

## State Prescription Drug Legislative Tracker 2018

State	Bill	Status	Category	Summary	Primary Sponsor
AZ	HB 2202	House Read Second Time	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from charging or collecting from an enrollee an amount that exceeds what was retained by the pharmacist or pharmacy from all payment sources. Would prohibit a pharmacy benefit manager from restricting the ability of a pharmacy or pharmacist to inform customers about lower cost alternatives to prescribed medication. Would not allow pharmacy benefit manager to prohibit the cash sale of a drug to an enrollee choosing not to use prescription drug coverage for the purchase cost. Would permit delivery services of prescription drugs. Would restrict a pharmacy benefit manager from prohibiting a pharmacy from dispensing a 90-day fill of prescription medication.	Rep. Regina Cobb
AZ	HB 2107	House Read Second Time	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager or other entity that administers prescription drug benefits from prohibiting or penalizing a pharmacy or pharmacist from informing the patient of a lower cost including the cash price.	Rep. Maria Syms
CO	HB 1097	Hearing scheduled for 2/15/18 in Health, Insurance and Environment Committee	Pharmacy Benefit Managers	Would prohibit a health benefits plan and its pharmacy benefit manager from restricting where a covered person may fill a prescription drug. Would prohibit imposition of financial penalties (higher copayments) or other conditions that limit or restrict covered person's choice. Would prohibit denial of a state-licensed pharmacy or pharmacist from participating in a pharmacy network.	Rep. Marc Caitlin, Rep. Jessie Danielson, Sen. Nancy Todd, Sen. Donald Coram
CO	HB 1009	Introduced in House-Assigned to Health, Insurance and Environment	Pharmacy Benefit Managers Transparency	Would require drug manufacturers to submit reports to the state board of health for diabetes products when the price increases relative to the increase in the medical component of the consumer price index. Information to be reported includes market analysis, research, production and marketing costs among other information. There are financial penalties for failure to comply. Would require pharmacy benefit managers (PBMs) to report on the total rebates received for diabetes products, the amount of those rebates retained by the PBM and other information. Would require all groups that advocate for people with diabetes to disclose the funding received from the drug industry. Information reported could be made public.	Rep. Dylan Roberts, Sen. Kerry Donovan
CO	SB 080	Hearing scheduled for 2/5/18 in Senate State, Veterans and Military Affairs Committee	Importation	Would require the Department of Health Care Policy and Financing to design a program to import prescription pharmaceuticals from Canada for sale to Colorado consumers.	Sen. Irene Aguilar, Sen. Susan Lontine
CO	SB 152	Hearing 2/14/18 in Senate State, Veterans and Military Affairs Committee	Price Gouging	Would prohibit a pharmaceutical manufacturer or wholesaler from price gouging on sales of essential off patent or generic drugs. Would make the practice of price gouging a deceptive trade practice under the Colorado Consumer Protection Act. Would require the State Board of Pharmacy and the Executive Director of the Department of Health Care Policy and Financing to report suspected price gouging to the Attorney General.	Sen. Irene Aguilar, Rep. Susan Lentine
DE	SB 148	Assigned to Health, Children and Social Services Committee	Other	Would re-establish the Delaware Prescription Drug Payment Assistance Program, administered by the Department of Health and Social Services to help seniors and those disabled with the cost of prescription drugs. Would be made available for in state residents over the age of 65 or those who qualify for Social Security Disability benefits. Would also require that participant income be at or below 200% of the Federal Poverty Level.	Sen. David McBride, Sen. Nicole Poore, Sen. Robert Marshall
FL	SB 1872	Referred to Banking and Insurance	Volume Purchasing	Would create the Healthy Florida program, to provide universal health coverage in the State. Would require consolidated drug price negotiations by the State on behalf of all Healthy Florida participants. Would establish a public advisory committee to advise the board on policy matters.	Sen. Victor Torres
FL	HB 351	Referred to House Appropriations Committee	Pharmacy Benefit Managers	Would prohibit managed care plan from contracting with a pharmacy benefit managers to manage the prescription drug coverage provided under the plan. Would require pharmacy benefit managers to register with the Board of Pharmacy. Would require pharmacy benefit managers to create a	Rep. David Santiago
