regarding rebate amounts.	Sen. Laura Arthur (D)

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MT	HB 344	Introduced	Pharmacy Benefit Managers	This measure requires pharmacy benefit managers (PBM) to submit a transparency report annually. The report must contain information on the aggregate amount of all rebates received from pharmaceutical manufacturers as well as the aggregate amount of administrative fees received from manufacturers.	Rep. Kathy Keller (D)
MT	SB 71	Referred to Senate Business, Labor and Economic Affairs Committee	Pharmacy Benefit Managers	This measure regulates health insurers' administration of pharmacy benefits for consumers. This bill prohibits the practice of spread pricing and requires all compensation remitted by the manufacturer or distributor to be retained by the health plan for the purpose of lowering premiums.	Sen. Albert Olszewski (R)
MT	SB 83	Referred to Senate Business, Labor and Economic Affairs Committee	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from preventing a pharmacy from disclosing information about the adjudicated reimbursement paid to the pharmacy to either the plan sponsor or to the patient as long as the pharmacist complies with HIPAA.	Sen. Steve Fitzpatrick (R)
NE	LB 316	Referred to Banking, Commerce and Insurance Committee	Pharmacy Benefit Managers	This measure requires a pharmacy benefit manager (PBM) to obtain a certificate of authority. This bill also prohibits a PBM from collecting from a covered person a copayment for a prescription that exceeds the amount retained by the network pharmacy for filling the prescription.	Sen. Mark Kolterman
NE	LB 567	Referred to Health and Human Services Committee	Transparency	Under this bill, a manufacturer of a prescription drug with a wholesale acquisition cost (WAC) of more than \$40 for a course of therapy must provide notice to state purchasers if the increase in the WAC is more than 16% over the previous two years. Notice of the price increase must be given within 60 days of the planned increase and must be accompanied by pricing information. This measure also requires manufacturers to notify the Department of Administrative Services if they plan to introduce a new drug to market that exceeds the threshold set for a specialty drug under Medicare and to provide pricing information.	Sen. Adam Morefeld
NH	HB 656	Referred to House Commerce and Consumer Affairs Committee	Study	This measure creates the Commission to Study the Impact of Financial Initiatives for Commercially Insured Members by Drug Manufacturers on Prescription Drug Prices and Health Insurance Premiums. The commission must submit a report to the Legislature by Nov. 1, 2019.	Rep. Ed Butler (D)
NH	HB 657	Referred to House Commerce and Consumer Affairs Committee	Other	This measure requires each health plan to include in its formulary the drug with the lowest-cost option for the member.	Rep. Ed Butler (D)
NH	HB 659	Referred to House Commerce and Consumer Affairs Committee	Transparency	This bill requires the insurance commissioner to request data from health carriers regarding prescription drug benefits that are outsourced to a pharmacy benefit manager or similar entity as part of the preparation for the insurance department's annual hearing requirement. Information reported must include spread amounts between payers and pharmacies and amounts paid to the pharmacy benefit manager by the carrier, and drug rebate amounts.	Rep. Ed Butler (D)
NH	HB 671	Referred to House Commerce and Consumers Affairs Committee	Pharmacy Benefit Managers	This measure adds pharmacy benefit managers to statutes governing insurance and other health care entities.	Rep. Ed Butler (D)
NH	HB 695	Referred to House Commerce and Consumer Affairs Committee	Transparency	This measure requires nonprofit organizations advocating on behalf of patients or that fund medical research to compile a report relative to payments received from pharmaceutical manufacturers or pharmacy benefit managers.	Rep. Rebecca McBeath (D)
NH	HB 717	Referred to House Commerce and Consumer Affairs Committee	Coupons	This measure prohibits prescription drug manufacturers from offering coupons or discounts to cover insurance copayments or deductibles if a lower cost generic is covered under the individual's health insurance.	Re. Garrett Muscatel (D)
