2021 Rx Tracker

State	Bill	Category	Status	Summary	Sponsor
AL	SB 227/HB 492	Pharmacy Benefit Manager	Signed by Governor/Referred to House Ways and Means Education Committee	This measure prohibits a pharmacy benefit manager (PBM) from prohibiting a pharmacist from sharing cost information with consumers. PBMs would also be prohibited from charging a pharmacy a point-of-sale or retroactive fee or otherwise recouping funds from a pharmacy in connection with claims for which the pharmacy has already been paid. This measure requires PBMs to prepare an annual report that discloses aggregate rebate information and whether the PBM engages in spread pricing, if requested by a health insurer client. This measure also prohibits a PBM from varying the amount it reimburses a drug under a Medicaid plan.	Sen. Tom Butler (R), Rep. Nathaniel Ledbetter (R)
AL	SB 344	Pharmacy Benefit Manager	Referred to Senate Banking and Insurance Committee	This measure requires enrollees to receive drug rebates and discounts from manufacturers. This bill prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy in an amount lower than the amount it reimburses an affiliate pharmacy. PBMs would also be prohibited from requiring or steering an insured individual to use a mail-order pharmacy affiliated with a PBM. Under this bill, PBMs must act as a fiduciary to health insurers and health benefit plans and must annually report drug rebate information to insurers and plans.	Sen. Tom Butler (R), Rep. Nathaniel Ledbetter (R)
AZ	SB 1356	Pharmacy Benefit Manager	Signed by Governor	This measure prohibits a pharmacy benefit manager (PBM) from directly or indirectly, on behalf of a plan sponsor or insurer, charging or holding a pharmacist or pharmacy responsible for a fee for any step of or component or mechanism related to the claims adjudication process.	Sen. Nancy Barto (R)
AR	HB 1804	Pharmacy Benefit Manager	Signed by Governor	This measure amends the current law governing pharmacy benefit managers to include in the definition of "payer" an entity that providers or administers a self-funded health benefit plan.	Rep. Brian Evans (R)
AR	HB 1881	Pharmacy Benefit Manager	Signed by Governor	This measure prohibits pharmacy benefit managers from discriminating against 340B covered entities.	Rep. Michelle Gray (R)
CA	AB 752	Pharmacy Benefit Manager	Assembly Health Committee; referred to Assembly Appropriations Committee	This measure requires health care service plans, or any entity acting on their behalf, to furnish specified information about a prescription drug on request by the enrollee, including cost-sharing information and any information that could reduce an enrollee's out-of-pocket costs.	Rep. Adrin Nazarian (D)
CO	HB 1237	Pharmacy Benefit Manager	Signed by Governor	This measure requires the State Employees Group Benefit plan to use a reverse auction to contract with a pharmacy benefit manager (PBM).	Rep. Susan Lontine (D)
CO	HB 1297	Pharmacy Benefit Manager	Signed by Governor	This measure prohibits pharmacy benefit managers (PBMs) from charing pharmacy a fee for adjudicating a claim and restricting a covered person's access to prescription drug benefits at an in-network retail pharmacy. This measure also requires PBMs to respond in real time to a request form an enrollee for data regarding the cost, benefits, and coverage for a particular drug.	Rep. Edie Hooton (D)
CT	HB 5553	Pharmacy Benefit Manager	Referred to Joint Insurance and Real Estate Committee	This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy for pharmacy services at a rate that is lower than the rate at which the PBM reimburses an affiliate for the same services.	Rep. Geoffrey Luxenberg (D)
DE	HB 219	Pharmacy Benefit Manager	Enacted without Governor's signature	This measure allows a pharmacy to decline to dispense a prescription drug to a patient if the amount reimbursed by a pharmacy benefit manager (PBM) is less than the pharmacy acquisition cost. This bill also requires PBMs to provide reports to the Insurance Commissioner on the amount of rebates received by PBMs and distributed to insurers or patients. This bill prohibits PBMs from engaging in spread pricing and from reimbursing a pharmacist or pharmacy in an amount less than the PBM reimburses an affiliate. Under this bill, a PBM cannot pay or reimburse a pharmacy for the ingredient drug product component of pharmacist services less than the national average drug acquisition cost. PBMs would also be prohibited from making any reduction of payment for pharmacy services under a reconciliation process to an effective rate of reimbursement, or any other aggregate reduction of payment.	Rep. Andria Bennett (D)

FL	SB 390/HB 1155	Pharmacy Benefit Manager	Failed upon adjournment	This measure requires health maintenance organizations to require that pharmacy benefit managers (PBMs) with which they contract update their maximum allowable cost pricing information at least once a week and allow a pharmacist to disclose cost information. Under this bill, the Office of Insurance Regulation must require a health insurer to submit any contract or amendments to a contract for administration or management of prescription drug benefits by a PBM on behalf of the insurer, and the office can cancel a contract if it does not meet certain requirements.	Sen. Tom Right (R), Rep. Jackie Toledo (R)
HI	HB 24	Pharmacy Benefit Manager	Referred to House Health, Human Services and Homelessness Committee	This measure establishes business practice and transparency reporting requirements for pharmacy benefit managers (PBMs). It also replaces the registration requirement for PBMs with a licensing requirement. Under this bill, a PBM must perform its duties with care, skill, prudence, diligence, and professionalism, and a PBM will have a fiduciary duty to a client. This bill prohibits a PBM from requiring a covered person to make a payment at the point of sale for a covered drug in an amount greater than the lesser of the copayment, the allowable claim amount, the amount the person would pay without insurance, or the amount the pharmacy will be reimbursed by the PBM. This bill also prohibits PBMs from retaining any portion of spread pricing and requires PBMs to submit annual transparency reports that detail rebate information.	Rep. Roy Takumi (D)
HI	SB 602	Pharmacy Benefit Manager	referred to House Health, Human Services and Homelessness Committee	This measure prohibits contracts for managed care from containing a provision that authorizes a pharmacy benefit manager (PBM) to reimburse a contracting pharmacy on a maximum allowable cost basis. This bill also prohibits a PBM from engaging in unfair methods of competition or unfair practices and from reimbursing a 340B pharmacy differently than any other network pharmacy. Under this bill, a PBM cannot reimburse an independent or rural pharmacy at an amount less than the rural rate for each prescription drug. This measure requires PBMs to file annual transparency reports that detail rebate information.	Sen. Rosalyn Baker (D)
IA	HSB 228/HF 729	Pharmacy Benefit Manager	Commerce Committee/Referred to House Commerce Committee	This measure establishes requirements for pharmacy benefit managers' maximum allowable cost (MAC) lists and the process by which a pharmacy can dispute a MAC reimbursement.	House Commerce Committee
IL	HB 2919	Pharmacy Benefit Manager	Referred to House Rules Committee	This measure provides that upon request by a insurer, a contracting pharmacy benefit manager (PBM) must disclose any value provided by a pharmaceutical manufacturer to the PBM, as well as actual amounts paid by the PBM to a pharmacy.	Rep. Deanna Mazzochi (R)
IL	HB 3244/SB 2420	Pharmacy Benefit Manager	Referred to House Health Committee/Passed Senate Health Committee	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 MCOs directly reimburse pharmacy providers or contract with a PBM to reimburse providers.	Rep. Natalie Manley (D), Sen. Napoleon Harris (D)
IL	HB 3630/SB 2008	Pharmacy Benefit Manager	Referred to House Prescription Drug Affordability and Accessibility Committee/Introduced	This measure requires pharmacy benefit managers (PBMs) to update and publish maximum allowable cost (MAC) pricing information and to provide a reasonable administrative appeal procedure to allow pharmacies to challenge MAC reimbursements. Under this bill, a pharmacist can decline to dispense a pharmaceutical product if the pharmacy will be reimbursed below the pharmacy's acquisition cost for the drug. This measure also prohibits a PBM from directly or indirectly reducing a claim after the claim is adjudicated. This measure prohibits PBMs from keeping pharmacists from disclosing certain information to enrollees, including cost information.	Rep. Gregory Harris (D), Sen. David Koehler (D)

IN	HB 1393	Pharmacy Benefit Manager	Senate Health and Provider Services Committee; referred to Senate Appropriations Committee	This measure ensures that pharmacy benefit managers reimburse 340B-covered drugs at a rate that is at least equal to the national average drug acquisition cost or the wholesale acquisition cost (WAC).	Rep. Edward Clere (R)
IL	SR 329	Pharmacy Benefit Manager	Referred to Senate Assignments Committee	This measure requires the Auditor General to conduct an audit of Medicaid managed care organizations, including contracted and previously contracted pharmacy benefit managers. The audit must include a comparison of state expenditures between MCOs and the Medicaid fee-for-service program.	Sen. David Koehler (D)
IN	SB 143	Pharmacy Benefit Manager	Amended; passed House Ways and Means Committee	This measure adds requirements of pharmacy benefit managers when denying an appeal of the maximum allowable cost pricing of a prescription drug.	Sen. Andy Zay (R)
IN	SB 262	Pharmacy Benefit Manager	Referred to Senate Health and Provider Services Committee	This measure prohibits a pharmacy benefit manager (PBM) from including on a maximum allowable cost list a drug that is obsolete, temporarily unavailable, included on a drug shortage list, or unable to be lawfully substituted.	Sen. Ed Charbonneau (R)
KS	HB 2383	Pharmacy Benefit Manager	Introduced	This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy for the ingredient drug product component of pharmacist services in an amount less than the pharmacy's acquisition cost. This bill also requires PBMs to disclose the sources used for setting maximum allowable cost reimbursement rates.	House Insurance and Pensions Committee
KS	SB 128/HB 2260	Pharmacy Benefit Manager	Financial Institutions and Insurance Committee/Referred to House Health and Human Services Committee	This measure prohibits pharmacy benefit managers from discriminating against 340B covered entities.	Senate Public Health and Welfare Committee, House Health and Human Services Committee
KY	HB 177	Pharmacy Benefit Manager	Referred to House Appropriations and Revenue Committee	This measure requires the Department for Medicaid Services to establish and implement a preferred drug list, reimbursement methodologies, and dispensing fees for Medicaid managed care organizations and the state pharmacy benefit manager. This will apply to benefit claims submitted on or after Jan. 1, 2021.	Rep. Steve Sheldon (R)
KY	HB 222	Pharmacy Benefit Manager	Referred to Senate Health and Welfare Committee	This measure requires the Department for Medicaid Services to contract with an independent entity to monitor all Medicaid pharmacy benefit claims.	Rep. Danny Bentley (R)
KY	HB 532	Pharmacy Benefit Manager	Substituted; passed House Health and Family Services Committee; referred to House Appropriations and Revenue Committee	This measure prohibits pharmacy benefit managers (PBMs) from reducing payment for pharmacy services, directly or indirectly, under a reconciliation process to an effective rate of reimbursement, including permitting an insurer to make such reduction. This prohibition includes establishing direct or indirect remuneration fees, any effective rate (including a generic, dispensing, or brand effective rate). This measure requires PBMs to disclose, upon request for any contracting entity, actual amounts paid by the PBM to any pharmacy. This measure stipulates that an insurer contracting with a PBM is entitled to full disclosure from the PBM, including the purchase price for prescription drugs and the amount of any rebate provided in connection with the purchase of prescription drugs. This measure requires PBMs to submit annual reports to the Insurance Commissioner that detail aggregated rebate information.	Rep. Steve Sheldon (R)

LA	HB 244	Pharmacy Benefit Manager	Signed by Governor	This measure requires every pharmacy services administrative organization (PSAO) to be registered and licensed by the Department of Insurance and to act in good faith as a fiduciary for its contracting pharmacy. This bill requires a PSAO to remit to a contracted pharmacy any reimbursements, including sales and use taxes, received on behalf of the pharmacy within a reasonable amount of time after receipt of the reimbursement. This bill prohibits a PSAO from retaining any portion of reimbursements, including dispensing fees, direct or indirect remuneration fees, sales and use taxes, or any other amount owed to the pharmacy.	Rep. Christopher Turner (R)
LA	SB 180	Pharmacy Benefit Manager	Signed by Governor	This measure authorizes the Department of Health and the Office of Group Benefits to procure and negotiate pharmacy benefit manager contracts through the use of a reverse auction.	Sen. Fred Mills (R)
LA	SB 218	Pharmacy Benefit Manager	Passed Senate; referred to House Insurance Committee	This measure prohibits a pharmacy benefit manager (PBM) of pharmacy services administration organization from making or allowing any direct or indirect reduction of payment to a pharmacist for a drug or service under a reconciliation process to an effective rate of reimbursement. This bill also prohibits a PBM from reimbursing a pharmacist in an amount less than the PBM bills to the health plan provider for the same claim.	Sen. Fred Mills (R)
MD	HB 601/SB 964	Pharmacy Benefit Manager	Signed by Governor/Introduced	This measure alters the definition of "purchaser" for the purposes of certain provisions of state insurance law governing pharmacy benefit managers (PBMs). Under this measure, the definition of "purchaser" can include a person that provides prescription drug coverage or benefits through plans subject to the Employee Retirement Income Security Act (ERISA) of 1974, but the definition of "carrier" does not include ERISA plans. This bill stipulates that existing PBM laws only apply to PBMs that provide pharmacy benefit services on behalf of carriers.	Del. Nic Kipke (R), Sen. J.B. Jennings (R)
MD	HB 602	Pharmacy Benefit Manager	House Health and Government Operations Committee by	This measure requires the Maryland Medical Assistance Program to establish reimbursement levels, rather than maximum reimbursement levels, for drug products for which there is a certain generic equivalent. This bill requires that certain minimum reimbursement levels be at least equal to the National Average Drug Acquisition Cost of the generic product plus the fee-for-service dispensing fee set by the Department of Health.	Del. Nic Kipke (R)
MD	HB 603	Pharmacy Benefit Manager	House Health and Government Operations Committee by	This measure requires pharmacy benefit managers (PBMs) to provide enrollees for whom the PBM processed or paid a claim for a prescription drug during the immediately preceding three-month period an explanation of benefits statement on a form approved by the Insurance Commissioner. The explanation of benefits must include the cost sharing paid by the beneficiary, the amount of the payment made by the pharmacy to the PBM, and the amount billed by the PBM to the purchaser.	Del. Nic Kipke (R)
MD	HB 607	Pharmacy Benefit Manager	Governor's signature	This measure requires that if a pharmacy benefit manager (PBM) participates in the reverse auction bidding process for the Medicaid program and is selected, the PBM must pay a fee-for-service professional dispensing fee to pharmacists.	Del. Nic Kipke (R)
MD	HB 709/SB 614	Pharmacy Benefit Manager	Health and Government Operations Committee/Referred to Senate Finance Committee	This measure requires pharmacy benefit managers (PBMs) to filed with the Insurance Commissioner a report of all drugs appearing on the National Average Drug Acquisition Cost (NADAC) list that were reimbursed by the PBM below the NADAC plus a dispensing fee.	Del. Susan Krebs (R), Sen. Justin Ready (R)
MD	HB 819/SB 615	Pharmacy Benefit Manager	Health and Government Operations Committee/Referred to Senate Finance Committee	This measure prohibits a pharmacy benefit manager (PBM) from engaging in any practice that bases certain reimbursement for a prescription drug on patient outcomes. It also prohibits PBMs from engaging in spread pricing and from setting different fees for an enrollee's copay based on whether a pharmacy is affiliated with an independent or chain pharmacy.	Del. Susan Krebs (R), Sen. Justin Ready (R)
MA	HB 1121	Pharmacy Benefit Manager	Referred to Joint Financial Services Committee	This measure establishes a commission to study maximum allowable costs (MAC) lists.	Rep. Bradley Jones (R)
MA	HB 1123/SB 728	Pharmacy Benefit Manager	Referred to Joint Financial Services Committee	This measure prohibits the use of gag clauses by pharmacy benefit managers in their contracts with pharmacies.	Rep. Bradley Jones (R), Sen. Bruce Tarr (R)