FL	SB 1494	Referred to Health Policy Committee	Pharmacy Benefit Managers	Would require a pharmacist to inform a customer of a lower cost alternative to a prescription and of whether the customer's cost-sharing obligation exceeds the retail price of the prescription. Would also require that a pharmacy benefit manager register with the Office of Insurance Regulation.	Sen. Bill Montford
FL	SB 98	Passed as amended	Pharmacy Benefit Managers	Would require health insurer or pharmacy benefit manager to provide upon request a detailed description of prior authorization for coverage of a medical procedure, course of treatment, or prescription drug. Insurer or pharmacy benefit manager shall not change or implement new prior	Senate Rules Committee, Senate Judiciary
FL	SB 534	Referred to Senate Health Policy Committee	Pharmacy Benefit Managers	Would include pharmacy benefit managers in definition of term "administrator" and defined term "health insurance plan".	Sen. Denise Grimsley
HI	HB 2644/SB3104	Pending in Health and Human Services Committee/Referred to Senate Commerce, Consumer Protection and Health Committee	Pharmacy Benefit Managers	Would establish requirements for requirements for how pharmacy benefit managers manage maximum allowable cost (MAC) lists of generic drug payments, including the ability of pharmacies to receive comprehensive MAC list and bring complaints to the Department of Commerce and Consumer Affairs instead of the Department of Health. Would create penalties for violations of MAC requirements. Would remove requirement that prohibits a contracting pharmacy from disclosing the MAC list and related information to any third party.	Rep. Roy Takumi/Sen. Rosalyn Baker, Sen. Donovan Cruz, Sen. Lorraine Inouye, Sen. Michelle Kidani
HI	SB 3072	Referred to Senate Commerce, Consumer Protection and Health Committee	Pharmacy Benefit Managers	Would require pharmacy benefit managers to notify contracting pharmacies of changes to maximum allowable cost (MAC) by the National Drug Code 15 days prior to the changes. Would require pharmacy benefit managers to disclose where an equivalent drug can be obtained at or below the MAC. Would require pharmacy benefit managers to allow contracting pharmacies to reverse and rebill claims if the pharmacy benefit manager establishes a maximum allowable cost that is denied on appeal.	Sen. Donna Kim, Sen. Donovan Cruz, Sen. Brickwood Galuteria, Sen. Kaiiali Kanele, Sen. Michele Kidani, Sen. Russell Ruderman
IN	HB 1345	Rep. Charlie Brown added as co-author	Study	Would authorize a study of prescription drug pricing to be conducted by the interim study committee on public health, behavioral health and human services.	Rep. Robin Shackelford
KY	SB 5	Referred to Senate Health and Welfare Committee	Pharmacy Benefit Managers	Would require the Department for Medicaid services to directly administer all outpatient pharmacy benefits and prohibit pharmacy benefits in Medicaid managed care contracts	Sen. George Wise
MA	HB 1228	Hearing Scheduled - 12/05/2017	Transparency	The Health Policy Commission would be required to develop a list of critical prescription drugs for which there is a substantial public interest in understanding its pricing. This list is to include the top 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. Manufacturer penalties for more than 6100 999 for each failure to comply with the requirements of this section.	Rep. Jose Tosado

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MA	HB 491/ SB 1163	Hearing Scheduled - 12/14/2017	Transparency; Pharmacy Benefit Managers	Would require each manufacturer of a prescription drug with a wholesale acquisition cost increase of 15% or more over a 12 month period to file a report with the Department of Public Health no later than 90 days after the effective date of the most recent wholesale acquisition cost increase. The Department would keep trade secrets or other proprietary information confidential. PBMs must report to the Department the generic dispensing rate for each drug, the aggregate amount of rebates or other price concessions offered to a covered entity, the difference between the amount paid to the covered entity and the amount paid to pharmacies. All information gathered in Chapter 175M will be confidential.	Rep. Jennifer Benson Sen. Joseph Boncore
MA	SB 1215	Hearing Scheduled - 12/05/2017	Other	Would require the Health Department to develop and implement an outreach and education program about the therapeutic and cost-effective utilization of prescription drugs for physicians, pharmacists and other health care professionals authorized to prescribe and dispense prescription drugs.	Sen. Jason Lewis
MD	SB 201	Hearing Cancelled	Transparency Price Gouging	<i>Would require a prescription drug or device manufacturer to submit certain average sale prices to the Maryland Department of Health for each calendar quarter. Would require the Department to make the average sales prices submitted by manufacturers available on its website. Would prohibit manufacturer from denying a wholesale distributor the right to purchase prescription drugs or devices if the wholesale distributor agrees to pay the manufacturer's average sales price for the prescription drug or device.</i>	Sen. James Brochin
