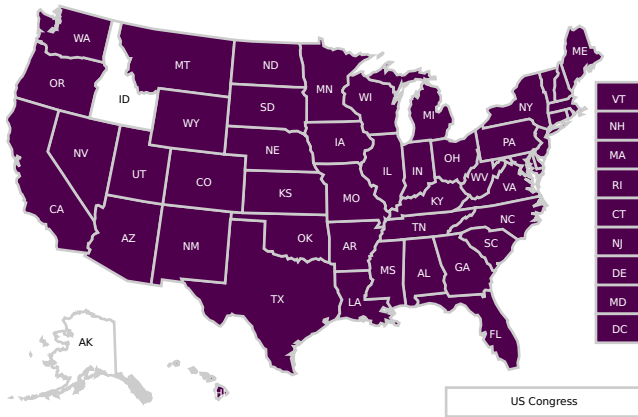


PBM Reform Legislation 2021

Last Updated: September 17, 2021

Bills by State



Bills by Issue

Recently Updated Bills (9)

State	Bill Number	Last Action	Status
GA	SB 80	Effective Date 2022 01 01	Enacted

Title
"Ensuring Transparency in Prior Authorization Act"; enact

Bill Summary: Last edited by Matt Magner at Feb 4, 2021, 3:05 PM
Regarding prior authorization.

Description
A BILL to be entitled an Act to amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to provide for standards for utilization review; to provide for statutory construction; to provide for applicability; to provide for definitions; to provide for a short title; to provide for related matters; to repeal conflicting laws; and for other purposes.

Introduction Date: 2021-02-03

Primary Sponsors
Kay Kirkpatrick, Dean Burke, Ben Watson, Larry Walker, Ed Harbison, Chuck Hufstetler, Nan Orrock, Harold Jones, Michelle Au, Randy Robertson, Gail Davenport, Matt Brass, David Lucas, Mike Dugan, Lester Jackson, Sally Harrell, Elena Parent, Gloria Butler, Freddie Sims, John Kennedy, Marty Harbin, Doc Rhett, Bill Cowsert, Nikki Merritt, Butch Miller, Lee Anderson, Sheila McNeill, Burt Jones, Carden Summers, Frank Ginn, Tyler Harper, Mark Newton

State	Bill Number	Last Action	Status
MA	H 1123	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In House

Title
An Act relative to pharmaceutical gag clauses

Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 8:18 PM
Gag clauses

Description
By Mr. Jones of North Reading, a petition (accompanied by bill, House, No. 1123) of Bradley H. Jones, Jr., and others relative to contracts for pharmacy services between health insurance carriers or pharmacy benefits' managers and pharmacies or pharmacists. Financial Services.

Introduction Date: 2021-03-29

Primary Sponsors
Brad Jones

State	Bill Number	Last Action	Status
MA	H 1124	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In House

Title

An Act establishing a commission to study the promotion of preferred pharmacy networks

Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 7:25 PM
Requiring a study of preferred networks.

Introduction Date: 2021-03-29

Description

By Mr. Jones of North Reading, a petition (accompanied by bill, House, No. 1124) of Bradley H. Jones, Jr., and others relative to establishing a commission (including members of the General Court) to study the promotion of preferred pharmacy networks where insurers can negotiate lower drug prices. Financial Services.

Primary Sponsors

Brad Jones

State	Bill Number	Last Action	Status
MA	H 1190	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In House

Title

An Act relating to patient cost, benefit, and coverage information, choice, and price transparency

Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 7:23 PM
Drug pricing transparency

Introduction Date: 2021-03-29

Description

By Mr. Roy of Franklin, a petition (accompanied by bill, House, No. 1190) of Jeffrey N. Roy relative to patient cost, benefit, and coverage information, choice, and price transparency. Financial Services.

Primary Sponsors

Jeff Roy

State	Bill Number	Last Action	Status
MA	S 639	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In Senate

Title

An Act relative to pharmacy benefit managers

Bill Summary: Last edited by Matt Magner at Feb 12, 2021, 3:12 PM
Regarding patient choice

Introduction Date: 2021-03-29

Description

By Ms. Creem, a petition (accompanied by bill, Senate, No. 639) of Cynthia Stone Creem for legislation relative to pharmacy benefit managers. Financial Services.

Primary Sponsors

Cindy Creem

State	Bill Number	Last Action	Status
MA	S 650	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In Senate

Title

An Act relating to patient cost, benefit and coverage information, choice, and price transparency

Bill Summary: Last edited by Matt Magner at Feb 18, 2021, 7:53 PM Regarding gag clauses and drug pricing transparency

Introduction Date: 2021-03-29

Description

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 650) of Julian Cyr for legislation relative to patient cost, benefit and coverage information, choice, and price transparency. Financial Services.

Primary Sponsors

Julian Cyr

State	Bill Number	Last Action	Status
MA	S 684	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In Senate

Title

An Act to reduce the cost of pharmacy benefits

Bill Summary: Last edited by Matt Magner at Feb 12, 2021, 2:59 PM Accreditation standards, affiliated pharmacies, spread, AMMO, transparency.

Introduction Date: 2021-03-29

Description

By Ms. Jehlen, a petition (accompanied by bill, Senate, No. 684) of Patricia D. Jehlen and Brian W. Murray for legislation to reduce the cost of pharmacy benefits. Financial Services.

Primary Sponsors

Pat Jehlen

State	Bill Number	Last Action	Status
OR	HB 2046	Chapter 205 2021 Laws Effective Date January 01 2022 2021 09 25	Enacted

Title Introduction Date: 2021-01-11
Relating to health insurance.

Description

Requires insurer to provide specified notice to insured or prospective insured enrolled in short term health insurance policy. Prohibits insurer from establishing due date for payment of first individual health benefit plan premium earlier than 15 days after coverage begins or after date invoice is sent, whichever is later. Authorizes Department of Consumer and Business Services to access, use and disclose data in all payer all claims database for carrying out department's duties, subject to conditions. Requires grace period of at least 30 days for payment of premium for individual health benefit plan. Requires notice of adverse benefit determination to be provided in culturally and linguistically appropriate manner and specifies elements that must be included in notice. Adds new provisions applicable to external review by independent review organization. Requires insurer to send notice of nonpayment of premium at least 15 days prior to end of grace period established for individual health benefit plans. Removes or modifies certain references to federal law in laws concerning health insurance.

State	Bill Number	Last Action	Status
OR	HB 2517	Chapter 154 2021 Laws Effective Date January 01 2022 2021 09 25	Enacted

Title Introduction Date: 2021-01-11
Relating to managing the utilization of health care.

Description

Requires coordinated care organizations to report specified information to] Oregon Health Authority to compile and annually post to website report on information reported to authority by coordinated care organizations regarding requests for prior authorization. Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization. Creates new requirements and modifies existing requirements applicable to utilization review by insurers offering health benefit plans and health benefit plans offered by Public Employees' Benefit Board and Oregon Educators Benefit Board. Creates new requirements applicable to step therapy requirements imposed by entities providing health insurance, medical services contracts or health care service contracts, multiple employer welfare arrangements and pharmacy benefit managers.

Primary Sponsors

Rachel Prusak, Bill Hansell

State	Bill Number	Last Action	Status
AL	HB 492	Read For The First Time And Referred To The House Of Representatives Committee On Ways And Means Education 2021 03 03	Failed sine die

Title

Pharmacy benefits managers, practices relating to patient steering, price discrimination, fiduciary duty to client, price disclosure, etc. regulated, Dept of Insurance, duties and authorities revised, Act 2019-457, 2019 Reg. Sess., sections amended and renumbered; Secs. 27-45A-6 to 27-45A-11, inclusive, 27-45A-13 added; Secs. 27-45A-3, 27-45A-4, 27-45A-5 am'd.

Introduction Date: 2021-03-03**Primary Sponsors**

Nathan Ledbetter

State	Bill Number	Last Action	Status
AL	SB 227	Assigned Act No 2021 341 2021 04 29	Enacted

Title

Pharmacy benefits managers, practices relating to patient steering, price discrimination, fiduciary duty to client, price disclosure, etc. regulated, Dept of Insurance, duties and authorities revised, Act 2019-457, 2019 Reg. Sess., sections amended and renumbered; Secs. 27-45A-8 to 27-45A-12, inclusive, added; Secs. 10A-20-6.16, 27-21A-23, 27-45A-3, 27-45A-4, 27-45A-5, 27-45A-6, 27-45A-7 am'd.

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 8:27 PM Comprehensive PBM regulation bill.**Introduction Date:** 2021-02-11**Primary Sponsors**

Tom Butler

State	Bill Number	Last Action	Status
AR	HB 1569	Notification That Hb 1569 Is Now Act 965 2021 04 27	Enacted

Title

HB1569 - TO ESTABLISH THE ARKANSAS FAIRNESS IN COST SHARING ACT.

Introduction Date: 2021-02-25**Primary Sponsors**

Robin Lundstrum, Jason Rapert

State	Bill Number	Last Action	Status
AR	HB 1804	Notification That Hb 1804 Is Now Act 665 2021 04 12	Enacted

Title

HB1804 - TO AMEND THE ARKANSAS PHARMACY AUDIT BILL OF RIGHTS; AND TO AMEND THE ARKANSAS PHARMACY BENEFITS MANAGER LICENSURE ACT.

Introduction Date: 2021-03-18**Primary Sponsors**

Brian Evans, Ron Caldwell

State	Bill Number	Last Action	Status
AR	HB 1852	Notification That Hb 1852 Is Now Act 922 2021 04 26	Enacted

Title Introduction Date: 2021-03-31
HB1852 - TO SET STANDARDS FOR PRESCRIPTIONS DELIVERY.

Primary Sponsors
Michelle Gray, Jason Rapert

State	Bill Number	Last Action	Status
AR	HB 1881	Notification That Hb 1881 Is Now Act 1103 2021 05 03	Enacted

Title Introduction Date: 2021-04-06
HB1881 - TO ESTABLISH THE 340B DRUG PRICING NONDISCRIMINATION ACT.

Primary Sponsors
Michelle Gray, Jason Rapert

State	Bill Number	Last Action	Status
AR	HB 1945	Read The First Time Rules Suspended Read The Second Time And Referred To The Committee On Public Health Welfare And Labor Committee House 2021 04 19	In House

Title Introduction Date: 2021-04-19
HB1945 - TO SPECIFY CERTAIN OWNERSHIP REQUIREMENTS IN ORDER TO OBTAIN A PHARMACY PERMIT.

Primary Sponsors
Jim Wooten, Larry Teague

State	Bill Number	Last Action	Status
AR	SB 99	Notification That Sb 99 Is Now Act 97 2021 02 22	Enacted

Title Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:27 PM
SB99 - TO REGULATE STEP THERAPY PROTOCOLS.
Establishes step therapy protocols

Primary Sponsors Introduction Date: 2021-01-12
Cecile Bledsoe, DeAnn Vaught

State	Bill Number	Last Action	Status
AR	SB 617	Notification That Sb 617 Is Now Act 1053 2021 04 30	Enacted

Title Introduction Date: 2021-03-31

SB617 - TO REQUIRE WRITTEN CONSENT OF A PATIENT TO TRANSFER A PRESCRIPTION FROM A PHARMACY; TO REQUIRE CERTAIN DISCLOSURES OF OWNERSHIP INTEREST OR POSSIBLE CONFLICTS OF INTEREST; AND TO PROHIBIT DATA MINING OF PATIENT INFORMATION.

Primary Sponsors

Jason Rapert, Michelle Gray

State	Bill Number	Last Action	Status
AZ	HB 2621	Signed By Governor 2021 03 24	Enacted

Title Prior authorization; uniform request forms

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:25 PM Establishes prior authorization requirements.

Primary Sponsors

Amish Shah

Introduction Date: 2021-01-27

State	Bill Number	Last Action	Status
AZ	HB 2890	House Second Reading 2021 02 17	Failed sine die

Title Prescription drugs; upper payment limit..

Bill Summary: Last edited by Matt Magner at Feb 16, 2021, 7:51 PM Prescription drug affordability board

Primary Sponsors

Charlene Fernandez

Introduction Date: 2021-02-16

State	Bill Number	Last Action	Status
AZ	SB 1270	Signed By Governor 2021 07 09	Enacted

Title Insurance; prescription drugs; step therapy

Bill Summary: Last edited by Matt Magner at Feb 4, 2021, 3:55 PM Establishes step therapy protocols

Primary Sponsors

Nancy Barto

Introduction Date: 2021-01-21

State	Bill Number	Last Action	Status
AZ	SB 1356	Signed By Governor 2021 04 09	Enacted

Title Pharmacy benefit managers; prohibited fees

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:30 PM Prohibits certain adjudication fees.

Primary Sponsors

Nancy Barto

Introduction Date: 2021-01-26

State	Bill Number	Last Action	Status
AZ	SB 1732	Senate Second Reading 2021 02 04	Failed sine die

Title Introduction Date: 2021-02-03
Prescription drugs; importation program

Primary Sponsors
Rebecca Rios

State	Bill Number	Last Action	Status
AZ	SB 1749	Senate Second Reading 2021 02 04	Failed sine die

Title **Bill Summary:** Last edited by Matt Magner at Feb 4, 2021, 3:54 PM
Prescription drugs; upper payment limit. Establishes Drug Affordability Board.

Primary Sponsors Introduction Date: 2021-02-03
Tony Navarrete

Title

Health care coverage: step therapy.

Description

AB 347, Arambula. Health care coverage: step therapy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health insurer to require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition, and authorizes a health care service plan to utilize step therapy consistent with Knox-Keene. Under existing law, if a health care service plan, health insurer, or contracted physician group fails to respond to a completed prior authorization request from a prescribing provider within a specified timeframe, the prior authorization request is deemed to have been granted. This bill would clarify that a health care service plan that provides coverage for prescription drugs may require step therapy, as defined, if there is more than one drug that is clinically appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception request if the health care provider submits justification and supporting clinical documentation, as specified, supporting the provider's determination that the required prescription drug is inconsistent with good professional practice for provision of medically necessary covered services to the enrollee or insured, based on specified criteria. The bill would authorize a health care provider or prescribing provider to appeal a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request consistent with the health care service plan's or health insurer's current utilization management processes. The bill would authorize an enrollee or insured, or their designee or guardian, to appeal a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request, as specified. The bill would require a prior authorization or step therapy exception request to be deemed approved for the duration of the prescription, including refills, if a health care service plan, health insurer, or contracted physician group fails to send an approval or denial within a specified timeframe. Commencing January 1, 2022, the bill would require a contract between a health care service plan or health insurer and a utilization review organization that performs utilization review or utilization management functions on behalf of health care service plans or health insurers, or b... (click bill link to see more).

Primary Sponsors

Joaquin Arambula

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 5:44 PM
Regarding step therapy and prior authorization.

Introduction Date: 2021-01-28

Title

Prescription drug coverage.

Description

AB 752, as amended, Nazarian. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certain limitations on cost sharing and the placement of drugs on formularies. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price, and requires that payment to apply to any applicable deductible. This bill would require a health care service plan or health insurer to furnish specified information about a prescription drug upon request by an enrollee or insured or their health care provider. The bill would require a health care service plan or health insurer to, among other things, respond in real time to a request for the above-described information. The bill would prohibit a health care service plan or health insurer from, among other things, restricting a health care provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing a lower cost drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Adrin Nazarian

Bill Summary: Last edited by Matt Magner at Feb 17, 2021, 4:56 PM
Regarding disclosures to patients regarding drug pricing info.

Introduction Date: 2021-02-16

Title

Health care coverage: patient steering.

Bill Summary: Last edited by Matt Magner at Feb 18, 2021, 7:55 PM
Regarding pharmacy audits

Description

SB 524, Skinner. Health care coverage: patient steering. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes the willful violation of its provisions a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs. This bill would prohibit a health care service plan, a health insurer, or the agent thereof from engaging in patient steering, as specified. The bill would define "patient steering" to mean communicating to an enrollee or insured that they are required to have a prescription dispensed at, or pharmacy services provided by, a particular pharmacy, as specified, or offering group health care coverage contracts or policies that include provisions that limit access to only pharmacy providers that are owned or operated by the health care service plan, health insurer, or agent thereof. The bill would provide that these provisions do not apply to certain entities, including an entity that is part of a "fully integrated delivery system," as specified. The bill would also make related findings and declarations. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Introduction Date: 2021-02-17

Primary Sponsors

Nancy Skinner

Title

Competitive Pharmacy Benefits Manager Marketplace

Introduction Date: 2021-03-22**Description**

The department of personnel (department) is required to contract for the services of a pharmacy benefit manager (PBM) for group benefit plans provided pursuant to the "State Employees Group Benefits Act" (state employee group benefits plans) and to procure a technology platform with the required capabilities for conducting a PBM reverse auction and the related services of a technology platform operator. The department is required to repurpose the technology platform used to conduct the reverse auction over the duration of the PBM services contract to perform reviews of all invoiced PBM prescription drug claims, and to identify all deviations from the specific terms of the PBM services contract. The department is required to reconcile the electronically adjudicated pharmacy claims with PBM invoices to ensure that state payments do not exceed the terms specified in any PBM services contract. Each PBM reverse auction is required to be completed and the PBM services contract awarded to the winning PBM within a specified timeline. The department may perform a market check for providing PBM services during the term of the current PBM services contract to ensure continuing competitiveness of incumbent prescription drug pricing over the life of a PBM services contract. To ensure that the department does not incur additional expenditures associated with the requirements of the act, the department is required to implement a no-pay option that obligates the winning PBM to pay the cost of the technology platform and related technology platform operator services by assessing a per-prescription fee and requiring the PBM to pay these fees to the technology operator over the duration of the PBM services contract. The act allows other health plans to use the processes and procedures established in the act individually, collectively, or as a joint purchasing group with the state employee group benefits plans. After completion of the first state employees group benefits plans PBM reverse auction, self-funded private sector employer or multi-employer health plans have the option to participate in a joint purchasing pool with state employees for conduct of subsequent PBM reverse auctions. The state employees group benefits plans and any self-funded public or private sector health plans that opt to participate with the state employees group benefits plans in a joint PBM reverse auction purchasing pool shall retain full autonomy over determination of their respective prescription drug formularies and pharmacy benefit designs and shall not be required to adopt a common prescription drug formulary or common prescription pharmacy benefit design. Any PBM providing services to the department or a self-funded public or private sector employee health plan is required to provide the depar... (click bill link to see more).

Primary Sponsors

Susan Lontine, Janice Rich, Barb Kirkmeyer, Dominick Moreno

Title

Pharmacy Benefit Manager And Insurer Requirements

Introduction Date: 2021-04-28**Description**

The act enacts the "Pharmacy Fairness Act" (act), which: Requires a health insurer to submit to the commissioner of insurance (commissioner) a list of pharmacy benefit managers (PBMs) the health insurer uses to manage or administer prescription drug benefits under its health benefit plans offered in this state; Prohibits PBMs from: Restricting a covered person's access to prescription drug benefits at an in-network retail pharmacy, except as permitted in limited circumstances; Charging a pharmacy or pharmacist a fee for adjudicating a claim, other than a one-time fee of not more than the lesser of 25% of the pharmacy dispensing fee or 25 cents for receipt and processing of the same pharmacy claim; or Requiring stricter pharmacy accreditation standards or certification requirements than the standards or requirements that are applicable to similarly situated PBM-affiliated pharmacies within the same PBM network. A PBM that administers the drug assistance program operated by the department of public health and environment is exempt from the requirements and prohibitions of the act with regard to the PBM's administration of that program only. The act also precludes a health insurer, a PBM, or an entity acting for a health insurer or PBM to conduct on-site audits of pharmacies within 12 months after a prior on-site audit except in specified circumstances. Additionally, the act requires a health insurer or PBM to respond in real time to a request from an insured, the insured's health-care provider, or a third party acting on behalf of the insured or provider for data regarding the cost, benefits, and coverage under the insured's health benefit plan for a particular drug. (Note: This summary applies to this bill as enacted.)

Primary Sponsors

Edie Hooton, Perry Will, Jerry Sonnenberg, Janet Buckner

Title

Prescription Drug Affordability Review Board

Introduction Date: 2021-03-08**Description**

The act creates the Colorado prescription drug affordability review board (board) in the division of insurance (division) in the department of regulatory agencies as an independent unit of state government, requires the board to perform affordability reviews of prescription drugs, and authorizes the board to establish upper payment limits for prescription drugs the board determines are unaffordable for Colorado consumers. The board is also required to promulgate rules as necessary for its purposes. The board shall determine by rule the methodology for establishing an upper payment limit for a prescription drug. An upper payment limit applies to all purchases of and payer reimbursements for the prescription drug dispensed or administered to individuals in the state in person, by mail, or by other means. Any savings generated for a health benefit plan as a result of an upper payment limit established by the board must be used by the carrier that issued the health benefit plan to reduce costs to consumers, prioritizing the reduction of out-of-pocket costs for prescription drugs. On and after January 1, 2022, the act prohibits, with certain exceptions, any purchase or payer reimbursement for a prescription drug at an amount that exceeds the upper payment limit established by the board for that prescription drug. A person aggrieved by a decision of the board may appeal the decision within 60 days. The board shall consider the appeal and issue a final decision concerning the appeal within 60 days after the board receives the appeal. Final board decisions are subject to judicial review. Any prescription drug manufacturer (manufacturer) that intends to withdraw from sale or distribution within the state a prescription drug for which the board has established an upper payment limit must notify, at least 180 days before the withdrawal: The commissioner; The attorney general; and Each entity in the state with which the manufacturer has contracted for the sale or distribution of the prescription drug. The commissioner may impose a penalty of up to \$500,000 on a manufacturer that fails to comply with the notice requirement. The board is directed to adopt rules regarding notice to consumers of a manufacturer's intent to withdraw a prescription drug from sale or distribution in the state. Beginning in the 2022 calendar year, for all prescription drugs dispensed at a pharmacy and paid for by a carrier during the immediately preceding calendar year, the act requires each carrier and each pharmacy benefit management firm acting on behalf of a carrier to report certain information to the all-payer health claims database. The act creates the Colorado prescription drug affordability advisory council to provide stakeholder input to the board. The board must submit an annual report... (click bill link to see more).

Primary Sponsors

Sonya Jaquez Lewis, Julie Gonzales, Yadira Caraveo, Chris Kennedy

State	Bill Number	Last Action	Status
CT	HB 5553	Referred To Joint Committee On Insurance And Real Estate 2021 01 26	Failed sine die

Title
AN ACT CONCERNING REIMBURSEMENTS BY PHARMACY BENEFITS MANAGERS.

Description
To provide that no pharmacy benefits manager shall reimburse a pharmacy for pharmacy services at a rate that is lower than the rate at which the pharmacy benefits manager reimburses an affiliate for the same pharmacy services.

Primary Sponsors
Geoff Luxenberg

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:40 PM
Provides that no pharmacy benefits manager shall reimburse a pharmacy for pharmacy services at a rate that is lower than the rate at which the pharmacy benefits manager reimburses an affiliate for the same pharmacy services

Introduction Date: 2021-01-26

State	Bill Number	Last Action	Status
CT	HB 6244	Referred To Joint Committee On Insurance And Real Estate 2021 01 29	Failed sine die

Title
AN ACT PROHIBITING CERTAIN HEALTH CARRIERS AND PHARMACY BENEFITS MANAGERS FROM EMPLOYING COPAY ACCUMULATOR PROGRAMS.

Description
To require certain health carriers and pharmacy benefits managers to give credit for payments made by third parties for the amount of, or any portion of the amount of, an insured's or enrollee's cost-sharing liability for a covered benefit.

Primary Sponsors
Michelle Cook

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 5:45 PM
Regarding co-pay accumulators.

Introduction Date: 2021-01-29

State	Bill Number	Last Action	Status
CT	HB 6587	File Number 793 Lco 2021 06 05	Failed sine die

Title
AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR EPINEPHRINE CARTRIDGE INJECTORS, HEALTH CARRIERS, PHARMACY BENEFITS MANAGERS AND THE COST IMPACT OF CERTAIN MANDATED HEALTH INSURANCE BENEFITS.

Description
To provide that certain individual and group health insurance policies shall not impose a coinsurance, copayment, deductible or out-of-pocket expense for a covered epinephrine cartridge injector in an amount that is greater than twenty-five dollars.

Primary Sponsors
Joint Committee on Insurance and Real Estate

Introduction Date: 2021-03-04

State	Bill Number	Last Action	Status
CT	HB 6687	Signed By The Governor 2021 07 12	Enacted

Title Introduction Date: 2021-06-06
AN ACT CONCERNING MEDICAL ASSISTANCE FOR CHILDREN AND ADULTS WITHOUT HEALTH CARE COVERAGE.

Primary Sponsors
Matt Ritter, Martin Looney

State	Bill Number	Last Action	Status
CT	SB 34	Referred To Joint Committee On Insurance And Real Estate 2021 01 08	Failed sine die

Title Introduction Date: 2021-01-08
AN ACT PROHIBITING CERTAIN HEALTH CARRIERS AND PHARMACY BENEFITS MANAGERS FROM EMPLOYING COPAY ACCUMULATOR PROGRAMS.

Description
To require certain health carriers and pharmacy benefits managers to give credit for payments made by third parties for the amount of, or any portion of the amount of, an insured's or enrollee's cost-sharing liability for a covered benefit.

Primary Sponsors
Saud Anwar

State	Bill Number	Last Action	Status
CT	SB 201	Referred To Joint Committee On Insurance And Real Estate 2021 01 22	Failed sine die

Title Introduction Date: 2021-01-22
AN ACT PROHIBITING CERTAIN HEALTH CARRIERS AND PHARMACY BENEFITS MANAGERS FROM EMPLOYING COPAY ACCUMULATOR PROGRAMS.

Description
To require certain health carriers and pharmacy benefits managers to give credit for payments made by third parties for the amount of, or any portion of the amount of, an insured's or enrollee's cost-sharing liability for a covered benefit.

Primary Sponsors
Martin Looney

State	Bill Number	Last Action	Status
CT	SB 1003	Signed By The Governor 2021 06 02	Enacted

Title Introduction Date: 2021-03-04
AN ACT PROHIBITING CERTAIN HEALTH CARRIERS AND PHARMACY BENEFITS MANAGERS FROM EMPLOYING COPAY ACCUMULATOR PROGRAMS.

Description
To require certain health carriers and pharmacy benefits managers to give credit for payments made by third parties for the amount of, or any portion of the amount of, an insured's or enrollee's cost-sharing liability for a covered benefit.

Primary Sponsors
Joint Committee on Insurance and Real Estate

State	Bill Number	Last Action	Status
CT	SB 1202	Transmitted To The Secretary Of State 2021 07 02	Enacted

Title Introduction Date: 2021-06-15
AN ACT CONCERNING PROVISIONS RELATED TO REVENUE AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023.

Primary Sponsors
Martin Looney, Matt Ritter

State	Bill Number	Last Action	Status
DC	B 24-0176	Act A 24 0063 Published In Dc Register Vol 68 And Page 004899 Expires On Aug 03 2021 2021 05 07	Enacted

Title Introduction Date: 2021-03-31
Contract No. DCCB-2021-F-0008 with Motley Rice, LLC Approval and Payment Authorization Emergency Act of 2021

Primary Sponsors
Phil Mendelson

State
DE

Bill Number
HB 62

Last Action
Introduced And Assigned To Economic
Development Banking Insurance Commerce
Committee In House 2021 01 07

Status
In House

Title

AN ACT TO AMEND TITLE 6 OF THE DELAWARE CODE RELATING TO THE PROHIBITION OF EXCESSIVE AND UNCONSCIONABLE PRICES FOR PRESCRIPTION DRUGS.

Introduction Date: 2021-01-07

Description

This Act is based on a Model Act to Prevent Excessive and Unconscionable Prices for Prescription Drugs developed by the National Academy for State Health Policy. It prohibits manufacturers from raising the price of prescription drugs outside of certain market conditions that might justify a price hike. It is specifically limited to the prices charged to consumers in the State of Delaware for generic and off-patent drugs. It authorizes the Attorney General to investigate price increases identified by State agencies above a certain threshold. Manufacturers or distributors may be fined up to \$10,000 per day for sales which violate the Act. Each sale of a drug excessively and unconscionably priced constitutes a separate violation. A manufacturer or distributor is prohibited from withdrawing a generic or off-patent drug for sale in this State to avoid application of the Act.

Primary Sponsors

Andria Bennett, Trey Paradee, Mike Smith

Title

Introduction Date: 2021-06-03

AN ACT TO AMEND TITLE 18 OF THE DELAWARE CODE RELATING TO PHARMACY BENEFITS MANAGERS.

Description

Over 80% of pharmaceuticals in the United States are purchased through pharmacy benefits manager ("PBM") networks. PBMs serve as intermediaries between health plans, pharmaceutical manufacturers, and pharmacies or pharmacists, and PBMs establish networks for patients to receive reimbursement for drugs. Given the scope of PBMs in the healthcare delivery system, this Act is designed to provide enhanced oversight and transparency as it relates to PBMs. Specifically, this Act does the following: (1) If a PBM denies an appeal for reimbursement subject to maximum allowable cost pricing, requires the PBM to provide the national drug code number of wholesalers in Delaware that have the drug in stock below maximum allowable cost. (2) Authorizes a pharmacy or pharmacist to decline to dispense a prescription drug or provide a pharmacy service to a patient if the amount reimbursed by a PBM is less than the pharmacy acquisition cost. If a pharmacy or pharmacist declines to provide a drug or service, the pharmacy or pharmacist must inform the patient that the pharmacy or pharmacist did this because of the costs of providing the drug or service and provide the patient with a list of pharmacies in the area that may provide the drug or service. (3) Requires PBMs to provide a reasonably adequate and accessible pharmacy benefits manager network. (4) Increases transparency by requiring PBMs to provide reports to the Insurance Commissioner on network adequacy and the amount of rebates received by PBMs to provide reports to the Insurance Commissioner on network adequacy and the amount of rebates received by PBMs and distributed to insurers or patients. (5) Prohibits PBMs from engaging in certain conduct, such as spread pricing, false advertising, and reimbursing a pharmacist or pharmacy in an amount less than the PBM reimburses itself or an affiliate for the same drug or service. If a PBM engages in prohibited conduct, the Insurance Commissioner is authorized to deny, suspend, or revoke the PBM's registration under § 3355A of Title 18 or impose penalties or take other enforcement action under § 3359A of Title 18. (6) Clarifies that the Insurance Commissioner is authorized to deny an application for registration filed by a PBM. (7) Increases the registration and renewal fee to be paid by a PBM to better reflect the cost of the registration and renewal process and better align with the fee assessed by other states that require PBMs to register. (8) Transfers § 3359A of Title 18 (regarding penalties and enforcement) to a separate subchapter focused on prohibited practices, penalties, and enforcement. In addition, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. Finally, this Act requi... (click bill link to see more).

Primary Sponsors

Andria Bennett, Spiros Mantzavinos, Dave Sokola, Mike Smith

State	Bill Number	Last Action	Status
FL	HB 1111	Died In Finance Facilities Subcommittee 2021 04 30	Failed

Title
Health Insurance Cost Sharing

Bill Summary: Last edited by Matt Magner at Feb 18, 2021, 7:49 PM
Regarding copay accumulators.

Description
Requires specified individual health insurers, group health insurers, HMOs, & their pharmacy benefits managers to apply payments by or on behalf of insureds & subscribers toward total contributions of insureds' & subscribers' costs-sharing requirements; requires such individual health insurers, group health insurers & HMOs to disclose on websites & in policies & health maintenance contracts, certificates, or handbooks such application payments; requires pharmacy benefits managers to disclose to insurers & subscribers such application payments; provides applicability; requires small employer carriers to conform provisions to changes made by act.

Introduction Date: 2021-02-18

Primary Sponsors
Demi Busatta Cabrera

State	Bill Number	Last Action	Status
FL	HB 1155	Died In Appropriations 2021 04 30	Failed

Title
Pharmacies and Pharmacy Benefit Managers

Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 8:19 PM
Prohibits transaction fees, retroactive claim reductions

Description
Authorizes audited pharmacies to appeal certain findings in audit reports; provides that health insurers & health maintenance organizations that transfer certain payment obligation to pharmacy benefit managers remain responsible for specified violations; provides penalty for failure to register as pharmacy benefit managers under certain circumstances.