MA	HB 1155	Pharmacy Benefit Manager	Referred to Joint Financial Services Committee	This measure requires pharmacy benefit managers (PBMs) to make available to each pharmacy the sources used to determine the maximum allowable costs (MAC) for drugs, every MAC for individual drugs used by the PBM, and every MAC list used by the PBM. This measure requires PBMs to ensure the MAC is equal to or greater than the pharmacies' acquisition cost and update each MAC list at least every three business days.	Rep. Paul McMurty (D)
MA	HB 1190/SB 650	Pharmacy Benefit Manager	Referred to Joint Financial Services Committee	This measure requires pharmacy benefit managers (PBMs) or health plans to furnish cost, benefit, and coverage data for a drug at the request of an enrollee or an enrollee's health care practitioner. This must be provided in real time.	Rep. Jeffrey Roy (D), Sen. Julian Cyr (D)
MA	HB 1202	Pharmacy Benefit Manager	Referred to Joint Financial Services Committee	This measure requires pharmacy benefit managers (PBMs) to make available to each pharmacy the sources used to determine the maximum allowable costs (MAC) for drugs, every MAC for individual drugs used by the PBM, and every MAC list used by the PBM. This measure requires PBMs to ensure the MAC is equal to or greater than the pharmacies' acquisition costs and update each MAC list at least every three business days.	Rep. Alan Silvia (D)
MA	HB 3787	Pharmacy Benefit Manager	Referred to Joint Health Care Financing Committee	This measure requires pharmacy benefit managers (PBMs) to update their maximum allowable cost (MAC) lists at most seven calendar days after an increase of 10% or more in the pharmacy acquisition cost from 60% or more of the pharmaceutical wholesalers doing business in the state. This measure also requires PBMs to provide notice within seven days of a change in MAC list methodology. Under this bill, PBMs must provide a reasonable appeal procedure to allow pharmacies to challenge maximum allowable costs and reimbursements made under maximum allowable costs.	Rep. Alyson Sullivan (R)
MA	SB 694	Pharmacy Benefit Manager	Referred to Joint Financial Services Committee	This measure requires pharmacy benefit managers (PBMs) to submit an annual transparency report to the Division of Insurance that contains aggregated rebate information.	Sen. Patricia Jehlen (D)
MI	HB 4348	Pharmacy Benefit Manager	Passed House; referred to Senate Health Policy and Human Services Committee	This measure requires pharmacy benefit managers (PBMs) to obtain a license before operating in the state. This measure also requires PBMs to notify covered persons if they plan to increase patient cost sharing on a maintenance drug. Under this bill, a PBM cannot directly or indirectly reduce the amount of a claim payment after adjudication of a claim or engage in spread pricing. This bill requires PBMs to disclose to contracting carriers the difference between the amount paid to a network pharmacy and the amount charged to the carrier. This measure also requires PBMs to submit annual transparency reports detailing aggregate rebate information.	Rep. Julie Calley (R)
MI	HB 4351	Pharmacy Benefit Manager	referred to Senate Health Policy and Human Services Committee	This measure prohibits pharmacy benefit managers from discriminating against 340B-covered entities.	Rep. Karen Whitsett (D)
MI	HB 4399/SB 79	Pharmacy Benefit Manager	Conference Committee Appointed	This measure prohibits the Department of Health and Human Services from entering into a contract with a Medicaid care organization that relies on a pharmacy benefit manager (PBM) that does not use a reimbursement methodology of the national average drug acquisition cost (NADAC) plus a professional dispensing fee or that does not agree to use a transparent, pass-through pricing model in which the PBM discloses the administrative fee as a percentage of the professional dispensing costs to the department. This bill also requires each PBM to submit aggregated rebate information to the department.	Rep. Mary Whiteford (R), Sen. Rick Outman (R)
MI	HB 4410	Pharmacy Benefit Manager	Amended; passed Senate	This measure requires each pharmacy benefit manager (PBM) that contracts with the Department of Health and Human Services to submit certain information to the department, including the aggregate wholesale acquisition cost for each drug on its formulary and the aggregate amount of rebates received. This measure also requires the department to contractually required Medicaid managed care organizations to require PBMs to use a pharmacy reimbursement methodology of the national average drug acquisition cost plus a professional dispensing fee, and agree to use a transparent pass-through pricing model, in which the pharmacy benefit manager discloses the administrative fee as a percentage of the professional dispensing costs to the department.	Rep. Thomas Albert (R)

MI	HB 5006	Pharmacy Benefit Manager	Referred to House Health Policy Committee	This measure prohibits the Department of Health and Human Services from entering into a contract with a Medicaid care organization that relies on a pharmacy benefit manager (PBM) that does not use a reimbursement methodology of the national average drug acquisition cost (NADAC) plus a professional dispensing fee or that does not agree to use a transparent, pass-through pricing model in which the PBM discloses the administrative fee as a percentage of the professional dispensing costs to the department. This bill also requires each PBM to submit aggregated rebate information to the department.	Rep. Abdullah Hammoud (D)
MN	HF 1576/SF 1721	Pharmacy Benefit Manager	Commerce Finance and Policy Committee; referred to House Health Finance and Policy Committee/Referred to Senate Health and Human Services Finance and Policy	This measure stipulates that pharmacy benefit managers (PBMs) cannot prohibit a pharmacist from discussing with a health carrier the amount the pharmacy is being paid or reimbursed for a prescription drug by the PBM or the pharmacy's acquisition cost for a prescription drug.	Rep. Kristin Bahner (D), Sen. John Marty (D)
MN	SF 2	Pharmacy Benefit Manager	Signed by Governor	This measure requires the Commissioner of Management and Budget to procure a contract for pharmacy benefit management services for the State Employees Group Insurance Program using a reverse auction.	Sen. Mary Kiffmeyer (R)
MN	SF 372/HF 558	Pharmacy Benefit Manager	Health and Human Services Finance and Policy Committee/Referred to House Commerce Finance and Policy Committee	This measure prohibits pharmacy benefit managers (PBMs) from restricting pharmacists from discussing reimbursement amounts with consumers.	Sen. Karla Bigham (D), Rep. Keith Franke (R)
MN	SF 917/HF 1279	Pharmacy Benefit Manager	Commerce and Consumer Protection Finance and Policy Committee; referred to Senate Health and Human Services Finance and Policy Committee/Referred to House Commerce Finance and Policy Committee	This measure prohibits pharmacy benefit managers (PBMs) from reimbursing a pharmacy for the ingredient drug product component less than the national average drug acquisition cost (NADAC), or if NADAC is unavailable, the wholesale acquisition cost. This measure also prohibits a PBM from making a reduction of payment for a prescription drug or service either directly or indirectly to a pharmacy under a reconciliation process to an effective rate of reimbursement, direct or indirect remuneration fees, or any other reduction or aggregate reduction of payment. This bill additionally prohibits PBMs from conducting spread pricing. This measure requires a PBM to update its maximum allowable cost (MAC) pricing list if there is an increase of 10% or more in the pharmacy acquisition cost from 60% or more of the pharmaceutical wholesalers doing business in the state or if the PBM changes the methodology on which the MAC price list is set. This measure also changes that MAC pricing appeals process, so that if an appeal is upheld, the PBM must make an adjustment to the MAC list within one business day and permit the challenging pharmacy to reverse and rebill the claim in question. This measure allows a PBM to decline to dispense a prescription drug if, as a result of MAC pricing, the pharmacy will not be adequately reimbursed by the PBM.	Sen. Rich Draheim (R), Rep. Liz Boldon (R)

MN	SF 2178/HF 2327	Pharmacy Benefit Manager	Government Finance and Policy and Elections Committee/Referred to House State Government, Finance and Elections	This measure requires the State Employees Group Insurance Program to adopt a reverse auction process for the selection of its pharmacy benefit manager (PBM).	Sen. Michelle Benson (R), Rep. Michael Howard (D)
MN	SF 2360/HF 2128	Pharmacy Benefit Manager	Sent to Governor	This measure also prohibits pharmacy benefit managers (PBMs) from prohibiting a pharmacist from sharing the pharmacy's acquisition cost for a drug, as well as the amount the pharmacy is being reimbursed by the PBM.	Sen. Michelle Benson (R), Rep. Tina Liebling (D)
MO	HB 834	Pharmacy Benefit Manager	Referred to Senate Governmental Accountability and Fiscal Oversight Committee	This measure requires the pharmacy benefit manager (PBM) used by the Missouri Consolidated Health Care Plan to file an annual report detailing rebate information. This measure also prohibits a PBM from reimbursing a pharmacy in the amount less than the amount the PBM reimburses a PBM affiliate. This measure requires a PBM to sustain an appeal and increase reimbursement to a pharmacy to cover the cost of purchasing a drug if an appeal by a pharmacy is sustained.	Rep. Dale Wright (R)
MO	HB 1146	Pharmacy Benefit Manager	Introduced	This measure requires pharmacy benefit managers (PBM) used by the Missouri consolidated plan to submit an annual transparency report to the plan. The report must include rebate information.	Rep. Ann Kelley (R)
MS	SB 2799	Pharmacy Benefit Manager	without governor's signature	This measure states that it is the intent of the legislature that the Division of Medicaid evaluate the feasibility of using a single vendor to administer pharmacy benefits provided under a managed care delivery system.	Sen. Kevin Blackwell (R)
MT	SB 395	Pharmacy Benefit Manager	Signed by Governor	This measure requires licensure for pharmacy benefit managers (PBMs) and prohibits PBMs from including gag clauses in contracts with pharmacies or conducting false advertising. This measure also requires PBMs to disclose to contract health plans certain cost information, including the wholesale acquisition costs from a manufacturer and aggregate rebate amounts. PBMs will be required to provide a similar report to the Insurance Commissioner.	Sen. Greg Hertz (R)
NV	SB 392	Pharmacy Benefit Manager	Referred to Senate Health and Human Services Committee	This measure requires pharmacy benefit managers (PBMs) to obtain a license from the Department of Health and Human Services and to submit an annual report that contains financial information. This bill also imposes a fiduciary duty on PBMs. This measure prohibits a PBM from deriving income from the management of pharmacy benefit plans except for income from administrative fees. This bill additionally prohibits PBMs from including gag clauses in contracts with pharmacies.	Senate Health and Human Services Committee
NC	SB 257	Pharmacy Benefit Manager	Signed by Governor	This measure requires pharmacy benefit managers (PBMs) to obtain a license. This measure also prevents PBMs from including gag clauses in their contracts with pharmacies. This bill requires PBMs to establish an administrative appeals procedure by which a contract pharmacy may appeal the provider's reimbursement for any drug subject to maximum allowable cost pricing. Under this bill, any amount of a drug's cost paid on behalf of the enrollee must count toward the enrollee's annual out-of-pocket maximum or deductible.	Sen. Jim Perry (R)
ND	HB 1233	Pharmacy Benefit Manager	Amended; passed House Government and Veterans Affairs Committee	This measure requires the public employees retirement system to contract for an audit of pharmacy benefit managers (PBMs) providing contract services of the state uniform group health insurance program. The board will have access to data that includes any recoupment by the PBM either at the point of sale or retrospectively.	Rep. Jim Kasper (R)
ND	HB 1492	Pharmacy Benefit Manager	Signed by Governor	This measure prohibits a pharmacy benefit manager from discriminating against a 340(B) covered entity.	Rep. Marvin Nelson (D)

NE	LB 270	Pharmacy Benefit Manager	Referred to Banking, Commerce, and Insurance Committee	This measure prohibits pharmacy benefit managers (PBMs) from penalizing a pharmacists for sharing cost information with a consumer. This bill also requires PBMs to reimburse non-affiliated pharmacies at the same rate they reimburse a PBM-owned pharmacy. This measure prohibits any insurer or a PBM operating on behalf of an insurer from conducting spread pricing on any drug paid with state or federal funds. Under this bill, PBMs must update their maximum allowable cost (MAC) lists once every seven calendar days and provide an appeals process by which a PBM can appeal a reimbursement subject to MAC pricing. When calculating a covered individual's contribution to any applicable cost sharing requirement, an insurer must include any cost sharing amounts paid by the individual or on behalf of the covered individual by another person.	Sen. Adam Morefeld
NE	LB 375	Pharmacy Benefit Manager	Referred to Banking, Commerce, and Insurance Committee	This measure requires pharmacy benefit managers (PBMs) to obtain a certificate of authority as a third-party administrator to do business in the state. This measure requires PBMs to exercise good faith and fair dealing in performing their duties. Under this bill, a PBM cannot charge or collect a copayment for an individual in an amount that exceeds the amount retained by the network pharmacy, and any amount paid by a covered individual will be applied toward any deductible the individual has under their health plan. This measure requires PBMs to update maximum allowable cost (MAC) lists within seven calendar days after an increase of 10% or more in the pharmacy acquisition cost from 60% or more of the wholesalers doing business in the state and to provide an appeals process for pharmacies to challenge reimbursement made under a MAC list. This bill allows a pharmacy to decline to dispense if, as a result of a MAC list, a pharmacy is to be paid less than the pharmacy acquisition cost. Under this bill, a PBM is prohibited from reimbursing a pharmacy in an amount less than the amount the PBM reimburses a PBM affiliate.	Sen. Mark Kolterman
NE	LR 101	Pharmacy Benefit Manager	Banking, Commerce, and Insurance Committee	This measure requires an interim study of whether legislation should be enacted to provide for comprehensive regulation of pharmacy benefit managers.	Sen. Matt Williams
NJ	A 955	Pharmacy Benefit Manager	Assembly Financial Institutions and Insurance Committee	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	Pharmacy Benefit Manager	Assembly Human Services Committee/Referred to Senate Health, Human Services and Senior Citizens	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	Pharmacy Benefit Manager	Assembly State and Local Governments Committee/Referred to Senate State Government, Wagering, Tourism and Historic Preservation Committee	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 Schaer (D), Sen. Joseph Cryan (D)

NJ	A 1259/S 249	Pharmacy Benefit Manager	Substituted by S 249/Signed by Governor	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 Schaer (D), Sen. Troy Singleton (D)
NJ	A 2222/S 1423	Pharmacy Benefit Manager	Assembly Financial Institutions and Insurance Committee/Amended; passed Senate Budget and Appropriations	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 5410	Pharmacy Benefit Manager	Assembly Financial Institutions and Insurance Committee	This measure requires pharmacy benefit managers (PBMs) to obtain a license and prohibits gag clauses in contracts between PBMs and pharmacies.	Asm. Roy Freiman (D)
NJ	S 1765	Pharmacy Benefit Manager	Referred to Senate Health, Human Services and Senior Citizens Committee	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.	Sen. Vin Gopal (D)
NJ	S 887/A 4790	Pharmacy Benefit Manager	Signed by Governor/Substituted by S 887	This measure requires the Division of Medical Assistance and Health Services to contract with a third-party entity to apply a risk reduction model to prescription drug services provided under the Medicaid program 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 total cost of care.	Sen. Stephen Sweeney (D), Asm. Joann Downey (D)
NJ	S 1046	Pharmacy Benefit Manager	Referred to Senate Commerce Committee	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.	Sen. Joseph Cryan (D)
NJ	S 2212/A 3603	Pharmacy Benefit Manager	Commerce Committee/Referred to Assembly Consumer Affairs Committee	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.	Sen. Vin Gopal (D), Asm. Annette Quijano (D)
NJ	S 3898/A 5935	Pharmacy Benefit Manager	Commerce Committee/Referred to Assembly Financial Institutions and Insurance	This measure removes the exception of self-insured health benefit plans from law concerning pharmacy benefit managers.	Sen. Troy Singleton (D), Asm. John McKeon (D)
NJ	S 4132	Pharmacy Benefit Manager	Referred to	This measure requires pharmacy benefit managers (PBMs) to obtain a license from the Commissioner of Banking and Insurance.	

