2022 Rx Tracker

State	Bill	Category	Status	Summary	Sponsor
CA	SB 939	Pharmacy Benefits Manager	Passed Senate, referred to Assembly Health Committee	This measure would prohibit a pharmacy benefit manager from discriminating against a covered entity or its pharmacy in connection with dispensing a drug subject to federal pricing requirements or preventing a covered entity from retaining the benefit of discounted pricing for those drugs. The measure would prohibit a drug manufacturer subject to federal pricing requirements from imposing barriers to the purchase of covered drugs.	Sen. Richard Pan (D)
CA	SB 1361	Pharmacy Benefits Manager	Referred to Senate Appropriations Committee	This measure requires a pharmacy benefit manager (PBM) to calculate an enrollee's defined cost sharing for each prescription drug at the point of sale based on a price reduced by an amount equal to 90% of all rebates received. The measure also requires the commissioner and Department of Insurance to annually report this measure's impact on drug prices and health care premium rates to the appropriate policy committees of the legislature. A health care service plan or insurer must report to the department: information on the 25 most frequently prescribed, 25 most costly, and 25 drugs with highest year-over-year increase of all covered prescription drugs; and the aggregate dollar amount of all rebates collected directly or indirectly from pharmaceutical manufacturers.	Sen. Sydney Kamlager-Dove (D)
CO	HB 22-1122	Pharmacy Benefits Manager	Enacted, signed by Governor	This measure prohibits PBMs and other third party payers from discriminating against 340B covered entities.	Rep. Perry Will (R), Sen. Sonya Jaquez Lewis (D)
CO	HB 22-1370	Pharmacy Benefits Manager	Enacted, signed by Governor	This measure prohibits a pharmacy benefit manager (PBM) from modifying the current prescription drug formulary during the current plan year. The PBM must also demonstrate to the division of insurance that: 100% of rebates to be received in accordance with dispensing or administering prescription drugs included in the formulary are used to reduce costs for the individual or the employer purchasing the plan; for small group and large employer health plans, all rebates are used to reduce employer and individual costs; and for individual plans, all rebates are used to reduce consumers' premiums and out-of-pocket costs for prescription drugs. The measure requires the department of health care policy and financing, in collaboration with the administrator of the all-payer claims database, to conduct an annual analysis of prescription drug rebates received in the previous calendar year, and make the analysis available to the public. The measure also requires that each carrier offering an individual or small group plan shall offer at least 25% of its plans not on the exchange in each bronze, silver, gold, and platinum benefit level as copay-only payment structures for all prescription drug cost tiers. Specific pricing criteria for drugs within the copay-only structure is established.	Rep. Iman Jodeh (D)
CT	SB 355	Pharmacy Benefits Manager	Reported favorably out of Legislative Commissioner's Office	This measure prohibits pharmacy benefit managers from discriminating against 340B covered entities.	Joint Committee on Insurance and Real Estate

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CT	SB 410	Pharmacy Benefits Manager	Reported favorably by Joint Committee on Insurance and Real Estate, referred to Senate Appropriations Committee	This measure requires the Insurance Department to file a report including an analysis of pharmacy benefit manager distribution of prescription drug practices regarding spread pricing arrangements, manufacturing rebates, transparency, and accountability.	Joint Committee on Insurance and Real Estate
FL	HB 1063	Pharmacy Benefits Manager	Failed	This measure requires pharmacy benefit managers (PBMs) to apply any amount for a prescription drug paid by an insured toward the insured's total contribution to any cost-sharing requirement, including any payment with or discount through financial assistance, a copay card, product voucher, or any reduction in out-of-pocket expenses made by the insured for a prescription drug.	Rep. Randy Maggard (R)
FL	HB 357	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure requires pharmacy benefit managers to obtain a registration before operating in the state.	Rep. Jackie Toledo (R)
FL	SB 742	Pharmacy Benefits Manager	Failed, died in committee	This measure requires each plan operating in the managed medical assistance program to require pharmacy benefit managers (PBMs) to reimburse Medicaid pharmacy providers and providers enrolled as dispensing practitioners for drugs dispensed in an amount equal to the National Drug Acquisition Cost (NADAC) plus a certain professional dispensing fee. If the NADAC is unavailable, the PBM must reimburse providers in an amount equal to the wholesale acquisition cost plus a certain professional dispensing fee.	Sen. Ana Rodriguez (R)
FL	SB 1344	Pharmacy Benefits Manager	Failed	This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a 340B entity for a drug at a rate lower than that reimbursed for the same drug to a pharmacy that is not a 340B entity. PBMs may not exclude a 340B entity from an insurer's network of participating pharmacies based on criteria that are not applied to non-340B entities.	Sen. Tom Wright (R)
FL	SB 1574	Pharmacy Benefits Manager	Failed	This measure requires a pharmacy benefit manager (PBM) to submit an annual report on specific information regarding high cost drugs. A PBM must also maintain a website providing public access to the net price of each covered prescription drug	Sen. Janet Cruz (D)
GA	HB 867	Pharmacy Benefits Manager	Passed House, introduced in Senate	This measure requires a pharmacy benefit manager (PBM) to calculate an insured's cost sharing requirements for a prescription drug at the point of sale based on the prescription drug's true net cost. Such calculation shall be disclosed at the point of sale or within 180 days.	Rep. Mark Newton (R)

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HI	HB 24	Pharmacy Benefits 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	HB 1783	Pharmacy Benefits Manager	House Committee on Health, Human Services, and Homelessness Committee recommended deferment	This measure prohibits the use of gag clauses by pharmacy benefit managers (PBMs) in their contracts with pharmacies. The measure also prohibits PBMs from requiring that a covered person purchasing a prescription drug pay an amount greater than what the covered person would pay if they were paying the cash price. Any amount paid by a covered person shall contribute toward any deductible or annual out-of-pocket maximums under the covered person's health benefit plan.	Rep. Aaron Johanson (D)
HI	SB 602	Pharmacy Benefits Manager	Passed Senate, 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)
HI	SB 2443	Pharmacy Benefits Manager	Passed Senate, referred to House Health, Human Services and Homelessness Committee	This measure prohibits the use of gag clauses by pharmacy benefit managers in their contracts with pharmacies.	Sen. Roz Baker (D)
IA	HSB 623	Pharmacy Benefits Manager	House Commerce Committee recommended passage	This measure requires pharmacy benefit managers (PBMs) to notify health carriers in writing of conflicts of interest. This measure requires the PBM shall owe a fiduciary duty to each health carrier for whom the PBM manages a prescription drug benefit provided by the health carrier. This measure prohibits a PBM from discriminating against a pharmacy or pharmacist with respect to participation, referral, reimbursement of a covered service or indemnification if a pharmacist is acting within the scope of their license.	Brian Best (R)

State	Bill	Category	Status	Summary	Sponsor
IA	HF 2384	Pharmacy Benefits Manager	Enacted, signed by Governor	This measure states that a pharmacy benefit manager (PBM) may not: prohibit a pharmacy from disclosing the availability of a lower-cost prescription drug option to a covered person, or from selling a lower-cost prescription drug option to a covered person; prohibit a covered person from filling a prescription at the in-state pharmacy of their choice; impose different cost-sharing or additional fees on a covered person based on the pharmacy at which the person fills their prescription. The measure also requires that a covered person's cost-sharing for a prescription drug shall be calculated at the point-of-sale based on a price reduced an amount equal to at least 100% of all rebates that have been or will be received by the health carrier or a PBM. The measure prohibits a PBM from reimbursing any in-state pharmacy an amount less than the amount reimbursed to a PBM affiliate for dispensing the same prescription drug.	Rep. Brian Best (R), Sen. Mike Klimesh (R)
IA	SSB 3128	Pharmacy Benefits Manager	Referred to Senate Commerce Committee	This measure prohibits a pharmacy benefit manager (PBM) from discriminating against a 340B-covered entity, by reimbursing the covered entity in an amount less than a PBM would reimburse a similarly situated entity or pharmacy. This includes in a manner that interferes with a patient's choice to receive pharmaceutical drugs from the 340B entity, or any pharmacy or provider.	Senate Commerce Committee
IL	HB 2919	Pharmacy Benefits Manager	Referred to House Rules Committee	This measure provides that upon request by an 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 Benefits Manager	Referred to House Rules Committee/Referred to Senate Assignments 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 Benefits Manager	Referred to House Rules Committee/Referred to Senate Assignments Committee	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; it also prohibits the use of gag clauses in PBMs' contracts with pharmacies.	Rep. Greg Harris (D), Rep. Sue Scherer (D), Rep. C.D. Davidsmeyer (R), Rep. Dan Caulkins (R)

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IL	HB 4595	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure would require a pharmacy benefit manager (PBM) to update maximum allowable cost (MAC) pricing information at least once every seven calendar days and provide access to its MAC list to each pharmacy or pharmacy services administrative organization subject to the MAC. The measure would prohibit PBMs from: discriminating against 340B entities regarding reimbursement or participation in network; and limiting a pharmacist's ability to disclose whether the cost-sharing obligation to the patient exceeds the retail price for a covered prescription drug, and the availability of a more affordable alternative drug.	Rep. Greg Harris (D), Rep. Natalie Manley (D), Rep. Maurice West (D), Rep. Tim Butler (R)
IL	SR 329	Pharmacy Benefits Manager	Referred to Senate Assignments Committee	This measure requires the Auditor General to conduct an audit of Medicaid managed care organizations (MCOs), 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)
IL	SB 3729	Pharmacy Benefits Manager	Referred to Senate Assignments Committee	This measure requires pharmacy benefit managers (PBMs), in their contracts with pharmacies, to update maximum allowable cost pricing information at least once every 7 days. The measure also requires PBMs to reimburse 340B entities at the same rate as non-340B entities, and prevents PBMs from interfering with a patient's choice to receive a prescription drug from their pharmacy of choice, including a 340B entity. This measure prohibits the use of gag clauses by PBMs in their contracts with pharmacies.	Sen. Mattie Hunter (D), Sen. Celina Villanueva (D), Sen. Dave Koehler (D)
IL	SB 3924	Pharmacy Benefits Manager	Referred to Senate Assignments Committee	This measure prohibits pharmacy benefit managers (PBMs) from either requiring or incentivizing an enrollee to obtain a covered clinician-administered drug from a pharmacy identified by the health benefit plan or PBM. It is also prohibited that a PBM may condition, deny, or restrict benefits and coverage to an enrollee for obtaining necessary clinically-administered medication from a provider or pharmacy that is not selected by the PBM.	Sen. Cristina Castro (D)
KS	HB 2383	Pharmacy Benefits Manager	Failed, died in committee	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	HB 2733	Pharmacy Benefits Manager	Failed, died in committee	This measure creates specific regulations for pharmacy benefit managers (PBMs) relative to Maximum Allowable Cost (MAC) lists, including in their relationships with pharmacies.	House Committee on Appropriations
KS	SB 28	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure prohibits a pharmacy benefit manager (PBM) from placing a prescription drug on a maximum allowable cost (MAC) list unless there are at least two therapeutically equivalent multi-source generic drugs or at least one generic drug available from at least one manufacturer. A PBM must update a MAC list every seven business days, and apply the updates to reimbursements not later than one business day following.	Senate Committee on Insurance and Pensions