NH	SB 32	Referred to Senate Health and Human Services Committee	Transparency	This measure reestablishes the Commission to Study Greater Transparency in Pharmaceutical Costs and Drug Rebate Programs. The commission must submit a report to the Legislature by Nov. 1, 2020.	Sen. Kevin Cavanaugh (D)
NH	SB 222	Referred to Senate Executive Departments and Administration	Pharmacy Benefit Managers	This measure establishes the licensure and regulation of pharmacy benefit managers by the insurance commissioner.	Sen. Cindy Rosenwald (D)

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NH	SB 226	Referred to Senate Executive Departments and Administration Committee	Transparency	This measure requires the registration of pharmacy benefit managers and re-establishes the Commission to Study Greater Transparency in Pharmaceutical Costs and Drug Rebate Programs.	Sen. Donna Soucy (D)
NH	SB 260	Referred to Senate Health and Human Services Committee	Other	This measure directs the Department of Health and Human Services to develop a prescription drug assistance program to pay out-of-pocket prescription drug costs for seniors who have reached the gap in standard Medicare Part D coverage.	Sen. Dan Feltes (D)
NJ	A 583/S 983	Referred to the Assembly Health and Senior Services Committee/ Senate Health and Human Services and Senior Citizens Committee	Cost Review (Rate Setting)	This measure establishes the Drug Review Commission within the Department of Consumer Affairs. It must compile a list of critical drugs based on cost to Medicaid and Family Care Programs, statewide cost and utilization, and 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 costs, marketing costs, prices out of state and outside the United States, and typical in-state prices. The commission would be authorized to set a price for any drug on the list that is considered excessively high.	Asm. Paul Moriarty (D), Sen. Joseph Vitale (D)
NJ	A 999	Referred to Assembly Financial Institutions and Insurance Committee	Pharmacy Benefit Managers	This measure places restrictions on health insurance carriers and pharmacy benefit managers relating to the switching of drugs, step therapy, and fail-first practices. This measure requires communication when a switch is made. The Department of Banking and Insurance would develop the switch communication form.	Asm. Kevin Rooney (R)
NJ	A 2214	Combined with A 3993	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist for informing the covered person about a lower cost including the cash price.	Asm. Ronald Dancer (R)
NJ	A 2431/ S 1865	Passed Assembly Financial Institutions and Insurance Committee, referred to Assembly Appropriations Committee/ Referred to Senate Commerce Committee	Other	This measure requires insurers to limit enrollee out-of-pocket costs to up to \$100 for up to a 30-day supply of any single drug, and for bronze-level plans sold through the state Affordable Care Act exchange cost-sharing would not exceed \$200 for up to a 30-day supply of a single drug. Additionally, the measure requires that high-deductible health plans cannot subject prescription drug benefits to the plan's deductible. This measure also requires that health plans have an enrollee/appeals process to gain coverage of drugs not on formulary.	Asm. Daniel Benson (D), Sen. Loretta Weinberg (D)
NJ	A 3993/ S 2690	Amended on House floor/ Amended on Senate floor	Pharmacy Benefit Managers	This measure would prohibit a pharmacy benefit manager (PBM) from charging a covered person a copayment for a prescription drug benefit in an amount that exceeds the cost of the prescription drug purchased without insurance. This measure also prohibits a PBM from stopping a pharmacy from disclosing lower cost prescription drug options to a covered person, including options that do not use insurance to purchase a prescription drug.	Asm. John McKeon (D), Sen. Joseph Cryan (D)
