NASHP's Prescription Drug Cost Workgroup

A Project of the National Academy for State Health Policy

Supported by The Laura and John Arnold Foundation and Kaiser Permanente

State	Bill	Status	Category	Summary
AL	HB 177	No Action	Volume Purchasing	Creates the Alabama Prescription Cost Initiative Board. The board may enter into agreements with or affiliate with a prescription drug-buying group for the centralized purchase and distribution of prescription drugs to retail pharmacies. Reimportation of prescription drugs is expressly prohibited.
CA	AB 265	Committee on Health	Other	Would prohibit the use of coupons for pharmaceutical drugs when other FDA-approved drugs are available and less expensive.
CA	AB 315	Committee on Appropriations	Pharmacy Benefit Managers; Transparency	"This bill would also provide that a pharmacy benefit manager, except as specified, has a fiduciary duty to a purchaser, and would require a pharmacy benefit manager to disclose to a purchaser any conflict of interest that would interfere with the discharge of that duty. The bill would require a pharmacy benefit manager to periodically disclose to a purchaser certain information such as drug acquisition cost, rebates received from pharmaceutical manufacturers, and rates negotiated with pharmacies."
CA	S 17	Committee on Health	Transparency	Would require manufacturers to provide public and private purchasers advance notice of price increases for the cost of prescription drugs currently on the market, and to provide information regarding justification for such increases, as well as justification of launch prices for new drugs.
CA	AB 904	No Action	Other	Would declare the intent of the Legislature to enact legislation that would address high prescription drug costs.
CA	AB 587	Committee on Health	Volume Purchasing	The bill would require the Department of Corrections and Rehabilitation, the Department of Veterans Affairs, the California Health and Human Services Agency, the Department of Finance, the Government Operations Agency, and the Labor and Workforce Development Agency, among other entities, to each appoint a representative to a bulk purchasing program collaborative and to participate as members. The collaborative will coordinate best value clinical treatment protocols among members, leverage state and local governmental efficiencies and methodologies to achieve best value procurement, negotiate with manufacturers for discounts on pharmaceuticals, and act as a forum for discussion where issues of interest related to pharmaceuticals can be identified and addressed. The bill would authorize the Department of General Services to contract with manufacturers and suppliers of pharmaceuticals and to appoint and contract with a pharmaceutical benefits manager, in consultation with the collective, collaborative, as specified.
CT	AB 442	No Action	Price Regulation	Would amend the general statues to make predatory pricing of pharmaceuticals an unfair trade practice.
CT	SB 445	No Action	Transparency; Pharmacy Benefit Managers	On and after January 1, 2018, no contract entered into in the state between a health carrier, as defined in section 38a-591a of the general statutes, pharmacy benefit manager or any other entity and a pharmacist shall contain a provision prohibiting the pharmacist from disclosing any relevant information to an individual purchasing prescription medication, including, but not limited to, the cost of the prescription medication, actual reimbursement to the pharmacist for the sale of the prescription medication, efficacy of the prescription medication and the availability of any alternative medications that are less expensive than the prescription medication.
CT	SB 737	No Action	Transparency	That the general statutes be amended to require every manufacturer of a prescription drug made available in the state to file a report regarding each such drug that contains the total cost for the production of the drug, including, but not limited to, (1) the total research and development costs paid by the manufacturer and by any predecessor of such manufacturer, (2) the total costs of clinical trials and other regulatory costs paid by the manufacturer and by any predecessor of such manufacturer, (3) the total costs for materials, manufacturing and administration of the drug, (4) any other costs associated with the acquisition of the drug, and (5) the total marketing and advertising costs for the promotion of the drug directly to potential prescribers and consumers.
CT	HB 7124	Joint Committee on Insurance and Real Estate	Pharmacy Benefit Managers	Concerns maximum allowable cost lists and disclosures by pharmacy benefit managers, requires that pharmacy benefits managers disclose information regarding the maximum allowable cost of prescription drugs and establish procedures concerning maximum allowable cost lists.
CT	HB 5930	No Action	Price Regulation	Would have moderated the rise in drug prices by creating a state pharmacy benefits manager position and a uniform list of covered drugs for purchasing by the state and to establish a database on drug development and marketing of such drugs.
CT	SB 925	No Action	Transparency; Pharmacy Benefit Managers	Manufacturers shall send written notice to the commissioner if the manufacturer plans to: (1) Sell or distribute in this state (A) any brand name prescription drug that has an initial annual aggregate wholesale acquisition cost that is equal to or greater than thirty thousand dollars, or (B) any generic drug that has an initial annual aggregate wholesale acquisition cost that is equal to or greater than three thousand dollars; or (2) increase the annual aggregate wholesale acquisition cost of (A) any brand name prescription drug sold or distributed in this state by more than ten per cent or ten thousand dollars, whichever is lower, or (B) any generic drug sold or distributed in this state by more than twenty-five per cent or three hundred dollars, whichever is lower. Manufactuers must report the value of all price concessions provided to pharmacy benefit managers.