MD	SB 169	Senate Hearing Re-Scheduled for 2/7/18	Study	<i>Would require the Secretary of Health to convene a public/private workgroup to study the advisability of the State forming a generic drug and medical supplies purchasing cooperative that would support dedicated manufacturing for the cooperative.</i>	Sen. Brian Feldman
MO	HB 1542	Read Second Time	Pharmacy Benefit Managers	<del>Would prohibit pharmacy benefit managers from charging or collecting a copayment that is greater than the amount paid to pharmacist or pharmacy. Would require informing a covered person of the difference between their insurance copayment and amount if insurance is not used. Would limit ability of pharmacy benefit managers to enter into contracts with health plans that include provisions that would result in a net financial loss to the health plan.</del>	Rep. Lynn Morris
MO	SB 722	Second read 1/16/18 and referred to Seniors, Families and Children Committee	Study; Importation	<i>Would require the Department of Health and Senior Services to study the importation of certain prescription drugs from other countries for Missouri consumers. The act details the goals of the study, including how the state may be certified to operate a prescription drug importation program, what drugs may be imported, the cost savings associated with importation, how imported drugs may be distributed and to whom, and consultation with experts. The Department would report the study's findings and recommendations to the General Assembly by December 31, 2019.</i>	Sen. David Sater
MS	HB 426	Died in Committee	Pharmacy Benefit Managers	<i>Would prohibit pharmacy benefit managers from entering into a contract that would penalize full disclosure of prescription cost and availability of alternative drugs, along with disclosure of cash price. Would prohibit pharmacy benefit manager from requiring payment for covered prescription that is greater than copayment, allowable claim amount or prescription cost without use of health benefit plan, other prescription benefits and discounts.</i>	Rep. Christopher Bell, Rep. Earle Banks, Rep. Clara Burnett, Rep. Credell Calhoun, Rep. Bryant Clark, Rep. James Dortch, Rep. James Faulkner, Rep. John Hines, Rep. Gregory Holloway, Rep. Lataisha Jackson, Rep. Kabir Karriem, Rep. Orlando Paden, Rep. Sonya Williams-Barnes
MS	SB 2076	Died in Committee	Transparency	<i>Would require that pharmacist inform patients of affordable alternative payment options when getting their prescription medication. This includes, but is not limited to, clinically efficacious affordable alternatives if available.</i>	Sen. Dean Kirby
MS	HB 784	Died in Committee	Rate Setting Transparency	<i>Would require the Attorney General to identify drugs essential for treating diabetes together with the cost and cost increases of each essential drug. Would require manufacturers of essential drugs t and pharmacy benefit managers to provide information to the Attorney General regarding drugs listed, cost of those drugs, reason for price increase and rebates received by pharmacy benefit managers.</i>	Rep. Jarvis Dortch, Rep. Robert Johnson, Rep. John Hines, Rep. Orlando Paden, Rep. Earle Banks
MS	HB 137	Died in Committee	Price Gouging	<i>Would prohibit price gouging in the sale of essential drugs by requiring the Division of Medicaid and Department of Human Services to notify the Attorney General of excessive price increases for essential drugs. Would authorize the Attorney General to request information from drug manufacturers and institute proceedings for violations.</i>	Rep. Christopher Bell
NE	LB 862	Hearing Scheduled for 2/22/18 in Health and Human Services Committee	Transparency	<i>Would require public reporting of manufacturer information to justify prices increases of 16% or more over 12 months for drugs costing less than or equal to \$40. Manufacturers can limit their reporting to information that is otherwise public. Would also require manufacturer notice to the state when launching a drug costing more than \$670 plus submission of specified information to the state.</i>	Sen. Gwen Howard
NH	HB 1741	Subcommittee work session scheduled for 1/30/18	Rate Setting	<i>Would allow consumer at the point of sale to pay no more than applicable copayment amount, allowable claim amount, or amount charged without using health benefits</i>	Rep. Edward Butler

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NH	SB 581	Senate Health and Human Services Committee held public hearing 1/23/18	Pharmacy Benefit Managers	Would prohibit a health carrier or pharmacy benefit manager from requiring accreditation, credentialing, or licensing of a provider by a nongovernmental body. Would prohibit health carrier or pharmacy benefit manager from preventing a provider from dispensing a new drug product for which the provider meets dispensing guideline or from otherwise discriminating against provider.	Sen. Andy Sanborn