Introduction Date: 2021-02-19

Primary Sponsors
Jackie Toledo, Subcommittee on Finance and Facilities

State	Bill Number	Last Action	Status
FL	HB 1439	Died In Finance Facilities Subcommittee 2021 04 30	Failed

Title Introduction Date: 2021-02-26
Prior Authorization for Prescription Drugs and Medical Services

Description

Removes provisions requiring prior authorization forms to be approved by FSC; requires health insurers & pharmacy benefit managers to establish online prior authorization process beginning on specified date; requires prior authorization requests to be made online beginning on specified date; requires health insurers & pharmacy benefit managers to make certain information accessible on their websites; prohibits health insurers & pharmacy benefit managers from implementing requirements or restrictions on prior authorization requests unless certain requirements are met; provides timeframes for decisions by health insurers & pharmacy benefits managers on prior authorization requests.

Primary Sponsors

Kelly Skidmore

State	Bill Number	Last Action	Status
FL	SB 390	Died On Calendar 2021 04 30	Failed

Title Introduction Date: 2020-12-28
Prescription Drug Coverage

Description

Authorizing the Office of Insurance Regulation to examine pharmacy benefit managers; revising the entities conducting pharmacy audits to which certain requirements and restrictions apply; authorizing the office to require health insurers to submit to the office certain contracts or contract amendments entered into with pharmacy benefit managers; requiring certain health benefit plans covering small employers to comply with certain provisions, etc.

Primary Sponsors

Tom Wright, Senate Committee on Banking and Insurance

State	Bill Number	Last Action	Status
FL	SB 528	Died In Banking And Insurance 2021 04 30	Failed

Title Introduction Date: 2021-01-11
Health Insurance Prior Authorization

Description

Prohibiting health maintenance organizations from excluding coverage for certain cancer treatment drugs; specifying requirements for, and restrictions on, health insurers and pharmacy benefits managers relating to prior authorization information, requirements, restrictions, and changes; requiring health insurers to provide and disclose procedures for insureds to request exceptions to step-therapy protocols; prohibiting health maintenance organizations from imposing an additional prior authorization requirement with respect to certain surgical or invasive procedures or certain items, etc.

Primary Sponsors

Gayle Harrell

State	Bill Number	Last Action	Status
FL	SB 1078	Died In Banking And Insurance 2021 04 30	Failed

Title Bill Summary: Last edited by Matt Magner at Feb 5, 2021, 3:16 PM
Health Insurance Cost Sharing Regarding copay accumulators.

Description

Requiring specified individual health insurers and their pharmacy benefits managers to apply payments by or on behalf of insureds toward the total contributions of the insureds' cost-sharing requirements; requiring specified individual health insurers to disclose on their websites and in their policies their applications of payments by or on behalf of policyholders toward the policyholders' total contributions to cost-sharing requirements; requiring pharmacy benefits managers to apply payments by or on behalf of insureds and subscribers toward the insureds' and subscribers' total contributions to cost-sharing requirements, etc.

Introduction Date: 2021-02-04

Primary Sponsors

Jason Brodeur

State	Bill Number	Last Action	Status
FL	SB 1846	Died In Banking And Insurance 2021 04 30	Failed

Title Introduction Date: 2021-02-26
Health Insurance Prior Authorization

Description

Requiring health insurers and pharmacy benefit managers to establish an online electronic prior authorization process by a certain date; requiring all prior authorization requests to health insurers and pharmacy benefit managers to be made using such online electronic prior authorization process by a certain date; deleting provisions requiring prior authorization forms to be approved by the Financial Services Commission under certain circumstances; specifying requirements for, and restrictions on, health insurers and pharmacy benefit managers relating to prior authorization information, requirements, restrictions, and changes; prohibiting health insurers and health maintenance organizations, respectively, from imposing an additional prior authorization requirement with respect to certain surgical or invasive procedures or certain items, etc.

Primary Sponsors

Tina Polsky

State	Bill Number	Last Action	Status
FL	SB 2506	Died In Conference Committee Companion Bill S Passed See Sb 2500 Ch 2021 36 2021 04 30	Failed

Title Introduction Date: 2021-04-01
State Group Insurance Program

Description

Authorizing persons eligible to participate in the program to elect membership with certain health maintenance organization plans; requiring that at least one health maintenance organization plan be made available to each enrollee residing in this state; deleting a requirement that health plans be offered in specified benefit levels; removing a limitation on the annual maximum amount for coverage for medically necessary prescription and nonprescription enteral formulas and amino-acid-based elemental formulas for home use; requiring the department to ensure that the prescription drug program receives certain benefits; requiring the department to perform annual audits of such benefits, etc.

Primary Sponsors

Senate Committee on Appropriations

State	Bill Number	Last Action	Status
FL	SPB 2500	Submitted As Committee Bill And Reported Favorably By Appropriations Yeas 20 Nays 0 2021 03 31	Failed sine die

Title Appropriations **Introduction Date:** 2021-03-26

Description
Providing moneys for the annual period beginning July 1, 2021, and ending June 30, 2022, and supplemental appropriations for the period ending June 30, 2021, to pay salaries, and other expenses, capital outlay - buildings, and other improvements, and for other specified purposes of the various agencies of state government, etc.

Primary Sponsors
Senate Committee on Appropriations

State	Bill Number	Last Action	Status
FL	SPB 2506	Submitted As Committee Bill And Reported Favorably By Appropriations Yeas 20 Nays 0 2021 03 31	Failed sine die

Title State Group Insurance Program **Introduction Date:** 2021-03-26

Description
Authorizing persons eligible to participate in the program to elect membership with certain health maintenance organization plans; requiring that at least one health maintenance organization plan be made available to each enrollee residing in this state; deleting a requirement that health plans be offered in specified benefit levels; removing a limitation on the annual maximum amount for coverage for medically necessary prescription and nonprescription enteral formulas and amino-acid-based elemental formulas for home use; requiring the department to ensure that the prescription drug program receives certain benefits; requiring the department to perform annual audits of such benefits, etc.

Primary Sponsors
Senate Committee on Appropriations

State	Bill Number	Last Action	Status
GA	SB 80	Effective Date 2022 01 01	Enacted

Title
"Ensuring Transparency in Prior Authorization Act"; enact

Bill Summary: Last edited by Matt Magner at Feb 4, 2021, 3:05 PM
Regarding prior authorization.

Description
A BILL to be entitled an Act to amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to provide for standards for utilization review; to provide for statutory construction; to provide for applicability; to provide for definitions; to provide for a short title; to provide for related matters; to repeal conflicting laws; and for other purposes.

Introduction Date: 2021-02-03

Primary Sponsors
Kay Kirkpatrick, Dean Burke, Ben Watson, Larry Walker, Ed Harbison, Chuck Hufstetler, Nan Orrock, Harold Jones, Michelle Au, Randy Robertson, Gail Davenport, Matt Brass, David Lucas, Mike Dugan, Lester Jackson, Sally Harrell, Elena Parent, Gloria Butler, Freddie Sims, John Kennedy, Marty Harbin, Doc Rhett, Bill Cowsert, Nikki Merritt, Butch Miller, Lee Anderson, Sheila McNeill, Burt Jones, Carden Summers, Frank Ginn, Tyler Harper, Mark Newton

State	Bill Number	Last Action	Status
HI	HB 14	Referred To Hhh Cpc Fin Referral Sheet 1 2021 01 27	In House

Title
Relating To Prescription Drugs.

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:37 PM
Regarding drug importation.

Description
Directs the Department of Health to implement a program for wholesale importation of prescription drugs.

Introduction Date: 2021-01-21

Primary Sponsors
Roy Takumi

State	Bill Number	Last Action	Status
HI	HB 17	Referred To Hhh Cpc Fin Referral Sheet 1 2021 01 27	In House

Title
Relating To Prescription Drugs.

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:38 PM
Drug pricing reports.

Description
Requires drug manufacturers to notify prescription drug benefit plans and pharmacy benefit managers if a proposed increase in the wholesale price of certain drugs would result in a sixteen per cent or more price increase over a twoyear period. Requires the drug manufacturer to identify and report to the insurance commissioner information on certain drugs whose wholesale acquisition cost increases by a certain amount during a specified time frame.

Introduction Date: 2021-01-21

Primary Sponsors
Roy Takumi

State	Bill Number	Last Action	Status
HI	HB 24	Referred To Hhh Cpc Fin Referral Sheet 1 2021 01 27	In House

Title
Relating To Pharmacy Benefit Managers.

Description
Establishes business practice and transparency reporting requirements for pharmacy benefit managers. Replaces the registration requirement for pharmacy benefit managers with a licensing requirement. Increases penalties for violations of the pharmacy benefit managers law.

Primary Sponsors
Roy Takumi

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:37 PM
Establishes business practice and transparency reporting requirements for pharmacy benefit managers. Replaces the registration requirement for pharmacy benefit managers with a licensing requirement. Increases penalties for violations of the pharmacy benefit managers law.

Introduction Date: 2021-01-21

State	Bill Number	Last Action	Status
HI	HB 942	Passed Second Reading As Amended In Hd 1 And Referred To The Committee S On Fin With None Voting Aye With Reservations None Voting No 0 And Representative S Hashem Excused 1 2021 02 17	In House

Title
Relating To Insurance.

Description
Institutes various consumer protections with regard to public adjusters, including requiring contractual terms and disclosures and granting a right to rescind. Imposes a standard of conduct on various entities. Authorizes the insurance commissioner to waive or modify certain fees by order. Reinstates the right to an administrative hearing and appeal from an order. Amends the Hawaii joint underwriting plan board of governors. Clarifies that rewards under wellness programs do not qualify as prohibited rebates. Makes various housekeeping amendments. Effective 1/1/2050. (HD1)

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 5:47 PM
Regarding PBM licensure fees.

Introduction Date: 2021-01-27

State	Bill Number	Last Action	Status
HI	HB 1134	Referred To Hhh Cpc Fin Referral Sheet 3 2021 02 01	In House

Title
Relating To Pharmacy Audits.

Description
Establishes procedures for audits of pharmacies conducted by a health care provider, insurance company, third-party payor, sickness insurance provider, mutual benefit society, dental service corporation, health maintenance organization, or any entity that represents such companies or groups.

Primary Sponsors
Lynn DeCoite, Angus McKelvey, Dee Morikawa, Chris Todd, Jimmy Tokioka

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 3:58 PM
Establishes fair pharmacy audit procedures.

Introduction Date: 2021-01-27

State	Bill Number	Last Action	Status
HI	SB 322	Referred To Hth Cpn Jdc 2021 01 25	In Senate

Title
Relating To Prescription Drugs.

Introduction Date: 2021-01-22

Description

Requires that if a proposed increase in the wholesale price of certain drugs would result in a 16 per cent or more price increase over a two-year period, the drug manufacturer shall notify various drug insurance providers.

Primary Sponsors
Jarrett Keohokalole

State	Bill Number	Last Action	Status
HI	SB 602	The Committee S On Hhh Recommend S That The Measure Be Deferred 2021 03 18	In House

Title
Relating To Pharmacy Benefit Managers.

Description

Prohibits certain contracts for managed care entered into after June 30, 2021, from containing a provision that authorizes a pharmacy benefit manager to reimburse a contracting pharmacy on a maximum allowable cost basis, and voids any such provisions in existing managed care contracts. Prohibits pharmacy benefit managers from engaging in unfair methods of competition or unfair practices. Prohibits a pharmacy benefit manager from reimbursing a 340B pharmacy differently than any other network pharmacy. Prohibits a pharmacy benefit manager from reimbursing an independent or rural pharmacy an amount less than the rural rate for each drug under certain circumstances. Prohibits a pharmacy benefit manager from restricting a pharmacist's ability to provide certain information to insureds. Increases pharmacy benefit managers' annual reporting requirements. Requires the insurance commissioner to file annual reports with the legislature. Increases pharmacy benefit manager registration and renewal fees by an unspecified amount. Makes certain violations of pharmacy benefit managers subject to the penalties provided in chapters 480 and 481, Hawaii Revised Statutes. Effective 7/1/2050. Repeals certain provisions on 6/30/2026. (SD2)

Primary Sponsors
Roz Baker, Stanley Chang, Bennette Misalucha

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:34 PM
(1) Prohibiting certain contracts for managed care entered into after June 30, 2021, from containing a provision that authorizes a pharmacy benefit manager to reimburse a contracting pharmacy on a maximum allowable cost basis and voiding any such provisions in existing managed care contracts; (2) Prohibiting pharmacy benefit managers from engaging in self-serving business practices; (3) Prohibiting pharmacy benefit managers from engaging in unfair methods of competition or unfair practices; (4) Prohibiting pharmacy benefit managers from retaining any portion of spread pricing; (5) Prohibiting a pharmacy benefit manager from reimbursing a 340B pharmacy differently than any other network pharmacy; (6) Prohibiting a pharmacy benefit manager from reimbursing an independent or rural pharmacy an amount less than the rural rate for each prescription drug, under certain circumstances; (7) Prohibiting a pharmacy benefit manager from prohibiting a pharmacist or pharmacy to provide certain information to insureds regarding cost sharing or more affordable alternative drugs;

Introduction Date: 2021-01-22

State	Bill Number	Last Action	Status
HI	SB 605	The Committee On Hth Deferred The Measure 2021 02 10	In Senate

Title
Relating To Prescription Drugs.

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:35 PM
Drug pricing transparency reports.

Description
Requires drug manufacturers to notify prescription drug benefit plans and pharmacy benefit managers if a proposed increase in the wholesale price of certain drugs would result in a sixteen per cent or more price increase over a twoyear period. Requires the drug manufacturer to identify and report to the insurance commissioner information on certain drugs whose wholesale acquisition cost increases by a certain amount during a specified time frame.

Introduction Date: 2021-01-22

Primary Sponsors
Roz Baker, Mike Gabbard, Gil Keith-Agaran, Jarrett Keohokalole, Karl Rhoads, Joy San Buenaventura

State	Bill Number	Last Action	Status
HI	SB 975	Referred To Hhh Cpc Fin Referral Sheet 21 2021 03 09	In House

Title
Relating To Pharmacy Audits.

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:14 PM
Establishes fair pharmacy audit procedures.

Description
Establishes procedures for audits of pharmacies conducted by a health care provider, insurance company, third-party payor, sickness insurance provider, mutual benefit society, dental service corporation, health maintenance organization, or any entity that represents such companies or groups. Effective 7/1/2050. (SD1)

Introduction Date: 2021-01-27

Primary Sponsors
Roz Baker, Stanley Chang, Kalani English, Gil Keith-Agaran, Bennette Misalucha

State	Bill Number	Last Action	Status
IA	HF 464	Introduced Referred To Commerce 2021 02 10	In House

Title
A bill for an act relating to price transparency and cost-sharing for prescription drugs, and including applicability provisions.

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 8:44 PM
Drug pricing transparency

Introduction Date: 2021-02-10

Primary Sponsors
Mary Mascher

State	Bill Number	Last Action	Status
IA	HF 526	Referred To Commerce 2021 04 19	In House

Title
A bill for an act relating to price transparency and cost-sharing for prescription drugs, and including applicability provisions.(Formerly HSB 46.)

Bill Summary: Last edited by Matt Magner at Feb 16, 2021, 7:52 PM
Drug price transparency and cost-sharing

Introduction Date: 2021-02-15

Primary Sponsors
Shannon Lundgren

State	Bill Number	Last Action	Status
IA	HF 729	Referred To Commerce 2021 04 15	In House

Title
A bill for an act relating to pharmacy benefits managers, pharmacies, and prescription drug benefits, and including applicability provisions.(Formerly HSB 228.)

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 8:52 PM
PBM reimbursement issues, MAC

Introduction Date: 2021-03-03

Primary Sponsors
Brian Best

State	Bill Number	Last Action	Status
IA	HSB 46	Committee Report Recommending Amendment And Passage 2021 02 10	In House

Title
A bill for an act relating to price transparency and cost-sharing for prescription drugs, and including applicability provisions.(See HF 526.)

Introduction Date: 2021-01-13

Primary Sponsors
Shannon Lundgren

State	Bill Number	Last Action	Status
IA	HSB 228	Committee Report Approving Bill Renumbered As Hf 729 2021 03 03	In House

Title
A bill for an act relating to pharmacy benefits managers, pharmacies, and prescription drug benefits, and including applicability provisions.(See HF 729.)

Introduction Date: 2021-02-18

Primary Sponsors
Brian Best

State	Bill Number	Last Action	Status
IL	HB 13	Session Sine Die 2021 01 13	Failed

Title
Prescription Data Privacy

Introduction Date: 2018-11-30

Description

Amends the Illinois Insurance Code, the Pharmacy Practice Act, and the Wholesale Drug Distribution Licensing Act. Prohibits the licensure, transference, use, or sale of any records relative to prescription information containing patient-identifiable or prescriber-identifiable data by any licensee or registrant of the Acts for commercial purposes.

Primary Sponsors

Jacqui Collins, Tom Cullerton, C.D. Davidsmeyer, Michael McAuliffe, Debbie Meyers-Martin, Mary Flowers, Jonathan Carroll

Title

Biological Products-Drug Price

Introduction Date: 2018-12-10

Description

Creates the Prescription Drug Pricing Transparency Act. Requires health insurers to disclose certain rate and spending information concerning prescription drugs and certain prescription drug pricing information to the Department of Public Health. Requires the Department and health insurers to create annual lists of prescription drugs on which the State spends significant health care dollars and for which costs have increased at a certain rate over time. Requires the Department and health insurers to provide their lists to the Attorney General. Requires prescription drug manufacturers to notify the Attorney General if they are introducing a new prescription drug at a wholesale acquisition cost that exceeds the threshold set for a specialty drug under the Medicare Part D program. Amends the Illinois Insurance Code. Requires a group or individual policy of accident and health insurance that provides coverage for prescription drugs to apply the same cost-sharing requirements to interchangeable biological products as apply to generic drugs under the policy. Amends the Pharmacy Practice Act. Provides that when a pharmacist receives a prescription for a biological product, the pharmacist shall select the lowest priced interchangeable biological product (rather than allowing a pharmacist to substitute an interchangeable biological product only if certain requirements are met). Requires that when a pharmacist receives a prescription from a Medicaid recipient, the pharmacist shall select the preferred drug or biological product from the State's preferred drug list. Makes other changes. Makes conforming changes in the Freedom of Information Act. Effective immediately. Removes the provisions amending the Illinois Insurance Code and the Pharmacy Practice Act. Replaces everything after the enacting clause. Reenacts the Transportation Network Providers Act. Provides for the continuation and validation of the Act, and extends the repeal to June 1, 2021. Effective immediately.

Primary Sponsors

John Cullerton, Jacqui Collins, Emil Jones, Pat McGuire, Will Guzzardi, Mike Zalewski, Sonya Harper, LaToya Greenwood

Title
Regulation-Tech

Introduction Date: 2019-01-17

Description

Amends the Electronic Fund Transfer Act. Makes a technical change in a Section concerning powers and duties under the Act. Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that a contract between a health insurer and a pharmacy benefit manager must:(1) require the pharmacy benefit manager to update maximum allowable cost pricing information and maintain a process that will eliminate drugs from maximum allowable cost lists or modify drug prices to remain consistent with changes in pricing data; (2) prohibit the pharmacy benefit manager from limiting a pharmacist's ability to disclose the availability of a more affordable alternative drug; and (3) prohibit the pharmacy benefit manager from requiring an insured to make a payment for a prescription drug in an amount that exceeds the lesser of the applicable cost-sharing amount or the retail price of the drug. Contains provisions concerning the inclusion of prescription drugs on a maximum allowable cost list, State licensing requirements for pharmacy benefit managers, and other matters. Makes conforming changes to other Acts. Amends the Managed Care Reform and Patient Rights Act. Provides that a health care plan shall apply any third-party payments for prescription drugs. Makes changes to provisions concerning the denial of coverage for emergency services. Amends the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services may enter into a contract with any third party on a fee-for-service reimbursement model for the purpose of administering pharmacy benefits. Requires the Department to ensure coordination of care between the third-party administrator and managed care organizations as a consideration in any contracts established. Amends the Freedom of Information Act to exempt from disclosure certain information pharmacy benefits managers are required to provide under the Illinois Public Aid Code. Contains a severability provision. Replaces everything after the enacting clause. Reinserts the provisions of House Amendment No. 1, but with the following changes: Further amends the Illinois Insurance Code. In a provision concerning contracts between health insurers and pharmacy benefit managers, provides that such contracts must require pharmacy benefit managers to: (1) update maximum allowable cost pricing information at least every 7 calendar days; (2) provide access to its maximum allowable cost list to each pharmacy or pharmacy services administrative organization, as defined, subject to the maximum allowable cost list; (4) provide a process by which a contracted pharmacy can appeal the provider's reimbursement for a drug subject to maximum allowable cost pricing; and other matters. Regarding a drug on the maximum allowable cost ... (click bill link to see more).

Primary Sponsors

Linda Holmes, Dale Fowler, Melinda Bush, Andy Manar, Laura Murphy, C.D. Davidsmeyer, Anna Moeller, Greg Harris, Lisa Hernandez

State	Bill Number	Last Action	Status
IL	HB 841	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2019-01-23
Crim Cd-First Responder

Description

Amends the Criminal Code of 2012. Creates the offense of first responder endangerment. Provides that a person commits the offense when he or she knowingly creates a dangerous condition and intentionally conceals the dangerous condition in a commercial property under his or her management or operational control and the dangerous condition is found to be the primary cause of the death or serious bodily injury of a first responder in the course of his or her official duties. Provides that a violation is a Class 4 felony. Defines various terms. Replaces everything after the enacting clause. Amends the Criminal Code of 2012. Makes a technical change in a Section concerning the short title.

Primary Sponsors

Elgie Sims, John Cabello, Kathy Willis, Fran Hurley, Ann Williams, John D'Amico

State	Bill Number	Last Action	Status
IL	HB 891	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2019-01-24
Ins Cd-Pharm Benefits Manager

Description

Amends the Illinois Insurance Code. Creates the Pharmacy Benefits Managers Article. Provides that a pharmacy or pharmacist shall have the right to provide an insured information regarding the amount of the insured's cost share for a prescription drug and that neither a pharmacy nor a pharmacist shall be penalized by a pharmacy benefits manager for discussing certain information or for selling a lower-priced drug to the insured if one is available. Provides that a pharmacy benefits manager shall not, through contract, prohibit a pharmacy from offering and providing direct and limited delivery services to an insured as an ancillary service of the pharmacy, as delineated in the contract between the pharmacy benefits manager and the pharmacy. Provides that a pharmacy benefits manager shall not charge, or attempt to collect from, an insured a copayment that exceeds the total charges submitted by the network pharmacy.

Primary Sponsors

Dan Caulkins, Joe Sosnowski

State	Bill Number	Last Action	Status
IL	HB 2919	Rule 19 A Re Referred To Rules Committee 2021 03 27	In House

Title
Ins-Pharmacy Benefit Managers

Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 8:45 PM
Drug pricing transparency

Description
Amends the Illinois Insurance Code. Provides that upon request by a party contracting with a pharmacy benefit manager, the party has an annual right to audit compliance with the terms of the contract by the pharmacy benefit manager, including, but not limited to, full disclosure of any value provided by a pharmaceutical manufacturer to a pharmacy benefit manager or the parent, subsidiary, or affiliate company of a pharmacy benefit manager. Provides that upon request by a party contracting with a pharmacy benefit manager, a pharmacy benefit manager shall disclose the actual amounts paid by the pharmacy benefit manager to the pharmacy. Provides that a pharmacy benefit manager must provide notice to the party contracting with the pharmacy benefit manager of any consideration that the pharmacy benefit manager's parent, subsidiary, or affiliate companies receive from the manufacturer for dispense as written prescriptions once a generic or biologically similar product becomes available. Provides that any provision of a contract entered into, amended, or renewed on or after the effective date of the amendatory Act that is contrary to provisions concerning pharmacy benefit managers is unenforceable. Defines "value".

Introduction Date: 2021-02-18

Primary Sponsors
Deanne Mazzochi

State	Bill Number	Last Action	Status
IL	HB 3187	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2019-02-15
Ins Code-Pharm Benefit Manager

Description

Amends the Illinois Insurance Code. Creates the Pharmacy Benefit Managers Article. Provides that upon request by a party contracting with a pharmacy benefit manager, a pharmacy benefit manager shall disclose any rebate amounts provided to the pharmacy benefit manager by a pharmaceutical manufacturer. Provides that upon request by a party contracting with a pharmacy benefit manager, a pharmacy benefit manager shall disclose the actual amounts paid by the pharmacy benefit manager to the pharmacy. Provides that a pharmacy benefit manager shall provide notice to the party contracting with the pharmacy benefit manager of any consideration that the pharmacy benefit manager receives from the manufacturer for dispense as written prescriptions once a generic or biologically similar product becomes available. Provides that any provision of a contract entered into, amended, or renewed on or after the effective date of the amendatory Act that is contrary is unenforceable.

Primary Sponsors

Ann Williams, Amy Grant, Deanne Mazzochi, Brad Halbrook, Chris Miller

State	Bill Number	Last Action	Status
IL	HB 3869	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2019-08-19
Insulin Cost

Description

Amends the Illinois Insurance Code and the Attorney General Act. Provides that insurers that provide coverage for prescription insulin drugs must limit the total amount an insured is required to pay for a covered prescription insulin drug to \$100 per 30-day supply of insulin regardless of the type and amount of insulin needed by the insured. Provides that the Attorney General shall investigate the pricing of prescription insulin drugs to ensure adequate consumer protections for Illinois consumers and to determine whether additional consumer protections are necessary. Requires the Attorney General to make the findings available to the public and to report to the Governor, the Department of Insurance, and the Judiciary Committees of the Senate and the House of Representatives. Provides for the repeal of the Attorney General's investigative duties on December 31, 2020.

Primary Sponsors

Karina Villa

State	Bill Number	Last Action	Status
IL	HB 4222	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2020-01-22
Gaming-Host Community Ethics

Description

Amends the Illinois Gambling Act. Instead of prohibiting an employee of the corporate authority of a host community from having financial interests in a riverboat or casino, receive certain things of value from a riverboat or casino, or accept employment from a casino or riverboat, requires the employee to make a public disclosure to the Illinois Gaming Board. Makes conforming changes in the Freedom of Information Act. Effective immediately.

Primary Sponsors

Joe Sosnowski

State	Bill Number	Last Action	Status
IL	HB 4443	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2020-01-31
Cybersecurity-Information Tech

Description

Amends the Freedom of Information Act. Modifies the exemptions from inspection and copying concerning cybersecurity vulnerabilities. Amends the Department of Innovation and Technology Act. Authorizes the Department of Innovation and Technology to accept grants and donations. Creates the Technology, Education, and Cybersecurity Fund as a special fund in the State treasury to be used by the Department of Innovation and Technology to promote and effectuate information technology activities. Requires a local government official or employee to be chosen to act as the primary point of contact for local cybersecurity issues. Amends the Illinois Information Security Improvement Act. Requires the Secretary of Innovation and Technology to establish a cybersecurity liaison program to advise and assist units of local government and school districts concerning specified cybersecurity issues. Provides for cybersecurity training for employees of counties, municipalities, and school districts. Amends the Illinois Procurement Code. Provides that State agencies are prohibited from purchasing any products that, due to cybersecurity risks, are prohibited for purchase by federal agencies pursuant to a United States Department of Homeland Security Binding Operational Directive. Amends the State Finance Act to provide for the Technology, Education, and Cybersecurity Fund.

Primary Sponsors

Jaime Andrade

State

IL

Bill Number

HB 4444

Last Action

Tabled 2020 02 18

Status

In House

Title

Cybersecurity-Information Tech

Introduction Date: 2020-01-31

Description

Amends the Freedom of Information Act. Modifies the exemptions from inspection and copying concerning cybersecurity vulnerabilities. Amends the Department of Innovation and Technology Act. Authorizes the Department of Innovation and Technology to accept grants and donations. Creates the Technology, Education, and Cybersecurity Fund as a special fund in the State treasury to be used by the Department of Innovation and Technology to promote and effectuate information technology activities. Requires a local government official or employee to be chosen to act as the primary point of contact for local cybersecurity issues. Amends the Illinois Information Security Improvement Act. Requires the Secretary of Innovation and Technology to establish a cybersecurity liaison program to advise and assist units of local government and school districts concerning specified cybersecurity issues. Provides for cybersecurity training for employees of counties, municipalities, and school districts. Amends the Illinois Procurement Code. Provides that State agencies are prohibited from purchasing any products that, due to cybersecurity risks, are prohibited for purchase by federal agencies pursuant to a United States Department of Homeland Security Binding Operational Directive. Amends the State Finance Act to provide for the Technology, Education, and Cybersecurity Fund.

Primary Sponsors

Jaime Andrade

State

IL

Bill Number

HB 5340

Last Action

Session Sine Die 2021 01 13

Status

Failed

Title

Dhfs-Pharmaceutical Collab Act

Introduction Date: 2020-02-14

Description

Creates the Illinois Pharmaceutical Collaborative Act. Requires the Department of Healthcare and Family Services to convene the Illinois Pharmaceutical Collaborative (Collaborative) to address the rising cost of pharmaceutical drugs. Provides that the Collaborative shall be chaired by the Director of Healthcare and Family Services and its activities shall be coordinated by the Department. Provides that the Collaborative shall meet twice a year and that its mission shall be to coordinate the efforts of State and local government entities to identify and implement opportunities for cost savings with regard to the purchase of pharmaceuticals, particularly pharmaceuticals that are considered high-cost drugs. Contains provisions concerning the composition and duties of the Collaborative; Department contracts with manufacturers and suppliers of single source or multisource pharmaceuticals; the appointment of a pharmaceutical benefits manager; State participation in a prescription drug bulk purchasing program; and reporting requirements.

Primary Sponsors

Anna Moeller

State	Bill Number	Last Action	Status
IL	HB 5510	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2020-02-14
Prior Authorization Reform Act

Description

Creates the Prior Authorization Reform Act. Provides requirements concerning disclosure and review of prior authorization requirements, denial of claims or coverage by a utilization review program, and the implementation of prior authorization requirements or restrictions. Provides requirements concerning a utilization review program's obligations with respect to prior authorizations in nonurgent circumstances, urgent health care services, and emergency health care services. Provides that a utilization review program shall not require prior authorization under specified circumstances. Provides requirements concerning the length of prior authorizations. Provides that health care services are automatically deemed authorized if a utilization review program fails to comply with the requirements of the Act. Provides that the Director of Insurance may impose an administrative fine not to exceed \$250,000 for violations of the Act. Defines terms. Amends the Managed Care Reform and Patient Rights Act to provide that an insurer that provides prescription drug benefits must comply with the requirements of the Prior Authorization Reform Act. Provides that if prior authorization for covered post-stabilization services is required by a health care plan, the plan shall comply with the requirements of the Prior Authorization Reform Act. Amends the Illinois Public Aid Code to provide that all managed care organizations shall comply with the requirements of the Prior Authorization Reform Act. Makes other changes. Effective January 1, 2021.

Primary Sponsors

Tom Demmer, Fran Hurley, Greg Harris, Ryan Spain, Andre Thapedi

State	Bill Number	Last Action	Status
IL	HB 5764	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2020-03-13
First 2020 General Revisory

Description

Creates the First 2020 General Revisory Act. Combines multiple versions of Sections amended by more than one Public Act. Renumbers Sections of various Acts to eliminate duplication. Corrects obsolete cross-references and technical errors. Makes stylistic changes. Effective immediately.

Primary Sponsors

Greg Harris

State	Bill Number	Last Action	Status
IL	SB 142	Rule 3 9 A Re Referred To Assignments 2021 05 07	In Senate

Title

Medicaid-Exception To Rx Limit

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 9:26 PM
Regarding prior authorization in Medicaid

Description

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that drugs prescribed to residents of the following facilities are not subject to prior approval as a result of the 4-prescription limit: (i) long-term care facilities as defined in the Nursing Home Care Act; (ii) community-integrated living arrangements as defined in the Community-Integrated Living Arrangements Licensure and Certification Act; (iii) supportive living facilities as defined in the Code; (iv) intermediate care facilities for persons with developmental disabilities as defined in the ID/DD Community Care Act; and (v) medically complex for the developmentally disabled facilities as defined in the MC/DD Act.

