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<th>State</th>
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<tr>
<td>AK</td>
<td>SB 121</td>
<td>S Cosponsor S Bjorkman 2023 04 05</td>
<td>In Senate</td>
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<td>Failed sine die</td>
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**Title**

"An Act relating to the Board of Pharmacy; relating to insurance; relating to pharmacies; relating to pharmacists; relating to pharmacy benefits managers; relating to patient choice of pharmacy; and providing for an effective date."

**Primary Sponsors**

Cathy Giessel

**Title**

"An Act relating to health care insurers; relating to pharmacy benefits managers; relating to prescription drug defined cost sharing; and providing for an effective date."

**Primary Sponsors**

David Wilson

**Title**

Relating to pharmacists; to amend Section 27-45A-7, Code of Alabama 1975; to authorize a pharmacist to decline to fill a prescription if the pharmacist will be reimbursed for the drug in an amount that is less than the pharmacist's acquisition cost; and to prohibit a pharmacist from being restricted from discussing matters relating to a pharmacy claim with a patient.

**Primary Sponsors**

Phillip Rigsby

**Title**

Relating to pharmacists; to amend Section 27-45A-7, Code of Alabama 1975; to authorize a pharmacist to decline to fill a prescription if the pharmacist will be reimbursed for the drug in an amount that is less than the pharmacist's acquisition cost; and to prohibit a pharmacist from being restricted from discussing matters relating to a pharmacy claim with a patient.

**Primary Sponsors**

Tom Butler
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<th>Bill Number</th>
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<th>Status</th>
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<td>HB 1300</td>
<td>HB1300 - TO AMEND THE PROHIBITION ON NONPROFIT, TAX EXEMPT, OR GOVERNMENTALLY-FUNDED HOSPITALS FROM HOLDING A LICENSED PHARMACY PERMIT FOR THE SALE AT RETAIL OF DRUGS.</td>
<td>Lee Johnson</td>
<td>2023-01-26</td>
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<td>HB 1481</td>
<td>HB1481 - TO CREATE THE HEALTHCARE INSURER SHARE THE SAVINGS ACT; AND TO CREATE THE ARKANSAS PHARMACY BENEFITS MANAGER SHARE THE SAVINGS ACT.</td>
<td>Brandon Achor, Justin Boyd</td>
<td>2023-02-21</td>
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<td>HB 1500</td>
<td>HB1500 - TO MODIFY THE ARKANSAS PHARMACY BENEFITS MANAGER LICENSURE ACT.</td>
<td>Brandon Achor, Kim Hammer</td>
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<td>SB 94</td>
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<td>Kim Hammer, Brandon Achor</td>
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<td>AR</td>
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<td>Sine Die Adjournment 2023 05 01</td>
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<td>AZ</td>
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**Title**

- **SB489**: TO AMEND THE LAW CONCERNING MAXIMUM ALLOWABLE COST LISTS TO DEFINE A SIMILARLY SITUATED PHARMACY, CLARIFY HOW A PHARMACY BENEFITS MANAGER PROVIDED ITS MAXIMUM ALLOWABLE COST LIST, AND ESTABLISH A PRIVATE RIGHT OF ACTION.

**Primary Sponsors**

Clarke Tucker, Brandon Achor

**Introduction Date**: 2023-03-27

**Labels**: Appeal procedure, PBM enforcement

**Title**

Pharmacy benefit managers; certificate requirements

**Primary Sponsors**

Janae Shamp

**Introduction Date**: 2023-01-31

**Labels**: PBM enforcement, Provider networks, PSAOs, Registration/Licensure
Title
Health care coverage: out-of-pocket expenses.

Description
AB 874, as introduced, Weber. Health care coverage: out-of-pocket expenses. Existing law generally prohibits a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with the individual's health insurance, health care service plan, or other health coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual's health insurance, health care service plan, or other health coverage on a lower cost-sharing tier that is designated as therapeutically equivalent to the prescription drug manufactured by that person or if the active ingredients of the drug are contained in products regulated by the federal Food and Drug Administration, are available without prescription at a lower cost, and are not otherwise contraindicated for the condition for which the prescription drug is approved. 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. This bill would require a health care service plan, health insurance policy, other health coverage carrier, or pharmacy benefit manager that administers pharmacy benefits to apply any amounts paid by the enrollee, insured, or another source pursuant to a discount, repayment, product voucher, or other reduction to the enrollee's or insured's out-of-pocket expenses toward the enrollee's or insured's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or applicable cost-sharing requirement under the enrollee's or insured's health care service plan, health insurance policy, or other health care coverage. The bill would make a willful violation of that requirement by a health care service plan a crime. The bill would limit the application of the section to health care service plans and health insurance policies issued, amended, delivered, or renewed on or after January 1, 2024. Because a willful violation of these requirements by a health care service plan would be a crime, this 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
Akilah Weber
Title
Pharmacy benefit managers.

Description
AB 913, as amended, Petrie-Norris. Pharmacy benefit managers. Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate pharmacists. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and for the regulation of health insurers by the Department of Insurance. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. This bill would require the California State Board of Pharmacy to license and regulate pharmacy benefit managers that manage the prescription drug coverage provided by a health care service plan or health insurer, except as specified. The bill would set forth various duties of pharmacy benefit managers, including requirements to file a report with the board. The bill would prohibit a pharmacy benefit manager from, among other things, contracting after January 1, 2024, to prohibit or restrict a pharmacy or pharmacist from disclosing to an enrollee or insured health care information that the pharmacy or pharmacist considers appropriate. This bill would require the board to promulgate necessary regulations and to prepare a report to the Legislature on or before August 1, 2025, and on or before each August 1 thereafter, with aggregate data received from pharmacy benefit managers, establish a data retention schedule, and protect proprietary and confidential information, as specified. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect.

Primary Sponsors
Cottie Petrie-Norris
Title
Prescription drug pricing.

Description
SB 786, as amended, Portantino. Prescription drug pricing. Existing federal law requires the United States Secretary of Health and Human Services to enter into an agreement with each manufacturer of covered outpatient drugs to ensure the amount a covered entity is required to pay for those drugs does not exceed the average manufacturer price of the drug under the federal Medicaid program. Existing state law requires a covered entity to dispense only drugs subject to these federal pricing requirements to Medi-Cal beneficiaries. Existing law defines a “covered entity” to include a federally qualified health center and entities receiving specified grants and federal funding. This bill would prohibit a pharmacy benefit manager from discriminating against a covered entity or its pharmacy in connection with dispensing a drug subject to federal pricing requirements or preventing a covered entity from retaining the benefit of discounted pricing for those drugs.

Primary Sponsors
Anthony Portantino
Title
Prescription drugs: cost sharing.

