

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

State	Bill	Status	Category	Summary	Sponsor
AL	SB 73	Referred to Senate Healthcare Committee	Pharmacy Benefit Manager	This measure prohibits pharmacy benefit managers from restricting pharmacies and pharmacists from disclosing cost information to patients about alternative drugs or other services and costs.	Sen. Arthur Orr (R)
AR	HB 1269	Signed by Governor (Act 637)	Other	This measure allows pharmacists to make biological product substitutions when there will be cost savings for the patient. The pharmacist must disclose the amount of the savings at the request of the patient.	Rep. Steve Magie (D)
AR	SB 520	Amended on Senate floor, passed Senate	Pharmacy Benefit Manager	<p>This measure requires a pharmacy benefit manager (PBM) to report rebate information to the Insurance Commissioner on a quarterly basis. This bill also prohibits a PBM from conducting "spread pricing" in the state. Under this bill, spread pricing applies to prescription drug pricing in which the PBM charges a plan a contracted price for prescription drugs, and the contracted price for the drugs differs from the amount the PBM directly or indirectly pays the pharmacist.</p> <p>This measure also requires a PBM to provide an appeal procedure to allow pharmacies to challenge maximum allowable cost list and reimbursements made under a maximum allowable cost list for a specific drug or drug as being an amount less than the current approved fee for the fee-for-service Arkansas Medicaid program-covered outpatient prescription drug reimbursement that includes an ingredient cost for the drug.</p>	Sen. Kim Hammer (R)
CO	SB 5	Passed Senate, referred to House Health and Insurance 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)
CO	HB 1131	Referred to House Health Care and Health Insurance Committee	Transparency	This measure requires a drug manufacturer or wholesaler to provide the wholesale acquisition cost of a prescription drug to an entity or individual with whom the manufacturer or wholesale is sharing information about the drug. The bill also requires the manufacturer or wholesaler to provide education materials about the acquisition costs of other prescription drugs in the same therapeutic class.	Rep. Sonya Jaquez Lewis (D)
CO	HB 1296	Amended, passed House Health and Insurance Committee, referred to House Finance Committee	Transparency	<p>This measure requires health insurers to submit information to the Insurance Commissioner about prescription drugs covered under their health insurance plan and paid for in the preceding calendar year, including information about rebates from manufacturers. This bill also requires reporting from manufacturers for drugs that cost \$100 for a course of therapy and have increased in price by 10% over the course of a year or 16% over two years, or a drug that is considered essential and has increased by the same amounts. Under this bill, pharmacy benefit managers (PBMs) will also have to report information regarding rebates.</p> <p>This bill also requires an insurance carrier to reduce the cost sharing an enrollee is required to pay for a prescription drug by an amount equal to the greater of 51% of the average aggregate rebates received by the carrier for all prescription drugs, or an amount that ensures cost sharing will not exceed 125% of the carrier's cost for the drug.</p> <p>Finally, this bill prohibits PBMs from retroactively reducing payments on a clean claim submitted by a pharmacy.</p>	Rep. Dominique Jackson (D)
CT	HB 6862	Referred to Joint Insurance and Real Estate Committee	Importation	This measure allows the Department of Consumer Protection to import prescription drugs on a wholesale basis from Canada to provide consumers with a cost-saving alternative for prescription drugs.	Rep. Michelle Cook (D)

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

CT	HB 7174	Passed Joint Insurance and Real Estate Committee	Volume Purchasing	This measure establishes the Connecticut Prescription Drug Program, which will purchase outpatient drugs, make them available at the lowest possible cost to participating individuals, maintain a list of the most cost-effective and therapeutically effective drugs available, purchase and provide discounted drugs, and coordinate a comprehensive pharmacy benefit for participating individuals. The comptroller will establish eligibility criteria and will negotiate with pharmaceutical manufacturers to secure discounts/rebates. Under the bill, the comptroller can cooperate with other states or regional consortia to purchase drugs. This bill also requires manufacturers to send notice to the Insurance Commissioner regarding "pay-for-delay" agreements. Within 30 days of receiving notice, the commissioner must send notice to each health carrier and disclose the name of the drug subject to the notice. If a carrier includes that drug on its formulary, the carrier must immediately reduce the cost of the drug by 50% of the wholesale list price for the drug. This measure also allows qualified private employers to purchase prescription drugs for their employees under the purchasing authority of the state or through the State Employees' Bargaining Agent Coalition's collective bargaining agreement. Additionally, this bill establishes a task force to study drug importation.	Insurance and Real Estate Committee
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 General Law 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 Insurance and Real Estate 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	Referred to Senate Health and Social Services Committee	Pharmacy Benefit Managers	This measure prohibits insurers and pharmacy benefit managers from engaging in the practice of clawbacks. Under this measure, a carrier may not impose a copayment or coinsurance requirement for a covered drug that exceeds the lesser of the applicable cost-sharing amount or the amount an individual would pay for the drug if the individual were paying the usual and customary price.	Rep. Andria Bennett (D)
FL	HB 19/SB 1452	Substituted, passed House Health and Human Services Committee/Referred to Senate Health Policy Committee	Importation	This measure establishes a wholesale Canadian drug importation program. The state will contract with a vendor to provide services under the program, and the vendor will develop a wholesale prescription drug importation list identifying the prescription drugs that have the highest potential for savings to the state.	Rep. Thomas Leek (R), Rep. Joe Gruters (R)
FL	SB 1528	Passed Senate Health Policy Committee, referred to Senate Appropriations Subcommittee on Health and Human Services	Importation	This measure establishes the wholesale Canadian Prescription Drug Importation Program within the Agency for Health Care Administration. The agency will contract with a vendor to provide services under the program, and the vendor will develop a wholesale prescription drug importation list identifying the prescription drugs that have the highest potential for savings to the state.	Sen. Aaron Bean (R)

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

HI	HB 267/SB 1328	Amended, passed Senate Commerce, Consumer Protection and Health Committee/Passed Senate, referred to House 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 Judiciary Committee, referred to House Finance Committee/Passed House Consumer Protection Committee; passed House Judiciary Committee; referred to House Finance Committee	Pharmacy Benefit Managers	This measure establishes requirements for pharmacy benefit managers (PBMs) and maximum allowable cost. This bill 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	Passed House Finance Committee/Passed House	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)
IA	HF 489/SF 347/SF 563	Passed House Commerce Committee/Reported out of Senate Human Resources Committee as SF 563/Introduced	Pharmacy Benefit Manager	This measure requires each pharmacy benefit manager (PBM) to annually submit a report to the Insurance Commissioner. The report must contain rebate information. This measure also prohibits a carrier from imposing a cost-sharing requirement on an enrollee for a drug that exceeds an amount equal to the greater of 51% of the aggregate rebates received by the carrier or an amount that ensures the covered person's cost sharing for the drug does not exceed 51% of the carrier's costs for the drug.	Rep. Shannon Lundgren (R), Sen. Mariannette Miller-Meeks (R)
ID	S 1068	Passed Senate; referred to House Health and Welfare Committee	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers to register annually with the Department of Insurance. This bill also prohibits a PBM from withholding cost information to consumers. Under this bill, a pharmacy cannot charge a copayment that exceeds the total submitted charges by the network pharmacy.	Senate Commerce and Human Resources Committee
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)