Introduction Date: 2021-02-09

Primary Sponsors

Laura Murphy, Julie Morrison

State	Bill Number	Last Action	Status
IL	SB 158	Added As Co Sponsor Sen Omar Aquino 2021 03 24	In Senate

Title

Prior Authorization Reform Act

Introduction Date: 2021-02-09**Description**

Creates the Prior Authorization Reform Act. Provides requirements concerning disclosure and review of prior authorization requirements, denial of claims or coverage by a utilization review program, and the implementation of prior authorization requirements or restrictions. Provides requirements concerning a utilization review program's obligations with respect to prior authorizations in nonurgent circumstances, urgent health care services, and emergency health care services. Provides that a utilization review program shall not require prior authorization under specified circumstances. Provides requirements concerning the length of prior authorizations. Provides that health care services are automatically deemed authorized if a utilization review program fails to comply with the requirements of the Act. Provides that the Director of Insurance may impose an administrative fine not to exceed \$250,000 for violations of the Act. Defines terms. Amends the Managed Care Reform and Patient Rights Act to provide that an insurer that provides prescription drug benefits must comply with the requirements of the Prior Authorization Reform Act. Provides that if prior authorization for covered post-stabilization services is required by a health care plan, the plan shall comply with the requirements of the Prior Authorization Reform Act. Amends the Illinois Public Aid Code to provide that all managed care organizations shall comply with the requirements of the Prior Authorization Reform Act. Makes other changes. Effective January 1, 2022.

Primary Sponsors

Linda Holmes, Christopher Belt

Title
Cannabis Regulation-Various

Introduction Date: 2019-02-15

Description

Amends the Illinois Insurance Code. Creates the Pharmacy Benefits Managers Article. Provides that a pharmacy benefits manager may not prohibit a pharmacy or pharmacist from providing a customer with a more affordable alternative if a more affordable alternative is available. Defines "pharmacy benefit manager" as an entity that administers or manages a pharmacy benefits plan or program for an accident and health insurer (rather than an entity that administers or manages a pharmacy benefits plan or program). Replaces everything after the enacting clause. Amends the Cannabis Regulation and Tax Act. Makes changes regarding definitions, references, terminology, discipline of licensees, disclosure of records, the Adult Use Cannabis Health Advisory Committee, the Restore, Reinvest, and Renew Program Board, Early Approval Adult Use Dispensing Organization Licenses, Conditional Adult Use Dispensing Organization Licenses, Adult Use Dispensing Organization Licenses, criteria for license issuance, dispensing organization requirements, violations and penalties, Community College Cannabis Vocational Pilot Program licenses, operating a watercraft or snowmobile while under the influence of cannabis, the legal status of cannabis paraphernalia, and technical and stylistic matters. Amends the Criminal Identification Act regarding pardons authorizing expungement of minor cannabis offenses and motions to vacate and expunge a conviction for certain violations of the Cannabis Control Act. Amends the Use Tax Act, the Service Use Tax Act, the Service Occupation Tax Act, and the Retailers' Occupation Tax Act in relation to food consisting of or infused with adult use cannabis. Amends the Statewide Grand Jury Act by deleting references to a repealed Act. Amends the Counties Code and the Illinois Municipal by making changes regarding an ordinance or resolution imposing or discontinuing a cannabis retailers' occupation tax or effecting a change in the rate of such a tax as well as technical matters. Amends the Savings Bank Act regarding a savings bank or holding company providing financial services to a cannabis-related legitimate business. Amends the Smoke Free Illinois Act regarding the consumption of cannabis. Amends the Illinois Vehicle Code regarding validated roadside chemical tests, the DUI Cannabis Task Force, and other matters. Amends the Cannabis Control Act regarding industrial hemp. Amends the Compassionate Use of Medical Cannabis Program Act regarding driving records and other matters. Amends the Election Code, the Drug Paraphernalia Control Act, and the Tobacco Products Tax Act of 1995 by making conforming changes. Effective immediately. Removes the changes to the Election Code. Amends the State Officials and Employees Ethics Act. Provides that, on and after Jun... (click bill link to see more).

Primary Sponsors

Heather Steans, Melinda Bush, Laura Murphy, Celina Villanueva, David Welter, Bob Morgan

State	Bill Number	Last Action	Status
IL	SB 1625	Rule 3 9 A Re Referred To Assignments 2021 04 16	In Senate

Title
Pharmacy-Price Disclosure

Introduction Date: 2021-02-26

Description

Amends the Pharmacy Practice Act. Removes a provision limiting consumers to 10 requests for disclosure of the current usual and customary retail price of prescription drugs or medical devices for which the person making the request has a prescription. Provides that a pharmacy must post a notice informing customers that they may request, in person or by telephone, the current usual and customary retail price of any brand or generic prescription drug or medical device that the pharmacy offers for sale to the public. Provides that a pharmacist or his or her authorized employee must disclose to the consumer at the point of sale the current pharmacy retail price for each prescription medication the consumer intends to purchase. If the consumer's cost-sharing amount for a prescription exceeds the current pharmacy retail price, the pharmacist or his or her authorized employee must disclose to the consumer that the pharmacy retail price is less than the patient's cost-sharing amount.

Primary Sponsors

Doris Turner, Julie Morrison

State	Bill Number	Last Action	Status
IL	SB 1682	Public Act 102 0400 2021 08 16	Enacted

Title
Pharmacy-Price Disclosure

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 8:50 PM
Drug pricing disclosure

Description

Amends the Pharmacy Practice Act. Removes a provision limiting consumers to 10 requests for disclosure of the current usual and customary retail price of prescription drugs or medical devices for which the person making the request has a prescription. Provides that a pharmacy must post a notice informing customers that they may request, in person or by telephone, the current usual and customary retail price of any brand or generic prescription drug or medical device that the pharmacy offers for sale to the public. Provides that a pharmacist or his or her authorized employee must disclose to the consumer at the point of sale the current pharmacy retail price for each prescription medication the consumer intends to purchase. If the consumer's cost-sharing amount for a prescription exceeds the current pharmacy retail price, the pharmacist or his or her authorized employee must disclose to the consumer that the pharmacy retail price is less than the patient's cost-sharing amount.

Introduction Date: 2021-02-26

Primary Sponsors

Scott Bennett, Dee Avelar, Carol Ammons, Stephanie Kifowit, Mike Halpin

Title
Ins Cd-Synchronize Medication

Introduction Date: 2019-02-15

Description

Amends the Illinois Insurance Code. Provides that all entities providing prescription drug coverage shall permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a pharmacy for less than a 30-day supply if the prescriber or pharmacist indicates the fill or refill could be in the best interest of the patient or is for the purpose of synchronizing the patient's chronic medications. Provides that no entity providing prescription drug coverage shall deny coverage for the dispensing of any drug prescribed for the treatment of a chronic illness that is made in accordance with a plan among the insured, the prescriber, and a pharmacist to synchronize the refilling of multiple prescriptions for the insured. Provides that no entity providing prescription drug coverage shall use payment structures incorporating prorated dispensing fees determined by calculation of the days' supply of medication dispensed. Provides that dispensing fees shall be determined exclusively on the total number of prescriptions dispensed. Establishes criteria for an entity conducting audits (either on-site or remotely) of pharmacy records. Provides that the Department of Insurance and Director of Insurance shall have the authority to enforce the provisions of the Act and impose financial penalties. Effective January 1, 2020.

Primary Sponsors

Napoleon Harris, Laura Ellman, Julie Morrison

Title

Ins-Pharmacy Benefit Managers

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 8:48 PM
MAC, pharmacy audits, network adequacy, and fiduciary duty

Description

Amends the Illinois Insurance Code. Provides that if a generic equivalent for a brand name drug is approved by the federal Food and Drug Administration, plans that provide coverage for prescription drugs through the use of a drug formulary that are amended, delivered, issued, or renewed in the State on or after January 1, 2022 shall comply with specified requirements. Provides that the Department of Insurance may adopt rules to implement provisions concerning notice of change of drug formulary. In provisions concerning a contract between a health insurer and a pharmacy benefit manager, provides that a pharmacy benefit manager must update and publish maximum allowable cost pricing information according to specified requirements, must provide a reasonable administrative appeal procedure to allow pharmacies to challenge maximum allowable costs, and must comply with specified requirements if an appeal is denied. Sets forth provisions concerning pharmacy benefit manager contracts; specified requirements that a pharmacy benefit manager shall comply with; specified requirements that an auditing entity shall comply with when conducting a pharmacy audit; and specified requirements concerning pharmacy network access standards. Provides that a violation of specified provisions is an unfair method of competition and unfair and deceptive act or practice in the business of insurance. Sets forth provisions concerning applicability of the Pharmacy Benefit Managers Article of the Illinois Insurance Code, and provisions concerning fiduciary responsibility of a pharmacy benefit manager. Defines terms. Makes other changes. Amends the Illinois Public Aid Code. Sets forth provisions concerning reimbursement of professional dispensing fees and acquisition costs for pharmacy providers. Replaces everything after the enacting clause with the provisions of the introduced bill with the following changes. Provides that a pharmacy may not be subject to a chargeback or recoupment for a clerical or recordkeeping error in a required document or record unless the pharmacy benefit manager can provide proof of intent to commit fraud or such error results in actual financial harm to the pharmacy benefit manager, a health plan managed by the pharmacy benefit manager, or a consumer. Removes various provisions concerning pharmacy benefit manager contracts. Defines "spread pricing". Removes various definitions. Amends the Network Adequacy and Transparency Act. In provisions concerning pharmacy payments under the Medical Assistance Article of the Illinois Public Aid Code, provides that the Department of Healthcare and Family Services may reimburse a pharmacy owned by an entity participating in the federal Drug Pricing Program under the federal Public Health Service Act, for drugs purchased ... (click bill link to see more).

Introduction Date: 2021-02-26

Primary Sponsors

Dave Koehler, Linda Holmes, Laura Murphy, Napoleon Harris, Mike Hastings

State	Bill Number	Last Action	Status
IL	SB 3058	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2020-02-05
Regulation-Tech

Description
Amends the Illinois Insurance Code. Makes a technical change in a Section concerning licensure requirements for pharmacy benefit managers.

Primary Sponsors
Andy Manar

State	Bill Number	Last Action	Status
IL	SB 3059	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2020-02-05
Regulation-Tech

Description
Amends the Illinois Insurance Code. Makes a technical change in a Section concerning licensure requirements for pharmacy benefit managers.

Primary Sponsors
Andy Manar

State	Bill Number	Last Action	Status
IL	SB 3060	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2020-02-05
Pharmacy-Price Disclosure

Description
Amends the Pharmacy Practice Act. Removes a provision limiting consumers to 10 requests for disclosure of the current usual and customary retail price of prescription drugs or medical devices for which the person making the request has a prescription. Provides that a pharmacy must post a notice informing customers that they may request, in person or by telephone, the current usual and customary retail price of any brand or generic prescription drug or medical device that the pharmacy offers for sale to the public.

Primary Sponsors
Scott Bennett, Andy Manar

State	Bill Number	Last Action	Status
IL	SB 3117	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2020-02-06
Ins-Pharmacy Benefit Managers

Description

Amends the Illinois Insurance Code. Provides that a pharmacy benefit manager has a fiduciary duty to a third party with which the pharmacy benefit manager has entered into a contract to manage the pharmacy benefit plan of the third party and shall notify the third party in writing of an activity, policy, or practice of the pharmacy benefit manager that presents a conflict of interest that interferes with the ability of the pharmacy benefit manager to discharge its fiduciary duty. Allows the Director of Insurance to refuse to issue, suspend, or revoke a license or impose a fine if it is found that a pharmacy benefit manager has failed to adequately discharge its fiduciary duty to a third party. Effective immediately.

Primary Sponsors

Andy Manar

State	Bill Number	Last Action	Status
IL	SB 3159	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2020-02-11
Pharmacy-Price Disclosure

Description

Amends the Pharmacy Practice Act. Provides that a pharmacist or his or her authorized employee must disclose to the consumer at the point of sale the current pharmacy retail price for each prescription medication the consumer intends to purchase. If the consumer's cost-sharing amount for a prescription exceeds the current pharmacy retail price, the pharmacist or his or her authorized employee must disclose to the consumer that the pharmacy retail price is less than the patient's cost-sharing amount. Defines terms. Effective immediately.

Primary Sponsors

Melinda Bush, Andy Manar

State	Bill Number	Last Action	Status
IL	SB 3543	Session Sine Die 2021 01 13	Failed

Title
Medicaid-Mco-Pharmacy Fee

Description
Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires all Medicaid managed care organizations to reimburse pharmacy provider dispensing fees and acquisition costs at no less than the amounts established under the fee-for-service program whether the Medicaid managed care organization directly reimburses pharmacy providers or contracts with a pharmacy benefit manager to reimburse pharmacy providers. Provides that the reimbursement requirement applies to all pharmacy services for persons receiving benefits under the Code including pharmacy services. Effective immediately.

Primary Sponsors
Andy Manar

Bill Summary: Last edited by [deactivated]Ademola Are at Feb 18, 2020, 1:21 PM
Reimbursement to pharmacy must not be less than the dispensing fees and acquisition costs under the fee-for-service program

Introduction Date: 2020-02-14

State	Bill Number	Last Action	Status
IL	SB 3734	Session Sine Die 2021 01 13	Failed

Title
Ins-Pharmacy Benefit Managers

Description
Amends the Illinois Insurance Code. Provides that a pharmacy benefit manager may not reimburse a pharmacist or pharmacy for a prescription drug or pharmacy service in an amount less than the amount the pharmacy benefit manager reimburses itself or an affiliate for the same prescription drug or pharmacy service. Provides that the Section applies to insurers that provide coverage for prescription drugs and pharmacy services, including through a pharmacy benefit manager. Defines terms. Effective immediately.

Primary Sponsors
Andy Manar

Bill Summary: Last edited by [deactivated]Ademola Are at Feb 18, 2020, 1:17 PM
A PBM may not reimburse a pharmacist or pharmacy for a prescription drug or pharmacy service in an amount less than the amount the pharmacy benefit manager reimburses itself or an affiliate for the same prescription drug or pharmacy service

Introduction Date: 2020-02-14

State	Bill Number	Last Action	Status
IL	SB 3740	Session Sine Die 2021 01 13	Failed

Title
Ins-Pharmacy Benefit Managers

Description
Amends the Illinois Insurance Code. Provides that a pharmacy benefit manager shall pay the full amount paid by a health insurer or health benefit plan for prescription drug coverage to a pharmacy for such prescription drugs, less the amount of the pharmacy benefit manager's administrative costs. Effective immediately.

Primary Sponsors
Andy Manar

Bill Summary: Last edited by [deactivated]Ademola Are at Feb 18, 2020, 1:16 PM
Requires that a PBM shall pay the full amount paid by a health insurer or health benefit plan for prescription drug coverage to a pharmacy for such prescription drugs, less the amount of the pharmacy benefit manager's administrative costs

Introduction Date: 2020-02-14

State	Bill Number	Last Action	Status
IL	SB 3741	Session Sine Die 2021 01 13	Failed

Title
Ins-Pharmacy Benefit Managers

Description
Amends the Illinois Insurance Code. Prohibits a pharmacy benefit manager from requiring that a covered prescription drug be filled by a mail-order pharmacy as a condition for reimbursement of the cost of the prescription drug. Effective immediately.

Primary Sponsors
Andy Manar

Bill Summary: Last edited by [deactivated]Ademola Are at Feb 18, 2020, 1:13 PM
Prohibits a PBM from requiring that a covered prescription drug be filled by a mail-order pharmacy as a condition for reimbursement of the cost of the prescription

Introduction Date: 2020-02-14

State	Bill Number	Last Action	Status
IL	SB 3822	Session Sine Die 2021 01 13	Failed

Title
Prior Authorization Reform Act

Description
Creates the Prior Authorization Reform Act. Provides requirements concerning disclosure and review of prior authorization requirements, denial of claims or coverage by a utilization review program, and the implementation of prior authorization requirements or restrictions. Provides requirements concerning a utilization review program's obligations with respect to prior authorizations in nonurgent circumstances, urgent health care services, and emergency health care services. Provides that a utilization review program shall not require prior authorization under specified circumstances. Provides requirements concerning the length of prior authorizations. Provides that health care services are automatically deemed authorized if a utilization review program fails to comply with the requirements of the Act. Provides that the Director of Insurance may impose an administrative fine not to exceed \$250,000 for violations of the Act. Defines terms. Amends the Managed Care Reform and Patient Rights Act to provide that an insurer that provides prescription drug benefits must comply with the requirements of the Prior Authorization Reform Act. Provides that if prior authorization for covered post-stabilization services is required by a health care plan, the plan shall comply with the requirements of the Prior Authorization Reform Act. Amends the Illinois Public Aid Code to provide that all managed care organizations shall comply with the requirements of the Prior Authorization Reform Act. Makes other changes. Effective January 1, 2021.

Primary Sponsors
Linda Holmes, Don DeWitte, Jacqui Collins, Heather Steans, Elgie Sims

Introduction Date: 2020-02-14

State	Bill Number	Last Action	Status
IL	SB 3869	Session Sine Die 2021 01 13	Failed

Title Introduction Date: 2020-02-14
Ins-Telehealth Provider Info

Description

Amends the Network Adequacy and Transparency Act. Provides that a network plan shall make available, through a directory, information about whether a provider offers the use of telehealth or telemedicine to deliver services, what modalities are used and what services via telehealth or telemedicine are provided, and whether the provider has the ability and willingness to include in a telehealth or telemedicine encounter a family caregiver who is in a separate location than the patient if the patient so wishes and provides his or her consent. Defines "family caregiver". Effective immediately.

Primary Sponsors

Jacqui Collins, Mattie Hunter

State	Bill Number	Last Action	Status
IN	HB 1084	Signed By The Governor 2021 04 08	Enacted

Title Introduction Date: 2021-01-04
Technical corrections.

Description

Resolves technical conflicts and addresses technical errors in the Indiana Code. (The introduced version of this bill was prepared by the code revision commission.)

Primary Sponsors

John Young, Mike Young, Greg Taylor

State	Bill Number	Last Action	Status
IN	HB 1393	Senator Ford J D Added As Cosponsor 2021 03 25	In Senate

Title Introduction Date: 2021-01-14
Pharmacy benefit managers.

Description

Prohibits the inclusion of certain provisions in a contract between a pharmacy benefit manager and an entity authorized to participate in the federal 340B Drug Pricing Program. Provides that a pharmacy benefit manager's violation of the prohibition is an unfair or deceptive act or practice in the business of insurance.

Primary Sponsors

Ed Clere, Matt Lehman, Steve Davisson, Robin Shackelford, Liz Brown, Ed Charbonneau, Shelli Yoder

Title
Insurance matters.

Bill Summary: Last edited by Matt Magner at Feb 12, 2021, 2:57 PM
Possible PBM reform provisions.

Description

Allows the office of the secretary of family and social services to apply for a Medicaid state plan amendment to allow school corporations to seek Medicaid reimbursement for medically necessary, school based Medicaid covered services that are provided under federal or state mandates. Specifies possible services for Medicaid reimbursement. Adds physical therapy to the list of services for which a school psychologist may refer a student. Establishes the long term care insurance partnership program and requires the office of the secretary of family and social services to apply before September 1, 2021, for a Medicaid state plan amendment that would: (1) provide for the establishment of the new long term care insurance partnership program and the discontinuance of the current long term care program; and (2) ensure that an individual who purchased a qualified long term care policy under the current program will be eligible for an asset disregard even if the current program is discontinued and even though the policy was issued before the date of the state plan amendment, is not tax qualified, and does not meet the standards of Section 6021 the federal Deficit Reduction Act. Provides that if approval is not given for the state plan amendment, the new long term care insurance partnership program is not established and the office and the department of insurance shall study ways to improve the affordability and cost effectiveness of the current program. Requires an audit examining prescription drug cost sharing for the Medicaid program once every three state fiscal years. Provides that the county sheriff may receive reimbursement from a nonincarcerated person's health coverage for providing nonemergency transport of the person to a facility for a mental health detention. Requires a provider to provide the health records requested by a patient within 30 days after the date the written request is made, unless the provider seeks an extension of not more than 30 days and informs the patient in writing of the reasons for the extension and the date by which the provider will provide the health records. Prohibits the state or a local unit from issuing or requiring a COVID-19 "immunization passport" (a document concerning an individual's immunization status). Allows a nonprofit association of cities and towns to participate in the state aggregate prescription drug purchasing program. Adopts the physical therapy licensure compact. Provides that if a resident insurance producer completed more than 24 hours of credit in continuing education courses before the effective date of the producer's last license renewal, not more than 12 of the excess hours of credit for those continuing education courses may apply toward satisfaction of the continuing education requirement for ... (click bill link to see more).

Introduction Date: 2021-01-14

Primary Sponsors

Martin Carbaugh, Matt Lehman, Chris Campbell, Brad Barrett, Ed Clere, Andy Zay, Greg Walker, Justin Busch

Title

Various health care matters.

Introduction Date: 2021-01-14

Description

Provides that the state employee health plan statute does not prohibit the state personnel department from directly contracting with health care providers for health care services for state employees. Provides that if a woman who is in premature labor presents to a hospital, the hospital must inform the woman of the hospital's capabilities of treating the born alive infant and managing a high risk pregnancy. Sets forth requirements that a hospital must meet concerning: (1) a woman who is in premature labor; and (2) a born alive infant. Changes the date that ambulatory outpatient surgical centers are required to begin posting certain pricing information from March 31, 2021, to December 31, 2021. Specifies that the pricing information posted is the standard charge rather than the weighted average negotiated charge and sets forth what is included in the standard charge. Specifies that if an ambulatory outpatient surgical center offers less than 30 additional services, the center is required to post all of the services the center provides. Requires a hospital to post pricing information in compliance with the federal Hospital Price Transparency Rule of the Centers for Medicare and Medicaid Services as in effect on January 1, 2021, if: (1) the federal Hospital Price Transparency Rule is repealed; or (2) federal enforcement of the federal Hospital Price Transparency Rule is stopped. Defines "health carrier" for purposes of the law on health provider contracts. Prohibits the inclusion in a health provider contract of any provision that would: (1) prohibit the disclosure of health care service claims data, including for use in the all payer claims data base; (2) limit the ability of a health carrier or health provider facility to disclose the allowed amount and fees of services to any insured or enrollee, or to the treating health provider facility or physician of the insured or enrollee; or (3) limit the ability of a health carrier or health provider facility to disclose out-of-pocket costs to an insured or an enrollee. Requires the department of insurance to issue a report to: (1) the legislative council; and (2) the interim study committees on financial institutions and insurance and public health, behavioral health, and human services; setting forth its suggestions for revising the department's administrative rules to reduce the regulatory costs incurred by employers seeking to provide health coverage for their employees through multiple employer welfare arrangements.

Primary Sponsors

Donna Schaibley, Bob Heaton, Ryan Lauer, Tony Cook, Liz Brown, Ed Charbonneau, Andy Zay

State	Bill Number	Last Action	Status
IN	SB 62	Senator Randolph Added As Coauthor 2021 02 22	In Senate

Title Introduction Date: 2021-01-04
Prescription drug rebates and pricing.

Description
Provides that the defined cost sharing for a prescription drug under a policy of accident and sickness insurance or a health maintenance organization contract must be calculated at the point of sale and based on a price that is reduced by an amount equal to at least 85% of all rebates received by the insurer or health maintenance organization in connection with the dispensing or administration of the prescription drug.

Primary Sponsors
Vaneta Becker, Ed Charbonneau, Mike Bohacek, Lonnie Randolph

State	Bill Number	Last Action	Status
IN	SB 131	First Reading Referred To Committee On Financial Institutions And Insurance 2021 03 04	In House

Title
Disclosures related to prescription drugs.

Bill Summary: Last edited by Matt Magner at Feb 4, 2021, 2:58 PM
Requires disclosure to patients of certain drug pricing data.

Description
Beginning January 1, 2022, requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide to a covered individual the maximum allowable cost of a generic drug on the written materials provided at the point of sale. Provides that if an agreement between a health plan and a pharmacy benefit manager that is entered into or renewed after December 31, 2021, provides that less than 85% of the estimated rebates will be deducted from the cost of prescription drugs before a covered individual's cost sharing requirement is determined, the pharmacy benefit manager must provide the policyholder with a notice on an annual basis that includes: (1) an explanation of what a rebate is; (2) an explanation of how rebates accrue to the health plan from the manufacturer; and (3) the aggregate amount of rebates that accrued to the health plan for prescription drugs dispensed under the policyholder's health plan for the previous year.

Introduction Date: 2021-01-05

Primary Sponsors
Mike Bohacek, Ron Alting, Kyle Walker, Aaron Freeman, Scott Baldwin, Blake Doriot, Ron Grooms, Lonnie Randolph, Ed Charbonneau, Vaneta Becker, Ann Vermilion

Title

Pharmacy benefit managers.

Description

Allows a public employer and a self-funded health plan to use a reverse auction to procure the services of a pharmacy benefit manager. Requires an audit of prescription drug cost sharing for the state Medicaid program once every three state fiscal years. Requires a pharmacy benefit manager to: (1) perform its contractual duties in good faith and in observance of reasonable commercial standards of fair dealing; and (2) notify a health plan in writing if any activity, policy, or practice of the pharmacy benefit manager presents a conflict of interest. Adds requirements of pharmacy benefit managers when denying an appeal of the maximum allowable cost pricing of a prescription drug. Requires the department of insurance (department) to develop a process for complaints regarding pharmacy benefit managers. Requires a pharmacy benefit manager to provide the department with certain information within 20 business days after the date of a complaint. Prohibits a pharmacy benefit manager from requiring a pharmacy to obtain a signature from an individual for a prescription or immunization during a public health emergency. Requires the legislative services agency to conduct a study of market concentration in Indiana of: (1) the health insurance industry; (2) the hospital industry; (3) the professions of licensed health care practitioners; (4) the retail pharmaceutical industry; (5) the pharmacy benefit manager industry; and (6) the pharmacy services administrative organization industry, including its relationship to pharmaceutical wholesalers. Requires the legislative services agency to present the findings of the study not later than September 1, 2022.

Primary Sponsors

Andy Zay, Ron Grooms, Ed Charbonneau, Blake Doriot, Aaron Freeman, Fady Qaddoura, Matt Lehman

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 5:41 PM
Requires the auditor of state to conduct an audit of prescription drug cost sharing for the Medicaid program every three state fiscal years. Adds requirements of pharmacy benefit managers when denying an appeal of the maximum allowable cost pricing of a prescription drug. Requires the department of insurance to develop a process for complaints regarding pharmacy benefit managers, including:(1) denied appeals of maximum allowable cost pricing; and (2) unfair, unjust, or unlawful contract provisions. Allows a pharmacy or pharmacist to decline to provide pharmacist services to a covered individual if the acquisition cost to the pharmacy or pharmacist would exceed the amount received for the pharmacist services.

Introduction Date: 2021-01-04

Title

Pharmacy benefit managers and drug lists.

Description

Prohibits a pharmacy benefit manager from including a drug on a maximum allowable cost list if the drug meets certain conditions.

Primary Sponsors

Ed Charbonneau, Ron Grooms, Andy Zay

Introduction Date: 2021-01-11

State	Bill Number	Last Action	Status
IN	SB 325	Public Law 151 2021 04 29	Enacted

Title
Hospitals.

Introduction Date: 2021-01-11

Description

Requires certain nonprofit hospitals to hold an annual public forum for the purposes of: (1) obtaining feedback from the community about the nonprofit hospital's performance in the previous year; (2) discussing the pricing of health services provided at the nonprofit hospital; and (3) discussing the contributions made by the nonprofit hospital to the community. Requires a nonprofit hospital, at least 14 days before the public forum, to post on the nonprofit hospital's Internet web site: (1) a notice stating the date, time, location, and purposes of the public forum; and (2) information relating to the subjects to be discussed at the public forum. Allows the public forum to be held, either all or in part, through an interactive real time audio and video meeting that is accessible to the community through the Internet. Changes the date that ambulatory outpatient surgical centers are required to begin posting certain pricing information from March 31, 2021, to December 31, 2021. Specifies that the pricing information posted is the standard charge rather than the weighted average negotiated charge and sets forth what is included in the standard charge. Specifies that if an ambulatory outpatient surgical center offers less than 30 additional services, the center is required to post all of the services the center provides. Requires a hospital to post pricing information in compliance with the federal Hospital Price Transparency Rule of the Centers for Medicare and Medicaid Services as in effect on January 1, 2021, if: (1) the federal Hospital Price Transparency Rule is repealed; or (2) federal enforcement of the federal Hospital Price Transparency Rule is stopped. Requires a health carrier to hold an annual public forum. Specifies information to be discussed at the health carrier public forum and information to be disclosed before the forum. Makes conforming changes.

Primary Sponsors

Justin Busch, Ed Charbonneau, Ethan Manning

State	Bill Number	Last Action	Status
KS	HB 2260	Referred To Committee On Health And Human Services 2021 02 09	In House

Title
Prohibiting disparate treatment by pharmacy benefits managers of certain pharmacies and pharmaceutical services providers.

Bill Summary: Last edited by Matt Magner at Feb 8, 2021, 8:10 PM
Addresses 340B entities.

Introduction Date: 2021-02-08

Primary Sponsors

House Committee on Health and Human Services

State	Bill Number	Last Action	Status
KS	HB 2383	Referred To Committee On Insurance And Pensions 2021 02 15	In House

Title
Providing for enhanced regulation of pharmacy benefits managers and requiring licensure rather than registration of such entities.

Bill Summary: Last edited by Matt Magner at Feb 16, 2021, 8:02 PM
Licensure of PBMs

Introduction Date: 2021-02-12

Primary Sponsors
House Committee on Insurance and Pensions

State	Bill Number	Last Action	Status
KS	SB 128	Referred To Committee On Financial Institutions And Insurance 2021 02 03	In Senate

Title
Prohibiting disparate treatment by pharmacy benefits managers of certain pharmacies and pharmaceutical services providers.

Bill Summary: Last edited by Matt Magner at Feb 4, 2021, 3:49 PM
Prohibits disparate treatment of pharmacies by PBMs

Introduction Date: 2021-02-02

Primary Sponsors
Senate Committee on Public Health and Welfare

State	Bill Number	Last Action	Status
KS	SB 159	No Motion To Reconsider Line Item Veto Veto Sustained On Section 46 A 2021 05 26	Failed

Title
Appropriations for FY 2021, FY 2022, and FY 2023, for various state agencies; authorizing the payment of certain claims against the state; authorizing certain transfers and capital improvement projects.

Introduction Date: 2021-02-05

Primary Sponsors
Joint Committee on Special Claims Against the State

State	Bill Number	Last Action	Status
KS	SB 244	Referred To Committee On Financial Institutions And Insurance 2021 02 15	In Senate

Title
Providing for enhanced regulation of pharmacy benefits managers and requiring licensure rather than registration of such entities.

Bill Summary: Last edited by Matt Magner at Feb 16, 2021, 7:57 PM
Licensure of PBMs

Introduction Date: 2021-02-12

Primary Sponsors
Senate Committee on Financial Institutions and Insurance

State
KY

Bill Number
HB 250

Last Action
Signed By Governor Acts Ch 36 2021 03 18

Status
Enacted

Title

AN ACT relating to the regulation of travel-related commerce.

Introduction Date: 2021-01-11

Description

Establish new Subtitle 52 in KRS Chapter 304 and create sections relating to travel insurance; define terms; provide for the classification and form of travel insurance; allow eligibility and underwriting standards for travel insurance to be developed based on travel protection plans; establish conduct relating to travel insurance constituting an unfair trade practice; establish requirements for travel insurance insurers; establish requirements for the refund of certain travel protection plans; require certain notices and materials be provided to consumers; establish requirements for travel administrators; establish travel insurance agent requirements; create a new section of KRS Chapter 365 to provide requirements for the offer and sale of travel protection plans; amend KRS 304.9-440 to apply penalties to travel retailers; amend KRS 304.9-020, 304.9-080, 304.9-230, 304.9-421, 304.9-430, 304.9-440, and 304.9-475 to make conforming changes; provide short title for Sections 1 to 6.

Primary Sponsors

Matt Lockett, Bart Rowland

State	Bill Number	Last Action	Status
KY	HB 532	Recommitted To Appropriations Revenue H 2021 03 11	Failed sine die

Title

AN ACT relating to pharmacy benefit managers.

Description

Create a new section of Subtitle 12 of KRS Chapter 304 to prohibit certain practices of pharmacy benefit managers; allow audits of contracts entered with pharmacy benefit managers; require certain disclosures relating to contracts with pharmacy benefit managers; require pharmacy benefit managers to file an annual report with the commissioner of insurance; provide that confidential or proprietary information disclosed to the Department of Insurance shall not be subject to disclosure under the Open Records Act; prohibit pharmacy benefit managers from sharing certain pharmacy records with pharmacy affiliates; authorize the commissioner of insurance to promulgate regulations relating to pharmacy benefit managers; amend KRS 304.17A-708, 304.17A-712, and 304.17A-714 to conform; provide for severability; require the commissioner of insurance to promulgate regulations to implement the Act on or before January 1, 2022; EFFECTIVE, in part, January 1, 2022.