NM	HB 107	Pharmacy Benefit Manager	referred to Senate Tax, Business, and Transportation Committee	This measure requires pharmacy benefit managers (PBMs) to provider covered persons with parity of access and payment between participating mail-order pharmacies and participating community pharmacies.	Rep. Elizabeth Thomson (D)
NM	HB 129	Pharmacy Benefit Manager	Amended; passed Senate Judiciary/Finance Committee; passed Senate	This measure requires pharmacy benefit managers (PBMs) to submit an annual transparency report to the Superintendent of Insurance as a condition for licensure. The report must contain information about rebates from manufacturers, as well as the aggregate dollar amount of all rebates the PBM received that were not passed through to health benefit plans. This measure also requires PBMs to submit to the superintendent the health benefit plan's formulary and provide timely notification of formulary changes and product exclusions.	Rep. Fajardo (R)
NY	AB 291/SB 1768	Pharmacy Benefit Manager	Referred to Assembly Insurance Committee/Referred to Senate Insurance Committee	This measure requires that when a health plan has a contract with a pharmacy benefit manager (PBM), the contract must be based on a pass-through pricing model and that payment to the PBM be based on the actual ingredient costs, dispensing fees paid to pharmacies, and an administrative fee that covers the cost of providing PBM services. The department would have the authority to establish the maximum administrative fee. Under this bill, a PBM will be required to fully disclose to the department and to the health plan with which it contracts the sources and amounts of all income, payments, and financial benefits. A PBM will also be required to identify all ingredient costs and dispensing fees or similar payments made by the PBM to any pharmacy. This measure prohibits any form of spread pricing in any contract or other arrangement with a health care plan. This measure also requires PBMs to make their payment model for administrative fees available to the health care plan and to the department, which would have the authority to require the PBM to make changes to the contract.	Asm. Kevin Cahill (D), Sen. James Skoufis (D)
NY	AB 1396/SB 3762	Pharmacy Benefit Manager	Referred to Assembly Health Committee/Passed Assembly	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 requires PBMs to obtain a license before practicing in the state. 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.	Asm. Richard Gottfried (D), Sen. Neil Breslin (D)
NY	AB 3007/SB 2507	Pharmacy Benefit Manager	Substituted by SB 2507/signed by Governor	This measure enacts components necessary to implement the state's health and mental hygiene budget for the 2021-2022 fiscal year. This measure requires pharmacy benefit managers (PBMs) to submit an annual report to the Superintendent of Insurance that includes rebate information and the terms and condition of any contracts the PBM has with a health plan. This measure also requires PBMs to obtain a license before operating in the state and allows the superintendent to prohibit anti-competitive practices and pricing models, including spread pricing.	Budget Bills
NY	SB 6020	Pharmacy Benefit Manager	Referred to Senate Health Committee	This measure prohibits a pharmacy benefit manager from reimbursing a pharmacy in an amount less than the amount the PBM reimburses an affiliate. This measure allows a pharmacy to decline to dispense a drug if, as a result of maximum allowable cost (MAC), a pharmacy will be paid less than the pharmacy acquisition cost.	Sen. Kevin Thomas (D)
NY	SB 6603/AB 7598	Pharmacy Benefit Manager	Passed Assembly/Substituted by S 6603	This measure requires all reimbursement paid by Medicaid managed care plans to retail pharmacies to include a professional dispensing fee and the drug acquisition cost, so that each drug is dispensed at no less than the amount established under the fee-for-service program. This measure also prohibits pharmacy benefit managers (PBMs) from reimbursing affiliate pharmacies at a higher rate than non-affiliated pharmacies.	Sen. James Skoufis (D), Asm. Richard Gottfried (D)
OH	HB 336	Pharmacy Benefit Manager	Introduced	This measure requires a contract between a pharmacy benefit manager (PBM) and a pharmacy to have a system in place by which a pharmacist can inform a consumer of the availability of lower cost drug options.	Rep. Scott Lipps (R)

OK	SB 721	Pharmacy Benefit Manager	Passed House Public Health Committee	This measure prohibits health insurers and pharmacy benefit managers (PBMs) from imposing excess cost burden on an insured. All discounts, rebates, price concessions, and fees related to a medication claim must be passed to the insured at the point of sale and cannot be retained by the insurer or PBM. Under this measure, cost sharing for an insured must be the lesser of the applicable copayment, the maximum allowable cost, the maximum allowable claim, the adjusted out-of-pocket maximum, the amount the insured would pay without insurance, or the amount the pharmacy will be reimbursed by the PBM.	Sen. Carri Hicks (D)
OK	SB 821	Pharmacy Benefit Manager	Vetoed	This measure prohibits a provider contract from prohibiting or restricting a pharmacist from disclosing to an individual information describing the total cost of pharmacist services for a drug or from selling a more affordable alternative to the covered person.	Sen. Greg McCortney (R)
OR	HB 2460	Pharmacy Benefit Manager	Failed upon adjournment	This measure requires pharmacy benefit managers (PBMs) to pay a dispensing fee and reimburse the cost of the ingredients of the drug at a rate no less than the lowest of the National Average Drug Acquisition Cost, the fee-for-service rate set by the Medicaid, the wholesale acquisition cost, or the usual and customary price charged by the pharmacy.	Rep. Nancy Nathanson (D)
OR	HB 2462	Pharmacy Benefit Manager	Failed upon adjournment	This measure requires insurers to submit for review by the Department of Consumer and Business Services contracts with pharmacy benefit managers (PBMs) and reimbursement paid by PBMs to ensure reimbursement is sufficient to enlist enough pharmacies for insurers to meet network adequacy standards.	Rep. Nancy Nathanson (D)
OR	HB 2753	Pharmacy Benefit Manager	Failed upon adjournment	This measure prohibits pharmacy benefit managers (PBMs) from including in a contract with a network pharmacy a term that bars price increases to customers to offset the estimated amount of corporate activity tax paid by the pharmacy and attributable to the sale of a prescription drug.	Rep. Ron Noble (R)
PA	HB 1630	Pharmacy Benefit Manager	Referred to House Health Committee	This measure allows the Auditor General to audit and review pharmacy benefit managers (PBMs) that provide services to a medical assistance managed care organization.	Rep. Jonathan Fritz (R)
PA	SB 917	Pharmacy Benefit Manager	Referred to House Health and Human Services Committee	This measure stipulates that any pharmacy benefit manager (PBM) that contracts with the Department of Health or a medical assistance managed care organization must act in good faith in relation to the contracted entity.	Sen. Ryan Aument (R)
RI	H 5611	Pharmacy Benefit Manager	Human Services Committee recommended bill be held for further study	This measure requires pharmacists to notify their customer regarding whether their cost-sharing benefits exceed the actual retail price of the prescription sought, in the absence of prescription drug coverage.	Rep. Thomas Noret (D)
RI	S 497/H 6477	Pharmacy Benefit Manager	Signed by Governor	This measure prohibits health insurance plans and pharmacy benefit managers (PBMs) from prohibiting pharmacists from discussing drug reimbursement criteria with individuals. This bill also prohibits PBMs from charging a copayment for a drug that exceeds the total charges submitted by the network pharmacy.	Sen. Walter Felag (D), Rep. Leonela Felix (D)
RI	S 592	Pharmacy Benefit Manager	Human Services Committee recommend bill be held for further study	This measure establishes maximum allowable cost (MAC) limits and provides for an appeals procedure for pharmacies wishing to appeal a MAC reimbursement. Under this bill, a pharmacy benefit manager (PBM) cannot reimburse a pharmacy less than the amount the PBM reimburses an affiliate, and reimbursement must be calculated on a per unit basis based on the same generic product identifier or generic code number. A pharmacy can decline to provide services if the pharmacy will be reimbursed below acquisition cost.	Sen. Joshua Miller (D)
SC	S 642	Pharmacy Benefit Manager	Banking and Insurance Committee	This measure adds to existing statute definitions for "price protection rebate" and "rebate."	Sen. Mike Gambrell (R)
TN	HB 145/SB 1403	Pharmacy Benefit Manager	House/Referred to Senate Commerce and Labor Committee	This measure lowers from three to two business days the amount of time a pharmacy benefits manager or covered entity has to adjust the maximum allowable cost of a drug or medical product or device to which the maximum allowable cost applies for all similar pharmacies in the network for claims submitted in the next payment cycle after an appealing pharmacy's appeal is determined to be valid by the pharmacy benefits manager or covered entity.	Rep. Robin Smith (R), Sen. Art Swann (R)
TN	SB 1617/HB 1398	Pharmacy Benefit Manager	Introduced/Signed by Governor	This measure prohibits a pharmacy benefit manager (PBM) from discriminating against a 340(B) covered entity. This measure also requires PBMs to allow enrollees to obtain drugs, including specialty drugs, from a physician's office, hospital outpatient insurance center, or pharmacy. This measure also stipulates that PBMs have a fiduciary responsibility to health plans.	Sen. Shane Reeves (R), Rep. Esther Helton (R)

TN	SB 1205/HB 1348	Pharmacy Benefit Manager	Amended; passed Senate Commerce and Labor Committee/Passed House	This measure prohibits a pharmacy benefit manager from discriminating against a 340(B) covered entity.	Sen. Richard Briggs (R), Rep. Esther Helton (R)
TN	SB 1280	Pharmacy Benefit Manager	Referred to Senate Commerce and Labor Committee	This measure prohibits a pharmacy benefit manager (PBM) from discriminating against a 340B-covered entity. This measure also requires PBMs to allow enrollees to obtain drugs, including specialty drugs, from a physician's office, hospital outpatient insurance center, or pharmacy. This measure also stipulates that PBMs have a fiduciary responsibility to health plans.	Sen. Shane Reeves (R)
TX	HB 1093/SB 679	Pharmacy Benefit Manager	Failed upon adjournment	This measure prohibits a health benefit plan issuer or pharmacy benefit manager (PBM) from directly or indirectly reducing the amount of a claim payment to a pharmacy after adjudication of the claim through the use of an aggregated effective rate, a quality assurance program, other direct or indirect remuneration fee, or otherwise. This measure also requires PBMs to reimburse pharmacists at unaffiliated pharmacies at the same rate as pharmacists at affiliated pharmacies.	Rep. Eddie Lucio III (D), Sen. Lois Kolkhorst (R)
TX	HB 1995/SB 1330	Pharmacy Benefit Manager	Failed upon adjournment	This measure allows the Insurance Commissioner to examine the records of pharmacy benefit managers.	Rep. Terry Canales (D), Sen. Juan Hinojosa (D)
TX	SB 727	Pharmacy Benefit Manager	Failed upon adjournment	This measure prohibits pharmacy benefit managers (PBMs) from steering or directing patients to use an affiliated pharmacy.	Sen. Charles Schwertner (R)
TX	SB 844	Pharmacy Benefit Manager	Failed upon adjournment	This measure repeals the Employee Retirement Income Security Act of 1974 (ERISA) exemption provisions relating to pharmacy benefits.	Sen. Charles Schwertner (R)
TX	SB 2195/HB 2787	Pharmacy Benefit Manager	Failed upon adjournment	This measure prohibits a pharmacy benefit manager (PBM) from directly or indirectly reducing the amount of a claim payment to a pharmacy after adjudication of the claim through the use of an aggregated effective rate, a quality assurance program, or other direct or indirect remuneration fee.	Sen. Lois Kolkhorst (R), Rep. Mayes Middleton (R)
UT	HB 187	Pharmacy Benefit Manager	Failed upon adjournment	This measure precludes a pharmacy benefit manager (PBM) from denying or preventing access to PBM services on the basis that two or more employers jointly request or plan to purchase PBM services to create efficiencies or achieve cost savings.	Rep. Suzanne Harrison (D)
VT	H 353	Pharmacy Benefit Manager	Referred to House Health Care Committee	This measure requires pharmacy benefit managers (PBMs) to obtain licensure from the Department of Financial Regulation. This bill prohibits a number of PBM activities. This measure also requires the Agency of Human Services to select a wholesale drug distributor through a competitive bidding process to be the sole source to distribute prescription drugs to pharmacies for dispensing to Medicaid enrollees.	Rep. Mari Cordes (D)
WA	SB 5075	Pharmacy Benefit Manager	Referred to Senate Health and Long Term Care Committee	This measure requires pharmacy benefit managers (PBM) to accept any willing community pharmacy that requests to enter into a contractual agreement to join a pharmacy network. If a retail community pharmacy enters into a contractual retail pharmacy network, a health plan or PBM must allow each enrollee to fill any covered prescription at any retail community pharmacy of the enrollee's choice with the PBM's network.	Sen. Patty Kuderer (D)
WI	AB 550/SB 542	Pharmacy Benefit Manager	Assembly Health Committee/Referred to Senate Government Operations, Legal Review and Consumer	This measure requires pharmacy benefit managers to reimburse 340B entities at the same rate as non-340B entities.	Rep. Lisa Subeck (D), Sen. Tim Carpenter (D)
WI	AB 553/SB 549	Pharmacy Benefit Manager	Referred to Assembly Health Committee/Referred to Senate Health Committee	This measure imposes fiduciary and disclosure requirements on pharmacy benefit managers (PBMs).	Rep. Lisa Subeck (D), Sen. Jon Erpenbach (D)

WI	AB 554/SB 543	Pharmacy Benefit Manager	Assembly Health Committee/Referred to Senate Insurance, Licensing and Forestry Committee	This measure requires that pharmacy services administrative organizations be licensed by the Office of the Commissioner of Insurance.	Rep. Lisa Subeck (D), Sen. Tim Carpenter (D)
WI	SB 3/AB 7	Pharmacy Benefit Manager	Signed by Governor/Amended; passed Assembly Health Committee	This measure requires pharmacy benefit managers (PBMs) to be licensed by the Insurance Commissioner. Under this bill, A PBM is prohibited from retroactively denying a pharmacist's or pharmacy's claim unless the original claim was fraudulent. This bill limits recovery for an incorrect payment to the amount that exceeds the allowable claim and requires every pharmacy benefit manager to submit annual transparency reports containing rebate information. Under the bill, a PBM cannot restrict a pharmacy from either penalizing a pharmacy for or informing an enrollee of any differential between the out-of-pocket cost of a drug and the cost an individual would pay for the drug without using insurance. The bill prohibits a PBM from requiring an enrollee to pay more for a covered drug than either the cost-sharing amount for the prescription drug under the policy or plan or the amount the enrollee would pay for the drug without using insurance, whichever amount is lower. This bill requires pharmacies to post a sign describing the pharmacist's ability to substitute a less expensive drug product equivalent or interchangeable biological product for the prescribed drug or biological product. This bill requires each pharmacy to have available for the public a listing of the retail price, updated monthly or more often, of the 100 most commonly prescribed prescription drugs available for purchase at the pharmacy. This bill also requires pharmacies to make available for the public information describing how to access a list, created by the Pharmacy Examining Board, of the 100 most commonly prescribed generic drugs with the corresponding brand name, and the list of currently approved interchangeable biological products.	Sen. Mary Felzkowski (R), Rep. Michael Schraa (R)
WV	HB 2263	Pharmacy Benefit Manager	Signed by Governor	This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy or pharmacist in an amount less than the national average drug acquisition cost at the time the drug is administered or dispensed, plus a dispensing fee. Under this bill, a PBM could not reimburse a pharmacy in an amount less than the PBM reimburses an affiliate pharmacy. This bill 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 and to report on drugs reimbursed 10% below and above the NADAC. Under this bill, PBMs must offer a plan the option of charging the plan the same price for a prescription drug a it pays a pharmacy for the drug. PBMs must also report in the aggregate to the health plan the difference between the amount the PBM reimbursed a pharmacy and the amount the PBM charged the health plan. An enrollee's cost sharing for each drug will 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. Any rebate over and above the defined cost sharing will be passed on to the health plan to reduce premiums. This measure also requires PBMs to obtain a license from the Insurance Commissioner to operate in the state. Under this bill, a PBM is prohibited from collecting from a pharmacy a cost share charged to an enrollee that exceeds the total submitted charges by the pharmacist to the PBM.	Del. Larry Pack (R)
WV	SB 83	Pharmacy Benefit Manager	Health and Human Resources Committee	This measure requires pharmacy services administrative organizations (PSAOs) to obtain a license from the Insurance Commissioner. This measure also requires PSAOs to provide payment schedules and reimbursement rates to independent pharmacies.	Sen. Tom Takubo (R)

AZ	SB 1732	Importation	Referred to Senate Health and Human Services Committee	This measure requires the Department of Health Services to design a wholesale drug importation program.	Sen. Rebecca Rios (D)
CA	AB 458	Importation	Assembly Health Committee	This measure creates the Affordable Prescription Drug Importation Program within the Health and Human Services Agency.	Asm. Sydney Kamlager (D)
CO	SB 123	Importation	Signed by Governor	This measure expands the 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 a practice.	Sen. Joann Ginal (D)
CT	HB 5689/SB 218	Importation	Referred to Joint Insurance and Real Estate Committee	This measure requires the Commissioner of Consumer Protection to implement a Canadian prescription drug reimportation program.	Rep. Cara Pavalock-D'Amato (R), Sen. Kevin Kelly (R)
HI	HB 14/SB 319	Importation	Health, Human Services and Homelessness Committee/Referred to Senate Health Committee	This measure directs the Department of Health to implement a program for wholesale importation of prescription drugs.	Rep. Roy Takumi (D), Sen. Jarrett Keohokalole (D)
IL	HB 3867	Importation	Referred to House Rules Committee	This measure directs the Department of Public Health to implement a program for wholesale importation of prescription drugs.	Rep. Anna Moeller (D)
MA	HB 2377	Importation	Public Health Committee	This measure permits the wholesale importation of prescription drugs into the commonwealth.	Rep. Leonard Mirra (R)
MI	SB 583	Importation	Referred to Senate Health Policy and Human Services Committee	This measure establishes a wholesale prescription drug importation program.	Sen. Ruth Johnson (R)
MN	HF 73/SF 312	Importation	Commerce Finance and Policy Committee/Referred to Senate Health and Human Services Finance and Policy Committee	This measure requires the Commissioner of Health to establish a wholesale prescription drug importation program that complies with federal requirements.	Rep. Duane Quam (R), Sen. Dave Senjem (R)
MN	SF 831/HF 2004	Importation	Commerce and Consumer Protection Finance and Policy Committee; referred to Senate Health and Human Services Finance and Policy Committee/Referred to House Commerce Finance	This measure stipulates that any multimarket-approved (MMA) product offered for sale in the state at a cost that is at least 23% lower than the wholesale acquisition cost for the Food and Drug Administration-approved products manufactured in the United States must be included on the uniform preferred drug list and covered under the medical assistance and MinnesotaCare programs, as well as the state employee group insurance program. This measure defines an MMA product as one that was manufactured outside the United States, is imported into the United States, and has been authorized by the manufacturer to be marketed in the United States.	Sen. Michelle Benson (R), Rep. Barb Haley (R)