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

IL	HB 156	Amended, passed 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 Subcommittee on Medicaid and Managed Care	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)
IL	HB 2174	Referred to Senate Assignments Committee	Other	This bill requires that every health insurance carrier that provides coverage for prescription drugs shall ensure that no fewer than 25% of certain individual and group plans offered shall apply a pre-deductible, flat-dollar copayment structure to the entire drug benefit.	Rep. Kathleen Willis (D)
IL	HB 2880	Referred to House Rules Committee	Other	This measure imposes a tax on each establishment that makes the first sale of a covered outpatient drug within the state. Under this bill, "first sale" means an initial sale of a covered outpatient drug from a manufacturer to a wholesaler or from a wholesaler to a pharmacy. This bill provides that the tax shall be charged against and paid by the establishment making the first sale and shall not be added as a separate charge or line item or otherwise passed down on any invoice to the customer.	Rep. Will Guzzardi (R)
IL	HB 3187	Passed House Prescription Drug Affordability and Accessibility Committee	Pharmacy Benefit Manager	This measure provides that upon request by a party contracting with a pharmacy benefit manager (PBM), a PBM must disclose the actual amounts paid by the PBM to the pharmacy. Under this bill, a PBM will provide notice to the party contracting with the PBM about any consideration that the PBM receives from the manufacturer for dispense as written prescriptions once a generic or biologically similar product becomes available.	Rep. Deanna Mazzochi (R)
IL	HB 3493	Failed House Prescription Drug Affordability and Accessibility Committee	Cost Review (Rate Setting)	This measure creates the Prescription Drug Affordability Board. The board must identify brand drugs and biologics that have a launch wholesale acquisition cost (WAC) of \$30,000 or more or an increase of \$3,000 in a year. The board must also identify biosimilar drugs that have a launch WAC that is not at least 15% lower than the reference biologic, as well as generic drug with a WAC of \$100 or more, or that increased by 200% or more in a year. For drugs identified, the board will conduct a cost review. If the board determines the cost of a drug will lead to an affordability challenge for the state or patients, the board can establish an upper payment limit that applies to all purchases and payer reimbursements.	Rep. Will Guzzardi (D)
IL	SB 1557	Passed Senate Insurance Committee, amended	Pharmacy Benefit Manager	This measure stipulates that a pharmacy benefits managers may not prohibit a pharmacy or pharmacist from providing a customer with a more affordable alternative if a more affordable alternative is available.	Sen. Steven Stadelman (D)
IN	HB 1029	Passed Senate Health and Provider Services Committee, amended on Senate floor, passed Senate	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)

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

IN	HB 1180	Referred to Senate Insurance and Financial Institutions Committee	Pharmacy Benefit Managers	This measure urges the legislative council to assign to an appropriate interim study committee the topic of regulation and practices of pharmacy benefit managers, including licensure and the ability of pharmacists to inform patients of pricing information.	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)
IN	SB 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)
KY	HB 374	Introduced	Coupons	This measure prohibits a pharmacy benefit manager (PBM) from prohibiting financial assistance received by an insured from applying toward any cost sharing owed by the insured under the health benefit plan. Under this bill, amounts paid on an insured's behalf must apply towards any out-of-pocket maximums.	Rep. Danny Bentley (R)
KY	HB 502	Referred to House Banking and Insurance Committee	Transparency	This measure requires the Cabinet for Health and Family Services to annually compile a list of essential diabetes medications that have been subject to at least a 10% price increase over the course of the year. Under the bill, manufacturers will be required to submit information to the cabinet related to the cost of manufacturing and marketing the drugs on the list. Pharmacy benefit managers will also be required to submit information related to rebates for essential diabetes medications on the list.	Rep. Danny Bentley (R)
LA	HB 432	Referred to House Insurance Committee	Pharmacy Benefit Manager	This measure requires pharmacy service administrative organizations (PSAO) to be registered and licensed with the Department of Insurance. This measure also requires a PSAO to provide copies of contacts, payment schedules, and reimbursement rates to independent pharmacies. This bill also requires that a PSAO that provides, accepts, or processes a discount must provide to the Insurance Department an aggregated total of all transactions by independent pharmacy and an aggregated total of any payments received by the PSAO for providing, processing or accepting any discount.	Rep. Edmond Jordan (D)
LA	HB 433	Referred to House Health and Welfare Committee	Pharmacy Benefit Manager	This measure authorizes a pharmacist to decline to dispense a covered prescription drug if the coverage provider reimburses the pharmacy in an amount less than the drug's acquisition cost. If a pharmacy declines to provide a drug, the pharmacy must provide the consumer with information as to where the prescription may be filled.	Rep. Bernard LeBas (D)
LA	SB 41	Referred to Senate Health and Welfare Committee	Pharmacy Benefit Manager	This measure requires a pharmacy benefit manager (PBM) to obtain licensure from the state and authorizes the State Board of Medical Examiners to regulate PBMs. This measure also establishes that PBMs have a fiduciary duty to insurers and prohibits a PBM from changing or substituting any prescription for a patient in Louisiana. This measure additionally prohibits PBMs from participating in spread pricing. This measure also prohibits a PBM from reimbursing a local pharmacy less than a chain pharmacy.	Sen. Fred Mills (R)
LA	SB 48	Referred to Senate Health and Welfare Committee	Other	This measure requires the Department of Health and Human Services to establish a single preferred drug list that utilizes a prior approval process or any other process that proves to be cost-effective to the medical assistance program.	Sen. Fred Mills (R)

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

LA	SB 164	Referred to Senate Insurance Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from withholding cost information from a consumer. This measure also requires PBMs to obtain licensure from the Insurance Commissioner.	Sen. Dan Morrish (R)
ME	LD 1162	Referred to Health Coverage, Insurance and Financial Services Committee	Transparency	This measure allows state purchasers, insurance companies, health maintenance organizations, and pharmacy benefit managers (PBMs) to receive notification of increases in the wholesale acquisition cost (WAC) of drugs. Manufacturers must provide notice if a drug with a WAC of more than \$40 for a course of therapy increases by more than 16% within the previous two years. Notice must be given at least 60 days before the increase. This measure also requires PBMs to forward a notice of a price increase from a manufacturer to any client. Under this bill, the Maine Health Data Organization will create annually a list of the 25 most frequently prescribed drugs, the 25 costliest drugs, and the 25 drugs with the highest year-over-year cost increases. A manufacturer of any drug on the list will be required to submit pricing information.	Sen. Eloise Vitelli (D)
ME	LD 1272	Referred to Health Coverage, Insurance and Financial Services Committee	Importation	This measure establishes a Canadian wholesale prescription drug importation program. Maine's Department of Health and Human Services must submit a request for approval and certification of the program to the US Department of Health and Human Services no later than May 1, 2020.	Rep. Troy Jackson (D)
ME	LD 1387	Referred to Health Coverage, Insurance and Financial Services Committee	Importation	This measure allows an individual to import a prescription drug from a pharmacy in Canada that is allowed to export drugs under Canadian regulations for personal use. This measure prohibits the personal importation of controlled substances.	Rep. Troy Jackson (D)
ME	LD 1389	Referred to Health Coverage, Insurance and Financial Services Committee	Pharmacy Benefit Manager	This bill requires that the Department of Health and Human Services register pharmacy benefit managers (PBMs). This bill places a fiduciary duty on PBMs with respect to insurer clients and prohibits PBMs from entering into a contract that prohibits a pharmacy from recommending a lower cost alternative to a consumer. This measure also limits the amount of payment required by a covered person for a prescription drug at the point of sale and requires an annual report from PBMs that details rebates received from manufacturers.	Sen. Matthew Poulot (R)
ME	LB 1409	Referred to Health Coverage, Insurance and Financial Services Committee	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers (PBMs) to report annually information related to rebates. This measure also requires that a carrier or PBM certify on an annual basis that each health plan offered in the state will pass at least 50% of any drug rebates to consumers. Finally, this bill also requires the Maine Health Data Organization to report annually information related to drug costs and price increases.	Sen. William Diamond (D)
ME	LD 1499	Referred to Committee on Health Coverage, Insurance and Financial Services	Cost Review (Rate Setting)	This measure establishes a five-member drug affordability review board. The board will be responsible for identifying brand drugs that have a wholesale acquisition cost (WAC) increase of at least 10% or \$3,000 per course of treatment, biosimilars that are not at least 15% lower in cost than the reference biologics, and generic drugs with a WAC increase of at least 25% or \$300 per course of treatment. The board will also have to identify generics that have an introductory price of no more than \$1,200 annually. For drugs that meet these thresholds, manufacturers must provide at least 30-days notice for increases as well as a justification for the price increase. If the board finds any of these increases result in excess cost, the board will establish the rate of reimbursement that must be billed and paid by payers and pharmacies in the state. Under this bill, "excess cost" means costs of appropriate utilization of a drug that exceeds the therapeutic benefit relative to other therapeutic options or costs of appropriate utilization of a drug that are not sustainable to public and private health care systems over a 10-year time frame.	Sen. Troy Jackson (D)
ME	LD 1504	Referred to Committee on Health Coverage, Insurance and Financial Services	Pharmacy Benefit Manager	This measure ensures that a pharmacy benefits manager (PBM) has a fiduciary duty to a carrier client. This measure prohibits PBMs from penalizing pharmacies or pharmacists for disclosing cost information to consumers. This bill also prohibits a carrier or PBM from requiring a consumer to make an excessive payment at the point of sale for a covered prescription drug. Under this bill, any compensation remitted by a manufacturer and retained by the PBM must be used by the carrier to lower premium costs. Additionally, if a carrier uses any PBM to administer or manage drug benefits, this bill provides that any PBM compensation constitutes an administrative cost incurred by a carrier for purposes of calculating anticipated loss ratio.	Sen. Heather Sanborn (D)