NH	HB 1746	Subcommittee work session scheduled for 1/30/18	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from requiring accreditation, credentialing, or licensing of providers other than by the New Hampshire Pharmacy Board or other state or federal entity.	Rep. Erin Hennessey
NH	HB 1791	Subcommittee work session scheduled for 1/30/18	Pharmacy Benefit Managers	Would prohibit insurers and pharmacy benefit managers (PBM) from penalizing a pharmacy of pharmacist for disclosing to the consumer information about the cost of the prescription and availability of therapeutically equivalent alternative medication or alternative methods of purchasing the prescription. Would limit insured consumers drug out of pocket to the lesser of: the insurance benefit cost sharing, the amount the insurer or PBM will reimburse the pharmacy for the dispensed drug or the price that would be charged in the absence of any insurance coverage (the cash price).	Rep. Edward Butler
NH	HB 1418	Subcommittee work session scheduled for 1/30/18	Transparency	Would require the Commissioner of the Department of Health and Human Services(DHHS), in consultation with the Commissioner of the Insurance Department, to develop a list of critical prescription drugs for which there is a substantial public interest in understanding the development of their pricing. For each prescription drug that the Commissioner places on the critical drug list, the manufacturer of such drug shall be required to report information relating to costs of production, research and development, marketing and advertising, and prices charged. Would require DHHS to make an annual report on prescription drug prices and their role in overall healthcare spending in New Hampshire based on data submitted.	Rep. Edward Butler
NH	HB 1529	Subcommittee work session scheduled for 1/30/18	Transparency	<b>Would require the Insurance Commissioner to select 25 prescription drugs based on high cost and utilization. Would require insurance carriers and pharmacy benefit managers to annually disclose the manufacturer rebate amounts for these drugs. The Commissioner would issue an annual report on these drugs.</b>	Rep. Edward Butler
NH	SB 591	Hearing 1/30/18 in Senate Health and Human Services Committee	Pharmacy Benefit Managers	Would prohibit a pharmacy benefit manager from requiring accreditation of providers other than by the New Hampshire Pharmacy Board or other state or federal entity unless the pharmacy is a specialty pharmacy.	Sen. Donna Soucy
NJ	A 583/S 983	Introduced and referred to Assembly Health and Senior Services Committee. Referred to Senate Health and Human Services and Senior Citizens Committee	Rate Setting	Would create a Drug Review Commission in the Department of Consumer Affairs that would compile a list of critical drugs based on: cost to Medicaid and FamilyCare Programs, the statewide cost and utilization, availability and cost of therapeutically equivalent treatments, among other factors. Manufacturers of drugs on the list would be required to report a variety of data including research and development cost, marketing costs, prices out of state and ex-U.S., and typical in-state prices. Proprietary information will not be disclosed. The Commission would be authorized to set a price for any drug on the list, the price of which is considered excessively high.	Rep. Paul Moriarty, Rep. Joe Danielson, Sen. Joseph Vitale
NJ	SB 999	Introduced and referred to Senate Health, Human Services and Senior Citizens Committee	Pharmacy Benefit Managers	Would place certain restrictions on health insurance carriers and pharmacy benefit managers relating to the switching of drugs, step therapy and fail first practices. Would require a switch communication to be provided. The Department of Banking and Insurance would develop the switch communication form.	Sen. Joseph Vitale
NJ	S 977	Referred to Senate Health, Human Services and Senior Citizens Committee	Rate Setting	Would prohibit any person from charging excessive prices for drugs developed by direct or indirect publicly funded research. It would be unlawful for any person to sell, offer to sell, or advertise for sale that publicly funded drug, biologic or technology to any purchaser in this State at a unit price that is greater than the lowest price in an OECD country with an economy comparable to the US economy. It would be unlawful to impose limits on supply or other discriminatory pricing that restricts access to such products	Rep. Troy Singleon
NJ	SB 728	Introduced and referred to Senate Commerce Committee	Pharmacy Benefit Managers	Would prohibit pharmacy benefit manager from retroactively reducing payment amount on a properly filed pharmacy claim, except if the claim is found not to be clean during the course of a routine audit performed pursuant to an agreement between the pharmacy benefits manager and the pharmacy.	Sen. Linda Greenstein