Description
SB 873, as introduced, Bradford. Prescription drugs: cost sharing.
(1) 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 under authority of the Director of 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 under the authority of the Insurance Commissioner. 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. This bill, commencing no later than January 1, 2025, would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee's or insured's decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1, 2027.
(2) Existing law requires a health care service plan or health insurer that files certain rate information to report to the appropriate department specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided. This bill, until January 1, 2027, would require a health care service plan or health insurer to report additional information on the above-described point of sale provision.
(3) Because a willful violation of the bill's 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
Steve Bradford
Title
Prescription Drug Benefits Contract Term Requirements

Description
For group benefit plan contracts a contract between a pharmacy benefit manager (PBM) or a health insurance carrier (carrier) and an employer, a certificate holder or policyholder, the bill requires that the amount charged by the PBM or carrier to the employer, certificate holder or policyholder for a prescription drug be equal to or less than the amount paid by the PBM or carrier to the contracted pharmacy for the drug. For group health benefit plans in effect during calendar year 2025, and each calendar year thereafter, the bill creates transparency requirements for PBMs and carriers regarding prescription drug benefits and grants audit authority to the department of health care policy and financing for self-funded plans and to the commissioner of insurance for fully insured plans on request of the office of the attorney general, to ensure compliance with the requirements. The bill grants rulemaking authority to the commissioner of insurance. A violation of the requirements of the bill is a deceptive trade practice under the "Colorado Consumer Protection Act", with regard to self-funded plans, and a deceptive trade practice in the business of insurance, with regard to fully insured plans. For contracts between a PBM and the department of health care policy and financing (state department) or one of its affiliated managed care organizations offering a prescription benefit plan, the bill requires the amount charged by the PBM to the state department or managed care organization for a prescription drug dispensed to an enrollee in the Colorado medical assistance to be equal to or less than the amount paid by the PBM to a medicaid pharmacy for the prescription drug dispensed to the enrollee. (Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)

Primary Sponsors
Lindsey Daugherty, Matt Soper, Kyle Mullica, Jim Smallwood
Title
Enforce Laws Against Pharmacy Benefit Managers

Description
Under current law, pharmacy benefit managers (PBMs) are required to perform certain acts and are prohibited from engaging in certain acts. Specifically, PBMs are prohibited from: Requiring patients to obtain their prescription drugs through mail order; Charging pharmacies fees to adjudicate claims; Requiring pharmacies to obtain accreditations or certifications that are different than what the PBM requires of its affiliated pharmacies; Retroactively reducing a payment made to a pharmacy on a drug claim after the point of sale or reimbursing a pharmacy in an amount that is less than the amount reimbursed to its own affiliated pharmacy for the same pharmacy service; Modifying the prescription drug formulary under a health benefit plan during the plan year; With regard to audits, using specified techniques in calculating a recoupment or penalty, subjecting a pharmacy to recoupment when a clerical error is discovered, and requiring pharmacies to be audited more than once a year; Prohibiting a pharmacy or pharmacist from, or penalizing a pharmacy or pharmacist for, providing information to patients about more affordable, therapeutically equivalent alternatives to a prescribed drug; or Requiring a pharmacy or pharmacist to charge or collect a copayment from an insured patient that exceeds the total charge submitted by the pharmacy for the prescription drug. Additionally, PBMs are required to: Provide pharmacies 7 days' written notice before an audit, conduct an audit by or in consultation with a pharmacist, allow the pharmacy to supplement claims documentation, and establish an appeals process; Provide an insured individual, the insured's health-care provider, or a third party acting on behalf of the insured or provider with up-to-date and real-time cost, benefit, and coverage information under the terms of the insured's health benefit plan; and Provide contracted pharmacies with the list of sources the PBM used in determining maximum allowable cost pricing, update the information every 7 days, allow pharmacies the ability to readily review the information, follow specified requirements when placing a drug on the maximum allowable cost list, and establish an appeals process to resolve disputes. The bill specifies that the commissioner of insurance (commissioner) has the power to enforce these prohibitions and requirements and impose penalties on PBMs for failing to comply with these prohibitions and requirements. Additionally, the commissioner is authorized to adopt rules as necessary to implement and enforce these prohibitions and requirements. Additionally, the bill requires: PBMs to register with and pay a registration fee to the commissioner; and authorizes the commissioner to deny, suspend, revoke, or refuse to issue, continue, or renew a PBM r... (click bill link to see more).

Primary Sponsors
Iman Jodeh, David Ortiz, Perry Will, Sonya Lewis
**Title**
Calculation Of Contributions To Meet Cost Sharing

**Description**
The For health benefit plans issued or renewed on or after January 1, 2025, the bill requires a health insurer or pharmacy benefit manager to include in the calculation of a covered person’s contributions toward cost-sharing requirements, including any annual limitation on a covered person’s out-of-pocket costs, any payments made by or on behalf of the covered person for a prescription drug if: The prescription drug does not have a generic equivalent; or The prescription drug has a generic equivalent but the covered person is using the brand-name drug after obtaining prior authorization, complying with a step-therapy protocol, or otherwise receiving approval from the carrier or pharmacy benefit manager. The bill also requires a prescription drug manufacturer that offers a program that reduces or eliminates a covered person’s out-of-pocket expenses for a prescription drug to offer the program for the entire plan year or the calendar year, as applicable, to which the covered person’s deductible and out-of-pocket calculation applies for as long as the covered person is enrolled in the health benefit plan. The commissioner of insurance is authorized to adopt rules necessary to implement the bill . (Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)

**Primary Sponsors**
Faith Winter, Perry Will, Iman Jodeh, Rose Pugliese

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**Title**
AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2025, AND MAKING APPROPRIATIONS THEREFOR.

**Description**
To implement the Governor’s budget recommendations.

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**Title**
AN ACT PROTECTING PATIENTS AND PROHIBITING UNNECESSARY HEALTH CARE COSTS.

**Description**
To implement the Governor’s budget recommendations.
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<td>CT</td>
<td>HB 6830</td>
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<td>Died In Healthcare Regulation Subcommittee 2023 05 05</td>
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**Title**

AN ACT ESTABLISHING A PRESCRIPTION DRUG AFFORDABILITY ADVISORY COUNCIL.

**Description**

To establish a prescription drug affordability board to monitor prescription drug pricing in this state.

**Primary Sponsors**

Joint Insurance and Real Estate Committee

---

**Title**

AN ACT CONCERNING PHARMACY BENEFITS MANAGERS AND DRUG AFFORDABILITY AND TRANSPARENCY.

**Description**

To: (1) Require the Insurance Department to conduct a study concerning pharmacy benefits managers; (2) require the Insurance Department to conduct a study concerning purchasing pools for prescription drugs and health care supplies; and (3) establish a prescription drug affordability board to monitor prescription drug pricing in this state.

**Primary Sponsors**

Joint Insurance and Real Estate Committee

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**Title**

Access to Pharmacies and Prescription Drugs Under Insurance and Pharmacy Benefit Managers Policies

**Description**

Requires OIR to examine pharmacy benefit managers to ascertain compliance with specified laws; requires PBMs to have standard contracts with pharmacies; prohibits PBMs from denying pharmacies & pharmacists right to participate as contract providers; authorizes persons & entities to bring actions & injunctive relief; prohibits PBMs from engaging in acts against patients; prohibits health insurers & PBMs from engaging in acts relating to covered clinician-administered drugs.