NJ	A 4216/S 2630	Referred to Assembly Health and Senior Services Committee/ Referred to Senate Health, Human Services and Senior Citizens Committee	Price Gouging	This bill mandates prescription drug disclosure requirements and measures. It requires pharmacy benefit managers (PBMs) to disclose information about drug pricing and generic substitutions to benefit plan purchasers. Under this bill, PBMs must disclose the methodology and sources used to determine multiple-source generic drug and biological products. The bill requires PBMs 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 pharmacies. If the lists are not the same, the difference between the amount paid to the pharmacy and the amount charged to the purchaser shall be disclosed. This bill also establishes the Prescription Drug and Biological Review Commission, which must develop a list of critical prescription drug and biological products. Manufacturers of drugs on this list will be required to report development and marketing cost information. If the commission decides that a drug's price is excessively high, it will have the authority to establish a maximum price for the drug. This bill prohibits manufacturers and distributors from using price gouging in its sale of essential off-patent or generic drugs.	Asm. Pamela Lampitt (D), Sen. Troy Singleton (D)
NJ	A 4846/S 3341	Withdrawn from consideration	Pharmacy Benefit Managers	This measure requires pharmacy benefit managers to disclose rebate information to the Commissioner of Banking and Insurance.	Asm. Raj Mukherji (D), Sen. Joseph Cryan (D)

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NJ	S 727/ A 2033	Referred to Senate Commerce Committee/ Withdrawn from consideration.	Pharmacy Benefit Managers	This measure regulates pharmacy benefit managers as organized delivery systems and limits use of prior authorization.	Sen. Linda Greenstein (D), Asm. Craig Coughlin (D)
NJ	S 728/ A 3717	Referred to Senate Commerce Committee/ Amended; passed Assembly Financial Institutions and Insurance Committee; referred to Assembly Appropriations Committee	Pharmacy Benefit Managers	This measure prohibits pharmacy benefit managers from retroactively reducing payment amount on a properly-filed pharmacy claim, except if the claim is found to have complications that could delay payment during the course of a routine audit performed pursuant to an agreement between the pharmacy benefits manager and the pharmacy.	Sen Linda Greenstein (D)
NJ	S 977	Amended; passed Senate Health, Human Services and Senior Citizens Committee; referred to Senate Budget and Appropriations Committee	Cost Review (Rate Setting)	This measure prohibits any person from charging excessive prices for drugs developed by direct or indirect publicly-funded research. It makes it illegal for any person to sell, offer to sell, or advertise for sale that publicly-funded drug to any purchaser in this state at a unit price that is greater than the lowest price in an Organization for Economic Cooperation and Development 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.	Sen. Troy Singleton (D)
NJ	S 1117	Referred to Senate Health, Human Services and Senior Citizens Committee	Coupons	This measure prohibits the distribution of manufacturer-sponsored drug coupons for brand-name drugs when other US Food and Drug Administration-approved, lower-cost generic drugs are available and 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 (D)
NJ	S 1590/A 3987	Referred to Senate Health Human Services and Senior Citizens Committee/ Referred to Assembly Health and Senior Services Committee	Price Gouging	This measure prohibits a pharmaceutical manufacturer or wholesaler from using price gouging in the sale of essential off-patent, generic drugs and biological products. This measure also requires the Division of Consumer Affairs in the Department of Law and Public Safety to report any suspected price gouging to the attorney general.	Sen. Troy Singleton (D), Asm. Carol Murphy (D)
NJ	S 1863	Referred to Senate Commerce Committee	Pharmacy Benefit Managers	This measure requires pharmacy benefit managers (PBMs) to be certified by the Department of Banking and Insurance. This bill also requires benefits and coverage disclosures to covered persons. Under this bill, PBMs must disclose any drug manufacturer revenues, rebates, or discounts related to the purchaser's contract with the PBM. This measure requires a PBM to notify health practitioners, covered persons, and purchasers if the PBM seeks authorization to substitute a drug prescribed by a health care practitioner.	Sen. Nia Gill (D)
