<table>
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<tr>
<th>State</th>
<th>Bill</th>
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<tr>
<td>AL</td>
<td>SB 236/HB 345</td>
<td>Referred to Senate Banking and Insurance Committee; referred to House Insurance Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits pharmacy benefit managers (PBMs) and health benefit plans from transferring and sharing certain patient information with affiliates of the PBM for purposes of steering or referring a patient toward using a specific pharmacy. This measure also prohibits a health benefit plan from requiring an insured to obtain pharmacist services exclusively from a mail-order pharmaceutical distributor or affiliated pharmacy. This bill also requires PBMs to report annually to clients information on pharmacy manufacturer rebates they received.</td>
<td>Sen. Tom Butler (R), Rep. Ronald Johnson (R)</td>
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<td>AZ</td>
<td>SB 1387</td>
<td>Referred to Senate Rules Committee</td>
<td>Cost Review (Rate Setting)</td>
<td>This measure establishes the Prescription Drug Affordability Board, which will access pricing information for prescription drugs by entering into a memorandum of understanding with another state to which manufacturers already report pricing information. The board will identify: (1) brand drugs that have either a launch wholesale acquisition cost (WAC) of $30,000 or more or a WAC increase of $3,000 or more in a year; (2) biosimilars that have a launch WAC that is not at least 15% lower than the referenced brand biologic; and (3) generics that have a WAC of $100 or more or that increased by 200% or more during the past 12 months. The board will determine whether to conduct an affordability review for each identified product. If the board finds that the cost of a drug has led or will lead to an affordability challenge, the board must establish an upper-payment limit that will apply to all purchases and payer reimbursements.</td>
<td>Sen. Juan Mendez (D)</td>
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<td>AZ</td>
<td>SB 1549</td>
<td>Introduced</td>
<td>Transparency</td>
<td>This measure also establishes the prescription drug affordability fund consisting of assessments on all manufacturers. The board will annually assess each manufacturer on the manufacturer’s relative share of gross revenues from drug sales in the state.</td>
<td>Sen. Rebecca Rios (D)</td>
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<td>AZ</td>
<td>SB 1600</td>
<td>Introduced</td>
<td>Importation</td>
<td>This measure requires the Department of Health Services to design a wholesale importation program that complies with federal law.</td>
<td>Sen. Rebecca Rios (D)</td>
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<tr>
<td>CA</td>
<td>ACR 105</td>
<td>Adopted in Assembly; referred to Senate Health Committee</td>
<td>Volume Purchasing</td>
<td>This is a resolution that encourages the governor to engage with Washington and Oregon and others who wish to partner with California to lower prescription drug prices across the country.</td>
<td>Asm. David Chiu (D)</td>
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<tr>
<td>CA</td>
<td>SB 852</td>
<td>Referred to Senate Rules Committee</td>
<td>Other</td>
<td>This measure states the intent of the legislature to introduce legislation to require the state of California to manufacture generic prescription drugs for the purposes of controlling prescription drug costs.</td>
<td>Sen. Richard Pan (D)</td>
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<tr>
<td>CO</td>
<td>HB 1078</td>
<td>Sent to Governor</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy in an amount less than the amount that the PBM reimburses any affiliate for the same pharmacy services. The bill also prohibits PBMs from retroactively reducing payment on a clean claim submitted by a pharmacy unless the PBM determine the claim was not a clean claim.</td>
<td>Rep. Sonya Jacquez-Lewis (D)</td>
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<tr>
<td>State</td>
<td>Bill Number</td>
<td>Committee Assignment</td>
<td>Committee</td>
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<td>CO</td>
<td>HB 1160</td>
<td>Amended; passed House Appropriations Committee</td>
<td>Transparency</td>
<td>under their health insurance plans, including information about rebates received from prescription drug manufacturers, a certification regarding how rebates were accounted for in insurance premiums, and a list of all pharmacy benefit managers (PBMs) with whom they contract. Insurers will report the top 50 drugs for which they paid, the 50 costliest drugs, the 50 drugs that had the highest increase in total annual plan spending, the 50 drugs that caused the greatest increase in premiums, the top 50 most frequently prescribed drugs, and the 50 drugs for which the insurer received the largest rebates. This measure requires prescription drug manufacturers to notify the commissioner, state purchasers, health insurers, PBMs, pharmacies, and hospitals when the manufacturer increases the price of certain drugs more than specified amounts or introduces a new specialty drug in the commercial market. Manufacturers must report drugs with a price of more than $50 if the increase is 10% or more in a year, 16% or more over two years, or 20% or more over three years. For drugs that meet these thresholds, manufacturers will be required to submit pricing information. This measure requires PBMs to annually report specified information to the commissioner regarding rebates and administrative fees received from manufacturers.</td>
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<tr>
<td>CO</td>
<td>HB 5018</td>
<td>Referred to House Health and Insurance Committee</td>
<td>Benefit Manager</td>
<td>This measure requires carriers that use PBMs to ensure that their PBMs comply with the requirements in the bill.</td>
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<tr>
<td>CO</td>
<td>HB 1198</td>
<td>Amended; passed Senate Appropriations Committee</td>
<td>Transparency</td>
<td>This measure directs the Department of Health Care Policy and Financing, or a third party contracted with the department, to collect, analyze, and report prescription drug production cost data regarding the 20 highest-cost prescription drugs per course of therapy and the 20 highest-cost prescription drugs by volume that were purchased or paid for by the departments of corrections, human services, personnel, and health care policy and financing during the 2019-2020 fiscal years. Upon receipt of a list of the highest-cost prescription drugs, the department must analyze the data received from manufacturers and report its findings, specifying the percentage of the WAC that is attributable to each component driving the WAC. The department will be required to provide an annual transparency report.</td>
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<tr>
<td>CO</td>
<td>SB 107</td>
<td>Referred to House Health and Insurance Committee</td>
<td>Transparency</td>
<td>This measure expands the wholesale Canadian prescription drug importation program to include prescription drug suppliers from nations other than Canada upon the enactment of legislation by the US Congress authorizing such practice.</td>
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<tr>
<td>CO</td>
<td>SB 119</td>
<td>Substituted, passed Joint Insurance and Real Estate Committee</td>
<td>Importation</td>
<td>This measure requires the Commissioner of Consumer Protection to establish a program that will be known as the “Canadian legend drug importation program.” The program will provide for the importation of safe and effective legend drugs from Canada that have the highest potential for cost savings in the state.</td>
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<tr>
<td>CT</td>
<td>HB 5018</td>
<td>Passed Joint Insurance and Real Estate Committee</td>
<td>Importation</td>
<td>This measure places a cap on the total amount than an insured is required to pay for a prescription insulin drug at 300 per 30-day supply and for diabetes equipment at $100 for a 30-day supply. This cap applies to high deductible health plans, unless such a plan is used to establish a medical or health savings account. This measure applies to such plans to the maximum extent that does not disqualify such account for the deduction allowed under IRS rules. This bill also requires the Commissioner of Social Services to study the feasibility of implementing a low-income diabetes assistance fund.</td>
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<td>CT</td>
<td>SB 119</td>
<td>Substituted, passed Joint Insurance and Real Estate Committee</td>
<td>Importation</td>
<td>This measure also requires insurers and PBMs to submit their programs for compensating pharmacies and their formularies to the Insurance Commissioner. This bill requires PBMs to report to the commissioner the amount the PBM expects to receive from the carrier for pharmacist services that are eligible for reimbursement under the health benefit plan. The commissioner can review this information to ensure reimbursement is fair and reasonable. Under the bill, a carrier or PBM must submit an annual report with information detailing the amount they actually paid to the pharmacy, the amount the PBM receive from the carrier for pharmacist services, and the amount of rebates the carrier or PBM received.</td>
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<tr>
<td>CO</td>
<td>HB 5175</td>
<td>Referred to Senate Health and Welfare Committee</td>
<td>Importation</td>
<td>This measure requires the Commissioner of Social Services to study the feasibility of implementing a low-income diabetes assistance fund.</td>
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<tr>
<td>CT</td>
<td>HB 5018</td>
<td>Passed Joint Insurance and Real Estate Committee</td>
<td>Importation</td>
<td>This measure also requires certain nonprofit organizations to compile and submit to the commissioner an annual report indicating the amount of each payment, donation, subsidy, or thing of value received by the organization from a drug manufacturer, health insurer, or PBM. Rep. Dominique Jackson (D)</td>
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<tr>
<td>CO</td>
<td>HB 1198</td>
<td>Referred to House Health and Insurance Committee</td>
<td>Benefit Manager</td>
<td>This measure requires carriers that use PBMs to ensure that their PBMs comply with the requirements in the bill. Rep. Lois Landgraf (R)</td>
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<tr>
<td>CO</td>
<td>SB 107</td>
<td>Referred to House Health and Insurance Committee</td>
<td>Transparency</td>
<td>This measure expands the wholesale Canadian prescription drug importation program to include prescription drug suppliers from nations other than Canada upon the enactment of legislation by the US Congress authorizing such practice. Sen. Jo Ann Ginal (D)</td>
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<td>CO</td>
<td>SB 119</td>
<td>Substituted, passed Joint Insurance and Real Estate Committee</td>
<td>Importation</td>
<td>This measure requires the Commissioner of Consumer Protection to establish a program that will be known as the “Canadian legend drug importation program.” The program will provide for the importation of safe and effective legend drugs from Canada that have the highest potential for cost savings in the state. Sen. Jo Ann Ginal (D)</td>
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<tr>
<td>CT</td>
<td>HB 5018</td>
<td>Passed Joint Insurance and Real Estate Committee</td>
<td>Importation</td>
<td>This measure places a cap on the total amount than an insured is required to pay for a prescription insulin drug at 300 per 30-day supply and for diabetes equipment at $100 for a 30-day supply. This cap applies to high deductible health plans, unless such a plan is used to establish a medical or health savings account. This measure applies to such plans to the maximum extent that does not disqualify such account for the deduction allowed under IRS rules. This bill also requires the Commissioner of Social Services to study the feasibility of implementing a low-income diabetes assistance fund. Joint Insurance and Real Estate Committee</td>
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<td>State</td>
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<td>Committee/Final Disposition</td>
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<tr>
<td>CT</td>
<td>HB 5366</td>
<td>Referred to Joint Insurance and Real Estate Committee</td>
<td>This measure stipulates that the wholesale cost of an outpatient prescription drug sold in the state cannot exceed 102% of the consumer price index. This measure also requires the Commissioner of Consumer Protection to establish a Canadian drug importation program. This measure requires each brand pharmaceutical manufacturer doing business in the state that enters into an agreement with another pharmaceutical manufacturer for the purpose of delaying the other manufacturer from introducing a generic substitute to send notice of the agreement to the Insurance Commissioner. The commissioner will then provide this information to health carriers, who must immediately reduce the cost of the drug by 50% of the list price if the drug is on the formulary.</td>
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<td>CT</td>
<td>SB 336</td>
<td>Coupons/Cost Sharing</td>
<td>This measure prohibits the use of co-pay accumulators. Under this measure, any payment made on behalf of an enrollee must be counted toward that enrollee’s liability for coinsurance, copayment, deductibles or other out-of-pocket expense.</td>
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<td>DE</td>
<td>HCR 61</td>
<td>Passed House/Volume Purchasing</td>
<td>This measure extends the date by which the final report of the Interagency Pharmaceuticals Purchasing Study Group is due to the legislature to Jan. 31, 2020.</td>
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<td>DE</td>
<td>HCR 66</td>
<td>Passed Senate/Pharmacy Benefit Manager</td>
<td>This measure extends the due date of the Pharmacy Reimbursement Task Force report to March 31, 2020.</td>
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<td>DE</td>
<td>HB 216</td>
<td>Passed House Economic Development/Banking/Insurance and Commerce Committee/Pharmacy Benefit Manager</td>
<td>This measure authorizes a pharmacist or pharmacy to decline to dispense a prescription drug or provide pharmacy service to an “insured” if the amount reimbursed is less than the pharmacy acquisition cost. This bill also prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacist or pharmacy for a drug in an amount less than the PBM reimburses itself or an affiliate for the same drug.</td>
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<td>DE</td>
<td>HB 287</td>
<td>Substituted; passed House Health and Human Development Committee/Volunte Purchasing</td>
<td>This measure implements recommendations of the Interagency Pharmaceuticals Purchasing Study Group. The bill establishes the Interagency Pharmaceutical Purchasing Collaborative. The bill requires the collaborative to conduct a data analysis of current pharmaceutical purchasing prices paid by state agencies to create a data analytic profile. The collaborative must also build a market database by assessing the value, as determined by cost and patient outcome, of individual drugs and calculating the volume of individual drug purchases. The collaborative will then use that database to identify opportunities to leverage the total volume of pharmaceutical purchases to negotiate lower prices. This could include a group purchasing group or a consortium with other states.</td>
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<td>FL</td>
<td>HB 1293/1724</td>
<td>Indefinitely postponed and withdrawn from consideration/Referred to Senate Banking and Insurance Committee/Cost Review (Rate Setting)</td>
<td>This measure establishes a Prescription Drug Affordability Commission to review prescription drug costs. Drug manufacturers must report to the commission if they increase the wholesale acquisition cost (WAC) of a brand-name drug by more than 10% of $3,000 in a year or if they introduce a brand-name drug to market that has a WAC of $30,000 per year or more. Manufacturers must report if they plan to introduce a biosimilar with a WAC that is not at least 15% lower than the cost of the referenced brand-name product. They must also report if they increase the WAC of a generic by more than 25% or $300 in a year or introduce a generic that has a WAC of $1,200 or more. All of these reports must be made at least 30 days before the planned increase or introduction takes place and must include a justification for the price. The commission will review all drugs reported. If the commission finds that the cost of a drug under review creates excess cost for payers and consumers, the commission will establish the rate that must be billed to, and paid by, payers, pharmacies, providers, wholesale distributors and consumers. An advisory council will help the commission make determinations.</td>
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<td>FL</td>
<td>HB 961/SB 1444</td>
<td>Referred to House Appropriations Health Market Reform Subcommittee/Indefinitely postponed and withdrawn from consideration/Pharmacy Benefit Manager</td>
<td>This measure provides that pharmacy benefit managers (PBMs) have a fiduciary duty to enrollees and payers and must work in the best interests of enrollees and payers. This measure also contains a provision that specifies what information must be made available on a maximum allowable cost list and how often the list must be updated. This measure also prohibits PBMs from spreading pricing and reimbursing a pharmacy an amount for a drug that is less than the amount the PBM reimburses an affiliate or less than the actual cost incurred by the pharmacy for providing the drug. This measure also prohibits PBMs from retroactively denying or reducing reimbursement.</td>
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<td>State</td>
<td>Bill Number</td>
<td>Consideration Status</td>
<td>Committee/Final Disposition</td>
<td>Summary</td>
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<td>FL</td>
<td>HB 7045/SB 1388</td>
<td>Indefinitely postponed and withdrawn from consideration</td>
<td>Pharmacy Benefit Manager</td>
<td>Under this bill, a contract between a health insurer and a pharmacy benefit manager (PBM) must require the PBM to submit an annual report to the insurer detailing rebate information, including the aggregate amount of rebates the PBM received and the aggregate amount of such rebates the PBM received that were not passed through to the insurer, the aggregate amount of administrative fees paid to the PBM by the insurer, and the aggregate amount of revenue generated by the PBM through the use of spread pricing. This measure also requires that at least 60 days before the effective date or any drug price increase meeting certain thresholds, manufacturers must provide notification of the increase and the amount of the increase to every health insurer that covers the drug. Manufacturers are also required to submit a report to the Department of Management Services and the Office of Insurance Regulation.</td>
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<tr>
<td>FL</td>
<td>HB 109/SB 116</td>
<td>Indefinitely postponed and withdrawn from consideration</td>
<td>Coupons/Cost Sharing</td>
<td>This measure requires insurers to cap the total amount of cost sharing that an enrollee is required to pay for a covered insulin drug at $100 per 30-day supply, regardless of the amount of type of insulin needed.</td>
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<tr>
<td>FL</td>
<td>SB 696/HB 561</td>
<td>Indefinitely postponed and withdrawn from consideration</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits pharmacy benefit managers (PBMs) from conducting or participating in spread pricing or from sharing cost information with an enrollee. It also prohibits a PBM from reimbursing a pharmacy or pharmacist an amount which is less than the amount the PBM reimburses an affiliate, less than the actual cost incurred by the pharmacy, or different from the combined maximum allowable cost and dispensing fees for a drug. This bill prohibits PBMs from retroactively denying a claim or from making a referral. Under this bill, PBMs must submit quarterly reports to payer clients that detail any income resulting from pricing discounts, rebates of any kind, inflationary payments, etc. The PBM must ensure that such income and financial benefits are passed through in full, at least quarterly, to the payer to reduce the cost of prescription drugs and pharmacy services for enrollees. PBMs will also be required to submit rebate information to Florida’s Department of Business and Professional Regulation.</td>
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<tr>
<td>FL</td>
<td>SB 1682</td>
<td>Indefinitely postponed and withdrawn from consideration</td>
<td>Transparency</td>
<td>This measure prohibits pharmacy benefit managers (PBMs) from conducting or participating in spread pricing or from sharing cost information with an enrollee. It also prohibits a PBM from reimbursing a pharmacy or pharmacist an amount which is less than the amount the PBM reimburses an affiliate, less than the actual cost incurred by the pharmacy, or different from the combined maximum allowable cost and dispensing fees for a drug. This bill prohibits PBMs from retroactively denying a claim or from making a referral. Under this bill, PBMs must submit quarterly reports to payer clients that detail any income resulting from pricing discounts, rebates of any kind, inflationary payments, etc. The PBM must ensure that such income and financial benefits are passed through in full, at least quarterly, to the payer to reduce the cost of prescription drugs and pharmacy services for enrollees. PBMs will also be required to submit rebate information to Florida’s Department of Business and Professional Regulation.</td>
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<td>GA</td>
<td>HB 946</td>
<td>Referred to Senate Insurance and Labor Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits pharmacy benefit managers (PBMs) from conducting or participating in spread pricing or from sharing cost information with an enrollee. It also prohibits a PBM from reimbursing a pharmacy or pharmacist an amount which is less than the amount the PBM reimburses an affiliate, less than the actual cost incurred by the pharmacy, or different from the combined maximum allowable cost and dispensing fees for a drug. This bill prohibits PBMs from retroactively denying a claim or from making a referral. Under this bill, PBMs must submit quarterly reports to payer clients that detail any income resulting from pricing discounts, rebates of any kind, inflationary payments, etc. The PBM must ensure that such income and financial benefits are passed through in full, at least quarterly, to the payer to reduce the cost of prescription drugs and pharmacy services for enrollees. PBMs will also be required to submit rebate information to Florida’s Department of Business and Professional Regulation.</td>
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**Additional Information:***