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KS	SB 128/HB 2260	Pharmacy Benefits Manager	Failed, died in 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
KS	SB 244	Pharmacy Benefits Manager	Failed, died in committee	This measure requires a pharmacy benefit manager (PBM) to submit an annual transparency report to the commissioner of insurance containing data from the prior calendar year as it pertains to covered entities and plan sponsors. The measure allows any pharmacy or pharmacist in contract with a PBM to decline to provide a covered drug, device, or service if the pharmacy or pharmacist is reimbursed at less than the acquisition cost for the covered drug, device, or service. A PBM is prohibited from cancelling their contract with a pharmacy for the pharmacy exercising its aforementioned right. PBMs are prohibited from reimbursing a pharmacy or pharmacist in an amount less than the amount the PBM reimburses a PBM affiliate. The bill prohibits a PBM from: reimbursing a pharmacy for the ingredient drug product component of pharmacist services in an amount less than the pharmacy's acquisition cost; placing a drug on a maximum allowable cost (MAC) list unless there are at least two therapeutically equivalent multi-source generics or at least one generic available from at least one manufacturer; and updating MAC lists less frequently than every seven calendar days.	Senate Committee on Financial Institutions and Insurance
KY	HB 457	Pharmacy Benefits Manager	Passed House, referred to Senate Committee on Appropriations and Revenue	This measure prohibits a pharmacy benefit manager (PBM) from requiring an insured individual to use a specific pharmacy in order to receive rebates on a prescription drug. PBMs may not use gag clauses in their contracts with pharmacies. The measure would also prohibit PBMs from reimbursing a pharmacy for a prescription drug a net amount that is less than the amount the PBM reimburses itself. The measure would create and establish a Pharmacy Benefits Management Advisory Council to review and make recommendations to the commissioner relating to insurance laws as related to PBMs.	Rep. Steve Sheldon (R)
KY	SB 134	Pharmacy Benefits Manager	Referred to Senate Banking and Insurance Committee	This measure requires that a pharmacy benefit manager (PBM) pass through cost sharing to an insured based on a prescription drug price reduced by at least 85% of all rebates received or estimated to be received.	Sen. Steve Meredith (R)
LA	HB 595	Pharmacy Benefits Manager	Referred to House Insurance Committee	This measure makes amendments to existing law, requiring a pharmacy benefit manager (PBM) that engages in spread pricing to deliver notice to policy holders that includes specific details about the policy holder's copayment for a specific prescription and retainments by PBMs through spread pricing.	Rep. Chris Turner (R)
LA	HB 673	Pharmacy Benefits Manager	Passed House, passed Senate	This measure creates the pharmacy benefit manager monitoring advisory council.	Rep. Edmond Jordan (D)

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MA	H 1121	Pharmacy Benefits Manager	Referred to Joint Financial Services Committee	This measure establishes a commission to study maximum allowable costs (MAC) lists.	Rep. Bradley Jones (R)
MA	H 1123/S 728	Pharmacy Benefits 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	H 1155	Pharmacy Benefits Manager	Reported favorably by Joint Financial Services Committee, referred to House Committee on Health Care Financing	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 McMurtry (D)
MA	H 1190/S 650	Pharmacy Benefits 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	H 1202	Pharmacy Benefits Manager	Reported favorably by Joint Financial Services Committee, referred to House Committee on Health Care Financing	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	H 3787	Pharmacy Benefits 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	S 639	Pharmacy Benefits Manager	Referred to Senate Health Care Financing Committee	This measure prohibits pharmacy benefit managers (PBMs) from penalizing, requiring, or providing financial incentives to insureds as incentives to use specific pharmacies with which the PBM has an ownership interest.	Sen. Cynthia Creem (D)
MA	S 684	Pharmacy Benefits Manager	Referred to Senate Committee on Health Care Financing	This measure adds to existing law, prohibiting: pharmacy benefit managers (PBMs) from requiring a covered person to, or penalizing covered persons for, not using specific pharmacies in which a PBM has ownership interests; a PBM from offering financial incentives to covered persons as incentives to use specific pharmacies in which a PBM has ownership interests. The measure would require PBMs to submit annual transparency reports detailing aggregate dollar amounts of rebates and administrative fees.	Sen. Pat Jehlen (D)

State	Bill	Category	Status	Summary	Sponsor
MD	HB 755	Pharmacy Benefits Manager	Introduced, in House Health and Government Operations Committee	This measure prohibits the use of gag clauses by pharmacy benefit managers (PBMs) in their contracts with pharmacies. Under this measure, PBMs may not: engage in spread pricing; or require a beneficiary to use a specific pharmacy or entity, or mail order pharmacy to fill a prescription based on corporate affiliation between the pharmacy and PBM.	Del. Susan Krebs (R), Del. Lisa Belcastro (D)
MD	HB 973/SB 823	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure requires pharmacy benefit managers (PBMs) to disclose to a pharmacy, at the time of entering a contract and at least 30 days before any contract change: the applicable terms and reimbursement rates, processes and procedures for verifying pharmacy benefits and eligibility, dispute resolution and audit appeals processes, and the process and procedures for verifying the prescription drugs included on the PBM's formularies. The measure prohibits a pharmacy services administrative organization that had not registered with the Commissioner from entering into an agreement or contract with a PBM or an independent pharmacy.	Del. Ariana Kelly (D)/Sen. Ben Kramer (D)
MD	HB 1006	Pharmacy Benefits Manager	Withdrawn by sponsor	This measure requires a pharmacy benefit manager (PBM) to maintain a reasonably adequate and accessible PBM or purchaser network consisting of contracted pharmacies that provide convenient patient access to pharmacy services. This measure also requires PBMs to disclose to a pharmacy, at the time of entering a contract or at least 30 days before any contract change: the applicable terms and reimbursement rates, processes and procedures for verifying pharmacy benefits and eligibility, dispute resolution and audit appeals processes, and the process and procedures for verifying the prescription drugs included on the PBM's formularies.	Del. Nic Kipke (R)
MD	HB 1007	Pharmacy Benefits Manager	Referred to House Health and Government Operations Committee	This measure would alter the reimbursement levels for drug products that the Maryland Medical Assistance Program is required to establish and that pharmacy benefit managers that contract with a pharmacy on behalf of a managed care organization are required to reimburse the pharmacy.	Del. Nic Kipke (R)
MD	HB 1008	Pharmacy Benefits Manager	Withdrawn by sponsor	This measure prohibits a pharmacy benefit manager or purchaser from prohibiting a beneficiary from choosing a pharmacy or pharmacist of the beneficiary's choosing, denying a pharmacy or pharmacist the right to participate in a network, imposing certain monetary advantages or penalties on a beneficiary, or requiring the use of a mail-order pharmacy under certain circumstances.	Del. Nic Kipke (R)
MD	HB 1009	Pharmacy Benefits Manager	Withdrawn by sponsor	This measure would alter the prohibition on pharmacy benefit managers (PBMs) reimbursing a pharmacy or pharmacist an amount less than the PBM reimburses itself or an affiliate; repeal provisions of law relating to maximum allowable cost pricing, cost pricing disputes, and reimbursement and fee for performance-based reimbursement; and alter how a PBM may determine reimbursement for a pharmacy or pharmacist.	Del. Nic Kipke (R)

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MD	HB 1014/SB 690	Pharmacy Benefits Manager	Introduced, in House Health and Government Operations Committee/In Senate Finance Committee	This measure repeals definitions of "carrier" and "ERISA" and alters the definition of "purchaser" in order to apply certain provisions of State Insurance Law governing pharmacy benefit managers (PBMs) to certain persons providing prescription drug coverage or benefits through plans or programs subject to ERISA. The measure also forbids a purchaser to enter into agreement with a PBM that has not registered with the Commissioner. This measure prohibits the use of gag clauses by PBMs in their contracts with pharmacies.	Del. Nic Kipke (R)/Sen. Justin Ready (R)
MD	HB 1015	Pharmacy Benefits Manager	Introduced, in House Health and Government Operations Committee	This measure prohibits a pharmacy benefit manager (PBM) from requiring a beneficiary to use a specific pharmacy or entity to fill a prescription if the PBM has special interests in the pharmacy. The measure also prohibits a PBM from reimbursing a pharmacy or pharmacist in an amount less than the PBM reimburses itself for providing the same product or service.	Del. Karen Young (D), Del. Susan Krebs (R)
MD	HB 1274	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure prohibits pharmacy benefit managers (PBMs) from discriminating against: a pharmacy or pharmacist engaged in the federal 340B program; or against beneficiaries involved in, or receiving a prescription drug from a pharmacy involved in, the 340B program. A PBM may not: prohibit a beneficiary from choosing their own pharmacy; transfer 340B savings from a pharmacy or pharmacist to a PBM; offer lower reimbursement for or refuse to cover a prescription drug purchased under the 340B program; or refuse to allow pharmacies that participate in the 340B program to participate in the PBM's network.	Del. Nic Kipke (R)
MD	HB 1275	Pharmacy Benefits Manager	Withdrawn by sponsor	This measure requires pharmacy benefit managers (PBMs) to disclose to a pharmacy, at the time of entering a contract or at least 30 days before any contract change: the applicable terms and reimbursement rates, processes and procedures for verifying pharmacy benefits and eligibility, dispute resolution and audit appeals processes, and the process and procedures for verifying the prescription drugs included on the PBM's formularies.	Del. Nic Kipke (R)
MD	SB 1004	Pharmacy Benefits Manager	Referred to Senate Finance Committee	This measure prohibits pharmacy benefit managers (PBMs) from reimbursing pharmacies for a prescription drug an amount less than the National Average Drug Acquisition Cost for the prescription drug.	Sen. Addie Eckardt (R)
ME	LD 1938/SP 673	Pharmacy Benefits Manager	Failed	This measure prohibits a pharmacy benefit manager (PBM) from discriminating against a 340B-covered entity, including in a manner that interferes with a patient's choice to receive pharmaceutical drugs from the 340B entity, or any pharmacy or provider that participated in the 340B program.	Sen. Ned Claxton (D)

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MI	HB 4348	Pharmacy Benefits Manager	Enacted, approved by Governor	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. PBMs may not discriminate against 340B entities regarding reimbursement nor participation in network.	Rep. Julie Calley (R)
MI	HB 4351	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure states that pharmacy benefit managers (PBMs) may not prohibit a 340B entity from participating in the PBM's provider network, solely because it is a 340B entity. A PBM is prohibited from reimbursing 340B Program entities differently than other similarly situated pharmacies. The measure also prevents PBMs in contract with pharmacies from prohibiting the pharmacy from disclosing the current selling price of a drug.	Rep. Karen Whitsett (D)
MI	HB 4352	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure prohibits a pharmacy from entering into a contract with a PBM that interferes in any manner with a patient's choice to receive a prescription drug from a 340B entity. The measure also prevents PBMs in contract with pharmacies from prohibiting the pharmacy from disclosing the current selling price of a drug.	Rep. Sue Allor (R)
MI	HB 4399/SB 79	Pharmacy Benefits Manager	Passed House, passed Senate, referred to Conference 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. Mary Whiteford (R)/Sen. Rick Outman (R)
MI	HB 5006	Pharmacy Benefits 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)