NJ	S 2060	Referred to Senate Commerce Committee	Pharmacy Benefit Managers	This measure requires pharmacy benefit managers (PBMs) to disclose information about drug pricing and generic substitutions to benefit plan purchasers. This measure also requires PBMs 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 (D)
NJ	S 2438/ A 4041	Referred to Senate Commerce Committee/ Referred to Assembly Financial Institutions and Insurance Committee	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist from informing a patient about a lower cost option, including the cash price.	Sen. Patrick Diegnan (D), Asm. Daniel Benson (D)

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NM	HB 88/SB 101	Passed House Health and Human Services Committee/Passed to Senate Public Affairs Committee	Transparency	This measure creates the Health Care Value and Access Commission, which, by November 1, 2020, must make recommendations on the development of health care and prescription drug cost transparency tools for consumers, payers and providers.	Rep. Deborah Armstrong (D); Sen. Jeff Steinborn (D)
NM	SB 92	Referred to Senate Public Affairs Committee	Pharmacy Benefit Managers	This measure regulates the way in which providers may file a complaint against pharmacy benefit managers.	Sen. Bill Tallman (D)
NM	SB 373	Referred to Senate Corporations and Transportation Committee	Transparency	This measure requires drug manufacturers to provide 60 days' prior notice about a planned price increase if the manufacturer is increasing the wholesale acquisition cost (WAC) of a brand-name drug by more than 10% or by more than \$10,000 dollars in a 12-month period or launching a new drug with a WAC of \$30,000 or more per year. Generic manufacturers must provide notice if they are increasing the WAC by more than 25% or by more than \$300 per year or launching a new drug with a WAC of more than \$3,000 per year.	Sen. Bill Tallman (D)
NM	SB 405/HB 416	Referred to Senate Public Affairs Committee/Referred to House Health and Human Services Committee	Importation	This measure creates a Medicaid-buy in program. The bill requires the program to seek a federal waiver to implement a wholesale drug importation program.	Sen. Gerald Ortiz y Pino (D), Rep. Deborah Armstrong (D)
NM	SB 415	Referred to Senate Corporations and Transportation Committee	Pharmacy Benefit Managers	This measure requires a pharmacy benefit manager (PBM) to reimburse a pharmacy or pharmacist in an amount equal to or greater than the amount that the PBM reimburses an affiliate for providing the same prescription. This measure also prohibits a PBM from prohibiting a pharmacist from providing cost information to a patient or from selling a more affordable alternative medication.	Sen. Bill O'Neill (D)
NY	AB 73	Referred to Assembly Health Committee	Pharmacy Benefit Managers	This measure prohibits prescribers, pharmacies, pharmacists, pharmacy benefit managers, or health plans from disclosing or selling any individual's identifying information for the purpose of marketing any drug.	Asm. Kevin Cahill (D)
NY	AB 2007/SB 1505	Referred to Assembly Ways and Means Committee/Referred to Senate Finance Committee	Pharmacy Benefit Managers	This measure prohibits pharmacy benefit managers (PBMs) from retaining any portion of spread pricing. This measure also requires the registration of PBMs.	None (Budget Bill)
NY	AB 2863	Referred to Assembly Health Committee	Pharmacy Benefit Managers	This measure provides for pharmacy benefit management (PBM) and the procurement of prescription drugs to be dispensed to patients. Under this bill, the health plan or provider will have access to all financial and utilization information of the PBM. Additionally, this bill prohibits a PBM from prohibiting a pharmacy or pharmacist from disclosing cost information to a patient, as well as information regarding therapeutic equivalents. A pharmacist is also prohibited from charging an individual a copayment that exceeds the total submitted charges by the pharmacy for which the pharmacy is paid.	Asm. Richard Gottfried (D)