- Sen. Jose Rodriguez (R).
<p>| GA  | HB 947/SB 427 | Referred to Senate Health and Human Services Committee/Referred to Senate Health and Human Services Committee | Study | This measure requires the Department of Community Health to engage an actuary to conduct a study of the fiscal impact of carving out pharmacy benefits from the state's current Medicaid management organizations. | Rep. David Knight (R), Sen. Jeff Mullis (R) |
| GA  | HB 991 | Passed House; referred to Senate Assignments Committee | Pharmacy Benefit Manager | This measure creates the Healthcare Transparency and Accountability Oversight Committee, which will review the performance and conduct of all state healthcare plan contractors and their subcontractor pharmacy benefit managers (PBMs). This measure requires subcontracted PBMs to annually provide a prescription drug transparency report to the committee. The report must include aggregated rebate information, as well as any difference between the aggregate amount a state healthcare plan paid a contractor for pharmacy claims and what the pharmacies were paid. PBMs must also report the names of the 50 most frequently prescribed prescription drugs. | Rep. Matt Hatchett (R) |
| GA  | HB 1027 | Substituted; passed House Special Committee on Access to Quality Health Care | Pharmacy Benefit Manager | This measure requires a pharmacy benefit manager (PBM) to calculate an enrollee's defined cost sharing for each prescription drug at the point of sale based on a price that is reduced by an amount equal to at least 80% of all rebate received for the drug. | Rep. Lee Hawkins (R) |
| GA  | HB 1128 | Referred to House Special Committee on Access to Quality Health Care | Pharmacy Benefit Manager | This measure prohibits pharmacy benefit managers (PBMs) from reimbursing a pharmacy or pharmacist for a prescription drug in an amount less than the lowest of: (1) the National Average Drug Acquisition Cost (NADAC); (2) the pharmacy’s acquisition cost; or (3) the pharmacy’s usual and customary charge to the general public. This measure also prohibits PBMs from reimbursing a pharmacy for a drug in an amount less than the amount the PBM reimburses an affiliate. This bill prohibits a mail-order pharmacy from being included in the calculations determining PBM network adequacy. This bill additionally stipulates that a PBM has a fiduciary duty to a covered entity with which the PBM has entered into a contract to manage pharmacy benefits. | Rep. Sam Park (D) |
| GA  | SB 313 | Passed Senate; referred to House Special Committee on Access to Quality Health Care | Pharmacy Benefit Manager | This measure requires the Insurance Department to compile annually a list of drugs that have been subject to an increase in the wholesale acquisition cost by a percentage equal to or greater than the percentage increase in the Consumer Price Index (CPI) during the previous two years. Manufacturers of drugs on this list will be required to submit pricing information to the department. This measure also requires pharmacy benefit managers (PBMs) to submit rebate information for insulin drugs on the list compiled by the department. Insurers will also be required to report the percentage of total premiums attributable to the cost of covered insulin drugs, along with other information. | Sen. Dean Burke (R) |
| GA  | SB 433 | Referred to Senate Insurance and Labor Committee | Transparency | This measure requires the department to compile annually a list of drugs the department determines to be essential for treating diabetes, along with a list of essential diabetes drugs that have been subject to an increase in the wholesale acquisition cost by a percentage equal to or greater than the percentage increase in the Consumer Price Index (CPI) during the year before or twice the percentage increase in the CPI during the previous two years. Manufacturers of drugs on this list will be required to submit pricing information to the department. This measure also requires pharmacy benefit managers (PBMs) to submit rebate information for insulin drugs on the list compiled by the department. Insurers will also be required to report the percentage of total premiums attributable to the cost of covered insulin drugs, along with other information. | Sen. Emmanuel Jones (D) |
| HI  | HCR 87 | Referred to House Health Committee | Study | This measure requests that the Director of Health convene a working group to conduct a study relating to prescription drug affordability review and rate setting and submit proposed legislation. | Rep. Roy Takumi (D) |
| HI  | HR 68 | Referred to House Health Committee | Study | This measure requests that the Director of Health convene a working group to conduct a study relating to prescription drug affordability review and rate setting and submit proposed legislation. | Rep. Roy Takumi (D) |
| HI  | HB 267/SB 1328 | Conference committee appointed | Transparency | This measure requests drug manufacturers that produce a drug with a wholesale acquisition cost (WAC) of more than $120 to notify each benefit plan and pharmacy benefit manager of any planned price increase that will result in a 16% or more increase in the WAC over a two-year period. Notice of planned increases must be provided at least 60 days before the increase. | Rep. Roy Takumi (D), Sen. Rosalyn Baker (D) |
| HI  | HB 1442/SB 1521 | 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 | HB 1608 | Amended; passed House Consumer Protection and Commerce Committee; referred to House Finance Committee | Importation | This measure establishes that a pharmacy benefit manager (PBM) has a fiduciary duty to its clients. This measure also limits the amount an enrollee will pay at the point of sale to the applicable copayment, the allowable claim amount, the amount the enrollee would pay without insurance or the amount the pharmacy will be reimbursed for the drug. Under this bill, PBMs will be required to submit annual transparency reports containing rebate information. Finally, this measure requires PBMs to obtain a license, rather than just register, before they can do business in the state. | Rep. Roy Takumi (D) |
| HI | HB 1609 | Referred to House Finance Committee | Pharmacy Benefit Manager | This measure establishes the insulin drug task force within the Department of Commerce and Consumer Affairs to study whether cost sharing limits should be placed on prescription insulin drugs. | Rep. Roy Takumi (D) |
| HI | HB 1796 | Referred to House Finance Committee | Study | This measure places a cap on the total amount than an insured individual is required to pay for a prescription insulin drug at $100 per 30-day supply, regardless of the amount or type of insulin needed. This measure also requires the Insurance Commission, with the assistance of the attorney general, to investigate prescription insulin drug pricing and submit a report to the legislature, governor and general public. | Rep. John Mizuno (D) |
| HI | HB 1805/ SB 2276 | Amended; passed Senate Consumer Protection and Health Committee/Referred to House Health Committee | Transparency | This measure prohibits pharmacy benefit managers (PBMs) from reimbursing a 340B-covered entity differently than any other pharmacy that contracts with a PBM based on the covered entity’s participation in the 340B program. This measure prohibits a PBM from reimbursing a 340B-covered entity or contract pharmacy for a drug on a maximum allowable cost basis, conducting spread pricing, and from retroactively denying or reducing a claim for reimbursement. This measure also requires PBMs to report to the insurance commissioner on a quarterly basis information regarding rebates. | Rep. Roy Takumi (D), Sen. Rosalyn Baker (D) |
| HI | HB 2712/SB 3095 | Amended; passed Senate Consumer Protection, and Health Committee/Referred to House Health Committee; referred to Senate Consumer Protection and Health Committee | Pharmacy Benefit Manager | This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a 340B-covered entity differently than any other pharmacy that contracts with a PBM based on the covered entity’s participation in the 340B program. This measure prohibits a PBM from reimbursing a 340B-covered entity or contract pharmacy for a drug on a maximum allowable cost basis, conducting spread pricing, and from retroactively denying or reducing a claim for reimbursement. This measure also requires PBMs to report to the insurance commissioner on a quarterly basis information regarding rebates. | Rep. Stacelynn Eli (D), Sen. Maile Shimabukuro (D) |
| HI | SB 507 | Referred to Senate Commerce, Consumer Protection and Health Committee | Pharmacy Benefit Managers | This measure establishes business practice and transparency reporting requirements for pharmacy benefit managers (PBMs). Under this bill, PBMs will have a fiduciary duty to a covered entity client. This measure prohibits a PBM from requiring an enrollee from making a payment at the point of sale for a drug in an amount greater than the lesser of the applicable copayment, the allowable claim amount, the amount the person would pay without insurance, or the amount the pharmacy will be reimbursed for the drug from the PBM. This measure additionally requires all PBMs to submit a transparency report to the Insurance Commissioner that must include rebate information. | Sen. Donna Kim (D) |
| HI | SB 1401/HB 1361 | Conference committee appointed | Pharmacy Benefit Managers | This measure places a cap on the total amount than an insured individual is required to pay for a prescription insulin drug at $100 per 30-day supply, regardless of the amount or type of insulin needed. | Sen. Rosalyn Baker (D), Rep. Roy Takumi (D) |
| HI | SB 2009 | Referred to Senate Ways and Means Committee | Coupons/Cost Sharing | This measure prohibits pharmacy benefit managers (PBMs) from engaging in self-serving business practices. This measure also replaces the existing PBM registration requirements with a licensure requirement. This bill increases PBM reporting requirements to the insurance commissioner. | Sen. Karl Rhoads (D) |
| HI | SB 2226 | Referred to Senate Commerce, Consumer Protection, and Health Committee | Pharmacy Benefit Manager | This measure prohibits pharmacy benefit managers (PBMs) from engaging in self-serving business practices. This measure also replaces the existing PBM registration requirements with a licensure requirement. This bill increases PBM reporting requirements to the insurance commissioner. | Sen. Rosalyn Baker (D) |
| HI | SB 2280 | Referred to House Health Committee | Pharmacy Benefit Manager | This measure places a cap on the total amount than an insured individual is required to pay for a prescription drug at $100 per 30-day supply, regardless of the amount or type of insulin needed. This measure also requires the Insurance Commission, with the assistance of the attorney general, to investigate prescription insulin drug pricing and submit a report to the legislature, governor and general public. | Sen. Rosalyn Baker (D) |
| HI | SB 2443 | Referred to Senate Commerce, Consumer Protection, and Health Committee | Coupons/Cost Sharing | This measure places a cap on the total amount than an insured individual is required to pay for a prescription drug at $100 per 30-day supply, regardless of the amount or type of insulin needed. | Sen. Russell Ruderman (D) |</p>
<table>
<thead>
<tr>
<th>H</th>
<th>SB 2444</th>
<th>Referred to Senate Commerce, Consumer Protection and Health Committee</th>
<th>Importation</th>
<th>This measure requires the Department of Health to administer a wholesale prescription drug importation program that uses Canadian suppliers.</th>
<th>Sen. Russell Ruderman (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>SB 3045/HB 2561</td>
<td>Referred to House Finance Committee</td>
<td>Study</td>
<td>This measure requires the Insurance Commissioner to study the feasibility of establishing a mechanism to review prescription drug costs and set levels of reimbursements and rates without additional cost to the state.</td>
<td>Rep. Roy Takumi (D)</td>
</tr>
<tr>
<td>ID</td>
<td>H 363</td>
<td>Referred to House Health and Welfare Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure requires pharmacy benefit managers (PBMs) to register with the Department of Insurance. This bill also requires PBMs to review and update maximum allowable cost price information at least once every seven business days to establish a process by which a network pharmacy may appeal the reimbursement for a generic drug. This measure prohibits a PBM from retroactively denying a claim.</td>
<td>Health and Welfare Committee</td>
</tr>
<tr>
<td>ID</td>
<td>H 386 (Chapter 117)</td>
<td>Signed by Governor</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure also establishes the criteria for including a drug on a PBM’s maximum allowable cost (MAC) list and requires the PBMs review and update their MAC lists at least once every seven business days. This measure also prohibits a PBM from retroactively denying a claim.</td>
<td>House Health and Welfare Committee</td>
</tr>
<tr>
<td>IL</td>
<td>HB 53</td>
<td>Referred to House Prescription Drug Affordability and Accessibility Committee</td>
<td>Transparency</td>
<td>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.</td>
<td>Rep. Mary Flowers (D)</td>
</tr>
<tr>
<td>IL</td>
<td>HB 156</td>
<td>Referred to Senate Assignments Committee</td>
<td>Transparency</td>
<td>This measure requires health insurers 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.</td>
<td>Rep. Mary Flowers (D)</td>
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<tr>
<td>IL</td>
<td>HB 204</td>
<td>Referred to House Appropriations - Human Services Subcommittee on Medicaid and Managed Care</td>
<td>Other</td>
<td>This measure reestablishes 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.</td>
<td>Rep. Steve Davisson (R)</td>
</tr>
<tr>
<td>IL</td>
<td>HB 891</td>
<td>Referred to House Rules Committee</td>
<td>Pharmacy Benefit Managers</td>
<td>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.</td>
<td>Rep. Joe Sosnowski (R)</td>
</tr>
<tr>
<td>IL</td>
<td>HB 1441</td>
<td>Referred to House Rules Committee</td>
<td>Importation</td>
<td>This measure establishes a wholesale Canadian drug importation program that allows the state to be a licensed wholesaler of imported drugs.</td>
<td>Rep. Anna Moeller (D)</td>
</tr>
<tr>
<td>IL</td>
<td>HB 2174</td>
<td>Referred to Senate Insurance Committee</td>
<td>Other</td>
<td>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.</td>
<td>Rep. Kathleen Willis (D)</td>
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<tr>
<td>IL</td>
<td>HB 2880</td>
<td>Referred to House Rules Committee</td>
<td>Other</td>
<td>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.</td>
<td>Rep. Will Guzzardi (R)</td>
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<td>Bill</td>
<td>Committee</td>
<td>Sponsor</td>
<td>Description</td>
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<td>IL HB 3187</td>
<td>Referred to House Rules Committee</td>
<td>Benefit Manager</td>
<td>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)</td>
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<tr>
<td>IL HB 3493</td>
<td>Amended; passed House</td>
<td>Benefit Manager</td>
<td>This measure creates the Prescription Drug Affordability Board. The board must identify drugs 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)</td>
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<tr>
<td>IL HB 4362</td>
<td>Referred to House</td>
<td>Benefit Manager</td>
<td>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)</td>
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<tr>
<td>IL HB 5340</td>
<td>Referred to House</td>
<td>Benefit Manager</td>
<td>This measure requires the Department of Healthcare and Family Services to convene the Pharmaceutical Collaborative to coordinate the efforts of state and local government entities to identify and implement opportunities for cost savings with regard to the purchase of pharmaceuticals, particularly high-cost drugs. The collaborative must leverage state and local governmental efficiencies and methodologies to achieve best-value procurement, purchasing, and negotiation with manufacturers for discounts on pharmaceuticals. The collaborative must also develop and adopt a state preferred drug list and explore the possibility of joining other state pharmaceutical purchasing programs in a consortium that is open to other private and public purchasers of pharmaceuticals. The collaborative will also recommend high-cost drugs for cost value review by independent research organizations. Rep. Anna Moeller (D)</td>
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<td>IL SB 667</td>
<td>Signed by Governor (Public Act 101-0625)</td>
<td>Benefit Manager</td>
<td>This measure requires the attorney general to investigate the pricing of prescription insulin drugs to ensure adequate consumer protection for consumers and to determine whether additional consumer protections are necessary. The measure also provides that insurers must limit the total amount an enrollee is required to pay for insulin to $100 per 30-day supply, regardless of the type and amount needed. On January 1 of each year, the limit on the amount that an enrollee is required to pay will increase by a percentage equal to the change from the preceding year of the Consumer Price Index. Sen. Andy Manar (D)</td>
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<td>IL SB 3058</td>
<td>Referred to Senate</td>
<td>Benefit Manager</td>
<td>This measure requires pharmacy benefit managers to register with the Insurance Department. Sen. Andy Manar (D)</td>
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<tr>
<td>IL SB 3059</td>
<td>Referred to Senate</td>
<td>Benefit Manager</td>
<td>This measure requires pharmacy benefit managers to register with the Insurance Department. Sen. Andy Manar (D)</td>
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<td>IL SB 3060</td>
<td>Referred to Senate</td>
<td>Benefit Manager</td>
<td>This measure requires a pharmacy to post a notice informing customers that they may request, in person or by telephone, the current usual and customary retail price of any brand or generic prescription drug or medical device that the pharmacy offers for sale to the public. Sen. Andy Manar (D)</td>
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<td>IL SB 3117</td>
<td>Referred to Senate</td>
<td>Benefit Manager</td>
<td>This measure provides that a pharmacy benefit manager (PBM) has a fiduciary duty to a third party with which the PBM has entered into a contract to manage the pharmacy benefit plan of the third party. This bill requires PBMs to notify the third party in writing of any activity, policy, or practice that presents a conflict of interest that interferes with the ability of the PBM to discharge its fiduciary duty. Sen. Andy Manar (D)</td>
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<tr>
<td>IL SB 3159</td>
<td>Referred to Senate</td>
<td>Benefit Manager</td>
<td>This measure requires a pharmacist to disclose to the consumer at the point of sale the current pharmacy retail price for each prescription medication the consumer intends to purchase. If the consumer’s cost-sharing amount exceeds the current pharmacy retail price, the pharmacist must disclose to the consumer that the pharmacy retail price is less than the cost-sharing amount. Sen. Andy Manar (D)</td>
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<tr>
<td>IL SB 3543</td>
<td>Referred to Senate</td>
<td>Benefit Manager</td>
<td>This measure requires an Medicaid managed care organizations (MCOs) to reimburse pharmacy provider dispensing fees and acquisition costs at no less than the amounts established under the fee-for-service program whether the Medicaid MCO directly reimburses pharmacy providers or contracts with a PBM to reimburse pharmacy providers. Sen. Andy Manar (D)</td>
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<tr>
<td>IL SB 3734</td>
<td>Referred to Senate</td>
<td>Benefit Manager</td>
<td>This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy in an amount less than the amount that the PBM reimburses any affiliate for the same pharmacy services. Sen. Andy Manar (D)</td>
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</table>
This measure requires prescription drug coverage to include any amounts paid by a covered individual or on behalf of a covered individual when calculating the covered individual's cost-sharing requirement. Under this measure, the cost-sharing requirement for a prescription drug under a state employee health plan, a policy of accident and sickness insurance, or a health maintenance organization (HMO) will be calculated at the point of sale and based on a price that is reduced by an amount equal to at least 75% of all rebates received by the insurer in connection with dispensing the drug. This bill also prohibits insurers or HMOs from requiring an insured to pay a cost-sharing requirement of more than $250 for a 30-day supply of an individual prescription drug.

This measure requires a pharmacy benefit manager (PBM) to obtain a license from the Department of Insurance. PBMs are prohibited from including mail order pharmacies in the determination of network adequacy under this bill. This bill authorizes the Insurance Commissioner to adopt rules to specify licensure, financial standards and reporting requirements that apply to PBMs. Any violations of PBM regulations will be considered unfair and deceptive acts under this bill.

This measure requires a pharmacy benefit manager (PBM) to pay the full amount paid by a health insurer or health benefit plan for prescription drug coverage to a pharmacy for such prescription drugs, minus the amount of the PBM's administrative costs.

This measure prohibits a pharmacy benefit manager from requiring that a covered prescription drug be filled by a mail-order pharmacy as a condition for reimbursement.

This measure requires drug manufacturers to notify the Department of Insurance if the increase of a wholesale acquisition cost (WAC) of a brand drug exceeds more than 20% during a 12-month period or if the WAC of a generic drug with a cost of at least $10 increases by 20% during any 12-month period. Notice is required 60 days before any increase takes effect. Manufacturers must also notify the department 60 days prior to the introduction of a new drug that has a WAC of at least $670. This measure also requires pharmacy benefit managers (PBMs) and wholesalers to submit an annual report to the Insurance Department with all the data elements specified in NASHP's Model Act report template within 60 days of receiving notification by the department indicating the specific drug groups for which reporting is required.

Under this measure, insurers must report spending on prescription drugs for each of the top 25 prescription drugs and drug groups in the following categories: 1) the greatest total spending; 2) the greatest total spending per user of any drug in the drug group; 3) the highest year-over-year increase in total spending; and 4) the highest year-over-year increase in total spending per user of any drug in the drug group. For each drug, the insurer must report all the data elements specified in the NASHP Model Act template.

This measure also requires pharmacies to provide the Insurance Department with all the data elements specified in NASHP's Model Act report template within 60 days of receiving notification by the department indicating the specific drug groups for which reporting is required.

This measure establishes the Importation of Prescription Drugs Program for the importation of prescription drugs. The program will be administered by the Department of Health.

This measure requires pharmacy benefit managers (PBMs) and wholesalers to submit an annual report to the Insurance Department indicating the specific drug groups for which reporting is required.

This measure requires a pharmacy benefit manager (PBM) to annually report rebate information to the insurance commissioner.

This measure prohibits a pharmacy benefit manager (PBM) from requiring that a covered prescription drug be filled by a mail-order pharmacy as a condition for reimbursement.

This measure requires that any drug manufacturer increase its wholesale acquisition cost (WAC) of a drug by 20% during any 12-month period. Notice is required 60 days before any increase takes effect. Manufacturers must also notify the department 60 days prior to the introduction of a new drug that has a WAC of at least $670. This measure also requires pharmacy benefit managers (PBMs) and wholesalers to submit an annual report to the Insurance Department with all the data elements specified in NASHP's Model Act report template within 60 days of receiving notification by the department indicating the specific drug groups for which reporting is required.

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This measure requires a pharmacy benefit manager (PBM) to pay the full amount paid by a health insurer or health benefit plan for prescription drug coverage to a pharmacy for such prescription drugs, minus the amount of the PBM's administrative costs.

This measure prohibits a pharmacy benefit manager from requiring that a covered prescription drug be filled by a mail-order pharmacy as a condition for reimbursement.

This measure requires drug manufacturers to notify the Department of Insurance if the increase of a wholesale acquisition cost (WAC) of a brand drug exceeds more than 20% during a 12-month period or if the WAC of a generic drug with a cost of at least $10 increases by 20% during any 12-month period. Notice is required 60 days before any increase takes effect. Manufacturers must also notify the department 60 days prior to the introduction of a new drug that has a WAC of at least $670. This measure also requires pharmacy benefit managers (PBMs) and wholesalers to submit an annual report to the Insurance Department with all the data elements specified in NASHP's Model Act report template within 60 days of receiving notification by the department indicating the specific drug groups for which reporting is required.

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This measure establishes the Importation of Prescription Drugs Program for the importation of prescription drugs. The program will be administered by the Department of Health.

This measure requires that any drug manufacturer increase its wholesale acquisition cost (WAC) of a drug by 20% during any 12-month period. Notice is required 60 days before any increase takes effect. Manufacturers must also notify the department 60 days prior to the introduction of a new drug that has a WAC of at least $670. This measure also requires pharmacy benefit managers (PBMs) and wholesalers to submit an annual report to the Insurance Department indicating the specific drug groups for which reporting is required.

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This measure also requires pharmacy benefit managers (PBMs) and wholesalers to submit an annual report to the Insurance Department indicating the specific drug groups for which reporting is required.
This measure requires pharmacy benefit managers (PBMs) to provide each pharmacy subject to a maximum allowable cost (MAC) list (WAC) and access to the MAC list. The MAC list must be updated within seven calendar days of an increase in the pharmacy acquisition cost, the date of a change in the methodology on which the MAC list is based, or the date of a change in any value of any variable involved in the methodology on which the MAC list is based. This bill also requires PBMs to provide an appeal procedure to allow a pharmacy to challenge a MAC list and any reimbursement made under a MAC list.

This measure also prohibits PBMs from conducting spread pricing. This measure also prohibits a PBM from requiring a covered person to make a cost-sharing payment at the point of sale for a prescription drug in an amount that exceeds the amount the person would pay without using insurance. Under this bill, a PBM cannot retroactively reduce or deny payment on a claim.

This measure requires the Insurance Commissioner to review and approve the compensation program of a PBM for a health carrier to ensure that the reimbursement for pharmacist services provided by a pharmacy is fair.

This measure places a cap on the total amount than an insured individual is required to pay for a prescription drug at $50 per 30-day supply, regardless of the amount or type of insulin needed. This measure also requires insurers to provide coverage without cost sharing for auto-injectable epinephrine that is prescribed to individual younger than 18 years old.

This measure requires drug manufacturers to file an annual report with the commissioner of insurance that discloses the wholesale acquisition cost (WAC) for all prescription drugs manufactured by the manufacture sold in the state. If a prescription drug sold in the state has a cost of $100 or more for a 30-day supply and the cost increases 40 percent of more over three consecutive calendar years, the manufacturer of the prescription drug must file a report with the commissioner on the date of a change in the methodology on which the MAC list is based, or the date of a change in any value of any variable involved in the methodology on which the MAC list is based.

This measure also requires pharmacy benefit managers (PBMs) to submit an annual report that contains rebate information. The Insurance Commissioner will publish the report on the department’s website. This measure stipulates that an entity that contracts with a PBM is entitled to full disclosure from the PBM of the terms of a contract between the PBM and any other entity within the same network concerning the purchase price for prescription drugs within the same network and the amount of any rebate provided within the same network.

This measure prohibits a PBM from reducing, directly or indirectly, payment to a pharmacy for pharmacist services to an effective rate of reimbursement, including permitting an insurer to make such a reduction. This bill also prohibits PBMs from reimbursing affiliates more than independent pharmacies.

This measure also outlines how PBMs can set maximum allowable cost (MAC) pricing and the process by which a contracted pharmacy or pharmacy services administrative organization can appeal MAC pricing set by a PBM.