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MI	HB 5784	Pharmacy Benefits Manager	Passed House, passed Senate, referred to Appropriations	This measure requires the Department of Health and Human Services to only enter into a contract with a Medicaid managed care organization that relies on a pharmacy benefit manager (PBM) if the PBM agrees to: utilize a specific reimbursement methodology for pharmacies with no more than seven retail outlets, and move to a transparent "pass-through" pricing model, in which the PBM discloses administrative fees as a percentage of professional dispensing costs to the department and agrees to not create new administration fees or increase current fees more than the rate of inflation. The measure also requires that a PBM receiving reimbursements for medical services must submit information including aggregate rebate and pricing amounts to the department annually.	Rep. Mary Whiteford (R)
MI	SB 828	Pharmacy Benefits Manager	Passed Senate, passed House, referred to Conference Committee	This measure requires the Department of Health and Human Services to only enter into a contract with a Medicaid managed care organization that relies on a pharmacy benefit manager (PBM) if the PBM agrees to: utilize a specific reimbursement methodology for pharmacies with no more than seven retail outlets, and move to a transparent "pass-through" pricing model, in which the PBM discloses administrative fees as a percentage of professional dispensing costs to the department and agrees to not create new administration fees or increase current fees more than the rate of inflation. The measure also requires that a PBM receiving reimbursements for medical services must submit information including aggregate rebate and pricing amounts to the department annually.	Sen. Rick Outman (R)
MI	SB 1088	Pharmacy Benefits Manager	Referred to Senate Committee on Health Policy and Human Services	This measure prohibits a carrier or pharmacy benefit manager (PBM) from prohibiting a 340B program entity from participating in the carrier's or PBM's network solely because it is a 340B program entity. A carrier or PBM is prohibited from reimbursing a 340B entity differently than other similarly situated pharmacies. Carriers and PBMs are prohibited from requiring a claim for a drug to include a modifier or otherwise indicate that the drug is a 340B drug.	Sen. Curt VanderWall (R)
MN	HF 1576/SF 1721	Pharmacy Benefits Manager	Referred to House Health Finance and Policy Committee/Referred to Senate Health and Human Services Finance and Policy Committee	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), Rep. Glenn Gruenhagen (R), Rep. Robert Bierman (D)/Sen. John Marty (D)
MN	HF 3280	Pharmacy Benefits Manager	Referred to House Commerce, Finance, and Policy Committee	This measure prohibits a pharmacy benefit manager (PBM) from: interfering with an enrollee's right to obtain a clinician-administered drug from their provider or pharmacy of choice; and limiting or excluding coverage of a clinician-administered drug when it is not dispensed by a provider or pharmacy selected by the PBM.	Rep. Mike Freiberg (D), Rep. Kristin Bahner (D), Rep. Liz Olson (D), Rep. Rod Hamilton (R), Rep. Joe Schomacker (R)

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MN	HF 4266	Pharmacy Benefits Manager	Referred to House Commerce Finance and Policy Committee	This measure requires a pharmacy benefit manager (PBM) to make available its formulary and related benefit information at least 30 days prior to annual renewal dates. Formulary changes within the year are limited to those which lower prices for consumers. Upon removal of a brand name drug from a formulary, a PBM must add a generic or multisource brand name drug rated as therapeutically equivalent.	Rep. Dave Lislegard (D)
MN	HF 4753	Pharmacy Benefits Manager	Referred to House Health Finance and Policy Committee	This measure requires a pharmacy benefit manager to calculate an insured's cost sharing requirements for a prescription drug at the point of sale based on a price reduced by an amount equal to 100% of all rebates received or to be received.	Rep. Robert Bierman (D)
MN	HF 4706	Pharmacy Benefits Manager	Referred to House Ways and Means Committee	This measure requires pharmacy benefit managers (PBMs) to report specific pricing information regarding prescription drugs that are considered to be of substantial public interest. The measure also prohibits PBMs from requiring or demonstrating a preference for a reference biological product administered to a patient by a health care provider. PBMs shall also permit enrollees to obtain a clinician-administered drug from their provider or pharmacy of choice.	Rep. Tina Liebling (D)
MN	HF 4398	Pharmacy Benefits Manager	Referred to House Health Finance and Policy Committee	This measure requires pharmacy benefit managers (PBMs) to report specific pricing information regarding prescription drugs that are considered to be of substantial public interest.	Rep. Tina Liebling (D)
MN	SF 372/HF 558	Pharmacy Benefits Manager	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 restricting pharmacists from discussing reimbursement amounts with consumers.	Sen. Karla Bigham (D), Sen. Zach Duckworth (R)/Rep. Keith Franke (R)

State	Bill	Category	Status	Summary	Sponsor
MN	SF 917/HF 1279	Pharmacy Benefits Manager	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 pharmacy 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), Sen. Paul Utke (R), Sen. Dave Tomassoni (I), Sen. Matt Klein (D), Sen. Melissa Wiklund (D)/Rep. Liz Boldon (D), Rep. Dave Baker (R)
MN	SF 990	Pharmacy Benefits Manager	Referred to Senate Health and Human Services Finance and Policy Committee	This measure prohibits a pharmacy benefit manager (PBM) from requiring or demonstrating a preference for a pharmacy or health care provider to prescribe: a reference biological product, any product that is biosimilar to the reference biological product, or any interchangeable biological product relative to the reference biological product.	Sen. Carla Nelson (R), Sen. Matt Klein (D), Sen. Jerry Newton (D)
MN	SF 2178/HF 2327	Pharmacy Benefits Manager	Referred to State Government Finance and Policy and Elections Committee/Referred to House State Government, Finance and Elections Committee	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), Sen. Tom Bakk (D)/ Rep. Michael Howard (D)
MN	SF 3265	Pharmacy Benefits Manager	Referred to Senate Health and Human Services Finance and Policy Committee	This measure prohibits a pharmacy benefit manager (PBM) or health carrier from requiring that a clinician-administered drug be covered as a pharmacy benefit. The measure allows enrollees to obtain a clinician-administered drug from their provider or pharmacy of choice without interference from a PBM.	Sen. Mark Koran (R), Sen. Matt Klein (D)
MN	SF 4007	Pharmacy Benefits Manager	Referred to Senate Commerce and Consumer Protection Finance and Policy Committee	This measure requires a pharmacy benefit manager (PBM) to reduce an enrollee's prescription drug cost at the point of sale by an amount equal to 100% of all rebates received or to be received.	Sen. Carla Nelson (R)

State	Bill	Category	Status	Summary	Sponsor
MN	SF 4014	Pharmacy Benefits Manager	Referred to Senate Health and Human Services Finance and Policy Committee	This measure requires pharmacy benefit managers to annually submit specific drug pricing information to the commissioner including total rebate and reimbursement amounts.	Sen. Melissa Halvorson Wiklund (D)
MO	SB 921/HB 1677	Pharmacy Benefits Manager	Referred to Senate Insurance and Banking Committee/Passed House, reported to Senate	This measure requires pharmacy benefit managers (PBMs) under contract with Medicaid to disclose aggregate rebate information. Additionally, a PBM under contract with an entity to provide pharmacy benefit management services for such an entity will owe a fiduciary duty to that entity. This measure also prohibits a PBM from reimbursing a pharmacy in an amount less than the amount that the PBM reimburses a PBM affiliate and from reimbursing a non-340B covered entity at a higher rate than a 340B covered entity.	Sen. Bill White (R)/Rep. Dale Wright (R)
MO	SB 1129	Pharmacy Benefits Manager	Referred to Senate Insurance and Banking Committee	This measure prohibits a pharmacy benefit manager (PBM) from imposing any penalty or limitation on a provider for dispensing medically necessary clinician-administered drugs regardless of whether the provider obtains such drugs from a provider in the network. The measure also prohibits a PBM from discriminating against any entity in contract with a 340B entity, or 340B entity itself, or any patient choosing to receive prescription drugs from any entity that participates in the 340B program.	Sen. Bill White (R)
MS	HB 733	Pharmacy Benefits Manager	Failed, died in Senate Public Health and Welfare Committee	This measure prohibits a pharmacy benefit manager (PBM) from discriminating against a 340B-covered entity, including in a manner that interferes with a patient's choice to receive pharmaceutical drugs from the 340B entity, or any pharmacy or provider of the patient's choice. This bill prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy in an amount lower than the amount it reimburses an affiliate pharmacy.	Rep. Sam Mims (R)
NE	LB 270	Pharmacy Benefits Manager	Failed, indefinitely postponed	This measure prohibits pharmacy benefit managers (PBMs) from penalizing a pharmacist 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, a pharmacy benefit manager or insurer must include any cost sharing amounts paid by the individual or on behalf of the covered individual by another person.	Sen. Adam Morfeld (I)

State	Bill	Category	Status	Summary	Sponsor
NE	LB 375	Pharmacy Benefits Manager	Failed, indefinitely postponed	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 (I)
NE	LB 767	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure prohibits the use of gag clauses by pharmacy benefit managers (PBMs) in their contracts with pharmacies. PBMs may not require a covered individual to pay more than their cost-sharing amount under terms of the health benefit plan. The measure also requires a PBM to update any maximum allowable cost price list at least every 7 business days. The measure requires PBMs to reimburse 340B entities at the same rate as non-340B entities, and prevents PBMs from interfering with a patient's choice to receive a prescription drug from their pharmacy of choice, including a 340B entity.	Sen. Mark Kolterman (I)
NE	LR 101	Pharmacy Benefits Manager	Referred to 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 (I)
NH	HB 1580	Pharmacy Benefits Manager	Failed	This measure prohibits the use of gag clauses by pharmacy benefit managers (PBMs) in their contracts with pharmacies. The measure also requires PBMs to reimburse 340B entities at the same rate as non-340B entities, and prevents PBMs from interfering with a patient's choice to receive a prescription drug from their pharmacy of choice, including a 340B entity. The measure would require PBMs to submit annual transparency reports detailing aggregate dollar amounts of rebates and administrative fees.	Rep. Susan DeLemus (R)

State	Bill	Category	Status	Summary	Sponsor
NJ	A 4425	Pharmacy Benefits Manager	Referred to Assembly Financial Institutions and Insurance Committee	This measure requires the State Health Benefits Commission, School Employees' Health Benefits Commission, and Medicaid program to ensure that every contract purchased by the commission that provides hospital and medical expense benefits shall not deny coverage for a maintenance medication prescribed by a covered person's physician for the covered person's chronic condition because of a change in pharmaceutical benefits resulting solely from a change in pharmacy benefit manager (PBM), if the person was taking the medication prior to the date of the change and the new contract provides coverage for that class of drugs.	Hon. Herb Conaway (D)
NJ	S 334	Pharmacy Benefits Manager	Referred to Senate Budget and Appropriations Committee	This measure requires all compensation paid by a pharmaceutical manufacturer to a pharmacy benefit manager (PBM) as a result of negotiations for a reduced price of a pharmaceutical, shall be remitted to and retained by the carrier(s) dispensing said pharmaceutical to lower the premium for covered persons under the carrier's health benefits plan.	Sen. Troy Singleton (D), Sen. Nellie Pou (D)
NJ	S 1616/A 2841/A 536	Pharmacy Benefits Manager	Referred to Senate Budget and Appropriations Committee/Referred to Assembly Appropriations Committee	This measure sets new transparency standards for pharmacy benefit manager (PBM) business practices, including: licensing requirements, requirement that a PBM has a fiduciary duty to the carrier they are contracted with, and prohibition of gag rules by the PBM in their contract with a pharmacy or pharmacist. The measure prohibits a PBM from entering into a contract with a pharmacy that prohibits the pharmacy from providing a covered person the option of paying the cash price for the purchase of a drug if the cash price is less than the covered cost-sharing amount. A PBM shall also not require a covered person to make a payment at the point of sale for an amount greater than: the applicable cost-sharing amount for the drug, or the total amount the pharmacy will be reimbursed for the prescription drug, whichever is less. The measure requires that compensation remitted by or on behalf of a pharmaceutical manufacturer, directly or indirectly, to a carrier or PBM shall be: remitted directly to the covered person at the point of sale to reduce the out of pocket cost to the covered person; or remitted to and retained by the carrier, to be applied by the carrier in its plan design to offset the premium for covered persons.	Sen. Joe Vitale (D)/Hon. John McKeon (D)
NJ	S 1632	Pharmacy Benefits Manager	Referred to Senate Commerce Committee	This measure prohibits pharmacy benefit managers (PBMs) from requiring a covered person to use a mail service pharmacy or automatically enrolling a covered person in a mail service pharmacy program.	Sen. Linda Greenstein (D)
NY	A 8838/S 7837	Pharmacy Benefits Manager	Enacted, delivered to Governor	This measure prohibits the use of gag clauses by Pharmacy Benefit Managers (PBMs) in their contracts with pharmacies. PBMs must also make an annual report to the Superintendent of Financial Services detailing pricing discounts and rebates. Additionally, the Department of Financial Services' Pharmacy Benefits Bureau will implement and oversee new licensing and reporting requirements that will impact PBMs in the state, increasing transparency of PBM drug price negotiation practices.	Hon. Richard Gottfried (D)/Sen. Neil Breslin (D)