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

MD	HB 1120/SB 946	Passed House/Passed Senate	Other	This measure requires the establishment of the Maryland State Retiree Prescription Drug Coverage Program. This measure authorizes retirees who participate in a prescription drug benefit plan with a spouse or dependent child to elect to have the spouse or dependent child covered under a state prescription drug benefit plan. It also authorizes survivors to enroll in a state prescription drug benefit plan.	Del. Ned Carey (D), Sen. Melony Griffith (D)
MD	HB 1324/SB 1039	Referred to House Rules and Executive Nominations Committee/Referred to Senate Rules Committee	Pharmacy Benefit Manager	This measure requires the Maryland Medical Assistance Program to establish reimbursement levels, rather than maximum reimbursement levels for certain drugs. Under this bill, a pharmacy benefit manager (PBM) that contracts with a pharmacy must reimburse the pharmacy an amount that is at least equal to the National Average Drug Acquisition Cost plus the dispensing fee.	Del. Ereik Barron (D), Sen. Edward Reilly (R)
MD	SB 759/HB 768	Amended, passed Senate Finance Committee/Amended; passed Senate Finance Committee	Cost Review (Rate Setting)	Summary as of 3/26: This measure establishes a Prescription Drug Affordability Board, which will be responsible for identifying brand-name drugs or biologics that have a launch wholesale acquisition cost (WAC) of \$30,000 or more and a WAC increase of \$3,000 or more in the last 12-months. The board will also identify biosimilar drugs that have a launch WAC that is not at least 15% lower than the reference brand biologic, as well as generic drugs that have a WAC of \$100 or more for a 30-day supply and that increased by 200% or more in the past year. The state can also identify other drugs that may create an affordability challenge for the state health care system and patients. On or before Dec. 31, 2023, if the board finds spending on a drug will lead to an affordability challenge, the board can establish an upper payment limit that applies to all payers.	Sen. Katherine Klausmeier (D), Del. Joseline Pena-Melnyk (D)
MD	SB 819/HB 920	Referred to Senate Finance Committee/Referred to Assembly Health and Government Operations Committee	Transparency	This measure requires the Secretary of Health to identify up to 10 prescription drugs on which the state spends significant health care dollars, and for which the wholesale acquisition cost has increased by a total of 50% or more during the immediately preceding calendar year. Manufacturers of drugs on the list will be required to submit pricing information. This measure also requires pharmacy benefit managers (PBM) to provision the commissioner with a report on aggregate rebates from manufacturers.	Sen. Antonio Hayes (D), Del. Nicolaus Kipke (R)
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)
MA	H 931	Referred to Joint Financial Services Committee	Transparency	This measure requires three representatives from the pharmaceutical industry to attend the Health Policy Commission's annual public hearing based on information submitted to the Center for Health Information and Analysis. They will be required to share information concerning factors underlying drug costs and price increases, the impact of manufacturer rebates, and the availability of alternative drugs. This bill also requires pharmaceutical manufacturers to provide early notice to the commission for a pipeline drug, an abbreviated new drug application or a biosimilar biologic license. This bill requires manufacturers to report drug pricing information to the commission	Rep. Gerald Cassidy (D)
MA	H 1013/S 652	Referred to Joint Financial Services Committee/Referred to Joint Financial Services Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from prohibiting a pharmacy from disclosing to an individual the cost of the prescription medication and the availability of any equivalent medication or alternative methods of purchasing the drug, including cash price. Additionally, under this bill, no PBM can require an individual to make a payment at the point of sale for a covered prescription medication in an amount greater than the amount an individual would pay for the medication without insurance.	Rep. Bradley Jones (R), Sen. Bruce Tarr (R)
MA	H 1055/S 640	Referred to Joint Financial Services Committee/Referred to Joint Financial Services Committee	Pharmacy Benefit Manager	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 contains language regarding maximum allowable cost lists.	Rep. Paul McMurty (D), Sen. Michael Rodrigues (D)

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

MA	H 1104	Referred to Joint Financial Services Committee	Pharmacy Benefit Manager	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 contains language regarding maximum allowable cost lists.	Rep. Alan Silva (D)
MA	H 1133/S 706	Referred to Joint Health Care Financing Committee/Referred to Joint Health Care Financing Committee	Cost Review (Rate Setting)	<p>This measure requires the Health Policy Commission to decide whether to review a prescription if, based on information submitted by manufacturers, a drug could lead to an entity increase expenditures above the health care cost growth benchmark or if it would could create challenges to the affordability of health care in the state. A brand name drug or biologic can be reviewed if the product has a launch cost of \$30,000 or more or a wholesale acquisition cost (WAC) of \$3,000 or more. A biosimilar can be reviewed if the launch WAC is not at least 15% lower than the referenced brand biologic. Generic drugs can be reviewed if there is a price increase that results in an increase in the WAC that is equal to 200% or more over a year and the WAC is at least \$100. The review will determine if the commission will set an upper payment limit on the drug. This measure also requires manufacturers to give 60 day's notice prior to a WAC increase of 10% or more for a drug that costs over \$40.</p> <p>This measure also requires a study of the impact of pharmaceutical manufacturing company pricing factors and methodologies and the pharmacy benefit manager (PBM) business model. The top 20 selling drugs in the state will be studied. The Center for Health Information and Analysis will also require PBMs to submit information regarding rebates.</p> <p>This measure also requires the Secretary of Health and Human Services to set a pharmaceutical spending target pursuant to supplemental rebate cost containment. Under this bill, the secretary may directly negotiate supplemental rebate agreements with manufacturers. If a manufacturer and the secretary cannot establish a supplemental rebate agreement, the secretary can require the manufacturer to disclose records relating to the pricing of the drug under consideration. If the secretary deems the manufacturer's price excessive, the secretary can impose a penalty on the manufacturer.</p> <p>This measure requires PBMs to obtain a license and establishes a fiduciary duty to health benefit plans.</p>	Rep. Christine Barber (D), Sen. Jason Lewis (D)
MA	H 1154	Referred to Joint Health Care Financing Committee	Transparency	<p>This measure requires the Center for Health Information and Analysis to annually prepare a list of at least 10 outpatient drugs that the center determines account for a significant share of state health care spending. The manufacturer of a drug on the list must provide an explanation of the increase and aggregate, company-level research and development costs.</p> <p>This measure also requires pharmacies to post notices informing consumers that they can request the current pharmacy retail price for prescription drugs at the point of sale. If the consumer's cost-sharing amount for the drug exceeds the retail price, the pharmacist will charge the consumer the applicable cost-sharing amount or the current retail price. Additionally, this bill prohibits a pharmacy benefit manager (PBM) from preventing pharmacists from disclosing cost information to a consumer.</p>	Rep. Carmine Gentile (D)
MA	H 1162/S 552	Referred to Joint Health Care Financing Committee/Referred to Joint Financial Services Committee	Transparency	<p>This measure requires the Health Policy Commission 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 50% or more over the past five years or by 15% or more over the past 12 months. For each drug on the list, the Attorney General will require manufacturers to submit pricing information.</p> <p>This measure also requires manufacturers to submit a report to the Health Policy Commission for each price increase of a prescription drug that will result in an increase in the average manufacturer price of that drug that is at least 10% over a year. Each year, the commission will hold public hearings based on the reports submitted by manufacturers.</p>	Rep. Kate Hogan (D), Sen. Nick Collins (D)