NJ	S727/A2033	Referred to Senate Commerce Committee/ Assembly Financial Institutions and Insurance Committee	Pharmacy Benefit Managers	Would regulate pharmacy benefit managers as organized delivery systems and limit use of prior authorization.	Sen. Linda Greenstein, Assembly member Craig Coughlin
NJ	S1117	Referred to Senate Health, Human Services and Senior Citizens Committee	Other	<b>Would prohibit the distribution of manufacturer-sponsored drug coupons when other FDA-approved lower cost generic drugs are available, are covered under the individual's health plan, and are not otherwise contraindicated for the condition for which the prescription drug is approved.</b>	Sen. Richard Cody
NM	SB 8	Referred to Senate Committees' Committee	Volume Purchasing	<b>Would establish the interagency pharmaceuticals purchasing council that would use existing constituent agency resources to review and coordinate cost-containment strategies for the procurement of pharmaceuticals and pharmacy benefits and the pooling of risk for pharmacy services by the constituent agencies.</b>	Sen. Jeff Steinborn
NY	A 8781	Passed	Pharmacy Benefit Managers	<b>Prohibits pharmacy benefit managers from prohibiting pharmacies from disclosing to consumers the cost of prescription medication, the availability of alternative medications or alternative means of purchasing prescription medications; and prohibits pharmacy benefit managers from collecting a copayment that exceeds the cost of the drug.</b>	Asw. Linda Rosenthal
NY	SB 7191	Referred to Committee on Health 1/2/2018	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from prohibiting pharmacists from disclosing specified information to an individual purchasing a drug (i.e. the availability of any alternative less expensive medications). Would prohibit a health carrier or PBM from requiring an individual to pay for a covered prescription in an amount greater than the lesser of the (1) applicable copayment, (2) allowable claim amount (i.e. the amount the health carrier or	Sen. Joseph Griffo

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NY	A 2261	Referred to Assembly Education Committee	Pharmacy Benefit Managers	Would require pharmacy benefit managers to account for all funds received and place them in a trust for the health plan or provider. Provide full disclosure of contract or arrangement with any party relating to pharmacy benefit management to health plan or provider. Would require disclosure of conflicts of interest.. Would create an appeals process to investigate and resolve disputes regarding multisource generic drug pricing.	Assemblymember Crystal Peoples-Stokes
OK	SB 1573	First Reading Scheduled for 2/5/18	Rate Setting	<i>Would require pharmacy claims payers to specify sources used to determine maximum allowable cost (MAC) reimbursement for generic drugs. Would require payers to update MAC generic pricing list every 7 days and would require readily available access to MAC amounts to be given to providers. Would create an appeals process for providers to contest reimbursement amounts. Would prohibit pharmacy benefit managers from requiring accreditation or licensing of providers other than by State Board of Pharmacy.</i>	Sen. Rob Standridge
OK	SB 1381	First Reading Scheduled for 2/5/18	Importation	<i>Would require the Oklahoma Health Care Authority to submit an application to the Secretary to permit prescription drug importation from Canada by August 2018 that meets federal requirements for drug safety and consumer savings.</i>	Sen. Robert Standridge
OR	HB 4151	Precession released to the public	Volume Purchasing	<i>Would require state agencies including the Public Employees' Benefit Board, Oregon Educators Benefit Board, Public Employees Retirement System and Oregon Health and Science University to purchase prescription drugs through the Oregon Prescription Drug Program. Would authorize the program to purchase prescription drugs, replenish prescription drugs dispensed or reimburse pharmacies for prescription drugs in order to receive discounted prices and rebates. Would appoint an administrator and authorize administrator to handle select responsibilities including but not limited to negotiating price discounts and rebates on prescription drugs with prescription drug manufacturers or group purchasing organizations.</i>	Rep. Andrea Salinas, Rep. Mitch Greenlick