State	Bill	Category	Status	Summary	Sponsor
NY	A 9165	Pharmacy Benefits Manager	Failed, sine die	This measure requires administrative fees paid to a pharmacy benefit manager (PBM) under the medical assistance program be reduced for the purpose of increasing reimbursement rates to retail pharmacies under the Medicaid managed care program. The measure prohibits a PBM from denying a retail pharmacy participation in another provider's network under the medical assistance program at preferred participation status, provided that such retail pharmacy agrees to the same reimbursement amount. The measure states that PBMs may not limit the options for where an individual chooses to receive prescription medications.	Hon. Richard Gottfried (D)
NY	A 291/S 1768	Pharmacy Benefits Manager	Failed, sine die	This measure limits payment to a pharmacy benefit manager (PBM) to actual ingredient costs, dispensing fees paid to pharmacies, and an administrative fee that covers the cost of providing PBM services. The department may establish a maximum administrative fee. The measure also prohibits PBMs from engaging in any kind of spread pricing.	Hon. Kevin Cahill (D)/Sen. James Skoufis (D)
NY	S 6020	Pharmacy Benefits Manager	Failed, sine die	This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy in the state less than the amount reimbursed to a PBM affiliate for providing the same services. The measure prohibits a PBM from including gag clauses in their contracts with pharmacies. The measure also requires a PBM to provide access to its maximum allowable cost (MAC) prices to each pharmacy, and update its MAC list in a timely manner.	Rep. Kevin Thomas (D)
NY	S 7909	Pharmacy Benefits Manager	Failed, sine die	This measure reduces the cost of administrative fees paid under the medical assistance program to managed care organizations (MCOs) or pharmacy benefit managers (PBMs), in order to increase reimbursement rates to retail pharmacies under the Medicaid program. The measure also requires a PBM to reimburse a pharmacy at the same rate at which the PBM would reimburse a pharmacy they are affiliated with. A PBM is prohibited from placing restrictions on an individual's choice of pharmacy.	Sen. James Skoufis (D)
OH	HB 336	Pharmacy Benefits Manager	Referred to House Committee on Insurance	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), Rep. Thomas West (D)

State	Bill	Category	Status	Summary	Sponsor
OH	HB 655	Pharmacy Benefits Manager	Referred to House Health Committee	This measure prohibits a health plan issuer or pharmacy benefit manager that offers a benefit plan covering pharmacy services, including prescription drug coverage, from: restricting a covered person's ability to select a pharmacy in-network; directing a covered person to fill a prescription at an affiliated pharmacy; imposing a cost-sharing requirement on the covered person that differs depending on which pharmacy the person uses; or imposing any other condition on a covered person or pharmacy that would restrict a person's ability to use an in-network pharmacy of their choosing.	Rep. Catherine Ingram (D)
OK	HB 3492/HB 3493	Pharmacy Benefits Manager	Referred to House Rules Committee	This measure would require pharmacy benefit managers (PBMs) to obtain a license from the Oklahoma Insurance Department. The measure would also require PBMs to annually submit a report to the Insurance Department with specific information relating to aggregate dollar amounts of rebates and administrative fees. This information is to be published by the department on a publicly available website. This measure prohibits the use of gag clauses by PBMs in their contracts with pharmacies.	Rep. Marcus McEntire (R)
OK	HB 3924	Pharmacy Benefits Manager	Referred to House Rules Committee	This measure prohibits pharmacy benefit managers (PBMs) from reimbursing a pharmacy an amount less than that reimbursed to a pharmacy under common ownership with a PBM for providing the same services. A PBM may not deny a provider from participating in any pharmacy network. The measure prohibits PBMs from engaging in spread pricing. The measure also prohibits the use of gag clauses by PBMs in their contracts with pharmacies.	Rep. John Pfeiffer (R)
OK	HB 4052	Pharmacy Benefits Manager	Passed House, reported do pass by Senate Retirement and Insurance Committee	This measure states that pharmacy benefit managers shall not refuse to authorize, approve, or pay a participating provider for providing covered clinician-administered drugs to covered persons.	Rep. T.J. Marti (R)
OK	HB 4087	Pharmacy Benefits Manager	Passed House, reported do pass by Senate Retirement and Insurance Committee	This measure would require pharmacy benefit managers (PBMs) to obtain a license from the Oklahoma Insurance Department. The measure would also require PBMs to annually submit a report to the Insurance Department with specific information relating to dollar amounts of rebates and administrative fees. This information is to be published by the department on a publicly available website. This measure prohibits the use of gag clauses by PBMs in their contracts with pharmacies.	Rep. Kevin Wallace (R)

State	Bill	Category	Status	Summary	Sponsor
OK	SB 721	Pharmacy Benefits Manager	Passed Senate, referred to 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), Rep. Marcus McEntire (R)
OK	SB 737	Pharmacy Benefits Manager	Passed Senate, passed House	This measure would prohibit a pharmacy benefit managers (PBM) from: reimbursing a pharmacy less than the amount reimbursed to a pharmacy under common ownership as the PBM for providing the same covered services; conducting spread pricing; and the use of gag clauses by PBMs in their contracts with pharmacies. The measure would also require PBMs report to the Commissioner on a quarterly basis specific information regarding aggregate dollar amounts of rebates and administrative fees.	Sen. Greg McCortney (R), Rep. Marcus McEntire (R)
OK	SB 1324	Pharmacy Benefits Manager	Passed Senate, referred to House Public Health Committee	This measure would prohibit a pharmacy benefit manager (PBM) from: charging or collecting a copayment from an individual in an amount that exceeds the amount retained by the network pharmacy; reimbursing a pharmacy less than the amount reimbursed to a pharmacy under common ownership as the PBM for providing the same covered services; and using gag clauses in their contracts with pharmacies. The measure also requires that PBMs report, annually or more frequently, aggregate drug rebate and administrative fee information to the Insurance Department.	Sen. Greg McCortney (R), Rep. Marcus McEntire (R)
OK	SB 1633/SB 1635	Pharmacy Benefits Manager	Passed Senate, referred to House Public Health Committee	This measure would prohibit a pharmacy benefit manager (PBM) from: reimbursing a pharmacy less than the amount reimbursed to a pharmacy under common ownership as the PBM for providing the same covered services; directly or indirectly participating in clawbacks or spread pricing; the use of gag clauses by PBMs in their contracts with pharmacies. The measure also requires that PBMs report, annually or more frequently, aggregate drug rebate and administrative fee information to the Insurance Department.	Sen. Shane Jett (R), Rep. Marcus McEntire (R)
OK	SB 1860	Pharmacy Benefits Manager	Passed Senate, passed House	This measure prohibits pharmacy benefit managers (PBMs) from requiring patients to use pharmacies that are directly or indirectly affiliated with the PBM. The measure prohibits the use of gag clauses by PBMs in their contracts with pharmacies. PBMs will also be required to comply with specific retail network accessibility standards.	Rep. Marcus McEntire (R), Sen. Greg McCortney (R)
PA	HB 1630	Pharmacy Benefits Manager	Enacted	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)

State	Bill	Category	Status	Summary	Sponsor
PA	SB 917	Pharmacy Benefits Manager	Referred to Senate 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)
PA	SB 1231	Pharmacy Benefits Manager	Referred to Senate Health and Human Services Committee	This measure requires an entity authorized to contract for pharmacy benefit management services on behalf of Medicaid recipients to consider best practices, technologies and methodologies, including reverse auctions and electronic claim review, prior to soliciting an invitation of bids or request for proposals for pharmacy benefit management services. The measure requires an entity seeking to provide pharmacy benefit services to a Medicaid contracting entity to provide specific information regarding formulary lists, reimbursement information, and out-of-pocket costs and administrative requirements. The measure prohibits pharmacy benefit managers (PBMs) from: entering into contracts that would impose gag clauses on pharmacies, or imposing on a Medicaid recipient a copayment for a prescription drug in an amount exceeding the cost that would be charged to individuals not purchasing through the Medicaid program. It is required that PBM contracts contain specific reporting information for each contract year.	Sen. Dan Laughlin (R)
RI	HB 8002	Pharmacy Benefits Manager	House Corporations Committee recommends measure be held for further study	This measure requires PBMs to provide state authorities and the general public with specific information on costs and benefits on a quarterly or more frequent basis. The executive office of health and human services (EOHHS) shall remove PBMs from Medicaid Managed Care Organization contracts. The measure also prohibits PBMs from: engaging in spread pricing, pharmacy steering, using clawbacks, discriminating against 340B entities, and charging more than a set per-member-per-month administrative fee as the sole compensation for services performed.	Rep. John Lombardi (D)
RI	HB 8254	Pharmacy Benefits Manager	House Health and Human Services Committee recommends measure be held for further study	This measure prohibits a pharmacy benefit manager from steering or imposing penalties upon patients for choosing the provider from which they will receive a clinician-administered drug, including: refusing to authorize, approve, or pay a participating provider for providing covered clinician-administered drugs and related services; imposing coverage or benefits limitations, or requiring an enrollee to pay an additional fee or other penalty when obtaining clinician-administered drugs from an authorized health care provider; interfering with a patient's right to choose to obtain a clinician-administered drug from their provider of choice; or requiring clinician-administered drugs be dispensed by a pharmacy selected by the health plan.	Rep. Michelle McGaw (D), Rep. Justine Caldwell (D)

State	Bill	Category	Status	Summary	Sponsor
RI	SB 2069	Pharmacy Benefits Manager	Senate Health and Human Services Committee recommends measure be held for further study	This measure prohibits a pharmacy benefit manager (PBM) from reimbursing a pharmacy an amount less than what the PBM reimburses a PBM affiliate for providing the same services. PBMs must also follow specific reporting requirements when updating maximum allowable cost (MAC) lists.	Sen. Josh Miller (D)
RI	SB 2619	Pharmacy Benefits Manager	Senate Health and Human Services Committee recommends measure be held for further study	This measure prohibits pharmacy benefit managers (PBMs) from engaging in spread pricing, clawbacks, pharmacy steering, discriminatory reimbursements, and discriminatory practices against 340B entities.	Sen. Jeanine Calkin (D)
SC	H 4987	Pharmacy Benefits Manager	Referred to House Committee on Ways and Means	This measure requires pharmacy benefit managers to include any cost-sharing amounts paid by an enrollee to be included when calculating an enrollee's contribution to any applicable cost-sharing requirement.	Rep. Pat Henegan (D)
SC	S 642	Pharmacy Benefits Manager	Referred to Senate Banking and Insurance Committee	This measure adds to existing statute definitions for "price protection rebate" and "rebate."	Sen. Mike Gambrell (R)
SD	SB 163	Pharmacy Benefits Manager	Failed	This measure requires pharmacy benefit managers to reimburse 340B entities at the same rate as non-340B entities, and disclose information regarding aggregate amounts of rebates and/or revenue received from pharmaceutical manufacturers. This measure prohibits the use of gag clauses by PBMs in their contracts with pharmacies.	Sen. Mike Diedrich (R)
TN	HB 145/SB 1403	Pharmacy Benefits Manager	Passed House/Referred to Senate Commerce and Labor Committee	This measure lowers from three to two business days the amount of time a pharmacy benefit 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 benefit manager or covered entity.	Rep. Robin Smith (R)/Sen. Art Swann (R)
TN	HB 1348/SB 1205	Pharmacy Benefits Manager	Passed House/Referred to Senate Commerce Committee	This measure prohibits a pharmacy benefit manager from discriminating against a 340(B) covered entity.	Rep. Esther Helton (R)/Sen. Richard Briggs (R)
TN	SB 1280	Pharmacy Benefits 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)
UT	HB 308	Pharmacy Benefits Manager	Referred to House Rules Committee	This measure enacts new prohibitions on pharmacy benefit managers (PBMs) regarding drug pricing and contracting for 340B entities and 340B drugs. The measure also prohibits a pharmaceutical manufacturer from engaging in certain types of actions with respect to pharmacies and 340B entities.	Rep. Steve Eliason (R), Sen. Evan Vickers (R)