**Primary Sponsors**

Karen Gonzalez Pittman
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### Health Insurance Cost Sharing

**Title**
Health Insurance Cost Sharing

**Description**
Requiring specified individual health insurers and their pharmacy benefit managers to apply payments by or on behalf of insureds toward the total contributions of the insureds' cost-sharing requirements; requiring specified contracts to require pharmacy benefit managers to apply payments by or on behalf of insureds toward the insureds' total contributions to cost-sharing requirements; requiring specified group health insurers and their pharmacy benefit managers to apply payments by or on behalf of insureds toward the total contributions of the insureds' cost-sharing requirements; requiring specified contracts to require pharmacy benefit managers to apply payments by or on behalf of insureds toward the insureds' total contributions to cost-sharing requirements, etc.

**Primary Sponsors**
Lindsay Cross

### Prescription Drugs

**Title**
Prescription Drugs

**Description**
Requires drug manufacturers to notify DBPR of reportable drug price increases; prohibits manufacturers from claiming public records exemption for trade secrets for information provided in forms or reports; requires DFS to designate employee as primary contact on issues relating to PBMs; provides penalty for persons who do not hold certificate of authority to act as administrator; requires PBMs to identify ownership affiliations to office; provides requirements for contracts between PBM & participating pharmacy; provides for biennial examinations of PBMs.

**Primary Sponsors**
Linda Chaney, House Health & Human Services Committee, House Appropriations Committee, House Healthcare Regulation Subcommittee
### Health Insurance Cost Sharing

**Title**
Health Insurance Cost Sharing

**Description**
Requiring specified individual health insurers and their pharmacy benefit managers to apply payments by or on behalf of insureds toward the total contributions of the insureds' cost-sharing requirements; requiring specified contracts to require pharmacy benefit managers to apply payments by or on behalf of insureds toward the insureds' total contributions to cost-sharing requirements; requiring specified group health insurers and their pharmacy benefit managers to apply payments by or on behalf of insureds toward the total contributions of the insureds' cost-sharing requirements; requiring specified contracts to require pharmacy benefit managers to apply payments by or on behalf of insureds toward the insureds' total contributions to cost-sharing requirements, etc.

**Primary Sponsors**
Tom Wright

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### Pharmacy Benefit Managers

**Title**
Pharmacy Benefit Managers

**Description**
Requiring the Office of Insurance Regulation to conduct market conduct examinations of pharmacy benefit managers as often as the office deems necessary; authorizing the office to take certain disciplinary actions against a pharmacy benefit manager for specified acts, etc.

**Primary Sponsors**
Tom Wright
Title
Prescription Drugs

Description
Citing this act as the "Prescription Drug Reform Act"; specifying additional prohibited acts related to the Florida Drug and Cosmetic Act; requiring certain drug manufacturers to notify the Department of Business and Professional Regulation of reportable drug price increases on a specified form on the effective date of such increase; requiring the Division of Consumer Services of the Department of Financial Services to designate an employee as the primary contact for consumer complaints involving pharmacy benefit managers; providing a grandfathering provision for certain pharmacy benefit managers operating as administrators; requiring pharmacy benefits plans and programs, beginning on a specified date, to annually submit a certain attestation to the Office of Insurance Regulation, etc.

Primary Sponsors
Jason Brodeur, Senate Fiscal Policy Committee, Senate Health Policy Committee

Introduction Date: 2023-03-03
Labels: Accreditation requirements, Appeal procedure, Drug Pricing, Gag clause, Mail-order, PBM contracts, PBM enforcement, Protections from under-reimbursement, Provider networks, Registration/Licensure, Reimbursement to PBM-owned pharmacies, Retroactive claims adjustments, Spread pricing, Transparency and Disclosure

Title
Public Records/Pharmacy Benefit Managers

Description
Providing an exemption from public records requirements for examination and investigation reports and work papers relating to pharmacy benefit managers; expanding a public records exemption for the books and records of administrators held by the Office of Insurance Regulation for purposes of examination, audit, and inspection to incorporate the inclusion of pharmacy benefit managers as administrators under the Florida Insurance Code; providing for future legislative review and repeal of the exemption; providing statements of public necessity, etc.

Primary Sponsors
Jason Brodeur, Senate Health Policy Committee

Introduction Date: 2023-03-03
Labels: PSAOs, Trade Secrets
### Title
Coverage for Clinician-administered Drugs

**Description**
Prohibiting certain acts by insurers or pharmacy benefit managers that cover clinician-administered drugs; providing that violations are deemed unfair methods of competition and unfair practices or acts, etc.

**Primary Sponsors**
Corey Simon

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### Title
Lowering Prescription Drug Costs for Patients Act; enact

**Description**
A BILL to be entitled an Act to amend Chapter 64 of Title 33 of the Official Code of Georgia Annotated, relating to regulation and licensure of pharmacy benefits managers, so as to provide for definitions; to require pharmacy benefits managers to calculate defined cost sharing for insureds at the point of sale; to provide for statutory construction; to provide for violations; to provide for limitations; to provide for annual reporting; to provide for confidentiality; to provide for related matters; to provide for a short title; to provide for an effective date and applicability; to repeal conflicting laws; and for other purposes.

**Primary Sponsors**
Mark Newton, Sharon Cooper, Ron Stephens, Debbie Buckner, Jesse Petrea, Farooq Mughal

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### FL
- **Bill Number**: SB 1638
- **Last Action**: Died In Banking And Insurance 2023 05 05
- **Status**: Failed
- **Position**: None
- **Priority**: None

### GA
- **Bill Number**: HB 343
- **Last Action**: Senate Read And Referred 2023 03 07
- **Status**: In Senate
- **Position**: None
- **Priority**: None

**Introduction Date**: 2023-03-03
**Labels**: [White baggings]

**Introduction Date**: 2023-02-13
**Labels**: [PSAOs, Rebates, Transparency and Disclosure]
### Title
Insurance; prohibit insurers from discriminating against certain healthcare facilities and providers in connection with provider administered drugs

### Description
A BILL to be entitled an Act to amend Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance generally, so as to prohibit insurers from discriminating against certain healthcare facilities and providers in connection with the procurement, delivery, and administration of provider administered drugs; to provide for definitions; to provide for violation; to provide for construction; to provide for penalties; to provide for damages; to provide for related matters; to provide for an effective date and applicability; to repeal conflicting laws; and for other purposes.

#### Primary Sponsors
David Knight, Sharon Cooper, Matt Barton, Penny Houston, Matt Hatchett

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### Title
The Medication and Patient Safety Act; enact

### Description
A BILL to be entitled an Act to amend Chapter 24 of Title 33 of the O.C.G.A., relating to insurance generally, so as to provide for a covered person to have safe and affordable access to a physician-administered medication; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

#### Primary Sponsors
Kim Schofield, Billy Mitchell, Sandra Scott, Viola Davis, Karen Bennett, Solomon Adesanya
### Title
“Lowering Prescription Drug Costs for Patients Act”; enact

### Description
A BILL to be entitled an Act to amend Chapter 64 of Title 33 of the Official Code of Georgia Annotated, relating to regulation and licensure of pharmacy benefits managers, so as to provide for definitions; to require pharmacy benefits managers to calculate defined cost sharing for insureds at the point of sale; to provide for statutory construction; to provide for violations; to provide for limitations; to provide for annual reporting; to provide for confidentiality; to provide for related matters; to provide for a short title; to provide for an effective date and applicability; to repeal conflicting laws; and for other purposes.