NY	SB 1705/AB 2970	Referred to Senate Insurance Committee/Referred to Assembly Insurance Committee	Pharmacy Benefit Managers	This measure requires transparency from pharmacy benefit managers (PBMs). Under this bill, PBMs will be required to submit an annual report that contains information regarding the wholesale acquisition cost for each drug on its formulary, the amount of rebates and discounts that were passed through to a covered entity, and the amount of any reimbursements that PBM pays the contracting pharmacies. Aggregate information will be made available to consumers each year in February.	Sen. Luis Sepulveda (D), Asm. Felix Ortiz (D)
NY	SB 2087	Referred to Senate Health Committee	Pharmacy Benefit Managers	This measure establishes a fiduciary duty for pharmacy benefit managers (PBMs) to health plans. This measure also prohibits PBM contracts from prohibiting pharmacists from disclosing pricing information to consumers or offering the consumer a therapeutic equivalent. This measure also prohibits a PBM from collecting a copayment that exceeds the total submitted charges by the pharmacy for which the pharmacy is paid. This measure also requires PBMs to report annually on the aggregate amount of rebates received from manufacturers for health plans.	Sen. Gustavo Rivera (D)

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OK	HB 1059	Prefiled	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist for informing the covered person about the availability of alternative therapies or cost of the prescription. This measure authorizes a pharmacy or pharmacist to disclose information regarding the cost of a drug and to sell a more affordable alternative if one is available.	Rep. Marcus McEntire
OK	HB 2137	Prefiled	Pharmacy Benefit Managers	This measure requires every pharmacy benefit manager (PBM) to obtain a license from the Insurance Commissioner. This measure also allows a pharmacist to provide a consumer with drug pricing information and prohibits PBMs from prohibiting pharmacists from disclosing information to the Insurance Commissioner.	Rep. David Perryman (D)
OK	SB 841	Prefiled	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy or pharmacist in an amount less than the amount that the PBM reimburses a pharmacy owner by or under common ownership with a PBM for providing the same covered services. This measure prohibits a PBM from prohibiting a pharmacist from disclosing cost information to consumers. This measure requires that all compensation remitted by a pharmaceutical manufacturer related to a health benefit plan be remitted to the plan for the purpose of lowering premiums or cost sharing for patients. This measure also requires PBMs to disclose compensation from pharmaceutical manufacturers.	Sen Greg McCortney (R)
OK	SB 940	Prefiled	Importation	This measure requires the Department of Health to work with the Health Care Authority to create a wholesale Canadian drug importation pilot program. The Health Care Authority will be responsible for identifying the five to 10 highly prescribed drugs through the state Medicaid program. The drugs identified will be imported from Canada.	Sen. Adam Pugh (R)
OR	HB 2446	Referred to House Revenue Committee	Other	This measure creates the Help in Cutting Costs for Unusual Pharmaceuticals program to reimburse high costs incurred by consumers to purchase drugs with an unusually high costs. This measure also requires the Department of Revenue to transfer a specific amount of corporate excise taxes paid on Oregon sales of pharmaceutical products by pharmaceuticals manufacturers doing business in the state to pay for the program.	Rep. Mitch Greenlick (D)
OR	HB 2658	Referred to House Health Care Committee	Transparency	This measure requires drug manufacturers to report any planned increase in the price of certain prescription drugs at least 60 days before the date of the increase. Advance notice of increases will be required if the price is \$100 or more for a one-month supply or if there is a cumulative price increase of 10% or more in a 12-month period.	Rep. Andrea Salinas (D)
OR	HB 2679	Referred to House Health Care Committee	Volume Purchasing	This measure directs the administrator of the Oregon Prescription Drug Program to cooperate with California for the bulk purchase of prescription drugs. The administration must solicit cooperation from California by Dec. 31, 2019.	Rep. Rob Nosse (D)
OR	HB 2680	Referred to House Health Care Committee	Importation	This measure authorizes the administrator of the Oregon Prescription Drug Program to cooperate with Canadian provinces to bulk purchase prescription drugs. This bill requires the administrator to solicit cooperation of provinces by December 31, 2019.	Rep. Rob Nosse (D)