This measure requires pharmacy benefit managers (PBMs) and allows for audits by clients of PBMs. Under this bill, a PBM must provide notice to a party contracting with the PBM regarding any consideration that the PBM receives from a pharmacy manufacturer for any name brand dispensing of a prescription when a generic or biologically similar product is available for the prescription.

This measure requires the registration of pharmacy benefit managers (PBMs) and allows for audits by clients of PBMs. Under this bill, a PBM must provide notice to a party contracting with the PBM regarding any consideration that the PBM receives from a pharmacy manufacturer for any name brand dispensing of a prescription when a generic or biologically similar product is available for the prescription.

This measure requires the registration of pharmacy benefit managers (PBMs) and allows for audits by clients of PBMs. Under this bill, a PBM must provide notice to a party contracting with the PBM regarding any consideration that the PBM receives from a pharmacy manufacturer for any name brand dispensing of a prescription when a generic or biologically similar product is available for the prescription.
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<th>State</th>
<th>Bill Number</th>
<th>Committee</th>
<th>Description</th>
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<tbody>
<tr>
<td>IA</td>
<td>SSB 3155</td>
<td>Senate Commerce Committee</td>
<td>This measure requires that if the price of a drug is $100 or more for a 30-day supply and the price of the drug increases by an amount greater than the percentage increase in the most recent consumer price index, the manufacturer of that drug must submit pricing information to the Insurance Commissioner. This measure also requires manufacturers that bring to market a new drug that has a price of $500 for a 30-day supply to submit pricing information. This bill also requires the for each newly acquired drug for which the net price increases by more than $100 on or after the date of acquisition, the acquiring manufacturer must submit pricing information.</td>
</tr>
<tr>
<td>IA</td>
<td>SF 563</td>
<td>Senate Human Resources Committee</td>
<td>This measure requires pharmacy benefit managers to submit an annual report to the Insurance Commissioner detailing aggregate rebate and administrative fee information.</td>
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<tr>
<td>KS</td>
<td>HB 2478</td>
<td>House Insurance Committee</td>
<td>This measure replaces the pharmacy benefit manager registration requirement with a licensure requirement.</td>
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<tr>
<td>KS</td>
<td>HB 2598</td>
<td>House Insurance Committee</td>
<td>This measure prohibits pharmacy benefit managers (PBMs) from disparately treating any pharmacy by imposing terms on such pharmacy that differ from those imposed or required of other pharmacies based solely on such pharmacy's designation as a 340B-covered entity. &quot;Disparate terms&quot; include the exclusion of 340B entities from provider networks, reimbursing 340B-covered entities less than a PBM affiliate, and assessing any fee upon a 340B entity on the basis that the 340B entity participates in the 340B drug pricing program. This measure also prohibits a PBM from collecting from an enrollee any cost-share amount for a drug at the point of sale that exceeds the lesser of the copayment, the amount the enrollee would pay without insurance or the contracted amount for the drug.</td>
</tr>
<tr>
<td>KS</td>
<td>HB 2658</td>
<td>House Health and Human Services Committee</td>
<td>This measure creates a wholesale prescription drug importation that will be administered by the Department of Health and Environment. The department will submit a request an application to the United State Secretary of Health and Human Services by Sept. 1, 2021.</td>
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<tr>
<td>KS</td>
<td>HB 2631</td>
<td>House Health and Human Services Committee</td>
<td>This measure replaces the pharmacy benefit manager (PBM) registration requirement with a licensure requirement. This measure also requires PBMs to prepare quarterly reports detailing rebate information. This measure provides that a PBM has a fiduciary duty to a health carrier client and prohibits PBMs from retaining any portion of spread pricing. This bill prohibits a PBM from reimbursing an affiliate pharmacy more than a non-affiliate pharmacy. This measure also contains maximum allowable cost (MAC) list requirements.</td>
</tr>
<tr>
<td>KS</td>
<td>SB 438</td>
<td>Senate Financial Institutions and Insurance Committee</td>
<td>This measure caps the cost-sharing price or copay of insulin at $100 for a 30-day supply.</td>
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<tr>
<td>KY</td>
<td>HB 12/SB 118</td>
<td>Senate Banking and Insurance Committee</td>
<td>This measure requires an insurer to apply financial assistance received by an enrollee toward that enrollee’s cost-sharing requirements.</td>
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<tr>
<td>KY</td>
<td>HB 72</td>
<td>Senate Banking and Insurance Committee</td>
<td>This measure requires an insurer to apply financial assistance received by an enrollee toward that enrollee’s cost-sharing requirements.</td>
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<tr>
<td>Bill</td>
<td>Committee</td>
<td>Sponsor</td>
<td>Summary</td>
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<tr>
<td>KY HB 398</td>
<td>Referred to House Banking and Insurance Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Under this bill, an insurers, pharmacy benefit managers (PBM) or any other administrator of pharmacy benefits cannot require an enrollee to pay a cost-sharing amount for pharmacy services that is greater than what was paid by or charged to the patient for the services at the point of sale, use a mail order pharmaceutical distributor, or pay cost sharing for services received from a nonaffiliated pharmacy that is greater than what would other be imposed if the enrollee used a pharmacy affiliate or a mail-order pharmaceutical distributor. This bill also contains network adequacy requirements for PBMs. This measure prohibits insurers and PBMs from reducing payment for pharmacy services under a reconciliation process to an effective rate or reimbursement, including the use of generic effective rates, dispensing effective rates, brand effective rates, and direct and indirect remuneration fees, and any other mechanism that reduces or aggregates reduces payment for pharmacy services. It also prohibits insurers and PBMs from retroactively reducing or denying a claim or assessing any fees against the pharmacy that are related to a claim for services. This measure additionally prohibits insurers and PBMs from reimbursing a pharmacy less than the amount the insurer or PBM reimburses a pharmacy affiliate. It prohibits PBMs and insurers from reimbursing for the ingredient drug product component of a pharmacy services that is less than the national average drug acquisition cost. Under this bill, a PBM owes a fiduciary duty to the insurer. This bill requires PBMs to monitor the activities carried out in the state on behalf of the insurer. This bill prohibits PBMs from engaging in spread pricing. This measure requires PBMs to submit quarterly reports to the Insurance Commissioner detailing rebate information. This measure establishes the Pharmacy Benefits Management Advisory Council, which is charged with making recommendations to the commissioner as to the implementation, interpretation, and enforcement of insurance laws relating to PBMs. This measure requires a pharmacy benefit manager (PBM) to file a disclosure that lists pharmacy affiliates. This bill prohibits a PBM from sharing pharmacy records with a pharmacy affiliate and referring a patient to a pharmacy affiliate. A manufacturer of insulin can apply to have an insulin product determined a certified insulin by submitting pricing information to the health insurer. To be certified, a manufacturer must submit a certification that the manufacturer has reduced its list price for the insulin product to an amount that is no greater than the list price for the same insulin that applied as of July 1, 2006.</td>
</tr>
<tr>
<td>KY HB 400</td>
<td>Referred to House Banking and Insurance Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure requires a pharmacy benefit manager (PBM) to file a disclosure that lists pharmacy affiliates. This bill prohibits a PBM from sharing pharmacy records with a pharmacy affiliate and referring a patient to a pharmacy affiliate.</td>
</tr>
<tr>
<td>KY HB 423</td>
<td>Referred to House Banking and Insurance Committee</td>
<td>Other</td>
<td>This measure prohibits insurers or pharmacy benefit managers (PBMs) from directly or indirectly receiving any rebates, price reductions or other remuneration for the provision of certified insulin to enrollees. This measure also prohibits insurers and PBMs from: (1) restricting or disadvantaging certified insulin from the formulary relative to any other insulin; (2) imposing a higher cost-sharing on an enrollee; (3) applying any deductible requirements for covered of certified insulin; (4) imposing any prior authorization requirements for coverage of certified insulin; and (5) establishing a step therapy requirement for certified insulin that was not applied the year the insulin was certified.</td>
</tr>
<tr>
<td>KY HB 608</td>
<td>Referred to House Health and Family Services Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure requires the Department for Medicaid Services to set or create pharmacy reimbursement rates.</td>
</tr>
<tr>
<td>KY HB 609</td>
<td>Referred to House Health and Family Services Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure permits the Department for Medicaid Services to deny a contract between a pharmacy benefit manager and an entity that contracts on behalf of a pharmacy.</td>
</tr>
<tr>
<td>KY SJR 5</td>
<td>Referred to Senate Health and Welfare Committee</td>
<td>Study</td>
<td>This resolution directs the Cabinet for Health and Family Services to create a task force to study prescription drug transparency and affordability.</td>
</tr>
<tr>
<td>State</td>
<td>Bill Number</td>
<td>Transferred To</td>
<td>Committee</td>
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<tr>
<td>KY</td>
<td>SB 23</td>
<td>Referred to Senate Banking and Insurance Committee</td>
<td>Other</td>
</tr>
<tr>
<td>KY</td>
<td>SB 50</td>
<td>Referred to Senate Banking and Insurance Committee</td>
<td>Benefit Manager</td>
</tr>
<tr>
<td>LA</td>
<td>HB 387</td>
<td>Referred to House Insurance Committee</td>
<td>Benefit Manager</td>
</tr>
<tr>
<td>LA</td>
<td>HB 609</td>
<td>Referred to House Insurance Committee</td>
<td>Benefit Manager</td>
</tr>
<tr>
<td>LA</td>
<td>HB 616</td>
<td>Referred to House Health and Welfare Committee</td>
<td>Transparency</td>
</tr>
<tr>
<td>LA</td>
<td>SB 60</td>
<td>Referred to Senate Insurance Committee</td>
<td>Other</td>
</tr>
<tr>
<td>LA</td>
<td>SB 62</td>
<td>Referred to Senate Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
</tr>
<tr>
<td>LA</td>
<td>SB 289</td>
<td>Referred to Senate Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
</tr>
<tr>
<td>ME</td>
<td>LD 1387</td>
<td>Joint Health Coverage, Insurance and Financial Services Committee</td>
<td>Importation</td>
</tr>
<tr>
<td>ME</td>
<td>LD 1591</td>
<td>Joint Health Coverage, Insurance and Financial Services Committee</td>
<td>Importation</td>
</tr>
</tbody>
</table>

**Board Requirements:***

The board must develop and make available a financial need form that ensures those who receive insulin do not have the financial means to pay for insulin and that they do not receive health coverage through the state medical assistance program. Qualified individuals are eligible for 90 days and can extend or renew their eligibility for an additional 90. There is no limit on the number of times an individual can extend their eligibility.

Under this measure, a manufacturer that delivers or distributes any qualified insulin product must pay an insulin product fee. The fee is $1.50 per unit.

Beginning Dec. 1, 2020, a manufacturer or wholesale distributor must provide the board with information about each insulin product it sells in the state, including the wholesale acquisition cost for the product. They must also report every sale, delivery, or other distribution within or into the state of any insulin product made to any practitioner, pharmacy or hospital. The board will then use this data to identify qualified insulin products and prepare invoices for each manufacturer and wholesale distributor that is required to pay an insulin product fee. Manufacturers and wholesale distributors will be required to remit payment to the board. Wholesale distributor and manufacturer licenses will be renewed contingent upon payment of the insulin product fee. All fees collected will be deposited into the insulin assistance fund.

Sen. Phillip Wheeler (R)

Sen. George Wise (R)

Rep. Edmond Jordan (D)

Sen. Fred Mills (R)

Sen. Regina Barrow (D)

Rep. Troy Jackson (D)

Rep. Michael Brennan (D)
<table>
<thead>
<tr>
<th>State</th>
<th>Bill No.</th>
<th>Sponsor</th>
<th>Bill Title</th>
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</thead>
<tbody>
<tr>
<td>ME</td>
<td>LD 1928</td>
<td>Sen. Nate Libby (D)</td>
<td>This bill prohibits a pharmacy benefit manager from charging a beneficiary a copayment, coinsurance requirement, or deductible on prescription insulin drugs.</td>
</tr>
<tr>
<td>ME</td>
<td>LD 2095</td>
<td>Del. Emily Shetty (D)</td>
<td>This measure requires a pharmacy benefit manager to provide coverage for prescription insulin drugs that is not more than $100 per 30-day supply of insulin.</td>
</tr>
<tr>
<td>ME</td>
<td>LD 2096</td>
<td>Rep. Sara Gideon (D)</td>
<td>This bill limits the cumulative amount a covered enrollee is required to pay in copayments or coinsurance for a covered prescription insulin drug to not more than $100, regardless of the amount or type of insulin needed to fill the prescriptions.</td>
</tr>
<tr>
<td>ME</td>
<td>LD 2110</td>
<td>Sen. Troy Jackson (D)</td>
<td>This measure creates the Maine Commission on Affordable Health Care, which will analyze health care spending trends by payer, monitor the adoption of alternative payment models, and develop proposals for potential methods to improve the cost-effective provision of health care in the state.</td>
</tr>
<tr>
<td>MD</td>
<td>HB 134</td>
<td>Del. Kirill Reznik (D)</td>
<td>This measure limits the cumulative amount a covered enrollee is required to pay in copayments or coinsurance for a covered prescription insulin drug to not more than $100, regardless of the amount or type of insulin needed to fill the prescriptions.</td>
</tr>
<tr>
<td>MD</td>
<td>HB 756</td>
<td>Del. Nic Kipke (R)</td>
<td>This measure requires health plans to include on their formulary at least one generic drug or biosimilar that has a wholesale acquisition cost (WAC) that is lower than the wholesale acquisition cost for the generic drug or biosimilar's branded pharmaceutical reference product. This bill prohibits any limitation on coverage of or enrollee access to a generic drug or biosimilar that: (1) is more restrictive than any limitation applicable to the branded pharmaceutical reference product for that generic drug or biosimilar that if that branded pharmaceutical reference product is included on the formulary; (2) has the effect of favoring the branded pharmaceutical product; or (3) restricts the pharmacies through which enrollees may obtain the generic drug or biosimilar that is not also applicable to the branded pharmaceutical reference product.</td>
</tr>
<tr>
<td>MD</td>
<td>HB 785</td>
<td>Del. Matt Morgan (R)</td>
<td>This measure requires that at the point of prescribing or dispensing a prescription drug to a patient, a prescriber or dispenser must have access to and use technology that provides patient-specific prescription drug benefit and cost information through a real-time transaction. Information displayed through the technology must include all options available to the patient for covering the cost of a drug, including cost coverage options available at the patient’s pharmacy of choice, through mail service pharmacies and through specialty pharmacies, as well as cash options.</td>
</tr>
<tr>
<td>MD</td>
<td>HB 885</td>
<td>Del. Sheree Sample-Hughes (D)</td>
<td>This measure stipulates that pharmacy benefit managers (PBMs) have a duty and obligation to the beneficiary and the purchaser to perform all PBM services with care, skill, prudence, diligence, and professionalism and primarily in the best interests of the beneficiary and the purchaser.</td>
</tr>
<tr>
<td>MD</td>
<td>HB 905</td>
<td>Del. Emily Shetty (D)</td>
<td>This measure requires a pharmacy benefit manager (PBM) to allow an enrollee to obtain a specialty drug from a dispensing physician. If a PBM imposes a copayment, coinsurance requirement, or deductible on a beneficiary who uses the services of a dispensing physician who mails or delivers a specialty drug to the beneficiary that is not imposed when the beneficiary uses the services of a mail order pharmacy.</td>
</tr>
<tr>
<td>MD</td>
<td>HB 943/ SB 871</td>
<td>Del. Karen Young (D), Sen. J.B. Jennings (R)</td>
<td>This measure requires a pharmacy benefit manager (PBM) to allow an enrollee to obtain a specialty drug from a dispensing physician. If a PBM imposes a copayment, coinsurance requirement, or deductible on a beneficiary who uses the services of a dispensing physician who mails or delivers a specialty drug to the beneficiary that is not imposed when the beneficiary uses the services of a mail order pharmacy.</td>
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<tr>
<td>State</td>
<td>Bill Number</td>
<td>Status</td>
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<tr>
<td>MD</td>
<td>HB 1150</td>
<td>Passed</td>
<td>Senate Finance Committee; passed Senate</td>
</tr>
<tr>
<td>MD</td>
<td>HB 1307</td>
<td>Amended; passed House Health and Government Operations Committee; passed House; passed Senate</td>
<td>Del. Nic Kipke (R)</td>
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<tr>
<td>MD</td>
<td>SB 669/HB 1095</td>
<td>Amended; passed Senate Finance Committee; passed Senate; passed House Health and Government Operations Committee; passed House; passed Senate</td>
<td>Sen. Bill Ferguson (D), Del. Adrienne Jones (D)</td>
</tr>
<tr>
<td>MD</td>
<td>SB 915/HB 978</td>
<td>Amended; passed Senate Finance Committee; passed Senate; referred to House Health and Government Operations Committee; passed House; passed Senate</td>
<td>Sen. Ben Kramer (D), Del. Aria Kelly (D)</td>
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<tr>
<td>MD</td>
<td>SB 1017</td>
<td>Referred to Senate Finance Committee</td>
<td>Sen. Edward Reilly (R)</td>
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<tr>
<td>MA</td>
<td>H 931</td>
<td>Referred to Joint Financial Services Committee</td>
<td>Rep. Gerald Cassidy (D)</td>
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<tr>
<td>MA</td>
<td>H 1013/S 652</td>
<td>Referred to Joint Financial Services Committee/Study order</td>
<td>Rep. Bradley Jones (R), Sen. Bruce Tarr (R)</td>
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<tr>
<td>MA</td>
<td>H 1055/S 640</td>
<td>Referred to Joint Financial Services Committee/Study order</td>
<td>Rep. Paul Murry (D), Sen. Michael Rodrigues (D)</td>
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<tr>
<td>MA</td>
<td>H 1104</td>
<td>Referred to Joint Health Care Financing Committee</td>
<td>Pharmacy Benefit Manager</td>
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<tr>
<td>MA</td>
<td>H 1133/S 706</td>
<td>Referred to Joint Health Care Financing Committee</td>
<td>Cost Review (Rate Setting)</td>
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<tr>
<td>MA</td>
<td>H 1154</td>
<td>Referred to Joint Health Care Financing Committee</td>
<td>Transparency</td>
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<tr>
<td>MA</td>
<td>H 1162/S 552</td>
<td>Referred to Joint Health Care Financing Committee/Study order</td>
<td>Transparency</td>
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<tr>
<td>MA</td>
<td>H 1167</td>
<td>Referred to Joint Health Care Financing Committee</td>
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<tr>
<td>MA</td>
<td>H 1178</td>
<td>Referred to Joint Health Care Financing Committee</td>
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<td>MA</td>
<td>Number</td>
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<tr>
<td>MA</td>
<td>H 1193</td>
<td>Referred to Joint Health Care Financing Committee</td>
<td>Cost Review (Rate Setting)</td>
</tr>
<tr>
<td>MA</td>
<td>H 1972</td>
<td>Referred to Joint Public Health Committee</td>
<td>Importation</td>
</tr>
<tr>
<td>MA</td>
<td>HB 4134</td>
<td>Governor’s Health Care Bill</td>
<td>Cost Review (Rate Setting)</td>
</tr>
<tr>
<td>MA</td>
<td>S 601</td>
<td>Study order</td>
<td>Pharmacy Benefit Manager</td>
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<td>MA</td>
<td>S 646</td>
<td>Study order</td>
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<td>MA</td>
<td>S 653</td>
<td>Study order</td>
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<td>MA</td>
<td>S 654</td>
<td>Study order</td>
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<tr>
<td>MA</td>
<td>S 659</td>
<td>Referred to Joint Health Care Financing Committee</td>
<td>Pharmacy Benefit Manager</td>
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<td>MA</td>
<td>S 695</td>
<td>Referred to Joint Health Care Financing Committee</td>
<td>Volume Purchasing</td>
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<td>MA</td>
<td>S 696/H 3551</td>
<td>Referred to Joint Health Care Financing Committee; Referred to Joint Elder Affairs Committee</td>
<td>Transparency</td>
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<td>MA</td>
<td>S 712</td>
<td>Referred to Joint Health Care Financing Committee</td>
<td>Transparency</td>
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<tr>
<td>MA</td>
<td>S 733</td>
<td>Substituted by S 2397</td>
<td>Pharmacy Benefit Manager</td>
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</table>
Drugs eligible for review are brand-name drugs or biologics that have a launch WAC of $50,000 or more for a one-year supply or biosimilar drugs that have a launch WAC that is not at least 15% lower than the referenced brand biologic. Public health essential drugs with a WAC of more than $25,000 for a one-year supply are also eligible for HPC review. The HPC can require a manufacturer to disclose pricing information in order to review a drug’s cost.

If, after reviewing a drug, the HPC determines the pricing of the drug does not exceed the proposed value, the HPC must evaluate other ways to mitigate the drug’s cost in order to improve access. The HPC can issue recommendations on ways to reduce the cost of the drug, including an alternative payment plan or methodology, a bulk purchasing program, cost-sharing restrictions, and a reinsurance program to subsidize the cost of the drug.

If the HPC determines the pricing of a drug exceeds the proposed value, the HPC must request that the manufacturer provide additional information related to the pricing of the drug. The HPC will then determine whether the pricing exceeds the HPC’s proposed value. If it does, the HPC will notify the manufacturer and requires the manufacturer enter into access improvement plan. The plan must be generated by the manufacturer, identify the reasons for the drug’s price and include specific strategies, adjustments and action steps the manufacturer proposes to address the cost of the drug in order to improve access. The timetable for an access improvement plan cannot exceed 18 months. The HPC will approve any plan that is likely to address the cost so that patient access improves and has a reasonable expectation for successful implementation. After the conclusion of the implementation timetable, a manufacturer must report outcomes to the HPC. If the HPC deems the outcomes insufficient, the HPC will extend the timetable and approve any amendments to the plan.