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

MA	H 1167	Referred to Joint Health Care Financing Committee	Transparency	<p>This measure requires the Health Policy Commission and the Center for Health Information and Analysis to create annually a list of 10 drugs on which the MassHealth program spends significant health care dollars and for which the WAC has increased by 50% or more over the past five years or by 15% during the previous year. This bill also requires carriers to create annually a list of 10 prescription drugs on which its plans spend significant amounts of their premium dollars, and for which the cost to the plans, net of rebates, has increased by 50 % or more over the past five years or 15% during the previous year.</p> <p>Using both sets of information, the Attorney General will create a list of up to 15 drugs on which the greatest amount of money was spent. Manufacturers of those drugs must submit pricing information to justify the increase in the net cost of the drug..</p>	Rep. Bradley Jones (R)
MA	H 1178	Referred to Joint Health Care Financing Committee	Transparency	<p>This measure requires the Center for Health Information and Analysis to annually prepare a list of at least 10 outpatient drugs that the center determines account for a significant share of state health care spending. The manufacturer of a drug on the list must provide an explanation of the increase and aggregate, company-level research and development costs.</p> <p>This measure also requires pharmacies to post notices informing consumers that they can request the current pharmacy retail price for prescription drugs at the point of sale. If the consumer's cost-sharing amount for the drug exceeds the retail price, the pharmacist will charge the consumer the applicable cost-sharing amount or the current retail price. Additionally, this bill prohibits a pharmacy benefit manager (PBM) from preventing pharmacists from disclosing cost information to a consumer.</p>	Rep. Ronald Mariano (D)
MA	H 1193	Referred to Joint Health Care Financing Committee	Cost Review (Rate Setting)	<p>This measure creates the Drug Cost Review Commission. The commission will be notified by a manufacturer of a patent-protected, brand-name drug or biologic if the wholesale acquisition cost (WAC) increases by more than 10% or by \$10,000 during any 12-month period or if the manufacturer intends to introduce to market a brand-name drug that has a WAC of \$30,000 or more. A manufacturer of a generic or off-patent, sole-source brand product must notify the commission if the manufacturer is increasing the WAC by more than 25% or more \$300 during a year. The commission will use a variety of economic factor to determine whether a drug has an excessive cost. If the commission determines a drug has an excessive cost, it will establish the level of reimbursement that will be paid among payers and pharmacies and wholesalers/distributors.</p>	Rep. Lindsay Sabadosa (D)
MA	H 1972	Referred to Joint Public Health Committee	Importation	<p>This measure establishes a wholesale prescription drug importation program.</p>	Rep. Lenny Mira (R)
MA	S 601	Referred to Joint Financial Services Committee	Pharmacy Benefit Manager	<p>This measure prohibits a pharmacy benefit manager (PBM) from charging a health carrier or health benefit plan more than what was paid to the pharmacy for those services. This measure also requires PBMs to submit aggregate rebate information to the Division of Insurance.</p>	Sen. Patricia Jehlen (D)
MA	S 646	Referred to Joint Financial Services Committee	Pharmacy Benefit Manager	<p>This measure requires the Insurance Commissioner to promulgate regulations for the licensing of pharmacy benefit managers.</p>	Sen. Bruce Tarr (R)
MA	S 653	Referred to Joint Financial Services Committee	Transparency	<p>This measure requires insurance issuers that charge enrollees a cost-sharing amount that may result in an excessive consumer cost burden for covered prescription drugs to disclose to enrollees the fact that enrollees may be subject to an excessive cost burden. Under this bill, "excess consumer cost burden" means a cost burden amount charged to an enrollee for a covered drug that is greater than the amount that an enrollee's health insurance issuer pays, or would pay absent enrollee cost sharing.</p>	Sen. Bruce Tarr (R)
MA	S 654	Referred to Joint Financial Services Committee	Pharmacy Benefit Manager	<p>This measure requires the Insurance Commissioner to promulgate regulations for the licensing of pharmacy benefit managers.</p>	Sen. Bruce Tarr (R)
MA	S 659	Referred to Joint Committee on Financial Services	Pharmacy Benefit Manager	<p>This measure requires pharmacies to post a notice informing consumers that a consumer may request current pharmacy retail prices at the point of sale. If a consumer's cost-sharing amount exceeds the retail price, the pharmacist must notify the consumer and charge the consumer the applicable cost-sharing amount or the current retail price.</p>	Sen. James Welch (D)

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

MA	S 695	Referred to Joint Committee on Health Care Financing	Volume Purchasing	This measure establishes a special commission to examine the prospect of establishing a system for bulk purchasing and distribution of pharmaceutical products with a significant public health benefit and the potential for significant health care cost savings through overall increased purchase capacity.	Sen. Eric Lesser (D)
MA	S 696/H 3551	Referred to Joint Health Care Financing Committee; Referred to Joint Elder Affairs Committee	Transparency	This measure requires the Health Policy Commission to develop a list of critical prescription drugs for which there is substantial public interest in understanding the development of pricing. The commission will examine multiple cost factors, including the total cost of production per dose, research and development costs and marketing costs. The commission will annually identify the drugs that due to their cost, jeopardize the state's ability to meet the statewide health care cost growth benchmark.	Sen. Eric Lesser (D), Rep. Jose Tosado (D)
MA	S 712	Referred to Joint Health Care Financing Committee	Transparency	This measure requires the Health Policy Commission to conduct an annual study of pharmaceutical manufacturing companies with pipeline drugs, generic drugs, or biosimilar drug products that may have a significant impact on statewide health care expenditures. The Center for Health Information and Analysis will obtain cost information from manufacturer information. This measure also requires pharmaceutical manufacturers to provide early notice to the commission for a pipeline, an abbreviated new drug application for generic drugs, or a biosimilar biologics license application. This measure also requires the attorney general to monitor trends in the health care market and gives the attorney general to investigate manufacturers or pharmacy benefit managers.	Sen. Mark Montigny (D)
MA	S 733	Referred to Joint Health Care Financing Committee	Pharmacy Benefit Manager	This measure requires a pharmacy to notify consumers that at the point of sale, they may request the current pharmacy retail price. If a pharmacist determines that the cost sharing for a prescription exceeds the current retail price, they shall notify the customer of the pharmacy retail price and the difference between it and the consumer's cost-sharing amount. A pharmacist will charge a customer the applicable cost-sharing or the current pharmacy retail price for that prescription, whichever is less.	Sen. James Welch (D)
MI	HB 4154	Introduced	Transparency	This measure requires a manufacturer to submit an annual report with the Department of Health and Human Services on costs associated with a prescription drug for the preceding calendar year if the drug has a wholesale acquisition cost (WAC) of \$10,000 or more per course of treatment or if the WAC has increased by a total of 25% of more during the last 5 years or by 5% in the last year. Manufacturers will be required to submit pricing information with the report.	Rep. Hank Vaupel (R)
MI	HB 4155	Introduced	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers (PBMs) to register with the Department of Insurance. This measure also requires PBMs to submit an annual report with rebate information.	Rep. Hank Vaupel (R)
MN	HF 704	Referred to House Health and Human Services Policy Committee	Transparency	This measure requires each manufacturer of a prescription drug that has a wholesale acquisition cost (WAC) of \$10,000 or more annually or per course of treatment to file a report with the Commissioner of Health. The report must include information about the total cost for production of the drug, total research and development costs, total costs for clinical trials, and total costs for marketing and advertising. The manufacturer must also give a cumulative annual history of average wholesale price and WAC increases.	Rep. Kelly Morrison (D)
MN	HF 743	Referred to House Commerce Committee	Pharmacy Benefit Manager	This measure prohibits a health plan from requiring an enrollee to pay a copayment for a prescription drug at the point of sale that is greater than the lesser of the allowable claim amount the pharmacy will receive from the plan or pharmacy benefit manager, or the amount an individual would pay at the pharmacy without using insurance.	Rep. Kristin Bahner (D)
MN	HF 1523/SF 1734	Amended, passed House Health and Human Services Committee; referred to House Ways and Means Health and Human Services Finance Division/Referred to Senate Health and Human Services Finance and Policy Committee	Volume Purchasing	This measure authorizes the Commissioner of Human Services to establish a prescription drug purchasing program that will: -Make drugs available at the lowest possible cost to participants; -Promote health; -Maintain a list of drugs recommended as the most effective prescription drugs at the best prices; -Administer drug benefits for medical assistance and MinnesotaCare; and -Adjudicate pharmacy claims. The commissioner will set the terms and conditions for pharmacies to participate in the program.	Rep. Hunter Cantrell (D), Sen. John Hoffman (D)