OR	HB 2689	Referred to House Health Care Committee	Importation	This measure requires the Oregon Health Authority to design and implement a wholesale drug importation program.	Rep. Rob Nosse (D)
OR	HB 2690	Referred to House Health Care Committee	Pharmacy Benefit Managers	This measure establishes the right of a consumer to be educated about ways to reduce the cost of prescription drugs and prevents insurers and pharmacy benefit managers (PBM) from interfering with that right. This measure also requires insurers and PBMs to apply the price paid by a consumer for a drug toward the deductible or out-of-pocket maximum regardless of whether the consumer used pharmacy benefits to purchase the drug.	Rep. Rob Nosse (D)
OR	HB 2696	Referred to House Health Care Committee	Cost Review (Rate Setting)	This measure establishes the Drug Cost Review Commission to determine excess costs of brand-name drugs that have increased in wholesale acquisition cost (WAC) more than 10% or \$3,000 in a 12-month period, or drugs that will be introduced to the market with a WAC of \$30,000 or more. This measure also requires manufacturers to notify the commission if a generic drug's WAC will increase by more than 25% or \$300 or if a brand-name drug's WAC will increase by 25% or \$10,000. Notice must be given at least 30 days prior to a planned increase. Manufacturers must provide justification for these increases. If the commission finds the cost of a drug will result in excess costs for payers, the commission must establish the maximum payment rate.	Sen. Rob Nosse (D)
OR	HB 2799	Referred to House Health Care Committee	Other	This measure requires health carriers to offer, in at least 25% of health benefit plans at each coverage level, that there be no deductible or other cost-sharing requirement other than a flat dollar copayment. The flat dollar copayment must be reasonably graduated from one tier to the next higher tier and must be proportional across all tiers.	Rep. Sheri Schouten (D)

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OR	HB 2840	Introduced	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager (PBM) from prohibiting a pharmacy or pharmacist from providing information to a consumer regarding cost sharing or lower-cost alternatives. This measure also prohibits a PBM from charging or collecting from an insured consumer a copayment for a drug in an amount that exceeds the reimbursement the PBM pays to the pharmacist or pharmacy for the drug.	Rep. Ron Noble (R)
OR	SB 409	Referred to Senate Health Care Committee	Importation	This measure directs the State Board of Pharmacy to develop a program to allow for the wholesale importation of prescription drugs into Oregon. The board must submit a report to the Legislature by June 30, 2020.	Sen. Dennis Linthicum (R)
RI	H 5094	Referred to House Corporations Committee	Transparency	This measure requires the identification of 15 prescription drugs for which the state spends significant health care dollars due to an increase in costs and requires the drugs' manufacturers to provide relevant information to justify price increases. Drugs that have increased in price by 50% or more over the past five years, or by 15% or more in the last year, may be added to the list. This measure also instructs the Department of Health to study how other states' Medicaid programs use 340B pricing and the possible benefits of offering 340B pricing to consumers. Additionally, this bill requires the department to convene an advisory commission to develop options for all qualified health benefit plans to be offered for the 2021 plan year, including one or more plans with a higher out-of-pocket limit on prescription drug coverage than the limit established under current law and two or more plans with an out-of-pocket limit at or below the limit established under current law.	Rep. John Lombardi (D)
RI	S 136	Referred to Senate Health and Human Services Committee	Other	This measure requires prescription drug manufacturers to file a detailed, updated list of each pharmaceutical sales representative.	Sen. Joshua Miller (D)