If a manufacturer declines to enter into an improvement plan, the HPC can publicly post the proposed value of the drug, hold a public hearing on the proposed value and solicit public comment. The manufacturer will be required to appear and testify at any hearing held on a drug’s proposed value.

This measure establishes a four-year program to assess the public health utilization and cost impacts of capping copays and eliminating deductibles and co-insurance requirements for insulin. Under this bill, coverage for insulin cannot be subject to any deductible or coinsurance and copays cannot exceed $25 per month per insulin prescription.

This measure requires PBMs to obtain a license from the Department of Insurance and requires PBMs to report rebate information to the Center for Health Information and Analysis.
<p>| MA | S 2409 | Introduced | Transparency | This measure authorizes the Health Policy Commission (HPC) to review drug costs that could have a significant impact on consumers. Drugs eligible for review are brand-name drugs or biologics that have a launch wholesale acquisition cost (WAC) of $50,000 or more for a one-year supply or biosimilars that have a launch WAC that is not at least 15% lower than the referenced brand biologic. Public health essential drugs with a WAC of more than $25,000 for a one-year supply are also eligible for HPC review. The HPC can require a manufacturer to disclose pricing information in order to review a drug’s cost. If, after reviewing a drug, the HPC determines the pricing of the drug does not exceed the proposed value, the HPC must evaluate other ways to mitigate the drug’s cost in order to improve access. The HPC can issue recommendations on ways to reduce the cost of the drug, including an alternative payment plan or methodology, a bulk purchasing program, cost-sharing restrictions, and a reinsurance program to subsidize the cost of the drug. If the HPC determines the pricing of a drug exceeds the proposed value, the HPC must request that the manufacturer provide additional information related to the pricing of the drug. The HPC will then determine whether the pricing exceeds the HPC’s proposed value. If it does, the HPC will notify the manufacturer and requires the manufacturer enter into access improvement plan. The plan must be generated by the manufacturer, identify the reasons for the drug’s price and include specific strategies, adjustments and action steps the manufacturer proposes to address the cost of the drug in order to improve access. The timetable for an access improvement plan cannot exceed 18 months. The HPC will approve any plan that is likely to address the cost so that patient access improves and has a reasonable expectation for successful implementation. After the conclusion of the implementation timetable, a manufacturer must report outcomes to the HPC. If the HPC deems the outcomes insufficient, the HPC will extend the timetable and approve any amendments to the plan. If a manufacturer declines to enter into an improvement plan, the HPC can publicly post the proposed value of the drug, hold a public hearing on the proposed value, and solicit public comment. The manufacturer will be required to appear and testify at any hearing held on a drug’s proposed value. This measure establishes a four-year program to assess the public health utilization and cost impacts of capping copays and eliminating deductibles and co-insurance requirements for insulin. Under this bill, coverage for insulin cannot be subject to any deductible or coinsurance and copays cannot exceed $25 per month per insulin prescription. This measure requires pharmacy benefit managers (PBMs) to obtain a license from the Department of Insurance and requires PBMs to submit an annual report with rebate information. Manufacturers will be required to submit pricing information with the report. This measure requires pharmacy benefit managers (PBMs) to register with the Department of Insurance and requires PBMs to submit an annual report with rebate information. The measure also creates a special commission to examine the feasibility of establishing a system for the bulk purchasing and distribution of pharmaceutical products with a significant public health benefit and the potential for significant health care cost savings for consumers through overall increased purchase capacity and for making bulk purchasing pricing information available to purchasers in other states. | Senate Committee on Ways and Means |
| MI | HB 4154 |Introduced | Pharmacy Benefit Manager | 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) |
| MI | HB 4235 | Referred to Senate Appropriations Committee | Pharmacy Benefit Manager | This is a budget bill. This measure includes a requirement that any contract with a Medicaid managed care organization that relies on a pharmacy benefits manager use a transparent pass-through pricing model, in which the PBM discloses the administrative fee as a percentage of the professional dispensing costs. Rep. Mary Whiteford (R) |
| MI | HB 4701 | Referred to House Insurance Committee | Coupons/Cost Sharing | This measure caps the cost-sharing price or copay of insulin at $100 for a 30-day supply. Rep. Sara Cambensy (D) |
| MI | HB 4702 | Referred to House Government Operations Committee | Other | This measure requires the attorney general to investigate pricing of insulin to ensure adequate consumer protections in pricing and whether additional protections are needed. If necessary, the attorney general may issue an administrative subpoena that could require a PBM, carrier or manufacturer to furnish material. By November 1, 2020, the attorney general must submit a report that includes a summary of insulin pricing practices and any public policy recommendations to control and prevent overpricing of insulin. Rep. John Chirkun (D) |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Bill</th>
<th>Committee/Division/Policy Committee</th>
<th>Description</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>MI</td>
<td>HB 4978</td>
<td>Referred to House Health Policy Committee</td>
<td>Importation</td>
<td>This measure requires the Department of Health and Human Services to establish a wholesale prescription drug importation program from Canada. This measure requires the department to submit a request to the federal government by Jan. 1, 2021. Rep. Tommy Brann (R)</td>
</tr>
<tr>
<td>MI</td>
<td>HB 4979</td>
<td>Referred to House Health Policy Committee</td>
<td>Importation</td>
<td>This measure requires the Department of Health and Human Services to establish an international wholesale prescription drug importation program. This measure requires the department to submit a request to the federal government by Jan. 1, 2021. Rep. Steven Johnson (R)</td>
</tr>
<tr>
<td>MI</td>
<td>HB 5107</td>
<td>Referred to House Health Policy Committee</td>
<td>Importation</td>
<td>This measure requires the Department of Health and Human Services to establish a wholesale prescription drug importation program from Canada. This measure requires the department to submit a request to the federal government by Oct. 1, 2020. Rep. Darrin Camilleri (D)</td>
</tr>
<tr>
<td>MI</td>
<td>HB 5108</td>
<td>Referred to House Health Policy Committee</td>
<td>Transparency</td>
<td>This measure requires manufacturers or drug store chains to provide a wholesale acquisition cost (WAC) that is more than 250% of ordinary quantities purchased if the manufacturer is increasing the WAC by 12% or more during any 24-month period. Notification must be provided at least 60 days before the increase, and the manufacturer must include a justification for the WAC increase. Notification must also include pricing information. Manufacturers must also provide notice if they plan to introduce a drug that exceeds the Medicare specialty drug threshold. This bill also establishes the drug consumer protection commission, which will review manufacturer reports to determine whether a manufacturer’s price is excessive or if a price increase is excessive. If the commission determines that a manufacturer has charged an excessive price, the commission will submit a summary of findings to the Attorney General’s office with a request that the Attorney General investigate the manufacturers. Rep. Angela Witwear (D)</td>
</tr>
<tr>
<td>MI</td>
<td>HB 5109</td>
<td>Referred to House Health Policy Committee</td>
<td>Price Gouging</td>
<td>This measure prohibits manufacturers from charging excessive prices or unconscionable increases in wholesale acquisition costs (WAC). Under this bill, the Attorney General must investigate any allegation she receives from the drug consumer protection commission. Rep. Laurie Pohutsky (D)</td>
</tr>
<tr>
<td>MI</td>
<td>HB 5457</td>
<td>Referred to House Health Policy Committee</td>
<td>Study</td>
<td>This measure establishes the committee to study drug prices. The committee is tasked with studying issues consumers face related to prescription drug pricing, access and costs, including the process by which a prescription drug moves through the supply chain, the methods health insurers and pharmacy benefit managers use to manage drug costs, the function of manufacturer rebates and discounts, the current trends in prescription drug spending, and the trends in insurance benefit design and the potential impact that changes are having on consumer out-of-pocket prescription drug costs. Rep. Frank Vaupel (R)</td>
</tr>
<tr>
<td>MI</td>
<td>SB 139</td>
<td>Referred to Senate Health Policy and Human Services Committee</td>
<td>PBM provisions vetoed by Governor</td>
<td>Pharmacy Benefit Manager</td>
</tr>
<tr>
<td>MI</td>
<td>SB 525</td>
<td>Referred to House Health Policy and Human Services Committee</td>
<td>Importation</td>
<td>This measure allows for the establishment of a wholesale prescription drug importation program from Canada. Sen Ruth Johnson (R)</td>
</tr>
<tr>
<td>MN</td>
<td>HF 704</td>
<td>Referred to House Health and Human Services Policy Committee</td>
<td>Transparency</td>
<td>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)</td>
</tr>
<tr>
<td>MN</td>
<td>HF 743</td>
<td>Referred to House Commerce Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>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)</td>
</tr>
<tr>
<td>MN</td>
<td>HF 1523/SF 1734</td>
<td>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</td>
<td>Volume Purchasing</td>
<td>This measure authorizes the Commissioner of Health 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)</td>
</tr>
</tbody>
</table>
This measure requires an annual report that details the state's effectiveness in promoting transparency in pharmaceutical pricing for the state and other payers, enhancing the understanding of pharmaceutical spending trends, and assisting the state in the management of pharmaceutical costs. This measure also limits cost-sharing requirements for prescription insulin drugs once the deductible is met.

This measure requires the Human Services Commissioner to implement an insulin assistance program. The program will pay participating pharmacies for insulin that is dispensed by a participating pharmacy and maintain an up-to-date list of eligible individuals and make the list available to participating pharmacies. Eligible individuals must have a family income that is equal to or less than 400% of the federal poverty guidelines and be uninsured or have no prescription drug coverage.

This measure requires the Human Services Commissioner to implement an insulin assistance program. The program will pay participating pharmacies for insulin that is dispensed by a participating pharmacy and maintain an up-to-date list of eligible individuals and make the list available to participating pharmacies. Eligible individuals must have a family income that is equal to or less than 400% of the federal poverty guidelines and be uninsured or have no prescription drug coverage.

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.

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.

This measure requires the Commissioner of Administration to implement an administer an emergency insulin assistance program beginning July 1, 2020. To be eligible for the program, an individual must: (i) not be enrolled in medical assistance or MinnesotaCare; (ii) have an income that is less than 500% of the federal poverty guidelines, (iii) be uninsured, have coverage through Medicare and have incurred annual out-of-pocket drug costs that exceed $1,000, or have private insurance coverage with cost sharing that exceeds $50 for a month’s supply of insulin; (iv) not be enrolled in TRICARE and (v) not have had insulin first dispensed through the program during the 12 months preceding the date of the application.

Each pharmacy that dispenses insulin must participate in the program. A pharmacy will dispense insulin in one-month supply increments. The pharmacy must submit a claim for reimbursement to the commissioner. Eligible individuals are responsible for paying a copayment to the participating pharmacy of $30 for each month’s supply of insulin.

This measure also requires manufacturers to participate in the program as a condition for doing business in the state. Under the bill, each manufacturer and each wholesaler must report to the Board of Pharmacy every sale or distribution of insulin within the state. The board will annually assess manufacturers a registration fee that in the aggregate equals the total cost of the emergency insulin assistance program.

This measure also generally requires all health plans to limit any cost sharing for insulin to no more than $30 for a month’s supply.

This measure prohibits a pharmacy benefit manager (PBM) from requiring or demonstrating a preference for a pharmacy to prescribe a reference biological product, any product that is biosimilar to the reference biological product, or any product that is an interchangeable biological produce. If a PBM elects coverage of an aforementioned product, it must also elect equivalent coverage for all of the aforementioned products.

This measure requires the Commissioner of Health to design a wholesale prescription importation program that complies with federal requirements.
<table>
<thead>
<tr>
<th>MN</th>
<th>SF/ HF</th>
<th>Referred To</th>
<th>Nature of Measure</th>
<th>Sponsor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN</td>
<td>SF 67/HF 723</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee/Amended, passed House Commerce Committee</td>
<td>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.</td>
<td>Sen. Scott Jensen (R), Rep. Kristin Bahner (D)</td>
</tr>
<tr>
<td>MN</td>
<td>SF 237/HF 149</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee/Amended, passed House Commerce Committee</td>
<td>This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist from informing a patient about the cost of the prescription or about any therapeutically equivalent alternative medications.</td>
<td>Sen. Scott Jensen (R), Rep. Steve Elkins (D)</td>
</tr>
<tr>
<td>MN</td>
<td>HF 4114</td>
<td>Referred to House Commerce Committee</td>
<td>This measure prohibits a pharmacy benefit manager or health carrier from requiring an enrollee to make a payment at the point of sale for a covered prescription drug in an amount greater than the net price of the drug.</td>
<td>Rep. Kristin Bahner (D)</td>
</tr>
<tr>
<td>MN</td>
<td>SF 353/HF 1668</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee/Amended, referred to House Judiciary, Finance and Civil Law Division</td>
<td>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.</td>
<td>Sen. Scott Jensen (R), Rep. Laurie Pryor (D)</td>
</tr>
<tr>
<td>MN</td>
<td>SF 364/HF 284</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee/Amended, referred to House Judiciary, Finance and Civil Law Division</td>
<td>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.</td>
<td>Sen. Matt Little (D), Rep. Laurie Halverson (D)</td>
</tr>
<tr>
<td>MN</td>
<td>HF 3805/SF 4083</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee/Amended, referred to Senate Finance Committee</td>
<td>This measure requires annual reporting from manufacturers of pricing information for every drug with a wholesale acquisition cost (WAC) of $25. Additionally, if a drug is included in the formulary of a health plan submitted to and approved by the Commissioner of Commerce for the next calendar year, the manufacturer cannot increase the WAC for the next calendar year.</td>
<td>Rep. Steve Elkins (D), Sen. Scott Jensen (R)</td>
</tr>
<tr>
<td>MN</td>
<td>SF 67/HF 723</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee/Amended, passed House Commerce Committee</td>
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<td>SF 353/HF 1668</td>
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<td>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.</td>
<td>Sen. Scott Jensen (R), Rep. Laurie Pryor (D)</td>
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<td>MN</td>
<td>SF 364/HF 284</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee/Amended, referred to House Judiciary, Finance and Civil Law Division</td>
<td>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.</td>
<td>Sen. Matt Little (D), Rep. Laurie Halverson (D)</td>
</tr>
<tr>
<td>MN</td>
<td>SF 366/HF 289</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee/Amended; passed House Commerce Committee; referred to House Ways and Means Committee Health and Human Services Policy; referred to House Ways and Means Committee Health and Human Services Finance Division</td>
<td>Transparency</td>
<td>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.</td>
</tr>
<tr>
<td>MN</td>
<td>SF 495</td>
<td>Referred to Senate State Government Finance and Policy and Elections Committee</td>
<td>Importation</td>
<td>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.</td>
</tr>
<tr>
<td>MN</td>
<td>SF 841</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>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.</td>
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<tr>
<td>MN</td>
<td>SF 1006/HF 1257</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee/referred to House Ways and Means Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>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.</td>
</tr>
<tr>
<td>MN</td>
<td>SF 1098/HF 1246</td>
<td>Referred to Senate Finance Committee/Passed House Ways and Means Committee; referred to House Judiciary, Finance and Civil Law Division</td>
<td>Transparency</td>
<td>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-day supply, the manufacturer must notify the commissioner within 60 days of introduction.</td>
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<tr>
<td>MN</td>
<td>SF 1184</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee</td>
<td>Importation</td>
<td>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.</td>
</tr>
<tr>
<td>MN</td>
<td>SF 1640</td>
<td>Referred to Senate Health and Human Services Finance and Policy</td>
<td>Transparency</td>
<td>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.</td>
</tr>
<tr>
<td>MN SF 1907/HF 743</td>
<td>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</td>
<td>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.</td>
<td>Sen. Scott Jensen (R), Rep. Kristin Bahner (D)</td>
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<tr>
<td>MN SF 3019</td>
<td>Amended; passed Senate Health and Human Services Finance and Policy Committee; ramended; passed Senate Finance Committee; substituted by HF 3100 Other</td>
<td>This measure establishes a patient insulin assistance program that will be implemented July 1, 2020 to provide access to affordable insulin to eligible individuals, including access to emergency insulin and access to ongoing insulin supply options. To be eligible for the program, an individual must: (1) have a family income that is less than 400% of the federal poverty guidelines; (2) not be enrolled in medical assistance or MinnesottaCare; (3) not enrolled in TRICARE; (4) not have access to prescription drug coverage through an individual or group health plan that limits the total amount of cost-sharing to $100 or less for a 30-day supply of insulin; (5) not receive insulin through a manufacturer's patient assistance program; and (6) not have received emergency insulin through the program within the preceding 12 months. All licensed pharmacies must participate in the program. A pharmacy may charge an eligible individual a copayment that cannot exceed $25 for each 90-day supply of insulin. Each insulin manufacturer must also participate in the program.</td>
<td>Sen. Scott Jensen (R)</td>
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<tr>
<td>MN SF 3031</td>
<td>Referred to House Commerce Committee Other</td>
<td>This measure requires group purchasers and pharmacy benefit managers to use a real-time prescription benefit tool that complies with the National Council for Prescription Drug Programs Real-Time Prescription Benefit Standard and that, at a minimum, notifies a prescriber: (1) if a prescribed drug is covered by the patient's group purchaser or pharmacy benefit manager; (2) if a prescribed drug is included on the formulary or preferred drug list of the patient's group purchaser or pharmacy benefit manager; (3) any patient cost sharing for the prescribed drug; (4) if prior authorization is required for the prescribed drug; and (5) a list of any available alternative drugs that are in the same class as the drug originally prescribed and for which prior authorization is not required. Under this bill, a health plan must make its formulary information available by electronic means and, upon request, in writing, at least 30 days prior to annual renewal dates. A health plan company may remove a brand-name drug from its formulary or place a brand-name drug in a benefit category that increases an enrollee's cost only upon the addition to the formulary of a generic or multi-source brand-name drug rated as therapeutically equivalent at a lower cost to the enrollee.</td>
<td>Rep. Hunter Cantrell (D)</td>
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<tr>
<td>MN SF 3120/HF 3228</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee/passed House Judiciary, Finance, and Civil Law Division; referred to House Health and Human Services Policy Committee Cost Review (Rate Setting)</td>
<td>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.</td>
<td>Sen. Scott Jensen (R), Rep. Kelly Morrison (D)</td>
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<tr>
<td>MN SF 3466/HF 4115</td>
<td>Referred to Senate Health and Human Services Committee/Referred to House Commerce Committee Pharmacy Benefit Manager</td>
<td>This measure bans the use of gag clauses in contracts between pharmacy benefit managers and pharmacies.</td>
<td>Sen. John Marty (D), Rep. Kristin Bahner (D)</td>
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<tr>
<td>MN SF 3516</td>
<td>Referred to Senate Commerce and Consumer Protection Finance and Policy Committee Pharmacy Benefit Manager</td>
<td>This measure stipulates that a pharmacy benefit manager has a fiduciary duty to a health carrier.</td>
<td>Sen. John Marty (D)</td>
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<td>State</td>
<td>Bill</td>
<td>Committee</td>
<td>Category</td>
<td>Description</td>
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<td>MN</td>
<td>SF 3926</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure prohibits a pharmacy benefit manager or health carrier from imposing more than one copayment for a drug within a 30-day period, regardless of the number of refills of the drug dispensed in the 30-day period.</td>
</tr>
<tr>
<td>MN</td>
<td>SF 3970</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee</td>
<td>Importation</td>
<td>This measure would facilitate the importation of drugs pursuant to “Pathway 2” of the federal safe importation action plan by placing any imported drug with a cost that is at least a certain percent lower than the wholesale acquisition cost of US Food and Drug Administration-approved product on the uniform preferred drug list. That drug would also be covered under Medicaid and the state employee health plan.</td>
</tr>
<tr>
<td>MN</td>
<td>SF 4084</td>
<td>Referred to Senate Health and Human Services Finance and Policy Committee</td>
<td>Transparency</td>
<td>This measure requires drug manufacturers to submit a report to the Commissioner of Health for every prescription drug priced at 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 priced over $200 for a 30-day supply, the manufacturer must notify the commissioner within 60 days of introduction.</td>
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<tr>
<td>MS</td>
<td>HB 474</td>
<td>Died in House Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure caps the cost-sharing price or copay of insulin at $100 for a 30-day supply. This measure also requires the attorney general to investigate insulin pricing to determine whether additional consumer protections are needed.</td>
</tr>
<tr>
<td>MS</td>
<td>HB 532</td>
<td>Died in House Drug Policy Committee</td>
<td>Transparency</td>
<td>This measure also requires pharmacy benefits managers to report rebate information.</td>
</tr>
<tr>
<td>MS</td>
<td>HB 829</td>
<td>Died in House Public Health and Human Services Committee</td>
<td>Importation</td>
<td>This measure directs the Department of Health to develop and implement a state-administered wholesale prescription drug importation program that is safe for consumers and generates savings.</td>
</tr>
<tr>
<td>MS</td>
<td>SB 2402</td>
<td>Died in Senate Public Health and Welfare Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits a pharmacy benefit manager (PBM) from retroactively denying or reducing a claim or aggregate of claims after the claim or aggregate of claims has been adjudicated. This measure also contains requirements for drugs placed on a PBM’s maximum allowable cost (MAC) list. This bill prohibits a PBM from making referrals and from transferring or sharing records relative to prescription information containing patient identifiable data.</td>
</tr>
<tr>
<td>MO</td>
<td>HB 1440</td>
<td>Introduced</td>
<td>Importation</td>
<td>This measure allows for the importation of a prescription drug for personal use, so long as the patient has a valid prescription from a prescriber.</td>
</tr>
<tr>
<td>MO</td>
<td>HB 1910</td>
<td>Introduced</td>
<td>Cost Review (Rate Setting)</td>
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<td>This measure establishes a Drug Cost Review Commission. This measure requires that each pharmacy benefits manager (PBM) must file annually a report with the commission that discloses rebate information and that each. Health carriers must also submit annual reports that detail the 25 most frequently prescribed drugs, the 25 outpatient drugs that the plan covered at the greatest cost and the 25 drugs that experienced the greatest year-over-year increase in cost. Carriers must also submit a certification that they accounted for all rebates in calculating the premium for health benefit plans.</td>
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This measure also requires drug manufacturers to notify the commission if they have filed a new drug application or biologics/biosimilars application. This bill gives the commission the authority to review each manufacturer of a pipeline drug that may have a significant impact on state expenditures for outpatient drugs.