FL	HB 993	Passed by House	Other	Would create the State Employees' Prescription Drug Program; Expands eligibility for participation in state group health insurance program & prescription drug coverage program to include water management districts; requires DMS to implement formulary management cost-saving measures; provides requirements for such measures; removes provision that prohibits department from implementing restricted prescription drug formulary or prior authorization program in state employees' prescription drug program.

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FL	HB 589	Passed out of House, referred to Appropriations Subcommittee on Health and Human Services	Transparency; Study	Would require the Agency for Health Care Administration to collect data on the retail prices charged by pharmacies for the 300 most frequently prescriped medicines; requires the agency to update the website monthly.
FL	SB 888	Referred to Subcommittee on Health and Human Services	Transparency; Study	Would require the Agency for Health Care Administration to collect data on the retail prices charged by pharmacies for the 300 most frequently prescriped medicines; requires the agency to update the website monthly. Companion bill to HB 589
HI	SB 1158	Passed by House and Senate with amendments, conference committee to convene	Pharmacy Benefit Managers	Would require pharmacy benefit managers to register with the insurance commissioner. Companion bill to HB 1444.
HI	HB 1444	Passed by House and Senate with amendments, conference committee to convene	Pharmacy Benefit Managers	Would require pharmacy benefit mangers (PBMs) to register with the insurance commissioner. Companion bill to SB 1158.
IL	HB 239	Re-referred to Rules Committee	Transparency	Amends the Illinois Food, Drug and Cosmetic Act. Requires manufacturers of brand name or generic prescription drugs to notify State purchasers, health insurers, health care service plan providers, pharmacy benefit managers, and the General Assembly of specified increases in drug prices at least 60 days before such increase and the cost of specified new prescription drugs within 3 days after approval by the U.S. Food and Drug Administration. Provides that within 30 days after such notifications, prescription drug manufacturers shall report specified information to State purchasers, health insurers, health care service plan providers, pharmacy benefit managers, and the General Assembly. Provides that failure to report such information shall result in a specified civil penalty.
IL	HB 88	House Consideration of Resolutions	Other	Urges the federal government to monitor the ever-increasing costs of prescription drugs and to take any necessary action to reduce the out-of-pocket expenses for those purchasing medications.
IL	SB 73	Senate Human Services Committee	Transparency	Would require manufacturers of prescription drugs to notify State purchasers, health insurers, health care service plan providers, and pharmacy benefit managers of specified increases in drug prices at least 30 days before such increase and the cost of specified new prescription drugs 3 days before the commercial availability of a new drug approved by the U.S. Food and Drug Administration or within 3 days after approval by the U.S. Food and Drug Administration if the new drug will be made commercially available within 3 days of such approval. Provides that within 30 days after such notifications, prescription drug manufacturers shall report specified information to the Department of Public Health and requires the Department to publish such information on its website.
IN	HB 1150	Committee on Public Health	Transparency	Would require the office of the secretary of family and social services to identify any prescription drug under the Medicaid program for which the annual wholesale cost or the per course cost of treatment of the drug is at least $10,000, and directs the office to notify the manufacturer that the manufacturer is required to prepare a report on the drug to the drug utilization review board.
IN	SB 69	Committee on Health and Provider Services	Study	Study of drug pricing and access. Urges the legislative council to assign to an interim study committee a study of prescription drug pricing and access to specialty prescription drugs. Requires submission of a report and recommendations to the legislative council.
KS	HB 2300	House Committee on Health and Human Services	Transparency; Pharmacy Benefit Managers	Would require that pharmacy benefit managers (PBMs) contracting with the state health care benefits program to disclose any payment or benefit received for the dispensation of a prescription drug. The PBM will also disclose all financial and utilization information requested by the program. Any payment or benefit received by the PBM for the dispensation of a prescription drug will be passed along in full to the state.

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LA	HB 436	Committee on Health and Welfare	Transparency	This bill establishes a Prescription Drub Review Committee within the State's insurance department. The Committee would develop a list of prescription drugs in which the Louisiana public has a critical interest in understanding how the prices for those drugs were developed. Manufacturers of those drugs would be required to submit information to the Committee about the underlying drivers of the cost of those drugs including: total production costs; R&D, advertising and marketing costs; prices charged outside of the US for the drug; prices charged to pharmacies, pharmacy chains, wholesalers and PBMS for those drugs. Bill includes enforcement provisions and protects the confidentiality of the manufacturer information. Committee would be required to annually report to the Legislature on its findings and recommendations for controlling the cost of prescription drugs. Bill also requires any prescription drug detailing to include disclosure of the average cost of the drug and the history of the pricing of the drug over time.
MA	SD 1896	Pending	Study	Establishes a special commission to study the delivery of prescription drug benefits in the Commonwealth. The Commission shall study and analyze bulk purchasing, discount cards, private section insurance drug programs, pharmaceutical benefit managers, and other issues which may improve prescription drug benefits for the citizens of the Commonwealth.