RI	S 137	Referred to Senate Health and Human Services Committee	Coupons	This measure requires a manufacturer who offers a discount or coupon to publish on any accompanying advertisement and website a message that a generic alternative may be available at a lower price. This bill also requires that if a manufacturer makes available to an insured consumer any discount, the manufacturer must make that same discount available to any person in the state, whether or not that person has health insurance.	Sen. Joshua Miller (D)
SC	S 359	Referred to Senate Banking and Insurance Committee	Pharmacy Benefit Managers	This measure establishes a licensure requirement for pharmacy benefit managers (PBM). This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist from informing a patient about therapies or risks. This measure authorizes a pharmacist to provide information to the insured about the total cost for pharmacist services for a prescription drug.	Sen. Mike Gambrell (R)
SD	HB 1137	Referred to House Health and Human Services Committee	Pharmacy Benefit Managers	This measure stipulates that no pharmacy benefit manager may require a health plan or pharmacist to collect cost sharing in an amount greater than the amount a person without coverage under a health benefit plan would pay for the drug.	Rep. Spencer Gosch (R)
TX	HB 437	Filed	Other	This measure allows Medicaid managed care organizations to adopt their own drug formularies.	Rep. Matt Shaheen (R)
TX	HB 697	Filed	Transparency	This measure requires the Health and Human Services Commission to annually identify the prescription drugs and the wholesale price for each drug the commission determines is essential to treating diabetes in the state, including insulin and biguanides. The commission will place the diabetes drugs on a list posted to its website if the drug's wholesale price has increased in an amount equal to or greater than the average price increase in the medical care component of the consumer price index (CPI) or two times the percentage of price increase in the medical care component of the CPI as published during the prior two calendar years. This measure also requires that for the drugs identified, manufacturers must report pricing information, including a history of increases and the aggregate amount of rebates paid to pharmacy benefit managers (PBMs). This must be accompanied by a justification for any price increase. PBMs must also file similar information about their negotiated rebates.	Rep. Cesar Blanco (D)
TX	HB 698	Filed	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist for informing the patient about a lower-cost option or from selling a prescription drug covered by a health benefit plan that costs less than the enrollee's copayment, deductible, or coinsurance.	Rep. Cesar Blanco (D)
TX	SB 469	Filed	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from prohibiting a pharmacy or pharmacist from informing an enrollee of any difference between the enrollee's out-of-pocket cost for a prescription drug under the enrollee's benefit plan and the out-of-pocket cost without submitting a claim under the plan.	Sen. Lois Kolkhorst (R)

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VA	HB 2516	Laid on Table	Pharmacy Benefit Managers	This measure requires the State Corporation Commission to treat the price spread on any contract between the issuer of a health benefit plan and its pharmacy benefit manager as an administrative cost of the issuer. Under this bill, the issuer's administrative costs will be excluded from the amount of benefits provided under a health benefit plan's anticipated loss ratio.	Del. Keith Hodges (R)
VA	SB 1308	Pass by Indefinitely	Price Gouging	This measure requires the director of Medical Assistance Services (Virginia's Medicaid program) to notify the attorney general of an increase in the price of an essential off-patent generic drug if the increase would result in 50% or more in the wholesale acquisition cost, or if the cost of a 30-day supply of the maximum recommended dosage of the drug would cost more than \$80 at wholesale acquisition cost. This measure prohibits a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug. The secretary will have the power to designate essential drugs.	Sen. John Edwards (D)
