

2020 State Legislative Tracker  
National Academy for State Health Policy

State	Bill	Status	Category	Summary	Sponsor
AL	SB 236/HB 345	Referred to Senate Banking and Insurance Committee; referred to House Insurance Committee	Pharmacy Benefit Manager	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.	Sen. Tom Butler (R), Rep. Ronald Johnson (R)
AZ	SB 1387	Referred to Senate Rules Committee	Cost Review (Rate Setting)	<p>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.</p> <p>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.</p>	Sen. Juan Mendez (D)
AZ	SB 1549	Introduced	Transparency	<p>This measure requires the Department of Health Services to compile a list of essential diabetes drugs and the wholesale acquisition cost (WAC) of each drug on the list. The department must also compile a separate list that details which essential diabetes drugs have been subject to an increase in WAC by a percentage that is equal to or greater than the percentage increase in the consumer price index in the preceding year or twice the percentage increase in the consumer price index during the preceding two years.</p> <p>Any manufacturers with drugs on these lists must submit a report to the department that contains pricing information. Manufacturers with drugs on the second list will be required to submit a justification for their price increases.</p> <p>This measure also requires pharmacy benefit managers to submit rebate information for drugs included on the manufacturer lists.</p>	Sen. Rebecca Rios (D)
AZ	SB 1600	Introduced	Importation	This measure requires the Department of Health Services to design a wholesale importation program that complies with federal law.	Sen. Rebecca Rios (D)
CA	ACR 105	Adopted in Assembly; referred to Senate Health Committee	Volume Purchasing	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.	Asm. David Chiu (D)
CA	AB 2203	Amended; Referred to Senate Health Committee	Coupons/Cost Sharing	This measure extends the existing \$100 per month cost sharing limit for insulin to Jan. 1, 2024. This bill authorizes the attorney general to investigate the pricing of prescription insulin drugs to ensure adequate pricing protections for consumers. It also authorizes the attorney general to issue and make publicly available a report detailing its finding from any insulin pricing investigations.	Asm. Adrin Nazarian (D)
CA	SB 852	Signed by Governor	Other	This measure requires the California Health and Human Services Agency (CHHSA) to enter into partnerships to produce or distribute generic prescription drugs and at least one form of insulin. CHHSA must submit a report to the Legislature on or before July 1, 2023, that assesses the feasibility and advantages of directly manufacturing generic drugs targeted for manufacture.	Sen. Richard Pan (D)
CO	HB 1078	Signed by Governor	Pharmacy Benefit Manager	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.	Rep. Sonya Jacquez-Lewis (D)

CO	HB 1160	Amended; passed House Appropriations Committee	Transparency	<p>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.</p> <p>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.</p> <p>This measure requires PBMs to annually report specified information to the commissioner regarding rebates and administrative fees received from manufacturers.</p> <p>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.</p>	Rep. Dominique Jackson (D)
CO	HB 1198	House Health and Insurance Committee postponed indefinitely	Pharmacy Benefit Manager	<p>This measure prohibits health insurers and pharmacy benefit managers (PBMs) from using misleading advertisements, charging a pharmacy a fee for adjudicating a claim, reimbursing an independent pharmacy less than an affiliate, and modifying their drug formulary at any time during the benefit year.</p> <p>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.</p> <p>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.</p> <p>This measure requires carriers that use PBMs to ensure that their PBMs comply with the requirements in the bill.</p>	Rep. Lois Landgraf (R)
CO	SB 107	Amended; passed Senate Appropriations Committee	Transparency	<p>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 request from the manufacturers of the drugs on the list information showing the basis for and components of the wholesale acquisition cost (WAC) of each drug on the list. 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.</p>	Sen. Joann Ginal (D)
CO	SB 119	House Health and Insurance Committee postponed indefinitely	Importation	<p>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.</p>	Sen. Joann Ginal (D)
CT	HB 5018	Substituted; passed Joint Insurance and Real Estate Committee	Importation	<p>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.</p>	Rep. Joe Aresimowicz (D)
CT	HB 5175/SB 1	Passed Joint Insurance and Real Estate Committee	Coupons/Cost Sharing	<p>This measure places a cap on the total amount than an insured is required to pay for a prescription insulin drug at \$50 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.</p>	Joint Insurance and Real Estate Committee

CT	HB 5366	Substituted; passed Joint Insurance and Real Estate Committee	Other	<p>This measure stipulates that the wholesale cost of an outpatient prescription drug sold in the state cannot exceed 102% of the consumer price index.</p> <p>This measure also requires the Commissioner of Consumer Protection to establish a Canadian drug importation program.</p> <p>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.</p>	Joint Insurance and Real Estate Committee
CT	HB 6003	Sent to Governor	Coupons/Cost Sharing	<p>This measure requires the Commissioner of Social Services to establish a working group to determine whether the commissioner should establish a program to assist individuals with diabetes by referring them to federally-qualified health centers and other covered entities for treatment regardless of whether those individuals have health coverage.</p> <p>This measure also allows a pharmacist to immediately prescribe and dispense a 30-day supply of insulin to a patient if the patient has less than a seven-day supply of insulin and the patient will suffer physical harm within seven days if the patient does not obtain an additional supply of the drug. The pharmacist cannot charge the patient an amount that exceeds coinsurance or the usual and customary charge. Each pharmacist who supplies emergency insulin because the patient lacks insurance or cannot afford it must refer that patient to a federally-qualified health center</p>	Rep. Joe Aresimowicz (D)
CT	SB 336	Referred to Joint Insurance and Real Estate Committee	Coupons/Cost Sharing	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.	Joint Insurance and Real Estate Committee
DE	HCR 61	Passed House	Volume Purchasing	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.	Rep. Raymond Seigfried (D)
DE	HCR 66	Passed House/Passed Senate	Pharmacy Benefit Manager	This measure extends the due date of the Pharmacy Reimbursement Task Force report to March 31, 2020.	Rep. Adria Bennett (D)
DE	HB 216	Passed House Economic Development/Banking/Insurance and Commerce Committee	Pharmacy Benefit Manager	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.	Rep. Adria Bennett (D)
DE	HB 263	Signed by Governor	Coupons/Cost Sharing	This measure requires that individual, group, and state employee insurance plans cap the amount an individual must pay for insulin prescriptions at \$100 a month and must include at least one formulation of insulin on the lowest tier of the drug formulary developed and maintained by the carrier.	Rep. David Bentz (D)
DE	HB 339	Referred to House Economic Development/Banking/Insurance & Commerce Committee	Pharmacy Benefit Manager	Under this bill, if a pharmacy benefit manager (PBM) denies an appeal for a reimbursement subject to maximum allowable cost (MAC) pricing, PBMs must provide the national drug code number of wholesalers in Delaware that have drugs in stock below the maximum allowable cost. This bill authorizes a pharmacy to decline to dispense a prescription drug or provide a pharmacy service to an insured if the PBM's reimbursement amount is less than the pharmacy's acquisition cost. This measure also requires PBMs to provide reports to the insurance commissioner on the amount of rebates received by PBMs and distributed to insurers. This bill prohibits PBMs from engaging in spread pricing or reimbursing a pharmacy less than it would reimburse an affiliate.	Rep. Adria Bennett (D)
DE	HB 287	Substituted; passed House Health and Human Development Committee	Volume Purchasing	<p>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.</p> <p>This bill additionally requires state agency contracts with pharmaceutical manufacturers to include specific transparency provisions.</p>	Rep. Raymond Seigfried (D)

FL	HB 1293/1724	Indefinitely postponed and withdrawn from consideration/Referred to Senate Banking and Insurance Committee	Cost Review (Rate Setting)	<p>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.</p> <p>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.</p>	Rep. Margaret Good (D), Sen. Janet Cruz (D)
FL	HB 961/SB 1444	Referred to House Appropriations Health Market Reform Subcommittee/ Indefinitely postponed and withdrawn from consideration	Pharmacy Benefit Manager	<p>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 spread 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.</p>	Rep. Jackie Toledo (R), Sen. Gayle Harrell (R)
FL	HB 7045/SB 1338	Indefinitely postponed and withdrawn from consideration	Pharmacy Benefit Manager	<p>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.</p> <p>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.</p>	House Health Market Reform Subcommittee/Senate Banking and Insurance Committee
FL	HB 109/SB 116	Indefinitely postponed and withdrawn from consideration	Coupons/Cost Sharing	<p>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.</p>	Rep. Nicholas Duran (D),
FL	SB 696/HB 561	Indefinitely postponed and withdrawn from consideration	Pharmacy Benefit Manager	<p>This measure requires pharmacy benefit managers (PBMs) to submit an annual report detailing the aggregated dollar amount of rebates from drug manufacturers and the aggregate amount of rebates passed to health insurers and the insured at the point of sale. This measure also requires insurers to apply third-party payments, discounts, or financial assistance made on behalf of an insured individual toward the insured's deductible, copay, cost-sharing responsibility, or out-of-pocket maximums.</p>	Sen. Debbie Mayfield (R), Rep. Thad Altman (R)

FL	SB 1682	Indefinitely postponed and withdrawn from consideration	Transparency	<p>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.</p> <p>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.</p> <p>This measure also requires manufacturers to annually disclose pricing information to the department. Manufacturers must report when the price of a drug with a wholesale acquisition cost of at least \$100 increases by 40% or more during the preceding three years or by 15% in the preceding calendar year.</p> <p>Insurers are also required to submit an annual report to the Insurance Commissioner detailing the names of the 25 most frequently prescribed drugs, the percentage of any increase in annual net spending for drugs, the percentage of any increase in premiums attributable to drugs, the percentage of specialty drugs with utilization management requirement prescribed, and any premium reductions that were attributable to the utilization management.</p> <p>This measure additionally requires a health insurer or PBM to base an enrollee's cost-sharing for a prescription drug on the net price of the drug, rather than the list price.</p>	Sen. Jose Rodriguez (R)
GA	HB 946/SB 313	Signed by Governor Rerferred to Senate Health and Human Services Committee/Referred to Senate Health and Human Services Committee	Pharmacy Benefit Manager	<p>This measure requires pharmacy benefit managers (PBMs) to file any reimbursement methodologies with the insurance commissioner for use in determining maximum allowable cost appeals. This measure requires PBMs to use the national average drug acquisition cost (NADAC) as a point of reference for the ingredient drug product component of a pharmacy's reimbursement for drugs appearing on the NADAC list. This measure requires PBMs to file with the commissioner every four months reports detailing all drugs appearing on the NADAC list reimbursed 10% and below and above the national average drug cost.</p> <p>This measure prohibits a PBM from engaging in any practice that includes imposing a point-of-sale fee or retroactive fee, or deriving any revenue from a pharmacy or enrollee in connection with performing PBM services.</p> <p>Additionally, this measure requires a PBM to offer a health plan the option of charging the health plan the same price for a prescription drug as it pays a pharmacy for the drug, unless the PBM is contracted with the state, in which case the PBM will be required to charge a plan the same price for a drug as it pays a pharmacy.</p>	Rep. David Knight (R), Sen. Dean Burke (R)
GA	HB 947/SB 427		Study	<p>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.</p>	Rep. David Knight (R), Sen. Jeff Mullis (R)
GA	HB 991	Vetoed by Governor	Pharmacy Benefit Manager	<p>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.</p>	Rep. Matt Hatchett (R)
GA	HB 1027	Substituted; passed House Special Committee on Access to Quality Health Care	Pharmacy Benefit Manager	<p>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.</p>	Rep. Lee Hawkins (R)

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GA	HB 1128	Referred to House Special Committee on Access to Quality Health Care	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) 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 433	Referred to Senate Insurance and Labor Committee	Transparency	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 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 requires drug manufacturers that produce a drug with a wholesale acquisition cost (WAC) of more than \$40 to notify each benefit plan and pharmacy benefit manager of any planned price increase 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 requires the Department of Health to administer a wholesale prescription drug importation program that uses Canadian suppliers.	Rep. Roy Takumi (D)
HI	HB 1609	Referred to House Finance Committee	Pharmacy Benefit Manager	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 1796	Referred to House Finance Committee	Study	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. John Mizuno (D)
HI	HB 1805/ SB 2276	Amended; passed Senate; House refused to concur/Referred to House Health Committee	Transparency	This measure requires drug manufacturers to notify prescription drug benefit plans and pharmacy benefit managers (PBMs) if a proposed price increase of a drug with a wholesale acquisition cost (WAC) of at least \$50 would result in a 10% or more increase over a two-year period. Notice must be given at least 60 days prior to the increase. The bill also requires drug manufacturers to notify prescription drug benefit plans and PBMs if a planned rebate reduction will result in a percentage increase of the net cost of the drug of 10% or more.	Rep. Roy Takumi (D), Sen. Rosalyn Baker (D)
HI	HB 2712/SB 3095	Amended; passed House Health Committee; referred to House Consumer Protection 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 requires pharmacy benefit managers (PBM) to notify contracting pharmacies of changes to maximum allowable costs (MAC) for any drug 15 days before the change. This measure also requires PBMs to disclose where an equivalent drug can be obtained at or below the maximum allowable cost when a MAC appeal is upheld on appeal. This measure also allows a pharmacy to decline to dispense a drug if the reimbursement is less than the acquisition cost	Sen. Donna Kim (D)

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HI	SB 1401/HB 1361	Conference committee appointed	Pharmacy Benefit Managers	This measure requires pharmacy benefit managers (PBM) to obtain a license and prohibits a PBM from providing financial incentives to covered persons as incentives to use a retail pharmacies. This measure also requires PBMs to submit annually a transparency report regarding rebates received from manufacturers.	Sen. Rosalyn Baker (D), Rep. Roy Takumi (D)
HI	SB 2009	Referred to Senate Ways and Means Committee	Coupons/Cost Sharing	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. Karl Rhoads (D)
HI	SB 2226	Referred to Senate Commerce, Consumer Protection, and Health Committee	Pharmacy Benefit Manager	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.  This bill also requires PBMs to obtain a license to operate in the state.	Sen. Rosalyn Baker (D)
HI	SB 2280	Referred to House 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 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. 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. Russell Ruderman (D)
HI	SB 2444	Referred to Senate Commerce, Consumer Protection and Health Committee	Importation	This measure requires the Department of Health to administer a wholesale prescription drug importation program that uses Canadian suppliers.	Sen. Russell Ruderman (D)
HI	SB 3045/HB 2561	Referred to Consumer Protection and Health Committee/Amended; passed House Consumer Protection Committee; referred to House Finance Committee	Study	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.	Sen. Rosalyn Baker (D), Rep. Roy Takumi (D)
ID	H 363	Referred to House Health and Welfare Committee	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers (PBMs) to register with the Department of Insurance. This bill also requires PBMs to review and update maximum allow cost price information at least once every seven business days and 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.	Health and Welfare Committee
ID	H 386	Signed by Governor (Chapter 117)	Pharmacy Benefit Manager	This measure prohibits pharmacy benefit managers (PBMs) from prohibiting pharmacists from sharing cost information with patients. 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.	House Health and Welfare Committee
IL	HB 53	Referred to House Prescription Drug Affordability and Accessibility Committee	Transparency	This measure requires manufacturers of brand name or generic prescription drugs to notify state purchasers, health insurers, pharmacy benefit managers and the general assembly about specified increases in drug prices at least 60 days before an increase, and the cost of new prescription drugs within three days of US Food and Drug Administration approval. Notice must be provided if the brand manufacturer is increasing the wholesale price of the brand name drug by more than 10% or \$10,000 during a 12-month period or if the generic manufacturer is increasing the wholesale price by 25% during a 12-month period. Price increases must be justified by manufacturers.	Rep. Mary Flowers (D)

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IL	HB 156	Referred to Senate Assignments Committee	Transparency	This measure requires health insurers to disclose certain rate and spending information concerning prescription drug pricing information to the Department of Public Health, which in turn must create a list annually of the state's high-spend drugs. This measure also requires drug manufacturers to notify the attorney general when they plan to introduce a new drug at a wholesale acquisition cost that exceeds the threshold set for a specialty drug under the Medicare Part D program. This measure also requires a health insurer to apply the same cost-sharing requirements to interchangeable biological products as apply to generic drugs under the policy. Additionally, this measure instructs pharmacists to select the lowest-priced interchangeable biological product in place of a biologic drug, rather than allowing a pharmacist to substitute only if certain requirements are met. Finally, this bill requires that when a pharmacist receives a prescription from a Medicaid enrollee, the pharmacist must select the preferred drug or biologic from the state's preferred drug list.	Rep. Mary Flowers (D)
IL	HB 204	Referred to House Rules Committee	Other	This measure reinstates the pharmaceutical assistance program for seniors that was eliminated by Public Act 97-689. The program will execute contracts with pharmacies to dispense covered prescription drugs and establish maximum limits on the size of prescriptions.	Rep. Steve Davisson (R)
IL	HB 891	Referred to House Rules Committee	Pharmacy Benefit Managers	This measure allows a pharmacy or pharmacist to provide an insured consumer with information about the amount of the insured's cost-share for a prescription drug. Under this bill, neither a pharmacy nor a pharmacist will be penalized by a pharmacy benefit manager (PBM) for discussing cost information with a consumer or for selling a lower-priced drug if one is available.	Rep. Joe Sosnowski (R)
IL	HB 1441	Referred to House Rules Committee	Importation	This measure establishes a wholesale Canadian drug importation program that allows the state to be a licensed wholesaler of imported drugs.	Rep. Anna Moeller (D)
IL	HB 2880	Referred to House Rules Committee	Other	This measure imposes a tax on each establishment that makes the first sale of a covered outpatient drug within the state. Under this bill, "first sale" means an initial sale of a covered outpatient drug from a manufacturer to a wholesaler or from a wholesaler to a pharmacy. This bill provides that the tax shall be charged against and paid by the establishment making the first sale and shall not be added as a separate charge or line item or otherwise passed down on any invoice to the customer.	Rep. Will Guzzardi (D)
IL	HB 2882	Referred to House Rules Committee	Price Gouging	This measure prohibits a manufacturer or wholesale distributor from engaging in price gouging in the sale of off-patent or generic drugs. Under this bill, the Director of Healthcare and Family Services or the Director of Central Management Services can notify the attorney general of any increase in the price of any essential off-patent or generic drug under Medicaid that amounts to price gouging.  Under this bill, "price gouging" means an unconscionable increase in a prescription drug's price that would result in the wholesale acquisition cost (WAC) of a generic drug exceeding \$20 increasing by 30% or more in a year, 50% or more within three years, or 75% or more in five years.	Rep. Will Guzzardi (D)
IL	HB 3187	Referred to House Rules Committee	Pharmacy Benefit Manager	This measure provides that upon request by a party contracting with a pharmacy benefit manager (PBM), a PBM must disclose the actual amounts paid by the PBM to the pharmacy. Under this bill, a PBM will provide notice to the party contracting with the PBM about any consideration that the PBM receives from the manufacturer for dispense as written prescriptions once a generic or biologically similar product becomes available.	Rep. Deanna Mazzochi (R)
IL	HB 3493	Amended; passed House Prescription Drug Affordability and Accessibility Committee	Cost Review (Rate Setting)	This measure creates the Prescription Drug Affordability Board. The board must identify brand drugs and biologics that have a launch wholesale acquisition cost (WAC) of \$30,000 or more or an increase of \$3,000 in a year. The board must also identify biosimilar drugs that have a launch WAC that is not at least 15% lower than the reference biologic, as well as generic drug with a WAC of \$100 or more, or that increased by 200% or more in a year. For drugs identified, the board will conduct a cost review. If the board determines the cost of a drug will lead to an affordability challenge for the state or patients, the board can establish an upper payment limit that applies to all purchases and payer reimbursements.	Rep. Will Guzzardi (D)
IL	HB 4362	Referred to House Rules Committee	Importation	This measure establishes a wholesale Canadian drug importation program that allows the state to be a licensed wholesaler of imported drugs.	Rep. Anna Moeller (D)