Primary Sponsors

Steve Sheldon, Danny Bentley, Adam Bowling, Randy Bridges, Ryan Dotson, Deanna Frazier, Robert Goforth, David Hale, Mark Hart, Samara Heavrin, Regina Huff, Kim King, Matt Koch, Derek Lewis, Scott Lewis, Ed Massey, Shawn McPherson, Phillip Pratt, Melinda Prunty, Brandon Reed, Steve Riley, Bart Rowland, Scott Sharp, Nancy Tate, Walker Thomas, James Tipton, Ken Upchurch, Russell Webber

Bill Summary: Last edited by Matt Magner at Feb 24, 2021, 8:02 PM AWP, accreditation standards, retroactive reductions, adjudication fees, affiliate reimbursements

Introduction Date: 2021-02-22

State	Bill Number	Last Action	Status
KY	SB 110	To Committee On Committees S 2021 01 13	Failed sine die

Title Introduction Date: 2021-01-13
AN ACT relating to prescription insulin and declaring an emergency.

Description

Create various new sections of KRS Chapter 211 to define terms; establish the urgent-need insulin program and the continuing access to insulin program; establish eligibility guidelines for both programs; establish the application process; establish the process by which insulin is dispensed to eligible individuals; establish the responsibilities of insulin manufacturers for facilitating the dispensing of insulin to eligible individuals; establish the responsibilities of the Cabinet for Health and Family Services for administering the program; require manufacturers to maintain privacy of all data obtained; require manufacturers to annually report certain information to the cabinet; require the cabinet to report certain information to the General Assembly upon request; establish penalties; amend KRS 304-17A.148 to cap the cost-sharing requirements for prescription insulin at \$30 per 30 day supply; amend KRS 18A.225 to require the Kentucky Employee Health Plan to comply; EMERGENCY.

Primary Sponsors

Phillip Wheeler, Johnnie Turner, Rick Girdler, Alice Kerr, Mike Nemes, David Yates

State	Bill Number	Last Action	Status
LA	HB 244	Effective Date 08 01 2021 2021 06 11	Enacted

Title Introduction Date: 2021-03-26
INSURANCE/HEALTH: Provides for the regulation of pharmacy services administrative organizations

Primary Sponsors

Chris Turner

State	Bill Number	Last Action	Status
LA	SB 94	Effective Date 6 21 2021 2021 06 21	Enacted

Title Introduction Date: 2021-03-30
INSURERS: Provides relative to insurance cost-sharing practices. (gov sig) (EN NO IMPACT See Note)

Primary Sponsors

Jimmy Harris

State	Bill Number	Last Action	Status
LA	SB 181	Effective Date 8 1 2021 2021 06 11	Enacted

Title Introduction Date: 2021-04-01
INSURERS: Provides relative to health insurance coverage modifications and unfair or deceptive practices. (8/1/21)

Primary Sponsors
Gerald Boudreaux

State	Bill Number	Last Action	Status
LA	SB 191	Effective Date 6 1 2021 2021 06 01	Enacted

Title Introduction Date: 2021-04-02
INSURANCE POLICIES: Provides relative to coverage of certain physician-administered drugs and related services. (gov sig) (EN NO IMPACT See Note)

Primary Sponsors
Heather Cloud

State	Bill Number	Last Action	Status
LA	SB 218	Read By Title Under The Rules Referred To The Committee On Insurance 2021 05 06	Failed sine die

Title Introduction Date: 2021-04-02
PHARMACEUTICALS: Provides relative to the payment of pharmacy claims. (See Act) (RE INCREASE SG EX See Note)

Primary Sponsors
T-Fred Mills

State	Bill Number	Last Action	Status
MA	H 729	Hearing Scheduled For 07 13 2021 From 11 00 Am 04 00 Pm In Virtual Hearing 2021 06 29	In House

Title Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 7:24 PM
An Act to ensure prescription drug cost transparency and affordability
Drug pricing transparency

Introduction Date: 2021-03-29

Description
By Representatives Barber of Somerville and Santiago of Boston, a petition (accompanied by bill, House, No. 729) of Christine P. Barber, Jon Santiago and others relative to prescription drug cost transparency and affordability. Elder Affairs.

Primary Sponsors
Christine Barber, Jon Santiago

State	Bill Number	Last Action	Status
MA	H 1123	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In House

Title
An Act relative to pharmaceutical gag clauses

Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 8:18 PM
Gag clauses

Description
By Mr. Jones of North Reading, a petition (accompanied by bill, House, No. 1123) of Bradley H. Jones, Jr., and others relative to contracts for pharmacy services between health insurance carriers or pharmacy benefits' managers and pharmacies or pharmacists. Financial Services.

Introduction Date: 2021-03-29

Primary Sponsors
Brad Jones

State	Bill Number	Last Action	Status
MA	H 1124	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In House

Title
An Act establishing a commission to study the promotion of preferred pharmacy networks

Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 7:25 PM
Requiring a study of preferred networks.

Description
By Mr. Jones of North Reading, a petition (accompanied by bill, House, No. 1124) of Bradley H. Jones, Jr., and others relative to establishing a commission (including members of the General Court) to study the promotion of preferred pharmacy networks where insurers can negotiate lower drug prices. Financial Services.

Introduction Date: 2021-03-29

Primary Sponsors
Brad Jones

State	Bill Number	Last Action	Status
MA	H 1155	Hearing Scheduled For 07 01 2021 From 10 00 Am 02 00 Pm In Virtual Hearing 2021 06 23	In House

Title
An Act to ensure access to generic medications

Bill Summary: Last edited by Matt Magner at Feb 18, 2021, 7:51 PM
Regarding MAC lists

Description
By Mr. McMurtry of Dedham, a petition (accompanied by bill, House, No. 1155) of Paul McMurtry and James M. Murphy relative to access to generic medications. Financial Services.

Introduction Date: 2021-03-29

Primary Sponsors
Paul McMurtry

State	Bill Number	Last Action	Status
MA	H 1190	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In House

Title
An Act relating to patient cost, benefit, and coverage information, choice, and price transparency

Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 7:23 PM
Drug pricing transparency

Introduction Date: 2021-03-29

Description
By Mr. Roy of Franklin, a petition (accompanied by bill, House, No. 1190) of Jeffrey N. Roy relative to patient cost, benefit, and coverage information, choice, and price transparency. Financial Services.

Primary Sponsors
Jeff Roy

State	Bill Number	Last Action	Status
MA	H 1201	Hearing Scheduled For 07 01 2021 From 10 00 Am 02 00 Pm In Virtual Hearing 2021 06 23	In House

Title
An Act ensuring access to medications

Bill Summary: Last edited by Matt Magner at Feb 5, 2021, 3:11 PM
Creates specialty pharmacy license; protects patient choice of specialty pharmacy provider.

Introduction Date: 2021-03-29

Description
By Mr. Sena of Acton, a petition (accompanied by bill, House, No. 1201) of Danillo A. Sena and others relative to ensuring access to certain medications. Financial Services.

Primary Sponsors
Dan Sena

State	Bill Number	Last Action	Status
MA	H 1202	Hearing Scheduled For 07 01 2021 From 10 00 Am 02 00 Pm In Virtual Hearing 2021 06 23	In House

Title
An Act to ensure access to generic medication

Bill Summary: Last edited by Matt Magner at Feb 16, 2021, 7:54 PM
MAC transparency

Introduction Date: 2021-03-29

Description
By Mr. Silvia of Fall River, a petition (accompanied by bill, House, No. 1202) of Alan Silvia and others relative to access to generic medications. Financial Services.

Primary Sponsors
Alan Silvia

State	Bill Number	Last Action	Status
MA	H 1254	Hearing Scheduled For 07 13 2021 From 11 00 Am 04 00 Pm In Virtual Hearing 2021 06 29	In House

Title
An Act relative to promoting comprehensive transparency in the pharmaceutical industry

Bill Summary: Last edited by Matt Magner at Feb 17, 2021, 4:58 PM Regarding drug pricing transparency

Introduction Date: 2021-03-29

Description
By Mr. Coppinger of Boston, a petition (accompanied by bill, House, No. 1254) of Edward F. Coppinger relative to comprehensive transparency in the pharmaceutical industry. Health Care Financing.

Primary Sponsors
Ed Coppinger

State	Bill Number	Last Action	Status
MA	H 3787	Hearing Scheduled For 07 13 2021 From 11 00 Am 04 00 Pm In Virtual Hearing 2021 06 29	In House

Title
An Act relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth

Bill Summary: Last edited by Matt Magner at Feb 5, 2021, 3:13 PM Language TBD

Introduction Date: 2021-05-20

Description
By Ms. Sullivan of Abington, a petition (accompanied by bill, House, No. 3787) of Alyson M. Sullivan, Michael J. Soter and David Allen Robertson relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth. Health Care Financing.

Primary Sponsors
Alyson Sullivan

State	Bill Number	Last Action	Status
MA	HD 1350	Senate Concurred 2021 05 20	In House

Title
An Act relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth

Introduction Date: 2021-05-20

Description
By Ms. Sullivan of Abington, a petition (accompanied by bill, House, No. 3787) of Alyson M. Sullivan, Michael J. Soter and David Allen Robertson relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth. Health Care Financing.

Primary Sponsors
Alyson Sullivan

State	Bill Number	Last Action	Status
MA	HD 2948	Senate Concurred 2021 06 03	In House

Title Introduction Date: 2021-03-29
An Act to ensure prescription drug cost transparency and affordability

Description
By Representatives Barber of Somerville and Santiago of Boston, a petition (accompanied by bill, House, No. 729) of Christine P. Barber, Jon Santiago and others relative to prescription drug cost transparency and affordability. Elder Affairs.

Primary Sponsors
Christine Barber, Jon Santiago

State	Bill Number	Last Action	Status
MA	S 3	See H 4001 2021 05 27	In Senate

Title Introduction Date: 2021-05-11
An Act making appropriations for the fiscal year 2022 for the maintenance of the departments, boards, commissions, institutions and certain activitie...

Description
The Committee on Ways and Means, to whom was committed the House Bill making appropriations for the fiscal year 2022 for the maintenance of the departments, boards, commissions, institutions and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements (House, No. 4001), reports recommending that the same ought to pass, with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 3.

Primary Sponsors
Senate Committee on Ways and Means

State	Bill Number	Last Action	Status
MA	S 639	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In Senate

Title Bill Summary: Last edited by Matt Magner at Feb 12, 2021, 3:12 PM
An Act relative to pharmacy benefit managers Regarding patient choice

Description Introduction Date: 2021-03-29
By Ms. Creem, a petition (accompanied by bill, Senate, No. 639) of Cynthia Stone Creem for legislation relative to pharmacy benefit managers. Financial Services.

Primary Sponsors
Cindy Creem

State	Bill Number	Last Action	Status
MA	S 650	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In Senate

Title
An Act relating to patient cost, benefit and coverage information, choice, and price transparency

Bill Summary: Last edited by Matt Magner at Feb 18, 2021, 7:53 PM
Regarding gag clauses and drug pricing transparency

Introduction Date: 2021-03-29

Description
By Mr. Cyr, a petition (accompanied by bill, Senate, No. 650) of Julian Cyr for legislation relative to patient cost, benefit and coverage information, choice, and price transparency. Financial Services.

Primary Sponsors
Julian Cyr

State	Bill Number	Last Action	Status
MA	S 684	Hearing Scheduled For 09 21 2021 From 10 00 Am 03 00 Pm In Virtual Hearing 2021 09 14	In Senate

Title
An Act to reduce the cost of pharmacy benefits

Bill Summary: Last edited by Matt Magner at Feb 12, 2021, 2:59 PM
Accreditation standards, affiliated pharmacies, spread, AMMO, transparency.

Introduction Date: 2021-03-29

Description
By Ms. Jehlen, a petition (accompanied by bill, Senate, No. 684) of Patricia D. Jehlen and Brian W. Murray for legislation to reduce the cost of pharmacy benefits. Financial Services.

Primary Sponsors
Pat Jehlen

State	Bill Number	Last Action	Status
MA	S 736	Hearing Scheduled For 07 13 2021 From 11 00 Am 04 00 Pm In Virtual Hearing 2021 06 29	In Senate

Title
An Act relative to promoting comprehensive transparency in the pharmaceutical industry

Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 7:27 PM
Drug pricing transparency

Introduction Date: 2021-03-29

Description
By Mr. Boncore, a petition (accompanied by bill, Senate, No. 736) of Joseph A. Boncore for legislation to promote comprehensive transparency in the pharmaceutical industry. Health Care Financing.

Primary Sponsors
Joe Boncore

State	Bill Number	Last Action	Status
MA	S 2465	See H 4001 2021 05 27	In Senate

Title Introduction Date: 2021-05-27

An Act making appropriations for the fiscal year 2022 for the maintenance of the departments, boards, commissions, institutions and certain activitie...

Description

Senate, May 25, 2021 – Text of the Senate amendment to the House Bill making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements (House, No. 4001) (being the text of Senate, No. 3, printed as amended).

State	Bill Number	Last Action	Status
MD	HB 162	First Reading Health And Government Operations 2021 01 13	Failed sine die

Title Introduction Date: 2020-10-25

Prescription Drug Affordability Board – Upper Payment Limits and Reports

Description

Altering a certain requirement that the Prescription Drug Affordability Board, in conjunction with a certain council, draft a certain plan for setting upper payment limits for prescription drug products; altering the date by which the Board is required to submit the plan to a certain committee of the General Assembly; requiring, rather than authorizing, the Board to set upper payment limits for certain prescription drug products and altering the date by which the limits are to be set to on or after February 1, 2022; etc.

Primary Sponsors

Julian Ivey

State	Bill Number	Last Action	Status
MD	HB 170	Withdrawn By Sponsor 2021 04 07	Failed sine die

Title Introduction Date: 2020-10-14

Cancer Drugs – Physician Dispensing and Coverage

Description

Providing that certain provisions of law do not prohibit a physician who has a valid dispensing permit and complies with certain provisions of law from personally dispensing to a patient by mail order a starter dosage or a cancer drug or device or an initial or refill prescription of a cancer drug; requiring certain entities to allow certain insureds, enrollees, and beneficiaries to obtain a cancer drug from a dispensing physician; etc.

Primary Sponsors

Karen Young

State	Bill Number	Last Action	Status
MD	HB 429	Approved By The Governor Chapter 162 2021 05 18	Enacted

Title
Pharmacists - Required Notification and Authorized Substitution - Lower-Cost Drug or Device Product

Introduction Date: 2021-01-15

Description
Requiring a pharmacist, or the pharmacist's designee who is under certain supervision, to inform a consumer of the availability of a therapeutically equivalent brand name drug that is the lowest cost alternative to the originally prescribed drug or device and the cost difference between the equivalent drug or device and the prescribed drug; requiring a pharmacist to provide written notice, or to maintain a record that indicates a patient was notified in writing or orally, that the generic product is equivalent to the brand name product; etc.

Primary Sponsors
Emily Shetty

State	Bill Number	Last Action	Status
MD	HB 601	Approved By The Governor Chapter 358 2021 05 18	Enacted

Title
Pharmacy Benefits Managers - Revisions

Bill Summary: Last edited by Matt Magner at Feb 9, 2021, 5:19 PM
Amends definitions to align with Rutledge

Description
Defining "carrier" and altering the definition of "purchaser" for the purposes of certain provisions of State insurance law governing pharmacy benefits managers to repeal the exclusion of certain persons that provide prescription drug coverage or benefits through plans subject to ERISA and to apply the provisions to certain persons that offer certain plans or programs in the State; applying the Act to certain contracts as of the first day of the first plan year beginning on or after January 1, 2022; etc.

Introduction Date: 2021-01-20

Primary Sponsors
Nic Kipke

State	Bill Number	Last Action	Status
MD	HB 603	Withdrawn By Sponsor 2021 03 24	Failed sine die

Title
Health Insurance - Pharmacy Benefits Managers - Explanation of Benefits Statements

Introduction Date: 2021-01-20

Description
Requiring pharmacy benefits managers to provide to beneficiaries for whom the pharmacy benefits manager processed or paid a claim for prescription drugs during the immediately preceding 3-month period an explanation of benefits statement on a form approved by the Maryland Insurance Commissioner and on a quarterly basis; requiring that the explanation of benefits statements contain certain information regarding certain claims for prescription drugs; and applying the Act.

Primary Sponsors
Nic Kipke

State	Bill Number	Last Action	Status
MD	HB 709	Hearing 2 10 At 1 30 P M 2021 01 27	Failed sine die

Title
Pharmacy Benefits Managers - Drug Reimbursement - Reporting Requirements

Description
Requiring pharmacy benefits managers to file with the Maryland Insurance Commissioner, beginning January 1, 2022, and every 3 months thereafter, a certain report of all drugs appearing on the National Average Drug Acquisition Cost list that were reimbursed during a certain period at an amount below a certain cost plus a certain fee; requiring that the report be made available to the public by the Commissioner; etc.

Primary Sponsors
Susan Krebs

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:30 PM
Requiring pharmacy benefits managers to file with the Maryland Insurance Commissioner, beginning January 1, 2022, and every 3 months thereafter, a certain report of all drugs appearing on the National Average Drug Acquisition Cost list that were reimbursed during a certain period at an amount below a certain cost plus a certain fee; requiring that the report be made available to the public by the Commissioner

Introduction Date: 2021-01-26

State	Bill Number	Last Action	Status
MD	HB 819	Hearing 2 10 At 1 30 P M 2021 02 02	Failed sine die

Title
Pharmacy Benefits Managers - Prohibited Actions

Description
Prohibiting a pharmacy benefits manager from engaging in any practice that bases certain reimbursement for a prescription drug on patient outcomes, scores, or metrics under certain circumstances; prohibiting a pharmacy benefits manager from engaging in the practice of spread pricing; prohibiting a pharmacy benefits manager from denying any pharmacy a certain right; prohibiting a pharmacy benefits manager from taking more than 30 days to review the application of a pharmacy or pharmacist to participate in a certain policy or contract; etc.

Primary Sponsors
Susan Krebs

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 5:31 PM
Prohibits reimbursements tied to quality metrics, spread pricing, mandated mail-order.

Introduction Date: 2021-01-29

State	Bill Number	Last Action	Status
MD	SB 537	Approved By The Governor Chapter 163 2021 05 18	Enacted

Title
Pharmacists - Required Notification and Authorized Substitution - Lower-Cost Drug or Device Product

Description
Requiring a pharmacist, or the pharmacist's designee who is under certain supervision, to inform a consumer of the availability of a therapeutically equivalent brand name drug that is the lowest cost alternative to the originally prescribed drug or device and the cost difference between the equivalent drug or device and the prescribed drug; requiring a pharmacist to provide written notice, or to maintain a record that indicates a patient was notified in writing or orally, that the generic product is equivalent to the brand name product; etc.

Primary Sponsors
Steve Hershey

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 5:33 PM
Regarding gag clauses and drug substitutions.

Introduction Date: 2021-01-26

State	Bill Number	Last Action	Status
MD	SB 614	Hearing 2 24 At 1 00 P M 2021 01 31	Failed sine die

Title
Pharmacy Benefits Managers - Drug Reimbursement - Reporting Requirements

Description
Requiring pharmacy benefits managers to file with the Maryland Insurance Commissioner, beginning January 1, 2022, and every 3 months thereafter, a certain report of all drugs appearing on the National Average Drug Acquisition Cost list that were reimbursed during a certain period at an amount below a certain cost plus a certain fee; requiring that the report be made available to the public by the Commissioner; etc.

Primary Sponsors
Justin Ready

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:38 PM
Requires PBMs to disclose to the state each drug that was reimbursed below NADAC + FFS PDF.

Introduction Date: 2021-01-29

State	Bill Number	Last Action	Status
MD	SB 615	Hearing 2 24 At 1 00 P M 2021 01 31	Failed sine die

Title
Pharmacy Benefits Managers - Prohibited Actions

Description
Prohibiting a pharmacy benefits manager from engaging in any practice that bases certain reimbursement for a prescription drug on patient outcomes, scores, or metrics under certain circumstances; prohibiting a pharmacy benefits manager from engaging in the practice of spread pricing; prohibiting a pharmacy benefits manager from denying any pharmacy a certain right; prohibiting a pharmacy benefits manager from taking more than 30 days to review the application of a pharmacy or pharmacist to participate in a certain policy or contract; etc.

Primary Sponsors
Justin Ready

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:49 PM
Prohibits spread pricing; prohibits certain reimbursement practices based on quality metrics; establishes any willing pharmacy requirements; prohibits mandatory mail-order.

Introduction Date: 2021-01-29

State	Bill Number	Last Action	Status
ME	LD 617 (HP 453)	Pursuant To Joint Rule 310 3 Placed In Legislative Files Dead 2021 04 28	Failed

Title
An Act Concerning Prior Authorizations for Prescription Drugs

Primary Sponsors
Heidi Brooks

Introduction Date: 2021-02-25

State	Bill Number	Last Action	Status
ME	LD 1450 (HP 1066)	Became Law Without Governors Signature 2021 06 27	Enacted

Title Introduction Date: 2021-04-08

An Act To Provide Fairness in Communications from Pharmacy Benefits Managers

Primary Sponsors

Denise Tepler

State	Bill Number	Last Action	Status
ME	LD 686 (SP 274)	Signed By The Governor 2021 06 21	Enacted

Title Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 8:09 PM
An Act To Increase Prescription Drug Pricing Transparency Regarding drug pricing transparency

Primary Sponsors

Eloise Vitelli

Introduction Date: 2021-06-15

State	Bill Number	Last Action	Status
MI	HB 4345	Referred To Committee On Health Policy And Human Services 2021 03 25	In Senate

Title Introduction Date: 2021-02-24

Insurance: health insurers; purchase of certain covered prescriptions from out-of-network providers; allow, and require insurers to provide credit under certain circumstances. Amends 1956 PA 218 (MCL 500.100 - 500.8302) by adding sec. 3406v.

Primary Sponsors

Andrew Beeler

State	Bill Number	Last Action	Status
MI	HB 4348	Referred To Committee On Health Policy And Human Services 2021 03 25	In Senate

Title Introduction Date: 2021-02-24

Insurance: third party administrators; requirement for pharmacy benefit managers to be licensed in Michigan; provide for. Creates new act. TIE BAR WITH: HB 4347'21

Primary Sponsors

Julie Calley

State	Bill Number	Last Action	Status
MI	HB 4351	Referred To Committee On Health Policy And Human Services 2021 03 25	In Senate

Title Introduction Date: 2021-02-24

Insurance: third party administrators; definition and regulation of a pharmacy benefit manager; provide for, and regulate certain actions by a carrier relating to prescriptions drugs. Amends title & sec. 2 of 1984 PA 218 (MCL 550.902) & adds secs. 26 & 27.

Primary Sponsors

Karen Whitsett

State	Bill Number	Last Action	Status
MI	HB 4352	Referred To Committee On Health Policy And Human Services 2021 03 25	In Senate

Title Introduction Date: 2021-02-24

Health occupations: pharmacists; disclosure of prescription drug prices to consumers; allow, and prohibit pharmacies and pharmacists from entering into certain contracts. Amends sec. 17757 of 1978 PA 368 (MCL 333.17757) & adds sec. 17757b. TIE BAR WITH: HB 4351'21

Primary Sponsors

Sue Allor

State	Bill Number	Last Action	Status
MI	HB 4358	Referred To Committee On Health Policy And Human Services 2021 03 25	In Senate

Title Introduction Date: 2021-02-24

Insurance: health benefits; formulary changes during a plan year; regulate. Amends 1956 PA 218 (MCL 500.100 - 500.8302) by adding sec. 3406w.

Primary Sponsors

Abdullah Hammoud

State	Bill Number	Last Action	Status
MN	HF 58	Committee Report To Adopt And Re Refer To Health Finance And Policy 2021 03 15	In House

Title **Bill Summary:** Last edited by Matt Magner at Feb 2, 2021, 4:35 PM Requires PBMs to implement a real-time benefit tool; establishes formulary transparency and prior authorization requirements.

Introduction Date: 2021-01-11

Manufacturers required to report and maintain prescription drug prices, health plan prescription drug formularies filing required, health care coverage provisions modified, prescription benefit tool requirements established, and prescription drug benefit transparency and disclosure required.

Primary Sponsors

Steve Elkins, Jennifer Schultz, Liz Reyer, Kristin Bahner, Mike Howard

State	Bill Number	Last Action	Status
MN	HF 304	Authors Added Rasmusson And Pierson 2021 03 01	In House

Title Introduction Date: 2021-01-25
Hospitals and health care provider gross revenues tax repealed.

Primary Sponsors
Kurt Daudt, Jordan Rasmusson, Nels Pierson

State	Bill Number	Last Action	Status
MN	HF 558	Author Added Munson 2021 02 15	In House

Title **Bill Summary:** Last edited by Matt Magner at Feb 2, 2021, 3:53 PM
Pharmacy benefit managers prohibited from restricting pharmacists or pharmacies from discussing reimbursement amount paid by pharmacy benefit managers with health carriers and consumers. Amends existing gag clause prohibition by allowing a pharmacist to discuss reimbursement amounts with patients.

Introduction Date: 2021-02-01

Primary Sponsors
Keith Franke, Jeremy Munson

State	Bill Number	Last Action	Status
MN	HF 801	Author Added Greenman 2021 03 25	In House

Title **Bill Summary:** Last edited by Matt Magner at Feb 9, 2021, 3:51 PM
Prescription drug affordability board and prescription drug affordability advisory council established, prescription drug cost reviews and remedies provided, report required, and money appropriated. Establishes prescription drug affordability board

Introduction Date: 2021-02-08

Primary Sponsors
Kelly Morrison, Zack Stephenson, Kristin Bahner, Mike Howard, Alice Hausman, Jessica Hanson, Kelly Moller, Jay Xiong, Robert Bierman, Jim Davnie, Liz Reyer, Steve Elkins, Carlie Kotyza-Witthuhn, John Huot, Mike Freiberg, Liz Olson, Athena Hollins, Sandra Feist, Ginny Klevorn, Cedrick Frazier, Sydney Jordan, Todd Lippert, Frank Hornstein, Jamie Long, Liz Boldon, Kaela Berg, Kaohly Her, Emma Greenman

State	Bill Number	Last Action	Status
MN	HF 1031	Hf Indefinitely Postponed 2021 04 16	In House

Title Introduction Date: 2021-02-11
Omnibus commerce bill.

Primary Sponsors
Zack Stephenson, Jamie Long, Fue Lee

State	Bill Number	Last Action	Status
MN	HF 1183	Author Stricken Boe 2021 04 09	In House

Title Introduction Date: 2021-02-18

Excessive drug price increases prohibited by manufacturers to generic or off-patent drugs, attorney general authorized to take action against manufacturers for price increases, withdrawal of generic or off-patent drug sales prohibited, and civil penalties imposed.

Primary Sponsors

Zack Stephenson, Robert Bierman, Ginny Klevorn, Emma Greenman

State	Bill Number	Last Action	Status
MN	HF 1279	Author Added Elkins 2021 03 22	In House

Title Introduction Date: 2021-02-18

Pharmacy benefit manager business practices modified, pharmacy benefit manager general reimbursement practices established, and maximum allowable cost pricing requirement modified.

Primary Sponsors

Liz Boldon, Dave Baker, Greg Davids, Jeremy Munson, Glenn Gruenhagen, Rod Hamilton, Brian Pfarr, Kristin Bahner, Zack Stephenson, John Huot, Dan Wolgamott, Dave Lislegard, Robert Bierman, Mary Franson, Steve Elkins

State	Bill Number	Last Action	Status
MN	HF 1576	Authors Added Gruenhagen And Bierman 2021 03 15	In House

Title **Bill Summary:** Last edited by Matt Magner at Mar 3, 2021, 8:05 PM Regarding gag clauses.

Pharmacy benefit managers prohibited from contractually restricting pharmacies from discussing reimbursement amount to enrollees or health carriers.

Introduction Date: 2021-02-25

Primary Sponsors

Kristin Bahner, Glenn Gruenhagen, Robert Bierman

State	Bill Number	Last Action	Status
MN	HF 1952	Governors Action Approval 2021 05 25	Enacted

Title Introduction Date: 2021-03-04

Omnibus state government finance bill.

Primary Sponsors

Mike Nelson, Rob Ecklund

State	Bill Number	Last Action	Status
MN	HF 2635	Introduction And First Reading Referred To Taxes 2021 05 14	In House

Title Introduction Date: 2021-05-14
Health insurance claim assessment created.

Primary Sponsors
Kelly Morrison

State	Bill Number	Last Action	Status
MN	SF 131	Referred To Health And Human Services Finance And Policy 2021 01 14	In Senate

Title Introduction Date: 2021-01-14
Drug manufacturers requirement to report and maintain prescription drug prices authorization; prescription drug formularies filing requirement; health carriers denying or limiting coverage due to lack of prior authorization prohibition; prescription benefit tool requirements establishment; prescription drug benefit transparency and disclosure requirement

Primary Sponsors
Rich Draheim

State	Bill Number	Last Action	Status
MN	SF 372	Author Added Duckworth 2021 02 01	In Senate

Title **Bill Summary:** Last edited by Matt Magner at Feb 2, 2021, 3:55 PM
Prohibition on restriction of pharmacist discussions with health carriers and consumers regarding reimbursement amounts paid by pharmacy benefit managers
Amends existing gag clause prohibition by allowing pharmacists to discuss reimbursement amounts.

Introduction Date: 2021-01-28

Primary Sponsors
Karla Bigham, Zach Duckworth

State	Bill Number	Last Action	Status
MN	SF 917	Comm Report To Pass As Amended And Re Refer To Health And Human Services Finance And Policy 2021 03 17	In Senate

Title **Bill Summary:** Last edited by Matt Magner at Feb 11, 2021, 8:40 PM
Pharmacy benefit manager business practices modification and general reimbursement practices establishment; maximum allowable cost pricing requirements modification
Addressing PBM reimbursement practices.

Introduction Date: 2021-02-11

Primary Sponsors
Rich Draheim, Paul Utke, Dave Tomassoni, Matt Klein, Melissa Wiklund

State	Bill Number	Last Action	Status
MN	SF 1121	Authors Added Klein Wiklund 2021 02 18	In Senate

Title
Prescription Drug Affordability Act

Bill Summary: Last edited by Matt Magner at Feb 17, 2021, 6:59 PM
Establishes Rx Affordability Board

Primary Sponsors
Melisa Franzen, Omar Fateh, Lindsey Port, Matt Klein, Melissa Wiklund

Introduction Date: 2021-02-17

State	Bill Number	Last Action	Status
MN	SF 1721	Referred To Health And Human Services Finance And Policy 2021 03 04	In Senate

Title
Health plan carriers and enrollees reimbursement amounts discussions with pharmacies restriction pharmacy benefit managers prohibition

Introduction Date: 2021-03-04

Primary Sponsors
John Marty, Erin Murphy

State	Bill Number	Last Action	Status
MN	SF 1831	Rule 45 Amend Subst General Orders Hf 1952 2021 04 20	In Senate

Title
Omnibus state government policy and finance bill

Introduction Date: 2021-03-08

Primary Sponsors
Mary Kiffmeyer, Andrew Lang

State	Bill Number	Last Action	Status
MN	SF 2508	Referred To Taxes 2021 05 10	In Senate

Title
Health insurance claims assessment creation

Introduction Date: 2021-05-10

Primary Sponsors
Jim Abeler

State	Bill Number	Last Action	Status
MO	HB 751	Public Hearing Completed H 2021 04 12	Failed sine die

Title
Modifies provisions for step therapy

Introduction Date: 2021-01-07

Primary Sponsors
Mike Stephens

State	Bill Number	Last Action	Status
MO	HB 834	Reported Do Pass S 2021 05 10	Failed sine die

Title Introduction Date: 2021-01-14
Creates provisions relating to payments for prescription drugs

Primary Sponsors
Dale Wright

State	Bill Number	Last Action	Status
MO	HB 1146	Referred Health And Mental Health Policy H 2021 03 01	Failed sine die

Title Bill Summary: Last edited by Matt Magner at Feb 18, 2021, 8:33 PM
Creates provisions relating to payments for prescription drugs Regarding PBM drug pricing disclosures and affiliate reimbursements

Primary Sponsors Introduction Date: 2021-02-17
Ann Kelley

State	Bill Number	Last Action	Status
MS	SB 2323	Died In Committee 2021 02 02	Failed

Title Introduction Date: 2021-01-14
Mississippi Health Care Cost Transparency Act; enact.