This measure requires brand manufacturers to notify the commission if the wholesale acquisition cost (WAC) is increasing by more than 10% or by more than $10,000 or if the manufacturer intends to introduce a brand-name drug that has. WAC of $30,000 per year. Manufacturers of generic or off-patent sole-source brand drugs must notify the commission if the manufacturer is increasing the WAC by more than 25% or by more than $300 during any 12-month period. All manufacturers must include justifications for price increases that meet these thresholds.

Before March 1, 2022, and annually thereafter, the commission must prepare a list of no more than 10 outpatient drugs that the commission determines are provided at substantial cost to the state. To be included on the list, the drug must have increased by at least 20% drug the preceding year or by at least 50% in the preceding two years. A drug on the list must also cost at least $60.

Under this measure, the public may request commission review of the cost of any drug reported. If the commission finds that the spending on a drug creates excess costs for carriers or consumers, the commission must establish the level of reimbursement that will be bill and paid among carriers, pharmacies, wholesalers and distributors.

Rep. Doug Clemens (D)

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<thead>
<tr>
<th>MO</th>
<th>HB 1973</th>
<th>Introduced</th>
<th>Pharmacy Benefit Manager</th>
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<tbody>
<tr>
<td>This measure requires pharmacy benefit managers to obtain a license from the Commerce and Insurance Department.</td>
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Rep. Lynn Morris (R)

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<thead>
<tr>
<th>MO</th>
<th>HB 2412</th>
<th>Passed House Health and Mental Health Policy Committee; referred to House Rules Committee</th>
<th>Pharmacy Benefit Manager</th>
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<tbody>
<tr>
<td>This measure requires pharmacy benefit managers (PBM) utilized by the Missouri consolidated health care plan to file annual transparency reports detailing aggregate rebate amounts.</td>
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Rep. Steve Helms (R)

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<thead>
<tr>
<th>MO</th>
<th>HB 2527</th>
<th>Referred to House Rules Committee</th>
<th>Coupons/Cost Sharing</th>
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<tbody>
<tr>
<td>This measure stipulates that an enrollee's cost sharing for prescription insulin must be calculated at the point of sale based on a price that is reduced by an amount equal to at least 100% of all rebates received in connection to the drug.</td>
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Rep. Ann Kelley (R)

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<thead>
<tr>
<th>MO</th>
<th>HB 2652</th>
<th>Introduced</th>
<th>Importation</th>
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<tbody>
<tr>
<td>This measure requires the Department of Health and Senior Services to develop and implement a prescription drug wholesale importation program.</td>
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Rep. Deb Lavender (D)

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<tr>
<th>MO</th>
<th>SB 914</th>
<th>Referred to Senate Insurance and Banking Committee</th>
<th>Coupons/Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>This measure prohibits health benefit plans from imposing cost sharing on an enrollee in excess of $100 per 30-day supply of a prescription insulin drug.</td>
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Sen. Lauren Arthur (D)

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<thead>
<tr>
<th>MO</th>
<th>SB 971</th>
<th>Referred to Senate Seniors, Families and Children Committee</th>
<th>Pharmacy Benefit Manager</th>
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<tbody>
<tr>
<td>This bill requires pharmacy benefit managers (PBM) to obtain a license and prohibits the use of fraud or deception. This measure requires the PBM utilized by the Missouri consolidated health care plan to file an annual report containing rebate information. Under this bill, any entity that enters into a contract to reimburse a pharmacy for prescription drugs on behalf of another entity must define and apply the term &quot;generic&quot; with respect to prescription drugs, to mean any &quot;authorized generic drug.&quot; Additionally, a PBM that contracts with a carrier or the state will owe a fiduciary to that entity. If a reimbursement by a PBM to a contracted pharmacy is below the pharmacy's cost to purchase the drug, the PBM must sustain an appeal and increase reimbursement to the pharmacy and other contracted pharmacies to cover the cost of purchasing the drug.</td>
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Sen. David Sater (R)

<table>
<thead>
<tr>
<th>NE</th>
<th>LB 567</th>
<th>Referred to Health and Human Services Committee</th>
<th>Transparency</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
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Sen. Adam Morefeld
<table>
<thead>
<tr>
<th>State</th>
<th>Bill No.</th>
<th>Committee</th>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NE</td>
<td>LB 1182</td>
<td>Health and Human Services</td>
<td>Transparency</td>
<td>This measure requires new drug application sponsors to inform the Department of Health and Human Services within 60 days of the sponsor’s receipt of an action from the FDA about filing with the US Food and Drug Administration (FDA) either a new drug application or a biologics license application for a biosimilar drug. Notice must be given within 60 days of the sponsor’s receipt of an action from the FDA. This measure also allows the state to conduct a study of each manufacturer of a pipeline drug that, in the opinion of the Medicaid director, may have a significant impact on state expenditures. Manufacturers that are subjects of a study must submit certain information to the department. This measure additionally requires the Medicaid director to publish a list of no more than 10 drugs that are provided at a substantial cost to the state or that are critical to public health. To be included on the list, the wholesale acquisition cost of a drug must have increased by at least 20% in a year or by 50% over three years. Manufacturers of drugs included on the list will be required to submit pricing information to the department.</td>
</tr>
<tr>
<td>NE</td>
<td>LB 1196</td>
<td>Banking, Commerce and Insurance</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits an insurer from requiring a covered individual to make a payment for a prescription drug in an amount that exceeds applicable cost-sharing or the amount an individual would pay without insurance. This measure also prohibits a pharmacy benefit manager (PBM) from retroactively denying a claim and patient steering by PBMs. Under this measure, a PBM cannot reimburse a pharmacy in an amount less than the PBM would pay an affiliate. This measure further prohibits a PBM from conducting spread pricing. This measure lays out requirements for how often PBMs must update maximum allowable cost lists and the procedure by which a pharmacy can appeal a reimbursement. This measure also requires carriers to include any cost-sharing amounts paid on behalf of enrollees by another person when calculating an enrollee’s contribution to any applicable cost-sharing requirement. Under this bill, health plans can only offer plans that do not require an enrollee to pay a deductible for drugs and provide that the amount of cost-sharing paid by an enrollee does not exceed the amount of the copayment or coinsurance specified in the summary of benefits.</td>
</tr>
<tr>
<td>NH</td>
<td>SB 686</td>
<td>Commerce</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure requires a health carrier that contracts with a pharmacy benefit manager (PBM) to ensure that under the contract, the PBM acts as the health carrier’s agent and owes a fiduciary duty to the health carrier. This measure prohibits a PBM from requiring a covered person to make a payment at the point of sale for a drug in an amount greater than the least of the applicable cost-sharing amount: the amount the person would pay without using insurance, the total amount the pharmacy will be reimbursed for the drug; or the amount the health carrier or PBM would pay if they paid the full amount of the drug without cost sharing. This measure also requires health carriers and PBMs to use a single maximum allowable cost (MAC) list to establish the maximum amount to be paid by a plan to a pharmacy for a generic or brand-name drug that has at least one generic alternative available. The carrier or PBM must establish the maximum payment for brand-name drugs without generic equivalents. This measure stipulates that in order to use the average wholesale price of a brand-name drug, a carrier or PBM can only use one national drug pricing source during a calendar year. Under this bill, the amount paid by a carrier to a pharmacy will be the ingredient cost plus the dispensing fee minus any cost sharing from an enrollee. The ingredient cost cannot exceed the MAC or average wholesale price. This measure requires that if a carrier uses a PBM, for purposes of calculating a carrier’s anticipated loss ratio, any PBM compensation constitutes an administrative cost and cannot be classified as a benefit. Additionally, a carrier can only claim the amount paid by the PBM to a pharmacy as an incurred claim. Finally, this bill authorizes the commissioner of the Department of Administrative Services to establish the New Hampshire prescription drug competitive marketplace. The marketplace will adopt a reverse auction for PBM procurement, conduct ongoing electronic review and validation of PBM claims, and conduct market checks using technology-driven evaluation of PBMs’ prescription drug pricing based on benchmark comparators.</td>
</tr>
</tbody>
</table>

Sen. Justin Wayne (D)  
Sen. Morfeld (D)  
Sen. Cindy Rosenwald (D)
This measure establishes the Prescription Drug Affordability Board, which will have five members and a 12-member advisory council. Beginning in 2022, the board must identify strategies that optimize spending by public payors for pharmaceutical products while reasonably ensuring subscriber access. The board must determine annual spending targets for drugs purchased by public payors based on a 10-year rolling average of the medical care services component of the Consumer Price Index. The board must determine spending targets for specific drugs that may cause affordability challenges to enrollees in a public payer health plan and which payors are likely to exceed spending targets. The board can consider a payer’s drug-spending data when considering targets.

The board must determine if the following methods would reduce costs to individuals purchasing drugs through a public payer: (1) negotiating specific rebate amounts on drugs that contribute most to spending that exceeds the targets; (2) changing a formulary when sufficient rebates cannot be secured; (3) establishing a common formulary for all public payors; (4) prohibiting health insurance carriers from offering on their formularies a drug by a manufacturer when methods to change a formulary are implemented; (5) bulk purchasing through a single purchasing agreement; (6) collaborating with other states and consortia to purchase in bulk or to jointly negotiate rebates; (7) allowing insurance carriers providing coverage to small businesses and individuals to participate in the public payer prescription drug benefit for a fee; and (8) procuring common expert services for public payors, including pharmacy benefit manager services.

This measure also requires the board to report on annual net spending by public payors, including the 25 most frequently prescribed drugs, the 25 costliest drugs, and the 25 drugs with the highest year-over-year cost increases. Manufacturers must notify the board when, during the prior year, the manufacturer increases the wholesale acquisition cost (WAC) of a brand-name drug by more than 20% per pricing unit or increases the WAC of a generic drug that costs at least $10 per pricing unit by more than 20% per pricing unit. Manufacturers must also report when they introduce a new drug with a WAC greater than the amount that would cause the drug to be considered a specialty drug under Medicare Part D.

<p>| NH | SB 687 | Passed Senate Commerce Committee | Cost Review (Rate Setting) | This measure establishes the Prescription Drug Affordability Board, which will have five members and a 12-member advisory council. Beginning in 2022, the board must identify strategies that optimize spending by public payors for pharmaceutical products while reasonably ensuring subscriber access. The board must determine annual spending targets for drugs purchased by public payors based on a 10-year rolling average of the medical care services component of the Consumer Price Index. The board must determine spending targets for specific drugs that may cause affordability challenges to enrollees in a public payer health plan and which payors are likely to exceed spending targets. The board can consider a payer’s drug-spending data when considering targets. |
| NH | HB 717 | Referred to House Commerce and Consumer Affairs Committee | Coupons/Cost Sharing | 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. |
| NH | HB 1280 | Passed House | Coupons/Cost Sharing | This measure caps the cost-sharing price or copay of insulin at $100 for a 30-day supply. |
| NH | HB 1697 | Referred to House Commerce and Consumer Affairs Committee | Coupons/Cost Sharing | This measure prohibits pharmacies from accepting manufacturer discounts as payment on behalf of a person. This does not apply to branded prescription drugs without generic equivalents. This measure also prohibits the use of manufacturer discounts for a drug if the active ingredients of the drug are contained in products regulated by the US Food and Drug Administration and are available without prescription at a lower cost. This prohibition does not apply to a single-table drug regimen for the treatment or prevention of HIV/AIDS. |
| NH | SB 63 | Passed House | Pharmacy Benefit Manager | This measure requires that all rebates remitted by or on behalf of a pharmaceutical manufacturer, or to a pharmacy benefits manager under contract with an insurer, must be either remitted directly to an enrollee at the point of sale or retained by the insurer to offset premium costs. |
| 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. |
| NH | SB 685 | Amended; referred to Senate Finance Committee | Importation | This measure establishes a wholesale prescription drug importation program. This bill also authorizes the commissioner of the Department of Administrative Services to establish the New Hampshire prescription drug competitive marketplace. The marketplace will adopt a reverse auction for PBM procurement, conduct ongoing electronic review and validation of PBM claims, and conduct market checks using technology-driven evaluation of a pharmacy benefit manager’s prescription drug pricing based on benchmark comparators. |
| NH | SB 688 | Amended; referred to Senate Commerce Committee | Other | This measure stipulates that it is unlawful to price generic prescription drugs in a manner that tends to create a monopoly or otherwise harm competition. |
| NJ | A 653 | Combined with A 954/A1669 | Coupons/Cost Sharing | This measure caps the total amount that a carrier can required a covered patient with diabetes to pay for a 30-day supply of insulin at $100. |
| NJ | A 687 | Referred to Assembly Health Committee | Other | This measure requires health benefits plans that include prescription benefits, including Medicaid, to provide coverage for pre-exposure prophylaxis (or PrEP). PrEP and PEP without any prior authorization or step therapy requirements. |</p>
<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Committee (As of Senate)</th>
<th>Committee (As of Assembly)</th>
<th>Description</th>
<th>Sponsorship</th>
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<tr>
<td>NJ A 954/S 1729</td>
<td>Referred to Assembly Financial Institutions and Insurance Committee</td>
<td>Referred to Assembly Appropriations Committee/Referred to Senate Commerce Committee</td>
<td>Coupons/Cost Sharing</td>
<td>Asm. Robert Karabinchak (D), Sen. Joseph Lagana (D)</td>
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<td>NJ A 955</td>
<td>Referred to Assembly Financial Institutions and Insurance Committee</td>
<td></td>
<td>Pharmacy Benefit Manager</td>
<td>Asm. Robert Karabinchak (D)</td>
</tr>
<tr>
<td>NJ A 1028/S 1253</td>
<td>Referred to Senate Commerce Committee/Referred to Senate Health, Human Services and Senior Citizens Committee</td>
<td>Referred to Assembly Human Services Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Asm. Joann Downey (D), Sen. Vin Gopal (D)</td>
</tr>
<tr>
<td>NJ A 1258/S 1210</td>
<td>Referred to Assembly Human Services Committee</td>
<td>Referred to Assembly Human Services Committee/Referred to Senate Health, Human Services and Senior Citizens Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Asm. Gary Schaer (D), Sen. Joseph Cryan (D)</td>
</tr>
<tr>
<td>NJ A 1259/S 249</td>
<td>Referred to Assembly Human Services Committee</td>
<td>Referred to Assembly Human Services Committee/Referred to Senate Health, Human Services and Senior Citizens Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Asm. Gary Schaer (D), Sen. Troy Singleton (D)</td>
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<tr>
<td>NJ A 1477/S 1142</td>
<td>Referred to Assembly Health Committee</td>
<td>Referred to Assembly Financial Institutions and Insurance Committee/Referred to Senate Commerce Committee</td>
<td>Cost Review (Rate Setting)</td>
<td>Asm. Paul Moriarty (D), Sen. Joseph Vitale (D)</td>
</tr>
<tr>
<td>NJ A 2222/S 1423</td>
<td>Referred to Assembly Financial Institutions and Insurance Committee</td>
<td>Referred to Assembly Commerce Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Asm. John McKeon (D), Sen. Troy Singleton (D)</td>
</tr>
</tbody>
</table>

This measure places a $100 cap on the amount paid by a covered person for the purchase of a 30-day supply of insulin drugs, regardless of the type of insulin needed to fill the prescription. This measure also requires the Division of Consumer Affairs to investigate the pricing of insulin to determine whether additional consumer protections are needed.

This measure prohibits pharmacy benefit managers (PBMs) from requiring covered persons to use mail service pharmacies.

This measure requires prescription drug services covered under Medicaid to be provided through a fee-for-service delivery system. Additionally, this bill requires that the reimbursement for covered drugs be based on the lower of the National Average Drug Acquisition Cost, the federal upper limit, the state maximum allowable cost, the state submitted ingredient cost, or the provider’s usual and customary charge.

This measure requires pharmacy benefit managers (PBMs) under contract with the State Health Benefits Program (SHBP) and the School Employees’ Health Benefit Program (SEHBP) to report prices paid to pharmacies and the amounts charged to SHBP and SEHBP.

This bill establishes the Prescription Drug Review Commission, which will be tasked with developing a list of Critical Prescription Drugs for which manufacturers will be required to report certain information concerning development, production, and marketing costs. If the commission determines that a drug is priced excessively high, it will have the authority to establish a maximum price for the drug in the state.

In developing the list of critical drugs, the commission must consider the cost of the drug in the state, utilization, the availability and cost of therapeutically equivalent treatments, and other factors. The commission must update the list at least once every three years. For each drug on the list, manufacturers must report information concerning the total cost of production, research and development costs, marketing costs, etc.

The commission must prepare an annual report on drug prices and their role in overall health care spending in the state based on information received from manufacturers.