MO	HB 1257	Importation	Referred to House Health and Mental Health Policy Committee	This measure requires the Department of Health and Senior Services to develop and implement a wholesale prescription drug importation program.	Rep. Jo Doll (D)
MT	HB 679	Importation	Failed upon adjournment	This measure requires the Board of Pharmacy to design a wholesale drug importation program.	Rep. Jessica Karjala (D)
NJ	A 2681/S 1732	Importation	Assembly Health Committee/Referred to Senate Health, Human Services and Senior Citizens Committee	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)
NY	AB 133/SB 1737	Importation	Assembly Higher Education Committee/Referred to Senate Health Committee	This measure creates a wholesale prescription drug importation program.	Asm. Richard Gottfried (D), Sen. James Skoufis (D)
ND	HB 1250	Importation	House Industry, Business, and Labor Committee	This measure requires self-insurance health plans and public employee health insurance plans to include coverage for prescription drugs imported from Canada under a wholesale importation program and stipulates that coverage may allow for a copayment that does not exceed $25.	Rep. Marvin Nelson (D)
ND	SB 2209	Importation	Failed to pass House Human Services Committee	This measure stipulates that if another state creates a wholesale prescription drug importation program for the importation of drugs from Canada, the Department of Health may contract with the other state for the importation of drugs.	Sen. Howard Anderson (R)
ND	SB 2212	Importation	Signed by Governor	This measure requires a legislative management study on prescription drug pricing, importation, and reference pricing, and the role of pharmacy benefit managers.	Sen. Howard Anderson (R)
OK	SB 120	Importation	Referred to Senate Health and Human Services Committee	This measure requires the Oklahoma Health Care Authority to submit an application to the US Secretary of Health and Human Services for the purpose of establishing a prescription drug importation pilot program for the state Medicaid program to import pharmaceutical drugs from one or more countries approved by the Food and Drug Administration (FDA).	Sen. Rob Standridge (R)
PA	HB 833	Importation	Referred to House Health Committee	This measure requires Department of Health to study and design a program for importing prescription drugs.	Rep. Emily Kinkead (D)
RI	H 5249/S 499	Importation	Human Services Committee recommended bill be held for further study/Senate Health and Human Services Committee recommend bill be held for further study	This measure establishes a program for the importation of wholesale prescription drugs from Canada.	Rep. Anastasia Williams (D), Sen. Lou DiPalma
TN	HB 1022	Importation	Filed	This measure requires the Commissioner of Health to design a wholesale prescription drug importation program.	Rep. Jason Potts (D)

WV	HB 2284/SB 113	Importation	Health and Human Resources Committee/Referred to Senate Health and Human Resources Committee	This measure creates a state-administered wholesale drug importation program.	Del. Mick Bates (D), Sen. Stephen Baldwin (D)
WV	HB 3170	Importation	Health and Human Resources Committee	This measure requires the Department of Health and Human Resources to establish a wholesale prescription drug importation program.	Del. Kayla Young (D)
WV	SB 255	Importation	Health and Human Resources Committee	This measure creates a state-administered wholesale drug importation program.	Sen. Stephen Baldwin (D)
WI	AB 548/SB 539	Importation	Assembly Insurance Committee/Referred to Senate Government Operations, Legal Review and Consumer	This measure creates a state-administered wholesale drug importation program.	Rep. Lisa Subeck (D), Sen. Kelda Roys (D)
CT	HB 6224	Transparency	Referred to Joint General Law Committee	This measure requires drug manufacturers to report drug price increases in excess of 10% in a year or 16% over two years. This measure also requires manufacturers to report specified information regarding new brand-name and generic prescription drugs with prices above certain thresholds and cost information for newly acquired brand-name drugs with retail prices over $100 for a 30-day supply or generic drugs with retail prices over $50 for a 30-day supply.	Rep. Kevin Ryan (D)
HI	HB 17/SB 322	Transparency	Referred to House Health, Human Services and Homelessness Committee/Referred to Senate Health Committee	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 each drug benefit plan and pharmacy benefit manager (PBM) of any planned price increase if that increase will result in a 16% or more increase in the WAC of the drug over any two-year period. Notice must be provided at least 60 days prior to the increase and include a statement regarding whether a change or improvement in the drug necessitates the price increase. This measure requires manufacturers to annually identify up to 10 prescriptions on which the state spends significant health care moneys and for which the WAC increase by a total of 50% or more during the previous two calendar years or by 20% or more during the previous year.	Rep. Roy Takumi (D), Sen. Jarrett Keohokalole (D)
HI	SB 605	Transparency	Referred to Senate Health Committee	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 each drug benefit plan and pharmacy benefit manager (PBM) of any planned price increase if that increase will result in a 16% or more increase in the WAC of the drug over any two-year period. Notice must be provided at least 60 days prior to the increase and include a statement regarding whether a change or improvement in the drug necessitates the price increase. This measure requires manufacturers to annually identify up to 10 prescriptions on which the state spends significant health care moneys and for which the WAC increase by a total of 50% or more during the previous two calendar years or by 20% or more during the previous year.	Rep. Rosalyn Baker (D)

IL	HB 3609	Transparency	Referred to House Rules Committee/Introduced	This measure requires manufacturers with drugs that have a wholesale acquisition cost (WAC) of more than $40 to notify specified parties if the increase in WAC is more than 10%. Notice of the price increase must be provided at least 60 days before the date of the increase. Within 30 days of notification of a price increase, the manufacturer shall report specified additional information to specified parties. This measure also requires manufacturers to provide written notice if they are introducing a new prescription drug to market at a WAC that exceeds the Medicare Part D specialty drug threshold. This measure requires the Department of Public Health to conduct an annual public hearing on the aggregate trends in prescription drug pricing. The department will be required to publish a report detailing findings from the hearing.	Rep. Mary Flowers (D)
IL	SB 1625	Transparency	Referred to Senate Assignments Committee	This measure requires pharmacies to post a notice informing customers that they may request the current usual and customary retail price of any brand-name or generic prescription drug or medical device the pharmacy offers for sale to the public. Under this bill, a pharmacist is required to disclose to a consumer at the point of sale the current pharmacy retail price of each prescription medication the consumer intends to purchase. If the consumer's cost-sharing amount for a prescription exceeds the current pharmacy retail price, the pharmacist must disclose to the consumer that the pharmacy retail price is less than the patient's cost-sharing amount.	Sen. Sally Turner (R)
IL	SB 1682	Transparency	Signed by Governor	This measure requires pharmacies to post a notice informing customers that they may request the current usual and customary retail price of any brand-name or generic prescription drug or medical device the pharmacy offers for sale to the public. Under this bill, a pharmacist is required to disclose to a consumer at the point of sale the current pharmacy retail price of each prescription medication the consumer intends to purchase. If the consumer's cost-sharing amount for a prescription exceeds the current pharmacy retail price, the pharmacist must disclose to the consumer that the pharmacy retail price is less than the patient's cost-sharing amount.	Sen. Scott Bennett (D)
IN	SB 131	Transparency	Financial Institutions and Insurance Committee	This measure requires health plans to provide to a covered individual the wholesale acquisition cost (WAC) of a prescription drug within 60 days after the drug is dispensed to the individual. It also requires health plans to provide a covered individual with the amount of the rebate received by the health plan for a drug dispensed to an individual if the amount of the rebate exceeds 15% of the WAC.	Sen. Mike Bohacek (R)
IA	HSB 46/HF 464/HF 526	Transparency	House Commerce Committee/Referred to House Commerce Committee/Referred to House Commerce	This measure requires drug manufacturers to report cost information for drugs with a wholesale acquisition cost (WAC) of $100 or more that had a WAC increase of 40% or more in three years or 15% or more in the preceding year. This measure also requires health carriers to submit a report that includes the 25 most frequently covered drug along with the percent increase in annual spending by carriers to provide drug benefits and the percent increase in premiums attributable to prescription drugs. This measure requires carriers to include all cost sharing amounts paid by an enrollee or on behalf of the enrollee as part of the enrollee's applicable cost sharing requirements.	House Commerce Committee, Rep. Mary Mascher (D), House Commerce Committee
ME	LD 686	Transparency	Signed by Governor	This measure amends existing laws governing prescription drug pricing for purchasers. The bill changes a requirement that a manufacturer notify the Maine Health Data Organization when it has taken certain actions regarding high prescription drug pricing and instead requires that the organization produce and post on its publicly accessible website a list of drugs for which manufacturers have taken those actions. This measure requires the organization to post on the website a list of drug product families for which it intends to request pricing component data from manufacturers, distributors, and pharmacy benefit managers.	Sen. Eloise Vitelli (D)

MA	HB 1254/SB 736	Transparency	Referred to Joint Health Care Financing Committee	This measure requires the Center for Health Information and Analysis (CHIA) to annually prepare a list of up to 10 drugs that account for a significant share of state health care spending. Drugs will only be eligible for inclusion on the list if the wholesale acquisition cost (WAC) increased by at least 25% during the immediately preceding calendar year. Manufacturers with a drug included on the list must provide CHIA with a written narrative description of the factors that caused the increase in the WAC, along with aggregate, company-level research and development costs. This measure also requires CHIA to create regulations necessary to ensure uniform analysis of information regarding pharmacy benefit managers (PBMs) that allow the center to analyze year-over-year WAC changes, year-over-year trends in formulary, maximum allowable cost list and cost sharing design, aggregate discount and rebate information, and information regarding the aggregate amount of payments made to affiliate and non-affiliate pharmacies.	Rep. Edward Coppinger (D), Sen. Joseph Boncore (D)
MA	HB 1272	Transparency	Referred to Joint Health Care Financing Committee	This measure requires the Health Policy Commission (HPC) to annually identify up to 15 prescription drugs on which the state spends significant health care dollar, and for which the wholesale acquisition cost (WAC) increased by 50% or more over the past five years of by 15% or more over the past 12 months. For each drug identified, the manufacturer must submit cost information. The attorney general will provide an annual prescription drug transparency report to the legislature, HPC, and Center for Health Information and Analysis. This measure also requires manufacturers to submit a report to the HPC for each price increase of a prescription drug that will result in an increase in the average manufacturer price of that drug that is equal to 10% over 12 months or the introduction of a new drug whose price may threaten the cost benchmark. Manufacturers will be required to include cost information in these reports.	Rep. Kate Hogan (D)
MA	HB 1278	Transparency	Referred to Joint Health Care Financing Committee	This measure requires the Health Policy Commission (HPC) to annually identify up to 15 prescription drugs on which the state spends significant health care dollar, and for which the wholesale acquisition cost (WAC) increased by 50% or more over the past five years of by 15% or more over the past 12 months. The list must include at least one generic and one brand drug. For each drug identified, the manufacturer must submit cost information. This measure also requires carriers to create an annual list of 10 drugs on which its health insurance plans spend significant amounts of their premium dollars and for which the cost to the plans has increased by 50% over five years or 15% over the previous year. The attorney general must use lists generated by the HPC and carriers to identify up to 14 drugs on which the greatest amount of money was spent across all payers during the previous calendar year.	Rep. Bradley Jones (R)
MI	HB 4347	Transparency	referred to Senate Health Policy and Human Services Committee	This measure requires manufacturers with drugs that have a wholesale acquisition cost (WAC) of more than $40 to notify specified parties if the increase in WAC is more than 10%. Notice of the price increase must be provided at least 60 days before the date of the increase. Within 30 days of notification of a price increase, the manufacturer shall report specified additional information to specified parties.	Rep. Angela Witwer (D)
MI	SB 447	Transparency	referred to House Insurance Committee	This measure requires insurers to provide large employer groups with claims utilization and cost information for prescription drugs, upon request of the large employer group.	Sen. Dan Lauwers (R)

MN	HF 58/SF 131	Transparency	Government Finance and Elections Committee; referred to House Health Finance and Policy Committee/Referred to Senate Health and Human Services	This measure requires drug manufacturers to report cost information for each drug with a wholesale acquisition cost (WAC) of more than $100 to the Health Commissioner. If a drug subject to reporting 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 of that drug for the next calendar year. Under this bill, a health plan must make the plan's formulary and related benefit information available by electronic means at least 30 days prior to annual renewal dates. Once a formulary has been established, a health plan can, at any time during the enrollee's contract term, add drugs to the formulary, reduce copayments or coinsurance, or move a drug to a benefit category that reduces an enrollee's cost.	Rep. Steve Elkins (D), Sen. Rich Draheim (R)
MS	SB 2323	Transparency	Died in Senate Insurance Committee	This measure requires drug manufacturers to submit an annual report with the current wholesale acquisition cost (WAC) information for approved drugs sold in the state. If a drug with a WAC of at least $100 increases by 50% or more, the manufacturer must notify the commissioner within 30 days of the increase, along with cost information. This measure also requires manufacturers to notify the commissioner if they plan to introduce a new drug with a WAC that exceeds the Medicare Part D threshold for specialty drugs. This measure also requires PBMs to submit rebate information. Insurers must submit annual reports with the names of the 25 most frequently prescribed drugs and the percent increase in annual net spending for drugs across all plans.	Sen. Angela Hill (R)
MT	SB 137	Transparency	Failed upon adjournment	This measure requires manufacturers to submit annual reports that include the current wholesale acquisition cost (WAC) for all drugs sold in the state. Manufacturers must also submit reports for each drug whose WAC increased by 30% or more over three years or 10% or more over the previous year. Under this measure, pharmacy benefit managers (PBMs) are required to submit rebate information, and health insurers must submit reports that include the 25 most frequently prescribed drugs, the 25 drugs that caused the greatest increase in total plan spending over the course of the previous year, and the impact of the cost of drugs on each premium dollar.	Sen. Steven Fitzpatrick (R)
NV	SB 380	Transparency	Signed by Governor	This measure expands the 2017 pricing transparency law that applies to diabetes and asthma medications to all prescription drugs. This bill requires each manufacturer, wholesaler, pharmacy benefit manager or third party that is required to make a transparency report to also register annually with the Department of Health. This measure also increases the penalty on manufacturers that fail to report cost transparency information.	Senate Health and Human Services Committee
NY	AB 663	Transparency	Referred to Assembly Health Committee	This measure requires a manufacturer of a prescription drug with a wholesale acquisition cost (WAC) of more than $40 per course or treatment to notify that state's Drug Utilization Review Board if the WAC increases more than 10%, including the proposed increase and the cumulative increases that occurred within the previous two calendar years. Notice of the increase must be provided to the board at least 60 days before it takes effect and must include a statement regarding whether a change in the drug necessitates the price increase.	Asm. Daniel Rosenthal (D)
NY	AB 741	Transparency	Referred to Assembly Health Committee	This measure requires the Commission of Health to annually publish information on drug costs, including a list of the 10 prescription drugs on which the state expends the most money and for which the wholesale acquisition cost (WAC) has increased by 50% or more over the past five years, or by 10% or more in the previous year. A manufacturer of a drug that appears on the list must supply cost information to the commissioner.	Asm. Daniel Rosenthal (D)
NY	AB 2340	Transparency	Assembly Health Committee	This measure requires that every recipient of a pharmaceutical product to be provided with the retail price of his or her prescription.	Asm. Gary Pretlow (D)
NY	AB 3779	Transparency	Assembly Health Committee	This measure requires health plans to make available information that allows consumers to determine whether a specific drug is available on the plan's formulary and what the applicable cost-sharing requirements are.	Asm. Kevin Byrne (R)