Description
An Act To Create The Mississippi Health Care Cost Transparency Act; To Define Terms Used In The Act; To Require Each Drug Manufacturer To Annually Disclose Prescription Drug Pricing Information To The Commissioner Of Insurance And To Require The Commissioner To Develop A Website To Contain Prescription Drug Price Information; To Require Pharmacy Benefits Managers To Annually Disclose To The Commissioner Of Insurance Certain Pharmacy Benefit Management Information; To Require Health Insurers To Annually Submit A Report To The Commissioner Regarding Prescription Drug Price Information; And For Related Purposes.

Primary Sponsors
Angela Hill

State	Bill Number	Last Action	Status
MT	HB 345	H Died In Process 2021 04 29	Failed

Title Bill Summary: Last edited by Matt Magner at Feb 4, 2021, 3:43 PM
Establish Prescription Drug Pay-for-Delay Transparency Act Pay-for-Delay

Primary Sponsors Introduction Date: 2021-02-10
Katie Sullivan

State	Bill Number	Last Action	Status
MT	LC 282	C Draft Died In Process 2021 04 29	Failed

Title Introduction Date: 2020-08-17
Regulate health insurers' administration of pharmacy benefits for consumers.

Primary Sponsors
Greg Hertz

State	Bill Number	Last Action	Status
MT	LC 1398	C Draft Died In Process 2021 04 29	Failed

Title Introduction Date: 2020-11-27
Interim study on insulin pricing and access

Primary Sponsors
Andrea Olsen

State	Bill Number	Last Action	Status
MT	LC 1707	C Draft Died In Process 2021 04 29	Failed

Title Introduction Date: 2020-12-02
Regulate health insurers' administration of pharmacy benefits for consumers

Primary Sponsors
Matt Regier

State	Bill Number	Last Action	Status
MT	SB 137	S Died In Standing Committee S Business Labor And Economic Affairs 2021 04 29	Failed sine die

Title Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:16 PM
Establishing requirements for transparency in prescription drug costs Requires PBMs to disclose certain drug pricing data to state.
Introduction Date: 2021-01-22

Primary Sponsors
Steve Fitzpatrick

State	Bill Number	Last Action	Status
MT	SB 395	Chapter Number Assigned 2021 05 12	Enacted

Title Introduction Date: 2021-03-24
Montana Pharmacy Benefit Manager Oversight Act

Primary Sponsors
Greg Hertz

State	Bill Number	Last Action	Status
NC	HB 178	Ref To Com On Rules And Operations Of The Senate 2021 05 12	In Senate

Title
Access to Prescription Drug Cost Information.

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 8:04 PM
Regarding drug pricing disclosures and transparency

Primary Sponsors
Wayne Sasser, Gale Adcock, Larry Potts, Kristin Baker

Introduction Date: 2021-02-25

State	Bill Number	Last Action	Status
NC	SB 257	Pres To Gov 9 10 2021 2021 09 10	Passed House

Title
Medication Cost Transparency Act.

Introduction Date: 2021-03-11

Primary Sponsors
Jim Perry, J.R. Britt, Johnson

State	Bill Number	Last Action	Status
NC	SB 411	Ref To Com On Rules And Operations Of The Senate 2021 03 31	In Senate

Title
Prescription Drug Pricing.

Introduction Date: 2021-03-30

Primary Sponsors
Sarah Crawford, Mujtaba Mohammed, Paul Lowe

State	Bill Number	Last Action	Status
ND	HB 1032	Filed With Secretary Of State 04 28 2021 04 29	Enacted

Title
Relating To Prescription Drug Cost Transparency; To Amend And Reenact Section 43-15.3-12 Of The North Dakota Century Code, Relating To Wholesale Drug License Fees; To Provide A Continuing Appropriation; And To Provide A Penalty.

Introduction Date: 2021-01-05

Description
AN ACT to create and enact a new chapter to title 26.1 of the North Dakota Century Code, relating to prescription drug cost transparency; to amend and reenact section 43-15.3-12 of the North Dakota Century Code, relating to wholesale drug license fees; to provide a continuing appropriation; and to provide a penalty.

Primary Sponsors
Joint Committee on Legislative Management

State	Bill Number	Last Action	Status
ND	HB 1247	Filed With Secretary Of State 04 28 2021 04 29	Enacted

Title
Introduction Date: 2021-01-11

Relating To Merging Of The State Department Of Health And The Department Of Human Services; To Provide A Statement Of Legislative Intent; To Provide For A Legislative Management Report; To Provide A Penalty; To Provide A Continuing Appropriation; To Provide For Application; And To Provide An Effective Date.

Description

AN ACT to amend and reenact subsection 3 of section 4.1-26-20, sections 5-01-08 and 6-03-76, subsection 8 of section 6-08.1-03, sections 6-08.5-02 and 6-08.5-03, subsection 2 of section 6-09.15-01, section 10-04-08.5, subsection 16 of section 11-16-01, subdivision n of subsection 5 of section 11-19.1-01, subsection 2 of section 11-19.1-07, subsection 2 of section 11-19.1-16, subsection 2 of section 11-23-01, subdivision e of subsection 1 of section 12-44.1-28, subdivision b of subsection 1 of section 12-44.1-29, subsection 5 of section 12-47-36, section 12-52-02, subsection 2 of section 12-60-24, subsection 5 of section 12-60-26, subsection 26 of section 12.1-01-04, subsection 4 of section 12.1-20-24, subsection 16 of section 12.1-32-15, subsection 4 of section 12.1-41-17, section 13-05-02.2, subsection 8 of section 14-02.1-02, sections 14-02.1-02.1 and 14-02.1-02.2, subsection 4 of section 14-02.1-03.4, sections 14-02.1-07, 14-02.1-07.1, 14-02.1-09, 14-07.1-01, and 14-07.1-17, subdivision f of subsection 2 of section 14-07.1-20, section 14-09-08.21, subsection 1 of section 14-09-09.7, subsection 4 of section 14-09-09.10, sections 14-09-09.31, 14-09-12, and 14-10-05, subsection 2 of section 14-12.2-02, subsection 1 of section 14-12.2-22, sections 14-12.2-47.3 and 14-12.2-47.4, subsection 4 of section 14-12.2-47.5, subdivision b of subsection 3 of section 14-12.2-47.8, section 14-13-03, subsection 6 of section 14-15-01, subsection 4 of section 14-15.1-01, sections 14-19-01 and 14-19-05, subdivision d of subsection 1 of section 14-19-06, section 14-19-08, subsection 3 of section 14-19-12, paragraph 1 of subdivision d of subsection 1 of section 14-20-10, subdivision a of subsection 2 of section 14-20-12, subsection 3 of section 14-20-14, sections 14-20-15, 14-20-16, 14-20-18, and 14-20-19, subsection 1 of section 14-20-22, sections 14-20-23, 14-20-24, 14-20-57, and 15-05-16, subsection 2 of section 15-52-03, section 15.1-02-19, subsection 3 of section 15.1-24-01, sections 15.1-32-03, 15.1-32-05, and 15.1-32-19, subsection 2 of section 15.1-34-01, section 15.1-34-04, subsection 1 of section 15.1-37-02, sections 18-01-03.1 and 18-01-03.2, subsection 1 of section 19-01-01, section 19-01-07, subsection 6 of section 19-02.1-01, section 19-02.1-07, subsection 5 of section 19-02.1-10, section 19-02.1-10.1, subsection 2 of section 19-02.1-16, subsection 3 of section 19-03.1-17, subsection 3 of section 19-03.1-45, subdivision e of subsection 3 of section 19-03.5-03, subdivision e of subsection 2 of section 19-03.5-07, sections 19-05.1-05, 19-06.1-05, and 19-17-05, subsection 3 of section 19-21-01, subsection 16 of section 19-24.1-01, subdivision a of subsection 1 of section 19-24.1-14, subdivision a of subsection 1 of section 19-24.1-15, subsection 3 of section ... (click bill link to see more).

Primary Sponsors

Robin Weisz, Bill Devlin, Gary Kreidt, Karen Rohr, Matthew Ruby, Howard Anderson, Judy Lee

State	Bill Number	Last Action	Status
ND	HB 1492	Filed With Secretary Of State 04 22 2021 04 23	Enacted

Title Introduction Date: 2021-01-18
Relating To Limitations On Pharmacy Benefits Managers; To Amend And Reenact Section 43-15-25.3 Of The North Dakota Century Code, Relating To Permitting Pharmacists To Administer Sars-Cov-2 Tests; To Provide A Penalty; And To Declare An Emergency.

Description
AN ACT to create and enact section 19-02.1-16.5 of the North Dakota Century Code, relating to limitations on pharmacy benefits managers; to amend and reenact section 43-15-25.3 of the North Dakota Century Code, relating to permitting pharmacists to administer SARS-CoV-2 tests; to provide a penalty; and to declare an emergency.

Primary Sponsors
Jon Nelson

State	Bill Number	Last Action	Status
ND	SB 2183	Second Reading Failed To Pass Yeas 21 Nays 26 2021 02 22	Failed

Title Introduction Date: 2021-01-12
Relating To Public Employee Insulin Drug Benefits; To Amend And Reenact Subsection 2 Of Section 26.1-36.6-03 Of The North Dakota Century Code, Relating To Self-Insurance Health Plans; To Provide For A Report; To Provide For Application; To Provide An Expiration Date; And To Declare An Emergency.

Description
A BILL for an Act to create and enact section 54-52.1-04.20 of the North Dakota Century Code, relating to public employee insulin drug benefits; to amend and reenact subsection 2 of section 26.1-36.6-03 of the North Dakota Century Code, relating to self-insurance health plans; to provide for a report; to provide for application; to provide an expiration date; and to declare an emergency.

Primary Sponsors
Dick Dever, Tim Mathern, Karla Hanson, George Keiser, Brandy Pyle, Austen Schauer

State	Bill Number	Last Action	Status
NE	LB 270	Notice Of Hearing For March 02 2021 2021 02 10	In Legislature

Title Introduction Date: 2021-01-12
Adopt the Pharmacy Benefit Manager Regulation Act and require an audit under the Medical Assistance Act

Primary Sponsors
Adam Morfeld

State	Bill Number	Last Action	Status
NE	LB 375	Banking Commerce And Insurance Priority Bill 2021 03 10	In Legislature

Title Introduction Date: 2021-01-13
Adopt the Pharmacy Benefit Manager Regulation and Transparency Act

Primary Sponsors
Mark Kolterman

State	Bill Number	Last Action	Status
NE	LB 678	Bill Withdrawn 2021 01 22	In Legislature

Title Introduction Date: 2021-01-20
Adopt the Pharmacy Benefit Manager Regulation Act

Primary Sponsors
Lou Ann Linehan

State	Bill Number	Last Action	Status
NH	SB 97	Signed By The Governor On 07 23 2021 Chapter 0149 Effective 09 21 2021 2021 07 26	Enacted

Title
(New Title) relative to in-network retail pharmacies.

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:27 PM
Prohibits a PBM from limiting a pharmacy's ability to offer home delivery services.

Primary Sponsors
Erin Hennessey

Introduction Date: 2021-01-26

State	Bill Number	Last Action	Status
NJ	A 277	Passed Senate Passed Both Houses 38 0 2021 06 03	Passed Senate

Title Introduction Date: 2020-01-14
Requires public members of Drug Utilization Review Board to disclose financial interests and benefits received from and investment interests held in pharmaceutical distributors, pharmaceutical manufacturers, or pharmacy benefits managers.

Primary Sponsors
John Armato, Rob Karabinchak, Troy Singleton, Shirley Turner

State	Bill Number	Last Action	Status
NJ	A 954	Reported Out Of Assembly Comm With Amendments 2nd Reading 2021 06 16	In Assembly

Title Introduction Date: 2020-01-14

Provides that purchase of insulin is not subject to deductible; requires health insurers to limit copayments and coinsurance for insulin; requires insulin manufacturers to submit report to Commissioner of Banking and Insurance.

Primary Sponsors

Rob Karabinchak, John Armato, Annette Quijano

State	Bill Number	Last Action	Status
NJ	A 955	Introduced Referred To Assembly Financial Institutions And Insurance Committee 2020 01 14	In Assembly

Title Introduction Date: 2020-01-14

Prohibits pharmacy benefits managers from requiring covered persons to use mail service pharmacies.

Primary Sponsors

Rob Karabinchak, Ron Dancer

State	Bill Number	Last Action	Status
NJ	A 978	Introduced Referred To Assembly Health Committee 2020 01 14	In Assembly

Title Introduction Date: 2020-01-14

Requires health insurance carriers to provide list of alternative drugs to health care professionals, pharmacists, and covered persons under certain circumstances.

Primary Sponsors

Herb Conaway, Valerie Vainieri Huttle, Raj Mukherji

State	Bill Number	Last Action	Status
NJ	A 994	Introduced Referred To Assembly Financial Institutions And Insurance Committee 2020 01 14	In Assembly

Title Introduction Date: 2020-01-14

Prohibits SHBP, SEHBP, and Medicaid from denying coverage for maintenance medications for chronic conditions for covered persons solely because of change in health benefits plan or pharmacy benefits manager.

Primary Sponsors

Herb Conaway, Ralph Caputo, Ron Dancer

State	Bill Number	Last Action	Status
NJ	A 1258	Introduced Referred To Assembly State And Local Government Committee 2020 01 14	In Assembly

Title Introduction Date: 2020-01-14

Requires pharmacy benefits manager under contract with SHBP and SEHBP to report price paid to pharmacy and amount charged to SHBP and SEHBP.

Primary Sponsors

Gary Schaer, Raj Mukherji, Dan Benson

State	Bill Number	Last Action	Status
NJ	A 1259	Substituted By S 249 1 R 2021 06 21	In Assembly

Title Introduction Date: 2020-01-14

Requires pharmacy benefits manager providing services within Medicaid program to disclose certain information to DHS.

Primary Sponsors

Gary Schaer, BettyLou DeCroce, Valerie Vainieri Huttle

State	Bill Number	Last Action	Status
NJ	A 1477	Introduced Referred To Assembly Health Committee 2020 01 14	In Assembly

Title Introduction Date: 2020-01-14

Establishes Prescription Drug Review Commission; requires production costs be reported for certain prescription drugs.

Primary Sponsors

Paul Moriarty, Joe Danielsen, Valerie Vainieri Huttle

State	Bill Number	Last Action	Status
NJ	A 2021	Introduced Referred To Assembly Financial Institutions And Insurance Committee 2020 01 14	In Assembly

Title Introduction Date: 2020-01-14

Prohibits pre-approval or precertification of medical tests, procedures and prescription drugs covered under health benefits or prescription drug benefits plans.

Primary Sponsors

Jon Bramnick, Ron Dancer

State	Bill Number	Last Action	Status
NJ	A 2022	Introduced Referred To Assembly Health Committee 2020 01 14	In Assembly

Title Introduction Date: 2020-01-14

Prohibits pre-approval or precertification of cancer treatments, tests, procedures and prescription drugs covered under health benefits or prescription drug benefits plans.

Primary Sponsors

Jon Bramnick, Paul Moriarty, Valerie Vainieri Huttle

State	Bill Number	Last Action	Status
NJ	A 2222	Reported And Referred To Assembly Appropriations Committee 2020 02 13	In Assembly

Title Introduction Date: 2020-01-14

Requires carriers to pass prescription drug savings to consumers.

Primary Sponsors

John McKeon, Roy Freiman, Valerie Vainieri Huttle

State	Bill Number	Last Action	Status
NJ	A 2418	Reported Out Of Asm Comm With Amendments And Referred To Assembly Appropriations Committee 2021 06 02	In Assembly

Title Introduction Date: 2020-02-03

Establishes Prescription Drug Affordability Board.

Primary Sponsors

John McKeon, Bill Moen, Valerie Vainieri Huttle

State	Bill Number	Last Action	Status
NJ	A 2655	Introduced Referred To Assembly Health Committee 2020 02 13	In Assembly

Title Introduction Date: 2020-02-13

Provides Medicaid and certain insurers access to Prescription Monitoring Program.

Primary Sponsors

Valerie Vainieri Huttle, Shanique Speight

State	Bill Number	Last Action	Status
NJ	A 3049	Introduced Referred To Assembly Health Committee 2020 02 20	In Assembly

Title Introduction Date: 2020-02-20

Establishes prescription drug pricing disclosure requirements and measures to reduce prescription drug costs.

Primary Sponsors

Pam Lampitt

State	Bill Number	Last Action	Status
NJ	A 3532	Introduced Referred To Assembly Financial Institutions And Insurance Committee 2020 02 25	In Assembly

Title **Bill Summary:** Last edited by [deactivated]Ademola Are at Feb 26, 2020, 4:20 PM
Regulates certain practices of pharmacy benefits management companies. prohibits mandate for a patients to use a specific retail, mail-order, or specialty pharmacy; establishes appeal process and audit requirements

Primary Sponsors

Valerie Vainieri Huttle

Introduction Date: 2020-02-25

State	Bill Number	Last Action	Status
NJ	A 3536	Introduced Referred To Assembly Financial Institutions And Insurance Committee 2020 02 25	In Assembly

Title **Bill Summary:** Last edited by [deactivated]Ademola Are at Feb 28, 2020, 12:31 PM
Limits amount paid by covered persons for purchase of insulin drugs and epinephrine; requires Division of Consumer Affairs to investigate insulin prices. caps patient copay of insulin and epinephrine injectors to \$100/30 days

Primary Sponsors

Valerie Vainieri Huttle

Introduction Date: 2020-02-25

State	Bill Number	Last Action	Status
NJ	A 3603	Introduced Referred To Assembly Consumer Affairs Committee 2020 03 05	In Assembly

Title Introduction Date: 2020-03-05

Prescription Drug Consumer Transparency Act.

Primary Sponsors

Annette Quijano, Valerie Vainieri Huttle

State	Bill Number	Last Action	Status
NJ	A 3819	Introduced Referred To Assembly Regulated Professions Committee 2020 03 16	In Assembly

Title Introduction Date: 2020-03-16
Regulates audits of pharmacies.

Primary Sponsors
Gary Schaer

State	Bill Number	Last Action	Status
NJ	A 5209	Introduced Referred To Assembly Regulated Professions Committee 2021 01 04	In Assembly

Title Introduction Date: 2021-01-04
New Jersey Pharmacy Audit Bill of Rights;" establishes procedures by which entities are required to conduct audits of pharmacists.

Primary Sponsors
Raj Mukherji

State	Bill Number	Last Action	Status
NJ	A 5410	Introduced Referred To Assembly Financial Institutions And Insurance Committee 2021 03 01	In Assembly

Title **Bill Summary:** Last edited by Matt Magner at Mar 3, 2021, 8:02 PM Regarding PBM licensure and gag clauses
New Jersey Pharmacy Benefits Manager Licensure and Regulation Act.

Primary Sponsors Introduction Date: 2021-03-01
Roy Freiman, John McKeon

State	Bill Number	Last Action	Status
NJ	S 234	Introduced In The Senate Referred To Senate Health Human Services And Senior Citizens Committee 2020 01 14	In Senate

Title Introduction Date: 2020-01-14
Establishes prescription drug pricing disclosure requirements and measures to reduce prescription drug costs.

Primary Sponsors
Troy Singleton, Vin Gopal

State	Bill Number	Last Action	Status
NJ	S 503	Introduced In The Senate Referred To Senate Commerce Committee 2020 01 14	In Senate

Title Introduction Date: 2020-01-14

Restricts certain practices by carriers and pharmacy benefits managers related to medications and drugs.

Primary Sponsors
Chris Brown, Joe Cryan

State	Bill Number	Last Action	Status
NJ	S 786	Introduced In The Senate Referred To Senate Commerce Committee 2020 01 14	In Senate

Title Introduction Date: 2020-01-14

Prohibits pre-approval or precertification of medical tests, procedures and prescription drugs covered under health benefits or prescription drug benefits plans.

Primary Sponsors
Nick Scutari, Tom Kean

State	Bill Number	Last Action	Status
NJ	S 840	Introduced In The Senate Referred To Senate Commerce Committee 2020 01 14	In Senate

Title Introduction Date: 2020-01-14

Regulates audits of pharmacies.

Primary Sponsors
Nellie Pou, Vin Gopal

State	Bill Number	Last Action	Status
NJ	S 1046	Introduced In The Senate Referred To Senate Commerce Committee 2020 01 30	In Senate

Title Introduction Date: 2020-01-30

Regulates certain practices of pharmacy benefits managers related to specialty drugs; requires disclosure of payment information related to prescription drugs.

Primary Sponsors
Joe Cryan

State	Bill Number	Last Action	Status
NJ	S 1066	Introduced In The Senate Referred To Senate Health Human Services And Senior Citizens Committee 2020 01 30	In Senate

Title Introduction Date: 2020-01-30
Establishes Prescription Drug Affordability Board.

Primary Sponsors
Troy Singleton, Loretta Weinberg

State	Bill Number	Last Action	Status
NJ	S 1142	Introduced In The Senate Referred To Senate Health Human Services And Senior Citizens Committee 2020 01 30	In Senate

Title
Establishes Prescription Drug Review Commission; requires production costs be reported for certain prescription drugs.

Primary Sponsors
Joe Vitale

Bill Summary: Last edited by [deactivated]Ademola Are at Feb 4, 2020, 3:03 PM
Establishes the Prescription Drug Review Commission in the Division of Consumer Affairs in the Department of Law and Public Safety, which will be tasked with developing a list of critical prescription drugs for which drug manufacturers will be required to report certain information concerning development, production, and marketing costs. If the commission determines that a drug is priced excessively high in New Jersey, it will have the authority to establish a maximum price for the drug in the State..

Introduction Date: 2020-01-30

State	Bill Number	Last Action	Status
NJ	S 1210	Introduced In The Senate Referred To Senate State Government Wagering Tourism Historic Preservation Committee 2020 02 03	In Senate

Title Introduction Date: 2020-02-03
Requires pharmacy benefits manager under contract with SHBP and SEHBP to report price paid to pharmacy and amount charged to SHBP and SEHBP.

Primary Sponsors
Joe Cryan, Troy Singleton

State	Bill Number	Last Action	Status
NJ	S 1253	Introduced In The Senate Referred To Senate Health Human Services And Senior Citizens Committee 2020 02 03	In Senate

Title Introduction Date: 2020-02-03
Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system.

Primary Sponsors
Vin Gopal

State	Bill Number	Last Action	Status
NJ	S 1423	Referred To Senate Budget And Appropriations Committee 2021 02 11	In Senate

Title Introduction Date: 2020-02-13
Requires carriers to pass prescription drug savings to consumers.

Primary Sponsors
Troy Singleton, Nellie Pou

State	Bill Number	Last Action	Status
NJ	S 1714	Introduced In The Senate Referred To Senate Commerce Committee 2020 02 10	In Senate

Title Introduction Date: 2020-02-10
Prohibits pre-approval or precertification of cancer treatments, tests, procedures and prescription drugs covered under health benefits or prescription drug benefits plans.

Primary Sponsors
Tony Bucco

State	Bill Number	Last Action	Status
NJ	S 1729	Introduced In The Senate Referred To Senate Commerce Committee 2020 02 13	In Senate

Title Introduction Date: 2020-02-13
Places \$100 cap on amount paid by covered persons for purchase of insulin drugs; requires Division of Consumer Affairs to investigate insulin prices.

Primary Sponsors
Joe Lagana

State	Bill Number	Last Action	Status
NJ	S 1765	Introduced In The Senate Referred To Senate Health Human Services And Senior Citizens Committee 2020 02 13	In Senate

Title Introduction Date: 2020-02-13
Requires pharmacy benefits manager providing services within Medicaid program to implement pass-through pricing model and to disclose certain information to DHS and managed care organizations.

Primary Sponsors
Vin Gopal

State	Bill Number	Last Action	Status
NJ	S 2212	Introduced In The Senate Referred To Senate Commerce Committee 2020 03 16	In Senate

Title Introduction Date: 2020-03-16
Prescription Drug Consumer Transparency Act.

Primary Sponsors
Vin Gopal, Linda Greenstein

State	Bill Number	Last Action	Status
NJ	S 3481	Introduced In The Senate Referred To Senate Commerce Committee 2021 02 23	In Senate

Title Bill Summary: Last edited by Matt Magner at Feb 24, 2021, 7:25 PM AMMO
Prohibits pharmacy benefits managers from requiring covered persons to use mail service pharmacies.

Introduction Date: 2021-02-23

Primary Sponsors
Tom Kean

State	Bill Number	Last Action	Status
NJ	S 3898	Introduced In The Senate Referred To Senate Commerce Committee 2021 06 10	In Senate

Title Introduction Date: 2021-06-10
Removes exception of self-insured health benefits plans from law concerning pharmacy benefits managers.

Primary Sponsors
Troy Singleton, Nellie Pou

State	Bill Number	Last Action	Status
NM	HB 107	Stbtc Reported By Committee With Do Pass Recommendation 2021 03 17	Failed sine die

Title Introduction Date: 2021-01-15
MAIL-ORDER PHARMACY INSURANCE PARITY

Primary Sponsors
Liz Thomson

State	Bill Number	Last Action	Status
NM	HB 129	Passed In The Senate Y 24 N 17 2021 03 20	Passed Senate

Title Introduction Date: 2021-01-19
PHARMACY BENEFIT MANAGER REPORTING

Primary Sponsors
Kelly Fajardo, Jerry Ortiz y Pino

State	Bill Number	Last Action	Status
NM	HB 154	Hhhc Reported By Committee With Do Pass Recommendation 2021 02 09	Failed sine die

Title Introduction Date: 2021-01-25
PRESCRIPTION DRUG AFFORDABILITY ACT

Primary Sponsors
Angelica Rubio, Jeff Steinborn

State	Bill Number	Last Action	Status
NM	SB 124	Signed By Governor Chapter 45 Apr 5 2021 04 05	Enacted

Title Introduction Date: 2021-01-19
PHARMACY CLAIM INSURANCE PAYMENT & PROCESS

Primary Sponsors
Bill Tallman, Steven Neville

State	Bill Number	Last Action	Status
NV	AB 348	Chapter 131 2021 05 28	Enacted

Title Introduction Date: 2021-03-22
Revises provisions relating to the Patient Protection Commission.
(BDR 40-497)

Description
AN ACT relating to health care; transferring the Patient Protection Commission from the Office of the Governor to the Office of the Director of the Department of Health and Human Services; revising the membership and duties of the Commission; requiring the Commission to coordinate and administer certain assistance; and providing other matters properly relating thereto.

Primary Sponsors
Maggie Carlton

State	Bill Number	Last Action	Status
NV	SB 171	No Further Action Taken 2021 06 01	Failed sine die

Title Introduction Date: 2021-03-04
Revises provisions related to drugs and the prescription of drugs in this State. (BDR 57-848)

Description

AN ACT relating to pharmacy benefit managers; prohibiting a pharmacy benefit manager from requiring a covered person to obtain a drug by mail or implementing a copayment accumulator program for certain drugs; clarifying that such prohibitions do not apply to certain contracts established by the Department of Health and Human Services; prohibiting certain insurers from implementing a copayment accumulator program for certain drugs; and providing other matters properly relating thereto.

Primary Sponsors

Joe Hardy, Melissa Hardy

State	Bill Number	Last Action	Status
NV	SB 289	Approved By The Governor Chapter 245 2021 05 31	Enacted

Title Introduction Date: 2021-03-22
Revises provisions relating to workers' compensation. (BDR 53-713)

Description

AN ACT relating to workers' compensation; establishing provisions relating to the apportionment of percentages for present and previous disabilities; requiring an insurer to send a written determination regarding an industrial insurance claim by facsimile or other electronic transmission under certain circumstances; making compensation for an industrial injury or occupational disease subject to an attorney's lien; providing for the tolling of certain periods to request a hearing or appeal under certain circumstances; providing for an award of certain costs to a claimant who prevails in a contested claim; providing for the reservation of certain additional rights of a claimant who accepts a lump sum payment for a permanent partial disability; revising provisions governing the appointment of a vocational rehabilitation counselor for an injured employee; and providing other matters properly relating thereto.

Primary Sponsors

Dallas Harris

State	Bill Number	Last Action	Status
NV	SB 290	Approved By The Governor Chapter 414 2021 06 04	Enacted

Title Introduction Date: 2021-03-22
Enacts provisions relating to prescription drugs for the treatment of cancer. (BDR 57-973)

Description
AN ACT relating to insurance; requiring certain insurers to allow a person who has been diagnosed with stage 3 or 4 cancer and is covered by the insurer to apply for an exemption from required step therapy for certain drugs; requiring such insurers to grant such an exemption in certain circumstances; making appropriations; and providing other matters properly relating thereto.

Primary Sponsors
Roberta Lange

State	Bill Number	Last Action	Status
NV	SB 379	Chapter 174 2021 05 28	Enacted

Title Introduction Date: 2021-03-26
Provides for the collection of certain data concerning providers of health care. (BDR 40-457)

Description
AN ACT relating to health care; requiring the Director of the Department of Health and Human Services to establish and maintain a database comprising information concerning providers of health care who are licensed, certified or registered in this State and develop an electronic data request to collect data for inclusion in the database; requiring or authorizing certain professional licensing boards and agencies that license, certify or register providers of health care to make the data request available to applicants to renew such licensure, certification or registration; establishing the Health Care Workforce Working Group within the Department to analyze the information in the database and perform certain related duties; and providing other matters properly relating thereto.

Primary Sponsors
Senate Committee on Health and Human Services

State	Bill Number	Last Action	Status
NV	SB 380	Chapter 547 2021 06 11	Enacted

Title Introduction Date: 2021-03-26
Revises provisions governing the reporting of data concerning the prices of prescription drugs. (BDR 40-445)

Description
AN ACT relating to prescription drugs; revising the information that is reported under the program for tracking and reporting of information concerning the pricing of prescription drugs; requiring wholesalers to make a report; requiring certain reporting entities to affirm the accuracy of the information in the reports; revising requirements concerning the report of the Department of Health and Human Services on the pricing of prescription drugs; revising the authorized uses of certain administrative penalties; excluding certain information from protection as a trade secret; and providing other matters properly relating thereto.

Primary Sponsors
Senate Committee on Health and Human Services

State	Bill Number	Last Action	Status
NV	SB 420	Chapter 537 2021 06 11	Enacted

Title Introduction Date: 2021-04-28
Revises provisions relating to health insurance. (BDR 57-251)

Description
AN ACT relating to insurance; providing for the establishment of a public health benefit plan; prescribing certain goals and requirements relating to the plan; requiring certain health carriers to participate in a competitive bidding process to administer the plan; requiring certain providers of health care to participate in the plan; exempting rules and policies governing the plan from certain requirements; requiring the Executive Director of the Silver State Health Insurance Exchange to apply for a federal waiver to allow certain policies to be offered on the Exchange; requiring certain persons to report the abuse and neglect of older persons, vulnerable persons and children; requiring the State Plan for Medicaid to include coverage for the services of a community health worker and doula services; revising provisions relating to coverage of services for pregnant women under Medicaid; requiring the establishment of a statewide Medicaid managed care program if money is available; revising requirements relating to health insurance coverage of enteral formulas; making appropriations; and providing other matters properly relating thereto.

Primary Sponsors
Nicole Cannizzaro, Fabian Donate, Roberta Lange, Pat Spearman, Teresa Benitez-Thompson, Jason Frierson

State	Bill Number	Last Action	Status
NY	A 187	Reported Referred To Ways And Means 2021 01 20	In Assembly

Title Introduction Date: 2021-01-06

Provides for the synchronization of multiple prescriptions for recipients of medical assistance

Description

Provides for the synchronization of multiple prescriptions for recipients of medical assistance.

Primary Sponsors

Dick Gottfried

State	Bill Number	Last Action	Status
NY	A 291	Referred To Insurance 2021 01 06	In Assembly

Title Introduction Date: 2021-01-06

Relates to reducing pharmacy benefit manager costs

Description

Relates to reducing pharmacy benefit manager costs; defines "pharmacy benefit manager".

Primary Sponsors

Kevin Cahill

State	Bill Number	Last Action	Status
NY	A 663	Referred To Health 2021 01 06	In Assembly

Title Introduction Date: 2021-01-06

Requires certain manufacturers of prescription drugs to notify the drug utilization review board of the proposed increase of the wholesale acquisition cost of such prescription drugs

Description

Requires certain manufacturers of prescription drugs to notify the drug utilization review board of the proposed increase of the wholesale acquisition cost of such prescription drugs.

Primary Sponsors

Dan Rosenthal

State

NY

Bill Number

A 1396

Last Action

Substitute S 3762 Action Returned To Senate
2021 06 10

Status

In Assembly

Title

Provides for pharmacy benefit management and the procurement of prescription drugs at a negotiated rate for dispensation; repealer

Introduction Date: 2021-01-11

Description

Provides for pharmacy benefit management and the procurement of prescription drugs to be dispensed to patients, or the administration or management of prescription drug benefits; sets forth definitions; provides for funds received by a pharmacy in trust for the health plan or provider and provides for accountability of such funds; further provides for an appeals process to investigate and resolve disputes regarding multi-source generic drug pricing.