OR	HB 4005	Precession released to the public	Transparency	<i>Would require drug manufacturers to annually report prices of prescription drugs and costs associated with developing and marketing prescription drugs to the Department of Consumer and Business Services. Would impose penalties on manufacturers for failure to comply with reporting requirements. Would require health insurers, that offer prescription drug benefits, to report to the department information about prescription drug prices and the impact of prescription drug prices on premium rates. Would authorize the department to adopt by rule fees on manufacturers. Would require the Department to conduct annual public hearings on prescription drug prices reported by manufacturers.</i>	Rep. Robert Nosse, Rep. Ronald Noble, Sen. Leslee Beyer, Sen. Dennis Linthicum
PA	SB 637	First consideration 12/13/2017	Transparency; Pharmacy Benefit Managers	Would require each manufacturer to report to the state information about the costs of each prescription medication that is available in the state, including information about the total cost of research and development, costs of clinical trials, administrative costs, marketing, and a calmatve history of price increases and profits. Manufacturers must also submit information about patient assistance programs and the aggregate amount of rebates offered to all payers. Pharmacy benefit managers may not prohibit pharmacists from disclosing information that would reduce out of pocket costs. The Department of Health Information would create a public report but will only include the aggregate amount of rebates.	Sen. Donald White
RI	H 7022	Committee recommended measure for further study	Price Gouging	<i>Would prohibit price gouging of brand or generic pharmaceuticals in times of market shortages that result in a declaration of market emergency by the governor. Violations subject to felony charges, imprisonment and fines and injunctive relief.</i>	Rep. John Lombardi, Rep. David Coughlin, Rep. Anastasia Williams, Rep. Raymond Hull
RI	H 7004	House Corporations Committee recommended measure be held for further study	Transparency	<i>Would require State Board of Pharmacy to identify up to 15 prescription drugs for which the state spends significant money and for which the wholesale acquisition cost has increased by 50% or more over the past 5 years or increased by 15% or more over the past 12 months. Would require prescription drug manufacturer to provide justification of price increase to the Office of the Attorney General.</i>	Rep. John Lombardi, Rep. David Coughlin, Rep. Anastasia Williams, Rep.
RI	H 7042	Referred to House Corporations Committee	Transparency	<i>Would require the state board of pharmacy to annually develop a list of critical prescription drugs for when there is substantial public interest in understanding the development of drug prices that when identified, require manufacturer reporting of costs of development, production and sales, U.S. net prices and ex U.S. prices.</i>	Rep. Aaron Regunberg, Rep. Lauren Carson, Rep. Greg Amore, Rep. Patricia Serpa, Rep. James McLaughlin
SC	S 0815	Referred to Committee on Banking and Insurance	Pharmacy Benefit Managers	<i>Would prohibit pharmacy benefit managers from taking certain actions: ban a pharmacy or pharmacist from disclosing information on cost share and clinical efficacy of alternative drugs; requiring an insured to use mail order pharmaceutical distributors; charging or collecting a copayment that exceeds charges paid to pharmacy; and charging adjudication fee for a claim.</i>	Sen. Michael Gambrell
SD	SB 141	Referred to Senate Health and Human Services	Pharmacy Benefit Managers Transparency	<i>Would prohibit a pharmacy benefits manager from prohibiting or penalizing a pharmacist or pharmacy for providing cost sharing information on the amount a covered individual may pay for a particular prescription drug.</i>	Sen. Alan Solano
TN	HB 1857	Introduced	Pharmacy Benefit Managers	<i>Would require that a pharmacy benefits manager obtain a license through the Department of Commerce and Insurance. Would impose a fine on pharmacy benefit manager for failure to obtain license.</i>	Rep. Dennis Powers
UT	HB 163	Favorable Recommendation in House Health and Human Services Committee	Importation	<i>Would require the Department of Health to design a wholesale Canadian prescription drug importation program, Would require department to apply for approval of the program by the Secretary of U.S. Department of Health and Human Services.</i>	Rep. Norman Thurston
VA	HB 573	Referred to Committee on Commerce and Labor	Pharmacy Benefit Managers	For purposes of calculating the Medical Loss Ration in annual rate filings, would require insurers to count as administrative costs, the fees paid to their pharmacy benefit managers.	Del. Keith Hodges
VA	HB 1302	Tabled and passed in Committee on Commerce and Labor	Pharmacy Benefit Managers	<i>Would prohibit any contract between a health carrier or its pharmacy benefit managers and a pharmacy or pharmacist from containing a provision that requires an enrollee to make a copayment for a covered prescription drug in an amount that exceeds the least of (i) the applicable copayment for the prescription drug or (ii) the cash price the enrollee would pay for the prescription drug if the enrollee purchased the prescription drug without using the enrollee's health plan.</i>	Del. Kathy Byron