### Primary Sponsors
Ben Watson, Kay Kirkpatrick, Nan Orrock, Chuck Hufstetler, Gloria Butler

### Introduction Date: 2023-03-06

**Labels:** Patient Protections, Rebates, Transparency and Disclosure

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### Title
Relating To The Repeal Of Section 328-106, Hawaii Revised Statutes.

### Description
Repeals unenforceable and ineffective provisions from chapter 328, Hawaii Revised Statutes.

### Introduction Date: 2023-01-25

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### Title
Relating To The Repeal Of Section 328-106, Hawaii Revised Statutes.

### Description
Repeals section 328-106, Hawaii Revised Statutes, which requires the Department of Health to regulate business practices between private entities engaged in the selling, billing, and reimbursement of pharmaceuticals. (CD1)

### Introduction Date: 2023-01-25

**Labels:** Pharmacy Reimbursements
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**Title**

A bill for an act relating to contract pharmacies and covered entities that participate in the 340B drug program. (Formerly HSB 137.) Effective date: 07/01/2023.

**Primary Sponsors**

Committee On Health And Human Services

**Introduction Date:** 2023-02-22

**Labels:** [340B]

---

**Title**

A bill for an act relating to third-party recovery and taxation of Medicaid managed care organization premiums. (Formerly HSB 177; See HF 685.)

**Primary Sponsors**

Services

**Introduction Date:** 2023-03-01

**Labels:** [TAX]

---

**Title**

A bill for an act relating to the Medicaid program including third-party recovery and taxation of Medicaid managed care organization premiums. (Formerly HSB 177; See HF 685.)

**Primary Sponsors**

Services

**Introduction Date:** 2023-02-07

**Labels:** [340B] [PBM enforcement]

---

**Title**

A bill for an act relating to pharmacy benefits manager reverse auctions and group insurance for public employees. (See SF 554.)

**Primary Sponsors**

Mike Klimesh

**Introduction Date:** 2023-02-14

**Labels:** [Reverse auction]
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Title
A bill for an act relating to pharmacy benefits managers, pharmacies, and prescription drug benefits, and including applicability provisions.

Primary Sponsors
Mike Klimesh

Introduction Date: 2023-02-20
Labels: [Any willing provider][Appeal procedure][Mail-order][Patient Protections]

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Title
A bill for an act relating to contract pharmacies and covered entities that participate in the 340B drug program.(Formerly SSB 1098.)

Primary Sponsors
Senate Committee on Commerce

Introduction Date: 2023-02-27
Labels: [340B]

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Title
A bill for an act relating to pharmacy benefits manager reverse auctions and group insurance, and annual reporting by pharmacy benefits managers. (Formerly SF 284.)

Primary Sponsors
Senate Committees on Ways and Means

Introduction Date: 2023-03-22
Labels: [Reverse auction]

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Title
A bill for an act relating to contract pharmacies and covered entities that participate in the 340B drug program.(See SF 419.)

Primary Sponsors
Senate Committee on Commerce

Introduction Date: 2023-01-30
Title
INSURANCE – Amends existing law to provide for enforcement of provisions applicable to pharmacy benefit managers.

Primary Sponsors
House Health and Welfare Committee

Introduction Date: 2023-02-24
Labels: PBM enforcement

Title
FAIR PHARMACY AUDITS ACT – Adds to existing law to implement the Fair Pharmacy Audits Act.

Primary Sponsors
House Health and Welfare Committee

Introduction Date: 2023-03-09
Labels: Fair Pharmacy Audits
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<th>Title</th>
<th>Prescription Drug Price</th>
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**Description**
Amends the Illinois Food, Drug and Cosmetic Act. Provides that the amendatory provisions apply to any manufacturer of a prescription drug that is purchased or reimbursed by specified parties. Provides that a manufacturer of a prescription drug with a wholesale acquisition cost of more than $40 for a course of therapy shall notify specified parties if the increase in the wholesale acquisition cost of the prescription drug is more than 10%, including the proposed increase and cumulative increase. Provides that the notice of price increase shall be provided in writing at least 60 days prior to the planned date of the increase. Provides that no later than 30 days after notification of a price increase or new prescription drug the manufacturer shall report specified additional information to specified parties. Provides that a manufacturer of a prescription drug shall provide written notice if the manufacturer is introducing a new prescription drug to market at a wholesale acquisition cost that exceeds a specified threshold. Provides that failure to provide notice under the amendatory provisions shall result in a civil penalty of $10,000 per day for every day after the notification period that the manufacturer fails to report the information. Requires the Department of Public Health to conduct an annual public hearing on the aggregate trends in prescription drug pricing. Requires the Department to publish on its website a report detailing findings from the public hearing and a summary of details from reports provided under the amendatory provisions, except for information identified as a trade secret or exempted under the Freedom of Information Act. Provides that the amendatory provisions shall not restrict the legal ability of a pharmaceutical manufacturer to change prices as permitted under federal law.

**Primary Sponsors**
Mary Flowers
Title
Ins-Health Plan Benefit Data

Description
Amends the Illinois Insurance Code. Provides that no later than July 1, 2024, each health plan and pharmacy benefit manager operating in this State shall, upon request of a covered individual, his or her health care provider, or an authorized third party on his or her behalf, furnish specified cost, benefit, and coverage data to the covered individual, his or her health care provider, or the third party of his or her choosing and shall ensure that the data is: (1) current no later than one business day after any change is made; (2) provided in real time; and (3) in a format that is easily accessible to the covered individual or, in the case of his or her health care provider, through an electronic health records system. Provides that the format of the request shall use specified industry content and transport standards. Provides that a facsimile is not an acceptable electronic format. Provides that upon request, specified data shall be provided for any drug covered under the covered individual's health plan. Makes other changes. Defines terms.

Primary Sponsors
Lakesia Collins, Natalie Manley, Will Guzzardi

Title
Medicaid-Pharmacy Payments

Description
Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that no appropriation may be expended to a managed care organization under contract with the Department of Healthcare and Family Services unless the managed care organization, and its pharmacy benefits manager, allows prescription drug benefits to be provided by specialty pharmacies that are certified in the Business Enterprise Program and accredited by at least 2 different accreditation entities for specialty pharmacy services on the same terms and conditions by any willing provider that is qualified for network participation and authorized to dispense prescription drugs. Prescription drug benefits include those that are managed both as a part of the overall healthcare benefits package, medical and pharmacy benefits that are integrated into one package through a managed care organization, and pharmacy benefits that are separately administered or subcontracted through a pharmacy benefits manager. Defines "specialty pharmacy". Effective July 1, 2023.