NY	SB 4620/AB 5411	Transparency	Insurance Committee/Referred to Assembly Insurance Committee	This measure requires health plans to furnish cost, benefit, and coverage data to an enrollee upon request. This measure also prohibits health plans and their pharmacy benefit managers (PBMs) from restricting a prescriber from communicating benefit and coverage information that reflects other choices, such as cash price, whether or not they are covered under an enrollee's plan.	Sen. Neil Breslin (D), Asm. John McDonald (D)
NY	SB 7499	Transparency	Referred to Senate Rules Committee	This measure requires a manufacturer of a 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 is more than 10%, including the proposed increase and the cumulative increases that occurred within the previous two calendar years prior to the current year.	Sen. Julia Salazar (D)
ND	HB 1032	Transparency	Signed by Governor	This measure requires each drug manufacturer to submit a report to the Board of Pharmacy every three months with the current wholesale acquisition cost (WAC) information for each drug sold in the state. Within 30 days of a WAC increase of 40% or more over five years, or 10% or more over a year, a manufacturer must submit a report detailing cost information, including research and development costs and aggregate rebate amounts paid to each pharmacy benefit manager (PBM) for the calendar year. That report must also include the name of each of the manufacturer's drugs that lost patent exclusivity in the previous five years, and a justification for the WAC increase. This measure also requires PBMs to report rebate information and health insurers to report the 25 most frequently prescribed drugs, the 25 costliest drugs, and how spending on drugs has increased in the previous two calendar years, including the impact on premiums.	Interim Health Care Committee
NC	HB 178	Transparency	Passed House	This measure requires health benefit plans and pharmacy benefit managers to provide the minimum information needed to inform patient prescription price transparency for an enrollee.	Rep. Wayne Sasser (R)
NC	SB 411	Transparency	Referred to Committee on Rules and Operations of the Senate	This measure requires drug manufacturers to notify certain parties of upcoming substantial price increases at least 60 days prior to the increase, along with a justification for the proposed price increase. This measure requires manufacturers to notify interested parties of the price of any new prescription drug within three days after the manufacturer receives approval by the US Food and Drug Administration. This bill defines "substantial price increase" as any increase in the price charged by a manufacturer for a drug that would have the impact of increasing the cost of the drug by 10% or more over 12 months.	Sen. Sarah Crawford (D)
OK	SB 165	Transparency	Referred to Senate Retirement and Insurance Committee	This measure requires the Department of Insurance to compile a list of essential diabetes drugs and the wholesale acquisition cost (WAC) of those drugs. The department would also be required to compile a list of essential diabetes drugs that had a WAC increase equal to or greater than the percentage increase in the consumer price index (CPI) during the previous year or twice the CPI increase in the previous two years. If a manufacturer has a drug on either list, the manufacturer will be required to submit to the department the costs of the drug, the total administrative expenditures, including marketing and advertising costs, profits from the drug, total financial assistance provided to patients, the WAC, a history of any increases in WAC, costs associated with coupons for patients, and the aggregate amount of all rebates provided to pharmacy benefit managers for sales of the drug. The department will have a website with an updated list of diabetes drugs, along with their WACs.	Sen. Carri Hicks (D)
OK	SB 538	Transparency	Senate Retirement and Insurance Committee	This measure allows a pharmacist, on behalf of a patient obtaining a drug, to submit a request for information about the specific dollar allocation of the dollar amount of the retail price provided to the insurer, manufacturer, wholesale drug distributor, and pharmacy benefit manager for the drug. Those entities will have 30 days from receipt of the request to provide the information.	Sen. Rob Standridge (R)

OK	SB 589	Transparency	Referred to Senate Retirement and Insurance Committee	This measure is based on the NASHP model drug price transparency act. This measure requires a manufacturer to notify the Insurance Department if it is increasing the wholesale acquisition cost (WAC) of a brand-name drug or a generic drug priced at $10 or more by more than 20% over a year. Notice of the increase must be provided at least 60 days before the increase takes effect. This measure also requires manufacturers to notify the department if they plan to introduce a new drug with a WAC of $670 or more. Notice must be provided 60 days before market introduction. This measure also requires manufacturers to report all data elements specified in the NASHP model transparency act. This measure also requires transparency reporting from pharmacy benefit managers, wholesale distributors, and insurers.	Sen. Carri Hicks (D)
OR	HB 2044	Transparency	Failed House	This measure requires drug manufacturers to report to the Department of Consumer and Business Services information about patient assistance programs offered to consumers for certain new prescription drugs introduced for sale.	Gov. Kate Brown (D)
PA	HR 82	Transparency	Referred to House Health Committee	This measure directs the Joint State Government Commission to conduct a study on prescription drug pricing and issue a report.	Rep. Eddie Pashinski (D)
PA	HB 209	Transparency	Referred to House Insurance Committee	This measure requires manufacturers to submit drug price transparency reports for drugs with an average wholesale price of $5,000 or more annually or drugs that have increased in average wholesale price by 50% over five years or 25% over the past year. The report must detail the costs of research and development, manufacturing, clinical trials, and marketing and advertising costs. The report must also include the profit attributable to the drug as a percentage of the total company profits.	Rep. Anthony DeLuca (D)
PA	HB 321/SB 579	Transparency	Referred to House Insurance Committee/Referred to Senate Banking and Insurance Committee	This measure establishes the Pharmaceutical Transparency Review Board, which will be responsible for reviewing high-cost prescription drug products and developing recommendations for addressing affordability burdens faced by residents. The board may access pricing information by entering into memoranda of understanding with other states or into contracts with independent contractors. Only drugs that have an average wholesale acquisition cost (WAC) of at least $5,000 annually and that have faced a WAC increase of 50% over five years of 15% over a month will be reviewed by the board. A manufacturer of a drug that meets those thresholds will be required to submit certain cost information to the board for review. The board will review these drugs and create a report.	Rep. Mike Puskaric (R), Sen. Daniel Laughlin (R)
PA	HB 882	Transparency	Insurance Committee	This measure requires health insurers or pharmacy benefit managers to furnish cost, benefit and coverage data if an enrollee requests it.	Rep. Valerie Gaydos (R)
RI	H 5494/S 494	Transparency	House Health and Human Services Committee recommended bill be held for further study/Passed Senate	This measure requires drug manufacturers to submit an annual report to the Department of Business Regulation stating the wholesale acquisition cost (WAC) for drugs sold in the state, as well as certain cost information. Manufacturers only have to submit WAC information for drugs that cost at least $100 or more per 30-day supply and that have had either a 40% WAC increase over three years or a 15% WAC increase over one year. This measure also requires pharmacy benefit managers (PBMs) to submit rebate information and detail which rebates were passed to health plans and enrollees versus retained by the PBM. Under this bill, health plans must also submit a report detailing the 25 most frequently prescribed drugs and the percent increase in premiums attributed to drugs.	Rep. Mia Ackerman (D), Sen. Dominick Ruggerio (D)
RI	H 5913	Transparency	Committee recommended bill be held for further study	This measure requires the Board of Pharmacy to annually identify up to 15 prescription drugs on which the states spends significant health care dollars and for which the wholesale acquisition cost (WAC) has increased by 50% over five years or 15% over one year. For each drug identified, the attorney general must require the drug's manufacturer to provide a justification for the increase.	Rep. John Lombardi (D)
SD	HB 1263	Transparency	Signed by Governor	This measure requires health insurers to provide historical net prices and negotiated rates for prescription drugs to enrollees on a public website.	Gov. Kristi Noem (R)
TN	HB 1530/SB 1249	Transparency	Insurance Committee/Introduced	This measure requires health plans and pharmacy benefit managers to provide enrollees upon request certain information about covered drugs and benefits under the enrollee's health plan, including cost-sharing information for drugs.	Rep. Gary Hicks (R)

TX	HB 1033/SB 875	Transparency	Signed by Governor	This measure requires manufacturers to submit a fee along with their annual price transparency reports. The money collected will be used by the Department of Health and Services to implement existing state drug price transparency requirements. This measure also allows the department to issue administrative penalties on manufacturers that fail to submit reports or fees.	Rep. Tom Oliverson (R), Sen. Kelly Hancock (R)
VA	HB 876	Transparency	Carried over to 2021	This measure requires health carriers to report spending on prescription drugs in total and for each of the 25 most frequently prescribed drugs, including the greatest total spending, the greatest total spending per user of any drug in the drug group, the highest year-over-year increase in total spending and the highest year-over-year increase in total spending per user of any drug in the drug group. Each carrier must also report projected total spending before enrollee cost sharing for the current year and any price concessions and fees paid to pharmacy benefit managers (PBMs) and other retail price concessions. Additionally, each health plan must require each PBM with which it contracts to report: the wholesale acquisition cost (WAC) for each drug and drug group for which the PBM has negotiated directly with the manufacturer; the volume in WAC units the PBM negotiated directly with manufacturers; the projected volume in WAC units the PBM negotiated directly with the manufacturer; total rebates and prices concessions negotiated with manufacturers, pharmacies and pharmacy services administrative organizations; and total net income. Drug manufacturers will have to report similar information, along with 60 days' advance notice of any introduction to the market of any new brand or generic drugs with a WAC of more than $670 per year. Manufacturers will have to provide 60 days' advance notice if a brand drug's WAC increases by 20% or if a generic drug that costs at least $100 increases by 200%. This measure requires the Department of Health to annually collect, compel and make available on its website information about prescription drug prices submitted by health carriers, pharmacy benefit manufacturers and wholesale distributors.	Del. Suhas Subramanyam (D)
VA	HB 1559	Transparency	Carried over to 2021	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 1959	Transparency	Referred to House Rules Committee	This measure requires the Health Profession Subcommittee of the Committee on Health, Welfare, and Institutions to study options for increasing transparency related to the cost of and access to a prescription drug at the time of prescribing.	Del. Hyland Fowler (R)

VA	HB 2007	Transparency	Signed by Governor	This measure requires the Department of Health to annually collect, compile, and make available on its website publicly available information about prescription drug price increases submitted by health carriers, pharmacy benefit managers (PBMs), manufacturers, and distributors. Health plans are required to submit the names of the 25 most frequently prescribed drugs, as well as the percent increase in annual net spending for prescription drugs after accounting for discounts. PBMs must submit rebate information. Wholesale distributors must report the maximum and minimum wholesale acquisition costs that they negotiated with the manufacturer, as well as aggregate total rebates and discounts and the total net income received in the last calendar year. Manufacturers must report cost information for each brand-name drug with a wholesale acquisition cost (WAC) of at least $100 that increased by 15% over one year, biosimilars that do not cost at least 15% less than the referenced biologic, or generics that cost at least $100 with a WAC increase of 200% in a year. Under this bill, when contracting with a carrier, a PBM must offer the carrier the option of extending point-of-sale rebates to enrollees of the plan.	Del. Mark Sickles (D)
WI	SB 499/AB 512	Transparency	Referred to Senate Health Committee/Referred to Assembly Health Committee	This measure requires manufacturers to notify the Commissioner of Insurance if they are increasing the wholesale acquisition cost (WAC) of a brand-name drug on the market by more than 25% over a 24-month period or if they intend to introduce a brand-name drug that has a WAC of $30,000 per year. Manufacturers must also provide notice if they are increasing the cost of a generic drug by more than 25% or more than $300 over a 12-month period, or if they intend to introduce a generic that has a WAC of $3,000 or more.	Sen. Melissa Agard (D), Rep. Sue Conley (D)
CT	HB 6447	Unsupported Price Hikes	Referred to Joint Insurance and Real Estate Committee	This measure is part of the governor's proposal to expand health care access. This measure prohibits manufacturers from selling a drug in the state at a price that exceeds the sum of the reference price for the prescription drug, adjusted for any increase or decrease in the consumer price index, and 2% of the reference price for the prescription drug for each 12-month period since the reference price was determined. The reference price is the wholesale acquisition cost of a drug on Jan. 1, 2021, or when the drug is first commercially marketed in the United States. Any manufacturer that sells a drug above this price is subject to a civil penalty. This bill prohibits pharmaceutical manufacturers from withdrawing from the state to avoid the penalty.	Gov. Ned Lamont (D)
HI	HB 30	Unsupported Price Hikes	Referred to House Health, Human Services and Homelessness Committee	This measure fines pharmaceutical manufacturers whose drug price increases are unsupported by new clinical evidence and uses that revenue to provide cost assistance to consumers. The penalty will equal 80 percent of the difference between the revenue generated by sales within the state of the identified drugs and the revenue that would have been generated if the manufacturer had maintained the wholesale acquisition cost from the previous calendar year, adjusted for inflation. The state will use the Institute for Clinical and Economic Review's (ICER) annual report of drugs with unsupported price increases to identify drugs. This measure prohibits a manufacturer or distributor from withdrawing from the sale or distribution of an identified drug in the state. If a manufacturer withdraws, they will face a $50,000 penalty.	Rep. Roy Takumi (D)

ME	LD 675	Unsupported Price Hikes	Vetoed	This measure fines pharmaceutical manufacturers whose drug price increases are unsupported by new clinical evidence and then uses that revenue to provide cost assistance to consumers. The fine will equal 80% of the difference between the revenue generated by sales within the state of the identified drugs and the revenue that would have been generated if the manufacturer had maintained the wholesale acquisition cost from the previous calendar year, adjusted for inflation. The state will use the Institute for Clinical and Economic Review's (ICER) annual report of drugs with unsupported price increases to identify drugs. This measure prohibits a manufacturer or distributor from withdrawing from the sale or distribution of an identified drug in the state. If a manufacturer withdraws, it will face a $500,000 penalty.	Sen. Ned Claxton (D)
MA	H 1	Unsupported Price Hikes	Introduced	This is the governor's proposed budget. It includes a provision that stipulates that any manufacturer who establishes an excessive price for any drug must pay a unit penalty on all unit of the drug. The penalty is equal to 80% of the excessive price increase for each unit. "Excessive price increase" means the amount by which the price of a drug exceeds the sum of the reference price of that drug, as adjusted for any increase or decrease in the Consumer Price Index, and an additional 2% of the reference price.	Gov. Charlie Baker (R)
WA	SB 5020	Unsupported Price Hikes	Amended; passed Senate Health and Long Term Care Committee; referred to Senate Ways and Means Committee	This measure fines pharmaceutical manufacturers whose drug price increases are unsupported by new clinical evidence and uses that revenue to provide cost assistance to consumers. The penalty will equal 80% of the difference between the revenue generated by sales within the state of the identified drugs and the revenue that would have been generated if the manufacturer had maintained the wholesale acquisition cost from the previous calendar year, adjusted for inflation. The state will identify drugs using an unsupported price increase report created by a third party that does not use the cost-per-quality adjusted life year measure. This measure prohibits a manufacturer or distributor from withdrawing from the sale or distribution of an identified drug in the state. If a manufacturer withdraws, it faces a $500,000 penalty.	Sen. Karen Keiser (D)
AZ	SB 1749/HB 2890	Affordability Review	Referred to Senate Health and Human Services Committee/Referred to House Health and Human Services Committee	This measure establishes the Prescription Drug Affordability Board and the Prescription Drug Affordability Stakeholder Council. The board must identify brand-name drugs with a wholesale acquisition cost (WAC) of $30,000 or more per year or a $3,000 WAC increase over 12 months, biosimilars with a launch price that is not at least 15% lower than the referenced brand biologic, generics with a WAC of at least $100 that increased by 200% or more over a year, and other drugs that could create affordability challenges for the state. The board will then determine whether to conduct an affordability review of the identified drugs. If the board conducts a review and determines a drug has led to or will lead to an affordability challenge, the board must establish an upper payment limit for the drug.	Sen. Tony Navarrete (D), Rep. Charlene Fernandez (D)

CO	SB 175	Affordability Review	Signed by Governor	This measure establishes the Colorado Drug Affordability Board and the Prescription Drug Affordability Stakeholder Council. The board must identify brand-name drugs with a wholesale acquisition cost (WAC) of $30,000 or more per year or a $3,000 WAC increase over 12 months, biosimilars with a launch price that is not at least 15% lower than the referenced brand biologic, generics with a WAC of at least $100 that increased by 200% or more over a year, and other drugs that could create affordability challenges for the state. The board will then determine whether to conduct an affordability review of the identified drugs. If the board conducts a review and determines a drug has led to or will lead to an affordability challenge, the board must establish an upper payment limit for the drug. The board cannot establish an upper payment limit for more than 12 drugs in each calendar year. The board cannot consider research or methods that employ a dollars-per-quality adjusted life year, or similar measure, when conducting an affordability review. This measure requires carriers to report to the board the top 15 drugs by volume, the 15 costliest drugs, the 15 drugs that had the highest increase in total annual plan spending, the 15 drugs that caused the greatest increase in premiums, the 15 drugs for which the carrier paid most frequently and for which the carrier received a rebate from manufacturers, the 15 drugs for which the carrier received the highest rebates, and the 15 drugs for which the carrier received the lowest rebates. Under this bill pharmacy benefit managers and carriers must report the average wholesale acquisition cost paid for brand-name and generic drugs purchased from retail pharmacies, mail-order pharmacies, and administered by a practitioner or in an inpatient or outpatient hospital setting. Any manufacturer that intends to withdraw a prescription drug for which the board has established an upper payment limit from sale or distributions in the state must notify the Insurance Commissioner, the Attorney General, and entities that have contracted for the sale or distribution of the drug at least 180 days before the withdrawal.	Sen. Sonya Jaquez Lewis (D)