This measure requires carriers to pass prescription drug savings on to consumers. Under this bill, all compensation paid by a manufacturer to a pharmacy benefit manager (PBM) must be remitted to and retained by the carrier and must be used by the carrier to lower premiums for enrollees. Carriers will be required to file a report demonstrating how they have complied with these requirements.
<table>
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<tr>
<th>NJ</th>
<th>A 2671</th>
<th>Referred to Assembly Health Committee</th>
<th>Price Gouging</th>
<th>This measure prohibits any person from charging excessive prices for drugs developed by publicly funded research. Under this bill, if a drug was developed partially or entirely through research and development either directly or indirectly supported by the federal or state government, it is unlawful for any person to sell the drug to any purchaser at a unit price that is greater than a benchmark unit price or that constitutes discriminatory pricing. The benchmark unit price for a drug is the lowest price charged for the same drug to countries in the Organization for Economic Cooperation that have the largest gross domestic product with a per capita income that is not less than half of the per capita income of the United States.</th>
<th>Asm. Valerie Vainieri Huttle (D)</th>
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<tbody>
<tr>
<td>NJ</td>
<td>A 2681/S 1732</td>
<td>Referred to Assembly Health Committee/Referred to Senate Health, Human Services and Senior Citizens Committee</td>
<td>Importation</td>
<td>This measure requires the Commissioner of Health to establish a wholesale prescription drug importation program that complies with federal requirements.</td>
<td>Asm. Valerie Vainieri Huttle (D), Sen. Joseph Lagana (D)</td>
</tr>
<tr>
<td>NJ</td>
<td>A 3536</td>
<td>Referred to Assembly Financial Institutions and Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure caps cost-sharing payments for prescription insulin at $100 for a 30-day supply. This measure also caps cost-sharing for a package of two epinephrine auto-injector devices at $100. This measure additionally requires the Division of Consumer Affairs in the Department of Law and Public Safety to investigate the pricing of prescription insulin drugs to determine whether additional consumer protections are needed.</td>
<td>Asm. Valerie Vainieri Huttle (D)</td>
</tr>
<tr>
<td>NJ</td>
<td>S 234/A 3049</td>
<td>Referred to Senate Health, Human Services and Senior Citizens Committee/Referred to Assembly Health Committee</td>
<td>Cost Review (Rate Setting)</td>
<td>for which manufacturers will be required to report certain information concerning development, production, and marketing costs. If the commission determines that a drug is priced excessively high, it will have the authority to establish a maximum price for the drug in the state. In developing the list of critical drugs, the commission must consider the cost of the drug in the state, utilization, the availability and cost of therapeutically equivalent treatments, and other factors. The commission must update the list at least once every three years. For each drug on the list, manufacturers must report information concerning the total cost of production, research and development costs, marketing costs, etc. This measure also prohibits manufacturers and wholesale distributors from engaging in price gouging in the sale of an essential off-patent generic drug or biologic. In this bill, an &quot;essential off-patent drug&quot; means any product made available in the state that appears on the current Model List of Essential Medicines adopted by the World Health Organization. The director of the Division of Consumer Affairs in the Department of Law and Public Safety may notify the attorney general of any increase in the price of an essential off-patent or generic drug whenever the price increase would result in an increase of 50% or more in the wholesale acquisition cost (WAC) in the state. For each drug on the list, manufacturers must report information concerning the total cost of production, research and development costs, marketing costs, etc. This measure also establishes prescription drug pricing disclosure requirements. Under this bill, pharmacy benefit managers (PBMs) are required to disclose, in the contract entered into between the purchaser and the PBM, the methodology and sources used to determine multiple source generic drug and biologic pricing. This bill 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 pharmacies. If those lists are not the same, the difference between the amount paid to the pharmacy and the amount charged to the purchasers must be disclosed.</td>
<td>Sen. Troy Singleton (D), Asm. Pamela Lampitt (D)</td>
</tr>
<tr>
<td>NJ</td>
<td>S 526/A 1669</td>
<td>Amended, referred to Senate Budget and Appropriations Committee/Combined with A 954/A 653</td>
<td>Coupons/Cost Sharing</td>
<td>This measure provides that coverage of insulin shall not be subject to any deductible, and no copayment or coinsurance for the purchase of insulin can exceed $50 per 30-day supply. This bill also requires every manufacturer of an insulin produce to submit pricing information for insulin products.</td>
<td>Sen. Joseph Vitale (D), Asm. Annette Quijano (D)</td>
</tr>
<tr>
<td>NJ</td>
<td>S 1765</td>
<td>Referred to Senate Health, Human Services and Senior Citizens Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure requires pharmacy benefit managers (PBMs) providing services within Medicaid to implement pass-through pricing models and to disclose certain information to the Department of Human Services and managed care organizations.</td>
<td>Sen. Vin Gopal (D)</td>
</tr>
<tr>
<td>State</td>
<td>Bill Number</td>
<td>Sponsor</td>
<td>Committee Referral</td>
<td>Committee Title</td>
<td>Description</td>
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<tr>
<td>NJ</td>
<td>S 887</td>
<td>Sen. Stephen Sweeney (D)</td>
<td>Referred to Senate Health, Human Services and Senior Citizens Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure requires the Department of Human Services to transition Medicaid prescription drug services from managed care to fee-for-services. This measure also provides for the procurement by the state of a pharmacy benefit manager to administer Medicaid fee-for-service prescription drug services. This measure also requires the creation of a technology platform that can conduct a reverse auction.</td>
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<tr>
<td>NJ</td>
<td>S 1046</td>
<td>Sen. Joseph Cryan (D)</td>
<td>Referred to Senate Commerce Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits a pharmacy benefit manager (PBM) from requiring a pharmacy to purchase a specialty drug directly from the PBM as a condition for participating in a PBM’s network contract or for any other reason. This bill also requires PBMs to submit quarterly reports detailing the aggregate amounts paid by the PBM to drug wholesalers or manufacturers, the aggregate amounts charged by the PBM to purchasers for providing that drug to pharmacies and the aggregate amount paid by the PBM to pharmacies for dispensing that drug.</td>
</tr>
<tr>
<td>NJ</td>
<td>S 1066/A 2418</td>
<td>Sen. Troy Singleton (D), Asm. John McKeon (D)</td>
<td>Referred to Senate Health, Human Services and Senior Citizens Committee/Filed</td>
<td>Cost Review (Rate Setting)</td>
<td>This measure establishes the Prescription Drug Affordability Board in the Division of Consumer Affairs, which will be charged with protecting residents from the high costs of prescription drugs. The board is required to conduct a study of the entire pharmaceutical distribution and payment system in the state, as well as policy options being used in other states and countries to lower the list price of drugs, including establishing upper payment limits, using a reverse auction marketplace, allowing importation from other countries, and implementing a bulk purchasing process. The board must also study the operation of the generic drug market.</td>
</tr>
<tr>
<td>NJ</td>
<td>S 1067/A 3301</td>
<td>Sen. Troy Singleton (D), Asm. Valerie Vainieri Huttle (D)</td>
<td>Referred to Senate Health, Human Services and Senior Citizens Committee/Referred to Assembly State and Local Government Committee</td>
<td>Volume Purchasing</td>
<td>This measure requires the director of the Division of Purchase and Property to review all state pharmaceutical purchasing arrangements, contracts, and initiatives and consider all options to maximize the state’s bargaining power with regard to pharmaceutical products. Under this bill, the director must create and maintain a list of drugs and devices that may appropriately be prioritized for bulk purchasing initiatives or reexamined for potential renegotiation with the manufacturer. The director’s determination as to which drugs are to be prioritized will include the 25 prescription drugs that represented the highest cost to the state in the preceding calendar year. The director will use the list to implement bulk purchasing arrangements for high-priority drugs.</td>
</tr>
<tr>
<td>NJ</td>
<td>S 2212/A 3603</td>
<td>Sen. Vin Gopal (D), Asm. Annette Quijano (D)</td>
<td>Referred to Senate Commerce Committee/Referred to Assembly Consumer Affairs Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure requires pharmacy benefit managers (PBMs) to disclose in the contract entered into between the purchaser and the PBM the methodology and sources used to determine multiple source generic drug pricing. That information must be updated whenever a change occurs. This bill 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 pharmacies. If the lists are not the same, the difference must be disclosed.</td>
</tr>
<tr>
<td>NM</td>
<td>HB 292</td>
<td>Rep. Micaela Cadena (D)</td>
<td>Signed by Governor (Chapter 36)</td>
<td>Coupons/Cost Sharing</td>
<td>This measure caps the total amount an insured individual is required to pay for prescription insulin drugs at $25 per 30-day supply, regardless of the amount, or the number of prescription drugs or types of insulin prescribed.</td>
</tr>
<tr>
<td>NM</td>
<td>SB 1</td>
<td>Sen. Mary Kay Papen (D)</td>
<td>Signed by Governor (Chapter 45)</td>
<td>Importation</td>
<td>This measure requires the Department of Health to design a wholesale prescription drug importation program that complies with federal requirements. The department must submit a formal request to create the program to the US Secretary of Health and Human Services by Dec. 15, 2020.</td>
</tr>
<tr>
<td>NY</td>
<td>AB 73</td>
<td>Asm. Kevin Cahill (D)</td>
<td>Referred to Assembly Health Committee</td>
<td>Pharmacy Benefit Managers</td>
<td>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.</td>
</tr>
<tr>
<td>NY</td>
<td>AB 2969</td>
<td>Asm. Crystal Peoples-Stokes (D)</td>
<td>Referred to Assembly Insurance Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>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.</td>
</tr>
<tr>
<td>NY</td>
<td>AB 5724</td>
<td>Enacting clause stricken</td>
<td>Other</td>
<td>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.</td>
<td>Asm. Michele Titus (D)</td>
</tr>
<tr>
<td>NY</td>
<td>AB 6056</td>
<td>Referred to Assembly Health Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>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.</td>
<td>Asm. Gary Pretlow (D)</td>
</tr>
<tr>
<td>NY</td>
<td>AB 7196/SB 5169</td>
<td>Amended; referred to Assembly Consumer Affairs and Protection Committee/Amended; referred to Senate Consumer Protection Committee</td>
<td>Other</td>
<td>This measure requires prescription drug manufacturers to notify the attorney general of agreements between pharmaceutical manufacturers resulting in the delay of the introduction of generic medications. Within 30 days of receiving notice, the attorney general must share the information with the drug utilization review board, all Medicaid managed care plans, health carriers and pharmacy benefit managers doing business in the state. The attorney general will also post all notices on the department website.</td>
<td>Asm. Michael DenDekker (D), Sen. Alessandra Biaggi (D)</td>
</tr>
<tr>
<td>NY</td>
<td>AB 7588/SB 5682</td>
<td>Referred to Assembly Higher Education/Referred to Senate Health Committee</td>
<td>Importation</td>
<td>This measure creates a wholesale prescription drug importation that will comply with federal standards and regulations.</td>
<td>Asm. Richard Gottfried (D), Sen. James Skoufis (D)</td>
</tr>
<tr>
<td>NY</td>
<td>AB 7922</td>
<td>Referred to Assembly Health Committee</td>
<td>Transparency</td>
<td>This measure requires the Commissioner of Health to include in annual reports information regarding the cost and increase in cost of the 10 prescription drugs on which the state spends the most money and which have had wholesale acquisition cost increases of 50% in the past five years or 10% in the past year.</td>
<td>Asm. Linda Rosenthal (D)</td>
</tr>
<tr>
<td>NY</td>
<td>A 8246/S 6303</td>
<td>Referred to Assembly Insurance Committee; Referred to Assembly Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure requires any third-party payments, financial assistance, or discounts made on behalf of an enrollee to be applied to the enrollee's cost-sharing requirements when calculating the enrollee's overall contribution to any out-of-pocket maximum or cost-sharing requirement.</td>
<td>Asm. Dick Gottfried (D), Sen. Gustavo Rivera (D)</td>
</tr>
<tr>
<td>NY</td>
<td>AB 9115</td>
<td>Referred to Assembly Insurance Committee</td>
<td>Other</td>
<td>This measure requires insurers and pharmacy benefit managers to provide coverage for off-label drug usage in certain circumstances.</td>
<td>Asm. Melissa Miller (R)</td>
</tr>
<tr>
<td>NY</td>
<td>AB 9507/SB 7507</td>
<td>Referred to Assembly Ways and Means Committee/Referred to Senate Finance Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>These provisions are included in the state health and mental hygiene budget for the coming fiscal year. This measure requires pharmacy benefit managers (PBMs) to register with the Superintendent of Insurance, as well as obtain a license. This measure also requires PBMs to submit an annual report to the superintendent regarding pricing discounts and rebates.</td>
<td>Budget Bill</td>
</tr>
<tr>
<td>NY</td>
<td>S 141</td>
<td>Referred to Senate Consumer Protection Committee</td>
<td>Price Gouging</td>
<td>This measure prohibits a pharmaceutical manufacturer or wholesaler from selling pharmaceuticals for an amount that represents an unconscionably excessive price, which will be determined by a court. The court shall base its determination on whether the amount of the excess price is unconscionably extreme or whether there was an exercise of unfair leverage or unconscionable means. Proof that a violation of this measure has occurred will require evidence that either the amount charged represents a gross disparity between the market price of the pharmaceutical and the price of the same pharmaceutical over the previous six months before the price change, or the amount charged grossly exceeded the price at which the pharmaceuticals were readily obtainable by other purchasers. This bill gives the New York Attorney General the ability to penalize a manufacturer with a fine of up to $1 million.</td>
<td>Sen. David Carlucci (D)</td>
</tr>
<tr>
<td>NY</td>
<td>SB 1705/AB 2970</td>
<td>Referred to Senate Insurance Committee/Referred to Assembly Insurance Committee</td>
<td>Pharmacy Benefit Managers</td>
<td>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 amounts of any reimbursements that PBM pays the contracting pharmacies. Aggregate information will be made available to consumers each year in February.</td>
<td>Sen. Luis Sepulveda (D), Asm. Felix Ortiz (D)</td>
</tr>
<tr>
<td>NY</td>
<td>SB 2087</td>
<td>Referred to Senate Health Committee</td>
<td>Pharmacy Benefit Managers</td>
<td>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.</td>
<td>Sen. Gustavo Rivera (D)</td>
</tr>
<tr>
<td>NY</td>
<td>SB 5942/AB 8253</td>
<td>Referred to Senate Health Committee/Referred to Assembly Health Committee</td>
<td>Transparency</td>
<td>This measure requires a manufacturer of a prescription drug with a wholesale acquisition cost (WAC) of more than $40 for a course of therapy to notify the Drug Utilization Review Board if the increase in the WAC of the drug is more than 10%. Notice to the board must be given at least 60 days before the planned increase.</td>
<td>Sen. Julia Salazar (D), Asm. Linda Rosenthal (D)</td>
</tr>
<tr>
<td>State</td>
<td>Bill</td>
<td>Referred To</td>
<td>Sponsor</td>
<td>Description</td>
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<tr>
<td>NY</td>
<td>SB 5943</td>
<td>Referred to Senate Health Committee</td>
<td>Transparency</td>
<td>Requires the Commissioner to include annual reports regarding cost and increase in cost of the 10 prescription drugs on which the state spends the most money and which have had certain cost increases. Must be submitted within 1 year.</td>
<td></td>
</tr>
<tr>
<td>NY</td>
<td>SB 6103</td>
<td>Referred to Senate Health Committee</td>
<td>Other</td>
<td>Prohibits drug manufacturers from presenting a regulated advertisement in the state unless it meets requirements for discoloring or prescribing drugs and devices. Requires the attorney general to determine whether advertising affects drug prices.</td>
<td></td>
</tr>
<tr>
<td>NY</td>
<td>SB 6274</td>
<td>Referred to Senate Insurance Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Establishes registration and licensing requirements for pharmacy benefit managers. Requires PBM to report marketing costs to post information to any clinical trials.</td>
<td></td>
</tr>
<tr>
<td>NY</td>
<td>SB 6297/AB 8165</td>
<td>Referred to Assembly Insurance Committee/Referred to Assembly Health Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Ensures that any contract entered into by a pharmacy benefit manager be used only pursuant to the PBM's contract with a health plan. Requires PBMs to disclose the insurance department and health plans the sources of income.</td>
<td></td>
</tr>
<tr>
<td>NY</td>
<td>SB 7828/AB 9902</td>
<td>Passed Senate Health Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Requires pharmacy benefit managers (PBMs) to obtain a license from the Department of Insurance. Requires PBMs to submit marketing cost rebates to insurance companies and pharmacies.</td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>HB 534/ SB 632</td>
<td>Referred to House Insurance Committee/Referred to Committee on Rules and Operations of the Senate</td>
<td>Pharmacy Benefit Manager</td>
<td>Requires PBMs to notify all interested parties of an upcoming substantial price increase at least 60 days prior to the increase. Requires PBMs to submit marketing cost rebates to insurance companies and pharmacies.</td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>SB 432</td>
<td>Substituted; referred to House Committee on Finance</td>
<td>Pharmacy Benefit Manager</td>
<td>Requires a pharmacy benefits manager (PBM) to obtain a license from the Department of Insurance. Requires PBMs to establish administrative appeals process for pharmacists.</td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>SB 658</td>
<td>Filed</td>
<td>Transparency</td>
<td>Requires pharmacy benefit managers (PBMs) to report marketing costs. Requires PBMs to disclose differences between amount paid to pharmacies and the amount charged to the plan. Requires PBMs to submit annual report to the Insurance Commissioner.</td>
<td></td>
</tr>
<tr>
<td>OH</td>
<td>HB 63</td>
<td>Referred to House Health Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Prohibits pharmacy benefit managers from requiring cost sharing in an amount greater than the lesser of either the amount a consumer would pay without insurance or the net reimbursement paid to the pharmacy by the issuer.</td>
<td></td>
</tr>
<tr>
<td>OH</td>
<td>HB 385</td>
<td>Referred to House Health Committee</td>
<td>Other</td>
<td>Requires the attorney general to investigate and prepare and submit a report.</td>
<td></td>
</tr>
<tr>
<td>OH</td>
<td>HB 387/SB 232</td>
<td>Referred to House Health Committee/Referred to Senate Finance Health and Medicaid Subcommittee</td>
<td>Coupons/Cost Sharing</td>
<td>Requires the attorney general to investigate insulin pricing and prepare and submit a report.</td>
<td></td>
</tr>
</tbody>
</table>