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				<p>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.</p> <p>This measure allows the department to enter into contracts on a bid or negotiated basis with manufacturers and supplies of single source or multisource pharmaceuticals to obtain from those manufacturers discounts, rebates, or refunds based on quantities purchased.</p>	
IL	HB 5340	Referred to House Rules Committee	Volume Purchasing	Under this bill, the Department of Public Health, the Department of Corrections, the Department of Human Services' Division of Developmental Disabilities and any state, local or public agency governmental entity must participate in a bulk purchasing program.	Rep. Anna Moeller (D)
IL	SB 667	Signed by Governor (Public Act 101-0625)	Coupons/Cost Sharing	This measure requires the attorney general to investigate the pricing of prescription insulin drugs to ensure adequate consumer protections for consumers and to determine whether additional consumer protections are necessary. This 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)
IL	SB 3058	Referred to Senate Assignments Committee	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers to register with the Insurance Department.	Sen. Andy Manar (D)
IL	SB 3059	Referred to Senate Assignments Committee	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers to register with the Insurance Department.	Sen. Andy Manar (D)
IL	SB 3060	Referred to Senate Assignments Committee	Other	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)
IL	SB 3117	Referred to Senate Insurance Committee	Pharmacy Benefit Manager	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 an 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)
IL	SB 3159	Referred to Senate Assignments Committee	Pharmacy Benefit Manager	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)
IL	SB 3543	Referred to Senate Insurance Committee	Pharmacy Benefit Manager	This measure requires all 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)
IL	SB 3734	Referred to Senate Insurance Committee	Pharmacy Benefit Manager	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)
IL	SB 3740	Referred to Senate Insurance Committee	Pharmacy Benefit Manager	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.	Sen. Andy Manar (D)
IL	SB 3741	Referred to Senate Assignments Committee	Pharmacy Benefit Manager	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.	Sen. Andy Manar (D)
IN	HB 1005	Amended on House floor	Importation	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.	Rep. Donna Schaibley (R)
IN	HB 1042	Passed Senate; conference committee appointed	Pharmacy Benefit Manager	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.	Rep. Steven Davisson (R)

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IN	HB 1116	Referred to House Insurance Committee	Transparency	<p>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.</p> <p>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.</p> <p>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 data elements specified in the NASHP Model Act template.</p> <p>This bill requires each reporting entity to pay an annual assessment to support the operational costs of the activities of the department.</p>	Rep. Robin Shackelford (D)
IN	HB 1207	Signed by Governor	Pharmacy Benefit Manager	<p>This measure provides that a health plan or pharmacy benefit manager (PBM) may not require a pharmacy or pharmacist to collect a higher copayment for a prescription drug from an enrollee than the health plan provider allows the pharmacy or pharmacist to retain.</p>	Rep. Steve Davisson (R)
IN	HB 1219	Referred to House Insurance Committee	Coupons/Cost Sharing	<p>This measure requires health plans 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.</p>	Rep. Danny Bentley (R)
IN	SB 38	Referred to Senate Health and Provider Services Committee	Pharmacy Benefit Manager	<p>This measure requires pharmacy benefit managers to annually report rebate information to the insurance commissioner.</p>	Sen. Ed Charbonneau (R)
IN	SB 160	Introduced; referred to Senate Health and Provider Services Committee	Other	<p>This measure requires insurers to only offer health plans that do not require a covered individual to pay a deduction for covered prescription drugs and that provide that the cost-sharing requirement for a covered individual for any given prescription drug cannot exceed the cost-sharing amounts detailed in the plan's summary of benefits.</p> <p>Under this bill, a covered individual's cost-sharing requirement for a prescription drug is calculated at the point of sale and must be based on a price that is reduced by an amount equal to at least 85% of all rebates received or estimated to be received by the insurer in connection with the dispensing or administration of the drug.</p> <p>When calculating a covered individual's contribution to any applicable cost-sharing requirement, an insurer must include any amount paid by another person on behalf of the individual.</p>	Sen. Mike Bohacek (R)
IN	SB 241	Signed by Governor (Public Law 68)	Pharmacy Benefit Manager	<p>This measure requires a pharmacy benefit manager (PBM) to obtain a license from the Department of Insurance. This bill authorizes the Insurance Commissioner to adopt rules to specify licensure, financial standards, and maximum allowable cost list compliance that apply to PBMs. This measure requires 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.</p> <p>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.</p> <p>This measure also lays out 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.</p>	Sen. Liz Brown (R)

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IN	SB 337	Referred to Senate Insurance and Financial Institutions Committee	Pharmacy Benefit Manager	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.	Sen. Victoria Spartz (R)
IN	SB 421	Referred to Senate Insurance and Financial Institutions 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 \$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.	Sen. Eddie Melton (D)
IA	HSB 685/HF 2553	Passed House Subcommittee/referred to House Subcommittee	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers (PBMs) to provide each pharmacy subject to a maximum allowable cost (MAC) list 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 bills 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 allows 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.	House Human Resources Committee
IA	HF 2138/HSB 501/SF 2113	Passed Senate Commerce Committee/Passed House Human Resources Committee/Referred to Senate Subcommittee	Coupons/Cost Sharing	This measure places a cap on the total amount than 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.	House Committee on Human Resources, Sen. Carrie Koelker (R)
IA	HF 2253/HF 2551	Referred to House Commerce Committee/Introduced	Transparency	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, or increases 15 percent or more in a single calendar year, the manufacturer of the prescription drug must file a report with the commissioner within 30 days of the increase.  This bill additionally requires each health carrier to submit an annual report to the commissioner that contains information regarding the names of the 25 prescription drugs most frequently covered by the carrier, as well as the percent increase in annual spending by the carrier attributable to prescription drug spending.	Rep. Shannon Lundgren (R), House Commerce Committee
IA	HF 2465	Referred to House Commerce Committee	Pharmacy Benefit Manager	This measure stipulates that pharmacy benefit managers (PBMs) must reduce, at the point of sale, any cost sharing for a prescription drug by either a dollar amount that equal not less than 51% of the aggregate rebates received by the PBM for that particular prescription, or a dollar amount greater than that amount.	Rep. Todd Prichard (D)
IA	SSB 3155	Referred to Senate Commerce Committee	Transparency	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.	Senate Commerce Committee
IA	SF 563	Signed by Governor	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers to submit an annual report to the Insurance Commissioner detailing aggregate rebate and administrative fee information.	Senate Human Resources Committee
KS	HB 2478	Died in House Appropriations Committee	Pharmacy Benefit Manager	This measure replaces the pharmacy benefit manager registration requirement with a licensure requirement.	House Insurance Committee

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KS	HB 2598	Substituted; passed House Insurance Committee	Pharmacy Benefit Manager	This bill requires pharmacy benefit managers (PBMs) to obtain a license from the Department of Insurance. This measure requires that all compensation remitted by, or on behalf of, a pharmaceutical manufacturer to a carrier or to a PBM be remitted directly to the covered person at the point of sale or remitted to and retained by the plan sponsor to lower premiums. This measure also requires PBMs to prepare a quarterly transparency report summarizing data relating to prescription benefits. This measure also prohibits discrimination of 340B-covered entities and the retroactive reduction or denial of a claim. Under this bill, a PBM cannot pay or reimburse a pharmacy in an amount less than the pharmacy's usual and customary price, the national average drug acquisition cost or the pharmacy's wholesale acquisition cost. This bill details maximum allowable cost requirements.	House Insurance Committee
KS	HB 2631	Died in House Appropriations Committee	Pharmacy Benefit Manager	This measure prohibits pharmacy benefit managers (PBM) 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. "Disparate terms" 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.	House Health and Human Services Committee
KS	HB 2658	Died in House Health and Human Services Committee	Importation	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.	Rep. Jim Ward (D)
KS	SB 438	Failed in Senate Financial Institutions and Insurance Committee	Pharmacy Benefit Manager	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.	Senate Financial Institutions and Insurance Committee
KY	HB 12/SB 118	Substituted; passed House Health and Family Services Committee/Referred to Senate Banking and Insurance Committee	Coupons/Cost Sharing	This measure caps the cost-sharing price or copay of insulin at \$100 for a 30-day supply.	Rep. Danny Bentley (R)/Sen. Reginald Thomas (D)
KY	HB 72	Referred to House Banking and Insurance Committee	Coupons/Cost Sharing	This measure requires an insurer to apply financial assistance received by an insurers from an enrollee toward that enrollee's cost-sharing requirements.	Rep. Danny Bentley (R)
KY	HB 248	Referred to House Health and Family Services Committee	Price Gouging	This measure prohibits drug manufacturers and wholesalers of off-patent or generic prescription drugs from engaging in unrestricted price increases. If a manufacturer raises the price of an essential off-patent or generic drug such that the wholesale acquisition cost increases by 50% or more, and that drug costs more than \$80 for a course of treatment, the Health and Family Services Secretary must report that increase to the attorney general.  If a court determines that a manufacturer has engaged in price gouging, the court may require the manufacturer to make the drug available at the price at which the drug was made available to residents prior to the manufacturer's violation. The court can also impose a civil penalty of up to \$10,000 per violation.	Rep. Danny Bentley (R)
KY	HB 249	Referred to House Health and Family Services Committee	Transparency	This measure requires the Cabinet for Health and Family Services to annually compile lists of essential diabetes medications that have been subject to a wholesale acquisition cost (WAC) increase greater than the percentage increase in the consumer price index (CPI) in one year or twice the percentage increase in the CPI over two years. Manufacturers of drugs on these lists must disclose certain cost information, including the cost of producing the drug, the WAC, the total profit the manufacturer has earned from the drug, and the total amount of financial assistance that the manufacture has provided through patient assistance programs. This measure also requires pharmacy benefit managers to submit rebate information.  This measure also requires the Health and Family Services Secretary to notify the attorney general of any increase in the price of an essential off-patent or generic drug if the price increase would result in an increase of 50% or more in the WAC of a drug within one year and the drug costs more than \$80 for a 30-day supply. Courts can then determine whether manufacturers have violated this bill and issue an order requiring a manufacturer to make the drug available at a lower price or impose a civil penalty of up to \$10,000 per violation.	Rep. Danny Bentley (R)

				<p>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.</p> <p>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 aggregately 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 insurers 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.</p> <p>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.</p>	
KY	HB 398	Referred to House Banking and Insurance Committee	Pharmacy Benefit Manager	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.	Rep. Steve Sheldon (R)
KY	HB 400	Referred to House Banking and Insurance Committee	Pharmacy Benefit Manager	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.	Rep. Steve Sheldon (R)
KY	HB 423	Referred to House Banking and Insurance Committee	Other	<p>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.</p> <p>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.</p>	Rep. Steve Sheldon (R)
KY	HB 608	Referred to House Health and Family Services Committee	Pharmacy Benefit Manager	This measure requires the Department for Medicaid Services to set or create pharmacy reimbursement rates.	Rep. Steve Sheldon (R)
KY	HB 609	Referred to House Health and Family Services Committee	Pharmacy Benefit Manager	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.	Rep. Steve Sheldon (R)
KY	SJR 5	Referred to Senate Health and Welfare Committee	Study	This resolution directs the Cabinet for Health and Family Services to create a task force to study prescription drug transparency and affordability.	Sen. Tom Buford (R)

KY	SB 23	Referred to Senate Banking and Insurance Committee	Other	<p>This measure requires the Board of Pharmacy to implement an insulin assistance program by June 1, 2021. Under the program, the board must reimburse participating pharmacies for insulin products and supplies that are dispensed by the pharmacy to qualified individuals and seek participation in the program by pharmacies in all areas of the state. Pharmacy participation in the program is voluntary. Participating pharmacies will dispense insulin and related supplies to qualified individuals at no cost.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Sen. Phillip Wheeler (R)
KY	SB 50	Signed by Governor	Pharmacy Benefit Manager	<p>This measure requires the Department for Medicaid Services to ensure coordination of care between the outpatient pharmacy benefits program or a third party administrator (TPA) with which the department contracts. This bill allows the department to contract with a third party on a fee-for-service reimbursement bases for the purpose of administering the pharmacy benefits program for all Medicaid recipients. The department will approve any contract between a TPA, and a TPA cannot change the terms of a contract between the TPA and a pharmacy without approval from the department. This measure prohibits a TPA from creating, modifying implementing or indirectly establishing any fee on a pharmacy, pharmacist or a Medicaid recipient without approval from the department. Under this bill, a TPA must use the formulary, reimbursement methodologies, and dispensing fee established by the department.</p>	Sen. George Wise (R)
KY	SB 69	Referred to Senate Banking and Insurance Committee	Coupons/Cost Sharing	<p>This measure caps the cost-sharing price or copay of insulin at \$100 for a 30-day supply. State employee health plans are required to comply with this bill.</p>	Sen. Phillip Wheeler (R)
LA	HB 387	Referred to House Insurance Committee	Pharmacy Benefit Manager	<p>This measure requires pharmacy services administrative organizations (PSAO) to obtain a license from the Insurance Department. Additionally, this bill requires that all remittances for claims submitted by a pharmacy benefit manager (PBM) on behalf of a pharmacy to the PSAO within a reasonable amount of time after receipt of the remittance by the PSAO from a PBM.</p>	Rep. Edmond Jordan (D)
LA	HB 609	Referred to House Insurance Committee	Pharmacy Benefit Manager	<p>This measure prohibits the transfer of personal health care or contact information by pharmacy benefit managers for compensation or remuneration.</p>	Rep. Edmond Jordan (D)
LA	HB 616	Referred to House Health and Welfare Committee	Transparency	<p>This measure requires each drug manufacturer that engages in any form of prescription drug marketing to provide the wholesale acquisition cost (WAC) of a prescription drug when the manufacturer (or pharmaceutical representative) provides information about the drug to the prescriber. This bill also requires manufacturers to submit a report to the Department of Health stating the current WAC for drugs sold in the state. This measure includes additional reporting requirements for drugs with a WAC of at least \$100 for a 30-day supply before the effective date of a price increase. This bill requires manufacturers to submit pricing information for drugs with a WAC increase of 40% over three years or 15% in the past year.</p>	Rep. Joe Stagni (R)
LA	SB 60	Referred to Senate Insurance Committee	Other	<p>This measure authorizes modification of drug coverage for a drug costing over \$300 per prescription or refill with a wholesale acquisition cost increase of at least 25% in the prior 365 days under certain circumstances if notice is given.</p>	Sen. Fred Mills (R)
LA	SB 62	Referred to Senate Insurance Committee	Coupons/Cost Sharing	<p>This measure caps the cost-sharing price or co-pay of insulin at \$100 for a 30-day supply, regardless of the amount or type of insulin needed.</p>	Sen. Fred Mills (R)
LA	SB 289	Referred to Senate Insurance Committee	Coupons/Cost Sharing	<p>This measure provides that when calculating an enrollee's contribution to any applicable cost sharing requirement, a health insurer must include any cost sharing paid on behalf of the enrollee.</p>	Sen. Regina Barrow (D)
ME	LD 1387	Joint Health Coverage, Insurance and Financial Services Committee voted ought not to pass	Importation	<p>This measure allows an individual to import a prescription drug from a pharmacy in Canada that is allowed to export drugs under Canadian regulations for personal use. This measure prohibits the personal importation of controlled substances.</p>	Rep. Troy Jackson (D)