Primary Sponsors
Hoan Huynh
Title
Ins-Clinician Administer Drug

Description
Amends the Illinois Insurance Code. Provides that a health benefit plan amended, delivered, issued, or renewed on or after January 1, 2023 that provides prescription drug coverage or its contracted pharmacy benefit manager shall not engage in or require an enrollee to engage in specified prohibited acts. Provides that a clinician-administered drug supplied shall meet the supply chain security controls and chain of distribution set by the federal Drug Supply Chain Security Act. Provides that the Department of Insurance may adopt rules as necessary to implement the provisions. Defines terms. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization, and the Voluntary Health Services Plans Act.

Primary Sponsors
Camille Lilly
Title
Ins-Pbm/Information Disclosure

Description
Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager shall not prohibit a pharmacist or pharmacy from, or indirectly punish a pharmacist or pharmacy for, making any written or oral statement or otherwise disclosing information to any federal, State, county, or municipal official, including the Director of Insurance or law enforcement, or before any State, county, or municipal committee, body, or proceeding under specified circumstances. Provides that the provisions apply to contracts entered into or renewed on or after July 1, 2023 (rather than July 1, 2022). Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager may not retaliate against a pharmacist or pharmacy for disclosing information in a court, in an administrative hearing, before a legislative commission or committee, in any other proceeding, or to a government or law enforcement agency, if the pharmacist or pharmacy has reasonable cause to believe that the disclosed information is evidence of a violation of a State or federal law, rule, or regulation. Provides that a pharmacist or pharmacy shall make commercially reasonable efforts to limit the disclosure of confidential and proprietary information. Provides that retaliatory actions against a pharmacy or pharmacist include specified actions. Provides that the provisions apply to contracts entered into or renewed on or after July 1, 2022 (rather than July 1, 2023). Adds a July 1, 2023 effective date.

Primary Sponsors
Hoan Huynh, C.D Davidsmeyer, Kevin Olickal, Lilian Jimenez, Bob Morgan, Mike Simmons

Introduction Date: 2023-02-17
Labels: Transparency and Disclosure
Title
Ins-Pbm/Duties & Prohibitions

Description
Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager may not prohibit a pharmacy or pharmacist from selling a more affordable alternative to the covered person if a more affordable alternative is available. Provides that a pharmacy benefit manager shall not reimburse a pharmacy or pharmacist in this State an amount less than the amount that the pharmacy benefit manager reimburses a pharmacy benefit manager affiliate for providing the same pharmaceutical product. Provides that a pharmacy benefit manager is prohibited from conducting spread pricing in the State. Sets forth provisions concerning pharmacy network participation, fiduciary responsibility, and pharmacy benefit manager transparency. Provides that a pharmacy benefit manager shall report to the Director on a quarterly basis and that the report is confidential and not subject to disclosure under the Freedom of Information Act. Provides that the provisions apply to contracts entered into or renewed on or after July 1, 2023 (rather than July 1, 2022). Defines terms. Amends the Network Adequacy and Transparency Act. Sets forth provisions concerning pharmacy benefit manager network adequacy. Makes other changes.

Primary Sponsors
Will Guzzardi

Title
Ins-Pbm/Steering Prohibition

Description
Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager shall not: steer a beneficiary; order a covered individual to fill a prescription or receive pharmacy care services from an affiliated pharmacy; reimburse a pharmacy or pharmacist for a pharmaceutical product or pharmacist service in an amount less than the amount that the pharmacy benefit manager reimburses itself or an affiliate for providing the same product or services; offer or implement plan designs that require patients to use an affiliated pharmacy; or advertise, market, or promote a pharmacy by an affiliate to patients or prospective patients. Defines terms.

Primary Sponsors
Camille Lilly
Title
Regulation-Tech

Description
Amends the Illinois Banking Act. Makes a technical change in a Section concerning the short title. Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that when conducting a pharmacy audit, an auditing entity shall comply with specified requirements. Provides that an auditing entity conducting a pharmacy audit may have access to a pharmacy's previous audit report only if the report was prepared by that auditing entity. Provides that information collected during a pharmacy audit shall be confidential by law, except that the auditing entity conducting the pharmacy audit may share the information with the health benefit plan for which a pharmacy audit is being conducted and with any regulatory agencies and law enforcement agencies as required by law. 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. Provides that a pharmacy shall have the right to file a written appeal of a preliminary and final pharmacy audit report in accordance with the procedures established by the entity conducting the pharmacy audit. Provides that no interest shall accrue for any party during the audit period. Provides that an auditing entity must provide a copy to the plan sponsor of its claims that were included in the audit, and any recouped money shall be returned to the plan sponsor, unless otherwise contractually agreed upon by the plan sponsor and the pharmacy benefit manager. Defines terms.

Primary Sponsors
Dave Koehler, Kevin Olickal
Title
Ins-Clinician Administer Drug

Description
Amends the Illinois Insurance Code. Provides that a health benefit plan amended, delivered, issued, or renewed on or after January 1, 2024 that provides prescription drug coverage or its contracted pharmacy benefit manager shall not engage in or require an enrollee to engage in specified prohibited acts. Provides that a clinician-administered drug supplied shall meet the supply chain security controls and chain of distribution set by the federal Drug Supply Chain Security Act. Provides that the Department of Insurance may adopt rules as necessary to implement the provisions. Defines terms. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, and the Voluntary Health Services Plans Act.

Primary Sponsors
Cristina Castro

Introduction Date: 2023-02-03
Labels: White baggings
### Ins-Health Plan Benefit Data

**Description**
Amends the Illinois Insurance Code. Provides that no later than July 1, 2024, each health plan and pharmacy benefit manager operating in this State shall, upon request of a covered individual, his or her health care provider, or an authorized third party on his or her behalf, furnish specified cost, benefit, and coverage data to the covered individual, his or her health care provider, or the third party of his or her choosing and shall ensure that the data is: (1) current no later than one business day after any change is made; (2) provided in real time; and (3) in a format that is easily accessible to the covered individual or, in the case of his or her health care provider, through an electronic health records system. Provides that the format of the request shall use specified industry content and transport standards. Provides that a facsimile is not an acceptable electronic format. Provides that upon request, specified data shall be provided for any drug covered under the covered individual's health plan. Makes other changes. Defines terms.

**Primary Sponsors**
Julie Morrison

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### Prescription drug rebates and pricing.

**Description**
Provides that, for individual health insurance coverage, the defined cost sharing for a prescription drug 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 in connection with the dispensing or administration of the prescription drug. Requires that, for group health insurance coverage, an insurer: (1) pass through to a plan sponsor 100% of all rebates received or estimated to be received by the insurer concerning the dispensing or administration of prescription drugs to the covered individuals of the plan sponsor; (2) provide a plan sponsor, at the time of contracting, the option of calculating defined cost sharing for covered individuals of the plan sponsor at the point of sale based on a price that is reduced by some or all of the rebates received or estimated to be received by the insurer concerning the dispensing or administration of the prescription drug; and (3) disclose specified information to the plan sponsor. Allows the department of insurance to enforce the provisions and impose a civil penalty.

**Primary Sponsors**
Donna Schaibley, Ann Vermilion, Brad Barrett
Title
Audit of Medicaid program prescription drug costs.