Sen. Julia Salazar (D)
Sen. David Carlucci (R)
Sen. Neili Breslin (D)
Sen. James Skoufis (D), Asm. Kevin Cahill (D)
Sen. Neili Breslin (D), Asm. Richard Gottfried (D)
Rep. Wayne Sasser (R), Sen. Danny Britt (R)
Sen. Deanna Ballard (D)
Sen. Mutjaba Mohammed (D)
Rep. Scott Lipps (R)
Sen. Beth Liston (D)
Rep. Beth Liston (D), Sen. Hearcel Craig (D)
<table>
<thead>
<tr>
<th>OH HB 396</th>
<th>Referred to House Health Committee</th>
<th>Pharmacy Benefit Manager</th>
<th>This measure prohibits a pharmacy benefit manager (PBM) 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.</th>
<th>Rep. Tavia Galonski (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH HB 482/SB 263</td>
<td>Referred to House Health Committee/Introduced</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure stipulates that a contract entered into between a health plan issuer and a 340B covered entity shall not contain any of the following provisions: (1) a reimbursement rate for that drug that is less than the national average drug acquisition cost rate for that drug; (2) a dispensing fee reimbursement amount that is less than the reimbursement amount provided to a terminal distributor of dangerous drugs; (3) a fee that is not imposed on a health care provider that is not a 340B covered entity; and (4) a fee amount that exceeds the fee amount for a health care provider that is not a 340B-covered entity.</td>
<td>Rep. Randi Clites (D), Sen. Bob Hackett (R)</td>
</tr>
<tr>
<td>OH SB 14</td>
<td>Introduced</td>
<td>Pharmacy Benefit Manager</td>
<td>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.</td>
<td>Sen. Tina Maharath (D)</td>
</tr>
<tr>
<td>OH SB 231</td>
<td>Referred to Senate Finance Health and Medicaid Subcommittee</td>
<td>Other</td>
<td>This measure requires the attorney general to investigate insulin pricing and prepare and submit a report.</td>
<td>Sen. Hearcel Craig (D)</td>
</tr>
<tr>
<td>OK HB 1059</td>
<td>Referred to House Rules Committee</td>
<td>Pharmacy Benefit Managers</td>
<td>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.</td>
<td>Rep. Marcus McEntire</td>
</tr>
<tr>
<td>OK HB 1130</td>
<td>Referred to House Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure caps the total amount that a carrier can require a covered patient with diabetes to pay for a 30-day supply of insulin at $100.</td>
<td>Rep. Forrest Bennett (D)</td>
</tr>
<tr>
<td>OK HB 2137</td>
<td>Referred to House Business and Commerce Committee</td>
<td>Pharmacy Benefit Managers</td>
<td>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.</td>
<td>Rep. David Perryman (D)</td>
</tr>
<tr>
<td>OK HB 2852</td>
<td>Passed House Public Health Committee</td>
<td>Importation</td>
<td>This measure requires the Department of Health to create a wholesale Canadian drug importation program. This bill authorizes the department to establish a nominal fee per unit of drug to cover only costs necessary to administer the program.</td>
<td>Rep. Daniel Pae (D)</td>
</tr>
<tr>
<td>OK HB 3737</td>
<td>Introduced</td>
<td>Coupons/Cost Sharing</td>
<td>This measure stipulates that the failure of a health insurer or pharmacy benefit manager (PBM) to include any amount paid on behalf of an enrollee by another person when calculating the enrollee’s total contribution to an out-of-pocket maximum, deductible, copayment, coinsurance, or other cost-sharing requirements will be deemed an unfair claim settlement practice.</td>
<td>Rep. T.J. Marti (R)</td>
</tr>
<tr>
<td>OK SB 940</td>
<td>Referred to Senate Health and Human Services Committee</td>
<td>Importation</td>
<td>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.</td>
<td>Sen. Adam Pugh (R)</td>
</tr>
<tr>
<td>OK SB 1082</td>
<td>Referred to Senate Retirement and Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure caps the total amount that a carrier can require a covered patient with diabetes to pay for a 30-day supply of insulin at $100.</td>
<td>Sen. Carri Hicks (D)</td>
</tr>
<tr>
<td>OK SB 1158</td>
<td>Referred to Senate Retirement and Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure caps the total amount that a carrier can require a covered patient with diabetes to pay for a 30-day supply of insulin at $100.</td>
<td>Sen. Bill Coleman (R)</td>
</tr>
<tr>
<td>OK SB 1171</td>
<td>Referred to Senate Retirement and Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure caps the total amount that a carrier can require a covered patient with diabetes to pay for a 30-day supply of insulin at $100.</td>
<td>Sen. George Young (D)</td>
</tr>
<tr>
<td>OK SB 1521</td>
<td>Referred to Senate Retirement and Insurance Committee</td>
<td>Transparency</td>
<td>This measure requires the insurance department to investigate the price of prescription insulin drugs. If necessary, the attorney general may issue a civil investigative demand requiring entities in the supply chain to submit information. The department must issue a public report detailing any findings by Nov. 1, 2021.</td>
<td>Sen. Marty Quinn (R)</td>
</tr>
<tr>
<td>OK SB 1576</td>
<td>Referred to Senate Retirement and Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure also requires health plans to cap the total amount that an insured is required to pay for insulin at $100 per 30-day supply, regardless of the amount, type of number of prescriptions required.</td>
<td>Sen. Casey Murdock (R)</td>
</tr>
<tr>
<td>OK SB 1620</td>
<td>Amended; passed Senate Retirement and Insurance Committee</td>
<td>Transparency</td>
<td>This measure authorizes pharmacists to submit a request in writing from the patient for information on the specific allocation of the dollar amount of the retail price provided to the insurer, manufacturer, wholesale drug distributor, and pharmacy benefit manager for the drug being dispensed. The entities listed will have 30 days to provide the requested information. If the information is not provided to the pharmacist, a $50 per day fine will be levied on any entity that failed to report.</td>
<td>Sen. Rob Standridge (R)</td>
</tr>
<tr>
<td>State</td>
<td>Bill Number</td>
<td>Committee</td>
<td>Status</td>
<td>Description</td>
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<tr>
<td>OK</td>
<td>SB 1722</td>
<td>Referred to Senate Retirement and Insurance Committee</td>
<td>Failed upon adjournment</td>
<td>This measure requires a manufacturer to notify the Insurance Department if it is increasing the wholesale acquisition cost (WAC) of a brand name drug 20% per WAC unit during a year, or if it is increasing the WAC of a generic drug priced at $10 per WAC unit by more than 20% during a year. This notice must be given at least 60 days prior to increase. Manufacturers must also notify the department if it intends to introduce a new drug that has a WAC of more than $670 per WAC unit. That notice must also be provided 60 days prior to launch.</td>
</tr>
<tr>
<td>OK</td>
<td>SB 1876</td>
<td>Referred to Senate Retirement and Insurance Committee</td>
<td>Failed upon adjournment</td>
<td>This measure requires manufacturers of drugs that meet the thresholds above to report to the department all data elements specified in the NASHP model act. In line with the NASHP model, pharmacy benefit managers, wholesale drug distributors, and insurers must also report pricing information.</td>
</tr>
<tr>
<td>OK</td>
<td>SB 1881</td>
<td>Referred to Senate Health and Human Services Committee</td>
<td>Failed upon adjournment</td>
<td>This measure requires the Insurance Department to compile annually a list of drugs the department determines to be essential for treating diabetes, along with a list of essential diabetes drugs that have been subject to an increase in the wholesale acquisition cost (WAC) of a percentage equal to or greater than the percentage increase in the Consumer Price Index (CPI) during the year before or twice the percentage increase in the CPI during the previous two years. Manufacturers of drugs on this list will be required to submit pricing information to the department.</td>
</tr>
<tr>
<td>OK</td>
<td>SB 1912</td>
<td>Referred to Senate Health and Human Services Committee</td>
<td>Failed upon adjournment</td>
<td>This measure directs the Department of Health to design a wholesale drug importation program.</td>
</tr>
<tr>
<td>OR</td>
<td>HB 4073</td>
<td>Failed upon adjournment</td>
<td>Coupons/Cost Sharing</td>
<td>This measure caps the total amount that a carrier can require a covered patient with diabetes to pay for a 30-day supply of insulin at $75.</td>
</tr>
<tr>
<td>OR</td>
<td>HB 4116</td>
<td>Failed upon adjournment</td>
<td>Other</td>
<td>This measure requires health insurance policies to cover the cost of drugs prescribed for urgent medical conditions and for the cost of drugs prescribed and dispensed by pharmacists within their scope of practice.</td>
</tr>
<tr>
<td>OR</td>
<td>HB 4134</td>
<td>Failed upon adjournment</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits pharmacy benefit managers (PBMs) from including in a contract with a network pharmacy terms barring price increases to customers to offset the estimated amount of corporate activity tax paid by the pharmacy and attributable to the sale of prescription drugs.</td>
</tr>
<tr>
<td>OR</td>
<td>HB 4147</td>
<td>Failed upon adjournment</td>
<td>Importation</td>
<td>This measure requires the Oregon Health Authority to design a program to import wholesale prescription drugs from Canada. This bill authorizes the administrator of the Oregon Prescription Drug Program to contract with a pharmacy benefit manager and to establish a state-managed wholesale or retail drug distribution or dispensing system.</td>
</tr>
<tr>
<td>OR</td>
<td>SB 1535</td>
<td>Failed upon adjournment</td>
<td>Transparency</td>
<td>This measure also modifies the increase in the price of a prescription drug that triggers pharmaceutical manufacturers' obligation to report data under the Prescription Drug Price Transparency Act.</td>
</tr>
<tr>
<td>PA</td>
<td>HR 187</td>
<td>Referred to House Education Committee</td>
<td>Failed upon adjournment</td>
<td>This resolution directs the Joint State Government Commission to conduct a study on prescription drug pricing and issue a report.</td>
</tr>
<tr>
<td>PA</td>
<td>HB 568</td>
<td>Referred to House Insurance Committee</td>
<td>Transparency</td>
<td>This measure requires a manufacturer of a drug that has an average wholesale price of $5,000 or more 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 also report the average wholesale price of a drug or the availability of any cheaper therapeutically alternatives.</td>
</tr>
<tr>
<td>PA</td>
<td>HB 569</td>
<td>Referred to House Insurance Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>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.</td>
</tr>
<tr>
<td>PA</td>
<td>HB 570</td>
<td>Referred to House Insurance Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits pharmacy benefit managers from restricting a pharmacist from disclosing information regarding the cost of a drug or the availability of any cheaper therapeutically alternatives.</td>
</tr>
<tr>
<td>PA</td>
<td>HB 2212</td>
<td>Referred to House Human Services Committee</td>
<td>Cost Review (Rate Setting)</td>
<td>This measure establishes the Prescription Drug Affordability board. The board must identify brand-name drugs that have a launch wholesale acquisition cost (WAC) of $30,000 or a WAC increase of $3,000 in a 12-month period, biosimilars that have a launch WAC that is not at least 15% lower than the referenced brand biologic, and generic drugs that have a WAC of $100 or more and that increased by 200% over the preceding 12 months. The board has the authority to review any drugs identified to determine whether they create affordability challenges. If the board finds spending on a drug will lead to an affordability burden, the board must recommend or establish an upper payment limit that will apply to all purchases and payer reimbursements of the drug in the state. The Prescription Drug Affordability Stakeholder Group will help the board make determinations.</td>
</tr>
<tr>
<td>PA</td>
<td>HB 941</td>
<td>Referred to Senate Health and Human Services Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure provides a pharmacy benefit manager (PBM) that contracts with a medical assistance managed care organization (MCO) from using a confidentiality provision that prohibits the disclosure of information to the MCO or Department of Human Services upon request. This measure also requires PBMs under contract with MCOs to report differences between the amount paid by the MCO to the PBM and the amount paid by the PBM to pharmacies. Under this bill, the department will reimburse pharmacies in the fee-for-service delivery system as follows: the lower of the National Average Drug Acquisition Cost (NADAC) per unit with a dispensing fee or the usual and customary charge for the drug dispensed. If the NADAC is not available, reimbursement will be the lower of the wholesale acquisition cost with a dispensing fee or the usual and customary charge.</td>
</tr>
<tr>
<td>PA</td>
<td>HB 943</td>
<td>Referred to Senate Health and Human Services Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure provides pharmacy benefits manager audits and defines obligations within the public assistance program.</td>
</tr>
<tr>
<td>PA</td>
<td>HB 944</td>
<td>Referred to Senate Health and Human Services Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure allows a pharmacist to provide a covered individual with information concerning the cost of a prescription drug, including the individual’s cost share. A contract between a pharmacy and a pharmacy benefits manager cannot prohibit a pharmacist from disclosing cost information to a consumer.</td>
</tr>
<tr>
<td>PA</td>
<td>HB 945</td>
<td>Amended; passed House Human Services Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure allows the Department of Human Services to prevent a medical assistance managed care organization from entering into any contract for pharmacy services with a pharmacy benefit manager (PBM) if the PBM has ownership interest in a pharmacy providing the services or if the pharmacy providing the services has an ownership interest in the PBM. Additionally, a PBM may not require that a beneficiary use the services of a specific pharmacy for any drug, including a specialty drug.</td>
</tr>
<tr>
<td>PA</td>
<td>HB 1042</td>
<td>Referred to House Human Services Committee</td>
<td>Study</td>
<td>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.</td>
</tr>
<tr>
<td>PA</td>
<td>SB 484</td>
<td>Referred to Senate Banking and Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>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.</td>
</tr>
<tr>
<td>PA</td>
<td>SB 639</td>
<td>Referred to Senate Banking and Insurance Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure gives a pharmacy or pharmacist the right to provide a covered individual with information concerning the cost of a prescription drug, including the individual’s cost share. This bill prohibits a pharmacy benefit manager (PBM) from prohibiting the disclosure of cost information by a pharmacy or pharmacist.</td>
</tr>
<tr>
<td>PA</td>
<td>SB 731</td>
<td>Referred to Senate Banking and Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure gives a pharmacy or pharmacist the right to provide a covered individual with information concerning the cost of a prescription drug, including the individual’s cost share. This bill prohibits a pharmacy benefit manager (PBM) from prohibiting the disclosure of cost information by a pharmacy or pharmacist.</td>
</tr>
<tr>
<td>PA</td>
<td>SB 789</td>
<td>Referred to Senate Health and Human Services Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits a medical assistance Medicaid managed care organization from entering into any contract for pharmacy services with a pharmacy benefit manager (PBM) if the PBM or corporate affiliate of the PBM has an ownership interest in a pharmacy providing the pharmacy services or if the pharmacy providing services has an ownership interest in the PBM or a corporate affiliate of the PBM. This bill also prohibits a PBM from requiring that an enrollee use the services of a specific pharmacy for a specialty drug.</td>
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<tr>
<td>State</td>
<td>Bill Number</td>
<td>Committee</td>
<td>Section</td>
<td>Description</td>
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<tr>
<td>PA</td>
<td>SB 825</td>
<td>Senate Health and Human Services Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits a pharmacy benefit manager (PBM) that contracts with a medical assistance managed care organization (MCO) from using a confidentiality provision that prohibits the disclosure of information to the MCO or Department of Human Services upon request. This measure also requires PBMs under contract with MCOs to report differences between the amount paid by the MCO to the PBM and the amount paid by the PBM to pharmacies. Under this bill, the department will reimburse pharmacies in the fee-for-service delivery system as follows: the lower of the National Average Drug Acquisition Cost (NADAC) per unit with a dispensing fee or the usual and customary charge for the drug dispensed. If the NADAC is not available, reimbursement will be the lower of the wholesale acquisition cost with a dispensing fee or the usual and customary charge. Sen. Judith Ward (R)</td>
</tr>
<tr>
<td>PA</td>
<td>SB 828</td>
<td>Senate Banking and Insurance Committee</td>
<td>Coupons/Cost Sharing</td>
<td>This measure caps the total amount that a carrier can require a covered patient with diabetes to pay for a 30-day supply of insulin at a default cap of $100. The Insurance Commission must annually adjust the default cap based on the annual cost-of-living adjustment. Sen. Daylin Leach (D)</td>
</tr>
<tr>
<td>PA</td>
<td>SB 829</td>
<td>Senate Health and Human Services Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure allows the Department of the Auditor General to conduct an audit and review of a pharmacy benefits manager (PBM) that contracts with a medical assistance managed care organization (MCO) under contract with the department. This measure also stipulates that a PBM owes a duty of care and loyalty and is obligated to act in good faith in relation to the department and any medical assistance MCO with which the PBM contracts. Sen. Ryan Aument (R)</td>
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<tr>
<td>PA</td>
<td>SB 1091</td>
<td>Senate Banking and Insurance Committee</td>
<td>Transparency</td>
<td>This measure establishes the Pharmaceutical Transparency Review Board, which must review high-cost prescription drug products and develop recommendations for addressing affordability burdens faced by residents, state and local government agencies, commercial health plans, health care providers, employers, pharmacies and other stakeholders. To access pricing information, the board can enter into a memorandum of understanding with another state to which manufacturers already report pricing information or the board can enter into a contract with an independent third party for any services necessary to carry out the duties of the board. Under this measure, manufacturers will have to file pricing information with the board for drugs that have an average wholesale acquisition cost (WAC) of at least $5,000 annually and which has increased by 50% or more over the past five years or 15% or more in the past year. The board must submit a report of findings annually to the legislature. The report must include price trends for prescription drugs and specific information about drug products and price increases that were reported to the board. By June 2021, the board must submit a study of the operation of the generic drug market that includes a review of physician-administered drugs. Sen. Daniel Laughlin (R)</td>
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<tr>
<td>RI</td>
<td>H 5094</td>
<td>House Corporations Committee</td>
<td>Transparency</td>
<td>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)</td>
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<tr>
<td>RI</td>
<td>H 7039</td>
<td>House Corporations Committee</td>
<td>Transparency</td>
<td>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 on out-of-pocket prescription drug costs. Rep. John Lombardi (D)</td>
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| RI | H 7121 | Referred to House Health, Education and Welfare Committee | Cost Review (Rate Setting) | This measure establishes a Prescription Drug Affordability board. The board will study the entire pharmaceutical distribution and payment system in the state and any policy options being used in other states and countries to lower the list price of pharmaceuticals, including setting upper payment limits, using a reverse auction marketplace and implementing a bulk purchasing process.

The board must also collect and review publicly available information regarding prescription drug product manufacturers, health insurance carriers, health maintenance organizations, managed care organizations and pharmacy benefit managers and identify states that require reporting on the cost of drugs.

The board must identify brand-name drugs that have a launch wholesale acquisition cost of $30,000 per year or a WAC increase of $3,000 or more in a year; biosimilar drugs that have a launch WAC that is not at least 15% lower than the referenced brand biologic, and generic drugs that have a WAC of $100 more that increase by 200% or more during the past year. The board may conduct a cost review of any of the drugs identified to determine whether they create affordability challenges. If the board determines a drug under review creates an affordability challenge, it may set an upper payment limit for the drug. | Rep. Joseph McNamara (D) |
| RI | H 7126 | Referred to House Health, Education and Welfare Committee | Coupons/Cost Sharing | This measure places a cap on the total amount an insured is required to pay for a prescription drug at $100 per 30-day supply, regardless of the amount or type of insulin needed. | Rep. Brian Kennedy (D) |
| RI | H 7525 | Referred to House Health, Education and Welfare Committee | Importation | This measure establishes a program for the importation of wholesale prescription drugs from Canada to provide cost savings. | Rep. Anastasia Williams (D) |
| RI | H 7528 | Referred to House Health, Education and Welfare Committee | Pharmacy Benefit Manager | This measure requires pharmacists to notify consumers if their cost-sharing benefits exceed the actual retail price of a prescription, in absence of prescription drug coverage. | Rep. Thomas Norett (D) |
| RI | H 7579 | Referred to House Health, Education and Welfare Committee | Transparency | This measure requires pharmaceutical drug manufacturers, pharmacy benefit managers (PBMs) and health benefit plan insurers to submit pricing transparency reports to the Department of Business Regulation.

Manufacturers will have to report the current wholesale acquisition cost (WAC) of drugs with a WAC of at least $100 that have increased either 40% over three years or 15% in one year. The report must include cost information. PBMs must report aggregated rebates and aggregated dollar amount of rebates that were passed to the health plan or enrollee at the point of sale versus those that were retained as revenue. Health plans must report the names of the 25 most frequently prescribed drugs along with the percent increase in annual net spending for drugs across all plans and the percent increase in premiums attributable to prescription drugs. | Rep. Mia Ackerman (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/Cost Sharing | 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) |
| RI | S 2122 | Senate Health and Human Services Committee recommended bill be held for further study | Transparency | This measure requires prescription drug manufacturers to file a detailed, updated list of each pharmaceutical sales representative who markets prescription drugs in the state. Each representative on the list will be required to submit an annual report that includes a list of providers to whom the representative provided any type of compensation that exceeds $10 or total compensation with a value that exceeds $100 in aggregate, as well as the name and manufacturer or each prescription drug for which the representative provided a free sample. | Sen. Joshua Miller (D) |
| RI | S 2318 | Senate Health and Human Services Committee recommended bill be held for further study | Transparency | This measure requires pharmaceutical drug manufacturers to provide wholesale acquisition cost (WAC) information to the Department of Health. Manufacturers will have to report drugs with a WAC of at least $100 for a 30-day supply that has increased by 40% or more in three years or 15% or more in the preceding calendar year.

This bill also requires pharmacy benefit managers (PBMs) to provide information relating to drug prices, rebates, fees, and drug sales to the Health Insurance Commissioner on a yearly basis. Under this measure, each health benefit plan issuer must submit to the Insurance Commissioner a report detailing the names of the 25 most frequently prescribed drugs, the percent increase in annual net spend for prescription drugs, and the percent increase in premiums that were attributable to prescription drugs. | Sen. Dominick Ruggerio (D) |
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<th>State</th>
<th>Bill Number</th>
<th>Committee</th>
<th>Committee's Recommendation</th>
<th>Description</th>
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<td>RI</td>
<td>S 2319/H 7559</td>
<td>Senate Health and Human Services Committee</td>
<td>recommended bill be held for further study/Referred to House Health, Education and Welfare Committee</td>
<td>This measure limits beneficiaries' out-of-pocket expenditures for prescription drugs to limits established for self-only and family coverage per year established in the Internal Revenue Code.</td>
<td>Sen. Michael McCaffrey (D), Rep. Brian Kennedy (D)</td>
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<td>RI</td>
<td>S 2320</td>
<td>Senate Health and Human Services Committee</td>
<td>recommended bill be held for further study</td>
<td>Cost Review (Rate Setting)</td>
<td>Sen. Cynthia Coyne (D)</td>
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<td>RI</td>
<td>S 2321</td>
<td>Senate Health and Human Services Committee</td>
<td>recommended bill be held for further study</td>
<td>Importation</td>
<td>Sen. Louis DiPalma (D)</td>
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<td>RI</td>
<td>S 2322</td>
<td>Senate Health and Human Services Committee</td>
<td>recommended bill be held for further study</td>
<td>Coupons/Cost Sharing</td>
<td>Sen. Melissa Murray (D)</td>
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<td>RI</td>
<td>S 2323</td>
<td>Senate Health and Human Services Committee</td>
<td>recommended bill be held for further study</td>
<td>Pharmacy Benefit Manager</td>
<td>Sen. Walter Felag (D)</td>
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<td>SC</td>
<td>H 5113</td>
<td>Referred to House Labor, Commerce and Industry Committee</td>
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<td>Coupons/Cost Sharing</td>
<td>Rep. Cezar McKnight (D)</td>
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<td>TN</td>
<td>HB 884</td>
<td>Referred to House Health Subcommittee on Mental Health and Substance Abuse/referred to Senate Commerce and Labor Committee</td>
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<td>Pharmacy Benefit Manager</td>
<td>Rep. Vincent Dixie (D)</td>
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<td>TN</td>
<td>HB 887/SB 963</td>
<td>Referred to House Health Subcommittee on Mental Health and Substance Abuse/referred to Senate Commerce and Labor Committee</td>
<td>Transparency</td>
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<td>Rep. Vincent Dixie (D), Sen. Brenda Gilmore (D)</td>
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<td>TN</td>
<td>HB 1179/SB 987</td>
<td>Referred to House Insurance Subcommittee on Life and Health Insurance/Referred to Senate Commerce and Labor Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Rep. Bryan Terry (R), Sen. Shane Reeves (R)</td>
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<td>TN</td>
<td>HB 1890/SB 1942</td>
<td>Amended; passed House Insurance Committee; referred to House Finance, Ways and Means Subcommittee/Introduced</td>
<td>Pharmacy Benefit Manager</td>
<td>Rep. Esther Helton (R), Sen. Richard Briggs (R)</td>
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<td>TN</td>
<td>HB 1931/SB 1939</td>
<td>Referred to House Life and Health Insurance Subcommittee/Referred to Senate Commerce and Labor Committee</td>
<td>Coupons/Cost Sharing</td>
<td>Rep. Jason Hodges (D), Sen. Richard Briggs (R)</td>
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<td>TN</td>
<td>HB 1959/SB 2419</td>
<td>Referred to House Life and Health Insurance Subcommittee/Referred to Senate Commerce and Labor Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Rep. Vincent Dixie (D), Sen. Katrina Robinson (D)</td>
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<td>TN</td>
<td>HB 2379/SB 2374</td>
<td>Introduced/Referred to Senate Commerce and Labor Committee</td>
<td>Study</td>
<td>Rep. Susan Lynn (R), Sen. Shane Reeves (R)</td>
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<td>TN</td>
<td>HB 2575/SB 2786</td>
<td>Referred to House Life and Health Insurance Subcommittee/Referred to Senate Commerce and Labor Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Rep. Robin Smith (R), Sen. Ed Jackson (R)</td>
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<td>TN</td>
<td>HB 2688/SB 2377</td>
<td>Referred to House Life and Health Insurance Subcommittee/Referred to Senate Commerce and Labor Committee</td>
<td>Other</td>
<td>Rep. Timothy Hill (R), Sen. Shane Reeves (R)</td>
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<td>TN</td>
<td>SB 1718/HB 1832</td>
<td>Referred to Senate Commerce and Labor Committee/Referred to House Life and Health Insurance Subcommittee</td>
<td>Coupons/Cost Sharing</td>
<td>Sen. Katrina Robinson (D), Rep. Vincent Dixie (D)</td>
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<td>UT</td>
<td>HB 207</td>
<td>Sent to Governor</td>
<td>Coupons/Cost Sharing</td>
<td>Sen. Norm Thurston (R)</td>
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<td>UT</td>
<td>HB 239</td>
<td>Failed upon adjournment</td>
<td>Coupons/Cost Sharing</td>
<td>Rep. Marie Poulson (D)</td>
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<td>UT</td>
<td>HB 249</td>
<td>Failed upon adjournment</td>
<td>Coupons/Cost Sharing</td>
<td>Rep. Melissa Ballard (R)</td>
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<td>UT</td>
<td>HB 263</td>
<td>Failed upon adjournment</td>
<td>Transparency</td>
<td>This measure requires prescription drug manufacturers to provide notice of certain drug cost information. Under this bill, a manufacturer must provide notice at least 60 days prior to an increase in the wholesale acquisition cost (WAC) of a qualified drug of 10% or more over the preceding year. This bill defines a &quot;qualified drug&quot; as a drug whose WAC increases by 10% over a 12-month period. The notice must also contain cost information. Additionally, if a new drug has a WAC that exceeds the upper limit payment for specialty drugs under Medicare, the manufacturer of that drug must submit the WAC of the new drug, along with a description of the marketing and pricing plans used in the launch of the drug.</td>
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<tr>
<td>UT</td>
<td>HB 272</td>
<td>Sent to Governor</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure requires the Department of Health to annually publish the total value of rebates and administrative fees received by a pharmacy benefit manager (PBM) from a manufacturer. This bill prohibits a PBM from reducing a pharmacy's total compensation for the sale of a drug, device, or other product unless the PBM provides the pharmacy with at least 30-days notice, as well as from retroactively denying or reducing a claim. This bill requires a health benefit plan’s terms and conditions for pharmacy coverage to be applied uniformly across enrollees and pharmacies and prohibits an insurer from promoting the use of one pharmacy in a network over another, as well as from requiring the use of an out-of-state mail services pharmacy as a condition for pharmacy coverage. This bill additionally requires PBMs to distribute unretained manufacturer rebates to insurers and enrollees. This bill requires pharmaceutical manufacturers to report to the legislature at least once each calendar quarter the wholesale acquisition cost of each of the manufacturer’s prescription drugs that are available for purchase by residents of the state.</td>
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<tr>
<td>UT</td>
<td>SB 138</td>
<td>Senate concurred with House amendment</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure prohibits a pharmacy benefit manager (PBM) from charging an enrollee who uses an in-network retail pharmacy that offers delivery or mail-order services a fee or copayment that is higher than the fee or copayment the enrollee would pay if the enrollee used an in-network retail pharmacy that does not offer delivery or mail-order services.</td>
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<tr>
<td>UT</td>
<td>SB 190</td>
<td>Introduced</td>
<td>Importation</td>
<td>This measure requires the Department of Health to submit a request to the United States Department of Health and Human Services for a prescription drug importation program.</td>
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<tr>
<td>UT</td>
<td>SB 230</td>
<td>Failed upon adjournment</td>
<td>Transparency</td>
<td>This measure requires pharmacists, pharmacy benefit managers (PBMs), pharmacy services administration organizations (PSAOs), wholesalers, distributors, and pharmacies to annually report cost/pricing information to the Utah’s Insurance Department. This measure requires PBMs or PSAOs to report to insurers, upon request, the amount of rebates received by the PBM or PSAO and the amount of rebates passed on to the insurer. This bill additionally requires patient assistance programs to publish contributions the program receives from insurers, manufacturers, and related trade or advocacy groups. This bill also requires a drug manufacturer to make a drug available to a developer seeking to submit an application for approval or licensing of a drug.</td>
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<tr>
<td>UT</td>
<td>SB 235</td>
<td>Introduced</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure requires pharmacy benefit managers (PBMs) to distribute to a health benefit plan enrollee the enrollee's rebate share attributable to a prescription drug purchased by the enrollee. The &quot;rebate share attributable to a drug&quot; means an amount greater than or equal to the product calculated by multiplying the sum of all rebates for the drug and the medical loss ratio for the enrollee's health benefit plan.</td>
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<td>VA</td>
<td>HJ 52</td>
<td>Passed Senate</td>
<td>Study</td>
<td>These provisions are included in one of the state budget bills. This bill requires the Department of Human Resource Management to include language in all contracts with third-party administrators (TPAs) to maintain policies and procedures for transparency in pharmacy benefit administration programs. This measure also requires all TPAs to provide a report to the department that details the aggregate difference in amounts between reimbursements made to pharmacies for claims covered by the state employee insurance plan, the amount charged to the TPA by the TPA's pharmacy benefit manager and the amount charged by the TPA to the state, as well as any explanation for any difference.</td>
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<td>VA</td>
<td>HB 29</td>
<td>Conference committee report adopted</td>
<td>Pharmacy Benefit Manager</td>
<td>This measure also requires the Department of Medical Assistance Services to amend the State Plan for Medical Assistance Services to modify the delivery system of pharmaceutical products to include a preferred drug list.</td>
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This measure caps cost-sharing payments for prescription insulin drugs at $30 for a 30-day supply of insulin. Del. Lee Carter (D)

This measure prohibits pharmacy benefit managers (PBMs) that contract with Medicaid managed care organizations from conducting detailing rebate information. Del. Keith Hodges (D)

This measure requires pharmacy benefit managers (PBMs) to obtain a license from the State Corporation Commission before operating in the state. This measure also requires insurance carriers to allow the commissioner to examine or audit the records of a PBM, and makes carriers responsible for charges incurred during any audit. The bill also requires PBMs to submit quarterly reports detailing rebate information. Del. Keith Hodges (D)

This measure requires the Department of Medical Assistance Services to amend the State Plan for Medical Assistance Services to modify the delivery system of pharmaceutical products to include a preferred drug list. Del. Keith Hodges (D)

This measure requires health carriers to report spending on prescription drugs in total and for each of the 25 most frequently prescribed drugs, including the greatest total spending, the greatest total spending per user of any drug in the drug group, the highest year-over-year increase in total spending and the highest year-over-year increase in total spending per user of any drug in the drug group. Each carrier must also report projected total spending before enrollee cost sharing for the current year and any price concessions and fees paid to pharmacy benefit managers (PBMs) and other retail price concessions.