MA	HB 1228	Joint Committee on Public Health	Transparency	A commission appointment by the state will develop a list of critical prescription drugs for which there is a substantial public interest in understanding its pricing. This list is to include the top twenty selling drugs in the Commonwealth, and other drugs based on an enumerated list of factors. For each prescription drug that the Commission places on the critical prescription drug list, manufacturers must provide a detailed set of reports to the Commission. The Commission is to promulgate regulations, the violation of which could subject a manufacturer to monetary penalties of not more than $100,000 for each failure to comply with the requirements of this section. Companion bill to SB 627
MA	HB 3582	Joint Committee on Judiciary	Pharmacy Benefit Managers	It shall be an unfair and deceptive trade practice for a health insurance issuer doing business in the commonwealth pursuant to the general laws or a pharmacy benefit manager to directly or indirectly charge or hold a pharmacist or pharmacy responsible for any fee related to a claim: (i) that is not apparent at the time of claim processing; (ii) that is not reported on the remittance advice of an adjudicated claim; or (iii) after the initial claim is adjudicated.
MA	HB 3223	Joint Committee on Public Health	Transparency	The Health Policy Commission, in collaboration with the Center for Health Information and Analysis, shall identify annually up to 15 prescription drugs on which the state spends significant health care dollars and for which the wholesale acquisition cost has increased by 50 percent or more over the past five years or by 15 percent or more over the past 12 months, or is a new drug whose price may have a significant impact on the cost benchmark. The Office of the Attorney General shall require the drug manufactuer to provide price justification.
MA	HB 491	Joint Committee on Financial Services	Transparency	Establishes manufactuering transparency provision, under which each manufacturer of a prescription drug that has experienced a wholesale acquisition cost increase of 15% or more over a 12 month period, must file a report with the Department of Public Health that includes an enumerated set of facts and disclosures. These forms must be filed no later than 90 days after the effective date of the most recent wholesale acquisition cost increase. The Department in turn is required to keep trade secrets confidential.
MA	SB 1163	Joint Committee on Public Health	Transparency	Establishes manufactuering transparency provision, under which each manufacturer of a prescription drug that has experienced a wholesale acquisition cost increase of 15% or more over a 12 month period, must file a report with the Department of Public Health that includes an enumerated set of facts and disclosures. These forms must be filed no later than 90 days after the effective date of the most recent wholesale acquisition cost increase. The Department in turn is required to keep trade secrets confidential.
MA	SB 627	Joint Committee on Health Care Financing	Transparency	The commission shall develop a list of critical prescription drugs for which there is a substantial public interest in understanding the development of its pricing. The manufactuers of each drug placed on the critical list must report: i. Total cost of production, and approximate cost of production per dose; ii. Research and development costs of the drug, iii. Marketing and advertising costs for the drug, iv. Prices for the drug that are charged to purchasers outside the United States, by country, v. Prices charged to typical Massachusetts purchasers, vi. The price paid by the United States Veterans Administration for the drug, vii. The average profit margin of the drug over the prior five-year period and the projected profit margin anticipated for such drug in the coming year; and viii. True net typical prices charged to pharmacy benefit managers, health plans or state agencies, including the group insurance commission, and MassHealth.

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MA	SB 652	Joint Committee on Health Care Financing	Transparency	The center shall promulgate regulations necessary to ensure the uniform reporting of prescription drug wholesale acquisition costs, discounts, rebates and other such data as the center may require of pharmacy benefit managers, pharmaceutical manufacturing companies and health care payers in order to better protect the public's interest in monitoring the overall effect of prescription drug spending on total health care expenditure growth. At a minimum, such reporting shall identify prescriptions drugs sold within the Commonwealth that are (i) the ten costliest drugs by total private health care payer spending; (ii) the ten prescription drugs with the highest annual increase in total private health care payer spending; (iii) prescriptions drug introduced to the U.S. market within the past ten years at a wholesale acquisition cost of $10,000 or more annually or per course of treatment; and (iv) prescription drugs whose wholesale acquisition cost has increased by 50% or more within the past five years or by 15% or more within the past one year. The attorney general may review any information submitted by manufactuers, and may require that pharmacy benefit managers and drug manufactuers submit documents or provide testimony related to prescription drug costs. All nonpublic information disclosed during this process will be kept confidential. If prices are found to be higher then justified the attorney general may promologate regulations to define drug prices and excessivly high and an "unfair practice."
MD	SB 437	No Action	Transparency	Requiring, on or before March 31 each year, the manufacturer of an expensive drug sold or offered for sale in the State to file with the Secretary of Health and Mental Hygiene a specified annual report; establishing the Drug Price Transparency Advisory Committee; requiring a manufacturer of an expensive drug to file a notice with the Secretary before increasing a specified price or a specified cost by more than a specified percentage or amount during specified periods of time
MD	HB 631	Passed Enrolled	Price Regulation	Prohibiting a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential generic drug; requiring the Maryland Medical Assistance Program to notify the manufacturer of an essential generic drug and the Attorney General of a specified increase in the price of the essential generic drug under specified circumstances; requiring a manufacturer of an essential generic drug to submit a specified statement to the Attorney General within 20 days after receipt of a specified notice
MD	HB 1103	Withdrawn	Other	Authorizes a pharmacist or a pharmacy to decline to dispense a prescription drug or provide a pharmacy service to a member if the amount reimbursed by an insurer, nonprofit health service plan, or health maintenance organization is less than the acquisition cost, prohibits a pharmacy benefits manager from reimbursing a pharmacy or pharmacist for a product or a pharmacy service in an amount less than a specified amount.