WA	HB 1224/SB 5292	Referred to House Health Care and Wellness Committee/Referred to Senate Health and Long Term Care Committee	Transparency	This measure requires pharmaceutical manufacturers to disclose certain pricing information. Each year, each health plan issuer must submit to the data organization the 25 most-prescribed drugs, the 25 costliest drugs by total plan spending, the 25 drugs with the highest year-over-year increase in spending, and a summary analysis of the impact on drug costs on health premiums. Manufacturers must submit annually a description of the factors used to make the decision to increase the wholesale acquisition cost (WAC) of the drug and the amount of the increase, along with a justification for the increase. Manufacturers will only be required to submit this information for drugs that will enter the market at a WAC of \$10,000 or more or is currently on the market and has a WAC of more than \$40 and the WAC increases by at least 16%. Additionally, manufacturers must provide 60 day's advanced notice of a qualifying price increase.	Rep. June Robinson (D), Sen. Karen Keiser (D)
WA	HB 1562	Referred to House Health Care and Wellness Committee/Referred to Senate Health and Long Term Care Committee	Pharmacy Benefit Managers	This measure requires health benefit managers to obtain a license and prohibits a health benefit manager from reimbursing a pharmacy or pharmacist in the state an amount less than the amount the pharmacy benefit manager reimburses an affiliate for providing the same services.	Rep. Monica Stonier (D), Sen. Christine Rolfes (D)
WA	SB 5251	Introduced; referred to Senate Health and Long Term Care Committee	Transparency	This measure requires insurers to submit an annual report to the Office of Financial Management with drug cost information for the top 25 most frequently prescribed drugs, the top 25 costliest drugs, and top 25 drugs with the highest year-over-year increase in spending. Insurers must also report the per member, per month year-over-year increase in the total annual cost of each category listed, as well as the 25 most frequently prescribed drugs for which the issuer received rebates from manufacturers. This measure also requires pharmacy benefit managers to submit information on rebates. The office will compile the information into a report for the public and the legislature. This measure requires prescription drug manufacturers to provide notice to the Health Care Authority when the manufacturer has filed a new drug application or biologics license application for a pipeline drug or biosimilar drug. Notice must be provided within 60 days of the manufacturer receiving an action date from the US Food and Drug Administration. This measure requires the Health Care Authority to create an annual drug list of the 10 prescription drugs that have a large impact on state spending or a critical to public health. Drugs will only be included if they have increased by at least 20% in a year or 50% in three years and if they cost at least \$100 for a 30-day supply. Manufacturers of drugs on this list must provide information regarding the prices of the drugs.	Sen. Mark Mullet (D)
WA	SB 5422	Referred to Senate Health and Long Term Committee	Pharmacy Benefit Managers	This measure establishes that pharmacy benefit managers (PBMs) have a fiduciary duty to a health carrier client. This measure also prohibits a PBM from requiring an enrollee to make a payment at the point of sale for a covered prescription medication in an amount greater than the lesser of the applicable copayment or the allowable claim amount, the amount an enrollee would pay without insurance, or the amount the PBM or carrier will reimburse the pharmacy for the drug. This measure also requires PBMs to submit annually a transparency report regarding aggregate rebates.	Sen. Patty Kuderer (D)
WV	HCR 24	Referred to House Rules Committee	Importation	This measure requests a study regarding a state-administered wholesale prescription drug importation program.	Del. Mick Bates (D)













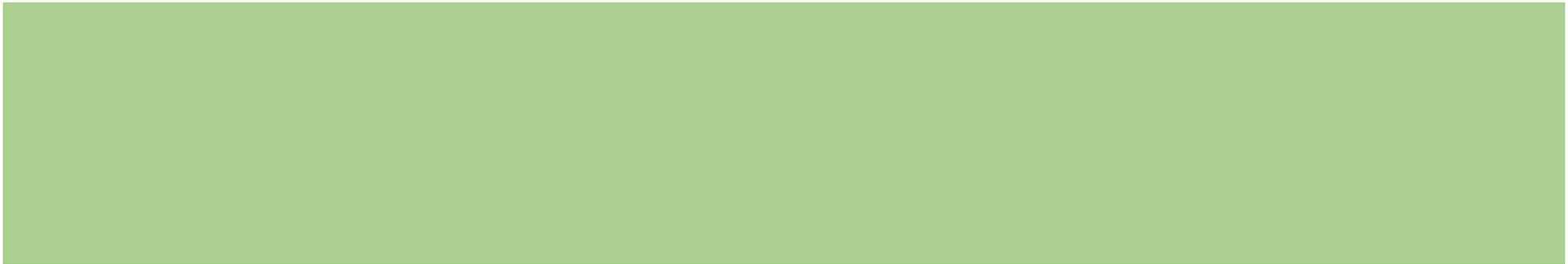




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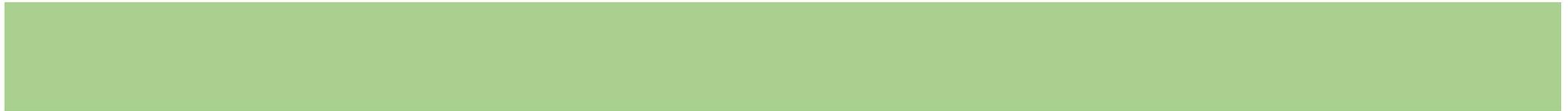


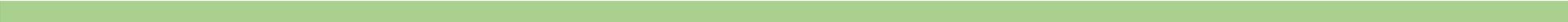
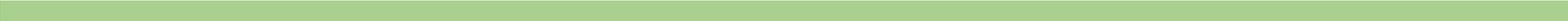
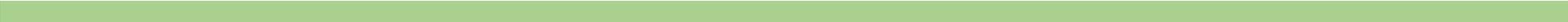












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