Additionally, each health plan must require each PBM with which it contracts to report: the wholesale acquisition cost (WAC) for each drug and drug group for which the PBM has negotiated directly with the manufacturer; the volume in WAC units the PBM negotiated directly with manufacturers; the projected volume in WAC units the PBM negotiated directly with the manufacturer; total rebates and prices concessions negotiated with manufacturers, pharmacies and pharmacy services administrative organizations; and total net income.

Drug manufacturers will have to report similar information, along with 60 days’ advance notice of any introduction to the market of any new brand or generic drugs with a WAC of more than $670 per year. Manufacturers will have to provide 60 days’ advance notice if a brand drug’s WAC increases by 20% or if a generic drug that costs at least $100 increases by 200%.

Manufacturers will have to provide 60 days’ advance notice of any introduction to the market of any new brand or generic drugs with a WAC of more than $670 per year. Manufacturers will have to provide 60 days’ advance notice if a brand drug’s WAC increases by 20% or if a generic drug that costs at least $100 increases by 200%.

This measure establishes the Prescription Drug Affordability Board, which must study, review, and regulate the cost of prescription drugs. The board must review brand-name drugs that enter the market at $30,000 per year or existing brand drugs that increase in price by $3,000 or more per year. The board must review generic medications that increase by 200% or more per year as well as any drugs that could create affordability challenges to the state.

Under this bill, the board must study policy options used in other states to lower the list price of pharmaceuticals, including setting upper payment limits, using a reverse auction marketplace, and implementing a bulk purchasing process. This measure requires the board to consider a board range of economic factors when recommending and setting appropriate payment rates for reviewed drugs, including a review of the entire supply chain and allowing pharmaceutical manufacturers the opportunity to justify existing drug costs. A report is due to the General Assembly on ways to mitigate high drug costs by Jan. 1, 2023.

Rep. Shelly Simonds (D)

This measure requires the Department of Health to annually collect, compel and make available on its website information about prescription drug prices submitted by health carriers, pharmacy benefit manufacturers and wholesale distributors. Del. Suhas Subramanyam (D)
<p>| VA | HB 1292 | House Labor and Commerce Committee | Pharmacy Benefit Manager | This measure prohibits health insurance carriers from entering into or renewing contracts with pharmacy benefit managers (PBMs) unless those contract prohibit the use of spread pricing by the PBM. | Del. Keith Hodges (D) |
| VA | HB 1403 | House Labor and Commerce Committee Subcommittee #2 | Coupons/Cost Sharing | This measure prohibits health insurance companies from charging an enrollee more than $100 per 30-day supply of insulin. | Del. James Leftwich (R) |
| VA | HB 1404 | House Health, Welfare and Institutions Committee Subcommittee on Health | Importation | This measure requires the Department of Health to propose a wholesale prescription drug importation program that complies with federal requirements by July 1, 2021. | Del. James Leftwich (R) |
| VA | HB 1405 | Referred to House Health, Welfare and Institutions Committee | Transparency | This measure also requires PBMs to register with the Insurance Department. | Del. James Leftwich (R) |
| VA | HB 1459 | House Labor and Commerce Committee | Pharmacy Benefit Manager | This measure requires pharmacy benefit managers (PBMs) to register with the Insurance Commissioner before operating in the state. | Del. Israel O'Quinn (R) |
| VA | HB 1479 | House Labor and Commerce Committee | Pharmacy Benefit Manager | This measure prohibits health insurance carriers from entering into or renewing contracts with pharmacy benefit managers (PBMs) unless those contract prohibit the use of spread pricing by the PBM. | Del. Ibraheem Samirah (D) |
| VA | HB 1559 | Carried over to 2021 | Transparency | This measure requires each pharmaceutical drug manufacturer to submit an annual report to the Insurance Commissioner stating the current wholesale acquisition cost (WAC) for any drugs sold in the state by that manufacturer. Additionally, within 30 days after the effective date of a major price increase, the manufacturer must report pricing information to the commissioner. Under this bill, “major price increase” means a WAC increase of 25 percent or more over the preceding three calendar years or 10 percent or more over the preceding calendar year. | Del. Chris Hurst (D) |
| VA | HB 1659 | House Labor and Commerce Committee | Pharmacy Benefit Manager | This measure also requires pharmacy benefit managers (PBMs) to file annual reports with the commissioner detailing rebate information. Health carriers will also be required to report the names of the 25 most frequently prescribed drugs across all plans and the percent increase in premiums that were attributable to prescription drugs. The commissioner will make all information reported by manufacturers, PBMs and insurers available to the public through a website. | Del. Christopher Head (R) |
| VA | SB 29 | Appropriations Committee | Pharmacy Benefit Manager | This measure requires the Department of Medical Assistance Services to assist in the development and ongoing administration of the Preferred Drug List program. | |
| VA | SB 30 | Passed Senate | Pharmacy Benefit Manager | This measure requires pharmacy benefit managers (PBMs) to obtain a license before operating in the state. The bill also requires PBMs to submit quarterly reports detailing rebate information. This measure prohibits a PBM from using false advertisement and from including any mail order pharmacy or PBM affiliate when calculating or determining network adequacy. | Gov. Ralph Northam (D) |
| VA | SB 251 | Passed House; Senate concurred | Pharmacy Benefit Manager | This measure requires pharmacy benefit managers (PBMs) to obtain a license before operating in the state. The bill also requires PBMs to submit quarterly reports detailing rebate information. This measure prohibits a PBM from using false advertisement and from including any mail order pharmacy or PBM affiliate when calculating or determining network adequacy. | Sen. John Edwards (D) |
| VA | SB 252 | Incorporated into SB 251 by Senate Commerce and Labor Committee | Pharmacy Benefit Manager | This measure requires pharmacy benefit managers (PBMs) to obtain a license from the State Corporation Commission before operating in the state. The measure also prohibits PBMs from engaging in spread pricing and provides that except for any agreed-upon administrative fee, all funds, including any rebates received by the PBM, will be distributed to the carrier. | Sen. John Edwards (D) |
| VA | SB 424 | Referred to Senate Commerce and Labor Committee | Coupons/Cost Sharing | This measure requires insurance carriers to include any amounts paid on behalf of an enrollee for a prescription drug toward the enrollee’s overall contribution to any out-of-pocket maximums, including the amount of any rebates received by the carrier or its pharmacy benefit manager in connection with the dispensing or administration of a prescription drug. | Sen. Bill DeStaph (R) |
| VA | SB 568 | Passed House; Senate concurred | Pharmacy Benefit Manager | This measure prohibits the use of spread pricing by pharmacy benefit managers that contract with the Department of Health or with Medicaid managed care organizations. | Sen. Siobhan Dunnavant (R) |
| VA | SB 573 | Referred to the Senate Commerce and Labor Committee | Coupons/Cost Sharing | This measure requires insurance carriers to include any amounts paid on behalf of an enrollee for a prescription drug toward the enrollee’s overall contribution to any out-of-pocket maximums, including the amount of any rebates received by the carrier or its pharmacy benefit manager in connection with the dispensing or administration of a prescription drug. | Sen. Siobhan Dunnavant (R) |
| VA | SB 862 | Incorporated into SB 251 by Senate Commerce and Labor Committee | Pharmacy Benefit Manager | This measure requires pharmacy benefit managers (PBMs) to register with the Insurance Commissioner before operating in the state. This measure prohibits PBMs from charging enrollees a cost-sharing amount above a certain threshold and from engaging in patient steering. This bill also dictates how often a PBM must update its maximum allowable cost (MAC) list and the process by which a pharmacy can appeal the provider’s reimbursement for a drug subject to MAC pricing. | Sen. Todd Pillion (R) |
| VT | H 785 | Referred to House Health Care Committee | Cost Review (Rate Setting) | This measure proposes programs to reduce the cost of insulin. The bill would add any difference in amounts between reimbursements made to pharmacies for claims covered by the state employee insurance plan, the amount charged to the TPA by the PBM’s pharmacy benefit manager and the amount charged by the TPA to the state, as well as any explanation for any difference. | Rep. Sarah Copeland Hanzas (D) |
| VT | H 822 | Referred to House Health Care Committee | Coupons/Cost Sharing | This measure requires a health insurer to limit a beneficiary’s out-of-pocket expenditure for prescription insulin drugs to not more than $100 per 30-day supply. This measure also directs the Attorney General to investigate the pricing of insulin and report to the General Assembly whether adequate consumer protections exist for the pricing of those drugs. | Rep. Mari Cordes (D) |
| 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 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) |
| VT | S 296 | Referred to Senate Health Care Committee | Coupons/Cost Sharing | This measure requires a health insurer to limit a beneficiary’s out-of-pocket expenditure for prescription insulin drugs to not more than $100 per 30-day supply, regardless of the amount or type of insulin needed to fill the prescription. | Sen. Cheryl Hooker (D) |
| WA | HB 1562/SB 560 | Referred to House Health Care and Wellness 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. This measure also prohibits PBMs from retroactively denying or reducing claims. | Rep. Monica Stonier (D), Sen. Christine Rolfes (D) |
| WA | HB 1931 | Referred to House Health Care and Wellness Committee | Pharmacy Benefit Manager | This measure requires licensure for pharmacy benefit managers. | Rep. Joe Schmick (R) |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Bill Number</th>
<th>Status</th>
<th>Committee</th>
<th>Sponsor</th>
<th>Description</th>
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<tbody>
<tr>
<td>WA</td>
<td>HB 2662</td>
<td>Passed Senate; sent to Governor</td>
<td>Resources Committee</td>
<td>Rep. Jacqueline Maycumber (R)</td>
<td>This measure creates the Total Cost of Insulin work group, which must submit a report to the governor and legislature detailing strategies to reduce the cost of and total expenditures on insulin for patients, carriers and the state. This measure also requires health plans to cap cost-sharing for insulin at $100 per 30-day supply.</td>
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<tr>
<td>WA</td>
<td>SB 5251</td>
<td>Introduced; referred to Senate Health and Long Term Care Committee</td>
<td>Transparency</td>
<td>Sen. Mark Mullet (D)</td>
<td>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.</td>
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<tr>
<td>WA</td>
<td>SB 5422</td>
<td>Referred to Senate Health and Long Term Care Committee</td>
<td>Pharmacy Benefit Managers</td>
<td>Sen. Patty Kuderer (D)</td>
<td>This measure places a cap on the total amount an insured individual is required to pay for a prescription drug at $100 per 30-day supply. This measure allows health plans to raise the cost-sharing amount for a 30-day supply by $5 for every $100 increase in the cost of an insulin product to the health plan.</td>
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<tr>
<td>WA</td>
<td>SB 5982</td>
<td>Referred to Senate Health and Long Term Care Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Sen. Shelly Short (R)</td>
<td>This measure 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.</td>
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<tr>
<td>WA</td>
<td>SB 6087</td>
<td>Passed House; sent to Governor</td>
<td>Coupons/Cost Sharing</td>
<td>Sen. Karen Kiser (D)</td>
<td>This measure establishes a prescription drug affordability board that will be responsible for identifying high-cost drugs, specifically: (1) brand name drugs that are introduced with a wholesale acquisition cost (WAC) of $30,000 or more per year or have a price increase of $3,000 or more in a year; (2) biosimilars with a WAC of less than 15% below the reference brand biologic product; (3) generics with a WAC of $100 or less that has increase by 200% or more in the preceding 12 months; and (4) any other drugs that may create excess costs or the state and patients. If, after a cost review, the board determines that the pricing of a drug exceeds the proposed value of the drug, the board must request the manufacturer's reasons for the pricing. The board will then issue a determination on whether the pricing still substantially exceeds the board's proposed value of the drug and can request that the manufacturer enter into negotiations to reduce the cost of the drug.</td>
</tr>
<tr>
<td>WA</td>
<td>SB 6088</td>
<td>Passed House; sent to Governor</td>
<td>Cost Review</td>
<td>Sen. Karen Kiser (D)</td>
<td>This measure establishes a prescription drug affordability board that will be responsible for identifying high-cost drugs, specifically: (1) brand name drugs that are introduced with a wholesale acquisition cost (WAC) of $30,000 or more per year or have a price increase of $3,000 or more in a year; (2) biosimilars with a WAC of less than 15% below the reference brand biologic product; (3) generics with a WAC of $100 or less that has increase by 200% or more in the preceding 12 months; and (4) any other drugs that may create excess costs or the state and patients. If, after a cost review, the board determines that the pricing of a drug exceeds the proposed value of the drug, the board must request the manufacturer's reasons for the pricing. The board will then issue a determination on whether the pricing still substantially exceeds the board's proposed value of the drug and can request that the manufacturer enter into negotiations to reduce the cost of the drug.</td>
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<tr>
<td>WA</td>
<td>SB 6110</td>
<td>Referred to Senate Health and Long Term Care Committee</td>
<td>Importation</td>
<td>Sen. Karen Kiser (D)</td>
<td>This measure requires the Health Care Authority to design a wholesale prescription drug importation program that complies with federal requirements by July 1, 2021.</td>
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<tr>
<td>WA</td>
<td>SB 6113</td>
<td>Passed House Health Care and Wellness Committee; passed House Appropriations Committee; referred to Senate Rules Committee</td>
<td>Other</td>
<td>Sen. Karen Kiser (D)</td>
<td>This measure establishes the central insulin purchasing work group that must submit a report to the governor and legislature by December 1, 2020, detailing the purchasing plan and any statutory changes necessary to implement the plan. The work group must design a purchasing strategy to allow the Northwest Prescription Drug Consortium to act as the single purchaser of insulin for the state.</td>
</tr>
<tr>
<td>WV</td>
<td>HCR 135</td>
<td>Passed House</td>
<td>Study</td>
<td>Del. Jordan Hill (R)</td>
<td>This measure requests a study of prescription drug transparency laws, including reports on data submitted by health insurers, manufacturers, and pharmacy benefit managers.</td>
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<tr>
<td>WV</td>
<td>HB 2319</td>
<td>Referred to House Health and Human Resource Committee</td>
<td>Importation</td>
<td>Del. Mick Bates (D)</td>
<td>This measure requires the Bureau for Medical Services to establish a state-administered wholesale importation program where the state is the licensed wholesaler, importing drugs from licensed, regulated Canadian suppliers.</td>
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<tr>
<td>WV</td>
<td>HB 2428</td>
<td>Referred to House Health and Human Resource Committee</td>
<td>Importation</td>
<td>Del. Joe Ellington (R)</td>
<td>This measure requires the Bureau for Medical Services to establish a state-administered wholesale importation program where the state is the licensed wholesaler, importing drugs from licensed, regulated Canadian suppliers.</td>
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<tr>
<td>WV</td>
<td>HB 4062</td>
<td>Referred to House Health and Human Resources Committee</td>
<td>Pharmacy Benefit Manager</td>
<td>Del. Jeffrey Pack (R)</td>
<td>This measure requires all compensation remitted by or on behalf of a pharmaceutical manufacturer to a carrier or pharmacy benefits manager (PBM) to be either remitted directly to the covered person at the point of sale to reduce out-of-pocket costs or retained by the carrier for the purpose of lowering premiums.</td>
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<td>Referral Details</td>
<td>Bill Number</td>
<td>Summary</td>
<td>Sponsor Details</td>
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<tr>
<td>Referred to House Banking and Insurance Committee</td>
<td>WV HB 4087/SB 577</td>
<td>This measure places a cap on the total amount that an insured individual’s required to pay for a prescription drug at $25 per 30-day supply, regardless of the amount or type of insulin needed.</td>
<td>Del. Barbara Fleischauer (D), Sen. Roman Prezioso (D)</td>
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<tr>
<td>Referred to Senate Banking and Insurance Committee</td>
<td>WV HB 4543</td>
<td>Signed by Governor</td>
<td>Del. Jordan Hill (R)</td>
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<tr>
<td>Referred to House Banking and Insurance Committee</td>
<td>WV HB 4554</td>
<td>This measure caps the total amount that a carrier can required a covered patient with diabetes to pay for a 30-day supply of insulin at $100, regardless of the quantity or type of insulin needed to fill the person’s needs. This measure prohibits a manufacturer, wholesaler, or pharmacy benefit manager from passing through the costs of the drug to the pharmacist or pharmacy.</td>
<td>Del. Cindy Lavendar-Bowe (D)</td>
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<tr>
<td>Referred to House Government Organization Committee/Signed by Governor</td>
<td>WV HB 4583/SB 689</td>
<td>Transparency</td>
<td>Del. Joseph Jeffries (R), Sen. Mike Maroney (R)</td>
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<td>Referred to House Banking and Insurance Committee</td>
<td>WV HB 4789</td>
<td>Importation</td>
<td>Del. Evan Worrell (R)</td>
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<td>Referred to Senate Banking and Insurance Committee</td>
<td>WV SB 43</td>
<td>Coupons/Cost Sharing</td>
<td>Sen. Sue Cline (R)</td>
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<tr>
<td>Referred to Senate Health and Human Resources Committee</td>
<td>WV SB 89</td>
<td>Importation</td>
<td>Sen. Stephen Baldwin (D)</td>
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<td>Referred to Senate Banking and Insurance Committee</td>
<td>WV SB 284</td>
<td>Coupons/Cost Sharing</td>
<td>Sen. Mitch Carmichael (R)</td>
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<td>Referred to Senate Health and Human Resources Committee</td>
<td>WV SB 567</td>
<td>Importation</td>
<td>Sen. Roman Prezioso (D)</td>
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<tr>
<td>Referred to Senate Health and Human Resources Committee</td>
<td>WV SB 582</td>
<td>Pharmacy Benefit Manager</td>
<td>Sen. Roman Prezioso (D)</td>
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<td>Referred to Senate Health and Human Resources Committee/Referred to House Banking and Insurance Committee</td>
<td>WV SB 701/HB 4739</td>
<td>Pharmacy Benefit Manager</td>
<td>Sen. Tom Takubo (R), Del. Steve Westfall (R)</td>
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<td>Referred to Senate Banking and Insurance Committee</td>
<td>WV SB 817</td>
<td>Coupons/Cost Sharing</td>
<td>Sen. Sue Cline (R)</td>
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<td>Committee/Passed</td>
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<td>WI</td>
<td>SB 100/AB 114</td>
<td>Referred to Senate Health and Human Services Committee/Passed Senate Health and Human Services Committee</td>
<td>This measure caps the cost-sharing price or copay of insulin at $100 for a 30-day supply, or to the greater of the amount that is 125% of the cost to the policy or plan of insulin or the amount generated by subtracting 51% of the total rebates received by the policy from the cost-sharing amount that would be charged to a covered person for insulin if it is treated as any other prescription drug under the policy. This measure also requires the Insurance Commissioner to investigate the pricing of insulin.</td>
<td>Sen. Jon Erpenbach (D), Rep. Michael Schraa (R)</td>
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<tr>
<td>WY</td>
<td>HB 113</td>
<td>Signed by Governor (Chapter 78)</td>
<td>Study This measure requires the Department of Health to study the feasibility of establishing a prescription drug importation program for distributing prescription drugs to voluntarily participating, state-licensed pharmacies in Wyoming.</td>
<td>Rep. Tim Salazar (R)</td>
<td></td>
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<tr>
<td>WY</td>
<td>HB 143</td>
<td>Died in House Labor Committee Study</td>
<td>This measure requires the Department of Health to study the function and feasibility of pharmaceutical manufacturer rebates and discounts used by health insurers and pharmacy benefit managers to reduce prescription drug costs to Wyoming residents and government agencies as well as the feasibility of establishing a prescription drug importation program in the state.</td>
<td>Rep. Eric Barlow (R)</td>
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</tbody>
</table>