ME	LD 1591	Joint Health Coverage, Insurance and Financial Services Committee voted ought not to pass Amended; passed Joint	Importation	This measure instructs the Department of Health and Human Services to design a wholesale prescription drug importation program.	Rep. Michael Brennan (D)
ME	LD 1928	Health Coverage, Insurance and Financial Services Committee; passed Senate; passed House; signed by Governor	Pharmacy Benefit Manager	This bill prohibits a health insurance carrier from retroactively reducing payment on a properly submitted claim by a pharmacy provider. The bill also prohibits a carrier from charging a pharmacy provider or holding a pharmacy provider responsible for any fee related to a claim that is not apparent at the time the carrier processes the claim, or that is not reported on the remittance advice or after the initial claim is adjudicated by the carrier.	Sen. Nate Libby (D)
ME	LD 2095	Referred to Joint Health Coverage, Insurance and Financial Services Committee	Coupons/Cost Sharing	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 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. For each generic drug and biosimilar, the carrier offering the health plan shall provide coverage on a generic cost-sharing tier.	Sen. Troy Jackson (D)
ME	LD 2096	Amended; passed Joint Health Coverage, Insurance and Financial Services Committee; passed Senate; passed House; signed by Governor	Coupons/Cost Sharing	This bill provides that a health insurance carrier that provides coverage for prescription insulin drugs may not impose a cost-sharing requirement on the enrollee that results in out-of-pocket costs to the enrollee in excess of \$100 per 30-day supply of insulin.	Rep. Sara Gideon (D)
ME	LD 2106	Passed Joint Health, Coverage, Insurance and Financial Services Committee	Pharmacy Benefit Manager	This measure requires a carrier or entity under contract with a carrier to make available to a provider in real time at the point of prescribing and at the point of dispensing the following information related to each enrollee: (1) the prescription drug formulary and cost-sharing requirements under the enrollee's health plan; (2) the prior authorization standards and requirements for the enrollee's health plan; (3) the cost of the prescription drug requested by the provider and any alternatives to that prescription; (4) any information on whether there is a financial assistance program available for a prescription drug prescribed by the provider if known by the carrier; and (5) if the prior authorization request is denied, the reason for the denial and a list of alternative prescriptions the carrier would approve. Under this bill, prescription cost information must be transparent and displayed to a provider at the point of prescribing and must include any options available to the enrollee. A carrier or pharmacy benefits manager (PBM) may not prohibit the display of cost, benefit, and coverage information at the point of prescribing that reflects other choices.	Sen. Geoff Gratwick (D)
ME	LD 2110	Amended; passed Joint Health Coverage, Insurance and Financial Services Committee; passed House	Other	This measure creates the Maine Commission on Affordable Health Care, which will analyze health care cost growth trends, analyze health care spending trends by consumer categories, monitor the adoption of alternative payment methods, develop proposals for potential methods to improve the cost-efficient provision of health care in the state, and develop proposals on potential methods to improve consumer experience. There will be an annual public hearing on cost trends and the commission must submit a report to the legislative oversight committee annually.	Sen. Troy Jackson (D)
MD	HB 134	Referred to House Health Insurance Committee	Coupons/Cost Sharing	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.	Del. Kirill Reznik (D)
MD	HB 756	Introduced	Pharmacy Benefit Manager	This measure requires the Maryland Medical Assistance Program to establish reimbursement levels, rather than maximum reimbursement levels, for generic drug products. This measure also requires that minimum reimbursement levels be at least equal to the national average drug acquisition cost of the generic product plus the fee-for-service professional dispensing fee. Pharmacy benefit managers that contract with a pharmacy on behalf of a managed care organization will be required to follow these reimbursement guidelines.	Del. Nic Kipke (R)
MD	HB 785	Withdrawn	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from requiring that a beneficiary use a mail order pharmacy to fill or refill a prescription as a condition for reimbursing the cost of the drug. This measure also prohibits carriers from prohibiting an enrollee from selecting a pharmacy of the enrollee's choice for pharmacy services, if the pharmacy participates as a contract provider in the health benefit offered by the carrier.	Del. Matt Morgan (R)

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MD	HB 885	Referred to House Health and Government Operations Committee	Pharmacy Benefit Manager	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.	Del. Sheree Sample-Hughes (D)
MD	HB 905	Withdrawn	Other	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.	Del. Emily Shetty (D)
MD	HB 943/SB 871	Referred to House Health and Government Operations Committee/Referred to Senate Finance Committee	Pharmacy Benefit Manager	This measure requires a pharmacy benefit manager (PBM) to allow an enrollee to obtain a specialty drug from a dispensing physician. This bill prohibits a PBM from imposing 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.	Del. Karen Young (D), Sen. J.B. Jennings (R)
MD	HB 1150	Signed by Governor	Pharmacy Benefit Manager	This measure requires that at least six months before the expiration of a contract for pharmacy benefit manager (PBM) services for the state health and welfare benefits program, the Department of Budget and Management must select a PBM by conducting a reverse auction.	Del. Shane Pendergrass (D)
MD	HB 1307	Signed by Governor	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from making a reduction in payment for pharmacy services. It also prohibits PBMs from directly or indirectly reducing a payment for a pharmacy service under a reconciliation process to an effective rate of reimbursement, including generic effective rates, brand effective rates, and direct and indirect remuneration fees.	Del. Nic Kipke (R)
MD	SB 669/HB 1095	Vetoed by Governor	Cost Review (Rate Setting)	This measure stipulates that funding for the Prescription Drug Affordability Board will come from an annual assessment on manufacturers, pharmacy benefit managers, carriers and wholesale distributors. The total amount of fees the board may collect in each calendar year cannot exceed \$2 million.	Sen. Bill Ferguson (D), Del. Adrienne Jones (D)
MD	SB 915/HB 978	Signed by Governor	Pharmacy Benefit Manager	This measure requires pharmacy services administrative organizations (PSAO) to obtain a license from the Insurance Commissioner. This bill prohibits a PSAO from refusing to pay or reimburse an independent pharmacy or a pharmacy benefit manager for an arbitrary or capricious reason.	Sen. Ben Kramer (D), Del. Ariana Kelly (D)
MD	SB 1017	Referred to Senate Finance Committee	Pharmacy Benefit Manager	This measure prohibits pharmacy benefit managers (PBMs) from including a mail order pharmacy in a determination of network adequacy. This measure also authorizes a pharmacy to decline to dispense a prescription drug if the amount reimbursed by a PBM is less than the pharmacy acquisition cost.	Sen. Edward Reilly (R)
MA	H 931	Referred to Joint Financial Services Committee	Transparency	This measure requires three representatives from the pharmaceutical industry to attend the Health Policy Commission's annual public hearing based on information submitted to the Center for Health Information and Analysis. They will be required to share information concerning factors underlying drug costs and price increases, the impact of manufacturer rebates, and the availability of alternative drugs. This bill also requires pharmaceutical manufacturers to provide early notice to the commission for a pipeline drug, an abbreviated new drug application or a biosimilar biologic license. This bill requires manufacturers to report drug pricing information to the commission.	Rep. Gerald Cassidy (D)
MA	H 1013/S 652	Referred to Joint Financial Services Committee/Study order	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from prohibiting a pharmacy from disclosing to an individual the cost of the prescription medication and the availability of any equivalent medication or alternative methods of purchasing the drug, including cash price. Additionally, under this bill, no PBM can require an individual to make a payment at the point of sale for a covered prescription medication in an amount greater than the amount an individual would pay for the medication without insurance.	Rep. Bradley Jones (R), Sen. Bruce Tarr (R)
MA	H 1055/S 640	Referred to Joint Financial Services Committee/Study order	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from prohibiting a pharmacy or pharmacist from providing information to a consumer regarding cost sharing or lower-cost alternatives. This measure also contains language regarding maximum allowable cost lists.	Rep. Paul McMurdy (D), Sen. Michael Rodrigues (D)
MA	H 1104	Referred to Joint Financial Services Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from prohibiting a pharmacy or pharmacist from providing information to a consumer regarding cost sharing or lower-cost alternatives. This measure also contains language regarding maximum allowable cost lists.	Rep. Alan Silva (D)



MA	H 1133/S 706	Referred to Joint Health Care Financing Committee/Referred to Joint Health Care Financing Committee	Cost Review (Rate Setting)	<p>manufacturers, a drug could lead to an entity increase expenditures above the health care cost growth benchmark or if it would could create challenges to the affordability of health care in the state. A brand name drug or biologic can be reviewed if the product has a launch cost of \$30,000 or more or a wholesale acquisition cost (WAC) of \$3,000 or more. A biosimilar can be reviewed if the launch WAC is not at least 15% lower than the referenced brand biologic. Generic drugs can be reviewed if there is a price increase that results in an increase in the WAC that is equal to 200% or more over a year and the WAC is at least \$100. The review will determine if the commission will set an upper payment limit on the drug. This measure also requires manufacturers to give 60 days' notice prior to a WAC increase of 10% or more for a drug that costs over \$40.</p> <p>This measure also requires a study of the impact of pharmaceutical manufacturing company pricing factors and methodologies and the pharmacy benefit manager (PBM) business model. The top 20 selling drugs in the state will be studied. The Center for Health Information and Analysis will also require PBMs to submit information regarding rebates.</p> <p>This measure also requires the Secretary of Health and Human Services to set a pharmaceutical spending target pursuant to supplemental rebate cost containment. Under this bill, the secretary may directly negotiate supplemental rebate agreements with manufacturers. If a manufacturer and the secretary cannot establish a supplemental rebate agreement, the secretary can require the manufacturer to disclose records relating to the pricing of the drug under consideration. If the secretary deems the manufacturer's price excessive, the secretary can impose a penalty on the manufacturer.</p> <p>This measure requires PBMs to obtain a license and establishes a fiduciary duty to health benefit plans.</p>	Rep. Christine Barber (D), Sen. Jason Lewis (D)
MA	H 1154	Referred to Joint Health Care Financing Committee	Transparency	<p>This measure requires the Center for Health Information and Analysis to annually prepare a list of at least 10 outpatient drugs that the center determines account for a significant share of state health care spending. The manufacturer of a drug on the list must provide an explanation of the increase and aggregate, company-level research and development costs.</p> <p>This measure also requires pharmacies to post notices informing consumers that they can request the current pharmacy retail price for prescription drugs at the point of sale. If the consumer's cost-sharing amount for the drug exceeds the retail price, the pharmacist will charge the consumer the applicable cost-sharing amount or the current retail price. Additionally, this bill prohibits a pharmacy benefit manager (PBM) from preventing pharmacists from disclosing cost information to a consumer.</p>	Rep. Carmine Gentile (D)
MA	H 1162/S 552	Referred to Joint Health Care Financing Committee/Study order	Transparency	<p>This measure requires the Health Policy Commission to annually identify up to 15 prescription drugs on which the state spends significant health care dollars and for which the wholesale acquisition cost has increased by 50% or more over the past five years or by 15% or more over the past 12 months. For each drug on the list, the Attorney General will require manufacturers to submit pricing information.</p> <p>This measure also requires manufacturers to submit a report to the Health Policy Commission for each price increase of a prescription drug that will result in an increase in the average manufacturer price of that drug that is at least 10% over a year. Each year, the commission will hold public hearings based on the reports submitted by manufacturers.</p>	Rep. Kate Hogan (D), Sen. Nick Collins (D)
MA	H 1167	Referred to Joint Health Care Financing Committee	Transparency	<p>This measure requires the Health Policy Commission and the Center for Health Information and Analysis to create annually a list of 10 drugs on which the MassHealth program spends significant health care dollars and for which the WAC has increased by 50% or more over the past five years or by 15% during the previous year. This bill also requires carriers to create annually a list of 10 prescription drugs on which its plans spend significant amounts of their premium dollars, and for which the cost to the plans, net of rebates, has increased by 50 % or more over the past five years or 15% during the previous year.</p> <p>Using both sets of information, the Attorney General will create a list of up to 15 drugs on which the greatest amount of money was spent. Manufacturers of those drugs must submit pricing information to justify the increase in the net cost of the drug..</p>	Rep. Bradley Jones (R)
MA	H 1178	Referred to Joint Health Care Financing Committee	Transparency	<p>This measure requires the Center for Health Information and Analysis to annually prepare a list of at least 10 outpatient drugs that the center determines account for a significant share of state health care spending. The manufacturer of a drug on the list must provide an explanation of the increase and aggregate, company-level research and development costs.</p> <p>This measure also requires pharmacies to post notices informing consumers that they can request the current pharmacy retail price for prescription drugs at the point of sale. If the consumer's cost-sharing amount for the drug exceeds the retail price, the pharmacist will charge the consumer the applicable cost-sharing amount or the current retail price. Additionally, this bill prohibits a pharmacy benefit manager (PBM) from preventing pharmacists from disclosing cost information to a consumer.</p>	Rep. Ronald Mariano (D)

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MA	H 1193	Referred to Joint Health Care Financing Committee	Cost Review (Rate Setting)	This measure creates the Drug Cost Review Commission. The commission will be notified by a manufacturer of a patent-protected, brand-name drug or biologic if the wholesale acquisition cost (WAC) increases by more than 10% or by \$10,000 during any 12-month period or if the manufacturer intends to introduce to market a brand-name drug that has a WAC of \$30,000 or more. A manufacturer of a generic or off-patent, sole-source brand product must notify the commission if the manufacturer is increasing the WAC by more than 25% or more \$300 during a year. The commission will use a variety of economic factor to determine whether a drug has an excessive cost. If the commission determines a drug has an excessive cost, it will establish the level of reimbursement that will be paid among payers and pharmacies and wholesalers/distributors.	Rep. Lindsay Sabadosa (D)
MA	H 1972	Referred to Joint Public Health Committee	Importation	This measure establishes a wholesale prescription drug importation program.	Rep. Lenny Mira (R)
MA	HB 4134	Governor's Health Care Bill	Cost Review (Rate Setting)	This measure subjects manufacturers of drugs that cost more than \$50,000 per year to the Health Policy Commission accountability process. This measure also imposes a penalty on manufacturers that increase the price of a drug by more than 2% above the rate of inflation in a given year. This bill requires representatives from the pharmaceutical industry to participate in cost trend hearings and requires pharmacy benefit managers to obtain certification from the Department of Insurance.	Governor Charlie Baker (R)
MA	S 601	Study order	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from charging a health carrier or health benefit plan more than what was paid to the pharmacy for those services. This measure also requires PBMs to submit aggregate rebate information to the Division of Insurance.	Sen. Patricia Jehlen (D)
MA	S 646	Study order	Pharmacy Benefit Manager	This measure requires the Insurance Commissioner to promulgate regulations for the licensing of pharmacy benefit managers.	Sen. Bruce Tarr (R)
MA	S 653	Study order	Transparency	This measure requires insurance issuers that charge enrollees a cost-sharing amount that may result in an excessive consumer cost burden for covered prescription drugs to disclose to enrollees the fact that enrollees may be subject to an excessive cost burden. Under this bill, "excess consumer cost burden" means a cost burden amount charged to an enrollee for a covered drug that is greater than the amount that an enrollee's health insurance issuer pays, or would pay absent enrollee cost sharing.	Sen. Bruce Tarr (R)
MA	S 654	Study order	Pharmacy Benefit Manager	This measure requires the Insurance Commissioner to promulgate regulations for the licensing of pharmacy benefit managers.	Sen. Bruce Tarr (R)
MA	S 659	Became S 2364 (amended out of scope)	Pharmacy Benefit Manager	This measure requires pharmacies to post a notice informing consumers that a consumer may request current pharmacy retail prices at the point of sale. If a consumer's cost-sharing amount exceeds the retail price, the pharmacist must notify the consumer and charge the consumer the applicable cost-sharing amount or the current retail price.	Sen. James Welch (D)
MA	S 695	Referred to Joint Health Care Financing Committee	Volume Purchasing	This measure establishes a special commission to examine the prospect of establishing a system for bulk purchasing and distribution of pharmaceutical products with a significant public health benefit and the potential for significant health care cost savings through overall increased purchase capacity.	Sen. Eric Lesser (D)
MA	S 696/H 3551	Referred to Joint Health Care Financing Committee; Referred to Joint Elder Affairs Committee	Transparency	This measure requires the Health Policy Commission to develop a list of critical prescription drugs for which there is substantial public interest in understanding the development of pricing. The commission will examine multiple cost factors, including the total cost of production per dose, research and development costs and marketing costs. The commission will annually identify the drugs that due to their cost, jeopardize the state's ability to meet the statewide health care cost growth benchmark.	Sen. Eric Lesser (D), Rep. Jose Tosado (D)
MA	S 712	Referred to Joint Health Care Financing Committee	Transparency	This measure requires the Health Policy Commission to conduct an annual study of pharmaceutical manufacturing companies with pipeline drugs, generic drugs, or biosimilar drug products that may have a significant impact on statewide health care expenditures. The Center for Health Information and Analysis will obtain cost information from manufacturer information. This measure also requires pharmaceutical manufacturers to provide early notice to the commission for a pipeline, an abbreviated new drug application for generic drugs, or a biosimilar biologics license application. This measure also requires the attorney general to monitor trends in the health care market and gives the attorney general to investigate manufacturers or pharmacy benefit managers.	Sen. Mark Montigny (D)
MA	S 733	Substituted by S 2397	Pharmacy Benefit Manager	This measure requires a pharmacy to notify consumers that at the point of sale, they may request the current pharmacy retail price. If a pharmacist determines that the cost sharing for a prescription exceeds the current retail price, they shall notify the customer of the pharmacy retail price and the difference between it and the consumer's cost-sharing amount. A pharmacist will charge a customer the applicable cost-sharing or the current pharmacy retail price for that prescription, whichever is less.	Sen. James Welch (D)

MA	S 2397	Substituted for S. 733; passed Senate Ways and Means Committee; amended; substituted by S. 2409	Other	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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>	Senate Committee on Ways and Means
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MA	S 2409	Substituted for S. 2397; referred to House Committee on Ways and Means	Other	<p>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 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This measure requires pharmacy benefit managers (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> <p>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.</p>	Senate Committee on Ways and Means
MA	SB 2671	New draft of S 1295; referred to Joint Health Care Financing Committee	Other	<p>This measure requires the Health Policy Commission to develop, implement, and promote an evidence-based outreach and education program to support the therapeutic and cost-effective utilization of prescription drugs for health care practitioners authorized to prescribe and dispense drugs. The program must include in-person visits to prescribers by physicians, podiatrists, pharmacists, and nurses and must inform prescribers about drug marketing intended to circumvent competition from generic or other therapeutically-equivalent pharmaceutical alternatives.</p>	Joint Public Health Committee
MA	S 2776	Referred to Joint Health Care Financing Committee	Pharmacy Benefit Manager	<p>This measure requires pharmacy benefit managers (PBMs) to obtain certification from the Commissioner of Insurance before operating in the state. Under this law, PBMs would be required to submit data and reporting information to the Center for Health Information and Analysis regarding discounts, retained rebates, and earned margins on payments to pharmacies on behalf of health plans. This measure prohibits the use of gag clauses in contracts between PBMs and pharmacies. Under this bill, no PBM can require an individual to make a payment at the point of sale for a covered prescription medication in an amount greater than the amount an individual would pay for the medication without using health insurance.</p> <p>This bill also requires the Health Policy Commission to conduct an analysis and issue a report by June 1, 2023, evaluating the effect of discounts, rebates, product vouchers, and other reductions for biological products and prescription drugs in relation to pharmaceutical spending.</p>	Sen. Bruce Tarr (R)