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

MN	HF 2518	Referred to House Commerce Committee	Transparency	This measure requires that each manufacturer of a prescription drug that has a wholesale acquisition cost of \$10,000 or more annually must file a report with the Commissioner of Health. The report must include information will include cost information, including marketing and advertising costs.	Rep. Jeremy Munson (R)
MN	HF 2819	Referred to House Taxes Committee	Other	This measure imposes an excess prices tax on prescription drugs. The amount of the tax has not yet been established. Under this bill, manufacturers and wholesalers will annually submit the number of units of each drug sold in the state during the year to the revenue commissioner. "Excess price amount" means the difference between the manufacturer's adjusted average manufacturer price of a prescription drug and the indexed average manufacturer's price of a drug for a certain year.	Rep. Michael Howard (D)
MN	SF 67/HF 723	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 for informing the covered person about the cost of the prescription or about any therapeutically equivalent alternative medications.	Sen. Scott Jensen (R), Rep. Steve Elkins (D)
MN	SF 237/HF 149	Referred to Senate Health and Human Services Finance and Policy Committee/Amended, passed House Commerce 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/HF 728	Passed Senate, referred to House Ways and Means Health and Human Services Finance Decision/Passed House Government Operations Committee, referred to House Health and Human Services Finance Division	Pharmacy Benefit Managers	This measure requires a pharmacy benefit manager (PBM) to obtain a license. 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), Rep. Alice Mann (D)
MN	SF 353/HF 1668	Referred to Senate Health and Human Services Finance and Policy Committee/Referred to House Commerce 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), Rep. Laurie Pryor (D)

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

MN	SF 364/HF 284	Referred to Senate Health and Human Services Finance and Policy Committee/Amended, passed House Health and Human Services Policy; referred to House Judiciary, Finance and Civil Law Division	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)
MN	SF 366/HF 289	Referred to Senate Health and Human Services Finance and Policy Committee/Amended; passed House Commerce Committee; passed House Health and Human Services Policy; referred to House Ways and Means Committee Health and Human Services Finance Division	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)
MN	SF 841	Referred to Senate Health and Human Services Finance and Policy Committee	Pharmacy Benefit Manager	This bill requires licensure for pharmacy benefit managers (PBMs). This measure also requires that each PBM provide to a covered entity all financial and utilization information requested by the covered entity relating to the provision of benefits to covered individuals through that covered entity and, including all rebates and discounts from drug manufacturers. This measure also requires PBMs to disclose pricing information to consumers.	Sen. John Marty (D)
MN	SF 1006/HF 1257	Referred to Senate Health and Human Services Finance and Policy Committee/Passed House Health and Human Services Policy Committee; referred to House Ways and Means Committee Health and Human Services Finance Division	Pharmacy Benefit Manager	This bill allows health plans to change their formularies midyear to remove a brand drug from its formulary or move a brand drug to a new cost-sharing tier if a generic equivalent is approved.	Sen. Carla Nelson (R), Rep. Hunter Cantrell (D)

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

MN	SF 1098/HF 1246	Passed Senate Health and Human Services Finance and Policy Committee, referred to Senate Judiciary and Public Safety Finance and Policy Committee/passed House Judiciary, Finance and Civil Law Division, referred to House Health and Human Services Finance Division	Transparency	This measure requires drug manufacturers to submit a report to the Commissioner of Health for every prescription drug priced more than \$40 for a course of therapy, whose price increases by more than 10% in a 12-month period or more than 16% in a 24-month period. Notice must be given to the commissioner at least 60 days before the planned increase. For every new brand-name drug priced over \$5,000 for a 30-day supply or a generic that is price over \$200 for a 30-da supply, the manufacturer must notify the commissioner within 60 days of introduction.	Sen. Julie Rosen (R), Rep. Kelly Morrison (D)
MN	SF 1184	Referred to Senate Health and Human Services Finance and Policy Committee	Importation	This measure instructs the Commissioner of Human Services to develop a wholesale drug importation program to make discounted prescription drugs imported from Canada available to Minnesotans.	Sen. Matt Little (D)
MN	SF 1640	Referred to Senate Health and Human Services Finance and Policy	Transparency	This measure creates the Prescription Drug Price Transparency Act. This bill requires that for every drug priced more than \$40 for a course of therapy, whose price increases by more than 10% in a 12-month period or more than 16% in a 24-month period, the manufacturer must report to the Health Commissioner at least 60 days in advance of the increase certain pricing information. For every new brand-name drug priced over \$500 for a 30-day supply or for a generic drug priced over \$200, manufacturers must provide pricing information as well.	Sen. Rich Raheem (R)
MN	SF 1907/HF 743	Referred to Senate Commerce and Consumer Protection Finance and Policy Committee/amended, passed House Commerce Committee, referred to House Health and Human Services Finance Division	Other	This measure stipulates that a health plan that provides drug coverage shall not require an enrollee to pay a copayment for a prescription drug at the point of sale that is greater than the lesser of the allowable claim amount the pharmacy dispensing the drug will receive from the health plan company or pharmacy benefit manager or the amount an individual would pay at the pharmacy for the drug if the individual did not have insurance.	Sen. Scott Jensen (R), Rep. Kristin Bahner (D)
MN	SF 2302/HF 2184	Amended, passed Senate Human Services Reform Finance and Policy Committee, referred to Senate Human Services Finance and Policy Committee/referred to House Health and Human Services Finance Division Committee	Other	This measure establishes the outpatient prescription drug program for MinnesotaCare. The human services commissioner will establish an outpatient prescription drug formulary for MinnesotaCare, which must contain at least one drug in every category and class or the same number of prescription drugs in each category and class as the essential health benefit benchmark plan. The outpatient pharmacy benefit will not be administered through a contract with a public or private entity.	Sen. John Marty (D), Rep. Tina Liebling (D)
MS	HB 482	Died in 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)

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

MS	HB 976/SB 2365	Died in Committee/Signed by Governor	Other	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	Died in 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 Metatalk (R)
MO	HB 667	Passed House Professional Registration and Licensing Committee; referred to House Rules Committee	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 Aster (R)
MO	SB 310/HB 1186	Referred to Senate Seniors, Families and Children Committee/Introduced	Cost Review (Rate Setting)	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 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 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), Rep. Doug Clemens (D)
MO	SB 413/HB 1165	Referred to Senate Insurance and Banking Committee/Introduced	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers (PBMs) to submit an annual report that contains information regarding rebates.	Sen. David Aster (R), Rep. Lynn Morris (R)
MT	HB 344	Referred to House Business and Labor Committee	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	HB 710	Passed House; referred to Senate Public Health, Welfare and Safety Committee	Transparency	This measure requires annual reports from pharmaceutical manufacturers for drugs with a price of \$100 or more that had a price increase of more than 10% in the previous year. For each drug that fits that criteria, the manufacturer must report cost information. This bill also requires that when a manufacturer introduces a new drug for sale at a price that exceeds the threshold established by the US Centers for Medicare & Medicaid Services for specialty drugs in the Medicare Part D program, the manufacturer must provide the methodology used for establishing the drug price and a description of the marketing tools used, along with additional information. This measure additionally requires insurers to report the 25 most frequently prescribed drugs under the issuer's benefit plans and the 25 drugs that caused the greatest increase in total plan spending over the previous calendar year.	Rep. Katie Sullivan (D)
MT	HB 729	Tabled in House Business and Labor Committee	Other	This measure requires the Department of Public Health and Human Services to use a subscription model as an alternative payment method for high-cost or specialty drugs whenever possible.	Rep. Thomas Winter (D)