MD	SB 415	No Action	Price Regulation	Prohibiting a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug; requiring the Maryland Medical Assistance Program to notify the Attorney General of a specified increase in the price of an essential off-patent or generic drug under specified circumstances; requiring a manufacturer of an essential off-patent or generic drug to submit a specified statement to the Attorney General within 20 days after its request; etc. The companion bill to HB 631
MD	HB 666	No Action	Transparency	Requiring, on or before March 31 each year, the manufacturer of an expensive drug sold or offered for sale in the State to file with the Secretary of Health and Mental Hygiene a specified annual report; establishing the Drug Price Transparency Advisory Committee; requiring a manufacturer of an expensive drug to file a notice with the Secretary before increasing a specified price or a specified cost by more than a specified percentage or amount during specified periods of time;
ME	LD 652	Committee on Health and Human Services	Price Regulation, Other	The State, the State Purchasing Agent, a state agency or department or other state entity may not purchase or pay for a prescription drug as defined in Title 32, section 13702-A, subsection 30 unless the net cost of the drug, after the application of cash discounts, free goods, volume discounts, rebates or any other discounts or credits, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
ME	LD 1273	Committee on Health and Human Services	Other	The Maine Board of Pharmacy shall adopt rules to allow a nongovernmental organization in the State to coordinate both the donation of unused prescription drugs by nursing homes, hospitals, wholesalers and other institutional pharmacies and the subsequent redispensing of these prescription drugs at no cost to low-income residents of the State.
ME	LD 1406	Committee on Judiciary	Transparency	Allows the Attorney General to collect information related to the price of a prescription drug from manufactuers including total cost of production and cost per dones, research and development funds, retail prices charged outside of the United States, and the true net typical prices charged to pharmacy benefit managers. Requires the Attorney General to submit a written report each year.
MI	SB 217	Committee on Insurance	Pharmacy Benefit Managers	Regulates PBMs
MN	HF 38	Pending	Transparency	Would require managed care organizations doing business with the state to provide certain financial information to the state, including pharmaceutical statistics by program and population group, for measures of price and utilization
MS	SB 2009	No Action	Transparency; Price Regulation	Pharmacists may provide additional information to a patient to allow them an opportunity to consider affordable alternative payment options when acquiring their prescription medication, including, but not limited to, the cost and clinical efficacy of more affordable alternatives if available.

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MT	HB 276	Enacted	Price Regulation	Revises reimbursement for pharmacies, adding "Reference pricing" which means a calculation for the price of a pharmaceutical that uses the most current nationally recognized reference price or amount to set the reimbursement for prescription drugs and other products, supplies, and services covered by a network contract between a plan sponsor, health insurance issuer, or pharmacy benefit manager and a pharmacy or pharmacist
MT	HB 326	Missed deadline for revenue bill transmittal	Transparency; Pharmacy Benefit Managers	Each manufacturer that is responsible for the national drug code pricing of a prescription drug, and each pharmacy benefit manager located or that sells a precription drug available in Montana whose wholesale acquisition cost increases by more than twice the increase in the consumer price index for medical care commodities in the previous year shall provide to the attorney general all relevant information and supporting documentation necessary to justify the wholesale acquisition cost.The attorney general shall provide a report to the legislature on or before December 1 of each even-numbered year based on the information received from manufacturers and pharmacy benefit managers. The report must be posted on the department of justice website.
MT	HJ 17	Enrolled	Study	Joint resolution requesting an interim study of precription drug pricing.
MT	HB 628	Missed deadline for revenue bill transmittal	Transparency	A manufactuer responsible for the pricing of a prescription drug available in Montana whose whosesale acquisition cost (WAC) more then triples in the previous year shall provide all relevant information and supporting documentation necessary to justify the increase. A Pharmacy Benefit Manager who processes a prescription drug whose WAC more then triples shall also provide information about pricing practices.
NC	H 466	Committee on Insurance	Transparency; Pharmacy Benefit Managers	A pharmacy benefits manager shall not prohibit a pharmacist or pharmacy from providing an insured information regarding the amount of the insured's cost share for a prescription drug and the clinical efficacy of a lower-priced alternative drug, if one is available. Neither a pharmacy nor a pharmacist shall be penalized by a pharmacy benefits manager for discussing any information described in this section or for selling a lower-priced drug to the insured if one is available. Companion to S 384.