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MI	HB 4154	Introduced	Transparency	This measure requires a manufacturer to submit an annual report with the Department of Health and Human Services on costs associated with a prescription drug for the preceding calendar year if the drug has a wholesale acquisition cost (WAC) of \$10,000 or more per course of treatment or if the WAC has increased by a total of 25% or more during the last five 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)
MI	HB 4978	Referred to House Health Policy Committee	Importation	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)
MI	HB 4979	Referred to House Health Policy Committee	Importation	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)
MI	HB 5107	Referred to House Health Policy Committee	Importation	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)
MI	HB 5108	Referred to House Health Policy Committee	Transparency	This measure requires manufacturers of drugs that have a wholesale acquisition cost (WAC) that is more than \$40 to notify qualified purchasers 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 finding to the Attorney General's office with a request that the Attorney General investigate the manufacturer.	Rep. Angela Witwear (D)
MI	HB 5109	Referred to House Health Policy Committee	Price Gouging	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)
MI	HB 5457	Referred to House Health Policy Committee	Study	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)
MI	HB 5937	Substituted; passed House Health Policy Committee; referred to House Ways and Means Committee	Transparency	This measure requires drug manufacturers to annually report to the Department of Insurance and Financial Services certain cost information, including the aggregate wholesale acquisition cost (WAC) charged for each therapeutic category of prescription drugs net of all rebates and the aggregate amount paid to pharmacy benefit managers. For every drug on the market, the manufacturer must report manufacturing, research and development, and marketing costs.  This measure also requires manufacturers to submit reports with cost information to the department if the WAC of a drug that costs at least \$500 increases in price by 10% in a year or 20% over three years.	Rep. Hank Vaupel (R)
MI	HB 5938	Substituted; passed House Health Policy Committee; referred to House Ways and Means Committee	Pharmacy Benefit Manager	This measure requires a pharmacy benefit manager (PBM) to obtain a license prior to operating in the state. This bill requires a PBM to exercise good faith and fair dealing in the performance of its contractual duties. This measure prohibits a PBM from prohibiting a 340B entity from participating in the PBM's network. This measure also prohibits the use of gag clauses in contracts between PBMs and pharmacies. Under this bill, PBMs will be required to file an annual transparency report with the Insurance Director that outlines rebate information.	Rep. Frank Liberati (D)
MI	HB 5941	Passed House Health Policy Committee; referred to House Ways and Means Committee	Pharmacy Benefit Manager	This bill prohibits a pharmacy benefit manager (PBM) from reimbursing a 340B entity for drugs at a lower rate than that paid of pharmacies that are not 340B entities. This measure also prohibits a carrier from requiring a patient to pay a copay that is higher than the cost of the drug dispensed to the patient. Under this bill, PBMs cannot prevent pharmacies from providing cost information to consumers.	Rep. Jason Wentworth (R)

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MI	HB 5942	Substituted; passed House Health Policy Committee; referred to House Ways and Means Committee	Pharmacy Benefit Manager	This measure prohibits pharmacies and pharmacists from entering into a contract that prohibits them from disclosing drug pricing information to consumers.	Rep. Bronna Kahle (R)
MI	SB 139	PBM provisions vetoed by Governor	Pharmacy Benefit Manager	This measure prohibits the Department of Health and Human Services from entering into contracts with Medicaid managed care organizations that rely on pharmacy benefit managers that do not agree to move to a transparent pass-through pricing model or create new pharmacy administration fees. This measure also contains guidelines detailing which pricing methodologies pharmacies with a certain number of outlets should use.	Sen. Peter MacGregor (R)
MI	SB 525	Referred to Senate Health Policy and Human Services Committee	Importation	This measure allows for the establishment of a wholesale prescription drug importation program from Canada.	Sen Ruth Johnson (R)
MI	SB 1126	Referred to Senate Insurance Committee	Other	This measure requires insurers to make available to an insurance broker accurate claims utilization and cost information for the medical benefit plan in the aggregate and for each large employer group. For a plan that provides prescription drug benefits, the insurer must provide the amount charged and paid for drug claims each month, the total amounts charged and paid for brand-name, generic and specialty drug claims each month, the 50 drugs with the most claims paid, and the 50 drugs with the largest expenditures.	Sen. Dan Lauwers (R)
MN	HF 4/SF 1518	Referred to House Ways and Means Committee; referred to Senate Health and Human Services Finance and Policy Committee	Price Gouging	This measure prohibits drug manufacturers and wholesaler distributors from charging unconscionable prices for essential prescription drugs. Under this bill, an "essential prescription drug" means a patented, off-patent, or generic drug that is covered under Medicaid or Medicare Part D or has been designated by the Health and Human Services Commissioner as an essential drug and costs at least \$80 for a 30-day course of treatment.  The Commissioner of Human Services must maintain a list of all essential drugs on the agency website. The Minnesota Board of Pharmacy will be responsible for notifying the attorney general of any increase of 15% or more during a one-year period in the price of any essential prescription drug sold in Minnesota.	Rep. John Lesch (D), Sen. Matt Klein (D)
MN	HF 704	Referred to House Health and Human Services Policy Committee	Transparency	This measure requires each manufacturer of a prescription drug that has a wholesale acquisition cost (WAC) of \$10,000 or more annually or per course of treatment to file a report with the Commissioner of Health. The report must include information about the total cost for production of the drug, total research and development costs, total costs for clinical trials, and total costs for marketing and advertising. The manufacturer must also give a cumulative annual history of average wholesale price and WAC increases.	Rep. Kelly Morrison (D)
MN	HF 743	Referred to House Commerce Committee	Pharmacy Benefit Manager	This measure prohibits a health plan from requiring an enrollee to pay a copayment for a prescription drug at the point of sale that is greater than the lesser of the allowable claim amount the pharmacy will receive from the plan or pharmacy benefit manager, or the amount an individual would pay at the pharmacy without using insurance.	Rep. Kristin Bahner (D)
MN	HF 753	Referred to House Health and Human Services Policy Committee	Price Gouging	This measure prohibits a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug. The Board of Pharmacy, the Human Services Commissioner, or a health plan can notify the attorney general of any increase in the price of an essential off-patent or generic drug that costs at least \$80 for a 30-day course of treatment when the price increase would result in an increase of 50% or more.	Rep. Tim Mahoney (D)
MN	HF 1523/SF 1734	Amended, passed House Health and Human Services Committee; referred to House Ways and Means Health and Human Services Finance Division/Referred to Senate Health and Human Services Finance and Policy Committee	Volume Purchasing	This measure authorizes the Commissioner of Human Services to establish a prescription drug purchasing program that will: -Make drugs available at the lowest possible cost to participants; -Promote health; -Maintain a list of drugs recommended as the most effective prescription drugs at the best prices; -Administer drug benefits for medical assistance and MinnesotaCare; and -Adjudicate pharmacy claims.  The commissioner will set the terms and conditions for pharmacies to participate in the program.	Rep. Hunter Cantrell (D), Sen. John Hoffman (D)

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MN	HF 2414/SF 2452	Became special session SF 12	Transparency	<p>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.</p> <p>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.</p>	Rep. Tina Liebling (D), Sen. Michelle Benson (R)
MN	HF 2518	Referred to House Commerce Committee	Transparency	<p>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.</p>	Rep. Jeremy Munson (R)
MN	HF 2819	Referred to House Taxes Committee	Other	<p>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.</p>	Rep. Michael Howard (D)
MN	HF 3100/SF 3164	Conference committee report adopted by both chambers; signed by Governor/HF passed; no substitution	Coupons/Cost Sharing	<p>urgent need of insulin or who are in need of access to an affordable insulin supply. An insulin product is exempt from this section if the wholesale acquisition cost (WAC) of the insulin is \$8 or less per milliliter. This bill does not apply to manufacturers with an annual gross revenue of \$2 million or less.</p> <p>To be eligible to receive an urgent-need supply of insulin, an individual must not be enrolled in medical assistance or in prescription drug coverage that limits the total amount of cost sharing that the enrollee is required to pay for a 30-day supply to \$75 dollars or less. They must also have not received an urgent-need supply of insulin through this program within the previous year. Under this bill, "urgent need of insulin" means having readily available for use less than a seven-day supply of insulin and in need of insulin in order to avoid the likelihood of suffering significant health consequences. MNSure will develop an application form to be used by an individual who is in urgent need of insulin. If the individual is in urgent need of insulin, the individual can present a completed application form to a pharmacy. The individual must also have a valid prescription and present the pharmacist with identification indicating Minnesota residency. The pharmacist will then dispense the prescribed insulin in a 30-day supply. The pharmacy may submit to the insulin manufacturer a claim for payment, unless the manufacturer agrees to send the pharmacy a replacement supply of the same insulin as dispensed in the amount dispensed. The pharmacy may collect an insulin copayment from the individual to cover the pharmacy's cost of processing and dispensing in an amount not to exceed \$35 for the 30-day supply. The pharmacy must also give the individual information about trained navigators who can help the individual access ongoing insulin coverage options.</p> <p>This bill also establishes a continuing safety net program, under which each manufacturer will make its patient assistance programs available to any individual who has a family income of less than 400% of the federal poverty guidelines and is not enrolled in prescription drug coverage that limits insulin copayments to \$75 or less. Manufacturers are responsible for determining eligibility. Eligibility is valid for 12 months and is renewable upon a redetermination of eligibility. If the eligible individual has a prescription drug coverage through a health plan, the manufacturer may determine that the individual's insulin needs are better addressed through the use of the manufacturer's copayment assistance program. The pharmacy can collect a copayment from the individual that cannot exceed \$50 each 90-day supply.</p> <p>Manufacturers who fail to comply with this bill will face an administrative penalty of \$200,000 per month of noncompliance, with the penalty increasing over time.</p>	Rep. Michael Howard (D), Sen. Melissa Wiklund (D)
MN	HF 3223/SF 3400	Amended, passed House Health and Human Services Policy Committee; referred to House Health and Human Services Finance Division/Referred to Senate Health and Human Services Finance and Policy Committee	Pharmacy Benefit Manager	<p>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 product. If a PBM elects coverage of an aforementioned product, it must also elect equivalent coverage for all of the aforementioned products.</p>	Rep. Jennifer Schultz (D), Sen. Rich Draheim (R)

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MN	HF 3609/SF 3596	Referred to House Commerce Committee/Referred to Senate Health and Human Services Finance and Policy Committee	Importation	This measure requires the Commissioner of Health to design a wholesale prescription importation program that complies with federal requirements.	Rep. Duane Quam (R), Sen. Jim Abeler (R)
MN	HF 3646/SF 3584	Referred to House Commerce Committee/Referred to Senate Health and Human Services Finance and Policy Committee	Other	This measure requires a pharmacy benefit manager (PBM) or health carrier that includes a brand-name drug or reference biologic product in its formulary to also include generically equivalent drugs to the brand-name drug and interchangeable biological products to the reference biological product if the cost to the enrollee for the equivalent/interchangeable is less than the cost to the enrollee of the brand drug or reference biologic product, or if the total cost is less than the brand-name or reference biological product.  This measure also requires each wholesaler to report the average acquisition cost for drugs repackaged in the state, along with the wholesaler's average sale price to purchasers.  This measure also prohibits PBMs from steering patients to affiliate pharmacies.	Rep. Glenn Gruenhagen (R), Sen. Rich Draheim (R)
MN	HF 3805/SF 4083	Referred to House Commerce Committee/Referred to Senate Health and Human Services Finance and Policy Committee	Transparency	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.	Rep. Steve Elkins (D), Sen. Scott Jensen (R)
MN	HF 4114	Referred to House Commerce Committee	Pharmacy Benefit Manager	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.	Rep. Kristin Bahner (D)
MN	SF 67/HF 723	Referred to Senate Health and Human Services Finance and Policy Committee/Referred to House Health and Human Services Policy Committee	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist for informing the covered person about the cost of the prescription or about any therapeutically equivalent alternative medications.	Sen. Scott Jensen (R), Rep. Steve Elkins (D)
MN	SF 237/HF 149	Referred to Senate Health and Human Services Finance and Policy Committee/Amended, passed House Commerce Committee	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist from informing a patient about the out-of-pocket price for a drug. This measure also requires a pharmacist, when dispensing a prescription, to disclose the net amount the pharmacy will receive from all sources for dispensing the drug.	Sen. Scott Jensen (R), Rep. Kristin Bahner (D)
MN	SF 272	Referred to Senate Health and Human Services Finance and Policy Committee	Price Gouging	This measure prohibits a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug. The Board of Pharmacy, the Human Services Commissioner, or a health plan can notify the attorney general of any increase in the price of an essential off-patent or generic drug that costs at least \$80 for a 30-day course of treatment when the price increase would result in an increase of 50% or more.	Sen. Matt Klein (D)
MN	SF 353/HF 1668	Referred to Senate Health and Human Services Finance and Policy Committee/Referred to House Commerce Committee	Cost Review (Rate Setting)	This measure creates the Prescription Drug Affordability Commission. Under this bill, drug manufacturers must notify the commission if they increase the wholesale acquisition cost (WAC) of a brand-name drug or biologic by more than 10% or by more than \$10,000 during any 12-month period, or if they intend to introduce a brand name drug to market with a WAC of \$30,000 per calendar year. For generic drugs, a manufacturer must notify the commission if the WAC increases by more than 25% or \$300 in an 12-month period. All manufactures must notify the commission of increases at least 30 days before an increase takes effect, along with a justification for the increase. The chair of the commission may initiate a review of the cost of a drug, and the commission will determine whether the drug will lead to excess costs on the health care system. If the commission finds that spending on the drug creates excessive costs for consumers, the commission will establish a maximum level of reimbursement.	Sen. Scott Jensen (R), Rep. Laurie Pryor (D)



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MN	SF 364/HF 284	referred to Senate Health and Human Services Finance and Policy Committee/Amended, passed House Health and Human Services Policy; referred to House Judiciary, Finance and Civil Law Division	Cost Review (Rate Setting)	This measure authorizes the Commissioner of Health to review costs for insulin products sold in Minnesota to determine if the cost is excessive. Under this bill, each manufacturer of an insulin product must report the wholesale acquisition cost for each insulin product offered for sale in the state. If the commissioner finds that spending on an insulin product is excessive, the commissioner will establish a maximum level of reimbursement that must not create more than 50% net profit for the manufacturer.	Sen. Matt Little (D), Rep. Laurie Halverson (D)
MN	SF 366/HF 289	Referred to Senate Health and Human Services Finance and Policy Committee/Amended; passed House Commerce Committee; passed House Health and Human Services Policy; referred to House Ways and Means Committee Health and Human Services Finance Division	Transparency	This measure requires the Commissioner of Health to compile a list of essential diabetes medications. From the list, the commissioner must also compile a list of diabetes medications that have been subject to an increase in the wholesale acquisition cost of a percentage equal to or greater than the percentage increase in the Consumer Price Index Medical Care Component during the previous year or twice the percentage increase in the previous two years. Under this bill, manufacturers of drugs included on the commissioner's list must disclose pricing information, including the aggregate amount of all rebates the manufacturer provided to pharmacy benefit managers (PBM), as well as a justification for the price increase. This measure also requires PBMs to submit a report to the commissioner regarding rebates.	Sen. Matt Little (D), Rep. Alice Mann (D)
MN	SF 495	Referred to Senate State Government Finance and Policy and Elections Committee	Importation	This measure establishes a wholesale Canadian drug importation program. State and local government employee health care programs, as well as state health care programs and health plan companies, will be able to enter into an agreement with a pharmacy benefit manager to negotiate prices and administer contracts with Canadian pharmacies.	Sen. Carla Nelson (R)
MN	SF 841	Referred to Senate Health and Human Services Finance and Policy Committee	Pharmacy Benefit Manager	This bill requires licensure for pharmacy benefit managers (PBMs). This measure also requires that each PBM provide to a covered entity all financial and utilization information requested by the covered entity relating to the provision of benefits to covered individuals through that covered entity and, including all rebates and discounts from drug manufacturers. This measure also requires PBMs to disclose pricing information to consumers.	Sen. John Marty (D)
MN	SF 1006/HF 1257	Referred to Senate Health and Human Services Finance and Policy Committee/referred to House Ways and Means Committee	Pharmacy Benefit Manager	This bill allows health plans to change their formularies midyear to remove a brand drug from its formulary or move a brand drug to a new cost-sharing tier if a generic equivalent is approved.	Sen. Carla Nelson (R), Rep. Hunter Cantrell (D)
MN	SF 1098/HF 1246	Signed by Governor/Passed House Judiciary, Finance and Civil Law Division; referred to House Ways and Means Committee	Transparency	This measure requires drug manufacturers to submit a report to the Commissioner of Health for every drug priced more than \$100 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 for brand-name drugs or by 50% or more in a 12-month period for generic drugs. This measure also requires manufacturers to submit pricing information for drugs that will be introduced to the market with a price above the specialty tier threshold in the Medicare Part D program for a 30-day supply and is not at least 15% lower than the referenced brand-name drug when the generic is being launched. The commissioner must post certain reported information on the department's website.	Sen. Julie Rosen (R), Rep. Kelly Morrison (D)
MN	SF 1184	Referred to Senate Health and Human Services Finance and Policy Committee	Importation	This measure instructs the Commissioner of Human Services to develop a wholesale drug importation program to make discounted prescription drugs imported from Canada available to Minnesotans.	Sen. Matt Little (D)
MN	SF 1640	Referred to Senate Health and Human Services Finance and Policy	Transparency	This measure creates the Prescription Drug Price Transparency Act. This bill requires that for every drug priced more than \$40 for a course of therapy, whose price increases by more than 10% in a 12-month period or more than 16% in a 24-month period, the manufacturer must report to the Health Commissioner at least 60 days in advance of the increase certain pricing information. For every new brand-name drug priced over \$500 for a 30-day supply or for a generic drug priced over \$200, manufacturers must provide pricing information as well.	Sen. Rich Raheem (R)