Description
Amends the requirements for a physician to provide office based opioid treatment. Provides that the attorney general may issue a request for proposal to audit the prescription drug programs within the state employee health plan and the Medicaid program. Provides that the attorney general may evaluate and determine whether to include specified metrics in the request for proposal. Provides that the audit look back period must be the previous five state fiscal years. Provides that the results of the audits must be provided to the interim study committee on public health, behavioral health, and human services before September 1, 2024. Provides that a practitioner is not required to obtain information about a patient from the Indiana scheduled prescription electronic collection and tracking program (INSPECT) database or through the patient's integrated health record before prescribing certain medications if the patient is enrolled in a hospice program.

Primary Sponsors
Ann Vermilion, Matt Lehman, Martin Carbaugh, Greg Porter, Mike Bohacek, Ed Charbonneau, Andy Zay
Title
Prescription drug rebates and pricing.

Description
Requires a pharmacy benefit manager to provide a report to the department of insurance at least every six months. Provides that the report must include the: (1) overall aggregate amount charged to a health plan for all pharmaceutical claims processed by the pharmacy benefit manager; and (2) overall aggregate amount paid to pharmacies for claims processed by the pharmacy benefit manager. Requires that, for individual health insurance coverage, the defined cost sharing for a prescription drug 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 in connection with the dispensing or administration of the prescription drug. Requires that, for group health insurance coverage, an insurer: (1) pass through to a plan sponsor 100% of all rebates concerning the dispensing or administration of prescription drugs to the covered individuals of the plan sponsor; (2) provide a plan sponsor, at the time of contracting, the option of calculating defined cost sharing for covered individuals of the plan sponsor at the point of sale based on a price that is reduced by some or all of the rebates received concerning the dispensing or administration of the prescription drug; and (3) disclose specified information to the plan sponsor. Allows the department of insurance to enforce the provisions and impose a civil penalty.

Primary Sponsors
Ed Charbonneau, Mike Bohacek, Vaneta Becker, Justin Busch, Stacey Donato, Mike Crider, Lonnie Randolph, Donna Schaibley

Introduction Date: 2023-01-09
Title
Requiring drug manufacturers to provide pricing under the federal 340B drug pricing program to pharmacies that enter into contractual agreements with entities covered under the 340B program and prohibiting pharmacy benefits managers from denying patients the freedom to use the pharmacy and healthcare provider of such patient's choice.

Primary Sponsors
Senate Committee on Public Health and Welfare

Title
AN ACT relating to patient access to pharmacy benefits.

Description
Amend KRS 304.17A-164 to prohibit insurers, pharmacy benefit managers, and other administrators of pharmacy benefits from imposing certain requirements on health plan insureds; create a new section of Subtitle 17A of KRS Chapter 304 to establish prohibited practices for pharmacy benefit managers; create new sections of Subtitles 17C and 38A of KRS Chapter 304 to apply provisions of legislation to limited health service benefit plans, including limited health service contracts, and limited health service organizations; establish when legislation applies to health plans and contracts; provide that provisions of this Act shall be severable; EFFECTIVE, in part, January 1, 2024.

Primary Sponsors
Dan Bentley, Brandon Reed
**Title**
AN ACT relating to the state employee health plan.

**Description**
Amend KRS 18A.2258 to require the secretary of the Finance Cabinet to contract with an independent entity to monitor all Public Employee Health Insurance health care service benefit claims; allow the contract to include pharmacy benefits claims monitoring if used in lieu of the contract to monitor pharmacy benefit claims; exclude health care benefits for Medicare eligible retirees from the purview of the monitoring entity.

**Primary Sponsors**
Steve Meredith

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**Title**
AN ACT relating to health care to provide for an all-payer claims database and making an appropriation therefor.

**Description**
Create new sections of KRS Chapter 194A to establish the Kentucky all-payer claims database; establish purposes, definitions, and a restricted fund for the database; require the executive director of the Office of Data Analytics to develop, implement, operate, and maintain the database and promulgate administrative regulations to carry out those duties; establish an advisory council to make recommendations to the executive director; establish requirements for database administration and operations; require state-regulated health payers to report to the database; amend KRS 194A.030, 194A.101, and 304.2-100 to conform; create a new section of Subtitle 99 of KRS Chapter 304 to require the commissioner of insurance to enforce reporting requirements; establish time for making initial appointments and provide for staggered appointments to the advisory council; require the Cabinet for Health and Family Services to obtain a federal waiver within 90 days after the effective date of Act if necessary for implementation; APPROPRIATION.

**Primary Sponsors**
Ralph Alvarado
AN ACT relating to prescription drugs.

Amend KRS 304.17A-164 to establish cost-sharing requirements for prescription drugs; require rebates to be passed through; establish confidentiality requirements for the rebate information; create a new section of KRS 365.880 to 365.900 to provide that the actual amount of rebates received is a trade secret; provide that compliance with the prescription drugs cost-sharing and rebate requirements shall not be in violation of the Uniform Trade Secrets Act; create a new section of Subtitle 17C of KRS Chapter 304 to apply the cost-sharing and rebate requirements for prescription drugs to limited health service benefit plans and limited health service contracts; create a new section of Subtitle 38A of KRS Chapter 304 and amend KRS 18A.225 and 164.2871 to require limited health service organizations, the state employee health plan, and self-insured employer group health plans provided by the governing board of a state postsecondary education institution to comply with the cost-sharing and rebate requirements for prescription drugs; apply provisions to health plans issued or renewed on or after January 1, 2024; EFFECTIVE January 1, 2024.

Primary Sponsors
Steve Meredith, Lindsey Tichenor

AN ACT relating to patient access to pharmacy benefits.

Amend KRS 304.17A-164 to prohibit insurers, pharmacy benefit managers, and other administrators of pharmacy benefits from imposing certain requirements on health plan insureds; create a new section of Subtitle 17A of KRS Chapter 304 to establish prohibited practices for pharmacy benefit managers; create new sections of Subtitles 17C and 38A of KRS Chapter 304 to apply provisions of legislation to limited health service benefit plans, including limited health service contracts, and limited health service organizations; establish when legislation applies to health plans and contracts; provide that provisions of this Act shall be severable; EFFECTIVE, in part, January 1, 2024.

Primary Sponsors
Don Douglas, Mike Wilson
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<th>Description</th>
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<tr>
<td>INSURANCE/GROUP-STATE</td>
<td>Provides relative to pharmacy benefit manager services provided to the office of group benefits (EG INCREASE SG EX See Note)</td>
</tr>
<tr>
<td>DRUGS/PRESCRIPTION</td>
<td>Provides relative to the 340B drug pricing program (EN NO IMPACT See Note)</td>
</tr>
<tr>
<td>PHARMACEUTICALS</td>
<td>Provides relative to state procurement of pharmacy benefit manager services by use of reverse auction technology. (8/1/23) (RE SEE FISC NOTE EX See Note)</td>
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<td>PHARMACEUTICALS</td>
<td>Creates the pharmacy benefit managers quality incentive program. (gov sig) (RE1 SG EX See Note)</td>
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Title
An Act to enact the pharmacy benefit manager compensation reform

Description
By Representative Ayers of Quincy, a petition (accompanied by bill, House, No. 934) of Bruce J. Ayers relative to pharmacy benefit manager insurance compensation reform. Financial Services.