NC	S 384	Committee on Judiciary	Transparency; Pharmacy Benefit Managers	A pharmacy benefits manager shall not prohibit a pharmacist or pharmacy from providing an insured information regarding the amount of the insured's cost share for a prescription drug and the clinical efficacy of a lower-priced alternative drug, if one is available. Neither a pharmacy nor a pharmacist shall be penalized by a pharmacy benefits manager for discussing any information described in this section or for selling a lower-priced drug to the insured if one is available. Companion to H 466.
NE	LB 324	Banking, Commerce and Insurance Committee	Pharmacy Benefit Managers; Transparency	Requires PBMs to disclose the rebates and discounts received from manufacturers to parties that PBMs contract with.
NH	HB 455	Committee on Commerce	Pharmacy Benefit Managers	This bill prohibits pharmacy benefit managers from requiring providers to attain accreditation, credentialing, or licensing other than by the pharmacy board or other state or federal entity.
NH	LSR 269	Introduced	Price Regulation	Would require that drug manufacturers reduce prices in proportion to rebates or discounts offered.
NH	SB 238	Committee Report: Inexpedient to Legislate	Transparency; Pharmacy Benefit Managers	A pharmacy benefit manager or insurer shall require a pharmacy to charge an enrollee the pharmacy's usual and customary price of filling the prescription or the contracted copayment, whichever is less. This would stop consumers from paying a larger copayment fee if the outright price of the prescription is cheaper.
NJ	SB 2769	Pending	Other	Prohibits use of manufacturer coupons for certain prescription drug and prescription biological products.
NJ	S 2769	Pending	Price Regulation	This act would prohibit manufacturers from offering any discount, rebate, voucher, coupon, or other reduction in an individual's out of pocket expense (including a copay or deductible) for any prescription drug or biological, if a lower cost brand name or nonbrand name therapeutic equivalent is available
NJ	A 4338	Passed Assembly floor with Amendments	Transparency; Pharmacy Benefit Managers	"Prescription Drug Consumer Transparency Act;" requires pharmacy benefits managers to disclose certain information to benefit plan purchasers: a. The basis of the methodology and sources utilized to establish multiple source generic pricing. Applicable lists shall be updated and provided to the purchaser upon request whenever there is a change; b. If a pharmacy benefits manager utilizes a multiple source generic list for drugs dispensed at retail, but does not utilize a similar list for drugs dispensed by mail. This practice shall be disclosed to the purchaser in writing no later than 21 business days from the implementation of the practice; and c. Whether or not the pharmacy benefits manager is using the identical multiple source generic drug list with respect to billing the purchaser as it does when reimbursing all network pharmacies. If multiple source generic drug lists are used, the pharmacy benefits manager shall disclose whether there was any difference between the amount paid to any pharmacy and the amount charged to the purchaser.
NJ	SB 2671	Senate Law and Public Safety Committee	Volume Purchasing	Authorizes the Attorney General to negotiate discounts and contract for bulk purchasing of opioid antidotes such as Naloxone on behalf of public entities in the state.

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NJ	AB 762	Assembly Health and Senior Services Committee	Transparency	Creates the Prescription Drug Review Commission, which will require that production costs for certain drugs be reported. If the commission determines that the cost of a prescription drug is excessively high, the commission may set a maximum allowable price that the manufacturer may charge. Companion to S 3088.
NJ	SR 37	Filed with NJ Secretary of State	Pharmacy Benefit Managers; Transparency	Urges U.S. Centers for Medicare & Medicaid Services and Congress to investigate practices involving direct and indirect remuneration fees and take appropriate steps to safeguard fairness and transparency.
NJ	ACR 207	Assembly Financial Institutions Insurance Committee	Other	Urges Congress and President to require federal government to negotiate Medicare prescription drug prices
NJ	A 4676	Financial Institutions and Insurance Committee	Pharmacy Benefit Managers	This bill, entitled the "Prescription Drug Patient Protection Act," requires pharmacy benefits managers to obtain, in accordance with the bill's provisions, a certificate of authority from the Commissioner of Banking and Insurance in order to operate in this State.
NJ	S 3033	Senate Commerce Committee	Transparency; Pharmacy Benefit Managers	This bill would require pharmacy benefit managers to disclose certain information to benefit plan purchasers and would establish a toll-free number for inquiries.
NJ	S 3088	Senate Health, Human Services and Senior Citizens Committee	Transparency	Creates the Prescription Drug Review Commission, which will require that production costs for certain drugs be reported. If the commission determines that the cost of a prescription drug is excessively high, the commission may set a maximum allowable price that the manufacturer may charge. Companion to AB 762.
NJ	A 4347	Assembly Financial Institutions Insurance Committee	Transparency; Pharmacy Benefit Managers	Same as A4338, this bill requires pharmacy benefits managers to disclose certain information to benefit plan purchasers: a. The basis of the methodology and sources utilized to establish multiple source generic pricing. Applicable lists shall be updated and provided to the purchaser upon request whenever there is a change; b. If a pharmacy benefits manager utilizes a multiple source generic list for drugs dispensed at retail, but does not utilize a similar list for drugs dispensed by mail. This practice shall be disclosed to the purchaser in writing no later than 21 business days from the implementation of the practice; and c. Whether or not the pharmacy benefits manager is using the identical multiple source generic drug list with respect to billing the purchaser as it does when reimbursing all network pharmacies. If multiple source generic drug lists are used, the pharmacy benefits manager shall disclose whether there was any difference between the amount paid to any pharmacy and the amount charged to the purchaser.