MN	SF 1907/HF 743	Referred to Senate Commerce and Consumer Protection Finance and Policy Committee/amended, passed House Commerce Committee, referred to House Health and Human Services Finance Division	Other	This measure stipulates that a health plan that provides drug coverage shall not require an enrollee to pay a copayment for a prescription drug at the point of sale that is greater than the lesser of the allowable claim amount the pharmacy dispensing the drug will receive from the health plan company or pharmacy benefit manager or the amount an individual would pay at the pharmacy for the drug if the individual did not have insurance.	Sen. Scott Jensen (R), Rep. Kristin Bahner (D)
MN	SF 3019	Amended; passed Senate Health and Human Services Finance and Policy Committee; amended; passed Senate Finance Committee; substituted by HF 3100	Other	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 MinnesotaCare; (3) not be 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.	Sen. Scott Jensen (R)
MN	SF 3031	Referred to House Commerce Committee	Other	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.	Rep. Hunter Cantrell (D)
MN	SF 3120/HF 3228	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)	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 manufacturers must notify the commission of increases at least 30 days before an increase takes effect, along with a justification for the increase. The chair of the commission may initiate a review of the cost of a drug, and the commission will determine whether the drug will lead to excess costs on the health care system. If the commission finds that spending on the drug creates excessive costs for consumers, the commission will establish a maximum level of reimbursement.	Sen. Scott Jensen (R), Rep. Kelly Morrison (D)
MN	SF 3466/HF 4115	Referred to Senate Health and Human Services Committee/Referred to House Commerce Committee	Pharmacy Benefit Manager	This measure bans the use of gag clauses in contracts between pharmacy benefit managers and pharmacies.	Sen. John Marty (D), Rep. Kristin Bahner (D)
MN	SF 3516	Referred to Senate Commerce and Consumer Protection Finance and Policy Committee	Pharmacy Benefit Manager	This measure stipulates that a pharmacy benefit manager has a fiduciary duty to a health carrier.	Sen. John Marty (D)

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<b>MN</b>	SF 3926	Referred to Senate Health and Human Services Finance and Policy Committee	Coupons/Cost Sharing	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.	Sen. Rich Draheim (R)
<b>MN</b>	SF 3970	Amended; passed Senate Health and Human Services Finance and Policy Committee; amended; passed Senate Rules and Administration Committee	Importation	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 23% 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. Under the bill, a health plan that provides coverage for a multi-market approved (imported) drug would be prohibited from imposing any cost-sharing requirements on enrollees for the drug.	Sen. Michelle Benson (R)
<b>MN</b>	SF 4084	Referred to Senate Health and Human Services Finance and Policy Committee	Transparency	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.	Sen. Scott Jensen (R)
<b>MN</b>	SF 4556	Referred to Senate Health and Human Services Finance and Policy Committee	Pharmacy Benefit Manager	This measure prohibits pharmacy benefit managers (PBMs) from prohibiting a pharmacy from discussing information regarding the total cost for pharmacy services for a prescription drug, including the patient's copayment, the usual and customary price for the drug, the pharmacy's acquisition cost for the drug, and the amount the pharmacy is being reimbursed by the PBM for the drug.	Sen. Karla Bigham (D)
<b>MS</b>	HB 279	Died in House Health and Human Services Committee	Price Gouging	This measure prohibits manufacturers and wholesale distributors from pricing gouging in the sale of an essential generic drug. This bill requires the Division of Medicaid the Department of Human Services to notify the attorney general of any increase in the price of an essential generic drug that would result in an increase of 50% or more in the wholesale acquisition costs in one year. The attorney general can issue an order enjoining a violation of this bill or restoring any money acquired by a violation of this act to consumers. The attorney general can also require a manufacturer to offer the drug at a lower price and can impose a civil penalty of up to \$100,000 per violation.	Rep. Donnie Bell (R)
<b>MS</b>	HB 474	Died in House Insurance Committee	Coupons/Cost Sharing	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.	Rep. William Arnold (R)
<b>MS</b>	HB 532	Died in House Drug Policy Committee	Transparency	This measure requires the state's attorney general to compile a list of essential diabetes drugs that includes wholesale acquisition costs (WAC). The attorney general must also compile a list of essential diabetes drugs that have been subject to an increase in the WAC of a percentage equal to or greater than the percentage increase in the consumer price index during the immediate preceding year, or twice the percentage increase in the consumer price index in the immediate preceding two years. Any manufacturer with a drug on these lists must submit cost information. Manufacturers of drugs on the increase list must submit a justification for the price increase.  This measure also requires pharmacy benefits managers to report rebate information.	Rep. Jarvis Dortch (D)
<b>MS</b>	HB 829	Died in House Public Health and Human Services Committee	Importation	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.	Rep. Becky Currie (R)
<b>MS</b>	SB 2402	Died in Senate Public Health and Welfare Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from retroactively denying or reducing a claim or aggregate or 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.	Sen. Rita Parks (R)
<b>MO</b>	HB 1440	Referred to House Health and Mental Health Policy Committee	Importation	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.	Rep. Steve Helms (R)

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MO	HB 1910	Referred to House Health and Mental Health Policy Committee	Cost Review (Rate Setting)	<p>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.</p> <p>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.</p> <p>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.</p> <p>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 precedin+E333g two years. A drug on the list must also cost at least \$60.</p> <p>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.</p>	Rep. Doug Clemens (D)
MO	HB 1973	Referred to House Health and Mental Health Policy Committee	Pharmacy Benefit Manager	<p>This measure requires pharmacy benefit managers to obtain a license from the Commerce and Insurance Department.</p>	Rep. Lynn Morris (R)
MO	HB 2412	Passed House Rules Committee	Pharmacy Benefit Manager	<p>This measure requires pharmacy benefit managers (PBMs) utilized by the Missouri consolidated health care plan to file annual transparency reports detailing aggregate rebate amounts.</p>	Rep. Steve Helms (R)
MO	HB 2527	Referred to House Rules Committee	Coupons/Cost Sharing	<p>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.</p>	Rep. Ann Kelley (R)
MO	HB 2652	Referred to House Health and Mental Health Policy Committee	Importation	<p>This measure requires the Department of Health and Senior Services to develop and implement a prescription drug wholesale importation program.</p>	Rep. Deb Lavender (D)
MO	SB 914	Referred to Senate Insurance and Banking Committee	Coupons/Cost Sharing	<p>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.</p>	Sen. Lauren Arthur (D)
MO	SB 971	Referred to Senate Seniors, Families and Children Committee	Pharmacy Benefit Manager	<p>This bill requires pharmacy benefit managers (PBMs) 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 "generic" with respect to prescription drugs, to mean any "authorized generic drug." 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.</p>	Sen. David Sater (R)
NE	LB 567	Indefinitely postponed	Transparency	<p>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.</p>	Sen. Adam Morefeld

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NE	LB 1182	Indefinitely postponed	Transparency	<p>This measure requires new drug application sponsors to submit to the Department of Health and Human Services written notice informing the department that such sponsor has filed 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.</p> <p>This measure also allows the department 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.</p> <p>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.</p>	Sen. Justin Wayne (D)
NE	LB 1196	Indefinitely postponed	Pharmacy Benefit Manager	<p>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 reimburse 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.</p> <p>This measure also requires carrier 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.</p>	Sen. Morfeld (D)
NH	HB 703	Signed by Governor	Transparency	<p>This measure requires prescription drug manufacturers to provide notice to the insurance department if they are introducing a new prescription drug to market at a wholesale acquisition cost that exceeds the threshold for a specialty drug under the Medicare Part D program. Notice must be given within three days following the release of the drug in the commercial market. Along with the notice, manufacturers must provide pricing information for the drug.</p>	Rep. Ed Butler (D)
NH	HB 717	Referred to House Commerce and Consumer Affairs Committee	Coupons/Cost Sharing	<p>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.</p>	Rep. Garrett Muscatel (D)
NH	HB 1280	Signed by Governor	Importation	<p>This measure establishes a wholesale importation program for prescription drugs from Canada and requires the Department of Health and Human Services to design and obtain federal approval for the program.</p> <p>This bill also establishes a prescription drug affordability board to determine annual public payer spending targets for prescription drugs, develop and implement policies and procedures for the collection of prescription drug price data, implement a register of drug manufacturers for drug pricing data, and establish funding for the board by reasonable user fees and assessments. Negotiating specific rebate amounts, changing formularies, establishing a common prescription drug formulary for all public payers, bulk purchasing, and drug purchasing consortia are all policies the board must consider to meet spending targets. The board will also be required to report the top 25 most frequently prescribed drugs in the state, the 25 costliest drugs, and the 25 drugs with the highest year-over-year cost increases.</p> <p>Under this bill, a manufacturer must notify the board when the manufacturer has increase the wholesale acquisition cost (WAC) of a brand-name drug by more than 20% per pricing unit or a generic drug that costs at least \$10 by more than 20% per pricing unit. They must also notify the board when they introduce a new drug with a WAC that is above the Medicare specialty drug threshold.</p> <p>This measure caps the cost-sharing price or copay of insulin at \$30 for a 30-day supply and stipulates that prescription insulin will not be subject to a deductible. This measure also establishes the prescription drug competitive marketplace under which the Department of Health and Human Services must use a reverse auction process to select a pharmacy benefit manager with which to contract.</p>	Rep. Garrett Muscatel (D)

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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-tablet drug regimen for the treatment or prevention of HIV/AIDS.	Rep. Ed Butler (D)
NH	SB 63	Signed by Governor	Pharmacy Benefit Manager	This measure requires that all rebates remitted by or on behalf of a pharmaceutical manufacturer, or to a pharmacy benefit 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.	Sen. Jon Morgan (D)
NH	SB 260	Amended, passed Senate Finance Committee	Other	This measure directs the Department of Health and Human Services to develop a prescription drug assistance program to pay out-of-pocket prescription drug costs for seniors who have reached the gap in standard Medicare Part D coverage. This will be a one-year long pilot program.	Sen. Dan Feltes (D)
NH	SB 685	Amended; passed 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.	Sen. Dan Feltes (D)
NH	SB 686	Died on table	Pharmacy Benefit Manager	<p>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.</p> <p>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 provide a process by which pharmacies can appeal a MAC reimbursement. A health carrier or PBM must also 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Sen. Cindy Rosenwald (D)

NH	SB 687	Died on table	Cost Review (Rate Setting)	<p>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 payers based on a 10-year rolling average of the medical care services component of the Consumer Price Index. The board must determine spending targets on specific drugs that may cause affordability challenges to enrollees in a public payer health plan and which payers are likely to exceed spending targets. The board can consider a payer's drug-spending data when considering targets.</p> <p>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 payers; (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 payor prescription drug benefit for a fee; and (8) procuring common expert services for public payers, including pharmacy benefit manager services.</p> <p>This measure also requires the board to report on annual net spending by public payers, 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>	Sen. Thomas Sherman (D)
NH	SB 688	Died on table	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.	Sen. Martha Fuller Clark (D)
NJ	A 653	Combined with A 954/A1669	Coupons/Cost Sharing	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.	Rep. John Armato (D)
NJ	A 687	Referred to Assembly Health Committee Substituted; passed	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.	Asm. Valerie Vainieri Huttie (D)
NJ	A 954/S 1729	Assembly Financial Institutions and Insurance Committee; referred to Assembly Appropriations Committee/Referred to Senate Commerce Committee	Coupons/Cost Sharing	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.	Asm. Robert Karabinchak (D), Sen. Joseph Lagana (D)
NJ	A 955	Referred to Assembly Financial Institutions and Insurance Committee	Pharmacy Benefit Manager	This measure prohibits pharmacy benefit managers (PBMs) from requiring covered persons to use mail service pharmacies.	Asm. Robert Karabinchak (D)
NJ	A 1028/ S 1253	Referred to Assembly Human Services Committee/Referred to Senate Health, Human Services and Senior Citizens Committee	Pharmacy Benefit Manager	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.	Asm. Joann Downey (D), Sen. Vin Gopal (D)
NJ	A 1258/S 1210	Referred to Assembly State and Local Governments Committee/Referred to Senate State Government, Wagering, Tourism and Historic Preservation Committee	Pharmacy Benefit Manager	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.	Asm. Gary Schaefer (D), Sen. Joseph Cryan (D)

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NJ	A 1259/S 249	Referred to Assembly Human Services Committee/Referred to Assembly Human Services Committee	Pharmacy Benefit Manager	This measure requires a pharmacy benefit manager (PBM) providing services within Medicaid to disclose certain information to the Department of Human Services. Under this bill, any contract entered into by a managed care organization (MCO) that has contracted with the Division of Medicaid Assistance and Health Services would require the PBM to disclose all sources of incomes (including pricing discounts and rebates), all ingredient costs and dispensing fees made by the PBM to pharmacies, and the PBM's payment model for administrative fees.	Asm. Gary Schaefer (D), Sen. Troy Singleton (D)
NJ	A 1477/S 1142	Referred to Assembly Health Committee/Referred to Senate Health, Human Services and Senior Citizens Committee	Cost Review (Rate Setting)	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.	Asm. Paul Moriarty (D), Sen. Joseph Vitale (D)
NJ	A 2222/S 1423	Referred to Assembly Financial Institutions and Insurance Committee/Referred to Senate Commerce Committee	Pharmacy Benefit Manager	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.	Asm. John McKeon (D), Sen. Troy Singleton (D)
NJ	A 2488/S 919	Referred to Assembly Health Committee/Referred to Senate Health and Human Services and Senior Citizens Committee	Price Gouging	This bill prohibits prescription drug manufacturers and wholesale distributors from excessively increasing the price of an essential on-patent or generic drugs. In this bill, price gouging is defined to mean an increase in the price of a drug that is excessive and not justified by the cost of producing the drug and that results in consumers having no alternative but to purchase the drug at an excessive prices. 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 these drugs when the price increase would result in a wholesale acquisition cost increase of 50% or more, so long as that drug is more than \$80 for a 30-day supply. The attorney general can require a manufacturer or distributor to produce any records that could be relevant to the determination of whether a violation of this bill has occurred.  If a court determines that a manufacturer has engaged in price gouging, the court may require the manufacturer to make the drug available at the price at which the drug was made available to residents prior to the manufacturer's violation. The court can also impose a civil penalty of up to \$10,000 per violation.	Asm. Carol Murphy (D), Sen. Troy Singleton (D)
NJ	A 2671	Referred to Assembly Health Committee	Price Gouging	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.	Asm. Valerie Vainieri Huttle (D)
NJ	A 2681/S 1732	Referred to Assembly Health Committee/Referred to Senate Health, Human Services and Senior Citizens Committee	Importation	This measure requires the Commissioner of Health to establish a wholesale prescription drug importation program that complies with federal requirements.	Asm. Valerie Vainieri Huttle (D), Sen. Joseph Lagana (D)
NJ	A 3536	Referred to Assembly Financial Institutions and Insurance Committee	Coupons/Cost Sharing	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.	Asm. Valerie Vainieri Huttle (D)



NJ	S 234/A 3049	Referred to Senate Health, Human Services and Senior Citizens Committee/Referred to Assembly Health Committee	Cost Review (Rate Setting)	<p>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.</p> <p>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.</p> <p>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 "essential off-patent drug" 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 one year and so long as the WAC of that drug is more than \$80 for a 30-day supply. The attorney general can then require a manufacturer or wholesaler that has engaged in price gouging to make the drug available in the state at a price that does not exceed the price before the violation.</p> <p>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.</p>	Sen. Troy Singleton (D), Asm. Pamela Lampitt (D)
NJ	S 526/A 1669	Amended, referred to Senate Budget and Appropriations Committee/Combined with A 954/A 653	Coupons/Cost Sharing	<p>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.</p>	Sen. Joseph Vitale (D), Asm. Annette Quijano (D)
NJ	S 1765	Referred to Senate Health, Human Services and Senior Citizens Committee	Pharmacy Benefit Manager	<p>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.</p>	Sen. Vin Gopal (D)
NJ	S 887/A 4790	Substituted; passed Senate Health, Human Services, and Senior Citizens Committee; referred to Senate Budget and Appropriations Committee/Referred to Assembly Human Services Committee	Pharmacy Benefit Manager	<p>This measure requires the Department of Human Services to contract with a third-party entity to apply a risk reduction model to prescription drug services provided under Medicaid for the purpose of identifying and reducing simultaneous, multi-drug, medication-related risk and adverse drug events, enhancing compliance and quality of care, and improving health-related outcomes while reducing the total cost of care. For the duration of the contract, the Division of Medical Assistance will share claims data for all Medicaid beneficiaries with the third party administering the model.</p> <p>This measure requires the Department of the Treasury to submit a report that includes a determination as to whether the services should be administered using a fee-for-service model and whether the services should be administered directly by the state or through a single pharmacy benefit manager. Depending on the report's conclusions, the department must issue a request for proposals for a single entity to administer the drug services provided under the Medicaid program. The department is required to award a contract for a single entity to administer drug benefits under Medicaid by July 1, 2021.</p>	Sen. Stephen Sweeney (D), Asm. Joann Downey (D)
NJ	S 1046	Referred to Senate Commerce Committee	Pharmacy Benefit Manager	<p>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.</p>	Sen. Joseph Cryan (D)