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

MT	SB 71	Passed House	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)
MT	SB 270	Passed House	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from penalizing a pharmacy or pharmacist for disclosing reimbursement criteria to an enrollee or for selling a more affordable alternative to a covered person. This bill also prohibits a PBM from requiring a pharmacy to charge or collect a copayment from an enrollee that exceeds the total charges submitted by the network pharmacy.	Sen. Mary McNally (D)
NE	LB 316	Passed 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
NV	AB 141	Referred to Assembly Commerce Committee	Pharmacy Benefit Manager	This bill prohibits a pharmacy benefit manager from prohibiting a pharmacist or pharmacy from providing information to a consumer concerning the availability of a less expensive or more effective drug or a less expensive manner of acquiring a drug. This bill also prohibits a pharmacy benefit manager from penalizing a pharmacist or pharmacy for selling a less expensive generic drug or a more effective drug to such a person.	Asm. Crescent Hardy (R)
NV	SB 226	Referred to House Health and Human Services Committee	Volume Purchasing	This measure requires the Department of Health and Human Services to enter into agreements to purchase prescription drugs on behalf of certain health benefit plans. Under this bill, the department must develop a formulary of prescription drugs to be used for all health benefit plans funded by a state agency. The department will negotiate and enter into agreements to purchase drugs included in that formulary on behalf of those plans. This measure also requires an insurer to allow an enrollee to credit any amount saved by using a coupon for a drug toward any cost sharing that the enrollee is required to pay for the drug.	Sen. Pat Spearman (D)
NV	SB 262	Referred to Senate Health and Human Services Committee	Transparency	This measure includes asthma medications in the state's 2017 essential diabetes drugs transparency law.	Sen. Yvanna Cancela (D)
NV	SB 276	Referred to Senate Commerce Committee	Pharmacy Benefit Manager	This bill prohibits a pharmacy benefit manager (PBM) from accepting from a drug manufacturer a drug rebate or reduction in price in connection with the sale of the prescription drug unless the full value of the rebate or reduction in price is applied to the price paid by the consumer.	Sen. Yvanna Cancela (D)
NV	SB 369	Referred to Senate Commerce Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) or drug manufacturer from increasing the effective price of a prescription drug for a PBM during the plan year.	Senate Health and Human Services Committee
NV	SB 378	Referred to Senate Health and Human Services Committee	Cost Review (Rate Setting)	This measure establishes the Prescription Drug Affordability Board, which will identify brand drugs with a wholesale acquisition cost (WAC) of at least \$30,000 or a WAC increase of \$3,000 or more in a year. It will also identify each new biosimilar that is not at least 15% lower than the brand name drug. The board must also identify brand name drugs with a WAC of \$100 or more or that had a WAC increase of 200% or more in the last year. For each drug identified, the board may hold a review in which it will consider cost information for the drug. If the board determines a drug has an excessive cost, the board can apply an upper payment limit.	Sen. Yvanna Cancela (D)

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

NH	HB 656	Passed House; referred to Senate Commerce 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 659	House Commerce and Consumer Affairs Committee voted inexpedient to legislate	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	Passed House; referred to Senate Commerce 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	Senate Health and Human Services Committee reported inexpedient to legislate	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)
NH	SB 226	Passed Senate, referred to House Commerce and Consumer Affairs 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	Amended, passed Senate Finance 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. This will be a one-year long pilot program.	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)

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

NJ	A 2431/ S 1865	Passed Assembly/ Referred to Senate Commerce Committee	Other	This bill requires insurers that offer plans in the individual and small employer markets to ensure that at least 25% of all plans, or at least one plan if the insurer offers less than four plans, offered by the insurer in each rating area and in each of the bronze, silver, gold, and platinum levels of coverage, shall conform with the following: (1) a contract that provides a silver, gold, or platinum level of coverage shall limit a covered person's cost-sharing financial responsibility, including any copayment or coinsurance, for prescription drugs, including specialty drugs, to no more than \$150 per month for each prescription drug for up to a 30-day supply of any single drug; and (2) a contract that provides a bronze level of coverage shall ensure that any required covered person's cost-sharing, including any copayment or coinsurance, does not exceed \$250 per month for each prescription drug for up to a 30-day supply of any single drug. In the case of high-deductible plans, these cost-sharing limits apply at any point in the benefit design.	Asm. Daniel Benson (D), Sen. Loretta Weinberg (D)
NJ	A 3993/ S 2690	Amended on House floor/Passed Senate	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)
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)

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

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)
NJ	S 3568	Referred to Senate Commerce Committee	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers (PBMs) to exercise good faith and fair dealing. This bill also requires a PBM to disclose, on a quarterly basis, information regarding aggregate wholesale acquisition costs from a manufacturer, as well as information about rebates. This measure also requires health benefit plans to require PBMs to register with the Department of Banking and Insurance.	Sen. Linda Greenstein (D)
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	Amended; passed Senate Public Affairs Committee/Amended; passed 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)

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

NM	SB 415	Passed House	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 1507	Passed Assembly Ways and Means Committee; substituted by SB 1507/Passed Senate Finance Committee; passed Senate; sent to Governor	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 2836	Passed Assembly Health Committee; referred to Assembly Codes 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	AB 2969	Referred to Assembly Insurance Committee	Pharmacy Benefit Manager	This bill allows health plans to change their formularies midyear to remove a brand-name drug from its formulary or move a brand-name drug to a new cost-sharing tier if a generic-equivalent drug is approved.	Asm. Crystal Peoples-Stokes (D)
NY	AB 5724	Referred to Assembly Insurance Committee	Other	This measure would prohibit any form of group health insurance policy that categorizes prescription medication based on specific disease or specific cost and charges a cost-sharing percentage for such prescription medication.	Asm. Michele Titus (D)
NY	AB 6056	Referred to Assembly Health Committee	Pharmacy Benefit Manager	This measure requires pharmacies to provide customers directly with the retail price (before insurance) of a prescription drug, in writing and electronically prior to purchase.	Asm. Gary Pretlow (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)
NC	HB 534/SB 632	Referred to House Insurance Committee/Filed	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers (PBMs) to obtain licensure from the Department of Insurance. This measure also prohibits a PBM from penalizing a pharmacy or pharmacist for disclosing cost information to a consumer. Under this bill, a PBM cannot charge an insured a copayment that exceeds the total submitted charges by the network pharmacy, the contracted copayment amount, or the amount a consumer would pay without insurance. Additionally, this bill requires that when calculating an insured's overall contribution to any out-of-pocket maximum, an insurer must include any amounts paid on behalf of an enrollee. This measure also requires that PBMs disclose to health plans and providers any difference between the amount paid to a pharmacy and the amount charged to the plan. PBMs must also submit an annual report to the Insurance Commissioner the aggregate amount of all rebates received from manufacturers, including the amount that was not passed through to payers or insurers.	Rep. Wayne Sasser (R), Sen. Danny Britt (R)

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

NC	SB 658	Filed	Transparency	This measure requires manufacturers to notify all interested parties of an upcoming substantial price increase at least 60 days prior to the increase. Within 30 days of notification the manufacturer must disclose a justification for the price increase, the previous year's marketing budget for the drug, the date and price of acquisition, and a schedule or price increases for the drug for the previous five years. Under this bill, "substantial price increase" means any increase in the price charged by a manufacturer for a prescription drug that would have the impact of increasing a drug's cost by 10% or more over 12 months.	Sen. Mutjaba Mohammed (D)
OH	HB 63	Referred to House Health Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager from requiring cost sharing in an amount greater than the lesser of either the amount an individual would pay without coverage or the net reimbursement paid to the pharmacy for the drug by the issuer.	Rep. Scott Lipps (R)
OH	SB 14	Introduced	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager from requiring cost sharing in an amount greater than the amount an individual would pay for the drug if the drug were purchased without coverage.	Sen. Tina Maharath (D)
OK	HB 1059	Referred to House Rules 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 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	Referred to House Business and Commerce Committee	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	Referred to House Business and Commerce Committee	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	Referred to Senate Health and Human Services Committee	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)