NM	SM 99	Passed Senate, Vetoed by Gov.	Study	Requests that the Legislative Finance Committee complies information related to prescription drug and pharmacy benefit costs from certain state agencies and prepare findings and recommendations for achiving greater savings.
NV	AB 215	Committee on Health and Human Services	Transparency	Requires manufacturers of certain prescription drugs to prepare and submit a report to the Division of Insurance including information relating to the costs of producing the drug, administrative expenditures related to the drug, profit earned, any financial assistance provided by the manufacturer related to the drug and the wholesale cost of the drug.
NV	SB 265	Granted waiver, discussions will continue post-session	Transparency	This bill requires the Department of Health and Human Services to compile a list of prescription drugs essential for treating diabetes in this State; requiring the manufacturer of a prescription drug included on the list to reimburse a purchaser for a portion of the price of the drug in certain circumstances; requiring the manufacturer of a prescription drug included on the list to report certain information to the Department; requiring certain nonprofit organizations to report to the Department information concerning contributions received from drug manufacturers; requiring the Department to place certain information on its Internet website; authorizing the Department to impose an administrative penalty in certain circumstances; requiring a private school and an employer to allow a pupil or employee, as applicable, to keep and self-administer certain drugs; requiring an insurer to reimburse an insured for a portion of any deductible, copay or coinsurance paid for certain drugs; requiring an insurer to provide certain notice to insureds; providing a penalty.
NY	AB 2661	Committee on Ways and Means	Pharmacy Benefit Managers; Price Regulation	Provides for pharmacy benefit management and the procurement of prescription drugs to be dispensed to patients, or the administration or management of prescription drug benefits; sets forth definitions; provides for funds received by a pharmacy in trust for the health plan or provider and provides for accountability of such funds; further provides for an appeals process to investigate and resolve disputes regarding multi-source generic drug pricing.
NY	AB 3007	Signed by Governor	Price Regulation	New York State Budget- caps the growth of prescription drug spending in Medicaid program. Would allow the state's Drug Utilization Review Board to set a benchmark price for certain drugs. Prices above the state cap would require that the manufacturer to provide a rebate and surcharge.

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NY	AB 6022	Committee on Insurance	Price Regulation	Instructs the superintendent of insurance to deny policies imposing drug tiers based on expense or disease category and charging cost-sharing percentage for prescription medication.
NY	SB 2402	Senate Education Committee	Price Regulation	Would penalize drug manufacturer's who take part in "price gouging," or when the price is deemed to be excessive. Excessive may be when there is a gross disparity between the market price, the amount being charged previously by other purchasers, or an excessive change in price over the last 6 months.
NY	SB 2541	Senate Third Reading	Price Regulation	Prohibits the imposition of a charge for a prescription drug, upon a person having health insurance, which exceeds the negotiated reimbursement rate by the insurer or pharmacy benefit manager and paid to the drug company.
NY	AB 215	Introduced	Transparency	Requires the manufacturers of certain prescription drugs to prepare and submit a report each year to the Division of Insurance including information relating to the cost of producing the drug, administrative expenditures attributable to the drug, profit earned, and financial assistance provided by the manufacturer related to the drug.
NY	AB 2939	Committee on Health	Transparency	Creates an annual drug cost report. Each manufacturer of a brand or generic medication that is made available in New York and; has a WAC of one thousand dollars for a 30 day supply; has during a three month period increased the price three times, shall file a report with the state. The report will include, but is not limited to, total research and development costs, total cost paid by any entity other then the manufacturer for development, total administrative costs for promoting the drug, total profit, total amount of financial assistance provided by the manufacturer to patients, costs associated with coupons and consumer assistance programs, and a five year history of the WAC.
NY	AB 6733	Health Committee	Pharmacy Benefit Managers	Enacts provisions governing the conduct of audits of pharmacies by pharmacy benefit managers; provides timeframes for reports, specifies documentation to be used; exempts certain investigations.
NY	AB 5733	Committee on Health	Price Regulation	Prohibits price gouging by manufactuers of prescription drugs. Requires notification if the wholesale acquisition cost of a drug increases by 100 percent or more over a year. Companion to SB 2544
NY	SB 2544	Committee on Finance	Price Regulation	Prohibits price gouging by manufactuers of prescription drugs. Requires notification if the wholesale acquisition cost of a drug increases by 100 percent or more over a year. Companion to AB 5733
NY	SB 4001	Referred to Committee on Health	Transparency	Would require manufacturers and labelers of prescription drugs dispensed in this state which engage in marketing activities in the state to annually report marketing expenses to the department of health; imposes a $10,000 civil fine for failure to report; eliminates deductibility for certain expenses incurred in the advertising of prescription drugs.