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NJ	S 1066/A 2418	Referred to Senate Health, Human Services and Senior Citizens Committee/Filed	Cost Review (Rate Setting)	<p>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.</p> <p>Under this bill, the board must collect and review publicly-available information regarding prescription drug product manufacturers, health benefits plan carriers, wholesale distributors, and pharmacy benefits managers. The board can also establish methods for collecting additional data. The board will use information collected to identify drugs that have a significantly high wholesale acquisition cost (WAC) or that have a WAC that has increased by a significant percentage over a 12-month period, as well as other prescription drug products the board determines may create affordability issues. The board will then conduct a cost review of certain drugs to determine whether it has or will lead to affordability challenges. If the board determines that it is in the best interest of the state to develop a process to establish upper payment limits (UPLs) for, or allow importation from other countries of, prescription drug products that have led or will lead to an affordability challenge, the board will be required to draft a plan of action for implementing the process that includes the criteria the board will use to establish UPLs or consideration of certain cost and logistical factors that may affect importations from other countries.</p> <p>The board's action plan must be submitted to the legislature for approval no later than 24 months after the bill goes into effect. The legislature will then decide whether or not to approve the plan.</p>	Sen. Troy Singleton (D), Sen. John McKeon (D)
NJ	S 1067/A 3301	Referred to Senate Health, Human Services and Senior Citizens Committee/Referred to Assembly State and Local Government Committee	Volume Purchasing	<p>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 that list to implement bulk purchasing arrangements for high-priority drugs.</p> <p>The director must also establish processes for county and local governments, as well as private purchasers, including small businesses, health benefits plans, and self-insured entities and individuals, to benefit from state bulk pharmaceutical purchasing agreements.</p>	Sen. Troy Singleton (D), Asm. Valerie Vainieri Huttle (D)
NJ	S 2212/A 3603	Referred to Senate Commerce Committee/Referred to Assembly Consumer Affairs Committee	Pharmacy Benefit Manager	<p>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.</p>	Sen. Vin Gopal (D), Asm. Annette Quijano (D)
NM	HB 292	Signed by Governor (Chapter 36)	Coupons/Cost Sharing	<p>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.</p>	Rep. Micaela Cadena (D)
NM	SB 1	Signed by Governor (Chapter 45)	Importation	<p>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.</p>	Sen. Mary Kay Papen (D)
NY	AB 73	Referred to Assembly Health Committee	Pharmacy Benefit Managers	<p>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.</p>	Asm. Kevin Cahill (D)
NY	AB 2969	Referred to Assembly Insurance Committee	Pharmacy Benefit Manager	<p>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.</p>	Asm. Crystal Peoples-Stokes (D)
NY	AB 3829/SB 1798	Referred to Assembly Health Committee/Passed Senate Health Committee	Price Gouging	<p>Under this measure, if the manufacturer of a brand or generic drug increases the wholesale acquisition cost of a drug by more than 100% in a year, the manufacturer must give notice to the Public Health Commissioner, who must in turn require prior authorization for the drug and authorize Medicaid managed care plans to require prior authorization for the drug until the Drug Utilization Review Board determines whether the price is excessive. If the board determines a price increase is excessive, the board can refer the matter to the attorney general, who can investigate and prosecute price gouging violations under general business law.</p>	Asm. John McDonald (D), Sen. Gustavo Rivera (D)
NY	AB 5724	Enacting clause stricken	Other	<p>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.</p>	Asm. Michele Titus (D)
NY	AB 6056	Referred to Assembly Health Committee	Pharmacy Benefit Manager	<p>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.</p>	Asm. Gary Pretlow (D)

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NY	AB 7196/SB 5169	Amended; referred to Assembly Consumer Affairs and Protection Committee/Amended; referred to Senate Consumer Protection Committee	Other	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.	Asm. Michael DenDekker (D), Sen. Alessandra Biaggi (D)
NY	AB 7588/SB 5682	Referred to Assembly Higher Education/Referred to Senate Health Committee	Importation	This measure creates a wholesale prescription drug importation that will comply with federal standards and regulations.	Asm. Richard Gottfried (D), Sen. James Skoufis (D)
NY	AB 7922	Referred to Assembly Health Committee	Transparency	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 expends the most money and which have had wholesale acquisition cost increases of 50% in the past five years or 10% in the past year.	Asm. Linda Rosenthal (D)
NY	A 8246/S 6303	Referred to Assembly Insurance Committee; Referred to Assembly Insurance Committee	Coupons/Cost Sharing	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.	Asm. Dick Gottfried (D), Sen. Gustavo Rivera (D)
NY	AB 9115	Referred to Assembly Insurance Committee	Other	This measure requires insurers and pharmacy benefit managers to provide coverage for off-label drug usage in certain circumstances.	Asm. Melissa Miller (R)
NY	AB 9506/SB 7506	Passed Assembly Rules Committee	Pharmacy Benefit Manager	This measure directs the Department of Health to exercise its existing administrative authority to remove the pharmacy benefit from the managed care benefit package and instead provide the pharmacy benefit under the fee-for-service program to ensure transparency and efficiency in the administration of the benefit. This will be implemented after April 1, 2021.	Budget Bill
NY	AB 9507/ SB 7507	Referred to Assembly Ways and Means Committee/Referred to Senate Finance Committee	Pharmacy Benefit Manager	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.	Budget Bill
NY	SB 141	Referred to Senate Consumer Protection Committee	Price Gouging	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.	Sen. David Carlucci (D)
NY	SB 256	Referred to Senate Consumer Protection Committee	Price Gouging	This measure prohibits any party in the drug distribution chain from selling a drug subject to a shortage at an unconscionably excessive price.	Sen. Timothy Kennedy (D)
NY	SB 1705/AB 2970	Referred to Senate Insurance Committee/Referred to Assembly Insurance Committee	Pharmacy Benefit Managers	This measure requires transparency from pharmacy benefit managers (PBMs). Under this bill, PBMs will be required to submit an annual report that contains information regarding the wholesale acquisition cost for each drug on its formulary, the amount of rebates and discounts that were passed through to a covered entity, and the amounts of any reimbursements that PBM pays the contracting pharmacies. Aggregate information will be made available to consumers each year in February.	Sen. Luis Sepulveda (D), Asm. Felix Ortiz (D)
NY	SB 2087	Referred to Senate Health Committee	Pharmacy Benefit Managers	This measure establishes a fiduciary duty for pharmacy benefit managers (PBMs) to health plans. This measure also prohibits PBM contracts from prohibiting pharmacists from disclosing pricing information to consumers or offering the consumer a therapeutic equivalent. This measure also prohibits a PBM from collecting a copayment that exceeds the total submitted charges by the pharmacy for which the pharmacy is paid. This measure also requires PBMs to report annually on the aggregate amount of rebates received from manufacturers for health plans.	Sen. Gustavo Rivera (D)
NY	SB 3654/ A 5946	Referred to Senate Consumer Protection Committee, Referred to Assembly Consumer Protection Committee	Price Gouging	This bill prohibits all parties involved in the distribution of a drug subject to a shortage from selling or offering the drug for an amount which represents an unconscionably excessive price. In determining whether a drug's price is excessive, a court must consider whether the amount of the excess in price is unconscionably extreme, or if there was an exercise of unfair leverage. If a court determines a violation has occurred, the attorney general can apply for an order enjoining or restraining continuance of the unlawful acts and impose a fine of up to \$100,000	Sen. Julia Salazar (D), Rep. Marcos Crespo (D)

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NY	SB 5942/AB 8253	Referred to Senate Health Committee/Referred to Assembly Health Committee	Transparency	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.	Sen. Julia Salazar (D), Asm. Linda Rosenthal (D)
NY	SB 5943	Referred to Senate Health Committee	Transparency	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 certain costs increase. Manufacturers on the list will be required to submit pricing information.	Sen. Julia Salazar (D)
NY	SB 6103	Referred to Senate Health Committee	Other	This measure prohibits a drug manufacturer from presenting a regulated advertisement in the state, unless the advertisement meets the requirements concerning misbranded drugs and devices and prescription drug advertising of federal law and regulations. This measure also requires a manufacturer that is required to report marketing costs to post information concerning any clinical trials.	Sen. David Carlucci (R)
NY	SB 6274	Referred to Senate Insurance Committee	Pharmacy Benefit Manager	This measure establishes registration and licensing requirements for pharmacy benefit managers (PBMs). This measure also prohibits PBMs from restricting pharmacies or pharmacists from disclosing cost information to enrollees at the point of sale. Under this bill, a PBM cannot charge or collect from an individual a copayment that exceeds the total submitted charges by the pharmacy for which the pharmacy is paid.	Sen. Neil Breslin (D)
NY	SB 6297/AB 8165	Referred to Assembly Insurance Committee/Referred to Assembly Insurance Committee	Pharmacy Benefit Manager	This measure requires that any contract entered into by a health insurer for the provision of pharmacy benefit management services must be based on a pass-through pricing model. This bill also prohibits the use of spread pricing. In addition, payments to the PBM will be limited to the actual ingredient costs, dispensing fees paid to pharmacies and an administrative fee that covers the cost of providing pharmacy benefit management services. The PBM must identify all sources and amount of income, including any price discounts or rebates. Under this measure, PBMs must disclose the Insurance Department and to the health care plan the sources of income identified.	Sen. James Skoufis (D), Asm. Kevin Cahill (D)
NY	SB 7739	Referred to Senate Insurance Committee	Price Gouging	This measure requires that if the Superintendent of Insurance to investigate drug manufacturers that increase the price of a critical prescription drug by more than the increase in the cost of living over a 12-month period. Manufacturers will be required to file a statement with the Department of Insurance describing the price increase. If the superintendent investigates and determines that the price increase of a drug is unjustified, the superintendent can level a civil penalty of up to \$5,000 per offence, the multiple of two times the aggregate damages, or \$1,000 per day.  A critical prescription drug is defined as a drug that is necessary to prevent or treat a disease or state in which death is possible or imminent.	Sen. Zellnor Myrie (D)
NY	SB 7828/AB 9902	Passed Senate Health Committee/Referred to Assembly Health Committee	Pharmacy Benefit Manager	This measure stipulates that a pharmacy benefit manager (PBM) has a duty and obligation to the covered individual and the health plan provider. This measure requires that all funds received by the PBM in relation to providing the pharmacy benefit be used only pursuant to the PBM's contract with a health plan. This measure requires that PBMs to at least annually report to the health plan any pricing discounts or rebates. PBMs will also be required to submit rebate information to the Superintendent of Insurance. This measure requires PBMs to provide an appeals process for pharmacies regarding reimbursement for multi-source generic drugs.  This bill prohibits PBMs from collecting from an individual a copayment that exceeds the total submitted charges by the pharmacy. This measure requires PBMs to obtain a license before operating in the state.	Sen. Neil Breslin (D), Asm. Richard Gottfried (D)
NY	SB 8255/AB 10821	Passed Senate; referred to Assembly Rules Committee/Referred to Assembly Insurance Committee	Coupons/Cost Sharing	This bill caps the total amount that a covered person is required to pay out-of-pocket for covered prescription insulin drugs at \$30 per 30-day supply, regardless of the amount or type of insulin needed to fill their prescriptions.	Sen. Gustavo Rivera (D), Asm. Yuh-Line Niou (D)
NY	SB 9020	Referred to Senate Rules Committee	Other	This measure requires the Commissioner of Health to enter into partnerships to produce generic drugs at a price that results in savings, with the intent that the drugs be made widely available to public and private purchasers, facilities, and pharmacies. The generic drugs will be produced or distributed by a drug company or generic manufacturer that is registered in the state. By January 2023, the department must submit a report to the legislature that assesses the feasibility of directly manufacturing generic drugs and selling them at a fair price.	Sen. Gustavo Rivera (D)

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NC	HB 534/SB 632	Referred to House Insurance Committee/Referred to Committee on Rules and Operations of the Senate	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers (PBMs) to obtain licensure from the Department of Insurance. This measure also prohibits a PBMs from penalizing a pharmacy or pharmacist for disclosing cost information to a consumer. Under this bill, a PBM cannot charge an insured a copayment that exceeds the total submitted charges by the network pharmacy, the contracted copayment amount, or the amount a consumer would pay without insurance. Additionally, this bill requires that when calculating an insured's overall contribution to any out-of-pocket maximum, an insurer must include any amounts paid on behalf of an enrollee. This measure also requires that PBMs disclose to health plans and providers any difference between the amount paid to a pharmacy and the amount charged to the plan. PBMs must also submit an annual report to the Insurance Commissioner the aggregate amount of all rebates received from manufacturers, including the amount that was not passed through to payers or insurers.	Rep. Wayne Sasser (R), Sen. Danny Britt (R)
NC	SB 432	Substituted; referred to House Committee on Finance	Pharmacy Benefit Manager	This measure requires a pharmacy benefits manager (PBM) to obtain a license from the Department of Insurance before operating in the state. This measure also requires that amounts paid on behalf of an insured by another person count toward any out-of-pocket maximum or cost-sharing requirement under the health benefit plan. This bill prohibits the retroactive denial or reduction of a claim for pharmacist services. This measure requires PBMs to establish an administrative appeals process for a pharmacists.	Sen. Deanna Ballard (R)
NC	SB 658	Filed	Transparency	This measure requires manufacturers to notify all interested parties of an upcoming substantial price increase at least 60 days prior to the increase. Within 30 days of notification the manufacturer must disclose a justification for the price increase, the previous year's marketing budget for the drug, the date and price of acquisition, and a schedule or price increases for the drug for the previous five years. Under this bill, "substantial price increase" means any increase in the price charged by a manufacturer for a prescription drug that would have the impact of increasing a drug's cost by 10% or more over 12 months.	Sen. Mutjaba Mohammed (D)
OH	HB 63	Passed House Health Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager from requiring cost sharing in an amount greater than the lesser of either the amount an individual would pay without coverage or the net reimbursement paid to the pharmacy for the drug by the issuer.	Rep. Scott Lipps (R)
OH	HB 385	Referred to House Health Committee	Other	This measure requires the attorney general to investigate insulin pricing and prepare and submit a report.	Sen. Beth Liston (D)
OH	HB 387/SB 232	Referred to House Health Committee/Referred to Senate Finance Health and Medicaid Subcommittee	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.	Rep. Beth Liston (D), Sen. Hearcel Craig (D)
OH	HB 396	Referred to House Health Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) contracted with a Medicaid managed care organization from engaging in spread pricing. This measure also prohibits a PBM from directly or indirectly retroactively denying a claim or aggregate of claims after the claim or aggregate of claims has been adjudicated. This measure also prohibits PBMs from paying or reimbursing a pharmacy at an amount less than the national average drug acquisition cost. Additionally, this measure requires a PBM to report rebate information to the Superintendent of Insurance.	Rep. Tavia Galonski (D)
OH	HB 482/SB 263	Referred to House Health Committee/Introduced	Pharmacy Benefit Manager	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 a 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.	Rep. Randi Clites (D), Sen. Bob Hackett (R)
OH	SB 14	Introduced	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager from requiring cost sharing in an amount greater than the amount an individual would pay for the drug if the drug were purchased without coverage.	Sen. Tina Maharath (D)
OH	SB 231	Referred to Senate Finance Health and Medicaid Subcommittee	Other	This measure requires the attorney general to investigate insulin pricing and prepare and submit a report.	Sen. Hearcel Craig (D)
OK	HB 1059	Referred to House Rules Committee	Pharmacy Benefit Managers	This measure prohibits a pharmacy benefit manager from prohibiting or penalizing a pharmacy or pharmacist for informing the covered person about the availability of alternative therapies or cost of the prescription. This measure authorizes a pharmacy or pharmacist to disclose information regarding the cost of a drug and to sell a more affordable alternative if one is available.	Rep. Marcus McEntire
OK	HB 1130	Referred to House Insurance Committee	Coupons/Cost Sharing	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.	Rep. Forrest Bennett (D)
OK	HB 2137	Referred to House Business and Commerce Committee	Pharmacy Benefit Managers	This measure requires every pharmacy benefit manager (PBM) to obtain a license from the Insurance Commissioner. This measure also allows a pharmacist to provide a consumer with drug pricing information and prohibits PBMs from prohibiting pharmacists from disclosing information to the Insurance Commissioner.	Rep. David Perryman (D)
OK	HB 2852	Passed House Public Health Committee	Importation	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.	Rep. Daniel Pae (R)

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OK	HB 3737	Introduced	Coupons/Cost Sharing	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.	Rep. T.J. Marti (R)
OK	SB 940	Referred to Senate Health and Human Services Committee	Importation	This measure requires the Department of Health to work with the Health Care Authority to create a wholesale Canadian drug importation pilot program. The Health Care Authority will be responsible for identifying the five to 10 highly prescribed drugs through the state Medicaid program. The drugs identified will be imported from Canada.	Sen. Adam Pugh (R)
OK	SB 1082	Referred to Senate Retirement and Insurance Committee	Coupons/Cost Sharing	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.	Sen. Carri Hicks (D)
OK	SB 1158	Referred to Senate Retirement and Insurance Committee	Coupons/Cost Sharing	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.	Sen. Bill Coleman (R)
OK	SB 1171	Referred to Senate Retirement and Insurance Committee	Coupons/Cost Sharing	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.	Sen. George Young (D)
OK	SB 1521	Referred to Senate Retirement and Insurance Committee	Transparency	This measure requires drug manufacturers to submit annual reports to the insurance commission with the current wholesale acquisition cost information for all drugs sold in the state. The commissioner will make this information available on a website.	Sen. Marty Quinn (R)
OK	SB 1576	Referred to Senate Retirement and Insurance Committee	Coupons/Cost Sharing	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.  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.	Sen. Casey Murdock (R)
OK	SB 1620	Amended; passed Senate Retirement and Insurance Committee	Transparency	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.	Sen. Rob Standridge (R)
OK	SB 1722	Referred to Senate Retirement and Insurance Committee	Transparency	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 increases 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.  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.	Sen. Carri Hicks (D)
OK	SB 1876	Referred to Senate Retirement and Insurance Committee	Pharmacy Benefit Manager	This measure requires pharmacy benefit managers to annually report rebate information to the Insurance Commissioner.	Sen. Paul Scott (R)
OK	SB 1881	Referred to Senate Health and Human Services Committee	Transparency	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.	Sen. Carri Hicks (D)
OK	SB 1912	Referred to Senate Health and Human Services Committee	Importation	This measure directs the Department of Health to design a wholesale drug importation program.	Sen. Rob Standridge (R)
OR	HB 4073	Failed upon adjournment	Coupons/Cost Sharing	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.	Rep. Sheri Schouten (D)
OR	HB 4116	Failed upon adjournment	Other	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.	Rep. Margaret Doherty (D)
OR	HB 4134	Failed upon adjournment	Pharmacy Benefit Manager	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.	Rep. Ron Noble (R)