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

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)
OR	HB 2840	Referred to House Health Care Committee	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	HB 3093/SB 872	Referred to House Health Care Committee/Passed Senate Health Care Committee; referred to Senate Ways and Means Committee	Transparency	This measure requires manufacturers to report to the Department of Consumer and Business Services the total cost of patient assistance programs and information on financial assistance provided to pharmacies, government agencies, and advocacy organizations. This bill also requires state-sponsored programs that use pharmacy benefit managers (PBMs) to use fee-only PBMs. Under this bill, enrollees would receive 60-day's advance notice of formulary changes. This bill additionally requires insurers and allows pharmacies to notify enrollees if the cash price for a drug is less than the price that would be paid using insurance. If an enrollee pays cash price outside of insurance, that expense must be counted toward the deductible or out-of-pocket maximum. This bill also requires patient advocacy organizations with a budget of over \$50,000 that has registered lobbyists in the state to report information regarding funding from participants in the pharmaceutical supply chain.	Rep. Ron Noble (R), Sen. Elizabeth Steiner Hayward (D)
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)
PA	HB 568	Referred to House Insurance Committee	Transparency	This measure requires a manufacturer of a drug that has an average wholesale price of \$5,000 or more annually or per course of treatment or has an annual wholesale price that has increased by 50% or more over five years or by 25% in the past year to file an annual report with the Insurance Department that contains cost information. Manufacturers must include a description of patient prescription assistance programs in the report.	Rep. Anthony DeLuca (D)
PA	HB 569	Referred to House Insurance Committee	Pharmacy Benefit Manager	This measure requires a pharmacy benefit manager (PBM) to disclose to a health insurer whether or not the PBM uses the same multiple-source generic list when billing a health insurer as it does when reimbursing a pharmacy. This bill also requires that if a PBM uses more than one multiple source generic list, the PBM must disclose to an insurer any difference between the amount paid to a pharmacy and the amount charged to the insurer.	Rep. Anthony DeLuca (D)
PA	HB 570	Referred to House Insurance Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager from restricting a pharmacist from disclosing information regarding the cost of a drug or the availability of any cheaper therapeutically alternatives.	Rep. Anthony DeLuca (D)
PA	HR 187	Referred to House Health Committee	Study	This resolution directs the Joint State Government Commission to conduct a study on prescription drug pricing and issue a report.	Rep. Eddie Pashinski (D)
PA	HB 1042	Referred to House Health Committee	Study	This measure creates the Prescription Drug Pricing Task Force to study the pricing of prescription drugs and issue a report. The task force must issue the report within a year of the first meeting and must focus on factors contributing to high out-of-pocket costs, patient adherence and access to drugs, manufacturer costs for research and development, profit margins, financial assistance offered by manufacturers and the relationship between manufacturers and the state's medical assistance program.	Rep. Eddie Pashinski (D)
PA	SB 484	Referred to Senate Banking and Insurance Committee	Other	This measure limits how much a consumer will pay in cost-sharing for a specialty tier prescription drug to \$100 per month for a 30-day supply. Additionally, this measure caps aggregate cost-sharing of all specialty tier prescription drugs at \$200 per month.	Sen. Bob Mensch (R)

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

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	Held in 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 House Labor, Commerce, and Industry 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	Signed by Governor	Pharmacy Benefit Managers	This measure stipulates that no pharmacy benefit manager (PBM) may require a health plan or pharmacist to collect from an insured a cost-share for a prescription that exceeds the amount retained by the pharmacist from all payment sources. This bill also prohibits a PBM from retroactively adjusting claim payments for the benefit of a covered individual if there was an error in the adjudication of a claim submitted on behalf of the enrollee.	Rep. Spencer Gosch (R)
TN	HB 786/SB 650	Amended; passed House Insurance Committee; referred to Senate Finance, Ways, and Means Committee/Amended; passed Senate Commerce and Labor Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy or pharmacist for a drug in an amount less than the covered entity or PBM reimburses itself of an affiliate for providing the same drug.	Rep. Cameron Sexton (R), Sen. Shane Reeves (R)
TN	HB 884	Introduced	Pharmacy Benefit Manager	This measure prohibits pharmacy benefit managers from prohibiting a pharmacy or pharmacist from informing patients of all relative options pertaining to their prescription medications, including the cost or effectiveness of alternative medications, and whether a cash payment would cost less than any cost-sharing amounts.	Rep. Vincent Dixie (D)
TN	HB 887/SB 963	Referred to House Health Subcommittee on Mental Health and Substance Abuse/referred to Senate Commerce and Labor Committee	Transparency	This measure prohibits pharmacy benefit managers from prohibiting a pharmacy or pharmacist from informing patients of all relative options pertaining to their prescription medications, including the cost or effectiveness of alternative medications, and whether a cash payment would cost less than any cost-sharing amounts.	Rep. Vincent Dixie (D), Sen. Brenda Gilmore (D)

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

TN	HB 1179/ SB987	Referred to House Insurance Subcommittee on Life and Health Insurance/Referred to Senate Commerce and Labor General Subcommittee	Pharmacy Benefit Manager	This measure authorizes the Bureau of TennCare to negotiate supplemental manufacturer rebates for TennCare prescription drug purchases. When conducting negotiations, the bureau must utilize the average manufacturer's price as the cost basis for the product.	Rep. Bryan Terry (R), Sen. Shane Reeves (R)
TX	HB 437	Referred to House Public Health Committee	Other	This measure allows Medicaid managed care organizations to adopt their own drug formularies.	Rep. Matt Shaheen (R)
TX	HB 697	Referred to House Public Health Committee	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	Referred to House Insurance Committee	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	HB 1298	Referred to House Insurance Committee	Transparency	This measure requires the Health and Human Services Commission to annually compile a list of drugs by wholesale acquisition cost (WAC). The list must include 10 drugs on which the state spends a significant amount of money and for which the WAC has increased by at least 50% in the past five years or 15% in the previous year. The list must also include at least one generic and one brand-name drug, indicate which drugs are specialty drugs, include the percentage increase of WAC for each drug, rank the drugs from largest to smallest increase, and provide the state's total expenditure for each drug. A separate list will be compiled based on state cost with similar increase thresholds. Health plans are also required to create a similar list and submit it to the attorney general. The attorney general, in turn, can require price justification from manufacturers for certain drugs.	Rep. Sarah Davis (R)
TX	HB 1794	Referred to House Public Health Committee	Transparency	This measure requires manufacturers of expensive drugs to report to the Department of Health and Human Services. Under this bill, "expensive" means a prescription drug with a wholesale acquisition cost (WAC) of \$2,500 or more per year or course of treatment. The report must include information about research and development costs, marketing costs, direct costs for materials, the total amount of financial assistance to patients the manufacturer provided, including rebates, and other information. The report will be considered public information. This measure also requires manufacturers to provide written notices at least 60 days before a price increase. Disclosure will be required if the price of a drug increases 10% or by \$2,500 in one year or 15% cumulatively during any two-year period. The notice must include a justification for the increase.	Rep. Ron Reynolds (D)
TX	HB 2231/SB 2261	Referred to House Insurance Committee/Referred to Senate Business and Commerce Committee	Pharmacy Benefit Manager	This measure establishes a fiduciary duty for pharmacy benefit managers (PBMs) to health plans. This measure also requires a PBM to transfer to a health benefit plan issuer the entire amount of any rebate that the PBM receives. This bill also prohibits a PBM from prohibiting a pharmacist from disclosing cost information to an enrollee.	Rep. Tom Oliverson (R), Sen. Lois Kolkhorst (R)

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

TX	HB 2536	Referred to House Insurance Committee	Transparency	This measure requires annual reports from pharmaceutical manufacturers that contain the wholesale acquisition cost (WAC) information for approved drugs sold in the state. Additionally, no later than 30 days following a price increase of 50% or more in the WAC of a drug that costs at least \$100 per course of treatment, a manufacturer must submit pricing information to the Health and Human Services Commission. A manufacturer must notify the commissioner if the manufacturer intends to introduce a drug with a WAC that exceeds the threshold set for a specialty drug under Medicare Part D. This bill also requires rebate transparency reporting from pharmacy benefit managers.	Rep. Tom Oliverson (R)
TX	HB 3388/SB 2262	Referred to House Public Health Committee/Referred to Senate Finance Committee	Other	This measure prohibits a managed care organization from maintaining an outpatient pharmacy benefit plan for recipients -- this includes Medicaid. Under this bill, the Health and Human Services Commission will provide outpatient prescription drug benefits through the vendor program using a transparent fee-for-service delivery model.	Rep. JD. Sheffield (R), Sen. Lois Kolkhorst (R)
TX	HB 4185	Referred to House Insurance Committee	Pharmacy Benefit Manager	This measure gives the Insurance Commissioner the authority to examine the records of a pharmacy benefit manager to determine compliance with existing law.	Rep. Terry Canales (D)
TX	HB 4401	Filed	Other	This measure prohibits a managed care organization from maintaining an outpatient pharmacy benefit plan for recipients. This includes Medicaid. Under this bill, the Health and Human Services Commission will provide outpatient prescription drug benefits through the vendor program using a transparent fee-for-service delivery model.	Rep. Richard Raymond (R)
TX	SB 469	Referred to Senate Business and Commerce Committee	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)
UT	HB 267	Referred to Senate Rules Committee	Importation	This measure creates a wholesale Canadian prescription drug importation program.	Rep. Norm Thurston (R)
UT	HB 370	Signed by Governor	Pharmacy Benefit Manager	This measure specifies that a pharmacy benefit manger has a fiduciary responsibility to an insurer and requires a PBM to report information about rebates and administrative fees to the state's Insurance Department.	Rep. Paul Ray (R)