Primary Sponsors

Dick Gottfried

Title**Introduction Date:** 2021-01-20

Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2021-2022 state fiscal year

Description

Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2021-2022 state fiscal year; extends the medicaid global cap; requires a quarterly report on certain medicaid expenditures (Part A); directs the department of health to remove the pharmacy benefit from the managed care benefit package and to provide the pharmacy benefit under the fee for service program (Part C); reduces the hospital capital rate add-on (Part D); relates to definitions of distant sites and telehealth providers (Part F); establishes a medical respite program to offer a lower-intensity care setting for individuals who would otherwise require a hospital stay or lack safe options for discharge and recovery (Part G); eliminates consumer-paid premium payments in the basic health program (Part H); extends the physicians medical malpractice program; extends the hospital excess liability pool; extends excess coverage under the New York Health Care Reform Act of 1996 (Part K); relates to the discontinuance of the empire clinical research investigator program (Part M); relates to reimbursements and payments for health care costs, and reporting of opioid overdose data (Part S); extends provisions permitting the director of a mental health facility to place funds of a person receiving services, in excess of the appropriate eligibility level for government benefits, into a qualifying Medicaid exception trust (Part T); relates to extending the authorization of appointing temporary operators for the continued operation of certain programs for people with mental illness, developmental disabilities and/or chemical dependence (Part U); extends the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs to 2024; requires final reports of such programs to be included in the statewide comprehensive plan (Part V); relates to the membership of subcommittees for mental health of community service boards and the duties of such subcommittees; creates the community mental health and workforce reinvestment account; extends such provisions relating thereto (Part W); relates to the office of mental health allocating funds for the 2021-22 fiscal year (Part X); authorizes the charging of an application processing fee for the issuance of operating certificates (Part Z); relates to the creation of crisis stabilization services as emergency service providers for persons with psychiatric or substance use disorder (Part AA); relates to minimum direct care spending in residential health care facilities (Part GG); relates to designating who shall serve as members of the developmental disabilities planning council (Part HH); relates to the provision of services to certain persons suff... (click bill link to see more).

Primary Sponsors

Joint 2016 General Budget Conference Committee

State	Bill Number	Last Action	Status
NY	A 3083	Referred To Higher Education 2021 01 22	In Assembly

Title

Requires the consent of the patient or an authorized individual to consent on the patient's behalf before a prescription is delivered

Introduction Date: 2021-01-22**Description**

Requires the consent of the patient or an authorized individual to consent on the patient's behalf before a prescription is delivered.

Primary Sponsors

John McDonald

State	Bill Number	Last Action	Status
NY	A 3935	Referred To Insurance 2021 01 29	In Assembly

Title

Relates to off-label drug usage

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:54 PM
Requires insurers and pharmacy benefit managers provide coverage for off-label drug usage in certain circumstances.**Description**

Requires insurers and pharmacy benefit managers provide coverage for off-label drug usage in certain circumstances.

Introduction Date: 2021-01-29**Primary Sponsors**

Missy Miller

State	Bill Number	Last Action	Status
NY	A 5046	Referred To Insurance 2021 02 10	In Assembly

Title

Relates to access to appropriate drugs at reasonable prices, formulary exceptions, standing prior authorizations and external appeals

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 8:42 PM
Med synch, access to retail, transparency.**Introduction Date:** 2021-02-10**Description**

Relates to access to appropriate drugs at reasonable prices, formulary exceptions, standing prior authorizations and external appeals; to access to retail pharmacies, prescription synchronization, limits on patient drug costs, explanations of benefits and rebates; to prescription drug synchronization; to pharmacy benefit management; and to limits on copayments and drug substitutions.

Primary Sponsors

Mickey Solages

State	Bill Number	Last Action	Status
NY	A 5411	Print Number 5411 A 2021 04 23	In Assembly

Title
Enacts the "patient Rx information and choice expansion act"

Bill Summary: Last edited by Matt Magner at Feb 17, 2021, 4:54 PM
Regarding real-time benefit tools

Description
Requires health plans operating in the state to furnish the cost, benefit, and coverage data as required to the enrollee, his or her health care provider, or the third-party of his or her choosing.

Introduction Date: 2021-02-16

Primary Sponsors
John McDonald

State	Bill Number	Last Action	Status
NY	A 5854	Substitute S 3566 Action Returned To Senate 2021 06 08	In Assembly

Title
Relates to the purchase of prescription drugs

Introduction Date: 2021-03-01

Description
Relates to the purchase of prescription drugs by pharmacies; establishes the same reimbursement amount shall be provided to all pharmacies.

Primary Sponsors
Latoya Joyner

State	Bill Number	Last Action	Status
NY	A 5868	Referred To Insurance 2021 03 01	In Assembly

Title
Relates to coverage for the purchase of prescription drugs through mail order pharmacies

Introduction Date: 2021-03-01

Description
Provides for reimbursement requirements and coverage for the purchase of prescription drugs through mail order pharmacies.

Primary Sponsors
Latoya Joyner

State	Bill Number	Last Action	Status
NY	A 5877	Referred To Insurance 2021 03 01	In Assembly

Title
Enacts provisions relating to mail order pharmacies and prescription benefit plans

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 8:00 PM
AMMO

Introduction Date: 2021-03-01

Description
Provides that prescription benefit plans may not require patients to receive prescriptions through mail order pharmacies.

Primary Sponsors
Latoya Joyner

State	Bill Number	Last Action	Status
NY	S 398	Referred To Consumer Protection 2021 01 06	In Senate

Title
Enacts the manufacturer disclosure and transparency act

Introduction Date: 2021-01-06

Description
Enacts the manufacturer disclosure and transparency act requiring prescription drug manufacturers to notify the attorney general of arrangements between pharmaceutical manufacturers resulting in the delay of the introduction of generic medications.

Primary Sponsors
Alessandra Biaggi

State	Bill Number	Last Action	Status
NY	S 431	Referred To Health 2021 01 06	In Senate

Title
Provides for the synchronization of multiple prescriptions for recipients of medical assistance

Introduction Date: 2021-01-06

Description
Provides for the synchronization of multiple prescriptions for recipients of medical assistance.

Primary Sponsors
Brad Hoylman

State	Bill Number	Last Action	Status
NY	S 1768	Referred To Insurance 2021 01 15	In Senate

Title
Relates to reducing pharmacy benefit manager costs

Introduction Date: 2021-01-15

Description
Relates to reducing pharmacy benefit manager costs; defines "pharmacy benefit manager".

Primary Sponsors
James Skoufis

Title

Introduction Date: 2021-01-20

Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2021-2022 state fiscal year

Description

Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2021-2022 state fiscal year; extends the medicaid global cap; requires a quarterly report on certain medicaid expenditures (Part A); directs the department of health to remove the pharmacy benefit from the managed care benefit package and to provide the pharmacy benefit under the fee for service program (Part C); reduces the hospital capital rate add-on (Part D); relates to definitions of distant sites and telehealth providers (Part F); establishes a medical respite program to offer a lower-intensity care setting for individuals who would otherwise require a hospital stay or lack safe options for discharge and recovery (Part G); eliminates consumer-paid premium payments in the basic health program (Part H); extends the physicians medical malpractice program; extends the hospital excess liability pool; extends excess coverage under the New York Health Care Reform Act of 1996 (Part K); relates to the discontinuance of the empire clinical research investigator program (Part M); relates to reimbursements and payments for health care costs, and reporting of opioid overdose data (Part S); extends provisions permitting the director of a mental health facility to place funds of a person receiving services, in excess of the appropriate eligibility level for government benefits, into a qualifying Medicaid exception trust (Part T); relates to extending the authorization of appointing temporary operators for the continued operation of certain programs for people with mental illness, developmental disabilities and/or chemical dependence (Part U); extends the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs to 2024; requires final reports of such programs to be included in the statewide comprehensive plan (Part V); relates to the membership of subcommittees for mental health of community service boards and the duties of such subcommittees; creates the community mental health and workforce reinvestment account; extends such provisions relating thereto (Part W); relates to the office of mental health allocating funds for the 2021-22 fiscal year (Part X); authorizes the charging of an application processing fee for the issuance of operating certificates (Part Z); relates to the creation of crisis stabilization services as emergency service providers for persons with psychiatric or substance use disorder (Part AA); relates to minimum direct care spending in residential health care facilities (Part GG); relates to designating who shall serve as members of the developmental disabilities planning council (Part HH); relates to the provision of services to certain persons suff... (click bill link to see more).

Primary Sponsors

Senate Committee on Budget and Revenues

State	Bill Number	Last Action	Status
NY	S 3014	Referred To Insurance 2021 01 27	In Senate

Title
Implements the pharmacy benefit manager transparency act

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:29 PM
Requires PBMs to disclose certain drug pricing data to the state.

Description
Implements the pharmacy benefit manager transparency act requiring disclosure and publishing of reports relating to pharmacy benefit managers.

Introduction Date: 2021-01-27

Primary Sponsors
Luis Sepulveda

State	Bill Number	Last Action	Status
NY	S 3566	Returned To Senate 2021 06 08	Passed Assembly

Title
Relates to the purchase of prescription drugs

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:51 PM
Modifies existing mandatory mail-order provisions.

Description
Relates to the purchase of prescription drugs by pharmacies; establishes the same reimbursement amount shall be provided to all pharmacies.

Introduction Date: 2021-01-30

Primary Sponsors
Neil Breslin

State	Bill Number	Last Action	Status
NY	S 3762	Returned To Senate 2021 06 10	Passed Assembly

Title
Provides for pharmacy benefit management and the procurement of prescription drugs at a negotiated rate for dispensation; repealer

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:53 PM
Establishes PBM licensure requirements and MAC appeal procedures.

Description
Provides for pharmacy benefit management and the procurement of prescription drugs to be dispensed to patients, or the administration or management of prescription drug benefits; sets forth definitions; provides for funds received by a pharmacy in trust for the health plan or provider and provides for accountability of such funds; further provides for an appeals process to investigate and resolve disputes regarding multi-source generic drug pricing.

Introduction Date: 2021-01-30

Primary Sponsors
Neil Breslin

State	Bill Number	Last Action	Status
NY	S 4620	Print Number 4620 A 2021 04 28	In Senate

Title
Enacts the "patient Rx information and choice expansion act"

Bill Summary: Last edited by Matt Magner at Feb 9, 2021, 3:33 PM
Requires health plans/PBMs to disclose certain drug pricing information to patients.

Description
Requires health plans operating in the state to furnish the cost, benefit, and coverage data as required to the enrollee, his or her health care provider, or the third-party of their his or her choosing.

Introduction Date: 2021-02-08

Primary Sponsors
Neil Breslin

State	Bill Number	Last Action	Status
NY	S 5299	Referred To Insurance 2021 05 12	In Assembly

Title
Relates to calculating an insured individual's overall contribution to any out-of-pocket maximum or any cost-sharing requirement

Introduction Date: 2021-03-01

Description
Requires any third-party payments, financial assistance, discount, voucher or other price reduction instrument for out-of-pocket expenses made on behalf of an insured individual for the cost of prescription drugs to be applied to the insured's deductible, copayment, coinsurance, out-of-pocket maximum, or any other cost-sharing requirement when calculating such insured individual's overall contribution to any out-of-pocket maximum or any cost-sharing requirement.

Primary Sponsors
Gustavo Rivera

State	Bill Number	Last Action	Status
NY	S 6020	Referred To Health 2021 03 29	In Senate

Title
Relates to reimbursements practices of pharmacy benefit managers

Introduction Date: 2021-03-29

Description
Amends provisions governing reimbursement practices of pharmacy benefit managers to ensure that pharmacies are not reimbursed an amount less than the cost of procuring the drugs.

Primary Sponsors
Kevin Thomas

State	Bill Number	Last Action	Status
NY	S 6603	Returned To Senate 2021 06 10	Passed Assembly

Title Introduction Date: 2021-05-10
Protects access to pharmacy services

Description
Requires Medicaid managed care plans to reimburse retail pharmacies in an amount equal to the fee-for-service rate; allows retail pharmacies the opportunity to participate in another provider's network under the medical assistance program; prohibits pharmacy benefit managers from limiting an individual's option to receive medications from non-mail order pharmacies.

Primary Sponsors
James Skoufis

State	Bill Number	Last Action	Status
OH	HB 135	Reported Health 2021 03 16	In House

Title Introduction Date: 2021-02-18
Prohibit certain health insurance cost-sharing practices

Description
To amend section 1751.12 and to enact sections 3923.811 and 3959.21 of the Revised Code to prohibit certain health insurance cost-sharing practices.

Primary Sponsors
Susan Manchester, Thomas West

State	Bill Number	Last Action	Status
OK	HB 2123	Approved By Governor 05 11 2021 2021 05 11	Enacted

Title
Insurance; creating the Patient's Right to Pharmacy Choice Commission; powers and duties; emergency.

Bill Summary: Last edited by Matt Magner at Feb 8, 2021, 8:13 PM
Creates Pharmacy Choice Commission

Introduction Date: 2021-02-01

Primary Sponsors
Marcus McEntire, Greg McCortney

State	Bill Number	Last Action	Status
OK	HB 2124	Reported Do Pass Retirement And Insurance Committee Cr Filed 2021 04 05	In Senate

Title Introduction Date: 2021-02-01
Professions and occupations; pharmacy benefits management licensure; modifying entity; levying of charges, fees, civil penalties or restitution; emergency; contingent effect.

Primary Sponsors
Marcus McEntire, Greg McCortney

State	Bill Number	Last Action	Status
OK	HB 2677	Approved By Governor 05 04 2021 2021 05 04	Enacted

Title
Professions and occupations; pharmacies; Pharmacy Audit Integrity Act; emergency.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:04 PM
Allows a pharmacist to decline to dispense drugs that will be reimbursed below cost; strengthens MAC appeal laws and fair pharmacy audit laws.

Primary Sponsors
T.J. Marti, Greg McCortney

Introduction Date: 2021-02-01

State	Bill Number	Last Action	Status
OK	HB 2678	Approved By Governor 04 19 2021 2021 04 19	Enacted

Title
Insurance; expanding actions that constitute unfair claims settlement practices; effective date.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:00 PM
Regarding calculation of insured's contribution to deductible.

Primary Sponsors
T.J. Marti, Greg McCortney

Introduction Date: 2021-02-01

State	Bill Number	Last Action	Status
OK	HB 2800	Second Reading Referred To Rules 2021 02 02	In House

Title
Insurance; modifying calculation of certain insured's contribution; effective date.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:00 PM
Regarding calculation of insured's contribution to deductible.

Primary Sponsors
John Pfeiffer

Introduction Date: 2021-02-01

State	Bill Number	Last Action	Status
OK	SB 92	Title Restored 2021 04 01	In House

Title
Insurance; expanding actions constituting unfair claims settlement practices. Effective date.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 3:51 PM
Requires insurers/PBMs to credit amounts paid on behalf of a patient to the patient's deductible amount.

Primary Sponsors
Greg McCortney, Marcus McEntire

Introduction Date: 2021-02-01

State	Bill Number	Last Action	Status
OK	SB 392	Approved By Governor 05 07 2021 2021 05 07	Enacted

Title
Pharmacists; requiring insurers to directly compensate a pharmacist in certain circumstances. Effective date.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 3:49 PM
Requires insurers to reimburse pharmacists for services that are covered under the plan and within the pharmacist's scope of practice.

Primary Sponsors
Rob Standridge, Marcus McEntire

Introduction Date: 2021-02-01

State	Bill Number	Last Action	Status
OK	SB 508	Coauthored By Representative Hill Principal House Author 2021 03 03	In Senate

Title Introduction Date: 2021-02-01

Insurance; modifying act considered to be unfair claim settlement; requiring insurer pay interest on claim in certain circumstance. Effective date.

Primary Sponsors

Jim Montgomery, Brian Hill

State	Bill Number	Last Action	Status
OK	SB 538	Coauthored By Representative Mcentire Principal House Author 2021 02 23	In Senate

Title Prescription drugs; creating the Oklahoma Right to Know Act; authorizing persons to request certain information on drug pricing. Effective date.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 3:47 PM Requires, upon request, drug supply chain entities to disclose the amount retained from drug purchases.

Introduction Date: 2021-02-01

Primary Sponsors

Rob Standridge, Marcus McEntire

State	Bill Number	Last Action	Status
OK	SB 589	Second Reading Referred To Retirement And Insurance 2021 02 02	In Senate

Title Introduction Date: 2021-02-01

Prescription drugs; requiring drug manufacturer to notify Insurance Department of certain price increases; requiring Department prepare and post report on certain drug prices. Effective date.

Primary Sponsors

Carri Hicks

State	Bill Number	Last Action	Status
OK	SB 721	Cr Do Pass Public Health Committee 2021 04 07	In House

Title Prescription drugs; creating the Access to Lifesaving Medicines Act; prohibiting insurers and pharmacy benefit managers from imposing certain cost on insured. Effective date.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 3:38 PM Prohibits co-pay clawbacks; requires rebates by passed to the patient at point of sale.

Introduction Date: 2021-02-01

Primary Sponsors

Carri Hicks, Marcus McEntire

State	Bill Number	Last Action	Status
OK	SB 737	Enacting Clause Restored 2021 05 20	Passed House

Title

Health insurance; modifying duties and prohibited acts of pharmacy benefit managers; authorizing Insurance Commissioner to take action on certain licenses. Emergency.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 3:43 PM
Allows Insurance Commissioner to impose fines and other penalties for violating the patient choice provision.

Introduction Date: 2021-02-01

Primary Sponsors

Greg McCortney, Marcus McEntire

State	Bill Number	Last Action	Status
OK	SB 821	Coauthored By Senator Quinn 2021 05 25	Vetoed

Title

Patient's Right to Pharmacy Choice Act; modifying certain contract restrictions; modifying monitoring requirements of certain insurers. Effective date.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 3:36 PM
Clarifies existing pharmacy network adequacy requirements; establishing a pharmacy reimbursement benchmark.

Introduction Date: 2021-02-01

Primary Sponsors

Greg McCortney, Marcus McEntire

State	Bill Number	Last Action	Status
OK	SB 887	Approved By Governor 05 12 2021 2021 05 12	Enacted

Title

Insurance; omnibus; updating statutory references. Emergency.

Introduction Date: 2021-02-01

Primary Sponsors

Marty Quinn, Chris Sneed

State	Bill Number	Last Action	Status
OR	HB 2041	In Committee Upon Adjournment 2021 06 26	Failed

Title

Relating to health insurance; declaring an emergency.

Introduction Date: 2021-01-11

Description

Transfers duties, functions and powers related to COFA Premium Assistance Program and health insurance exchange from Department of Consumer and Business Services to Oregon Health Authority on June 30, 2021. Declares emergency, effective on passage.

State	Bill Number	Last Action	Status
OR	HB 2046	Chapter 205 2021 Laws Effective Date January 01 2022 2021 09 25	Enacted

Title Introduction Date: 2021-01-11
Relating to health insurance.

Description

Requires insurer to provide specified notice to insured or prospective insured enrolled in short term health insurance policy. Prohibits insurer from establishing due date for payment of first individual health benefit plan premium earlier than 15 days after coverage begins or after date invoice is sent, whichever is later. Authorizes Department of Consumer and Business Services to access, use and disclose data in all payer all claims database for carrying out department's duties, subject to conditions. Requires grace period of at least 30 days for payment of premium for individual health benefit plan. Requires notice of adverse benefit determination to be provided in culturally and linguistically appropriate manner and specifies elements that must be included in notice. Adds new provisions applicable to external review by independent review organization. Requires insurer to send notice of nonpayment of premium at least 15 days prior to end of grace period established for individual health benefit plans. Removes or modifies certain references to federal law in laws concerning health insurance.

State	Bill Number	Last Action	Status
OR	HB 2079	In Committee Upon Adjournment 2021 06 26	Failed

Title Introduction Date: 2021-01-11
Relating to health care providers.

Description

Requires health care entities to obtain approval from Oregon Health Authority before any mergers, acquisitions or affiliations of entities that had \$25 million or more in net patient revenue in prior fiscal year or before mergers, acquisitions or affiliations that will result in one entity having increase in net patient revenue of \$10 million or more. Specifies procedures. Requires Oregon Health Policy Board to establish criteria for approval of mergers, acquisitions and affiliations based on specified factors.

State	Bill Number	Last Action	Status
OR	HB 2080	In Committee Upon Adjournment 2021 06 26	Failed

Title Introduction Date: 2021-01-11
Relating to pharmaceuticals.

Description

Establishes Office of Pharmaceutical Purchasing in Oregon Health Authority and specifies duties. Requires office to administer multistate prescription drug purchasing consortium. Authorizes Oregon Health Authority to require prior authorization for drugs under specified conditions.

State	Bill Number	Last Action	Status
OR	HB 2391	In Committee Upon Adjournment 2021 06 26	Failed

Title Introduction Date: 2021-01-11
Relating to pharmacists.

Description
Requires health benefit plan to reimburse licensed pharmacists for services associated with dispensing of covered drugs that are within pharmacist's scope of practice.

Primary Sponsors
Rachel Prusak

State	Bill Number	Last Action	Status
OR	HB 2460	In Committee Upon Adjournment 2021 06 26	Failed

Title Introduction Date: 2021-01-11
Relating to pharmacy benefit managers.

Description
Imposes new requirements on pharmacy benefit managers.

Primary Sponsors
Nancy Nathanson

State	Bill Number	Last Action	Status
OR	HB 2462	In Committee Upon Adjournment 2021 06 26	Failed

Title Introduction Date: 2021-01-11
Relating to pharmacy benefit managers.

Description
Requires pharmacy benefit manager to amend contract with pharmacy or pharmacy services administrative organization or take other steps to adjust reimbursement paid to pharmacy or pharmacy services administrative organization to take into account costs incurred from new taxes or fees. Prohibits pharmacy benefit manager from taking retaliatory action against pharmacy or pharmacy services administrative organization. Requires insurers to submit for review by Department of Consumer and Business Services contracts with pharmacy benefits managers and reimbursement paid by pharmacy benefit manager to ensure reimbursement is sufficient to enlist enough pharmacies for insurer to meet network adequacy standards.

Primary Sponsors
Nancy Nathanson

State	Bill Number	Last Action	Status
OR	HB 2463	In Committee Upon Adjournment 2021 06 26	Failed

Title Introduction Date: 2021-01-11
Relating to pharmacy benefit managers.

Description
Imposes new requirements on pharmacy benefit managers.

Primary Sponsors
Nancy Nathanson

State	Bill Number	Last Action	Status
OR	HB 2517	Chapter 154 2021 Laws Effective Date January 01 2022 2021 09 25	Enacted

Title Introduction Date: 2021-01-11
Relating to managing the utilization of health care.

Description
Requires coordinated care organizations to report specified information to] Oregon Health Authority to compile and annually post to website report on information reported to authority by coordinated care organizations regarding requests for prior authorization. Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization. Creates new requirements and modifies existing requirements applicable to utilization review by insurers offering health benefit plans and health benefit plans offered by Public Employees' Benefit Board and Oregon Educators Benefit Board. Creates new requirements applicable to step therapy requirements imposed by entities providing health insurance, medical services contracts or health care service contracts, multiple employer welfare arrangements and pharmacy benefit managers.

Primary Sponsors
Rachel Prusak, Bill Hansell

State	Bill Number	Last Action	Status
OR	HB 2753	In Committee Upon Adjournment 2021 06 26	Failed

Title Introduction Date: 2021-01-11
Relating to taxes paid by pharmacies; prescribing an effective date.

Description
Prohibits pharmacy benefit manager from including in contract with network pharmacy term barring price increase to customer to offset estimated amount of corporate activity tax paid by pharmacy and attributable to sale of prescription drug. Applies to contracts entered into on or after January 1, 2022. Takes effect on 91st day following adjournment sine die.

Primary Sponsors
Ron Noble

State	Bill Number	Last Action	Status
OR	HB 2956	In Committee Upon Adjournment 2021 06 26	Failed

Title

Relating to utilization review by insurers.

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:42 PM
Regarding prior authorization.

Description

Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization. Creates new requirements and modifies existing requirements applicable to utilization review by insurers offering health benefit plans. Creates new requirements applicable to step therapy requirements imposed by entities providing health insurance, medical services contracts or health care service contracts, multiple employer welfare arrangements and pharmacy benefit managers. Exempts from certain new or modified requirements health benefit plans offered to public employees by Public Employees' Benefit Board and Oregon Educators Benefit Board.

Introduction Date: 2021-01-21

Primary Sponsors

Susan McLain

State	Bill Number	Last Action	Status
OR	HB 3267	In Committee Upon Adjournment 2021 06 26	Failed

Title

Relating to the price of prescription drugs.

Bill Summary: Last edited by Matt Magner at Feb 24, 2021, 7:57 PM
Rx Affordability Board.

Description

Establishes Prescription Drug Affordability Board in Department of Consumer and Business Services to review prices for prescription drug products meeting specified cost criteria. Requires board to establish upper payment limit for drugs that are or are expected to create affordability challenges for health systems and patients in Oregon or health inequities for communities of color. Requires board to establish and assess fees against manufacturers of prescription drug products sold in Oregon for costs of carrying out duties of board. Establishes Prescription Drug Affordability Stakeholder Council to assist board in carrying out its duties.

Introduction Date: 2021-02-23

Primary Sponsors

Rachel Prusak

State	Bill Number	Last Action	Status
OR	SB 442	In Committee Upon Adjournment 2021 06 26	Failed

Title Introduction Date: 2021-01-11
Relating to managing the utilization of health care.

Description

Requires coordinated care organizations to report specified information to Oregon Health Authority regarding requests for prior authorization. Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization. Creates new requirements and modifies existing requirements applicable to utilization review by insurers offering health benefit plans. Creates new requirements applicable to step therapy requirements imposed by entities providing health insurance, medical services contracts or health care service contracts, multiple employer welfare arrangements and pharmacy benefit managers.

Primary Sponsors

Tim Knopp

State	Bill Number	Last Action	Status
OR	SB 844	Effective Date January 1 2022 2021 08 20	Enacted

Title Introduction Date: 2021-03-10
Relating to the price of prescription drugs.

Description

Establishes Prescription Drug Affordability Board in Department of Consumer and Business Services to review prices for prescription drug products meeting specified cost criteria. Requires board to establish upper payment limit for drugs that are or] nine drugs and at least one insulin product, from among drugs reported to Prescription Drug Price Transparency program by prescription drug manufacturers, drugs reported by insurers in filings and insulin drugs marketed in this state, that are expected to create affordability challenges for health systems and] or high out-of-pocket costs for patients in Oregon or health inequities for communities of color] based on specified criteria. Requires department, in consultation with board, to establish and assess fees against manufacturers of prescription drug products sold in Oregon for costs of carrying out duties of board. Establishes Prescription Drug Affordability Stakeholder Council to assist board in carrying out its duties.].

Primary Sponsors

Deb Patterson, Rachel Prusak

State	Bill Number	Last Action	Status
PA	HB 225	Referred To Insurance 2021 04 01	In House

Title

An Act amending the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, in quality health care accountability and protection, further providing for definitions, for responsibilities of managed care plans, providing for preauthorization standards and for preauthorization costs, further providing for continuity of care, providing for step therapy, further providing for required disclosure, for operational standards and providing for preauthorization and adverse determinations, for appeals, for access requirements in service areas, for uniform preauthorization form, for preauthorization exemptions and for data collection and reporting; and making an editorial change.

Introduction Date: 2021-04-01**Primary Sponsors**

Steve Mentzer

State	Bill Number	Last Action	Status
PA	HB 321	Referred To Insurance 2021 01 28	In House

Title

An Act providing for pharmaceutical transparency; establishing the Pharmaceutical Transparency Review Board and providing for its powers and duties; and establishing the Pharmaceutical Transparency Review Fund.

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:18 PM
Creates the Pharmaceutical Transparency Review Board.**Introduction Date:** 2021-01-28**Primary Sponsors**

Mike Puskaric

State	Bill Number	Last Action	Status
PA	HB 882	Referred To Insurance 2021 03 12	In House

Title

An Act amending the act of November 21, 2016 (P.L.1318, No.169), known as the Pharmacy Audit Integrity and Transparency Act, in pharmacy benefit manager cost transparency requirements, providing for sharing of cost, benefit and coverage data required.

Introduction Date: 2021-03-12**Primary Sponsors**

Valerie Gaydos

State	Bill Number	Last Action	Status
PA	HB 1319	Referred To Health 2021 04 30	In House

Title

An Act prohibiting discrimination in pharmacy benefits plans and prevention or interference with patient choice; providing for reimbursement claims methodology and for safety net protection; and imposing penalties.

Introduction Date: 2021-04-30**Primary Sponsors**

Carrie Lewis Delosso

State	Bill Number	Last Action	Status
PA	HB 1664	Referred To Insurance 2021 06 17	In House

Title **Introduction Date:** 2021-06-17

An Act amending the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, in casualty insurance, providing for cost-sharing calculation.

Primary Sponsors

Barb Gleim

State	Bill Number	Last Action	Status
PA	HB 1722	Referred To Health 2021 07 19	In House

Title **Introduction Date:** 2021-07-19

An Act providing for prescription drug affordability; and establishing the Prescription Drug Affordability Board, the Prescription Drug Affordability Stakeholder Council and the Prescription Drug Affordability Fund.

Primary Sponsors

Dan Frankel

State	Bill Number	Last Action	Status
PA	SB 196	Referred To Banking And Insurance 2021 02 10	In Senate

Title **Bill Summary:** Last edited by Matt Magner at Feb 11, 2021, 8:47 PM
Regarding copay accumulators

An Act amending the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, in casualty insurance, providing for cost-sharing calculation.

Introduction Date: 2021-02-10

Primary Sponsors

Judy Ward

State	Bill Number	Last Action	Status
RI	HB 5081	Committee Recommended Measure Be Held For Further Study 2021 02 23	Failed sine die

Title **Bill Summary:** Last edited by Matt Magner at Feb 3, 2021, 5:35 PM
Establishes a rare disease medication accessibility commission.

An Act Relating To Health And Safety -- Establishing The Rhode Island Rare Disease Medication Accessibility, Affordability, And Reinsurance Act (Provides For Establishment Of The Rare Disease Medication Reinsurance Program To Be Funded By Insurer Contributions That Would Be Administered By The Secretary Of Health And Human Services Based On Recommendations From A 15 Member Advisory Council.)

Introduction Date: 2021-01-22

Primary Sponsors

Joseph McNamara

State	Bill Number	Last Action	Status
RI	HB 5249	Committee Recommended Measure Be Held For Further Study 2021 03 01	Failed sine die

Title

An Act Relating To Health And Safety -- Wholesale Prescription Drug Importation Program (Establishes A Program For The Importation Of Wholesale Prescription Drugs From Canada To Provide Cost Savings To Rhode Island Consumers.)

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 5:43 PM Importation from Canada.

Introduction Date: 2021-01-29

Primary Sponsors

Anastasia Williams, Camille Vella Wilkinson, Karen Alzate, David Morales, Nathan Biah, Joshua Giraldo, Thomas Noret, Julie Casimiro

State	Bill Number	Last Action	Status
RI	HB 5372	Committee Recommended Measure Be Held For Further Study 2021 03 01	Failed sine die

Title

An Act Relating To Food And Drugs -- Prescription Drug Affordability Board - Group Purchasing Board For Rx We Can Afford (Creates A Prescription Drug Affordability Board Composed Of Representatives Of Affected Stakeholders Designated To Investigate And Comprehensively Evaluate Drug Prices For Rhode Islanders And Possible Ways To Reduce Them To Make Them More Affordable.)

Bill Summary: Last edited by Matt Magner at Feb 5, 2021, 6:39 PM Drug Affordability Board

Introduction Date: 2021-02-05

Primary Sponsors

Joseph McNamara, Mia Ackerman, Lauren Carson, Thomas Noret, Julie Casimiro

State	Bill Number	Last Action	Status
RI	HB 5494	Committee Recommended Measure Be Held For Further Study 2021 03 08	Failed sine die

Title

An Act Relating To Businesses And Professions -- Drug Cost Transparency (Provides Drug Cost Transparency By Requiring Reports Be Submitted By Drug Manufacturers, Pharmacy Benefit Managers And Health Benefit Plan Insurers To The Director Of The Department Of Business Regulation Regarding Drug Prices And Increases The Prices.)