State	Bill	Category	Status	Summary	Sponsor
VA	HB 560	Pharmacy Benefits Manager	In House, continued to 2023 by House Health, Welfare, and Institutions Committee	This measure permits a covered individual to fill any mail order-covered prescription, at the covered individual's option, at any mail order pharmacy or network participating retail pharmacy if the network pharmacy agrees to accept reimbursement at a rate equivalent to that of the mail order pharmacy. The measure also prohibits a pharmacy benefit manager (PBM) or carrier from imposing a differential copayment, fee, or other condition or benefit on any covered individual electing to fill their prescription at an in-network retail pharmacy that is not similarly remunerated at all pharmacies under contract with the PBM or carrier.	Del. Israel O'Quinn (R)
VA	HB 584	Pharmacy Benefits Manager	Failed	This measure states that the Department of Human Resource Management shall establish a reverse auction process to select a pharmacy benefit manager or other entity to administer pharmacy benefits provided to state employees and retired state employees as part of health insurance coverage.	Del. Sally Hudson (D)
VA	HB 680	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure requires any managed care organization (MCO) with which the Department of Medical Assistance Services enters into an agreement to include in any contract between the MCO and a pharmacy benefit manager (PBM) provisions prohibiting the PBM from conducting spread pricing with regards to the MCO's managed care plans.	Del. Patrick Hope (D)
VA	HB 943	Pharmacy Benefits Manager	In House, continued to 2023 by House Health, Welfare, and Institutions Committee	This measure permits a covered individual to fill any mail order-covered prescription, at the covered individual's option, at any mail order pharmacy or network participating retail pharmacy if the network pharmacy agrees to accept reimbursement at a rate equivalent to that of the mail order pharmacy. The measure also prohibits a pharmacy benefit manager (PBM) or carrier from imposing a differential copayment, fee, or other condition or benefit on any covered individual electing to fill their prescription at an in-network retail pharmacy that is not similarly remunerated at all pharmacies under contract with the PBM or carrier.	Del. Keith Hodges (R)
VA	HB 1162	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure prohibits a pharmacy benefit manager (PBM) from discriminating against a 340B-covered entity. A PBM may not interfere with a covered individual's right to choose a pharmacy or provider based on its status as a covered entity or contract pharmacy.	Del. Howard Otto Wachsmann (R)
VA	SB 426	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure would require managed care organizations to, in their contracts with pharmacy benefit managers (PBMs), include provisions prohibiting spread pricing by PBMs with regard to managed care plans.	Sen. Siobhan Dunnavant (R)
VA	SB 428	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure requires any carrier or its pharmacy benefit manager (PBM) to provide real-time cost information data to enrollees and contracted providers for a prescription drug, including any cost-sharing requirement or prior authorization requirements.	Sen. Siobhan Dunnavant (R)

State	Bill	Category	Status	Summary	Sponsor
VT	H 353	Pharmacy Benefits Manager	Passed House, passed Senate	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 Benefits 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 7	Pharmacy Benefits Manager	Failed	This measure requires a pharmacy benefit manager (PBM) to be licensed with the commissioner. The measure also prohibits the use of gag clauses by PBMs in their contracts with pharmacies.	Rep. Michael Schraa (R)
WI	AB 550/SB 542	Pharmacy Benefits Manager	Failed	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 Benefits Manager	Failed	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 Benefits Manager	Failed	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	AB 718/SB 753	Pharmacy Benefits Manager	Failed	This measure prohibits pharmacy benefit managers (PBMs) from either requiring or incentivizing an enrollee to obtain a covered clinician-administered drug from a pharmacy identified by the health benefit plan or PBM. It is also prohibited that a PBM may condition, deny, or restrict benefits and coverage to an enrollee for obtaining necessary clinically-administered medication from a provider or pharmacy that is not selected by the PBM.	Rep. Tony Kurtz (R), Rep. Evan Goyke (D)/Sen. Alberta Darling (R), Sen. Jon Erpenbach (D)
WI	SB 130	Pharmacy Benefits Manager	Failed	This measure prohibits pharmacy benefit managers (PBMs) from prior authorization for early refills of a prescription drug, or otherwise restricting the period in which a prescription drug may be refilled if the quantity is no more than a 90-day supply.	Sen. Janet Bewley (D)
WV	HB 4112	Pharmacy Benefits Manager	Enacted, approved by Governor	This measure requires a pharmacy benefit manager (PBM) to be licensed with the Insurance Commissioner before operating as a PBM. The measure also prohibits PBMs from discriminating against 340B entities. A PBM may not reimburse any pharmacy less than it reimburses a PBM-affiliated pharmacy for the same covered prescription drug. The measure also prohibits PBMs from: penalizing a pharmacist for sharing cost information with a consumer; and prohibiting a covered individual from selecting the pharmacy of their choosing, including if the pharmacy is a 340B-covered entity, or incentivizing an insured from choosing a PBM-affiliated pharmacy.	Del. Matthew Rohrbach (R)

State	Bill	Category	Status	Summary	Sponsor
WY	SF 36	Pharmacy Benefits Manager	Failed; died in committee	This measure prohibits a pharmacy benefit manager (PBM) from engaging in spread pricing. A PBM must be licensed with the Commissioner. This measure prohibits PBMs from denying specific claims or placing restrictions on reimbursements, and requires PBMs to reimburse a pharmacy or pharmacy's designee no less than the national average drug acquisition cost.	Joint Committee on Labor, Health, and Social Services
CA	AB 458	Importation	Referred to Assembly Health Committee	This measure creates the Affordable Prescription Drug Importation Program within the Health and Human Services Agency.	Sen. Sydney Kamlager-Dove (D)
FL	SB 2526	Importation	Enacted, approved by Governor	This measure authorizes pharmacists and wholesalers employed by or under contract with forensic facilities managed by the Agency for Persons with Disabilities to import prescription drugs for clients in such facilities.	Senate Committee on Appropriations
HI	HB 14/SB 319	Importation	Carried over from 2021 session in House 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	H 2377	Importation	Referred to Joint Committee on Public Health	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	Referred to House 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)
NJ	A 2809	Importation	Referred to Assembly Health Committee	This measure establishes a wholesale prescription drug importation program.	Hon. Clinton Calabrese (D)
NY	A 133/S 1737	Importation	Failed, sine die	This measure creates a wholesale prescription drug importation program.	Asm. Richard Gottfried (D), Sen. James Skoufis (D)
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)

State	Bill	Category	Status	Summary	Sponsor
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	HB 7876/SB 2070	Importation	Health and Human Services Committee recommends measure be held for further study	This measure establishes a wholesale prescription drug importation program.	Rep. Teresa Tanzi (D)
TN	HB 1022	Importation	Withdrawn	This measure requires the Commissioner of Health to design a wholesale prescription drug importation program.	Rep. Jason Potts (D)
VA	HB 478	Importation	Continued to 2023 in House Health, Welfare, and Institutions Committee	This measure requires the Secretary of Health and Human Resources to establish a wholesale prescription drug importation program.	Del. Suhas Subramanyam (D)
WV	HB 2284	Importation	Reported Sine Die, failed	This measure creates a state-administered wholesale drug importation program.	Del. Mick Bates (D)
WV	HB 3170	Importation	Reported Sine Die, failed	This measure requires the Department of Health and Human Resources to establish a wholesale prescription drug importation program.	Del. Kayla Young (D)
WI	AB 548/SB 539	Importation	Failed	This measure creates a state-administered wholesale drug importation program.	Rep. Lisa Subeck (D), Sen. Kelda Roys (D)
GA	HB 1276	Transparency	Enacted, signed by Governor	This measure would require the Department of Community Health to publish biannually on the department website data on prescription drug spending. This data shall include aggregate payment amounts for the ten most frequently prescribed, and ten most costly medications; data related to the volume and cost of such medications; and costs of net rebates.	Rep. Lee Hawkins (R), Rep. Karen Bennett (D)
HI	HB 17/SB 322	Transparency	Failed, Sine Die	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)

State	Bill	Category	Status	Summary	Sponsor
HI	SB 605	Transparency	Failed, Sine Die	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	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)

State	Bill	Category	Status	Summary	Sponsor
MA	H 1254/S 736	Transparency	Referred to Joint Committee on Health Care Financing	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	H 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	H 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)

State	Bill	Category	Status	Summary	Sponsor
MA	S 771/S 2651	Transparency	In Senate/Referred to Committee on Senate Ways and Means	This measure would require a pharmaceutical manufacturing company to provide early notice to the commission if it plans to increase the wholesale acquisition cost (WAC) of: a brand-name drug by more than 15% per WAC unit during any 12-month period; or a generic drug with a significant price increase as determined by the commission during any 12-month period. The measure would also require that insulin coverage not be subject to deductibles or coinsurance, and co-pays shall not exceed $25 per 30-day supply, regardless of amount or insulin type. The measure will also require submission of specific data by a pharmacy benefit manager, relating to WACs and net drug prices.	Sen. Cindy Friedman (D), Sen. Michael Rodrigues (D)
MI	HB 4347	Transparency	Passed House, 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	Enacted, approved by Governor	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	Referred to House Health Finance and Policy Committee/Referred to Senate Health and Human Services Finance and Policy Committee	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)
MN	HF 4504	Transparency	Referred to House Health Finance and Policy Committee	This measure requires that drug manufacturers submit specific pricing information to the commissioner for each prescription drug with a price of $100 or greater for a 30-day supply or course of treatment. This includes: brand name drugs with a price increase of 10% or more over the previous 12 months, and generic or biosimilar drugs with a 50% or more increase over the previous 12 months.	Rep. Kelly Morrison (D)
MN	SF 3768	Transparency	Referred to Commerce and Consumer Protection Finance and Policy Committee	This measure states that changes to a drug formulary must follow specific guidelines. If a brand name drug is removed from a formulary or moved to a benefit category that would increase an enrollee's cost, a generic or multisource brand name drug rated as therapeutically equivalent must be added at a lower cost to the enrollee, and with a minimum of 60-days' notice to affected parties.	Sen. Dave Tomassoni (I), Sen. John Hoffman (D), Sen. Jim Abeler (R), Sen. Tom Bakk (I), Sen. Jerry Newton (D)