VA	SB 933	Referred to Committee on Commerce and Labor	Rate Setting	Would require a health carrier, pharmacy benefit manager, pharmacy or pharmacist from charging an enrollee a drug copayment that is the lesser of applicable insurance copayment or the cash price without using enrollee's health plan.	Sen. Richard Saslaw

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VA	HB 1177	Passed, Committee on Commerce and Labor	Pharmacy Benefit Managers	Would establish prohibited acts for pharmacy benefit managers. Would prohibit provider contracts from including provisions that bar pharmacists from discussing lower-cost alternative drugs with consumers and selling lower-cost alternative drugs to consumers or using contract terms to prevent pharmacies from providing store direct delivery services.	Del. Todd Pillion
VT	S 175	Read once and referred to Senate on Health and Welfare Committee	Importation; Bulk Purchasing; Transparency	Would establish a wholesale importation program to import predetermined high-cost drugs from Canada. Would create a bulk purchasing program through the Department of Health. Would require that manufacturers submit notice before introducing new, high-cost drugs to the market. Would require health insurers to provide information on the impact of prescription drug spending on premium rates as part of their annual rate review.	Sen. Tim Ashe
VT	S 163	Referred to Committee on Health and Welfare	Volume Purchasing	Would have Agency of Human Services explore ways to work with other states to create a public pharmacy benefit management program in order to contain prescription drug cost, determine prescription drug formularies and increase transparency of pharmacy benefit management.	Sen. Claire Ayer
WA	SB 5995	Refer to Ways and Means	Price Gouging	Declares that excessive price increases for generic medications are a violation of the consumer protection act. The Health Commission may declare an increase to be excessive following an increase in wholesale acquisition cost of more than one hundred percent within a 12 month period. The case is then referred to the attorney general.	Sen. Karen Keiser
WA	SB 5699	Referred to Senate Health and Long Term Care Committee	Pharmacy Benefit Managers	Would allow network pharmacies to appeal payments made by the pharmacy benefit manager. Would prohibit pharmacy benefit managers from placing a drug on a list of drugs for which predetermine costs have been established unless there are two therapeutically equivalent multiple source drugs or at least one generic drug available from only one manufacturer.	Sen. Anna Rivers
WA	HB 2623	Referred to Health Care and Wellness Committee	Pharmacy Benefit Managers Transparency	Would prohibit insurers and pharmacy benefit managers from penalizing a pharmacy or pharmacist for disclosing to the consumer information about the cost of the prescription and alternative methods of purchasing the prescription including but not limited to paying cash price	Rep. Matt Man Weller
WA	HB 2296	Hearing Scheduled for 2/2/18 in House Committee on Healthcare and Wellness	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from prohibiting pharmacists from disclosing specified information to an individual purchasing a drug (i.e. the availability of any alternative less expensive medications).	Rep. Bandana Slater
WA	SB 6026	Referred to Senate Ways and Means Committee	Pharmacy Benefit Managers	Would prohibit pharmacy benefit managers from prohibiting pharmacists from disclosing specified information to an individual purchasing a drug (i.e. the availability of any alternative less expensive medications).	Sen. Patty Murderer
WV	SB 46	Passed Senate, Ordered to House	Pharmacy Benefit Managers	Would permit pharmacist to inform customers about lower cost alternatives to prescribed drugs. Would limit the ability of pharmacists and pharmacy benefit managers to charge retail prices for drugs in excess of the price paid for the drugs by pharmacist or pharmacy benefit managers.	Sen. Sue Cline
WV	HB 4287	Referred to House Judiciary	Pharmacy Benefit Managers Transparency	Would prohibit a contract between a health care provider and pharmacy benefit manager from containing a provision prohibiting disclosure of billed or allowed amounts and reimbursement rates or out-of-pocket costs to consumers. Would prohibit pharmacy benefit manager from placing a trademark or logo on medical and prescription drug card.	Del. Gary Howell
WV	HB 4294	Referred to House Health and Human Resources	Importation	Would design and establish a wholesale prescription drug importation program. Would permit the state to designate a state agency to become a drug wholesaler to import pharmaceuticals from Canada to provide cheaper drugs to West Virginians.	Del. Mick Bates