Bill Summary: Last edited by Matt Magner at Feb 12, 2021, 3:08 PM Requires drug pricing disclosures to the state.

Introduction Date: 2021-02-11

Primary Sponsors

Mia Ackerman, Joseph McNamara, Edie Ajello, Brandon Potter, David Morales, Blake Filippi, Brianna Henries, Karen Alzate

State	Bill Number	Last Action	Status
RI	HB 5611	Committee Recommended Measure Be Held For Further Study 2021 03 16	Failed sine die

Title

An Act Relating To Businesses And Professions -- Pharmacies -- Prescriptions (Requires Pharmacists To Notify Their Customers Whether Their Cost Sharing Benefits Exceed The Actual Retail Price Of The Prescription Sought, In The Absence Of Prescription Drug Coverage.)

Primary Sponsors

Thomas Noret, Julie Casimiro, Camille Vella Wilkinson, Karen Alzate, Arthur Corvese, Bob Craven, Gregg Amore, Stephen Casey, Steven Lima, John Lombardi

Bill Summary: Last edited by Matt Magner at Feb 19, 2021, 8:47 PM
Gag clauses

Introduction Date: 2021-02-18

State	Bill Number	Last Action	Status
RI	SB 171	Committee Recommended Measure Be Held For Further Study 2021 04 01	Failed sine die

Title

An Act Relating To Health And Safety -- The Rhode Island Rare Disease Medication Accessibility, Affordability, And Reinsurance Act (Establishes Within The Executive Office Of Health And Human Services A Program, Informed By An Advisory Council, To Assure Equitable Financing And Facilitate Access To Medication For Rare Diseases.)

Primary Sponsors

Lou DiPalma, Joshua Miller

Bill Summary: Last edited by Matt Magner at Feb 8, 2021, 2:40 PM
Establishes Board for access to medication for rare diseases.

Introduction Date: 2021-02-05

State	Bill Number	Last Action	Status
RI	SB 236	Introduced Referred To Senate Health And Human Services 2021 02 10	Failed sine die

Title

An Act Relating To Businesses And Professions - Pharmacies (Requires Pharmacists To Advise Of Cheaper Generic Alternatives And Advise When A Drug Would Cost Less If Paid Out-Of-Pocket Without Insurance.)

Primary Sponsors

Walter Felag

Bill Summary: Last edited by Matt Magner at Feb 12, 2021, 3:07 PM
Requires pharmacists to inform patients of cheaper alternatives.

Introduction Date: 2021-02-10

State	Bill Number	Last Action	Status
RI	SB 381	Senate Passed Sub A 2021 06 24	Failed sine die

Title Introduction Date: 2021-02-25
An Act Relating To Insurance -- Prescription Drug Benefits (Provides That Health Insurance Policies That Provide Prescription Drug Coverage Not Include An Annual Or Lifetime Dollar Limit On Drug Benefits.)

Primary Sponsors
Mike McCaffrey, Lou DiPalma, Ana Quezada, Joshua Miller

State	Bill Number	Last Action	Status
RI	SB 487	Referred To House Health Human Services 2021 06 24	Failed sine die

Title Introduction Date: 2021-03-04
An Act Relating To Businesses And Professions -- Pharmacies -- Prescriptions (Requires Pharmacists To Notify Their Customers Whether Their Cost Sharing Benefits Exceed The Actual Retail Price Of The Prescription Sought.)

Primary Sponsors
John Burke, Maryellen Goodwin, Alana DiMario, Joshua Miller, Melissa Murray, Sandra Cano

State	Bill Number	Last Action	Status
RI	SB 494	Senate Passed Sub A 2021 06 24	Failed sine die

Title Introduction Date: 2021-03-04
An Act Relating To Insurance (Requires Drug Companies Disclose To Office Of The Health Insurance Commissioner Acquisition Costs Of Drugs Approved By Fda, If Acquisition Cost Is At Least \$100 For 30 Day Supply And Requires Disclosure Of Rebates, Price Protection Payments.)

Primary Sponsors
Dominick Ruggiero, Mike McCaffrey, Maryellen Goodwin, Joshua Miller, Cynthia Coyne

State	Bill Number	Last Action	Status
RI	SB 497	Signed By Governor 2021 07 06	Enacted

Title Introduction Date: 2021-03-04
An Act Relating To Insurance -- Prescription Drug Benefits (Pharmacists May Discuss Reimbursement Criteria With Individuals Presenting Prescriptions.)

Primary Sponsors
Walter Felag, Cynthia Coyne, James Seveney, Sue Sosnowski, Frank Ciccone, Lou Raptakis

State	Bill Number	Last Action	Status
RI	SB 498	Meeting Postponed 05 27 2021 2021 05 26	Failed sine die

Title Introduction Date: 2021-03-04

An Act Relating To Food And Drugs -- Prescription Drug Affordability Board - Group Purchasing Board For Rx We Can Afford (Create A Prescription Drug Affordability Board Composed Of Representatives Of Affected Stakeholders Designated To Investigate And Comprehensively Evaluate Drug Prices For Rhode Islanders And Possible Ways To Reduce Them To Make Them More Affordable.)

Primary Sponsors

Cynthia Coyne, Mike McCaffrey

State	Bill Number	Last Action	Status
RI	SB 592	Committee Recommended Measure Be Held For Further Study 2021 03 18	Failed sine die

Title Introduction Date: 2021-03-11

An Act Relating To Businesses And Professions -- Pharmacies-- Insurance (Updates And Revises The Current Law On Pharmacy Benefit Managers And Prescription Drug Pricing Including Establishing Maximum Allowable Cost Limits And Providing For Amended Administrative Appeal Procedures.)

Primary Sponsors

Joshua Miller, Val Lawson, Alana DiMario, Bridget Valverde, Steve Archambault, Sam Bell

State	Bill Number	Last Action	Status
SC	S 642	Referred To Committee On Banking And Insurance Senate Journal Page 5 2021 03 04	In Senate

Title **Bill Summary:** Last edited by Matt Magner at Mar 5, 2021, 3:48 PM
Pharmacy benefits manager rebates Regarding passing manufacturer rebates to patients at point of sale

Description Introduction Date: 2021-03-04

A Bill To Amend The Code Of Laws Of South Carolina, 1976, By Adding Section 38-71-2270 So As To Ensure Fairness In Cost Sharing By Pharmacy Benefits Managers; And To Amend Section 38-71-2200, Relating To Pharmacy Benefits Managers Definitions, So As To Define Applicable Terms.

Primary Sponsors

Mike Gambrell

State	Bill Number	Last Action	Status
SD	HB 1263	Signed By The Governor On March 29 2021 H J 570 2021 03 29	Enacted

Title
Provide price transparency for health care costs.

Bill Summary: Last edited by Matt Magner at Feb 4, 2021, 3:52 PM
Requires disclosures regarding copay amounts.

Primary Sponsors
House Committee on Health and Human Services

Introduction Date: 2021-02-04

State	Bill Number	Last Action	Status
SD	SB 154	Commerce And Energy Deferred To The 41st Legislative Day Passed Yeas 5 Nays 2 2021 02 04	Failed sine die

Title
Provide for the calculation of cost-sharing requirements regarding
pharmacy benefits management.

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 5:29 PM
Regarding co-pay accumulators.

Primary Sponsors
Carl Perry, Wayne Steinhauer

Introduction Date: 2021-01-28

State	Bill Number	Last Action	Status
TN	HB 145	Received From House Passed On First Consideration 2021 04 15	In Senate

Title
Pharmacy, Pharmacists - As introduced, lowers from three to two
business days the amount of time a pharmacy benefits manager or
covered entity has to adjust the maximum allowable cost of a drug
or medical product or device to which the maximum allowable cost
applies for all similar pharmacies in the network for claims
submitted in the next payment cycle after an appealing pharmacy's
appeal is determined to be valid by the pharmacy benefits
manager or covered entity. - Amends TCA Title 4; Title 53; Title 56;
Title 63; Title 68 and Title 71.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:26 PM
Lowers from three to two business days the amount of time a pharmacy
benefits manager or covered entity has to adjust the maximum
allowable cost of a drug or medical product or device to which the
maximum allowable cost applies for all similar pharmacies in the
network for claims submitted in the next payment cycle after an
appealing pharmacy's appeal is determined to be valid by the pharmacy
benefits manager or covered entity.

Primary Sponsors
Robin Smith

Introduction Date: 2021-01-12

State	Bill Number	Last Action	Status
TN	HB 636	Taken Off Notice For Cal In S C Finance Ways And Means Subcommittee Of Finance Ways And Means Committee 2021 04 27	In House

Title
Insurance Companies, Agents, Brokers, Policies - As introduced,
enacts the "Health Benefit Plan Network Access and Adequacy Act."
- Amends TCA Title 4; Title 8; Title 33; Title 47; Title 56; Title 63; Title
68 and Title 71.

Bill Summary: Last edited by Matt Magner at Feb 9, 2021, 3:52 PM
Establishes network adequacy requirements

Primary Sponsors
Robin Smith

Introduction Date: 2021-02-08

State	Bill Number	Last Action	Status
TN	HB 1349	P 2 C Caption Bill Held On Desk Pending Amdt 2021 02 24	In House

Title

Pharmacy, Pharmacists - As introduced, increases from the first seven calendar days of the month to the first 10 calendar days of the month the time within which an audit of a pharmacist or pharmacy shall not be initiated or scheduled due to high prescription volume. - Amends TCA Title 56, Chapter 7.

Bill Summary: Last edited by Matt Magner at Feb 16, 2021, 8:05 PM
Relating to pharmacy audits

Introduction Date: 2021-02-12

Primary Sponsors

Esther Helton

State	Bill Number	Last Action	Status
TN	HB 1398	Pub Ch 569 2021 06 02	Enacted

Title

Insurance, Health, Accident - As enacted, revises various provisions governing pharmacy benefits and pharmacy benefits managers. - Amends TCA Title 4; Title 56 and Title 71.

Introduction Date: 2021-02-22

Primary Sponsors

Esther Helton

State	Bill Number	Last Action	Status
TN	HB 1530	Assigned To S C Insurance Subcommittee 2021 03 01	In House

Title

Insurance, Health, Accident - As introduced, requires health plans and pharmacy benefits managers to provide to enrollees upon request certain information about covered drugs and benefits under the enrollee's health plan. - Amends TCA Title 4; Title 47, Chapter 18 and Title 56.

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 7:25 PM
Drug pricing disclosures

Introduction Date: 2021-02-24

Primary Sponsors

Gary Hicks

State	Bill Number	Last Action	Status
TN	SB 603	Action Deferred In Senate Commerce And Labor Committee To First Calendar Of 2022 2021 04 21	In Senate

Title

Insurance Companies, Agents, Brokers, Policies - As introduced, enacts the "Health Benefit Plan Network Access and Adequacy Act." - Amends TCA Title 4; Title 8; Title 33; Title 47; Title 56; Title 63; Title 68 and Title 71.

Bill Summary: Last edited by Matt Magner at Feb 9, 2021, 8:17 PM
Establishes network adequacy standards.

Introduction Date: 2021-02-09

Primary Sponsors

Bo Watson

State	Bill Number	Last Action	Status
TN	SB 1206	Assigned To General Subcommittee Of Senate Commerce And Labor Committee 2021 04 06	In Senate

Title

Pharmacy, Pharmacists - As introduced, increases from the first seven calendar days of the month to the first 10 calendar days of the month the time within which an audit of a pharmacist or pharmacy shall not be initiated or scheduled due to high prescription volume. - Amends TCA Title 56, Chapter 7.

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 8:29 PM Regarding pharmacy audits

Introduction Date: 2021-02-11

Primary Sponsors

Richard Briggs

State	Bill Number	Last Action	Status
TN	SB 1249	Passed On Second Consideration Refer To Senate Commerce And Labor Committee 2021 02 22	In Senate

Title

Insurance, Health, Accident - As introduced, requires health plans and pharmacy benefits managers to provide to enrollees upon request certain information about covered drugs and benefits under the enrollee's health plan. - Amends TCA Title 4; Title 47, Chapter 18 and Title 56.

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 8:14 PM Requiring PBMs to disclose certain info to patients.

Introduction Date: 2021-02-11

Primary Sponsors

Shane Reeves

State	Bill Number	Last Action	Status
TN	SB 1280	Passed On Second Consideration Refer To Senate Commerce And Labor Committee 2021 02 22	In Senate

Title

Insurance, Health, Accident - As introduced, makes certain changes regarding pharmacy benefits and pharmacy benefits managers. - Amends TCA Title 4; Title 56 and Title 71.

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 8:12 PM Regarding patient choice and fiduciary duty.

Introduction Date: 2021-02-11

Primary Sponsors

Shane Reeves

State	Bill Number	Last Action	Status
TN	SB 1403	Assigned To General Subcommittee Of Senate Commerce And Labor Committee 2021 04 21	In Senate

Title

Pharmacy, Pharmacists - As introduced, lowers from three to two business days the amount of time a pharmacy benefits manager or covered entity has to adjust the maximum allowable cost of a drug or medical product or device to which the maximum allowable cost applies for all similar pharmacies in the network for claims submitted in the next payment cycle after an appealing pharmacy's appeal is determined to be valid by the pharmacy benefits manager or covered entity. - Amends TCA Title 4; Title 53; Title 56; Title 63; Title 68 and Title 71.

Bill Summary: Last edited by Matt Magner at Feb 12, 2021, 3:03 PM
Amends MAC transparency laws.

Introduction Date: 2021-02-11

Primary Sponsors

Art Swann

State	Bill Number	Last Action	Status
TN	SB 1617	Comp Became Pub Ch 569 2021 06 02	Enacted

Title

Insurance, Health, Accident - As enacted, revises various provisions governing pharmacy benefits and pharmacy benefits managers. - Amends TCA Title 4; Title 56 and Title 71.

Bill Summary: Last edited by Matt Magner at Feb 12, 2021, 3:01 PM
Regarding patient steering, drug pricing disclosures, and physicians dispensing.

Introduction Date: 2021-02-11

Primary Sponsors

Shane Reeves

State	Bill Number	Last Action	Status
TX	HB 1033	Effective On 9 1 21 2021 05 18	Enacted

Title

Relating to prescription drug price disclosure; authorizing a fee; providing an administrative penalty.

Introduction Date: 2021-01-08

Primary Sponsors

Tom Oliverson, Matt Shaheen, Kelly Hancock

State	Bill Number	Last Action	Status
TX	HB 1093	Referred To Insurance 2021 03 04	Failed sine die

Title

Relating to the regulation of pharmacy benefit managers and health benefit plan issuers in relation to prescription drug coverage.

Introduction Date: 2021-01-13

Primary Sponsors

Eddie Lucio, Trent Ashby

State	Bill Number	Last Action	Status
TX	HB 1586	Referred To Business Commerce 2021 05 17	Failed sine die

Title
Relating to health benefit plan coverage of clinician-administered drugs.

Bill Summary: Last edited by Matt Magner at Feb 4, 2021, 8:58 PM
Regarding patient choice of specialty drug dispensers.

Introduction Date: 2021-02-04

Primary Sponsors

Eddie Lucio, Tom Oliverson, Will Metcalf

State	Bill Number	Last Action	Status
TX	HB 1670	Referred To Insurance 2021 03 09	Failed sine die

Title
Relating to the contractual relationship between a pharmacist or pharmacy and a health benefit plan issuer or pharmacy benefit manager.

Introduction Date: 2021-02-08

Primary Sponsors

Shawn Thierry

State	Bill Number	Last Action	Status
TX	HB 1763	Effective On 9 1 21 2021 05 26	Enacted

Title
Relating to the contractual relationship between a pharmacist or pharmacy and a health benefit plan issuer or pharmacy benefit manager.

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 8:59 PM
Comprehensive PBM regulations

Introduction Date: 2021-02-10

Primary Sponsors

Tom Oliverson, Cole Hefner, Eddie Lucio, Trey Bell, Richard Raymond, Bryan Hughes

State	Bill Number	Last Action	Status
TX	HB 1919	Effective On 9 1 21 2021 06 18	Enacted

Title
Relating to prohibited practices for certain health benefit plan issuers and pharmacy benefit managers.

Bill Summary: Last edited by Matt Magner at Feb 16, 2021, 8:07 PM
Patient steering

Introduction Date: 2021-02-12

Primary Sponsors

Cody Harris, Charles Schwertner

State	Bill Number	Last Action	Status
TX	HB 1995	Referred To Insurance 2021 03 15	Failed sine die

Title
Relating to examination of pharmacy benefit managers by the commissioner of insurance; authorizing an assessment.

Bill Summary: Last edited by Matt Magner at Feb 24, 2021, 8:10 PM
Requires a review of PBMs

Introduction Date: 2021-02-22

Primary Sponsors

Terry Canales

State	Bill Number	Last Action	Status
TX	HB 2090	Effective On 9 1 21 2021 06 07	Enacted

Title

Relating to the establishment of a statewide all payor claims database and health care cost disclosures by health benefit plan issuers and third-party administrators.

Bill Summary: Last edited by Matt Magner at Feb 24, 2021, 7:28 PM Regarding copay accumulators and drug pricing transparency.

Introduction Date: 2021-02-23

Primary Sponsors

Dustin Burrows, Tom Oliverson, James Frank, Greg Bonnen, Mayes Middleton, Kelly Hancock

State	Bill Number	Last Action	Status
TX	HB 2668	Committee Report Sent To Calendars 2021 05 10	Failed sine die

Title

Relating to the effect of certain reductions in a health benefit plan enrollee's out-of-pocket expenses for certain prescription drugs on enrollee cost-sharing requirements.

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 7:23 PM Co-pay accumulators

Introduction Date: 2021-03-03

Primary Sponsors

Four Price, Scott Sanford, Hubert Vo, Steve Allison, Celia Israel

State	Bill Number	Last Action	Status
TX	HB 2787	Received From The House 2021 04 28	Failed sine die

Title

Relating to repeal of certain Employee Retirement Income Security Act of 1974 exemption provisions relating to pharmacy benefits.

Bill Summary: Last edited by Matt Magner at Mar 5, 2021, 3:39 PM Addressing existing ERISA mentions

Introduction Date: 2021-03-03

Primary Sponsors

Mayes Middleton, John Raney, Tom Oliverson, Briscoe Cain, Eddie Lucio

State	Bill Number	Last Action	Status
TX	SB 166	Referred To Business Commerce 2021 03 03	Failed sine die

Title

Relating to a limit on cost-sharing requirements imposed by a health benefit plan for certain prescription insulin.

Introduction Date: 2020-11-10

Primary Sponsors

Cesar Blanco

State	Bill Number	Last Action	Status
TX	SB 523	Co Author Authorized 2021 04 08	Failed sine die

Title

Relating to the effect of certain reductions in a health benefit plan enrollee's out-of-pocket expenses for prescription drugs on enrollee cost-sharing requirements.

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 5:42 PM Regarding co-pay accumulators.

Introduction Date: 2021-01-29

Primary Sponsors

Dawn Buckingham

State	Bill Number	Last Action	Status
TX	SB 528	Left Pending In Committee 2021 05 04	Failed sine die

Title

Relating to the contractual relationship between a pharmacist or pharmacy and a health benefit plan issuer or pharmacy benefit manager.

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:58 PM Prohibits retroactive claim adjustments, limits on pharmacy delivery services, certain transaction fees, accreditation standards, and retaliation.

Introduction Date: 2021-01-29

Primary Sponsors

Bryan Hughes, Paul Bettencourt, Brian Birdwell, Cesar Blanco, Dawn Buckingham, Donna Campbell, Roland Gutierrez, Bob Hall, Chuy Hinojosa, Lois Kolkhorst, Jose Menendez, Borris Miles, Jane Nelson, Robert Nichols, Angela Paxton, Charles Perry, Charles Schwertner, Kel Seliger, Drew Springer, Royce West, Judith Zaffirini

State	Bill Number	Last Action	Status
TX	SB 679	Co Author Authorized 2021 04 13	Failed sine die

Title

Relating to the regulation of pharmacy benefit managers and health benefit plan issuers in relation to prescription drug coverage.

Introduction Date: 2021-02-12

Primary Sponsors

Lois Kolkhorst

State	Bill Number	Last Action	Status
TX	SB 727	Referred To Business Commerce 2021 03 11	Failed sine die

Title

Relating to certain prohibited practices by pharmacy benefit managers.

Introduction Date: 2021-02-22

Primary Sponsors

Charles Schwertner

State	Bill Number	Last Action	Status
TX	SB 812	Co Author Authorized 2021 03 22	Failed sine die

Title
Relating to prohibited practices for certain health benefit plan issuers and pharmacy benefit managers.

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 7:22 PM
Anti-steering

Introduction Date: 2021-02-25

Primary Sponsors
Charles Schwertner

State	Bill Number	Last Action	Status
TX	SB 844	Left Pending In Committee 2021 04 13	Failed sine die

Title
Relating to repeal of certain Employee Retirement Income Security Act of 1974 exemption provisions relating to pharmacy benefits.

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 7:22 PM
Addressing ERISA exemptions

Introduction Date: 2021-02-26

Primary Sponsors
Charles Schwertner

State	Bill Number	Last Action	Status
TX	SB 1330	Referred To Business Commerce 2021 03 18	Failed sine die

Title
Relating to examination of pharmacy benefit managers by the commissioner of insurance; authorizing an assessment.

Introduction Date: 2021-03-10

Primary Sponsors
Chuy Hinojosa

State	Bill Number	Last Action	Status
TX	SB 2195	Left Pending In Committee 2021 05 11	Failed sine die

Title
Relating to the relationship between pharmacists or pharmacies and pharmacy benefit managers or health benefit plan issuers.

Introduction Date: 2021-04-12

Primary Sponsors
Lois Kolkhorst

State	Bill Number	Last Action	Status
UT	HB 187	House Filed 2021 03 05	Failed sine die

Title
Pharmacy Benefits Amendments

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:44 PM
Regarding purchasing of pharmacy benefit management services.

Introduction Date: 2021-01-19

Primary Sponsors
Suzanne Harrison, Evan Vickers

State	Bill Number	Last Action	Status
UT	SB 140	Governor Signed 2021 03 17	Enacted

Title
Pharmacy Benefit Amendments

Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 3:57 PM
Regarding 340B entities.

Primary Sponsors
Evan Vickers, Steve Eliason

Introduction Date: 2021-01-28

State	Bill Number	Last Action	Status
UT	SB 177	Governor Signed 2021 03 17	Enacted

Title
Pharmacy Practice Revisions

Introduction Date: 2021-02-10

Primary Sponsors
Evan Vickers, Paul Ray

State	Bill Number	Last Action	Status
VA	HB 876	House Left In Health Welfare And Institutions 2020 12 04	Failed

Title
Prescription drugs; price transparency.

Introduction Date: 2020-01-07

Description
Prescription drug price transparency. Requires every health carrier, pharmacy benefits manager, wholesale drug distributor, and drug manufacturer to report information about prescription drug prices and related information to the Department of Health and requires the Department to make such information available on its website.

Primary Sponsors
Suhas Subramanyam

Title

Pharmacy benefits managers; licensure and regulation definitions.

Introduction Date: 2020-01-08

Description

Pharmacy benefits managers; licensure and regulation. Provides that no person is authorized to provide pharmacy benefits management services or otherwise act as a pharmacy benefits manager without first obtaining a license from the State Corporation Commission. The measure prohibits a carrier on its own or through its contracted pharmacy benefits manager or representative of a pharmacy benefits manager from (i) causing or knowingly permitting the use of any advertisement, promotion, solicitation, representation, proposal, or offer that is untrue; (ii) charging a pharmacist or pharmacy a fee related to the adjudication of a claim other than a reasonable fee for an initial claim submission; (iii) reimbursing a pharmacy or pharmacist an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services, calculated on a per-unit basis using the same generic product identifier or generic code number and reflecting all drug manufacturer's rebates, direct and indirect administrative fees, and costs and any remuneration; or (iv) penalizing or retaliating against a pharmacist or pharmacy for exercising rights provided by this measure. The measure also prohibits a carrier from (a) imposing provider accreditation standards or certification requirements inconsistent with, more stringent than, or in addition to requirements of the Virginia Board of Pharmacy or other state or federal entity; (b) including any mail order pharmacy or pharmacy benefits manager affiliate in calculating or determining network adequacy; or (c) conducting spread pricing in the Commonwealth. The measure also imposes recordkeeping and reporting requirements. The bill has a delayed effective date of October 1, 2020. This bill incorporates HB 1292, HB 1459, HB 1479, and HB 1659 and is identical to SB 251.

Primary Sponsors

Keith Hodges

State	Bill Number	Last Action	Status
VA	HB 1292	House Incorporated By Labor And Commerce Hb 1290 Hodges By Voice Vote 2020 02 04	In House

Title Introduction Date: 2020-01-08

Health insurance; carrier contracts with pharmacy benefits managers.

Description

Health insurance; carrier contracts with pharmacy benefits managers. Prohibits a health insurance carrier from entering into, amending, renewing, or extending a contract with a pharmacy benefits manager unless such contract contains provisions prohibiting the pharmacy benefits manager or his representative from conducting spread pricing with regard to the carrier's health benefit plans. The bill defines "spread pricing" as the model of prescription drug pricing in which the pharmacy benefits manager charges a carrier a contracted price for prescription drugs and the contracted price for the prescription drugs differs from the amount the pharmacy benefits manager directly or indirectly pays the pharmacist or pharmacy for pharmacist services. This bill was incorporated into HB 1290.

Primary Sponsors

Keith Hodges

State	Bill Number	Last Action	Status
VA	HB 1403	House Incorporated By Labor And Commerce Hb 66 Carter By Voice Vote 2020 01 28	In House

Title Introduction Date: 2020-01-08

Health insurance; cost-sharing payments for prescription insulin drugs.

Description

Health insurance; cost-sharing payments for prescription insulin drugs. Prohibits health insurance companies and other carriers from setting an amount exceeding \$100 per 30-day supply that a covered person is required to pay at the point of sale in order to receive a covered prescription insulin drug. The measure also prohibits a provider contract between a carrier or its pharmacy benefits manager and a pharmacy from containing a provision (i) authorizing the carrier's pharmacy benefits manager or the pharmacy to charge, (ii) requiring the pharmacy to collect, or (iii) requiring a covered person to make a cost-sharing payment for a covered prescription insulin drug in an amount that exceeds such limitation. This bill was incorporated into HB 66.

Primary Sponsors

Jay Leftwich

State	Bill Number	Last Action	Status
VA	HB 1405	House Left In Health Welfare And Institutions 2020 02 11	Failed

Title

Prescription drugs for the treatment of diabetes; price transparency, civil penalty.

Introduction Date: 2020-01-08

Description

Price transparency for prescription drugs for the treatment of diabetes; civil penalty. Requires a manufacturer of a prescription drug indicated for use in the treatment of diabetes to report certain information to the Commissioner of Health regarding the cost of such prescription drugs and to report additional information when the price of such a drug increases beyond the increase in the medical care component of the Consumer Price Index for the preceding year. The bill also requires pharmacy benefits managers to report information to the Commissioner of Health regarding any rebates negotiated with a manufacturer for such drugs. The bill provides that such information reported to the Commissioner of Health will be managed by the nonprofit organization that administers the Virginia All-Payer Claims Database. The bill provides that the Board of Health may assess a civil penalty of up to \$1,000 per week per violation, not to exceed a total of \$50,000 per violation, against a manufacturer or pharmacy benefits manager that fails, within the Board's determination, to make a good faith effort to meet a reporting deadline. In addition, the bill requires pharmacy benefits managers to register with the State Corporation Commission and authorizes the Commission to revoke the registration of any pharmacy benefits manager that fails to comply with reporting requirements specified in the bill. The Board of Pharmacy is authorized to revoke the permit or registration of any manufacturer that fails to comply with the specified reporting requirements.

Primary Sponsors

Jay Leftwich

Title**Introduction Date:** 2020-01-08

Pharmacy benefits managers; managers to register with the Commissioner of the Bureau of Insurance.

Description

Pharmacy benefits managers. Requires pharmacy benefits managers to register with the Commissioner of the Bureau of Insurance. The measure prohibits a carrier on its own or through its contracted pharmacy benefits manager or representative of a pharmacy benefits manager from (i) causing or knowingly permitting the use of any advertisement, promotion, solicitation, representation, proposal, or offer that is untrue, deceptive, or misleading; (ii) charge a pharmacist or pharmacy a fee related to the adjudication of a claim; (iii) engaging, with the express intent or purpose of driving out competition or financially injuring competitors, in a pattern or practice of reimbursing retail community pharmacies or pharmacists in the Commonwealth consistently less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services; (iv) collecting or requiring a pharmacy or pharmacist to collect from an insured a copayment for a prescription drug at the point of sale in an amount that exceeds the lesser of the contracted copayment amount, the amount an individual would pay for a prescription drug if that individual was paying cash, or the contracted amount for the drug; (v) reimbursing a pharmacy or pharmacist an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services, calculated on a per-unit basis using the same generic product identifier or generic code number and reflecting all drug manufacturer's rebates, direct and indirect administrative fees, and costs and any remuneration; (vi) penalize or give an inducement to a covered individual for the purpose of having the covered individual use a specific retail community pharmacy, mail order pharmacy, or another network pharmacy provider that is a pharmacy benefits manager affiliate; (vii) prohibiting a pharmacist or pharmacy from offering and providing direct and limited delivery services including incidental mailing services, to an insured as an ancillary service of the pharmacy; (viii) charging a fee related to the adjudication of a claim without providing the cause for each adjustment or fee; (ix) steer a covered individual to a pharmacy in which the pharmacy benefit manager maintains an ownership interest or control without making a written disclosure to and receiving acknowledgment from the covered individual; or (x) penalizing or retaliating against a pharmacist or pharmacy for exercising rights provided by this measure. The measure also prohibits a carrier from (a) imposing provider accreditation standards or certification requirements inconsistent with, more stringent than, or in addition to requirements of the Virginia Board of Pharm... (click bill link to see more).

Primary Sponsors

Israel O'Quinn

Title

Introduction Date: 2020-01-08

Pharmacy benefits managers; managers to register with the Commissioner of the Bureau of Insurance.

Description

Pharmacy benefits managers. Requires pharmacy benefits managers to register with the Commissioner of the Bureau of Insurance. The measure prohibits a carrier on its own or through its contracted pharmacy benefits manager or representative of a pharmacy benefits manager from (i) causing or knowingly permitting the use of any advertisement, promotion, solicitation, representation, proposal, or offer that is untrue, deceptive, or misleading; (ii) charge a pharmacist or pharmacy a fee related to the adjudication of a claim; (iii) engaging, with the express intent or purpose of driving out competition or financially injuring competitors, in a pattern or practice of reimbursing retail community pharmacies or pharmacists in the Commonwealth consistently less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services; (iv) collecting or requiring a pharmacy or pharmacist to collect from an insured a copayment for a prescription drug at the point of sale in an amount that exceeds the lesser of the contracted copayment amount, the amount an individual would pay for a prescription drug if that individual was paying cash, or the contracted amount for the drug; (v) reimbursing a pharmacy or pharmacist an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services, calculated on a per-unit basis using the same generic product identifier or generic code number and reflecting all drug manufacturer's rebates, direct and indirect administrative fees, and costs and any remuneration; (vi) requiring the use of mail order for filling prescriptions unless the health benefit plan or pharmacy benefit offers no financial incentive to an insured; (vii) prohibiting a pharmacist or pharmacy from offering and providing direct and limited delivery services including incidental mailing services, to an insured as an ancillary service of the pharmacy; (viii) charging a fee related to the adjudication of a claim without providing the cause for each adjustment or fee; or (ix) penalizing or retaliating against a pharmacist or pharmacy for exercising rights provided by this measure. The measure also prohibits a carrier from (a) imposing provider accreditation standards or certification requirements inconsistent with, more stringent than, or in addition to requirements of the Virginia Board of Pharmacy or other state or federal entity; (b) including any mail order pharmacy or pharmacy benefits manager affiliate in calculating or determining network adequacy; or (c) conducting spread pricing in the Commonwealth. The measure requires each carrier to ensure that, before a particular drug is placed or continues to be... (click bill link to see more).

Primary Sponsors

Ibraheem Samirah

State	Bill Number	Last Action	Status
VA	HB 1559	House Left In Health Welfare And Institutions 2020 12 04	Failed

Title Introduction Date: 2020-01-13
Prescription drug price transparency; penalties.