State	Bill	Category	Status	Summary	Sponsor
NC	HB 178	Transparency	Passed House, referred to Senate Committee on Rules and Operations	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 Senate Committee on Rules and Operations	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)
NJ	A 2840/S 1615	Transparency	Referred to Assembly Appropriations Committee/Referred to Senate Budget and Appropriations Committee	This measure requires prescription drug manufacturers to notify the Division of Consumer Affairs of: specific increases in wholesale acquisition cost (WAC) of brand-name and generic drugs; and introduction of new drugs with a WAC of $670 per WAC unit or more. This measure also requires pharmacy benefit managers (PBMs) and wholesalers to report annually on WAC values and drug rebate information.	Hon. John McKeon (D), Hon. Angela McKnight (D), Hon. Bill Moen (D), Sen. Troy Singleton (D), Sen. Joe Vitale (D), Sen. Nellie Pou (D)
NY	A 663	Transparency	Failed, sine die	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	A 741	Transparency	Failed, sine die	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	A 10475	Transparency	Failed, sine die	This measure requires the Superintendent of Financial Services to refer insulin to the Drug Accountability Board. The board shall examine all forms of insulin medications and report on its findings, including but not limited to: the drug's impact on premium costs for commercial insurance in the state and the drug's affordability and value to the public, whether price increases over time were significant and unjustified, and examine the cost-sharing cap for insulin related to appropriateness and whether such cap is suitable to meet consumer needs. The superintendent is required to prepare a report based on the findings of the Accountability Board and publish the report on the department of financial service's website in an easily accessible location.	Hon. Yuh-Line Niou (D)

State	Bill	Category	Status	Summary	Sponsor
NY	A 2340	Transparency	Failed, sine die	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	Failed, sine die	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	S 4620	Transparency	Passed Assembly, returned to Senate	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	S 7499	Transparency	Failed, sine die	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)
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	Passed 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)

State	Bill	Category	Status	Summary	Sponsor
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)
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	Referred to House 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)

State	Bill	Category	Status	Summary	Sponsor
RI	HB 7245	Transparency	House Health and Human Services Committee recommends measure be held for further study	This measure requires a pharmaceutical manufacturer to submit a report to the Director of the Department of Business Regulation stating the current wholesale acquisition cost (WAC) information for FDA-approved drugs sold in or into the state by the manufacturer. Drugs with a WAC of over $100 for a 30-day supply before the effective date of an increase must, no more than 30 days after the effective increase, be reported to the Director if the increase amounts to 40% or more of the WAC of the three preceding calendar years, or 15% or more of the preceding calendar year. This measure also requires that pharmacy benefit managers (PBMs) file a yearly report with the Director stating aggregated rebates, fees, price protection payments, and other payments collected from pharmaceutical manufacturers. This measure requires that each health benefit plan issuer shall submit a yearly report to the Director, detailing the 25 most frequently prescribed prescription drugs across plans and percent increase in annual net spending for prescription drugs across plans.	Rep. Mia Ackerman (D), Rep. Joseph McNamara (D), Rep. Katherine Kazarian (D), Rep. Michelle McGaw (D), Rep. David Bennett (D), Rep. Blake Filippi (R), Rep. Liana Cassar (D), Rep. Brian Kennedy (D)
TN	HB 1530/SB 1249	Transparency	Failed, Sine Die	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)
WI	SB 499/AB 512	Transparency	Failed	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	SB 13	Unsupported Price Hikes	Reported favorably out of Legislative Commissioner's Office	This measure prohibits pharmaceutical manufacturers from selling a prescription drug with a price increase exceeding inflation plus 2%. The measure allows a pharmaceutical manufacturer to sell a prescription drug at a price that exceeds the aforementioned sum if the federal Secretary of Health and Human Services determines that the drug is in shortage, with reference to specific criteria. The measure also establishes an importation program under which the Commissioner of Consumer Protection shall provide for the importation from Canada of legend drugs that have the highest potential for cost savings in the state.	Gov. Ned Lamont

State	Bill	Category	Status	Summary	Sponsor
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)
MA	H 1/S 2774	Unsupported Price Hikes	Referred to House Ways and Means Committee/Placed in Orders of the Day for next session	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. The measure also requires the promulgation of regulations to ensure the annual reporting of information from pharmacy benefit managers (PBMs) on prices charged to payers for select prescription drugs, payments made by PBMs to pharmacies, and rebates received from drug manufacturers as related to drugs provided to state residents.	Gov. Charlie Baker (R)
WA	SB 5020	Unsupported Price Hikes	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)

State	Bill	Category	Status	Summary	Sponsor
AZ	SB 1680	Affordability Review	Referred to Senate Health and Human Services Committee	This measure establishes a prescription drug affordability board (PDAB) that will act to identify specific increases in prescription drug prices that may create affordability challenges for the state health care system and patients. The board will then determine whether to conduct a cost affordability review for each identified drug. If an identified prescription drug increase will lead to affordability challenges, the board will establish an upper payment limit (UPL) for the drug.	Sen. Sally Gonzales (D)
CT	SB 260	Affordability Review	Referred to Senate Joint Committee on Aging	This measure establishes a prescription drug affordability board (PDAB) -- the Prescription Drug Cost Control Board -- to monitor prescription drug prices in the state and recommend upper price limits on prescription drugs to the Insurance Commissioner. The measure states that the board shall identify: brand name prescription drugs that have a launch wholesale acquisition cost (WAC) of $30,000 or more per year or course of treatment, or a WAC increase of more than $3,000 in ant 12-month period; biosimilars with a launch WAC that is not at least 15% lower than the referenced brand biologic at the time of launch; generic drugs with a WAC of more than $100 per 30-day supply, a WAC that has increased over 200% during the previous 12-month period; and other drugs that create affordability challenges for the state. If the board finds that spending on a prescription drug will likely lead to an affordability challenge, the board shall recommend an upper payment limit to the Insurance Commissioner, which the Commissioner may set.	Joint Committee on Aging

State	Bill	Category	Status	Summary	Sponsor
MA	HB 729/S 771	Affordability Review	Substituted/ referred to Senate Committee on Health Care Financing	This measure authorizes the Health Policy Commission (HPC) to review drug costs that could have a significant impact on consumers. Drugs eligible for review are brand-name drugs or biologics that have a launch wholesale acquisition cost (WAC) of $50,000 or more for a one-year supply or biosimilar drugs that have a launch WAC that is not at least 15% lower than the referenced brand biologic. Public health essential drugs with a WAC of more than $25,000 for a one-year supply are also eligible for HPC review. The HPC can require a manufacturer to disclose pricing information in order to review a drug's cost. 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	Rep. Christine Barber (D), Sen. Cindy Friedman (D)

State	Bill	Category	Status	Summary	Sponsor
MA	S 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	Sen. Mark Montigny (D)
MI	HB 5842/SB 889	Affordability Review	Referred to Joint Committee on Health Policy and Human Services	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 course of treatment, or a $3,000 WAC increase over 12 months, biosimilars with a launch WAC 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. 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. Darrin Camilleri (D)/Sen. Winnie Brinks (D)

State	Bill	Category	Status	Summary	Sponsor
MN	HF 801/SF 1121	Affordability Review	Referred to House Ways and Means Committee/Referred to Senate Health and Human Services Policy 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 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	Affordability Review	Indefinitely postponed	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)
NH	SB 450	Affordability Review	Enacted, signed by Governor	This measure makes amendments to the state's prescription drug affordability board legislation, including changing definitions of manufacturer and pricing unit, and changing details about who may serve on the board.	Sen. Tom Sherman (D)
NJ	A 1747/S 329	Affordability Review	Referred to Assembly Appropriations Committee/Referred to Senate Budget and Appropriations Committee	This measure establishes a prescription drug affordability board (PDAB). The PDAB shall conduct a study of the entire pharmaceutical distribution and payment system in the state, and policy options used in other states and countries to lower list prices of pharmaceutical drugs, including, but not limited to: establishing upper payment limits; using a reverse auction marketplace; using a closed formulary; authorizing importation of prescription drugs from other countries; and implementing a bulk purchasing process. If the study determines it in the best interest of the state to implement upper payment limits for, or allow importation from other countries of, prescription drugs, the board shall draft a plan of action for implementation. The board will also conduct a study on pharmacy benefit managers (PBMs) and their practices.	Hon. John McKeon (D)/Sen. Troy Singleton (D)

State	Bill	Category	Status	Summary	Sponsor
NJ	A 3245	Affordability Review	Referred to Assembly Financial Institutions and Insurance Committee	This measure establishes the Prescription Drug and Biological Product Review Commission. The commission is to develop a list of critical prescription drugs and biological products for which there is substantial public interest in understanding the development of pricing, and for which costs are excessively high. For each drug placed on the list, the commission must require the manufacturer to produce specific information regarding costs, including prices charged to consumers of the specific drugs outside the United States for a representative set of countries chosen by the commission. The commission must submit an annual report which may include suggestions by the commission for lowering prescription drug and biological product costs. If the commission determines an excessively high price for a prescription drug or biological product, the commission may set a maximum allowable price that the manufacturer may charge for that drug when sold in the state. The measure also prohibits price gouging in the sale of essential off-patent or generic drugs or biological products without specific justifications.	Hon. Pam Lampitt (D)
PA	HB 1722	Affordability Review	Referred to House Committee on 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 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	HB 7185	Affordability Review	Referred to House Health and Human Services Committee, further study recommended	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 course of treatment, or a $3,000 WAC increase over 12 months, biosimilars with a launch WAC 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. 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), Rep. Mary Ann Shalcross-Smith (D), Rep. Susan Donovan (D), Rep. Grace Diaz (D)

State	Bill	Category	Status	Summary	Sponsor
VA	SB 376	Affordability Review	Failed, sine die	This measure establishes a Prescription Drug Affordability Board and Stakeholder Council. The board will be comprised of five Governor-appointed members confirmed by the Senate and House of Delegates. The board shall access drug price information by entering into a memorandum of understanding with another state to which drug price information is already reported by manufacturers. The board shall identify: brand-name drugs or biologics that have a launch wholesale acquisition cost (WAC) of $30,000 or more per year or course of treatment, or a WAC increase of $3000 or more in any 12-month period; generic drugs with a WAC of $100 or more for a 30-day supply or unit of the drug. After identifying such drugs, the board shall determine whether to conduct an affordability review for each identified drug product by consulting the stakeholder council. If the board finds that spending on a prescription drug product will pose an affordability challenge, the board shall establish an upper payment limit for the drug.	Sen. John Chapman Petersen (D)
WA	SB 5532	Affordability Review	Enacted, signed by Governor	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 or that trigger certain cost thresholds. 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 (UPL) for the drug. The board can set UPLs for up to 12 drugs each year.	Sen. Karen Keiser (D)
WI	AB 544/SB 540	Affordability Review	Failed	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 2089	Price Gouging	Failed, sine die	This measure prohibits a manufacturer or wholesale drug distributor from engaging in price gouging in the sale of essential off-patent or generic prescription drugs. A wholesale distributor may increase the price of an essentiall off-patent or generic drug if the price increase is directly attributable to additional costs for the drug imposed on the wholesale distributor by the manufacturer of the drug.	Rep. Athena Salman (D)
DE	HB 62	Price Gouging	Referred to House Economic Development/Banking/Insurance and Commerce 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)