MA	HB 729/SB 771	Affordability Review	Substituted; passed Joint Health Care Financing Committee	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. If, after reviewing a drug, the HPC determines the pricing of the drug is potentially unreasonable or excessive in relation to the commission's proposed value, the manufacturer may provide further information to justify pricing. The HPC cannot base its determination on the proposed value solely on the analysis or research of an outside third party. The HPC will then consider any additional information and issue a determination on whether the pricing of the drug exceed the proposed value. If it is deemed unreasonable or excessive but the HPC identifies patient access and affordability barriers, the HPC will request the manufacturer enter into an affordability improvement plan. There is a $500,000 penalty for failure to comply with the commission's determination. The plan must be generated by the manufacturer, identify the reasons for the drug's price and include specific strategies, adjustments and action steps the manufacturer proposes to address the cost of the drug in order to improve access. The timetable for an access improvement plan cannot exceed 18 months. The HPC will approve any plan that is likely to address the cost so that patient access improves and has a reasonable expectation for successful implementation. After the conclusion of the implementation timetable, a manufacturer must report outcomes to the HPC. If the HPC deems the outcomes insufficient, the HPC will extend the timetable and approve any amendments to the plan. If a manufacturer declines to enter into an improvement plan, the HPC can publicly post the proposed value of the drug, hold a public hearing on the proposed value, and solicit public comment. The manufacturer will be required to appear and testify at any hearing held on a drug's proposed value. This measure also requires any manufacturer with drugs available in the commonwealth to pay an assessment that does not exceed $200 million in any calendar year across all manufacturers. The assessment will be proportionate to a manufacturer's percent of total sal drug sales generated by all manufacturers during the previous year. Money generated from the assessment will be used to fund a Prescription Drug Cost Assistance Trust Fund, which will provide financial assistance for drugs used to treat chronic respiratory and heart conditions, diabetes, and other chronic conditions that primarily impact people of color. This measure also establishes a program to make insulin available to eligible individuals in the commonwealth who are in urgent need of insulin. Manufacturers of insulin must establish procedures to make their insulin available to eligible individuals for $25 for a 30-day supply. This measure also prohibits gag clauses in contracts between pharmacy benefit managers (PBMs) and pharmacies. Under this bill, a pharmacy is required to affirmatively inform consumers that they may request, at the point of sale, the current pharmacy retail price for each prescription medication the consumer intends to purchase. This bill requires a pharmacy benefit manager to obtain a license before operating in the commonwealth.	Rep. Christine Barber (D), Sen. Cindy Friedman (D)

MA	SB 804	Affordability Review	Referred to Joint Health Care Financing Committee	This measure requires the Health Policy Commission to conduct an annual study of pharmaceutical manufacturing companies with pipeline drugs, generic drugs, or biosimilar drugs that may have a significant impact on statewide health care expenditures. Under this bill, a pharmaceutical manufacturing company must provide the HPC at least 60 days' early notice for a pipeline drug, abbreviated new drug application for generic drugs, or a biosimilar biologics license application. This measure also requires the commission to review the impact of certain high cost drugs on patient access. In order to conduct the review, drug manufacturers will be required to submit cost information to the commission. If, after reviewing a drug, the HPC determines the pricing of the drug is potentially unreasonable or excessive in relation to the commission's proposed value, the manufacturer may provide further information to justify pricing. The HPC will then consider any additional information and issue a determination on whether the pricing of the drug exceeds the proposed value. If it is deemed unreasonable or excessive but the HPC identifies patient access and affordability barriers, the HPC will request the manufacturer enter into an affordability improvement plan. There is a $500,000 penalty for failure to comply with the commission's determination. The plan must be generated by the manufacturer, identify the reasons for the drug's price and include specific strategies, adjustments and action steps the manufacturer proposes to address the cost of the drug in order to improve access. The timetable for an access improvement plan cannot exceed 18 months. The HPC will approve any plan that is likely to address the cost so that patient access improves and has a reasonable expectation for successful implementation. After the conclusion of the implementation timetable, a manufacturer must report outcomes to the HPC. If the HPC deems the outcomes insufficient, the HPC will extend the timetable and approve any amendments to the plan. If a manufacturer declines to enter into an improvement plan, the HPC can publicly post the proposed value of the drug, hold a public hearing on the proposed value, and solicit public comment. The manufacturer will be required to appear and testify at any hearing held on a drug's proposed value.	Sen. Mark Montigny (D)
MN	HF 801/SF 1121	Affordability Review	House State Government Finance and Elections Committee; referred to House Ways and Means Committee/Referred to Senate Health	This measure establishes the Prescription Drug Affordability Board and the Prescription Drug Affordability Stakeholder Council. The board must identify brand-name drugs with a wholesale acquisition cost (WAC) of $30,000 or more per year or a 10% or $10,000 WAC increase over 12 months, biosimilars with a launch price that is not at least 15% lower than the referenced brand-name biologic, generics with a WAC of at least $100 that increased by 200% or more over a year, and other drugs that could create affordability challenges for the state. The board will then determine whether to conduct an affordability review for the identified drugs. If the board conducts a review and determines a drug has led to or will lead to an affordability challenge, the board must establish an upper payment limit for the drug.	Rep. Kelly Morrison (D), Sen. Melissa Franzen (D)
MN	HF 1031/SF 972	Affordability Review	Indefinitely postponed/Conference committee appointed	This measure establishes the Prescription Drug Affordability Board and the Prescription Drug Affordability Stakeholder Council. The board must identify brand-name drugs with a wholesale acquisition cost (WAC) of $30,000 or more per year or a 10% or $10,000 WAC increase over 12 months, biosimilars with a launch price that is not at least 15% lower than the referenced brand-name biologic, generics with a WAC of at least $100 that increased by 200% or more over a year, and other drugs that could create affordability challenges for the state. The board will then determine whether to conduct an affordability review for the identified drugs. If the board conducts a review and determines a drug has led to or will lead to an affordability challenge, the board must establish an upper payment limit for the drug.	Rep. Zack Stephenson (D), Sen. Gary Dahms (R)
NJ	A 1477/S 1142	Affordability Review	Assembly Health Committee/Referred to Senate Health, Human Services and Senior Citizens Committee	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.	Asm. Paul Moriarty (D), Sen. Joseph Vitale (D)

NJ	S 234/A 3049	Affordability Review	Referred to Senate Health, Human Services and Senior Citizens Committee/Referred to Assembly Health Committee	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. 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. 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.	Sen. Troy Singleton (D), Asm. Pamela Lampitt (D)
NJ	S 1066/A 2418	Affordability Review	Amended; passed to Senate Health, Human Services and Senior Citizens Committee; referred to Senate Budget and Appropriations Committee/Amended; passed Assembly Financial Institutions and Insurance Committee; referred to Assembly Appropriations Committee	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. 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. The board's action play 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.	Sen. Troy Singleton (D), Asm. John McKeon (D)

NM	HB 154	Affordability Review	Passed House Health and Human Services Committee	This measure establishes the Prescription Drug Affordability Board and the Prescription Drug Affordability Stakeholder Council. The board must identify brand-name drugs with a WAC of $30,000 or more per year or a $3,000 WAC increase over 12 months, biosimilars with a launch price that is not at least 15% lower than the referenced brand biologic, generics with a WAC of at least $100 that increased by 200% or more over a year, and other drugs that could create affordability challenges for the state. The board will then determine whether to conduct an affordability review for the identified drugs. If the board conducts a review and determines a drug has led to or will lead to an affordability challenge, the board must establish an upper payment limit for the drug.	Rep. Angelica Rubio (D)
OR	HB 3267/SB 844	Affordability Review	Failed upon adjournment/Signed by Governor	This measure establishes the Prescription Drug Affordability Board, which will be charged with annually identifying nine drugs and at least one insulin product that may create affordability challenges for healthcare systems or high out-of-pocket costs for patients. The board will report price trends to the Legislature and must present recommendations for legislative changes necessary to make drugs more affordable in the state.	Rep. Rachel Prusak (D), Sen. Deborah Patterson (D)
PA	HB 1722	Affordability Review	Referred to House Health Committee	This measure establishes the Prescription Drug Affordability Board and the Prescription Drug Affordability Stakeholder Council. The board must identify brand-name drugs with a WAC of $30,000 or more per year or a $3,000 WAC increase over 12 months, biosimilars with a launch price that is not at least 15% lower than the referenced brand biologic, generics with a WAC of at least $100 that increased by 200% or more over a year, and other drugs that could create affordability challenges for the state. The board will then determine whether to conduct an affordability review for the identified drugs. If the board conducts a review and determines a drug has led to or will lead to an affordability challenge, the board must establish an upper payment limit for the drug.	Rep. Dan Frankel (D)
RI	H 5372/S 498	Affordability Review	Human Services Committee recommended bill be held for further study/Senate Health and Human Services Committee recommend bill be held for further study	This measure establishes the Prescription Drug Affordability Board and the Prescription Drug Affordability Stakeholder Council. The board must identify brand-name drugs with a wholesale acquisition cost (WAC) of $30,000 or more per year or a $3,000 WAC increase over 12 months, biosimilars with a launch price that is not at least 15% lower than the referenced brand-name biologic, generics with a WAC of at least $100 that increased by 200% or more over a year, and other drugs that could create affordability challenges for the state. The board will then determine whether to conduct an affordability review for the identified drugs. If the board conducts a review and determines a drug has led to or will lead to an affordability challenge, the board must establish an upper payment limit for the drug.	Rep. Joseph McNamara (D), Sen. Cynthia Coyne (D)
VA	HB 691	Affordability Review	Carried over to 2021	This measure establishes the Prescription Drug Affordability Board, which must study, review, and 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. The board must review brand-name drugs that enter the market at $30,000 per year or existing brand drugs that increase in price by $3,000 or more per year. The board must review generic medications that increase by 200% or more per year as well as any drugs that could create affordability challenges to the state. Under this bill, the board must study policy options used in other states to lower the list price of pharmaceuticals, including setting upper payment limits, using a reverse auction marketplace, and implementing a bulk purchasing process. This measure requires the board to consider a board range of economic factors when recommending and setting appropriate payment rates for reviewed drugs, including a review of the entire supply chain and allowing pharmaceutical manufacturers the opportunity to justify existing drug costs. A report is due to the General Assembly on ways to mitigate high drug costs by Jan. 1, 2023.	Del. Shelly Simonds (D)

WI	AB 68/SB 111	Affordability Review	Referred to Joint Survey Committee on Tax Exemptions/Referred to Joint Finance Committee	This measure is part of the Governor's proposed budget. This measure establishes the Prescription Drug Affordability Board and the Prescription Drug Affordability Stakeholder Council. The board must identify drugs that could create affordability challenges for the state. The board will then determine whether to conduct an affordability review for the identified drugs. If the board conducts a review and determines a drug has led to or will lead to an affordability challenge, the board must establish an upper payment limit for the drug. This measure also requires pharmacy benefit managers (PBMs) to obtain licensure and to submit annual transparency reports containing rebate information. Under this measure, manufacturers and insurers would also be required to submit drug cost information. This bill requires the Insurance Commissioner to design and implement a wholesale drug importation program and conduct a study on the viability of creating a state prescription drug purchasing entity. This bill requires pharmaceutical representatives to be licensed by the Insurance Commissioner. Licensed pharmaceutical representatives would be required to disclose the wholesale acquisition cost of any pharmaceuticals discussed with a provider.	Joint Finance Committee
WI	AB 544/SB 540	Affordability Review	Assembly Health Committee/Referred to Senate Government Operations, Legal Review and Consumer	This measure is part of the Governor's proposed budget. This measure establishes the Prescription Drug Affordability Board and the Prescription Drug Affordability Stakeholder Council. The board must identify drugs that could create affordability challenges for the state. The board will then determine whether to conduct an affordability review for the identified drugs. If the board conducts a review and determines a drug has led to or will lead to an affordability challenge, the board must establish an upper payment limit for the drug.	Rep. Lisa Subeck (D), Sen. Jeff Smith (D)
AZ	HB 2761	Price Gouging	Referred to House Health and Human Services Committee	This measure prohibits a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug. Under this bill, the state medical assistance program may 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 at least 50% in the wholesale acquisition cost (WAC) or the price paid by the state medical assistance program for the drug within a one-year period. The program can also notify the attorney general if a 30-day supply of a recommended dosage of a drug would cost more than $80. On request of the attorney general, the manufacturer of an essential off-patent or generic drug identified under a notice must submit certain cost information. A superior court can issue an order to restrain or enjoin manufacturers who engage in price gouging. A superior court can also require manufacturers to restore any money acquired as a result of price gouging or make a price gouged drug available at its pervious cost.	Rep. Athena Salman (D)
DE	HB 62	Price Gouging	Referred to Assembly Health Committee/Referred to Senate Health and Human Services and Senior Citizens Committee	This measure prohibits manufacturers from raising the price of prescription drugs outside of certain market conditions that might justify a price hike. This bill applies only to the prices charged to Delaware consumers for generic and off-patent drugs. This measure authorizes the attorney general to investigate price increases above a certain threshold. Manufacturers or distributors may be fined up to $10,000 per day for sales that violate this measure. This bill additionally prohibits a manufacturer or distributor from withdrawing a generic or off-patent drug for sale in the state to avoid application of the measure.	Rep. Andria Bennett (D)

ME	LD 1117	Price Gouging	Vetoed	This measure prohibits drug manufacturers from imposing excessive price increases for generic or off-patent prescription drugs. "Excessive price increase" occurs when the price increase exceeds 15% of the wholesale acquisition cost (WAC) over the preceding calendar year or 40% of the WAC over the immediately preceding three years, or if the price increase exceeds $30 for a 30-day supply of the drug. Any entity under contract with a state agency to provide pharmacy benefits must notify the manufacturer, the Attorney General, and the Board of Pharmacy of any price increase in violation of this measure. The Attorney General may investigate whether a violation has occurred. Manufacturers are prohibited from withdrawing a drug from sale or distribution to avoid the prohibition on excessive price increase, and can face a financial penalty of $500,000 for doing so.	Sen. Troy Jackson (D)
MN	HF 1183/SF 1265	Price Gouging	Government Finance and Elections Committee; referred to House Ways and Means Committee/Referred to Senate Health and Human Services Finance and Policy Committee	This measure prohibits drug manufacturers from imposing excessive price increases for generic or off-patent prescription drugs. "Excessive price increase" occurs when the price increase exceeds 15% of the wholesale acquisition cost (WAC) over the preceding calendar year or 40% of the WAC over the immediately preceding three years, or if the price increase exceeds $30 for a 30-day supply of the drug. The Commissioner of Management and Budget, the Commissioner of Human Services, and any entity under contract with a state agency to provide pharmacy benefits must notify the manufacturer, the attorney general, and the state's Board of Pharmacy of any price increase in violation of this measure. The attorney general may investigate whether a violation has occurred. Manufacturers are prohibited from withdrawing a drug from sale or distribution to avoid the prohibition on excessive price increase, and can face a financial penalty of $500,000 for doing so.	Rep. Zack Stephenson (D), Sen. Rich Draheim (R)
NJ	A 2488/S 919	Price Gouging	Referred to Assembly Health Committee/Referred to Senate Health and Human Services and Senior Citizens Committee	This bill prohibits prescription drug manufacturers and wholesale distributors from excessively increasing the price of an essential off-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	Price Gouging	Referred to Assembly Health Committee	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)
AL	HB 249	Coupons/Cost-Sharing	Signed by Governor	This measure caps the total amount that a carrier can require from a covered patient with diabetes to pay for a 30-day supply of insulin at $100, regardless of the type of insulin needed to fill the prescription.	Rep. Paul Lee (R)

AR	HB 1569	Coupons/Cost-Sharing	Insurance and Commerce Committee	This measure stipulates that when calculating a covered person's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or any cost-sharing requirement under a health plan, a covered entity or pharmacy benefit manager must include any amounts paid on behalf of the covered person.	Rep. Robin Lundstrum (R)
AR	SB 7/HB 1005	Coupons/Cost-Sharing	Enacted	This measure repeals existing law concerning pharmaceutical discounts for insulin. The bill states that limitations established under existing law on pharmaceutical discounts for insulin may negatively impact the economic health of the state, leading to higher costs on health benefit plans.	Sen. Jeff Wradlaw (R), Rep. John Payton (R)
CO	HB 1307	Coupons/Cost-Sharing	Signed by Governor	This measure provides eligible individuals access to one emergency prescription insulin supply within a 12-month period at a cost not to exceed $35 for a 30-day supply. This measure also creates the insulin affordability program, through which eligible individuals may obtain prescription insulin for 12 months at a cost of not more than $50 for a 30-day supply.	Rep. Dylan Roberts (D)
CT	HB 6622	Coupons/Cost-Sharing	Signed by Governor	This measure prohibits a health carrier from removing a prescription drug from the drug formulary or list of covered drugs during a plan year, or moving a prescription drug from a lower cost-sharing tier that imposes a lesser cost-sharing tier to a higher cost-sharing tier.	Joint Insurance and Real Estate Committee
CT	HB 6587	Coupons/Cost-Sharing	Passed House	This measure caps the total amount that a carrier can require from a covered patient to pay for an epinephrine cartridge at $25.	Joint Insurance and Real Estate Committee
CT	SB 1003	Coupons/Cost-Sharing	Referred to Joint Insurance and Real Estate Committee	This measure stipulates that when calculating a covered person's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or any cost-sharing requirement under a health plan, a covered entity or pharmacy benefit manager must include any amounts paid on behalf of the covered person.	Joint Insurance and Real Estate Committee
FL	HB 109/SB 786	Coupons/Cost-Sharing	Prefiled	This measure caps the total amount that a carrier can require from a covered patient with diabetes to pay for a 30-day supply of insulin at $100, regardless of the type of insulin needed to fill the prescription.	Rep. Melony Bell (R), Sen. Janet Cruz (D)
FL	SB 1078/HB 1111	Coupons/Cost-Sharing	Banking and Insurance Committee/Referred to House Appropriations Finance and	This measure stipulates that when calculating a covered person's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or any cost-sharing requirement under a health plan, a covered entity or pharmacy benefit manager must include any amounts paid on behalf of the covered person.	Sen. Jason Brodeur (R), Sen. Demi Busatta Cabrera (R)
HI	HB 15/SB 326	Coupons/Cost-Sharing	Health, Human Services and Homelessness Committee/Referred to Senate Health Committee	This measure limits patients' cost sharing for specialty tier drugs to $150 per month for up to a 30-day supply. This measure also allows patients to request an exception to obtain a specialty drug that would not otherwise be available on a health plan formulary.	Rep. Roy Takumi (D), Sen. Jarrett Keohokalole (D)
IN	SB 335	Coupons/Cost-Sharing	Referred to Senate Health and Provider Services	This measure requires health plans to provide coverage without cost sharing for auto-injectable epinephrine that is prescription to individuals younger than 18. This bill also requires insurers to cap the total amount an insured is required to pay for a 30-day supply of a prescription insulin drug at $50, regardless of the amount or type of insulin prescribed.	Sen. Eddie Melton (D)
IA	HF 263/HSB 50	Coupons/Cost-Sharing	Introduced	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 for at least one type of each of the following: rapid-acting insulin, short-acting insulin, intermediate-acting insulin, and long-acting insulin.	House Human Resources Committee
KS	SB 41/HB 2324	Coupons/Cost-Sharing	Senate Public Health and Welfare Committee/Referred to House Insurance and Pensions Committee	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, regardless of the type of insulin needed to fill the prescription.	Senate Federal and State Affairs Committee, House Insurance and Pensions Committee