NY	SB 4986	Referred to Committee on Health	Transparency	Enacts the pharmaceutical cost transparency act requiring prescription drug manufacturers to file a report disclosing certain financial information pertaining to prescription drugs which have a wholesale acquisition cost of $10,000 or more annually or per course of treatment.
OR	SB 792	Senate Health Care Committee	Transparency	Would require that the manufacturer to disclose in any advertisement for prescription drugs the wholesale price for that drug in the state, imposes civil penalty for violation of requirement.
OR	HB 2116	Committee on Ways and Means	Price Regulation	Creates Help In Cutting Costs for Unusual Pharmaceuticals program in Oregon Health Authority to reimburse high costs incurred by persons in this state to purchase certain pharmaceutical products. Requires Department of Revenue to transfer specified amount of corporate excise taxes paid on Oregon sales of pharmaceutical products by pharmaceutical manufacturers doing business in Oregon to pay for administration of program.
OR	HB 2387	Committee on Health Care- Work Session Held	Transparency; Price Regulation	Requires pharmaceutical manufacturer to reimburse payers for cost of prescription drug that exceeds specified threshold. Requires pharmaceutical manufacturer to provide 60 days' advance notice of increase in cost of prescription drug that exceeds 3.4 percent over 12-month period. Prohibits Public Employees' Benefit Board, Oregon Educators Benefit Board, health care service contractors, multiple employer welfare arrangements and carriers for small employer, group or individual health benefit plans from requiring enrollees to incur out-of-pocket costs for prescription drugs that exceed specified maximums.
OR	SB 793	Committee on Health Care- Work Session Held	Transparency	Requires prescription drug manufacturer to report to Department of Consumer and Business Services prices and increases in prices of manufacturer's prescription drugs sold in Oregon.

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PA	SB 637	Committee on Banking and Insurance	Transparency	This bill amends the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, in health and accident insurance, establishing the Pharmaceutical Transparency Commission. The commission will review retail prices andThis bill amends the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, in health and accident insurance, establishing the Pharmaceutical Transparency Commission. The commission will review retail prices and determine whether those prices are reasonable. Insurers or PBMs are not required to pay the price of a prescription in excess of 20% of the reasonable cost. The commission also determines a reasonable reimbursement to hospitals, health providers, and physicians for costs associated with dispensing medicine. Creates an assessment on drug manufacturers to provide for the commissions activity. determine whether those prices are reasonable. Insurers or PBMs are not required to pay the price of a prescription in excess of 20% of the reasonable cost. The commisson also determines a reasonable reimbrusement to hospitals, health providers, and physicans for costs associated with dispensing medicine. Creates an assesment on drug manufacturers to provide for the commisions activity.
PA	HB 161	Committee on Insurance	Transparency	On or before March 1 of each year, a manufacturer of a prescription drug described under subsection shall file with the Insurance Department the following information on a form prescribed by the Insurance Department the costs for the production of the drug, including the following: (i) The research and development costs paid by the manufacturer, and separately, the research and development costs paid by any predecessor in the development of the drug. (ii) The costs of clinical trials and other regulatory costs paid by the manufacturer, and separately, the costs of clinical trials and other regulatory costs paid by any predecessor in the development of the drug. (iii) The costs for materials, manufacturing and administration attributable to the drug. (iv) The costs paid by any entity other than the manufacturer or predecessor for research and development.
PA	HB 190	Committee on Health	Pharmacy Benefit Managers; Volume Purchasing	Establishes the Prescription Drug Program within the Department of Human Services. The program will negotiate rebates and discounts with prescription drug manufacturers, purchase prescription drugs on behalf of participants in the program, and cooperate with other states or regional consortia in the bulk purchase of drugs. The department will automatically enroll all consumers receiving pharmaceuticals through another department or entity of the state.
RI	HB 5323	Held in committee for study	Transparency	Directs the state board of pharmacy to annually identify up to 15 prescription drugs that the state has spent significant health care dollars on, and for which the WAC cost has increased by either 50% over the last 5 years or by 15% over the last year. This list will be given to the state attorney general who will require the drug manufacturer to submit all relevant documents to justify the increase in WAC. The attorney general will the write a report that will be posted on the department's website.
RI	HB 5390	Held in committee for study	Transparency	Would have established a prescription drug review commission to develop a list of critical prescription drugs for which there is a substantial public interest in understanding the development of its pricing
RI	S 496	Held in committee for study	Transparency; Price Regulation	Would require that the Executive Office of Health and Human Services create a critical prescription drug drug list with a substantial public interest in pricing. Manufacturers would have to provide certain information costs to the EOHHS. In preparing the annual report EOHHS may include recommendations for actions to lower prescription drug costs, and shall determine whether those prescription drug included in the report are significantly high given it's medical benefits, the cost to develop the drug, the cost in other countries. If the drug is determined to be significantly high the EOHHS may set a maximum allowable price.
RI	H 5032	Held in committee for study	Price Regulation	Prohibits price gouging of prescription drugs in times of market emergency or shortages and makes violators guilty of a felony and subject to injunctive relief.