State	Bill	Category	Status	Summary	Sponsor
MN	HF 1183/SF 1265	Price Gouging	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 2240	Price Gouging	Referred to Assembly Health Committee	This measure would prohibit excessive increases in price charged for essential off-patent and generic prescription drugs and biological products.	Hon. Carol Murphy (D)
NJ	S 1667	Price Gouging	Referred to Senate Health, Human Services and Senior Citizens Committee	This measure prohibits drug manufacturers from engaging in price gouging in the sale of essential off-patent or generic drugs or biological products. "Price gouging" occurs when a price increase would result in an increase of over 50% in the wholesale acquisition cost (WAC) in the preceding calendar year; or a 30-day supply of the maximum recommended dosage would cost more than $80 at the WAC of the drug or biological product.	Sen. Troy Singleton (D)
NY	S 3081	Price Gouging	Passed Assembly, returned to Senate	This measure prohibits a manufacturer, supplier, wholesaler, distributor, or retail seller from selling a prescription drug subject to a shortage for an unconscionably excessive price.	Sen. Julia Salazar (D)
AK	SB 210	Coupons | Cost Sharing	Referred to Senate Labor and Commerce Committee	This measure would require an enrollee's defined cost sharing for each prescription drug to be calculated at the point of sale, based on a price that is reduced by at least 85 percent of all rebates received.	Sen. David Wilson (R)
AK	HB 382	Coupons | Cost Sharing	Referred to House Rules Committee	This measure requires insurers to cap insulin at $100 per 30-day supply.	Rep. Liz Snyder (D)
CA	AB 752	Coupons | Cost Sharing	Referred to Assembly Appropriations Committee	This measure requires health care service plans to furnish specified information about a prescription drug on request by the enrollee or the enrollee's health care provider, including cost-sharing information and any information that could reduce an enrollee's out-of-pocket costs.	Rep. Adrin Nazarian (D)
CA	AB 2942	Coupons | Cost Sharing	Referred to Assembly Health Committee	This measure would require an enrollee's defined cost sharing for each prescription drug to be calculated at the point of sale, based on a price that is reduced by at least 90 percent of all rebates received or to be received. At the end of each calendar year, the health care plan shall provide the enrollee with a reconciliation for any cost-sharing reductions owed to the enrollee that were not passed on at point of sale.	Hon. Tom Daly (D)
CT	HB 5386	Coupons | Cost Sharing	Passed House	This measure requires that health insurance policies that include coverage of prescription drugs must provide coverage for at least one epinephrine cartridge injector, and that out-of-pocket cost-sharing for the injector may not exceed $25.	Joint Committee on Insurance and Real Estate

State	Bill	Category	Status	Summary	Sponsor
CT	SB 357	Coupons | Cost Sharing	Joint Committee on Insurance and Real Estate reports favorably	This measure requires that a pharmacy benefit manager (PBM), insurer, health care center, or other entity that delivers an individual or group health insurance plan to, when calculating an insured's liability for a copayment, coinsurance, or other out-of-pocket (OOP) payment, give credit toward for any discount provided or payment made for the amount of the OOP payment.	Joint Committee on Insurance and Real Estate
DE	SB 265/SB 267	Coupons | Cost Sharing	Enacted, signed by Governor	This measure requires a carrier, pharmacy benefit manager, or health insurance plan to include any cost-sharing amounts paid by or on behalf of the enrollee when calculating a covered person's contribution to any applicable cost sharing requirement. The measure also prohibits any entity providing health insurance in the state from imposing a copayment or coinsurance requirement for a covered prescription drug that exceeds the lesser of one of the following: the coypayment or coinsurance amount that would apply for the drug in the absence of the corresponding section of the bill; the amount an individual would pay if they were paying the usual and customary price; or the contract price for the drug.	Sen. Spiros Mantzavinos (D)
DE	SB 316	Coupons | Cost Sharing	Enacted, signed by Governor	This measure requires insurers for individual, group, and state employee health plans to cap any diabetes equipment or supplies at $35 per month for enrolled individuals, regardless of the amount or types of equipment or supplies needed to fill the individual's prescription. The $35 per month cap includes deductible payments and cost-sharing charged once a deductible is met, except that the $35 cap does not apply to deductible payments charged by high deductible health plans or catastrophic health plans.	Sen. Marie Pinkney (D), Sen. Darius Brown (D), Rep. Dave Bentz (D)
FL	SB 678	Coupons | Cost Sharing	Failed; died in Banking and Insurance Committee	This measure requires insurers to cap insulin at $100 per 30-day supply, regardless of the amount or type of insulin needed.	Rep. Janet Cruz (D)
HI	HB 15/SB 326	Coupons | Cost Sharing	Referred to House 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)
IA	HF 263/HSB 50	Coupons | Cost Sharing	Passed House, Senate subcommittee recommends passage, 2021/Carried over	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
IA	HF 2511	Coupons | Cost Sharing	Introduced, referred to House Human Resources Committee	This measure caps the total amount that a carrier can require a covered patient with diabetes to pay for a 31-day supply of insulin at $25 for at least one type of each of the following: rapid-acting insulin, short-acting insulin, intermediate-acting insulin, and long-acting insulin.	Rep. Lindsay James (D)

State	Bill	Category	Status	Summary	Sponsor
IL	HB 5300	Coupons | Cost Sharing	Introduced, referred to House Rules Committee	This measure requires the Department of Public Health to offer a discount program that allows participants to purchase insulin at a discounted, post-rebate price of no more than $35 for a 30-day supply. The measure would also create an urgent-need insulin program under which eligible individuals may receive a 30-day supply of insulin no more than once every twelve months.	Rep. Will Guzzardi (D), Rep. Kathy Willis (D), Rep. Jonathan Carroll (D), Rep. Dee Avelar (D)
IN	SB 88	Coupons | Cost Sharing	Passed Senate, referred to House Committee on Financial Institutions and Insurance	This measure requires that for individual health insurance plans, a covered individual's cost sharing for a prescription drug must be calculated at the point of sale, and based on a price reduced by at least 85% of rebates received or estimated to be received by the insurer. After 12/31/2022, an insurer shall pass through to a plan sponsor 100% of rebates received or estimated to be received by the insurer. The measure requires that for group health insurance coverage, an insurer: pass through to a plan sponsor 100% of all rebates received or estimated to be received by the insurer; provide a plan sponsor, at the time of contracting, the option of calculating defined cost sharing for covered individuals of the plan sponsor at the point of sale, based on a price reduced by some or all of rebates received or estimated to be received by the insurer; and disclose specified information to the plan sponsor.	Sen. Ed Charbonneau (R), Sen. Vaneta Becker (R), Sen. J.D. Ford (D), Sen. Mike Bohacek (R), Rep. Brad Barrett (R)
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)
KS	SB 41/HB 2324	Coupons | Cost Sharing	Failed, died in 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
LA	HB 677	Coupons | Cost Sharing	Enacted, signed by Governor	This measure caps the total amount that a carrier can require an enrollee to pay for a 30-day supply of insulin at $75, regardless of the amount or type of insulin needed to fill the prescription. On January first of each year, this amount may be increased by a percentage equal to the percentage change from the preceeding year in the prescription drug component of the US Consumer Price Index.	Rep. Edmond Jordan (D)
LA	SB 278	Coupons | Cost Sharing	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 $100, regardless of the type of insulin needed to fill the prescription.	Sen. Fred Mills (R)
MA	H 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)

State	Bill	Category	Status	Summary	Sponsor
MA	H 4034	Coupons | Cost Sharing	Senate concurred, referred to House Committee on Financial Services	This measure requires insurers to cap insulin at $25 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)
MA	S 694	Coupons | Cost Sharing	Referred to Senate Committee on Health Care Financing	This measure ensures coverage at no cost for medically necessary epinephrine auto-injectors for minors under 18 years of age. The measure includes individuals covered under commercial insurance, Medicaid, and individual and group plans.	Sen. Eric Lesser (D)
MD	HB 1355	Coupons | Cost Sharing	In House Health and Government Operations Committee	This measure caps the total amount that a carrier can require a covered patient to pay for a 30-day supply of a covered prescription insulin drug at $30. This measure also requires the Prescription Drug Affordability Board to conduct a cost review of prescription insulin drug products.	Del. Dan Cox (R), Del. Joe Boteler (R), Del. Kevin Hornberger (R), Del. Susan McComas (R), Del. Brenda Thiam (R)
MD	HB 1397	Coupons | Cost Sharing	Enacted, approved by Governor	This measure requires insurers to cap a covered insulin drug at $30 per 30-day supply, regardless of the amount or type of insulin needed. Insurers, nonprofit health service plans, and health maintenance organizations providing coverage for prescription drugs are prohibited from imposing a copayment or coinsurance requirement on a prescription drug prescribed to treat diabetes, HIV, or AIDS that exceeds $150 for up to a 30-day supply of the drug.	Del. Josie Pena-Melnyk (D)
MD	SB 353	Coupons | Cost Sharing	Vetoed by Governor, duplicative	This measure requires insurers to cap a covered insulin drug at $30 per 30-day supply, regardless of the amount or type of insulin needed. Insurers, nonprofit health service plans, and health maintenance organizations providing coverage for prescription drugs are prohibited from imposing a copayment or coinsurance requirement on a prescription drug prescribed to treat diabetes, HIV, or AIDS that exceeds $150 for up to a 30-day supply of the drug.	Sen. Clarence Lam (D)
ME	LD 1783 (SP 621)	Coupons | Cost Sharing	Enacted	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 a generic equivalent or was obtained through prior authorization, a step therapy override exception or an exception or appeal process.	Sen. Heather Sanborn (D)
MI	HB 4346	Coupons | Cost Sharing	Passed House, referred to Senate Committee on Health Policy and Human Services	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	Referred 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)

State	Bill	Category	Status	Summary	Sponsor
MN	HF 2493	Coupons | Cost Sharing	Referred to House 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)
MO	SB 815	Coupons | Cost Sharing	Introduced, referred to Senate Insurance and Banking 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.	Sen. Lauren Arthur (D)
NC	SB 847	Coupons | Cost Sharing	Referred to Senate Appropriations/Base Budget Committee	This measure caps the total amount that a health insurance plan can require an insured's copayment for a month's supply of insulin at $30, regardless of the types of insulin needed. The measure also prohibits a pharmacy benefit manager (PBM) from penalizing a pharmacy or pharmacist for providing information regarding the amount of the insured's cost share or what the insured would pay without coverage for a prescription drug. The bill requires pharmacists all individuals about the availability of a therapeutically equivalent brand name drug or device that is the lowest cost alternative to the originally prescribed drug or device.	Sen. Mujtaba Mohammed (D), Sen. Mike Woodard (D), Sen. Sarah Crawford (D)
NE	LB 718	Coupons | Cost Sharing	Failed	This measure requires that an enrollee's cost sharing for each prescription drug be calculated at the point of sale based on a price reduced by an amount equal to at least 80% of all rebates received. When calculating an enrollee's contribution to any applicable cost sharing requirement, a health carrier or pharmacy benefit manager shall include cost sharing amounts paid by the enrollee or another person.	Sen. Adam Morfeld (I)
NE	LR 214	Coupons | Cost Sharing	Referred to Banking, Commerce and Insurance Committee	This measure establishes an interim study to examine copay accumulator adjustment programs.	Sen. Adam Morfeld
NJ	A 2839/S 1614	Coupons | Cost Sharing	Passed Senate, referred to Assembly Appropriations Committee	This measure caps the total amount that an insurance carrier can require a covered patient with diabetes to pay for a 30-day supply of insulin at $35. Coverage cannot be subject to a deductible. Benefits shall be provided to any covered person for expenses incurred for specific, prescribed equipment and supplies for the treatment of diabetes. This measure also caps the total amount that a carrier can require a covered patient to pay for an epinephrine auto-injector device at $25 for a 30-day supply. Coverage cannot be subject to a deductible. This measure also caps the total amount that a carrier can require a covered patient to pay for an asthma inhaler at $50 for a 30-day supply. Coverage cannot be subject to a deductible.	Hon. John McKeon (D), Hon. Rob Karabinchak (D), Hon. Annette Quijano (D)/Sen. Joe Vitale (D), Sen. Nellie Pou (D), Sen. Troy Singleton (D)
NY	S 1413/A 2383	Coupons | Cost Sharing	Failed, sine die	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 amount or type of insulin prescribed. Coverage cannot be subject to a deductible.	Sen. Gustavo Rivera (D)/Hon. Yuh-Line Niou (D)