KY	HB 95	Coupons/Cost-Sharing	Signed by Governor	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 $30, regardless of the type of insulin needed to fill the prescription.	Rep. Danny Bentley (R)
KY	HB 114/SB 45	Coupons/Cost-Sharing	Introduced/Signed by Governor	This measure prohibits an insurer or pharmacy benefit manager from excluding any cost-sharing amount paid by or on behalf of an insured when calculating the insured's contribution to any applicable cost-sharing requirement.	Rep. Danny Bentley (R), Sen. Ralph Alvarado (R)
KY	SB 110	Coupons/Cost-Sharing	Introduced	This measure establishes the Urgent-Need Insulin Program and the Continuing Access to Insulin Program. The urgent-need insulin program shall ensure affordable access to insulin to eligible individuals who are in urgent need of insulin. The continuing access to insulin program shall ensure affordable access to insulin to eligible individuals who have an ongoing need for access to insulin. This bill lays out the eligibility requirements for both programs and requires manufacturers to establish a patient assistance program that will be available to any eligible individual. Copayments cannot exceed $25 per 30-day supply for individuals in the Urgent-Need program and $50 per 90-day supply for individuals in the Continuing Access program. 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 $30, regardless of the type of insulin needed to fill the prescription.	Sen. Phillip Wheeler (R)
LA	SB 94	Coupons/Cost-Sharing	Senate Insurance Committee	This measure prohibits an insurer or pharmacy benefit manager from excluding any cost-sharing amount paid by or on behalf of an insured when calculating the insured's contribution to any applicable cost-sharing requirement.	Sen. Jimmy Harris (D)
ME	LD 673	Coupons/Cost-Sharing	Signed by Governor	This bill establishes the Insulin Safety Net Program. Under the measure, insulin manufacturers must establish procedures to make insulin available for dispensing to eligible individuals who are in urgent need of insulin or who need access to an affordable insulin supply.	Sen. Cathy Breen (D)
ME	LD 1783	Coupons/Cost-Sharing	Health Coverage, Insurance and Financial Services Committee	This measure requires health insurance carriers and their pharmacy benefits managers to include cost-sharing amounts paid on behalf of an insured when calculating the insured's contribution to any out-of-pocket maximum, deductible, or copayment when a drug does not have an alternative equivalent or was obtained through prior authorization, a step therapy override exception or an except or appeal process.	Sen. Heather Sanborn (D)
MA	HB 1059	Coupons/Cost-Sharing	Referred to House Financial Services Committee	This measure requires health plans that provide coverage for prescription drugs to establish a separate out-of-pocket limit for prescription drugs, which must include specialty drugs and cannot exceed the dollar amount set as the minimum deductible for a high deductible health plan.	Sen. Marjorie Decker (D)
MA	HB 4034	Coupons/Cost-Sharing	Referred to Joint Financial Services Committee	This measure requires insurers to cap insulin at $100 per 30-day supply, regardless of the amount or type of insulin needed. This measure also requires every manufacturer that distributes insulin in the state to ensure that there exists as an option of the company's insulin patient assistance program a way for individuals to obtain an annual, one-time 30-day supply of insulin at no cost if the individual is in urgent need of insulin and is at risk of rationing insulin.	Rep. David LeBoeuf (D)
MI	HB 4346	Coupons/Cost-Sharing	Referred to House Health Policy Committee	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, regardless of the type of insulin needed to fill the prescription.	Rep. Sara Cambensy (D)
MN	HF 633	Coupons/Cost-Sharing	to House Health Finance and Policy Committee	This measure requires individual and small group health plans to include a pre-deductible, flat copay on prescription drugs. On these plans, the highest allowable copayment for the highest cost drug tier cannot be greater than one-twelfth of the plan's out-of-pocket maximum for an individual.	Rep. Robert Bierman (D)
MN	HF 2493	Coupons/Cost-Sharing	Commerce Finance and Policy Committee	This measure prohibits a health carrier or pharmacy benefit manager from requiring an enrollee to make a payment at the point of sale for a covered prescription drug in an amount greater than the lesser of the applicable copayment, the allowable claim amount, the amount the enrollee would pay without insurance, or the net price of the drug.	Rep. Kristin Bahner (D)
MS	SB 2023	Coupons/Cost-Sharing	Referred to Senate Insurance Committee	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 type of insulin needed to fill the prescription. This measure also requires the attorney general to investigate insulin prices to ensure adequate consumer protection.	Sen. Kevin Blackwell (R)
MO	SB 264	Coupons/Cost-Sharing	Banking and Insurance Committee	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 $30.	Sen. Lauren Arthur (D)

MT	HB 222	Coupons/Cost-Sharing	Referred to House Human Services Committee	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 $35, regardless of the type of insulin needed to fill the prescription.	Rep. Jessica Karjala (D)
MT	SB 321	Coupons/Cost-Sharing	Public Health, Welfare, and Safety Committee	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 $40, regardless of the type of insulin needed to fill the prescription.	Sen. Ellie Boldman-Hill Smith (D)
NE	LR 214	Coupons/Cost-Sharing	Banking, Commerce and Insurance Committee	This measure establishes an interim study to examine copay accumulator adjustment programs.	Sen. Adam Morfeld
NV	SB 378	Coupons/Cost-Sharing	Referred to Senate Health and Human Services Committee	This measure requires at least half of the health plans offered for sale in the state by private sector health insurers that include coverage for prescription drugs to provide coverage with no deductible and a fixed copayment, and to limit the total amount of the copayments that an enrollee may be required to pay for prescription drugs in a year to a proscribed amount.	Senate Health and Human Services Committee
NJ	A 653	Coupons/Cost-Sharing	Combined with A 954/A1669	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. John Armato (D)
NJ	A 954/S 1729	Coupons/Cost-Sharing	Assembly Appropriations Committee/Referred to Senate Commerce	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 3536	Coupons/Cost-Sharing	Assembly Financial Institutions and Insurance Committee	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 526/A 1669	Coupons/Cost-Sharing	Assembly Appropriations Committee/Combined with A 954/A	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.	Sen. Joseph Vitale (D), Asm. Annette Quijano (D)
NY	SB 1413/AB 2383	Coupons/Cost-Sharing	Insurance Committee/Referred to Assembly Insurance Committee	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 $30. Coverage cannot be subject to a deductible.	Sen. Gustavo Rivera (D), Asm. Yuh-Line Niou (D)
ND	SB 2183	Coupons/Cost-Sharing	Referred to Senate Human Services Committee	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 $25.	Sen. Dick Dever (R)
OH	HB 135	Coupons/Cost-Sharing	Referred to House Health Committee	This measure requires insurers or pharmacy benefit managers to include any cost-sharing amount paid by the insured or on the insured's behalf when calculating an insured's contribution to any out-of-pocket maximum or other cost sharing requirement.	Rep. Susan Manchester (R)
OH	HB 305/SB 220	Coupons/Cost-Sharing	Health Committee/Referred to Senate Insurance Committee	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 $35, regardless of the type of insulin needed to fill the prescription.	Rep. Beth Liston (D), Sen. Hearcel Craig (D)
OK	HB 1019	Coupons/Cost-Sharing	Signed by Governor	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, regardless of the type of insulin needed to fill the prescription.	Rep. Rande Worthen (R)

OK	HB 2550	Coupons/Cost-Sharing	Referred to House Rules Committee	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, regardless of the type of insulin needed to fill the prescription.	Rep. Emily Virgin (D)
OK	HB 2678	Coupons/Cost-Sharing	Signed by Governor	This measure expands the definition of an unfair claims settlement practice to include a pharmacy benefit manager's failure to include any amount paid for an enrollee or on behalf of another person when calculating the enrollee's total contribution to an out-of-pocket maximum or other cost-sharing requirements.	Rep. T.J. Marti (R)
OK	HB 2800	Coupons/Cost-Sharing	Referred to House Rules Committee	This measure requires insurers or pharmacy benefit managers to include any cost sharing amount paid by the insured or on the insured's behalf when calculating an insured's contribution to any out-of-pocket maximum or other cost sharing requirements.	Rep. John Pfeiffer (R)
OK	SB 979	Coupons/Cost-Sharing	Referred to House Health and Human Services Committee	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 $25 and to also cap the total amount for diabetes equipment at $100 for a 30-day supply.	Sen. Carri Hicks (D)
OR	HB 2623	Coupons/Cost-Sharing	Health Care Committee	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 $35, and at $105 for a 90-day supply. Coverage cannot be subject to a deductible.	Rep. Sheri Schouten (D)
OR	SB 560	Coupons/Cost-Sharing	Health Care Committee	This measure requires insurers and health care service contractors to count payments made on behalf of enrollee for costs of care toward enrollee's out-of-pocket maximum or cost-sharing.	Sen. Sara Gelser (D)
PA	SB 196/HB 1664	Coupons/Cost-Sharing	Banking and Insurance Committee/Referred to House Insurance	This measure stipulates that when calculating a covered person's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or any cost-sharing requirement under a health plan, a covered entity or pharmacy benefit manager must include any amounts paid on behalf of the covered person.	Sen. Judith Ward (R), Rep. Barbara Gleim (R)
PA	SB 957	Coupons/Cost-Sharing	Banking and Insurance Committee	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 $30, regardless of the type of insulin needed. This measure also requires the attorney general to investigate insulin drug pricing and submit finding to the General Assembly.	Sen. Doug Mastriano (R)
RI	H 5151	Coupons/Cost-Sharing	Health, Education and Welfare Committee	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 $25, regardless of the type of insulin needed.	Rep. David Morales (D)
RI	H 5196	Coupons/Cost-Sharing	Health, Education and Welfare Committee	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, regardless of the type of insulin needed.	Rep. Brian Kennedy (D)
RI	H 5251/ S170	Coupons/Cost-Sharing	Referred to House Health and Human Services Committee/Referred to Senate Health and Human Services Committee	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, regardless of the type of insulin needed.	Rep. Grace Diaz (D), Sen. Melissa Murray (D)
RI	S 381	Coupons/Cost-Sharing	Passed Senate	This measure prohibits health insurance policies that provide prescription drug coverage from including an annual or lifetime dollar limit on drug benefits.	Sen. Michael McCaffrey (D)
SC	H 4245	Coupons/Cost-Sharing	Labor, Commerce, and Industry Committee	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, regardless of the type of insulin needed.	Rep. Jermaine Johnson (D)
SD	SB 154	Coupons/Cost-Sharing	Referred to Senate Commerce and Energy Committee	This measure stipulates that when calculating a covered person's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or any cost-sharing requirement under a health plan, a covered entity or pharmacy benefit manager must include any amounts paid on behalf of the covered person.	Sen. Carl Perry (R)

TN	HB 451/SB 522	Coupons/Cost-Sharing	Filed/Filed	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, regardless of the type of insulin needed.	Rep. Jason Hodges (D), Sen. Richard Briggs (R)
TN	SB 648/HB 1595	Coupons/Cost-Sharing	Introduced	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, regardless of the type of insulin needed. This measure also requires the Department of Health, the Division of Consumer Affairs, and the attorney general to investigate insulin prices.	Sen. Katrina Robinson (D), Sen. Johnny Shaw (D)
TX	HB 40	Coupons/Cost-Sharing	Failed upon adjournment	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, regardless of the type of insulin needed.	Rep. James Talarico (D)
TX	HB 82	Coupons/Cost-Sharing	Failed upon adjournment	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, regardless of the type of insulin needed.	Rep. Eddie Lucio III (D)
TX	HB 1701	Coupons/Cost-Sharing	Failed upon adjournment	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 $30, regardless of the type of insulin needed.	Rep. Four Price (R)
TX	SB 166	Coupons/Cost-Sharing	Failed upon adjournment	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 $25.	Sen. Cesar Blanco (D)
TX	SB 523/HB 2668	Coupons/Cost-Sharing	Failed upon adjournment	This measure stipulates that when calculating a covered person's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or any cost sharing requirement under a health plan, a covered entity or pharmacy benefit manager must include any amounts paid on behalf of the covered person.	Sen. Dawn Buckingham (R), Rep. Four Price (R)
TX	SB 827	Coupons/Cost-Sharing	Signed by Governor	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 $25, regardless of the type of insulin needed.	Sen. Lois Kolkhorst (D)
VA	HB 1822	Coupons/Cost-Sharing	Prefiled	This measure caps the total amount that a carrier can require a covered patient to pay for asthma inhalers at the point of sale at $50 per prescription asthma inhaler, regardless of the amount or type of medication needed to fill the prescription and regardless of the type of inhaler needed.	Del. Alex Askew (D)
WV	HB 2166	Coupons/Cost-Sharing	Health and Human Resources Committee	This measure requires all compensation remitted by or on behalf of a pharmaceutical manufacturer, developer, or labeler to a pharmacy benefit manager (PBM) to be remitted directly to a covered person at the point of sale or to the carrier to offset premium costs,	Del. Larry Pack (R)
WV	SB 124/HB 2708	Coupons/Cost-Sharing	Banking and Insurance Committee/Referred to House Health and Human Services Committee	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 $25 regardless of the type of insulin needed.	Sen. Stephen Baldwin (D), Del. Matthew Rohrbach (R)
WV	SB 223	Coupons/Cost-Sharing	Banking and Insurance Committee	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 regardless of the type of insulin needed.	Sen. Stephen Baldwin (D)
WV	SB 223	Coupons/Cost-Sharing	Banking and Insurance Committee	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 regardless of the type of insulin needed.	Sen. Stephen Baldwin (D)
WV	SB 694	Coupons/Cost-Sharing	Banking and Insurance Committee	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 $25 regardless of the type of insulin needed.	Sen. Ron Stollings (D)