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OR	HB 4147	Failed upon adjournment	Importation	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.	Oregon Coalition
OR	SB 1535	Failed upon adjournment	Transparency	This measure requires the Department of Consumer and Business Services to investigate methods for collecting information about rebates and markups used in the pharmaceutical supply chain and to report to interim legislative committees recommendations for collecting information. This bill also authorizes the department to access, use and disclose data from the All Payer, All Claims database.  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.	Sen. Elizabeth Steiner Hayward (D)
PA	HR 187	Referred to House Health Committee	Study	This resolution directs the Joint State Government Commission to conduct a study on prescription drug pricing and issue a report.	Rep. Eddie Pashinski (D)
PA	HB 568	Referred to House Insurance Committee	Transparency	This measure requires a manufacturer of a drug that has an average wholesale price of \$5,000 or more annually or per course of treatment or has an annual wholesale price that has increased by 50% or more over five years or by 25% in the past year to file an annual report with the Insurance Department that contains cost information. Manufacturers must include a description of patient prescription assistance programs in the report.	Rep. Anthony DeLuca (D)
PA	HB 569	Referred to House Insurance Committee	Pharmacy Benefit Manager	This measure requires a pharmacy benefit manager (PBM) to disclose to a health insurer whether or not the PBM uses the same multiple-source generic list when billing a health insurer as it does when reimbursing a pharmacy. This bill also requires that if a PBM uses more than one multiple source generic list, the PBM must disclose to an insurer any difference between the amount paid to a pharmacy and the amount charged to the insurer.	Rep. Anthony DeLuca (D)
PA	HB 570	Referred to House Insurance Committee	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager from restricting a pharmacist from disclosing information regarding the cost of a drug or the availability of any cheaper therapeutically alternatives.	Rep. Anthony DeLuca (D)
PA	HB 2212	Referred to House Health Committee	Cost Review (Rate Setting)	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 payor reimbursements of the drug in the state. The Prescription Drug Affordability Stakeholder Group will help the board make determinations.	Rep. Dan Frankel (D)
PA	HB 941	Amended; passed Senate Health and Human Services Committee	Pharmacy Benefit Manager	Under this bill, for each prescription filled, a participating pharmacy that contracts with a medical assistance managed care organization will receive reimbursement at a rate no less than the cost of the drug product as generally available to retail pharmacies, using an average acquisition cost reimbursement methodology, and after any pharmacy benefit manager or payer adjustment to that drug.	Rep. Doyle Heffley (R)
PA	HB 943	Signed by Governor	Pharmacy Benefit Manager	This measure stipulates that contracts between a pharmacy and a pharmacy benefits manager cannot prohibit a pharmacist from disclosing cost information to a consumer.	Rep. Valerie Gaydos (R)
PA	HB 944	Passed House Appropriations Committee; passed House; referred to Senate Health and Human Services Committee	Pharmacy Benefit Manager	This measure provides for pharmacy benefits manager audits and defines obligations within the public assistance program.	Rep. Jonathan Fritz (R)
PA	HB 945	Amended; passed House Health Committee	Pharmacy Benefit Manager	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 benefits 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.	Rep. Stephen Barrar (R)
PA	HB 1042	Referred to House Health Committee	Study	This measure creates the Prescription Drug Pricing Task Force to study the pricing of prescription drugs and issue a report. The task force must issue the report within a year of the first meeting and must focus on factors contributing to high out-of-pocket costs, patient adherence and access to drugs, manufacturer costs for research and development, profit margins, financial assistance offered by manufacturers and the relationship between manufacturers and the state's medical assistance program.	Rep. Eddie Pashinski (D)
PA	SB 484	Referred to Senate Banking and Insurance Committee	Coupons/Cost Sharing	This measure limits how much a consumer will pay in cost-sharing for a specialty tier prescription drug to \$100 per month for a 30-day supply. Additionally, this measure caps aggregate cost-sharing of all specialty tier prescription drugs at \$200 per month.	Sen. Bob Mensch (R)

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PA	SB 639	Referred to Senate Banking and Insurance Committee	Pharmacy Benefit Manager	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.	Sen. Kristin Phillips-Hill (R)
PA	SB 731	Referred to Senate Banking and Insurance Committee	Coupons/Cost Sharing	Under this bill, an insurer must include any cost-sharing amounts paid by the insured or on behalf of the insurer by another person. A pharmacy benefits manager that administers pharmacy benefits for the insurer must include any cost-sharing amounts paid by the insured on or on health of the insured by another person.	Sen. Judith Ward (R)
PA	SB 789	Referred to Senate Health and Human Services Committee	Pharmacy Benefit Manager	This measure prohibits a medical assistance Medicaid managed care organization from entering into any contract for pharmacy services with a pharmacy benefits 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.	Sen. David Argall (R)
PA	SB 825	Referred to Senate Health and Human Services Committee	Pharmacy Benefit Manager	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)
PA	SB 828	Referred to Senate Banking and Insurance Committee	Coupons/Cost Sharing	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)
PA	SB 829	Referred to Senate Health and Human Services Committee	Pharmacy Benefit Manager	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)
PA	SB 1091/HB 2426	Referred to Senate Banking and Insurance Committee/Referred to House Insurance Committee	Transparency	<p>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 or can enter into a contract with an independent third party for any services necessary to carry out the duties of the board.</p> <p>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.</p> <p>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.</p> <p>This bill authorizes the state to establish international reference rates for the 250 most costly drugs in the state. This measure requires the board of trustees of the Pennsylvania Employee Benefit Trust Fund to annually compile a list of the 250 most costly drugs based on price and utilization. Health plans and participating ERISA plans will be prohibited from purchasing a drug on the list at a rate that exceeds the referenced rate. The referenced rate is determined by comparing prices in four Canadian provinces and the ceiling price for drugs reported by the Government of Canada Patented Medicine Prices Review Board. The rate for each drug will be the lowest cost among those resources and the wholesale acquisition cost. Any savings generated as a result of reference prices must be used to reduce costs to consumers.</p>	Sen. Daniel Laughlin (R), Rep. Mike Puskaric (R)
PA	SB 1315	Referred to Senate Banking and Insurance Committee	Other	This measure also prohibits manufacturers and distributors from withdrawing the referenced drug from sale in the state to avoid the impact of rate limitation and requires any manufacturer or distributor that intends to withdraw a drug from sale to provide 180 days' notice to the state attorney general.	Sen. Tom Killion (R)



RI	H 5094	Referred to House Corporations Committee	Transparency	This measure requires the identification of 15 prescription drugs for which the state spends significant health care dollars due to an increase in costs and requires the drugs' manufacturers to provide relevant information to justify price increases. Drugs that have increased in price by 50% or more over the past five years, or by 15% or more in the last year, may be added to the list. This measure also instructs the Department of Health to study how other states' Medicaid programs use 340B pricing and the possible benefits of offering 340B pricing to consumers. Additionally, this bill requires the department to convene an advisory commission to develop options for all qualified health benefit plans to be offered for the 2021 plan year, including one or more plans with a higher out-of-pocket limit on prescription drug coverage than the limit established under current law and two or more plans with an out-of-pocket limit at or below the limit established under current law.	Rep. John Lombardi (D)
RI	H 7039	House Corporations Committee recommended bill be held for further study	Transparency	This measure requires the identification of 15 prescription drugs for which the state spends significant health care dollars due to an increase in costs and requires the drugs' manufacturers to provide relevant information to justify price increases. Drugs that have increased in price by 50% or more over the past five years, or by 15% or more in the last year, may be added to the list. This measure also instructs the Department of Health to study how other states' Medicaid programs use 340B pricing and the possible benefits of offering 340B pricing to consumers. Additionally, this bill requires the department to convene an advisory commission on out-of-pocket prescription drug costs.	Rep. John Lombardi (D)
RI	H 7040	House Judiciary Committee recommended bill be held for further study	Price Gouging	Under this bill, if the governor or president issues an executive order declaring a market shortage or market emergency for a period of six months with regard to one or more vital drugs, it will be unlawful for any person to sell vital drugs at a price that is unreasonably excessive. "Unreasonably excessive" means the amount charged represents a gross disparity between the average prices at which the same or similar commodity was readily available or sold in the usual course of business.	Rep. John Lombardi (D)
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 or 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 than 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 Noret (D)
RI	H 7579	Referred to House Health, Education and Welfare Committee	Transparency	This measure requires 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 enrollees 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	H 8078	Referred to House Corporations Committee	Other	<p>with reinsurance payments for covered drugs that treat rare diseases. Reinsurance payments will be available for claims for covered drugs paid by an insurer on or after Jan. 1, 2022. An insurer becomes eligible for payment from the reinsurance fund when it pays for one or more covered drugs in a calendar year. An insurer can request reinsurance payments on a calendar year basis. The secretary can establish program elements such as attachment points, coinsurance rates, and/or coinsurance caps, which can be applied in aggregate or per covered drug. In no event will the reinsurance payment to an insurer exceed the total amount paid by the insurer for a covered drug after rebates.</p> <p>This measure establishes the Rare Disease Medication Reinsurance Fund, as well as a 15-member Rare Disease Advisory Council. The council's job will be to recommend drugs to be covered, an assessment rate, and a funding distribution method.</p> <p>The council can only recommend drugs that are high-cost prescription drugs, gene therapies, or cell therapies designated as orphan drugs by the federal Food and Drug Administration. The council will review and recommend for inclusion medications with the greatest medical efficacy that treat those conditions expected to occur with the lowest frequency. The council will recommend a preliminary funding contribution for each recommended drug in an amount equal to the price for each drug multiplied by the estimated number of treatable cases, divided by the number of contribution enrollees.</p> <p>This bill authorizes the secretary to create a drug pricing plan for covered drugs. When developing the pricing plan, the secretary must use and base the price of a covered drug on the current Medicaid price, or can negotiate state-specific prices or participate in multi-state pooling. The secretary must also use alternative payment methods, including value-based payments. Manufacturers and distributors of the covered drugs must offer and accept such prices and terms from participating insurers.</p> <p>Beginning February 2021, the secretary will annually announce the covered drugs and set the rare disease funding contribution. Each insurer is required to pay the rare disease medication funding contribution for each contribution an enrollee of the insurer makes at the time the contribution is calculated and paid.</p> <p>An insurer required to make a funding contribution under this bill may pass on the cost of that contribution in the cost of its services, such as its premium rate, without being required to specifically allocate those costs to individuals or populations that actually incurred the contribution.</p>	Rep. Joseph McNamara
RI	S 136	Held in Senate Health and Human Services Committee	Other	<p>This measure requires prescription drug manufacturers to file a detailed, updated list of each pharmaceutical sales representative.</p>	Sen. Joshua Miller (D)
RI	S 137	Referred to Senate Health and Human Services Committee	Coupons/Cost Sharing	<p>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.</p>	Sen. Joshua Miller (D)
RI	S 2122	Senate Health and Human Services Committee recommended bill be held for further study	Transparency	<p>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.</p>	Sen. Joshua Miller (D)
RI	S 2318	Senate Health and Human Services Committee recommended bill be held for further study	Transparency	<p>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.</p> <p>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.</p>	Sen. Dominick Ruggerio (D)

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RI	S 2319/H 7559	Senate Health and Human Services Committee recommended bill be held for further study/Referred to House Health, Education and Welfare Committee	Other	This measure limit's 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.	Sen. Michael McCaffrey (D), Rep. Brian Kennedy (D)
RI	S 2320	Senate Health and Human Services Committee recommended bill be held for further study	Cost Review (Rate Setting)	<p>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.</p> <p>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.</p> <p>The board must identify: 1) brand-name drugs that have a launch wholesale acquisition cost (WAC) of \$30,000 per year or a WAC increase of \$3,000 or more in a year; 2) biosimilar drugs that have a launch WAC that is not at least 15% lower than the referenced brand biologic; and (3) generic drugs that have a WAC of \$100 or 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.</p>	Sen. Cynthia Coyne (D)
RI	S 2321	Senate Health and Human Services Committee recommended bill be held for further study	Importation	This measure allows for the wholesale importation of prescription drugs from Canada.	Sen. Louis DiPalma (D)
RI	S 2322	Senate Health and Human Services Committee recommended bill be held for further study	Coupons/Cost Sharing	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 \$50.	Sen. Melissa Murray (D)
RI	S 2323	Senate Health and Human Services Committee recommended bill be held for further study	Pharmacy Benefit Manager	This measure requires pharmacist to advise on lower-cost generic alternatives and prevents pharmacy benefit managers from penalizing pharmacist who share such information.	Sen. Walter Felag (D)
SC	H 5113	Referred to House Labor, Commerce and Industry Committee	Coupons/Cost Sharing	This measure places a cap on the total amount than 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. Cezar McKnight (D)
TN	HB 884	Introduced	Pharmacy Benefit Manager	This measure prohibits pharmacy benefit managers from prohibiting a pharmacy or pharmacist from informing patients of all relative options pertaining to their prescription medications, including the cost or effectiveness of alternative medications, and whether a cash payment would cost less than any cost-sharing amounts.	Rep. Vincent Dixie (D)
TN	HB 887/SB 963	Referred to House Health Subcommittee on Mental Health and Substance Abuse/referred to Senate Commerce and Labor Committee	Transparency	This measure prohibits pharmacy benefit managers from prohibiting a pharmacy or pharmacist from informing patients of all relative options pertaining to their prescription medications, including the cost or effectiveness of alternative medications, and whether a cash payment would cost less than any cost-sharing amounts.	Rep. Vincent Dixie (D), Sen. Brenda Gilmore (D)

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TN	HB 1179/ SB 987	Referred to House Insurance Subcommittee on Life and Health Insurance/Referred to Senate Commerce and	Pharmacy Benefit Manager	This measure authorizes the Bureau of TennCare to negotiate supplemental manufacturer rebates for TennCare prescription drug purchases. When conducting negotiations, the bureau must utilize the average manufacturer's price as the cost basis for the product.	Rep. Bryan Terry (R), Sen. Shane Reeves (R)
TN	HB 1890/SB 1942	Amended; passed House Finance, Ways and Means Subcommittee/ Introduced	Pharmacy Benefit Manager	This measure prohibits a pharmacy benefit manager (PBM) from discriminating against a 340B entity: (1) in a manner that prevents or interferes with the patient's choice to receive those drugs from the 340B entity; or (2) regarding reimbursement for pharmacy-dispensed drugs by reimbursing at a rate lower than that paid for the same drug to pharmacies that are not 340B entities.	Rep. Esther Helton (R), Sen. Richard Briggs (R)
TN	HB 1931/SB 1939	Referred to House Life and Health Insurance Committee/Referred to Senate Commerce and Labor Committee	Coupons/Cost Sharing	This measure places a cap on the total amount than an insured is required to pay for a prescription drug at \$100 per 30-day supply.	Rep. Jason Hodges (D), Sen. Richard Briggs (R)
TN	HB 1959/SB 2419	Referred to House Life and Health Insurance Subcommittee/Referred to Senate Commerce and Labor Committee	Pharmacy Benefit Manager	This measure prohibits gag clauses in pharmacy benefit manager (PBM) contracts with pharmacies and pharmacists.	Rep. Vincent Dixie (D), Sen. Katrina Robinson (D)
TN	HB 2379/SB 2374	Introduced/Referred to Senate Commerce and Labor Committee	Study	This measure urges the Board of Pharmacy to conduct a study of the effects of prescription drug advertising in pharmacies in Tennessee, with a focus on advertising targeted at the consumer.	Rep. Susan Lynn (R), Sen. Shane Reeves (R)
TN	HB 2575/SB 2786	Referred to House Insurance Subcommittee/ Introduced	Pharmacy Benefit Manager	This measure decreases from five to three business days the date by which a pharmacy benefit manager (PBM) must remove a drug from the maximum allowable cost list following the date that the PBM becomes aware that the drug no longer is generally available for purchase by pharmacies in the state.	Rep. Robin Smith (R), Sen. Ed Jackson (R)
TN	HB 2688/SB 2377	Referred to House Life and Health Insurance Subcommittee/Referred to Senate Commerce and Labor Committee	Other	This measure requires health plans, pharmacy benefit managers, and pharmacies to make available a patient's specific prescription cost and benefit information available in real-time for usage in a health care provider's prescribing or electronic health record system at the point of prescribing and dispersing.	Rep. Timothy Hill (R), Sen. Shane Reeves (R)
TN	SB 1718/HB 1832	Referred to Senate Commerce and Labor Committee/Referred to House Life and Health Insurance Subcommittee	Coupons/Cost Sharing	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. This measure also requires the Department of Health and the Division of Consumer Affairs to study and investigate the pricing of prescription insulin drugs and report findings to the legislature.	Sen. Katrina Robinson (D), Rep. Vincent Dixie (D)
UT	HB 207	Signed by Governor	Coupons/Cost Sharing	This measure requires health benefit plans to cap the total amount that an insured is required to pay for insulin at an amount not to exceed \$30 per 30-day supply, regardless of the amount of type of insulin needed. The cap must be applied regardless of whether the insured has met the plan's deductible. This cap does not apply to health plans that cover insulin under the lowest tier of drugs and does not require an insured to meet a deductible before the plan will cover insulin at the lowest tier or to plans that cap the total amount an enrollee is required to pay for at least one insulin in each category to \$100 per 30-day supply. This measure also does not apply to health benefit plans that guarantee the enrollee will not pay more out-of-pocket for insulin through the plan than the insured would pay to obtain insulin through the discount program this measure creates.  This bill establishes the insulin discount program, which will offer an insulin discount program that allows participants to purchase insulin at a discounted, post-rebate price. The program will charge a price for insulin that allows the program to retain only enough of any rebate for the insulin to make the state risk pool whole for providing discounted insulin to participants.	Sen. Norm Thurston (R)
UT	HB 239	Failed upon adjournment	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.	Rep. Marie Poulson (D)
UT	HB 249	Failed upon adjournment	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.	Rep. Melissa Ballard (R)