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

		Referred to Senate Health and Human Services Committee		<p>This measure requires a pharmacy benefit manager (PBM) to obtain a license from the Insurance Department. This bill also requires an insurer to make the plan's formulary easily accessible to enrollees.</p> <p>Under this bill, insurers, PBMs, pharmaceutical wholesalers or distributors, pharmacy services administrative organizations and pharmacies must report annually drug cost information to the Department of Insurance. The information will include the amount of rebates PBMs negotiate. Using this information, the department will create an annual report that contains aggregate data. The report will detail trends in pricing and the impact of pharmacy costs on premiums.</p> <p>This bill also requires the Department of Insurance to identify annually up to 25 drugs on which the state spends significant health care dollars or for which the wholesale acquisition cost has increased by 10% or more over a year. For each drug on the list, the department will require manufacturers to submit cost information.</p> <p>This measure also requires that upon the request of an insurer, a PBM must report annually to the insurer the aggregate of all drug utilization payments received by the PBM and the aggregate of all payments passed on to the insurer.</p> <p>This bill additionally requires a manufacturer to submit notice to purchasers for a price increase of a drug that will result in an increase in the wholesale acquisition cost (WAC) of a drug that is equal to 10% or more in a year for a drug that has a WAC of \$150-\$1,000 or 5% or more in a year for a drug that has a WAC of more than \$1,000. Notice must be submitted at least 60 days prior to the planned increase.</p> <p>If a manufacturer introduces a new drug to market at a WAC that exceeds the payment threshold for a new drug as determined by federal law, the manufacturer must submit a written notice of the introduced to the Insurance Department.</p> <p>This measure requires each patient assistance program that receives a contribution from an applicable entity to submit an annual report that includes a list of all contributions.</p> <p>This bill requires PBMs to report annually information regarding the aggregate amount of rebates received from all manufacturers.</p> <p>This bill also requires a manufacturer to provide a list of all pharmaceutical sales representatives employed by the manufacturer.</p> <p>Under this bill, pharmaceutical representatives must supply providers with the average wholesale price of drugs.</p>	
UT	SB 223		Transparency		Sen. Kirk Cullimore (R)
VT	S 136	Referred to Senate Health and Welfare Committee	Importation	This measure designates the Agency of Human Services as the state entity responsible for developing and implementing a wholesale Canadian drug importation program. This measure also authorizes the Vermont Board of Pharmacy to create two new prescription drug wholesaler licenses for certain market participants in the program.	Sen. Christopher Pearson (D)
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	Passed by Indefinitely	Price Gouging	<p>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.</p> <p>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.</p>	Sen. John Edwards (D)

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

WA	HB 1224/SB 5292	Substituted; passed Senate Health and Long Term Care Committee; referred to Senate Ways and Means Committee/Amended; passed House Health Care and Wellness Committee; referred to House Appropriations 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 \$100 and the WAC increases by at least 20% in one year or 50% in three years. 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/SB 5601	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	HB 1911	Referred to House Health Care and Wellness Committee	Pharmacy Benefit Manager	This measure requires licensure for pharmacy benefit managers.	Rep. Joe Schmick (R)
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)
WA	SB 5982	Referred to Senate Health and Long Term Care Committee	Pharmacy Benefit Manager	This measure requires the licensure, rather than registration, of pharmacy benefit managers (PBMs). This measure also establishes that a PBM has a fiduciary duty to a health carrier client. This bill prohibits a PBM from reimbursing a pharmacy an amount less than the amount the PBM reimburses a PBM affiliate for providing the same services. Under this bill, a PBM may not deny, reduce, or recoup payment to a pharmacy after adjudication of a claim.	Sen. Shelly Short (R)
WV	HCR 24	Failed upon adjournment	Importation	This measure requests a study regarding a state-administered wholesale prescription drug importation program.	Del. Mick Bates (D)
WV	HB 2319	Failed upon adjournment	Importation	This measure authorizes the creation of a state-administered wholesale drug importation program.	Del. Mick Bates (D)
WV	HB 2428	Failed upon adjournment	Importation	This measure creates a state-administered wholesale drug importation program.	Del. Joe Ellington (R)

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

WV	HB 2651	Failed upon adjournment	Pharmacy Benefit Managers	This measure requires the Public Employees Insurance Agency to submit quarterly reports regarding the amount paid to the pharmacy provider per claim, dispensing fees, copayments and the amount charged to the plan sponsor for each claim by its pharmacy benefit manager (PBM).	Rep Joe Ellington (R)
WV	HB 2700	Failed upon adjournment	Pharmacy Benefit Managers	This measure requires the Public Employees Insurance Agency to use the West Virginia Medicaid Prescription Plan as its pharmacy benefit manager, provided the cost to the consumer is lower.	Del. Gary Howell (R)
WV	HB 2770/SB 509	Signed by governor/Failed upon adjournment	Coupons	This measure requires that when calculating an insured's contribution to any applicable cost-sharing requirement, including the annual limitation on cost sharing, a pharmacy benefit manager must include any cost-sharing amounts paid by the insured or on behalf of the insured by another person.	Del. Matthew Rohrbach (R), Sen. Tom Takubo (R)
WV	SB 250	Failed upon adjournment	Importation	This measure creates the Wholesale Prescription Drug Importation Program. The program must use Canadian drug suppliers.	Sen. Stephen Baldwin (D)
WV	SB 488	Failed upon adjournment	Pharmacy Benefit Manager	This measure requires the Public Employee Insurance Agency to execute contracts for group prescription drug insurance. Under this bill, a pharmacy benefit manager (PBM) must report the amount paid to pharmacy providers for all pharmacy claims, including the cost of drug reimbursement, dispensing fees, copayments and the amount charged to the agency for each claim by the PBM. In the event there is a difference between these amounts for any claim, the PBM will report an itemization of all administrative fees, rebates or processing charges associated with the claim.	Sen. Mike Maroney (R)
WV	SB 489/HB 2806	Signed by governor/Died upon adjournment	Pharmacy Benefit Managers	This measure requires licensure of pharmacy benefit managers.	Sen. Mike Maroney (R), Del. Daniel Linville (R)
WI	AB 56/SB 59	Referred to Joint Survey Committee on Retirement Systems/Referred to Joint Survey Committee on Tax Exemptions	Transparency	This bill requires certain prescription drug cost reporting by drug manufacturers, pharmacy benefit managers, insurers, and hospitals. The bill also requires pharmacy benefit managers to register with the insurance commissioner in order to perform activities of a pharmacy benefit manager in Wisconsin. Under the bill, each insurer that offers a health insurance policy that covers prescription drugs must submit to the insurance commissioner an annual report that identifies the 25 prescription drugs that are the highest-cost to the insurer and the 25 prescription drugs that have the highest cost increases over the 12 months before the submission of the report. The bill requires a drug manufacturer to notify the commissioner if it increases the wholesale acquisition cost of a brand-name or generic drug on the market in this state by more than an amount specified in the bill, or if it intends to introduce to market a brand-name or generic drug that has an annual wholesale acquisition cost of more than a specified amount. The manufacturer must include with the notice justification for and documentation regarding the price increase. The bill requires each manufacturer to provide the Office of the Commissioner of Insurance an annual description of each manufacturer-sponsored patient assistance program in effect during the previous year. Each manufacturer must also report to the commissioner the value of price concessions provided to each pharmacy benefit manager for each drug sold. The bill requires pharmacy benefit managers to report to the commissioner the amount received from manufacturers as drug rebates and the value of price concessions provided by manufacturers for each drug. This bill also creates a wholesale prescription drug importation program.	Joint Finance Committee
WI	AB 62	Referred to Assembly Insurance Committee	Transparency	This measure imposes disclosure requirements on drug manufacturers and health insurers. This bill requires that a manufacturer of a drug with a wholesale acquisition cost (WAC) that exceeds \$40 notify purchasers of the drug when the cost for a course of therapy increases by more than 16%. This notice must be provided at least 60 days prior to the price increase. Manufacturers must provide cost information to the Insurance Office. Under the bill, a manufacturer must also notify Insurance Office if the manufacturer releases a new drug with a WAC that exceeds the specialty drug tier threshold under the Medicare Part D program, which is currently \$670 for a one-month supply.	Rep. LaKeshia Myers (D)