WI	AB 552/SB 546	Coupons/Cost-Sharing	Assembly Insurance Committee/Referred to Senate Insurance, Licensing and Forestry Committee	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 regardless of the type of insulin needed.	Rep. Jimmy Anderson (D), Sen. Janis Ringhand (D)
WI	SB 215/AB 184	Coupons/Cost-Sharing	Health Committee/Referred to Assembly Insurance, Licensing and Forestry Committee	This measure requires health insurance policies that offer prescription drugs to apply amounts paid by or on behalf of a person covered under the policy to count toward any out-of-pocket maximum or any cost-sharing requirement by the plan.	Sen. Andre Jacque (R), Rep. Paul Tittl (R)
WI	SB 539/AB 553	Coupons/Cost-Sharing	Assembly Health Committee/ Referred to Senate Health Committee	This measure requires insulin manufacturers to establish a program under which qualifying residents who are in urgent need of insulin and are uninsured or have limited coverage can be dispensed insulin at a pharmacy. The bill also requires that insulin manufacturers establish a patient assistance program to make insulin available to any qualifying resident who is uninsured or has limited insurance coverage and whose income does not exceed 400% of the federal poverty limit.	Sen. Jon Erpenbach (D), Rep. Lisa Subeck (D)
HI	HB 18/SB 604	International Reference Rates	Referred to House Health, Human Services and Homelessness Committee/Referred to Senate Health Committee	This measure authorizes the Commissioner of Insurance to establish international reference rates for the 250 most costly drugs in the state. It will be against the law for a state entity, health plan, or participating Employee Retirement Income Security Act plan to purchase referenced drugs for a cost higher than the referenced rate. This measure requires the insurance commissioner to compile a list of the 250 most costly prescription drugs based the total amount spent by consumers in Hawaii on each drug. The commissioner will then determine the referenced rate by comparing the wholesale acquisition cost (WAC) to reference costs based on prices in Canada's four largest provinces. The lowest price in those provinces will become the legal upper payment limit for those drugs for participating purchasers in the state. Any savings as a result of using reference rates must be used to reduce costs to consumers. It will be against the law for a manufacturer or distributor of a reference drug to withdraw the reference drug from sale in the state to avoid the impact of rate limitations. The commissioner must assess a penalty of $500,000 or the amount of annual savings on any manufacturer or distributor that the commissioner determines has withdrawn a referenced drug.	Rep. Roy Takumi (D), Sen. Rosalyn Baker (D)
ME	LD 1636	International Reference Rates	Carried over	This measure authorizes the Superintendent of Insurance to establish international reference rates for the 250 most costly drugs in the state. It will be against the law for a state entity, health plan, or participating Employee Retirement Income Security Act plan to purchase referenced drugs for a cost higher than the referenced rate. This measure requires the insurance commissioner to compile a list of the 250 most costly prescription drugs based the total amount spent by consumers in Maine on each drug. The commissioner will then determine the referenced rate by comparing the wholesale acquisition cost (WAC) to reference costs based on prices in Canada's four largest provinces. The lowest price in those provinces will become the legal upper payment limit for those drugs for participating purchasers in the state. Any savings as a result of using reference rates must be used to reduce costs to consumers. It will be against the law for a manufacturer or distributor of a reference drug to withdraw the reference drug from sale in the state to avoid the impact of rate limitations. The commissioner must assess a penalty of $500,000 or the amount of annual savings on any manufacturer or distributor that the commissioner determines has withdrawn a referenced drug.	Sen. Ned Claxton (D)

NC	HB 643	International Reference Rates	Filed	This measure authorizes the Commissioner of Insurance to establish international reference rates for the 250 most costly drugs in the state. It will be against the law for a state entity, health plan, or participating Employee Retirement Income Security Act plan to purchase referenced drugs for a cost higher than the referenced rate. This measure requires the insurance commissioner to compile a list of the 250 most costly prescription drugs based the total amount spent by consumers in North Carolina on each drug. The commissioner will then determine the referenced rate by comparing the wholesale acquisition cost (WAC) to reference costs based on prices in Canada's four largest provinces. The lowest price in those provinces will become the legal upper payment limit for those drugs for participating purchasers in the state. Any savings as a result of using reference rates must be used to reduce costs to consumers.	Rep. Verla Insko (D)
ND	SB 2170	International Reference Rates	Failed to pass House Industry, Business and Labor Committee; failed to pass House	This measure authorizes the Commissioner of Insurance to establish international reference rates for the 50 most costly drugs in the state. It will be against the law for a state entity, health plan, or participating Employee Retirement Income Security Act plan to purchase referenced drugs for a cost higher than the referenced rate. This measure requires the Public Retirement System to transmit to the Insurance Commissioner a list of the 50 most costly prescription drugs based on net price times utilization, along with the net spend for each of those drugs for the previous calendar year. The commissioner will establish a rate to be used as a basis to begin negotiation. The commissioner will establish this rate by comparing the WAC to reference costs from four Canadian provinces. The commissioner must then negotiate with manufacturers and distributors of referenced drugs to set a reference rate for each of the identified drugs and must calculate the expected savings. It will be against the law for a manufacturer or distributor of a reference drug to withdraw the reference drug from sale in the state to avoid the impact of rate limitations. The commissioner must assess a penalty of $500,000 or the amount of annual savings on any manufacturer or distributor that the commissioner determines has withdrawn a referenced drug.	Sen. Howard Anderson (R)
OK	SB 734	International Reference Rates	Passed Senate Appropriations Committee	This measure authorizes the Commissioner of Insurance to establish international reference rates for the 250 most costly drugs in the state. It will be against the law for a state entity, health plan, or participating Employee Retirement Income Security Act plan to purchase referenced drugs for a cost higher than the referenced rate. This measure requires the Director of the Office of Management and Enterprise Services to transmit to the Insurance Commissioner a list of the 250 most costly prescription drugs based on net price multiplied by utilization, along with the net spend for each of those drugs for the previous calendar year. The commissioner will then determine the referenced rate by comparing the wholesale acquisition cost (WAC) to reference costs based on prices in Canada's four largest provinces. The lowest price in those provinces will become the legal upper payment limit for those drugs for participating purchasers in the state. Any savings as a result of using reference rates must be used to reduce costs to consumers. It will be against the law for a manufacturer or distributor of a reference drug to withdraw the reference drug from sale in the state to avoid the impact of rate limitations. The commissioner must assess a penalty of $500,000 or the amount of annual savings on any manufacturer or distributor that the commissioner determines has withdrawn a referenced drug.	Sen. Greg McCortney (R)

RI	S 167/H 5842	International Reference Rates	Senate Health and Human Services Committee recommend bill be held for further study/House Health and Human Services Committee recommended bill be held for further study	This measure authorizes the Superintendent of Insurance to establish international reference rates for the 250 most costly drugs in the state. It will be against the law for a state entity, health plan, or participating Employee Retirement Income Security Act plan to purchase referenced drugs for a cost higher than the referenced rate. This measure requires the Director of the Office of Management and Enterprise Services to transmit to the Insurance Commissioner a list of the 250 most costly prescription drugs based on net price multiplied by utilization, along with the net cost for each of those drugs for the previous calendar year. The commissioner will then determine the referenced rate by comparing the wholesale acquisition cost (WAC) to reference costs based on prices on Canada's four largest provinces. The lowest price in those provinces will become the legal upper payment limit for those drugs for participating purchasers in the state. Any savings as a result of using reference rates must be used to reduce costs to consumers. It will be against the law for a manufacturer or distributor of a reference drug to withdraw the reference drug from sale in the state to avoid the impact of rate limitations. The commissioner must assess a penalty of $500,000 or the amount of annual savings on any manufacturer or distributor that the commissioner determines has withdrawn a referenced drug.	Sen. Louis DiPalma (D), Rep. Teresa Tanzi (D)
AR	HB 1709	Other	Signed by Governor	This measure requires a pharmaceutical manufacturer or a wholesale pharmacy distributor that sells or distributes insulin to offer entities in the state the lowest wholesale price for insulin. In this bill, "lowest wholesale price for insulin" means the lowest price calculation amount that can be charged to an entity based on 340B pricing.	Rep. John Payton (R)
CT	SB 262	Other	Passed Senate Appropriations Committee	This measure requires manufacturers of brand name prescription drugs to provide samples of such drugs to generic manufacturers. The brand manufacturer must make the drug available at a price that is not greater than the wholesale acquisition cost of the drug without any restriction that would block or delay the eligible product developer's application.	Joint General Law Committee
HI	HB 13/SB 318	Other	Health, Human Services and Homelessness Committee /Referred to Senate Health Committee	This measure allows two or more county public employers, self-insured private employers, and health insurance carriers to arrange to jointly purchase prescription drugs for their employees. Under this bill, the Department of Health may offer health plans the option to purchase drugs through any health benefits plan pursuant to the Hawaii Employer-Union Health Benefits Trust Fund. Health plans that participate in the state prescription drug purchasing pool will pay the full cost of their own claims. This bill authorizes the department to administer the purchasing pool in conjunction with any other state prescription drug programs.	Rep. Roy Takumi (D), Sen. Jarrett Keohokalole (D)
IL	HB 187	Other	Referred to Rules Committee	This measure reinstitutes the pharmaceutical assistance program that was eliminated by Public Act 97-689.	Rep. LaShawn Ford (D)
IL	HB 3583	Other	Referred to Rules Committee	This measure creates the Affordable Drug Manufacturing Act. Under this bill, the Department of Public Health must enter into partnerships to increase competition, lower prices, and address generic drug shortages with the goal of reducing the cost of prescription drugs for public and private purchasers and consumers. The partnership will result in the production or distribution of generic drugs.	Rep. Dagmara Avelar (D)
IN	SB 62	Other	Passed Senate Health and Provider Services Committee	This measure provides that defined cost sharing for a prescription drug under a policy of health insurance must be calculated at the point of sale and based on a price that is reduced by an amount equal to at least 85% of all rebates received by the insurer or health maintenance organization.	Sen. Vaneta Becker (R)
LA	SB 191	Other	Passed Senate; referred to House Insurance Committee	This measure prohibits an insurer from refusing to authorize, approve, or pay a participating provider for providing covered physician-administered drugs and related services to enrollees. Payment to a participating provider must be at the rate set forth in the insurer's agreement with the provider applicable to such drugs. If no rate is included in the agreement, the payment will be the wholesale acquisition cost of the drug. Under this bill, insurers cannot require an enrollee to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or any other increased cost sharing amount for a physician-administered drug.	Sen. Heather Cloud (R)

MA	HB 1307/SB 786	Other	Health Care Financing Committee	This measure establishes a study to examine the feasibility of state manufacture of generic prescription drugs.	Rep. Smitty Pignatelli (D), Sen. Eric Lesser (D)
MA	SB 753	Other	Referred to Joint Health Care Financing Committee	This measure prohibits the Division of Medical Assistance from using a dollars-per-quality adjusted life year or any similar measures or research in determining whether a particular health care treatment is cost effective, recommended, the value of a treatment, or in determining coverage, reimbursement, appropriate payment amounts, cost-sharing, or incentive policies or programs.	Sen. Brandon Creighton (D)
MA	SB 785	Other	Health Care Financing Committee	This measure establishes a special commission to examine the prospect of establishing a system for the bulk purchasing and distribution of pharmaceutical products with a significant public health benefit and the potential for cost savings.	Sen. Eric Lesser (D)
MT	HB 345	Other	Failed upon adjournment	This measure requires brand-name prescription drug manufacturers to notify the attorney general if the manufacturer enters into an arrangement with another manufacturer for the purpose or effect of delaying or preventing the other manufacturer from introducing a generic drug as a substitute for the brand name drug.	Rep. Katie Sullivan (D)
NV	SB 201	Other	Failed upon adjournment	This bill requires the Department of Health and Human Services to license pharmaceutical sales representatives.	Senate Health and Human Services Committee
NV	SB 396	Other	Signed by Governor	This measure authorizes the Department of Health and Human Services to enter into a contract with one or more public or private entities from the District of Columbia and other states for the collaborative purchasing of prescription drugs. This bill authorizes for-profit health benefit plans to participate in those arrangements.	Senate Health and Human Services Committee
NJ	A 687	Other	Assembly Health Committee	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 Huttle (D)
NJ	A 5941	Other	Assembly Financial Institutions and Insurance Committee	This measure requires insurance carriers to utilize a real time benefit tool for prescription drugs.	Asm. Daniel Benson (D)
NJ	S 1067/A 3301	Other	Referred to Senate Health, Human Services and Senior Citizens Committee/Referred to Assembly State and Local Government Committee	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 the use that list to implement bulk purchasing arrangements for high-priority drugs. 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.	Sen. Troy Singleton (D), Asm. Valerie Vainieri Huttle (D)
NY	AB 1379	Other	Assembly Health Committee	This measure prohibits the sale of information listed on prescriptions that identifies specific patients or the person who issued the prescription for the purpose of marketing any drug.	Asm. Kevin Cahill (D)
NY	SB 398	Other	Referred to Senate Consumer Protection Committee	This measure requires drug manufacturers to notify the attorney general or arrangements between pharmaceutical manufacturer resulting in the delay of the introduction of generic medications. Within 30 days, the attorney general must share that information with the Drug Utilization Review Board, all Medicaid managed care plans, health carriers, and pharmacy benefit managers doing business in the state.	Sen. Alessandra Biaggi (D)

NY	SB 5401/AB 6605	Other	Referred to Senate Health Committee/Referred to Assembly Health Committee	This measure provides that under Medicaid, the price of a single-source, brand-name maintenance medication must be the wholesale acquisition cost if there is no National Average Drug Acquisition Cost pricing.	Sen. Elijah Reichlin-Melnick (D), Asm. Thomas Abinati (D)
OR	HB 2080/SB 848	Other	Failed upon adjournment	This measure establishes the Office of Pharmaceutical Purchasing, which will coordinate statewide agreements for the purchasing of prescription drugs, administer the Oregon Prescription Drug Program, establish and administer a multistate prescription drug purchasing consortium, and administer all intergovernmental and interagency agreements necessary to make prescription drugs available at the lowest cost possible to participants in the program and consortium.	Gov. Kate Brown (D), Sen. Deborah Patterson (D)
OR	SB 12	Other	Failed upon adjournment	This measure requires benefit plans offered by the Public Employees' Benefit Board and Oregon Educators Benefit Board to cover certain costs related to travel to Mexico or Canada to fill and refill prescriptions.	Sen. Lee Beyer (D)
OR	SB 711	Other	Signed by Governor	This measure requires the health authority to study cost differences in pharmaceuticals used primarily by men and pharmaceuticals used primarily by women.	Sen. Deborah Patterson (D)
OR	SB 763	Other	Signed by Governor	This measure requires pharmaceutical representatives to obtain a license. A licensed pharmacy representative cannot fail to disclose as part of a marketing or sales presentation the wholesale acquisition cost of a product or the availability of a generic alternative in response to an inquiry from a provider.	Sen. Deborah Patterson (D)
OR	SB 764	Other	Failed upon adjournment	This measure requires the attorney general to presume that a resolution agreement that ends a dispute over an alleged patent infringement for protected drugs has anticompetitive effects if the alleged infringer receives an item of value as part of the agreement.	Sen. Deborah Patterson (D)

RI	H 5081/S 171	Other	House Health and Human Services Committee recommended bill be held for further study/Senate Health and Human Services Committee recommended bill be held for further study	This measure requires the Secretary of Health and Human Services to implement a state-based reinsurance program to provide insurers 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, 2023. An insurer becomes eligible for payment from the reinsurance fund when it pays for one or move 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 that 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. 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. The council can only recommend drugs that are high-cost prescription drugs, gene therapies, or cell therapies designated as orphan drugs by the Federal Drug Administration. The council will review and recommend for inclusion medications with the greatest medical efficacy and that treat those conditions, which are 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. 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 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. 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. 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.	Rep. Joseph McNamara (D), Sen. Louis DiPalma (D)
TX	HB 1586	Other	Substituted; passed House Insurance Committee	This measure requires health plans to allow enrollees to obtain specialty drugs from a physician's office or hospital outpatient infusion center. Under this bill, a health plan cannot limit coverage or benefits of an enrollee under a pharmacy benefit contract and cannot require an enrollee to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or any other penalty if the enrollee obtains a specialty drug from a physician's office or outpatient infusion center.	Rep. Eddie Lucio III (D)
TX	HB 2981/HB 18	Other	Referred to House Insurance Committee/Signed by Governor	This measure establishes a prescription drug savings program that partners with a pharmacy benefit manager to make prescription drugs available at a discounted to uninsured individuals.	Rep. Tom Oliverson (R)
VA	HJ 560	Other	Referred to House Rules Committee	This measure requests that the Secretary of Health and Human Resources convene a work group to examine the pharmaceutical distribution payment system in the state and innovating solutions to address the cost of prescription drugs to Virginians at the point of sale.	Del. Elizabeth Guzman (D)
WA	SB 5203	Other	Signed by Governor	This measure allows the Health Care Authority to enter into partnerships with other states or nonprofit orgs to produce, distribute, or purchase generic drugs to achieve savings to public and private purchasers. State programs would be required to purchase generics through the partnership, and local government and entities will have the option to purchase generics from the authority as quantities allow.	Sen. Kevin Van De Wage (D)

WI	AB 551/SB 550	Other	Assembly Health Committee/Referred to Senate Insurance, Licensing and Forestry Committee	This bill directs the Office of the Commissioner of Insurance to develop a pilot project under which a pharmacy benefit manager and pharmaceutical manufacturer are directed to create a value-based, sole-source arrangement to reduce the costs of prescription diabetes medication. The bill allows OCI to promulgate rules to implement the pilot project.	Rep. Lisa Subeck (D), Sen. Jon Erpenbach (D)
WI	AB 555/SB 548	Other	Assembly Labor and Integrated Employment	This measure requires a pharmaceutical representative to be licensed by the Office of the Commissioner of Insurance. Under this measure, pharmaceutical representatives must disclose the wholesale acquisition cost of any drug during discussions of that drug with a healthcare professional.	Rep. Lisa Subeck (D), Sen. Jon Erpenbach (D)
WI	AB 556/SB 578	Other	Assembly Government Accountability and Oversight Committee/Referred to Government Operations, Legal Review, and Consumer	This bill provides $500,000 in program revenue for Fiscal Year 2021-22 for one-time implementation costs associated with establishing an Office of Prescription Drug Affordability within the Office of the Commissioner of Insurance.	Rep. Lisa Subeck (D), Sen. Brad Pfaff (D)