UT	HB 263	Failed upon adjournment	Transparency	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 "qualified drug" 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.	Rep. Mike Winder (R)
UT	HB 272	Signed by Governor	Transparency	This measure requires drug manufacturers to report to the insurance Department pricing information for drugs when an increase to the wholesale acquisition cost (WAC) is greater than 16% over two years or greater than 10% in a year. These triggers only apply to a drug with a WAC of \$100 for a 30-day supply. Each year, an insurer must report to the department specified information for the 25 drugs for which spending by the insurer was the greatest, after adjusting for rebates.  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 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 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. This measure requires PBMs to reimburse independent pharmacies at the same rate as an affiliate pharmacy.	Rep. Paul Ray (R)
UT	HB 6011	Signed by Governor	Other	This measure changes reporting deadlines for the new transparency requirements. Under this measure, manufacturers must begin reporting wholesale acquisition price data beginning Jan. 1, 2022. Insurers will begin reporting Aug. 1, 2021.	Rep. Paul Ray (R)
UT	SB 138	Signed by Governor	Pharmacy Benefit Manager	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.  This measure also prohibits a PBM from reimbursing a 340B entity at a lower rate than a non-340B entity.	Sen. Evan Vickers (R)
UT	SB 190	Introduced	Importation	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.	Sen. Daniel Hemmert (R)
UT	SB 230	Failed upon adjournment	Transparency	This measure requires insurers, pharmacy benefit managers (PBMs), pharmacy services administration organizations (PSAOs), wholesalers, distributors, and pharmacies to annually report cost/price 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.	Sen. Todd Weiler (R)
UT	SB 235	Introduced	Pharmacy Benefit Manager	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 "rebate share attributable to a drug" 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 ration for the enrollee's health benefit plan.	Sen. Kirk Cullimore (R)
VA	HJ 52	Passed Senate	Study	This measure urges the House of Delegates, the Senate, and the Secretary of Health and Human Resources to study the pharmaceutical distribution payment system in the state and innovative solutions to address the cost of prescription drugs to Virginians at the point of sale. The review must include a review of transparency for pharmaceutical manufacturers, pharmacy benefit managers, and health insurance carriers. The Secretary of Health and Human Resources will be required to submit a summary of the group's findings and any legislative recommendations to the legislature by Nov. 1, 2020.	Del. Elizabeth Guzman (D)
VA	HB 29	Signed by Governor	Pharmacy Benefit Manager	These provisions are included in one of the state budget bills. This bill requires that if the Department of Medical Assistance Services decides to contract for pharmaceutical benefit management services to administer, develop, manage, or implement Medicaid pharmacy benefits, the department must establish the fee paid to any such contractor based on the reasonable cost of services provided. The department is prohibited from offering or paying directly or indirectly any material inducement, bonus or other financial incentive to a program contractor based on the denial or administrative delay of a medically appropriate prescription drug therapy, or on the decreased use of a particular drug or class of drugs. Bonuses cannot be based on the percentage of cost savings generated under the benefit management of services.	Del. Luke Torian (D)

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VA	HB 30	Signed by Governor	Pharmacy Benefit Manager	These provisions are included in one of the state budget bills. This bill requires that if the Department of Medical Assistance Services decides to contract for pharmaceutical benefit management services to administer, develop, manage, or implement Medicaid pharmacy benefits, the department must establish the fee paid to any such contractor based on the reasonable cost of services provided. The department is prohibited from offering or paying directly or indirectly any material inducement, bonus or other financial incentive to a program contractor based on the denial or administrative delay of a medically appropriate prescription drug therapy, or on the decreased use of a particular drug or class of drugs. Bonuses cannot be based on the percentage of cost savings generated under the benefit management of services.	Del. Luke Torian (D)
VA	HB 66	Signed by Governor	Coupons/Cost Sharing	This measure caps cost-sharing payments for prescription insulin drugs at \$50 for 30-day supply of insulin.	Del. Lee Carter (D)
VA	HB 691	Carried over to 2021	Cost Review (Rate Setting)	<p>This measure establishes the Prescription Drug Transparency Board, which shall regulate the cost of prescription drugs. The board will be made up of seven non-legislative members appointed by the governor and confirmed by the General Assembly. The board will have the power to collect, review, and study publicly available information regarding drug manufacturers, health insurance carriers, health maintenance organizations, managed care organizations, wholesale distributors and pharmacy benefit managers. The board must identify states that require reporting on the cost of drug and initiate a process to enter into a memoranda of understanding with those states to aid in the collection of transparency data for prescription drugs.</p> <p>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.</p> <p>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.</p>	Rep. Shelly Simonds (D)
VA	HB 876	Carried over to 2021	Transparency	<p>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.</p> <p>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.</p> <p>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%.</p> <p>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.</p>	Del. Suhas Subramanyam (D)
VA	HB 1290	Introduced	Pharmacy Benefit Manager	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)
VA	HB 1291/ SB 568	Signed by Governor	Pharmacy Benefit Manager	This measure prohibits pharmacy benefit managers (PBMs) that contract with Medicaid managed care organizations from conducting spread pricing.	Del. Keith Hodges (D), Sen. Siobhan Dunnivant (R)
VA	HB 1292	House Labor and Commerce Committee Incorporated into HB 1290	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)

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VA	HB 1403	House Labor and Commerce Committee Subcommittee #2 recommends incorporating into HB 66	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 recommends striking from docket	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 requires drug pricing transparency for diabetes medication. Under this bill, every manufacturer that sells diabetes medication in the state must report cost information, including the cost of manufacturing, and distributing the drug, the wholesale acquisition cost (WAC), and the cost of marketing. If an insulin product's WAC increases by a percentage greater than the consumer price index, the manufacturer of that product will be required to submit additional pricing information. Pharmacy benefit managers (PBMs) will have to report similar information for diabetes products. The Health Commissioner must then conduct an analysis of the information submitted by manufacturers and PBMs, which will be published on the department's website.  This measure also requires PBMs to register with the Insurance Department.	Del. James Leftwich (R)
VA	HB 1459	House Labor and Commerce Committee incorporated into HB 1290	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.	Del. Israel O'Quinn (R)
VA	HB 1479	House Labor and Commerce Committee incorporated into HB 1290	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.	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.  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. Chris Hurst (D)
VA	HB 1659	House Labor and Commerce Committee incorporated into HB 1290	Pharmacy Benefit Manager	This measure prohibits a health insurance carrier from entering into a contract with a pharmacy benefit manager (PBM) unless the contract contains provisions prohibiting the PBM from reimbursing a pharmacy in an amount less than the amount that the pharmacy benefit manager reimburses an affiliate for providing the same services.	Del. Christopher Head (R)
VA	SB 29	Died in Assembly Appropriations Committee	Pharmacy Benefit Manager	This is 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.  This measure requires the Department of Medical Assistance Services to assist in the development and ongoing administration of the Preferred Drug List program.	

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VA	SB 30	Sent to Governor	Pharmacy Benefit Manager	<p>This is 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.</p> <p>This measure requires the Department of Medical Assistance Services to assist in the development and ongoing administration of the Preferred Drug List program.</p>	Gov. Ralph Northam (D)
VA	SB 251	Signed by Governor	Pharmacy Benefit Manager	<p>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.</p>	Sen. John Edwards (D)
VA	SB 252	Incorporated into SB 251 by Senate Commerce and Labor Committee	Pharmacy Benefit Manager	<p>This measure requires pharmacy benefit managers (PBMs) to obtain a license from the State Corporation Commission before operating in the state. This 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.</p>	Sen. John Edwards (D)
VA	SB 424	Referred to Senate Commerce and Labor Committee	Coupons/Cost Sharing	<p>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.</p>	Sen. Bill DeStaph (R)
VA	SB 573	Referred to the Senate Commerce and Labor Committee	Coupons/Cost Sharing	<p>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.</p>	Sen. Siobhan Dunnavant (R)
VA	SB 862	Incorporated into SB 251 by Senate Commerce and Labor Committee	Pharmacy Benefit Manager	<p>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.</p>	Sen. Todd Pillion (R)
VT	H 785	Referred to House Health Care Committee	Cost Review (Rate Setting)	<p>This measure proposes to authorize and direct the Green Mountain Care board to evaluate the costs of certain high-cost drugs and recommend methods for addressing those costs. Under this bill, the board must identify: (1) brand-name drugs or biologics that has a launch wholesale acquisition cost (WAC) of \$30,000 per year or a WAC increase of \$3,000 or more in a year; (2) biosimilar drugs that have a launch WAC that is not at least 15% lower than the brand reference at the time of launch; and (3) generic drugs that have a WAC of \$100 or more and that increased by 200% or more in a year. This measure also lays out the criteria by which the board will determine whether a drug that meets the above thresholds creates an affordability challenges. If the board finds that spending on a drug reviewed has led or may lead to affordability challenges, the board will establish an upper payment limit for the drug which will apply to all purchases of an payer reimbursements for the drug dispensed or administered in the state. The Prescription Drug Affordability Stakeholder Group will help the board make determinations.</p>	Rep. Sarah Copeland Hanzas (D)
VT	H 822	Referred to House Health Care Committee	Coupons/Cost Sharing	<p>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.</p>	Rep. Mari Cordes (D)
VT	S 136	Referred to Senate Health and Welfare Committee	Importation	<p>This measure designates the Agency of Human Services as the state entity responsible for developing and implementing a wholesale Canadian drug importation program. This measure also authorizes the Vermont Board of Pharmacy to create two new prescription drug wholesaler licenses for certain market participants in the program.</p>	Sen. Christopher Pearson (D)
VT	S 296	Referred to Senate Health Care Committee	Coupons/Cost Sharing	<p>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.</p>	Sen. Cheryl Hooker (D)
WA	HB 1562/SB 5601	Referred to House Health Care and Wellness Committee/Signed by Governor	Pharmacy Benefit Managers	<p>This measure requires health benefit managers to register with the insurance commissioner 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 pharmacy benefit managers from retroactively denying or reducing claims.</p>	Rep. Monica Stonier (D), Sen. Christine Rolfes (D)
WA	HB 1911	Referred to House Health Care and Wellness Committee	Pharmacy Benefit Manager	<p>This measure requires licensure for pharmacy benefit managers.</p>	Rep. Joe Schmick (R)



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WA	HB 2662	Signed by Governor	Coupons/Cost Sharing	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. The work group must consider a state agency becoming a licensed drug wholesale or registered pharmacy benefit manager and a state agency purchasing drugs on behalf of the state directly from other states. This measure also requires health plans to cap cost-sharing for insulin at \$100 per 30-day supply.	Rep. Jacquelin Maycumber (R)
WA	SB 5251	Introduced; referred to Senate Health and Long Term Care Committee	Transparency	This measure requires insurers to submit an annual report to the Office of Financial Management with drug cost information for the top 25 most frequently prescribed drugs, the top 25 costliest drugs, and top 25 drugs with the highest year-over-year increase in spending. Insurers must also report the per member, per month year-over-year increase in the total annual cost of each category listed, as well as the 25 most frequently prescribed drugs for which the issuer received rebates from manufacturers. This measure also requires pharmacy benefit managers to submit information on rebates. The office will compile the information into a report for the public and the legislature.  This measure requires prescription drug manufacturers to provide notice to the Health Care Authority when the manufacturer has filed a new drug application or biologics license application for a pipeline drug or biosimilar drug. Notice must be provided within 60 days of the manufacturer receiving an action date from the US Food and Drug Administration.  This measure requires the Health Care Authority to create an annual drug list of the 10 prescription drugs that have a large impact on state spending or a critical to public health. Drugs will only be included if they have increased by at least 20% in a year or 50% in three years and if they cost at least \$100 for a 30-day supply. Manufacturers of drugs on this list must provide information regarding the prices of the drugs.	Sen. Mark Mullet (D)
WA	SB 5422	Referred to Senate Health and Long Term Care Committee	Pharmacy Benefit Managers	This measure establishes that pharmacy benefit managers (PBMs) have a fiduciary duty to a health carrier client. This measure also prohibits a PBM from requiring an enrollee to make a payment at the point of sale for a covered prescription medication in an amount greater than the lesser of the applicable copayment or the allowable claim amount, the amount an enrollee would pay without insurance, or the amount the PBM or carrier will reimburse the pharmacy for the drug. This measure also requires PBMs to submit annually a transparency report regarding aggregate rebates.	Sen. Patty Kuderer (D)
WA	SB 5982	Referred to Senate Health and Long Term Care Committee	Pharmacy Benefit Manager	This measure requires the licensure, rather than registration, of pharmacy benefit managers (PBMs). This measure also establishes that a PBM has a fiduciary duty to a health carrier client. This bill prohibits a PBM from reimbursing a pharmacy an amount less than the amount the PBM reimburses a PBM affiliate for providing the same services. Under this bill, a PBM may not deny, reduce, or recoup payment to a pharmacy after adjudication of a claim.	Sen. Shelly Short (R)
WA	SB 6087	Signed by Governor	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. 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.	Sen. Karen Kiser (D)
WA	SB 6088	Vetoed by Governor	Cost Review (Rate Setting)	This measure establishes a prescription drug affordability board that will be responsible for identifying high-cost drugs, superficially: (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.	Sen. Karen Keiser (D)
WA	SB 6110	Referred to Senate Health and Long Term Care Committee	Importation	This measure requires the Health Care Authority to design a wholesale prescription drug importation program that complies with federal requirements by July 1, 2021.	Sen. Karen Keiser (D)
WA	SB 6113	Passed House Health Care and Wellness Committee; passed House Appropriations Committee; referred to Senate Rules Committee	Other	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.	Sen. Karen Kiser (D)
WV	HCR 135	Passed House	Study	This measure requests a study of prescription drug transparency laws, including reports on data submitted by health insurers, manufacturers, and pharmacy benefit managers.	Del. Jordan Hill (R)
WV	HB 2319	Referred to House Health and Human Resource Committee	Importation	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.	Del. Mick Bates (D)
WV	HB 2428	Referred to House Health and Human Resource Committee	Importation	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.	Del. Joe Ellington (R)

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WV	HB 4062	Referred to House Health and Human Resources Committee	Pharmacy Benefit Manager	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.	Del. Jeffrey Pack (R)
WV	HB 4087/SB 577	Referred to House Banking and Insurance Committee/Referred to Senate Banking and Insurance Committee	Coupons/Cost Sharing	This measure places a cap on the total amount than 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.	Del. Barbara Fleischauer (D), Sen. Roman Prezioso (D)
WV	HB 4543	Signed by Governor (Chapter 202)	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, 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.	Del. Jordan Hill (R)
WV	HB 4554	Referred to House Banking and Insurance Committee	Coupons/Cost Sharing	This measure places a cap on the total amount than an insured individual s required to pay for a prescription drug at \$100 per 30-day supply, regardless of the amount or type of insulin needed.	Del. Cindy Lavendar-Bowe (D)
WV	HB 4583/SB 689	Referred to House Government Organization Committee/Signed by Governor (Chapter 239)	Transparency	This measure requires drug manufacturers to submit an annual report to the auditor. This applies to generic, brand and specialty drugs with a wholesale acquisition cost (WAC) off at least \$100 and a WAC increase of 40% or more over the preceding three years or 15% of more in the previous year. The report must include pricing information.  This measure also requires each health benefit plan to submit a report to the state auditor regarding the names of the 25 most frequently prescribed drugs, the percent increase in annual net spending for prescription drugs, the percent increase in premiums that were attributable to prescription drugs, the percentage of specialty drugs with utilization management requirements, and the premium reductions that were attributable to specialty drug utilization management.  This bill also requires the auditor to create a searchable pharmaceutical price transparency website.	Del. Joseph Jeffries (R), Sen. Mike Maroney (R)
WV	HB 4789	Referred to House Banking and Insurance Committee	Importation	This measure allows the Department of Health and Human Services to seek federal authority for a wholesale drug importation program.	Del. Evan Worrell (R)
WV	SB 43	Referred to Senate Banking and Insurance 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. Sue Cline (R)
WV	SB 89	Referred to Senate Health and Human Resources Committee	Importation	This measure requires the Department of Health and Human Resources to design a wholesale prescription drug importation program that complies with federal requirements.	Sen. Stephen Baldwin (D)
WV	SB 284	Referred to Senate Banking and Insurance Committee	Coupons/Cost Sharing	This measure requires insurers to include any cost sharing amounts paid by the insurer or on behalf of an enrollee by another person when calculating an insured's contribution to any applicable cost-sharing requirement, including the annual limitation on cost sharing.	Sen. Mitch Carmichael (R)
WV	SB 567	Referred to Senate Health and Human Resources Committee	Importation	This measure requires the Department of Health and Human Resources to design a wholesale prescription drug importation program that complies with federal requirements.	Sen. Roman Prezioso (D)
WV	SB 582	Referred to Senate Health and Human Resources Committee	Pharmacy Benefit Manager	This measure prohibits pharmacy benefit managers (PBMs) under contract with a Medicaid managed care organization from engaging in spread pricing, retroactively denying a claim, reducing payment to a pharmacy to an effective rate of reimbursement, including generic effective rates, or from reimbursing a pharmacy at an amount less than the national average drug acquisition cost. This measure also requires PBMs to report rebate information.	Sen. Roman Prezioso (D)
WV	SB 701/HB 4739	Referred to Senate Health and Human Resources Committee/Referred to House Banking and Insurance Committee	Pharmacy Benefit Manager	This measure requires pharmacy services administrative organizations to obtain a license from the Insurance Commissioner.	Sen. Tom Takubo (R), Del. Steve Westfall (R)
WV	SB 817	Referred to Senate Banking and Insurance Committee	Coupons/Cost Sharing	This measure caps the total amount that a carrier can require a covered enrollee with diabetes to pay for a 30-day supply of insulin at \$25, regardless of the quantity or type of insulin needed to fill the person's needs. This measure also provides that all compensation remitted by or on behalf of a manufacturer to a carrier or pharmacy benefit manager (PBM) related to prescription drug benefits must be either remitted directly to the covered person at the point of sale to reduce out-of-pocket cost to the covered person or retained by the carrier to offset premiums.	Sen. Sue Cline (R)