Description

Prescription drug price transparency; penalties. Requires pharmaceutical drug manufacturers, pharmacy benefits managers, and health carriers to submit reports containing certain information concerning prescription drug costs to the Commissioner of the Bureau of Insurance (the Commissioner). The measure requires pharmaceutical drug manufacturers' reports to include information on the current wholesale acquisition cost information for FDA-approved drugs sold in or into the Commonwealth by the pharmaceutical drug manufacturer. The bill also requires such manufacturers to submit a report for drugs with a wholesale acquisition cost of at least \$50 for a 30-day supply when their wholesale acquisition cost increases by 25 percent or more over the preceding three calendar years or 10 percent or more over the preceding calendar year. The measure requires pharmacy benefits managers to report data on the aggregated rebates, fees, price protection payments, and any other payments collected from pharmaceutical drug manufacturers and the aggregated dollar amount of rebates, fees, price protection payments, and any other payments collected from pharmaceutical drug manufacturers that were health benefit plan issuers or enrollees at the point of sale of a prescription drug. The measure requires health carriers to report the names of the 25 most frequently prescribed drugs across all plans, percent increase in annual net spending for drugs across all plans, percent increase in premiums attributable to drugs across all plans, percentage of specialty drugs with utilization management requirements across all plans, and premium reductions that were attributable to specialty drug utilization management. The measure requires the Commissioner to publish the aggregated data from these reports on a website. The measure authorizes the State Corporation Commission (the Commission) to (i) call public hearings and to subpoena prescription drug manufacturers, pharmacy benefits managers, and health carriers to explain their reports; (ii) conduct audits of data submitted to it; (iii) require these entities to submit a corrective action plan to correct deficiencies in reporting; and (iv) impose penalties of \$30,000 per day on any prescription drug manufacturer, pharmacy benefits manager, or health carrier that fails to make a good faith effort to submit a required report within two weeks after receiving written notice from the Commission.

Primary Sponsors

Chris Hurst

State	Bill Number	Last Action	Status
VA	HB 1659	House Incorporated By Labor And Commerce Hb 1290 Hodges By Voice Vote 2020 02 04	In House

Title Introduction Date: 2020-01-17

Health insurance; carrier contracts with pharmacy benefits managers.

Description

Health insurance; carrier contracts with pharmacy benefits managers. Prohibits a health insurance carrier from entering into, amending, renewing, or extending a contract with a pharmacy benefits manager unless such contract contains provisions prohibiting the pharmacy benefits manager or his representative from reimbursing a pharmacy or pharmacist an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services, calculated on a per-unit basis using the same product identifier or code number and reflecting all drug manufacturer's rebates, direct and indirect administrative fees, and costs and any remuneration. The bill applies to contracts entered into, amended, renewed, or extended on and after July 1, 2021. This bill was incorporated into HB 1290.

Primary Sponsors

Chris Head

State	Bill Number	Last Action	Status
VA	HB 1822	Senate Failed To Report Defeated In Commerce And Labor 5 Y 10 N 2021 02 15	Failed

Title Bill Summary: Last edited by Matt Magner at Feb 2, 2021, 4:36 PM

Health insurance; cost-sharing payments for prescription asthma inhalers.

Establishes co-pay limits for asthma inhalers

Introduction Date: 2021-01-06

Description

Health insurance; cost-sharing payments for prescription asthma inhalers. Prohibits health insurance companies and other carriers from setting an amount exceeding \$50 per 30-day supply of a tier one or tier two prescription asthma inhaler that a covered person is required to pay at the point of sale in order to receive a covered prescription asthma inhaler unless the carrier is prohibited from providing the additional benefits under state or federal law. The measure also prohibits a provider contract between a carrier or its pharmacy benefits manager and a pharmacy from containing a provision (i) authorizing the carrier's pharmacy benefits manager or the pharmacy to charge, (ii) requiring the pharmacy to collect, or (iii) requiring a covered person to make a cost-sharing payment for a covered prescription asthma inhaler in an amount that exceeds such limitation. The provisions apply with respect to health plans and provider contracts entered into, amended, extended, or renewed on or after January 1, 2022.

Primary Sponsors

Alex Askew

State	Bill Number	Last Action	Status
VA	HB 1959	House Referred To Committee On Rules 2021 01 11	In House

Title Introduction Date: 2021-01-11

Medication abandonment and increasing patient medication adherence; options for reducing rates.

Description

Study; Health Professions Subcommittee of the Committee on Health, Welfare and Institutions; options for reducing rates of medication abandonment and increasing patient medication adherence; report. Directs the Health Professions Subcommittee of the Committee on Health, Welfare and Institutions to study options for reducing the rates of medication abandonment and increasing patient medication adherence, including the feasibility of permitting health plans and pharmacy benefits managers to make available in real time to enrollees and their health care providers, upon request of such health care provider made at the time a prescription drug is prescribed to an enrollee, information regarding the actual cost and any benefits of the prescription drug and any health insurance coverage related to the prescription drug.

Primary Sponsors

Buddy Fowler

State	Bill Number	Last Action	Status
VA	HB 1987	Governor Acts Of Assembly Chapter Text Chap 0301 2021 03 24	Enacted

Title Introduction Date: 2021-01-11

Telemedicine; coverage of telehealth services by an insurer, etc.

Description

Telemedicine. Requires the Board of Medical Assistance Services to amend the state plan for medical assistance to provide for payment of medical assistance for remote patient monitoring services provided via telemedicine for certain high-risk patients, makes clear that nothing shall preclude health insurance carriers from providing coverage for services delivered through real-time audio-only telephone that are not telemedicine, and clarifies rules around the prescribing of Schedule II through VI drugs via telemedicine, including establishing a practitioner-patient relationship via telemedicine. This bill is identical to SB 1338.

Primary Sponsors

Dawn Adams

State	Bill Number	Last Action	Status
VA	HB 2007	Governor Acts Of Assembly Chapter Text Chap 0304 2021 03 24	Enacted

Title
Prescription drugs; price transparency, definitions.

Description
Prescription drug price transparency. Directs the Department of Health to enter into a contract or an agreement with a nonprofit data services organization to collect, compile, and make available on its website information about prescription drug pricing and requires every health carrier, pharmacy benefits manager, and drug manufacturer to report information about prescription drug prices to the nonprofit data services organization with which the Department of Health has entered into a contract for such purpose. The bill provides that in any case in which the Department determines that the data reported by health carriers, pharmacy benefit managers, and drug manufacturers is insufficient, the Department may require wholesale distributors to report certain data about prescription drug costs. The bill has a delayed effective date of January 1, 2022, and directs the Department of Health to adopt emergency regulations to implement the provisions of the bill.

Primary Sponsors
Mark Sickles

Bill Summary: Last edited by Matt Magner at Feb 4, 2021, 2:56 PM
Requires disclosure of certain drug pricing data and establishes co-pay requirements.

Introduction Date: 2021-01-11

State	Bill Number	Last Action	Status
VA	HB 2219	Governor Acts Of Assembly Chapter Text Chap 0229 2021 03 18	Enacted

Title
Pharmacies; freedom of choice by covered individual.

Description
Pharmacies; freedom of choice. Provides that no insurance carrier, corporation providing preferred provider subscription contracts, or health maintenance organization providing health care plans or its pharmacy benefits manager shall prohibit a covered individual from selecting the pharmacy of his choice to furnish specialty pharmaceutical benefits under the covered individual's policy. The bill provides that no pharmacy that meets the terms and conditions of participation shall be precluded from obtaining a direct service agreement or participating provider agreement and that any request for such agreement by a pharmacy shall be acted upon by a carrier, corporation, or organization or its pharmacy benefits manager within 60 days of receiving the request.

Primary Sponsors
Keith Hodges

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:25 PM
Establishes any willing pharmacy protections.

Introduction Date: 2021-01-13

Title

Pharmacy benefits managers; licensure and regulation definitions.

Introduction Date: 2020-01-02

Description

Pharmacy benefits managers; licensure and regulation. Provides that no person is authorized to provide pharmacy benefits management services or otherwise act as a pharmacy benefits manager without first obtaining a license from the State Corporation Commission. The measure prohibits a carrier on its own or through its contracted pharmacy benefits manager or representative of a pharmacy benefits manager from (i) causing or knowingly permitting the use of any advertisement, promotion, solicitation, representation, proposal, or offer that is untrue; (ii) charging a pharmacist or pharmacy a fee related to the adjudication of a claim other than a reasonable fee for an initial claim submission; (iii) reimbursing a pharmacy or pharmacist an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services, calculated on a per-unit basis using the same generic product identifier or generic code number and reflecting all drug manufacturer's rebates, direct and indirect administrative fees, and costs and any remuneration; or (iv) penalizing or retaliating against a pharmacist or pharmacy for exercising rights provided by this measure. The measure also prohibits a carrier from (a) imposing provider accreditation standards or certification requirements inconsistent with, more stringent than, or in addition to requirements of the Virginia Board of Pharmacy or other state or federal entity; (b) including any mail order pharmacy or pharmacy benefits manager affiliate in calculating or determining network adequacy; or (c) conducting spread pricing in the Commonwealth. The measure also imposes recordkeeping and reporting requirements. The bill has a delayed effective date of October 1, 2020. This bill incorporates SB 252 and SB 862 and is identical to HB 1290.

Primary Sponsors

John Edwards

State	Bill Number	Last Action	Status
VA	SB 252	Senate Incorporated By Commerce And Labor Sb 251 Edwards 15 Y 0 N 2020 01 27	In Senate

Title Introduction Date: 2020-01-02
Pharmacy benefit managers; licensure and regulation.

Description
Pharmacy benefit managers; licensure and regulation. Provides that, beginning January 1, 2021, no person is authorized to provide pharmacy benefit management services or otherwise act as a pharmacy benefit manager without first obtaining a license from the State Corporation Commission. Such licenses are to be renewed annually. The bill prohibits a pharmacy benefit manager from participating in spread pricing, defined in the bill, and provides that except for any agreed-upon administrative fee, all funds, including any rebates received by the pharmacy benefit manager in relation to providing pharmacy benefit management services for a carrier, will be distributed to the carrier. This bill was incorporated into SB 251.

Primary Sponsors
John Edwards

State	Bill Number	Last Action	Status
VA	SB 424	Senate Failed To Report Defeated In Commerce And Labor 6 Y 9 N 2020 01 27	Failed

Title Introduction Date: 2020-01-07
Health plans; calculation of enrollee's contribution to out-of-pocket maximum requirement.

Description
Health plans; calculation of enrollee's contribution to out-of-pocket maximum or cost-sharing requirement; rebates. Requires any carrier issuing a health plan in the Commonwealth to count the amount of any rebates received or to be received by the carrier or its pharmacy benefits manager in connection with the dispensing or administration of a prescription drug when calculating the enrollee's overall contribution to any out-of-pocket maximum or any cost-sharing requirement under the carrier's health plan.

Primary Sponsors
Bill DeSteph

State	Bill Number	Last Action	Status
VA	SB 573	Senate Incorporated By Commerce And Labor Sb 424 Desteph 14 Y 0 N 2020 01 27	In Senate

Title

Health plans; calculation of enrollee's contribution to out-of-pocket maximum requirements.

Introduction Date: 2020-01-07

Description

Health plans; calculation of enrollee's contribution to out-of-pocket maximum or cost-sharing requirement; rebates. Requires any carrier issuing a health plan in the Commonwealth to count the amount of any rebates received or to be received by the carrier or its pharmacy benefits manager in connection with the dispensing or administration of a prescription drug when calculating the enrollee's overall contribution to any out-of-pocket maximum or any cost-sharing requirement under the carrier's health plan.

Primary Sponsors

Siobhan Dunnivant

Title

Introduction Date: 2020-01-08

Pharmacy benefits managers; required to register with Commissioner of Bureau of Insurance.

Description

Pharmacy benefits managers. Requires pharmacy benefits managers to register with the Commissioner of the Bureau of Insurance. The measure prohibits a carrier on its own or through its contracted pharmacy benefits manager or representative of a pharmacy benefits manager from (i) causing or knowingly permitting the use of any advertisement, promotion, solicitation, representation, proposal, or offer that is untrue, deceptive, or misleading; (ii) charge a pharmacist or pharmacy a fee related to the adjudication of a claim; (iii) engaging, with the express intent or purpose of driving out competition or financially injuring competitors, in a pattern or practice of reimbursing retail community pharmacies or pharmacists in the Commonwealth consistently less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services; (iv) collecting or requiring a pharmacy or pharmacist to collect from an insured a copayment for a prescription drug at the point of sale in an amount that exceeds the lesser of the contracted copayment amount, the amount an individual would pay for a prescription drug if that individual was paying cash, or the contracted amount for the drug; (v) reimbursing a pharmacy or pharmacist an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services, calculated on a per-unit basis using the same generic product identifier or generic code number and reflecting all drug manufacturer's rebates, direct and indirect administrative fees, and costs and any remuneration; (vi) penalize or give an inducement to a covered individual for the purpose of having the covered individual use a specific retail community pharmacy, mail order pharmacy, or another network pharmacy provider that is a pharmacy benefits manager affiliate; (vii) prohibiting a pharmacist or pharmacy from offering and providing direct and limited delivery services including incidental mailing services, to an insured as an ancillary service of the pharmacy; (viii) charging a fee related to the adjudication of a claim without providing the cause for each adjustment or fee; (ix) steer a covered individual to a pharmacy in which the pharmacy benefit manager maintains an ownership interest or control without making a written disclosure to and receiving acknowledgment from the covered individual; or (x) penalizing or retaliating against a pharmacist or pharmacy for exercising rights provided by this measure. The measure also prohibits a carrier from (a) imposing provider accreditation standards or certification requirements inconsistent with, more stringent than, or in addition to requirements of the Virginia Board of Pharm... (click bill link to see more).

Primary Sponsors

Todd Pillion

State	Bill Number	Last Action	Status
VT	H 353	Read First Time And Referred To The Committee On Health Care 2021 02 25	In House

Title
An act relating to pharmacy benefit management

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 5:03 PM
PBM licensure, fair pharmacy audits, patient choice.

Primary Sponsors
Mari Cordes

Introduction Date: 2021-02-25

State	Bill Number	Last Action	Status
VT	H 439	House Message Governor Approved Bill On June 8 2021 2021 05 21	Enacted

Title
(Act 74) An act relating to making appropriations for the support of government

Introduction Date: 2021-03-31

State	Bill Number	Last Action	Status
WA	HB 1093	Public Hearing In The House Committee On Appropriations At 3 30 Pm 2021 01 14	In House

Title
Making 2019-2021 fiscal biennium second supplemental operating appropriations.

Introduction Date: 2021-01-06

Primary Sponsors
Timm Ormsby

State	Bill Number	Last Action	Status
WA	SB 5020	Referred To Ways Means 2021 02 15	In Senate

Title
Assessing a penalty on unsupported prescription drug price increases to protect the safety, health, and economic well-being of Washington residents.

Bill Summary: Last edited by Matt Magner at Feb 16, 2021, 7:58 PM
Drug pricing transparency

Introduction Date: 2020-12-17

Primary Sponsors
Karen Keiser

State	Bill Number	Last Action	Status
WA	SB 5075	Public Hearing In The Senate Committee On Health Long Term Care At 8 00 Am 2021 01 22	In Senate

Title
Expanding access to pharmacy services.

Primary Sponsors
Patty Kuderer

Bill Summary: Last edited by [deactivated]Ademola Are at Jan 6, 2021, 4:41 PM
A retail community pharmacy that requests to enter into a contractual agreement to join a retail pharmacy network and accepts the terms, conditions, formularies, and requirements relating to dispensing fees, payments, reimbursement amounts, and other pharmacy services of that network, shall be considered part of a pharmacy benefit manager's retail pharmacy network for purposes of an enrollee's or dependent's right to choose where to purchase covered prescription drugs

Introduction Date: 2021-01-05

State	Bill Number	Last Action	Status
WA	SB 5076	Public Hearing In The Senate Committee On Health Long Term Care At 8 00 Am 2021 01 22	In Senate

Title
Concerning mail order prescription services.

Primary Sponsors
Patty Kuderer

Bill Summary: Last edited by [deactivated]Ademola Are at Jan 6, 2021, 4:43 PM
patients must be presented with the option to opt out of mail order for a plan year - excludes specialty pharmacies.

Introduction Date: 2021-01-05

State	Bill Number	Last Action	Status
WA	SB 5091	Public Hearing In The Senate Committee On Ways Means At 4 00 Pm 2021 01 12	In Senate

Title
Making 2019-2021 fiscal biennium second supplemental operating appropriations.

Primary Sponsors
Christine Rolfes

Introduction Date: 2021-01-06

State	Bill Number	Last Action	Status
WI	AB 7	Representative Hesselbein Added As A Coauthor 2021 03 16	In Assembly

Title

pharmacy benefit managers, prescription drug benefits, and granting rule-making authority. (FE)

Bill Summary: Last edited by Matt Magner at Feb 3, 2021, 6:20 PM
Requires PBM licensure and includes other patient/pharmacy protections.

Description

An Act to repeal 40.51 (15m) and 632.86; to renumber 632.865 (1) (a); to renumber and amend 632.865 (1) (c) and 633.01 (4); to amend 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 450.135 (9), 601.31 (1) (w), 601.46 (3) (b), 609.83, 616.09 (1) (a) 2., chapter 633 (title), 633.01 (1) (intro.) and (c), 633.01 (3), 633.01 (5), 633.04 (intro.), 633.05, 633.06, 633.07, 633.09 (4) (b) 2. and 3., 633.11, 633.12 (1) (intro.), (b) and (c), 633.13 (1) and (3), 633.14 (2) (intro.) and (c) 1. and 3. and (3), 633.15 (1) (a), (1m), and (2) (a) 1., 2. and 3. and (b) 1., 633.15 (2) (b) 2. and 633.16; and to create 450.13 (5m), 450.135 (8m), 632.861, 632.865 (1) (ae) and (ak), 632.865 (1) (c) 2., 632.865 (1) (dm), 632.865 (3) to (7), 633.01 (2r), 633.01 (4g), 633.01 (4r), 633.01 (6), 633.15 (2) (b) 1. d. and 633.15 (2) (f) of the statutes;

Introduction Date: 2021-01-21

Primary Sponsors

Michael Schraa, Barbara Dittrich, Cindi Duchow, Cody Horlacher, Scott Krug, Timothy Ramthun, Todd Novak, Jessie Rodriguez, John Spiros, Gary Tauchen, Paul Tittl, David Armstrong, Rob Brooks, Rachael Cabral-Guevara, Calvin Callahan, Jimmy Boy Edming, Rick Gundrum, Jesse James, Joel Kitchens, Mike Kuglitsch, Amy Loudenbeck, Gae Magnafici, Clint Moses, Jeff Mursau, Kevin Petersen, Jon Plumer, Donna Rozar, Ken Skowronski, Pat Snyder, Shae Sortwell, Robert Swearingen, Jeremy Thiesfeldt, Travis Tranel, Tyler Vorpapel, Shannon Zimmerman

State	Bill Number	Last Action	Status
WI	AB 184	Representative Mursau Added As A Coauthor 2021 07 26	In Assembly

Title

application of prescription drug payments to health insurance cost-sharing requirements.

Introduction Date: 2021-03-23

Description

An Act to amend 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.) and 609.83; and to create 632.862 of the statutes;

Primary Sponsors

Paul Tittl, Clint Moses, Lisa Subeck, David Armstrong, Rachael Cabral-Guevara, Barbara Dittrich, Scott Krug, Donna Rozar, Chuck Wichgers

State	Bill Number	Last Action	Status
WI	AB 358	Fiscal Estimate Received 2021 07 30	In Assembly

Title Introduction Date: 2021-05-27
regulating the sale of items that are qualified medical expenses below cost. (FE)

Description
An Act to amend 100.30 (6) (title); and to create 100.30 (6) (a) 10. and 100.30 (6) (e) of the statutes;

Primary Sponsors
Adam Neylon, Dan Knodl, Scott Allen, David Armstrong, Janel Brandtjen, Rob Brooks, Rachael Cabral-Guevara, Alex Dallman, Barbara Dittrich, Cindi Duchow, Cody Horlacher, Jesse James, Scott Krug, Mike Kuglitsch, Gae Magnafici, Dave Murphy, Clint Moses, Loren Oldenburg, Timothy Ramthun, Donna Rozar, Joe Sanfelippo, Ken Skowronski, Pat Snyder, Jeremy Thiesfeldt, Paul Tittl, Ron Tusler, Robert Wittke, Chuck Wichgers, Michael Schraa

State	Bill Number	Last Action	Status
WI	AB 512	Read First Time And Referred To Committee On Health 2021 08 31	In Assembly

Title Introduction Date: 2021-08-31
prescription drug cost reporting by manufacturers and providing a penalty.

Description
An Act to create 146.901 of the statutes;

Primary Sponsors
Sue Conley, Gary Hebl, Deb Andraca, Kristina Shelton, Sondy Pope, Marisabel Cabrera, Don Vruwink, Mark Spreitzer, Robyn Vining, Rachael Cabral-Guevara, Katrina Shankland, David Bowen, Christine Sinicki, Greta Neubauer, Lee Snodgrass

State	Bill Number	Last Action	Status
WI	AB 544	Read First Time And Referred To Committee On Health 2021 09 10	In Assembly

Title Introduction Date: 2021-09-10
creating a prescription drug affordability review board and granting rule-making authority. (FE)

Description
An Act to create 15.07 (3) (bm) 7., 15.735 and subchapter VI (title) of chapter 601 [precedes 601.78] of the statutes;

Primary Sponsors
Lisa Subeck, Dianne Hesselbein, Jimmy Anderson, Rachael Cabral-Guevara, Marisabel Cabrera, Sue Conley, Dave Considine, Steve Doyle, Jodi Emerson, Gary Hebl, Francesca Hong, Nick Milroy, LaKeshia Myers, Greta Neubauer, Sara Rodriguez, Katrina Shankland, Kristina Shelton, Christine Sinicki, Lee Snodgrass, Mark Spreitzer, Shelia Stubbs, Robyn Vining, Don Vruwink

State	Bill Number	Last Action	Status
WI	AB 550	Read First Time And Referred To Committee On Health 2021 09 10	In Assembly

Title Introduction Date: 2021-09-10
reimbursements for certain 340B program entities. (FE)

Description
An Act to create 632.869 of the statutes;

Primary Sponsors
Lisa Subeck, Nick Milroy, Jimmy Anderson, Samba Baldeh, Marisabel Cabrera, Sue Conley, Dave Considine, Steve Doyle, Jodi Emerson, Gary Hebl, Dianne Hesselbein, Francesca Hong, Greta Neubauer, Tod Ohnstad, Sara Rodriguez, Katrina Shankland, Kristina Shelton, Christine Sinicki, Lee Snodgrass, Mark Spreitzer, Shelia Stubbs, Don Vruwink

State	Bill Number	Last Action	Status
WI	AB 553	Read First Time And Referred To Committee On Health 2021 09 10	In Assembly

Title Introduction Date: 2021-09-10
fiduciary and disclosure requirements on pharmacy benefit managers.

Description
An Act to create 632.865 (2m) of the statutes;

Primary Sponsors
Lisa Subeck, Marisabel Cabrera, Jimmy Anderson, Samba Baldeh, Rachael Cabral-Guevara, Sue Conley, Dave Considine, Steve Doyle, Jodi Emerson, Dianne Hesselbein, Francesca Hong, Nick Milroy, LaKeshia Myers, Greta Neubauer, Sondy Pope, Sara Rodriguez, Katrina Shankland, Kristina Shelton, Christine Sinicki, Lee Snodgrass, Mark Spreitzer, Shelia Stubbs, Robyn Vining, Don Vruwink

State	Bill Number	Last Action	Status
WI	AB 554	Read First Time And Referred To Committee On Health 2021 09 10	In Assembly

Title Introduction Date: 2021-09-10
pharmacy services administrative organizations. (FE)

Description
An Act to create 601.31 (1) (nw) and 632.864 of the statutes;

Primary Sponsors
Lisa Subeck, Sara Rodriguez, Jimmy Anderson, Samba Baldeh, Rachael Cabral-Guevara, Marisabel Cabrera, Sue Conley, Dave Considine, Jodi Emerson, Gary Hebl, Dianne Hesselbein, Francesca Hong, Nick Milroy, LaKeshia Myers, Greta Neubauer, Tod Ohnstad, Sondy Pope, Katrina Shankland, Kristina Shelton, Christine Sinicki, Lee Snodgrass, Mark Spreitzer, Shelia Stubbs, Don Vruwink

State	Bill Number	Last Action	Status
WI	AB 556	Read First Time And Referred To Committee On Government Accountability And Oversight 2021 09 10	In Assembly

Title Introduction Date: 2021-09-10

funding for an office of prescription drug affordability, crediting certain amounts to the general program operations account of the office of the commissioner of insurance, and making an appropriation. (FE)

Description

An Act to create 20.145 (1) (g) 4. of the statutes;

Primary Sponsors

Lisa Subeck, Beth Meyers, Jimmy Anderson, Marisabel Cabrera, Sue Conley, Steve Doyle, Jodi Emerson, Gary Hebl, Dianne Hesselbein, Francesca Hong, Nick Milroy, LaKeshia Myers, Greta Neubauer, Tod Ohnstad, SONDY POPE, Sara Rodriguez, Katrina Shankland, Kristina Shelton, Christine Sinicki, Lee Snodgrass, Mark Spreitzer, Shelia Stubbs, Don Vruwink

State	Bill Number	Last Action	Status
WI	SB 3	Published 3 27 2021 2021 03 29	Enacted

Title **Bill Summary:** Last edited by Matt Magner at Feb 3, 2021, 6:22 PM
pharmacy benefit managers, prescription drug benefits, and granting rule-making authority. (FE)
Requires PBM licensure and other patient/pharmacy protections.

Description

An Act to repeal 40.51 (15m) and 632.86; to renumber 632.865 (1) (a); to renumber and amend 632.865 (1) (c) and 633.01 (4); to amend 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 450.135 (9), 601.31 (1) (w), 601.46 (3) (b), 609.83, 616.09 (1) (a) 2., chapter 633 (title), 633.01 (1) (intro.) and (c), 633.01 (3), 633.01 (5), 633.04 (intro.), 633.05, 633.06, 633.07, 633.09 (4) (b) 2. and 3., 633.11, 633.12 (1) (intro.), (b) and (c), 633.13 (1) and (3), 633.14 (2) (intro.) and (c) 1. and 3. and (3), 633.15 (1) (a), (1m), and (2) (a) 1., 2. and 3. and (b) 1., 633.15 (2) (b) 2. and 633.16; and to create 450.13 (5m), 450.135 (8m), 632.861, 632.865 (1) (ae) and (ak), 632.865 (1) (c) 2., 632.865 (1) (dm), 632.865 (3) to (7), 633.01 (2r), 633.01 (4g), 633.01 (4r), 633.01 (6), 633.15 (2) (b) 1. d. and 633.15 (2) (f) of the statutes;

Primary Sponsors

Mary Felzkowski, Roger Roth, Jon Erpenbach, Kathy Bernier, Rob Cowles, Alberta Darling, Dan Feyen, Howard Marklein, Janis Ringhand, Jeff Smith, Van Wanggaard, Bob Wirch, Joan Ballweg, Andre Jacque, Chris Larson, Steve Nass, Lena Taylor

Introduction Date: 2021-01-15

State	Bill Number	Last Action	Status
WI	SB 130	Read First Time And Referred To Committee On Government Operations Legal Review And Consumer Protection 2021 02 24	In Senate

Title
prescription drug limits.

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 5:00 PM
Regarding prior authorization

Description
An Act to amend 632.895 (16v) (a) (intro.) of the statutes;

Introduction Date: 2021-02-24

Primary Sponsors

Janet Bewley, Melissa Agard, Tim Carpenter, Jon Erpenbach,
LaTonya Johnson, Chris Larson, Brad Pfaff, Janis Ringhand, Kelda
Roys, Jeff Smith, Bob Wirch

State	Bill Number	Last Action	Status
WI	SB 499	Read First Time And Referred To Committee On Health 2021 08 05	In Senate

Title
prescription drug cost reporting by manufacturers and providing a
penalty.

Introduction Date: 2021-08-05

Description
An Act to create 146.901 of the statutes;

Primary Sponsors

Melissa Agard, Jon Erpenbach, LaTonya Johnson, Janis Ringhand,
Tim Carpenter, Chris Larson, Brad Pfaff, Bob Wirch, Jeff Smith

State	Bill Number	Last Action	Status
WI	SB 540	Read First Time And Referred To Committee On Government Operations Legal Review And Consumer Protection 2021 09 02	In Senate

Title
creating a prescription drug affordability review board and granting
rule-making authority. (FE)

Introduction Date: 2021-09-02

Description
An Act to create 15.07 (3) (bm) 7., 15.735 and subchapter VI (title) of
chapter 601 [precedes 601.78] of the statutes;

Primary Sponsors

Jeff Smith, Jon Erpenbach, Melissa Agard, Janet Bewley, Tim
Carpenter, LaTonya Johnson, Chris Larson, Brad Pfaff, Janis
Ringhand

State	Bill Number	Last Action	Status
WI	SB 542	Read First Time And Referred To Committee On Government Operations Legal Review And Consumer Protection 2021 09 02	In Senate

Title Introduction Date: 2021-09-02
reimbursements for certain 340B program entities. (FE)

Description
An Act to create 632.869 of the statutes;

Primary Sponsors
Tim Carpenter, Jon Erpenbach, Melissa Agard, Janet Bewley,
LaTonya Johnson, Chris Larson, Brad Pfaff, Janis Ringhand

State	Bill Number	Last Action	Status
WI	SB 543	Read First Time And Referred To Committee On Insurance Licensing And Forestry 2021 09 02	In Senate

Title Introduction Date: 2021-09-02
pharmacy services administrative organizations. (FE)

Description
An Act to create 601.31 (1) (nw) and 632.864 of the statutes;

Primary Sponsors
Tim Carpenter, Jon Erpenbach, Melissa Agard, Janet Bewley,
LaTonya Johnson, Chris Larson, Brad Pfaff, Janis Ringhand

State	Bill Number	Last Action	Status
WI	SB 549	Read First Time And Referred To Committee On Health 2021 09 02	In Senate

Title Introduction Date: 2021-09-02
fiduciary and disclosure requirements on pharmacy benefit
managers.

Description
An Act to create 632.865 (2m) of the statutes;

Primary Sponsors
Jon Erpenbach, LaTonya Johnson, Melissa Agard, Janet Bewley, Tim
Carpenter, Chris Larson, Brad Pfaff, Janis Ringhand, Kelda Roys

State	Bill Number	Last Action	Status
WI	SB 550	Read First Time And Referred To Committee On Insurance Licensing And Forestry 2021 09 02	In Senate

Title
diabetes medication pilot project and granting rule-making authority. (FE)

Introduction Date: 2021-09-02

Description
An Act to create 601.41 (13) of the statutes;

Primary Sponsors
Jon Erpenbach, LaTonya Johnson, Melissa Agard, Tim Carpenter, Chris Larson, Brad Pfaff, Kelda Roys

State	Bill Number	Last Action	Status
WV	HB 2166	Filed For Introduction 2021 02 10	Failed sine die

Title
Reducing the cost of prescription drugs

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 8:48 PM
Requires PBM to pass rebates to patients.

Primary Sponsors
Jeff Pack

Introduction Date: 2021-02-10

State	Bill Number	Last Action	Status
WV	HB 2263	Chapter 164 Acts Regular Session 2021 2021 05 20	Enacted

Title
Update the regulation of pharmacy benefit managers

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 8:51 PM
Regarding pharmacy reimbursements and patients choice.

Primary Sponsors
Jeff Pack

Introduction Date: 2021-02-10

State	Bill Number	Last Action	Status
WV	SB 83	Filed For Introduction 2021 02 10	Failed sine die

Title
Regulating pharmacy services administrative organizations

Bill Summary: Last edited by Matt Magner at Feb 11, 2021, 8:53 PM
Regulating PSAOs

Primary Sponsors
Tom Takubo

Introduction Date: 2021-02-10

State	Bill Number	Last Action	Status
WY	SF 151	S Died In Committee Returned Bill Pursuant To Sr 5 4 2021 04 07	Failed

Title
Pharmacy freedom of choice.

Bill Summary: Last edited by Matt Magner at Mar 3, 2021, 4:58 PM
AWP

Description
AN ACT relating to insurance; prohibiting insurers and pharmacy benefit managers from imposing limitations on covered persons utilizing pharmacy benefits and options as specified; prohibiting pharmacists and pharmacies from restricting a covered person's ability to use a pharmacy of the person's choosing as specified; imposing limits on the right to participate in pharmacy network contracts as specified; providing definitions; making conforming amendments; specifying applicability; requiring rulemaking; and providing for effective dates.

Introduction Date: 2021-03-01

Primary Sponsors
Tara Nethercott