Primary Sponsors
Bruce Ayers

Introduction Date: 2023-02-16
Labels: PBM enforcement, Spread pricing

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Title
An Act to enact pharmacy benefit manager duties

Description
By Representative Garballey of Arlington, a petition (accompanied by bill, House, No. 1016) of Sean Garballey relative to pharmacy benefit managers and the processing and payment of claims for prescription drugs. Financial Services.

Primary Sponsors
Sean Garballey

Introduction Date: 2023-02-16
Labels: Spread pricing, Transparency and Disclosure

---

Title
An Act relative to pharmaceutical gag clauses

Description
By Representative Jones of North Reading, a petition (accompanied by bill, House, No. 1055) 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.

Primary Sponsors
Brad Jones

Introduction Date: 2023-02-16
Labels: Gag clause
### Title
An Act relating to patient cost, benefit and coverage information, choice, and price transparency

### Description
By Representative Roy of Franklin, a petition (accompanied by bill, House, No. 1131) of Jeffrey N. Roy relative to patient cost, benefit, and coverage information, choice, and price transparency. Financial Services.

### Primary Sponsors
Jeff Roy

### Introduction Date: 2023-02-16

### Labels:
- Patient Protections
- Transparency and Disclosure

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### Title
An Act relative to specialty medications and patient safety

### Description
By Representative Santiago of Boston, a petition (accompanied by bill, House, No. 1144) of Jon Santiago relative to specialty medications and patient safety. Financial Services.

### Primary Sponsors
Jon Santiago

### Introduction Date: 2023-02-16

### Labels:
- White baggings

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### Title
An Act ensuring access to specialty medications

### Description
By Representative Sena of Acton, a petition (accompanied by bill, House, No. 1147) of Danillo A. Sena and Paul McMurtry relative to access to specialty medications. Financial Services.

### Primary Sponsors
Dan Sena

### Introduction Date: 2023-02-16

### Labels:
- Any willing provider
- specialty drug
Title
An Act relative to prescription drug pricing

Description
By Representative Silvia of Fall River, a petition (accompanied by bill, House, No. 1148) of Alan Silvia relative to prescription drug pricing. Financial Services.

Primary Sponsors
Alan Silvia

Introduction Date: 2023-02-16
Labels: Accreditation requirements, Appeal procedure, Decline to dispense, Pharmacy Reimbursements

Title
An Act to enact pharmacy benefit manager duties

Description
By Representative Tyler of Boston, a petition (accompanied by bill, House, No. 1155) of Chynah Tyler relative to pharmacy benefit manager duties. Financial Services.

Primary Sponsors
Chynah Tyler

Introduction Date: 2023-02-16
Labels: PBM enforcement, Spread pricing

Title
An Act relative to pharmacy benefit managers

Description
By Representative Lawn of Watertown, a petition (accompanied by bill, House, No. 1215) of John J. Lawn, Jr., and others relative to pharmacy benefit managers. Health Care Financing.

Primary Sponsors
John Lawn

Introduction Date: 2023-02-16
Labels: Appeal procedure, Fair Pharmacy Audits, Gag clause, PBM enforcement, Registration/Licensure, Spread pricing, Transparency and Disclosure
### An Act relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth

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

**Description**
By Representative Sullivan-Almeida of Abington, a petition (accompanied by bill, House, No. 1247) of Alyson M. Sullivan-Almeida, Michael J. Soter and David F. DeCoste relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth. Health Care Financing.

**Primary Sponsors**
Alyson Sullivan-Almeida

**Introduction Date:** 2023-02-16

**Labels:**
- Appeal procedure
- Protections from under-reimbursement
- Reimbursement to PBM-owned pharmacies

### An Act to ensure access to generic medication

**Title**
An Act to ensure access to generic medication

**Description**
By Representative Silvia of Fall River, a petition (accompanied by bill, House, No. 1150) of Alan Silvia relative to access to generic medications. Financial Services.

**Primary Sponsors**
Alan Silvia

**Introduction Date:** 2023-02-16

**Labels:**
- Appeal procedure
- PBM enforcement

### An Act relative to pharmacy benefit managers

**Title**
An Act relative to pharmacy benefit managers

**Description**
By Representative Lawn of Watertown, a petition (accompanied by bill, House, No. 1215) of John J. Lawn, Jr., and others relative to pharmacy benefit managers. Health Care Financing.

**Primary Sponsors**
John Lawn

**Introduction Date:** 2023-02-16
Title
An Act to enact the pharmacy benefit manager compensation reform

Introduction Date: 2023-02-16

Description
By Representative Ayers of Quincy, a petition (accompanied by bill, House, No. 934) of Bruce J. Ayers relative to pharmacy benefit manager insurance compensation reform. Financial Services.

Primary Sponsors
Bruce Ayers

---

Title
An Act relative to pharmaceutical gag clauses

Introduction Date: 2023-02-16

Description
By Representative Jones of North Reading, a petition (accompanied by bill, House, No. 1055) 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.

Primary Sponsors
Brad Jones

---

Title
An Act ensuring access to specialty medications

Introduction Date: 2023-02-16

Description
By Representative Sena of Acton, a petition (accompanied by bill, House, No. 1147) of Danillo A. Sena and Paul McMurtry relative to access to specialty medications. Financial Services.

Primary Sponsors
Dan Sena
An Act relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth

By Representative Sullivan-Almeida of Abington, a petition (accompanied by bill, House, No. 1247) of Alyson M. Sullivan-Almeida, Michael J. Soter and David F. DeCoste relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth. Health Care Financing.

Primary Sponsors
Alyson Sullivan-Almeida

Title
An Act to enact pharmacy benefit manager duties

Description
By Representative Garballey of Arlington, a petition (accompanied by bill, House, No. 1016) of Sean Garballey relative to pharmacy benefit managers and the processing and payment of claims for prescription drugs. Financial Services.

Primary Sponsors
Sean Garballey

Title
An Act to enact pharmacy benefit manager duties

Description
By Representative Tyler of Boston, a petition (accompanied by bill, House, No. 1155) of Chynah Tyler relative to pharmacy benefit manager duties. Financial Services.

Primary Sponsors
Chynah Tyler
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**Title**
An Act prohibiting self-dealing by pharmacy benefit managers and pharmacies under common ownership

**Description**
By Ms. Creem, a petition (accompanied by bill, Senate, No. 601) of Cynthia Stone Creem for legislation relative to pharmacy benefit managers. Financial Services.

**Primary Sponsors**
Cindy Creem

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

**Description**
By Mr. Cyr, a petition (accompanied by bill, Senate, No. 616) of Julian Cyr for legislation relative to patient cost, benefit and coverage information, choice, and price transparency. Financial Services.