State	Bill	Category	Status	Summary	Sponsor
OH	HB 135	Coupons | Cost Sharing	Passed House, referred to Senate 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), Rep. Thomas West (D)
OH	HB 305/SB 220	Coupons | Cost Sharing	Referred to House 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 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 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 861	Coupons | Cost Sharing	Enacted, approved 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 amount or type of insulin prescribed.	Sen. Carri Hicks (D), Sen. Rande Worthen (R)
PA	SB 196/HB 1664	Coupons | Cost Sharing	Referred to Senate Banking and Insurance Committee/Referred to House Insurance 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. Judith Ward (R), Rep. Barbara Gleim (R)
PA	SB 957	Coupons | Cost Sharing	Referred to Senate 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	HB 7666	Coupons | Cost Sharing	House Health and Human Services Committee recommends measure be held for further study	This measure caps the total amount that any individual or group health insurance contract can require a patient to pay for a covered specialty drug at $150 per 30-day supply. Coverage for prescription specialty drugs shall not be subject to any deductible.	Rep. David Morales (D)
RI	HB 8158	Coupons | Cost Sharing	House Health and Human Services Committee recommends measure be held for further study	This measure prohibits benefit plans offered by an insurer from subjecting an insured to copayments and/or deductibles for insulin treatment equipment and supplies in an amount greater than the copayment or deductible for other supplies, equipment, or physician office visits. The measure caps the total amount for equipment and supplies for insulin administration and glucose monitoring at no more than $25 for a 30-day supply, or per item when an item is intended to be used for more than 30 days. Coverage for equipment and supplies shall not be subject to any deductible.	Rep. Brian Kennedy (D)

State	Bill	Category	Status	Summary	Sponsor
RI	SB 2696	Coupons | Cost Sharing	Passed Senate, referred to House Health and Human Services Committee	This measure caps the total amount that a carrier can require a covered person to pay for insulin or diabetes management equipment at $25 per 30-day supply, or per item when it is intended to be used for more than 30 days.	Sen. Melissa Murray (D)
SC	H 4245	Coupons | Cost Sharing	Referred to House 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. Jeff Johnson (D)
TN	HB 451/SB 522	Coupons | Cost Sharing	Placed on House Insurance Subcommittee/Referred to Senate Commerce and Labor 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. Jason Hodges (D)/Sen. Richard Briggs (R)
TN	SB 648/HB 1595	Coupons | Cost Sharing	Referred to Senate Commerce and Labor Committee/Referred to House 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. 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)
UT	HB 223	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 $30.	Rep. Jen Dailey-Provost (D)
VA	HB 240	Coupons | Cost Sharing	Failed	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.	Del. Dawn Adams (D)
WA	SB 5546	Coupons | Cost Sharing	Enacted, 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 $35.	Sen. Karen Keiser (D)
WI	AB 184/SB 215	Coupons | Cost Sharing	Failed	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	AB 552/SB 546	Coupons | Cost Sharing	Failed	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)
WV	HB 4252	Coupons | Cost Sharing	Passed House, passed Senate	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. Cost sharing for a device may not exceed $100 for a 30-day supply.	Del. Matthew Rohrbach (R)
WV	SB 2010	Coupons | Cost Sharing	Referred to Senate 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 $35, regardless of the quantity or type of insulin needed to fill the prescription. Cost sharing for a prescription device used to treat diabetes or low blood sugar may not exceed $100 for a 30-day supply. Cost sharing for an insulin pump may not exceed $250, and is limited to one insulin pump purchase every two years.	Sen. Stephen Baldwin (D)

State	Bill	Category	Status	Summary	Sponsor
HI	HB 18/SB 604	Int. 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 (SP 520)	Int. Reference Rates	Enacted, signed by Governor	This measure directs the Maine Health Data Organization to conduct an annual study comparing U.S. and Canadian pricing for the most expensive and commonly used drugs in Maine. The organization shall identify the 100 most costly and 100 most frequently prescribed prescription drugs in the state, the manufacturers of those drugs, and the average wholesale acquisition cost (WAC) for the most current 12-month period. The referenced rate shall be determined by comparing WAC to the cost in publications of the governments of the four most populated provinces in Canada, and calculated as the lowest cost within these provinces and WAC for the most current 12-month period. This information shall be published in an annual report on the organization's public website.	Sen. Ned Claxton (D)
NC	HB 643	Int. Reference Rates	Referred to House Committee on Rules, Calendar, and Operations	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)

State	Bill	Category	Status	Summary	Sponsor
NY	S 8901	Int. Reference Rates	Failed, sine die	This measure establishes a pilot program dedicated to establishing reference rates for the five most expensive prescription drugs in the state, and prohibiting a state entity, health plan, or pharmacy from paying for such drugs in excess of the referenced rate. The director of the employee benefits division within the department of civil service shall identify the five most costly prescription drugs based upon net price times utilization. The superintendent shall determine the referenced rate by comparing the wholesale acquisition cost to the cost from the four most populated provinces in Canada, and create and publish a list on the department's website of such drugs that shall be subject to the referenced rate.	Sen. Cordell Cleare (D)
OK	SB 734	Int. 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	HB 7877/SB 2076	Int. Reference Rates	Health and Human Services Committee recommends measure be held for further study	This measure prohibits a state health entity or health plan or participating ERISA plan to purchase referenced drugs for a cost higher than the referenced rate. It is prohibited for a licensed pharmacy in the state to purchase for sale or distribution referenced drugs for a cost higher than the reference rate to a person whose health care is provided by a state entity or health plan or participating ERISA plan. This measure requires that the Director of the State Employee Health Insurance Plan shall transmit to the Superintendent of Insurance a list of the 250 most costly prescription drugs. Using this information, the Superintendent must publish a list of 250 referenced drugs that are to be subject to the reference rate. This measure prohibits manufacturers and distributors of a referenced drug from withdrawing that drug from distribution or sale without providing a written notice of withdrawal to the Superintendent and attorney general 180 days prior to withdrawal.	Rep. Teresa Tanzi (D)/Sen. Lou DiPalma (D)

State	Bill	Category	Status	Summary	Sponsor
CA	SB 838	Other	Passed Senate, referred to Assembly Appropriations Committee	This bill makes amendments to the California Affordable Drug Manufacturing Act. It extends reporting deadlines, eliminates the viable pathway requirement for insulin manufacturing, and guarantees priority access to insulin for the state. It requires, upon appropriation by the Legislature, the development of a state-based generic manufacturing facility.	Sen. Richard Pan (D)
DE	SB 250	Other	Passed Senate, passed House	This measure makes appropriations to the Department of Health and Social Services, Medicaid and Medical Assistance in order to establish a drug rebate process for any prescription benefits provided to individuals enrolled in the Delaware Prescription Assistance Program, the Delaware Healthy Child Program, the Renal Disease program, and the Cancer Treatment Program. The rebate program shall be in the best interests of the citizens being served. Rebate amounts shall be calculated using the full methodology prescribed by the federal government for the Medicaid program, and the division is authorized to negotiate rebates with drug companies for Medicaid and other programs. The division shall deposit any drug rebate funds received into the appropriate Medicaid and Medical Assistance program account, using them to meet program costs. The department shall also work with other state agencies to develop a drug rebate process for other state health programs that purchase drugs.	Sen. Trey Paradee (D), Rep. Lumpy Carson (D)
HI	HB 13/SB 318	Other	Referred to House 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)
KY	SB 68	Other	Passed Senate; referred to House Rules Committee	This measure requires the secretary of the Finance and Administration Cabinet to select and enter into a contract with a single independent entity for the purpose of monitoring all pharmacy benefit claims for every individual enrolled in the Public Employee Health Insurance Program.	Sen. Ralph Alvarado (R), Sen. C.B. Embry (R)
MA	H 1307/SB 786	Other	Referred to Joint Health Care Financing Committee, accompanied MA S 771	This measure establishes a study to examine the feasibility of state manufacture of generic prescription drugs.	Rep. Smitty Pignatelli (D), Sen. Eric Lesser (D)

State	Bill	Category	Status	Summary	Sponsor
MA	H 4465/S 1465	Other	Referred to House Committee on Health Care Financing/Referred to Senate Committee on Public Health	This measure would develop and implement an evidence-based education program to support the cost-effective utilization of prescription drugs for health care practitioners authorized to prescribe medication.	Joint Committee on Public Health
MA	S 785	Other	Referred to Joint Health Care Financing Committee, accompanied MA S 771	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)
ME	LD 1729/SP 574	Other	Enacted	This measure establishes a commission to assess the feasibility of producing insulin in the state. The commission shall also assess the feasibility of providing the insulin produced to low-income residents at no cost, or at a reduced cost on a means-tested basis.	Sen. Trey Stewart (R)
MN	SF 831/HF 2004	Other	In Senate Health and Human Services, and Finance and Policy Committees/Referred to House Commerce, Finance, and Policy	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)
NC	SB 792	Other	Referred to Senate Appropriations/Base Budget Committee	This measure requires prepaid health plan capitated contracts to be reimbursed for the ingredient cost for covered outpatient drugs, and the professional drug dispensing fee shall be set at 100% of the Medicaid pharmacy fee-for-service reimbursement methodologies. The National Average Drug Acquisition Cost, when allowed under the state plan, plus a professional dispensing fee, shall serve as the primary method for reimbursement for retail community pharmacy claims not dispensed utilizing covered outpatient drugs acquired through the 340B drug discount program.	Sen. Brent Jackson (R)
NY	A 1379	Other	Failed, sine die	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	S 398	Other	Failed, sine die	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)

State	Bill	Category	Status	Summary	Sponsor
NY	S 3049	Other	Failed, sine die	This measure requires the commissioner to enter into partnerships resulting in the production or distribution of generic prescription drugs, with the intent that the drugs be made widely available to public and private purchasers, pharmacies, and licensed facilities. The commissioner shall only enter into partnerships to produce generic prescription drugs that result in savings and/or targets failures in the market for generics. The department shall prioritize drugs for chronic and high-cost conditions. The measure also requires that each drug produced shall be made available at a transparent price and without rebates other than federally required rebates. All state agencies shall be required to purchase prescription drugs from the department or entities contracted with the department pursuant to this rule.	Sen. Gustavo Rivera (D)
NY	S 5401/A 6605	Other	Failed, sine die	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)
VA	HB 591	Other	Continued to 2023 in House Appropriations Committee	This measure would permit the Secretary of Health and Human Services to identify every state agency that purchases or provides reimbursement for prescription drugs and review the process by which these agencies currently negotiate and arrange for the purchase of or reimbursement for prescription drugs, allowing for a reduction in prescription drug spending through multi-agency group procurement.	Del. Schuyler VanValkenburg (D)
WA	HB 1728	Other	Passed House, passed Senate, delivered to Governor	This bill reauthorizes the Total Cost of Insulin Work Group through Dec. 1, 2024 and extends the final report deadline to July 1, 2023. The final report must include any statutory changes necessary to implement strategies to reduce the cost of and total expenditures on insulin.	Rep. Jacquelin Maycumber (R)
WI	AB 551/SB 550	Other	Failed	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	Failed	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	Failed	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)