TN	HB 1327	Insurance and Banking Subcommittee	Transparency	Would require certain drug manufacturers to submit information to the department of health about drug prices, requires the department of commerce and insurance to promulgate rules relating to disclosure of drug formulary prices. Same as SB 1423.
TN	SB 1423	Senate Commerce and Labor Committee	Transparency	Would require certain drug manufacturers to submit information to the department of health about drug prices, requires the department of commerce and insurance to promulgate rules relating to disclosure of drug formulary prices. Same as HB 1327.
TN	HB 1328	Insurance and Banking Subcommittee	Transparency	This bill enacts the Prescription Drug Fair Pricing Act; requires studies and reports on or before January 15, 2018, by the commissioner of health concerning price gouging for essential generic drugs and the commissioner of commerce and insurance concerning price transparency for prescription drugs; requires reports to legislative committees.
TN	SB 1420	Senate Commerce and Labor Committee	Study; Transparency	Enacts the Prescription Drug Fair Pricing Act; requires studies and reports on or before January 15, 2018, by the commissioner of health concerning price gouging for essential generic drugs and the commissioner of commerce and insurance concerning price transparency for prescription drugs; requires reports to legislative committees.

NASHP's Prescription Drug Cost Workgroup

A Project of the National Academy for State Health Policy

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State	Bill	Status	Category	Summary
TX	HB 2360	No Action	Transparency; Pharmacy Benefit Managers	A health benefit plan that covers prescription drugs may not include a provision that requires an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than an amount that the pharmacist or pharmacy providing the prescription drug may retain from: (1) the health benefit plan issuer; or (2) the health benefit plan issuer's pharmacy benefit manager. Companion to SB 1076
TX	SB 1076	No Action	Price Regulation	This bill would mandate that an enrollee in a health plan may not be required to make a payment for a prescription drug at the point of sale in an amount greater than either the applicable copayment or the negotiated claim specified by the agreement between the health benefit plan issuer or its pharmacy benefit manager and the pharmacy.
UT	HB 420	Filed with House	Study; Reimportation	This bill requires the Department of Health to study and report on prescription drug importation.
VA	HB 1113	No Action	Transparency	Prescription drug price transparency. Requires every manufacturer of a prescription drug that is made available in the Commonwealth and has a wholesale acquisition price of $10,000 or more for a single course of treatment to report to the Commissioner no later than July 1 of each year information related to the cost of developing, manufacturing, and marketing the prescription drug; any changes in the average wholesale price and average wholesale acquisition cost of the prescription drug; the amount of profits derived from sale of the prescription drug; and the total amount of financial assistance provided to consumers of the prescription drug. The bill requires the State Health Commissioner to cause such reports to be published on a website maintained by a nonprofit entity with which the Commissioner has entered into a contract for such purpose and to annually report on such information, in aggregate form, to the Chairmen of the House Committees on Appropriations and on Health, Welfare and Institutions and the Senate Committees on Finance and on Education and Health.
VT	SB 57	Committee on Finance	Pharmacy Benefit Managers; Transparency	This bill would require that pharmacy benefit managers provide explanations of benefits for prescription drug claims. It would also direct the Department of Financial Regulation to require Exchange plans to post online the range of actual coinsurance amounts for each prescription drug on their plan formularies.
WA	HB 1541	Reintroduced and retained in present status	Transparency	A data organization shall collect and summarize data collected from manufacturers and issuers concerning the 25 most frequently prescribed drugs in a network, the costliest prescription drugs by total health care spending, and the drugs with the highest year-over year increases in spending. Manufacturers must report for each covered drug; the itemized cost for production and sales; pricing history in the United States and Canada for the last five years; the total financial assistance given by the manufacturer through assistance programs rebates, and coupons; total profit attributable to the drug; justification of price level or price increases. Data will be made publically available. The data organization will compile this information into a report to be reviewed by the joint select committee on health care oversight for review.
WA	SB 5586	Reintroduced and retained in present status	Transparency	The data organization must compile the data submitted by issuers and manufacturers and prepare an annual report for the public and the legislature summarizing the data.
WA	SB 5401	Reintroduced and retained in present status	Transparency	The data organization must compile the data submitted by issuers and manufacturers and prepare an annual report for the public and the legislature summarizing the data.
WV	SB 507	Judiciary Committee	Transparency; Pharmacy Benefit Managers	Pharmacists may: Inform customers about lower cost alternatives for their prescription, including but not limited to biosimilar and generic drugs, and dispense and deliver such alternatives: Provided: That any therapeutic equivalent drug is authorized by the prescriber before it is dispensed; and inform customers if their copay exceeds the cost for their prescription.
WV	SB 507	Judiciary Committee	Transparency; Pharmacy Benefit Managers	Pharmacists may: Inform customers about lower cost alternatives for their prescription, including but not limited to biosimilar and generic drugs, and dispense and deliver such alternatives: Provided: That any therapeutic equivalent drug is authorized by the prescriber before it is dispensed; and inform customers if their copay exceeds the cost for their prescription.