**Primary Sponsors**
Julian Cyr

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**Title**
An Act to reduce the cost of pharmacy benefits

**Description**
By Ms. Jehlen, a petition (accompanied by bill, Senate, No. 656) of Patricia D. Jehlen for legislation to reduce the cost of pharmacy benefits. Financial Services.

**Primary Sponsors**
Pat Jehlen
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**Title**

- An Act relative to pharmaceutical "gag clauses"

**Introduction Date:** 2023-02-16

**Description**

By Mr. Tarr, a petition (accompanied by bill, Senate, No. 714) of Bruce E. Tarr for legislation relative to pharmaceutical "gag clauses". Financial Services.

**Primary Sponsors**

Bruce Tarr

- An Act to reduce the cost of pharmacy benefits

**Introduction Date:** 2023-02-16

**Description**

By Ms. Jehlen, a petition (accompanied by bill, Senate, No. 656) of Patricia D. Jehlen for legislation to reduce the cost of pharmacy benefits. Financial Services.

**Primary Sponsors**

Pat Jehlen

- An Act prohibiting self-dealing by pharmacy benefit managers and pharmacies under common ownership

**Introduction Date:** 2023-02-16

**Description**

By Ms. Creem, a petition (accompanied by bill, Senate, No. 601) of Cynthia Stone Creem for legislation relative to pharmacy benefit managers. Financial Services.

**Primary Sponsors**

Cindy Creem
Title
Pharmacy Benefits Managers - Definition of Purchaser and Alteration of Application of Law

Introduction Date: 2023-01-26
Labels: ERISA

Description
Altering the definition of "purchaser" for the purpose of certain provisions of State insurance law governing pharmacy benefits managers to exclude certain nonprofit health maintenance organizations; and repealing certain provisions that restrict applicability of certain provisions of law to pharmacy benefits managers that provide pharmacy benefits management services on behalf of a carrier.

Primary Sponsors
Nic Kipke, Tiffany Alston, Heather Bagnall, Brian Chisholm, Bonnie Cullison, Terri Hill, Tom Hutchinson, Steve Johnson, Anne Kaiser, Ken Kerr, Robbyn Lewis, Lesley Lopez, Ashanti Martinez, Matt Morgan, Josie Pena-Melnyk, Sandy Rosenberg, Kathy Szeliga, Deni Taveras, Jennifer White, Jamila Woods, Bh, ari, Guzzone, Reilly

Title
Health Insurance – Pharmacy Benefits Managers – Audits of Pharmacies and Pharmacists

Introduction Date: 2023-01-26
Labels: Fair Pharmacy Audits

Description
Requiring the Secretary of Health to adopt regulations for pharmacy benefits managers that contract with managed care organizations that establish requirements for conducting audits of pharmacies or pharmacists; establishing requirements and prohibitions regarding audits by certain pharmacy benefits managers, including provisions related to audit limits, acceptance of certain documents as proof, recoupment of funds or charging of fees for prescriptions of unbreakable package sizes, and access to financial documentation; etc.

Primary Sponsors
Nic Kipke, Tiffany Alston, Heather Bagnall, Brian Chisholm, Bonnie Cullison, Terri Hill, Tom Hutchinson, Steve Johnson, Anne Kaiser, Ken Kerr, Robbyn Lewis, Lesley Lopez, Ashanti Martinez, Matt Morgan, Josie Pena-Melnyk, Sandy Rosenberg, Kathy Szeliga, Deni Taveras, Jennifer White, Jamila Woods, Bh, ari, Guzzone, Reilly
**Maryland Department of Health and Prescription Drug Affordability Board - Managed Care Organizations and Prescription Drug Claims - Study**

**Description**
Requiring the Maryland Department of Health and the Prescription Drug Affordability Board jointly to study certain information regarding the payment of prescription drug claims under the Maryland Medical Assistance Program during calendar years 2021 and 2022 and how to address certain inconsistencies; and requiring the Department and the Board to report the findings of the study to the Maryland Medicaid Administration and certain committees of the General Assembly by October 31, 2023.

**Primary Sponsors**

**Introduction Date:** 2023-01-26

**Labels:** Medicaid Reimbursement Floor, NADAC+

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**Pharmacy Benefits Managers - Prohibited Actions**

**Description**
Prohibiting a pharmacy benefits manager from taking certain actions related to pricing, the participation of a pharmacy or pharmacist in a policy or contract with the pharmacy benefits manager, fees, and the use of a mail order pharmacy by beneficiaries; providing that certain provisions of the Act apply to pharmacy benefits managers that contract with managed care organizations in the same manner as they apply to pharmacy benefits managers that contract with carriers; etc.

**Primary Sponsors**
Matt Morgan, Nic Kipke

**Introduction Date:** 2023-02-01

**Labels:** Any willing provider, Reimbursement to PBM-owned pharmacies, Spread pricing
### Title
Health Insurance – Reimbursement and Use of Specific Pharmacies and Dispensaries – Prohibitions

### Description
Specifying that certain entities are not precluded from recommending, rather than requiring, a specialty drug be obtained through a certain pharmacy or dispensary; providing that certain entities may not prohibit a subscriber, member, or beneficiary from choosing to obtain a certain specialty drug from a pharmacy or dispensary that meets certain requirements; prohibiting certain entities from taking certain action against certain pharmacies or dispensaries; etc.

### Primary Sponsors
- Steve Johnson, Andre Johnson

### Title
Health Insurance - Reimbursement and Use of Specific Pharmacies and Dispensaries - Prohibitions

### Description
Specifying that certain entities are not precluded from recommending, rather than requiring, a specialty drug be obtained through a certain pharmacy or dispensary; providing that certain entities may not prohibit a subscriber, member, or beneficiary from choosing to obtain a certain specialty drug from a pharmacy or dispensary that meets certain requirements; prohibiting certain entities from taking certain action against certain pharmacies or dispensaries; etc.

### Primary Sponsors
- Clarence Lam, Brian Feldman
Title
Health Insurance - Pharmacy Benefits Managers - Audits of Pharmacies and Pharmacists

Description
Expanding the applicability of the provisions regarding audits of a pharmacy or pharmacist to all pharmacy benefits managers; establishing requirements and prohibitions regarding audits by pharmacy benefits managers, including provisions related to audit limits, the acceptance of certain documents as validation or proof, the charging and payment of fees, access to financial documentation, and audit documentation; etc.

Primary Sponsors
Justin Ready, Kathy Klausmeier

Introduction Date: 2023-02-06
Labels: Fair Pharmacy Audits

Title
Pharmacy Benefits Managers - Prohibited Actions

Description
Prohibiting a pharmacy benefits manager from taking certain actions related to pricing, the participation of a pharmacy or pharmacist in a policy or contract with the pharmacy benefits manager, fees, and the use of a mail order pharmacy by beneficiaries; providing that certain provisions of the Act apply to pharmacy benefits managers that contract with managed care organizations in the same manner as they apply to pharmacy benefits managers that contract with carriers; etc.

Primary Sponsors
Justin Ready, Kathy Klausmeier

Introduction Date: 2023-02-15
Labels: Mail-order, Patient steering, Reimbursement to PBM-owned pharmacies, Spread pricing
Title
Pharmacy Benefits Managers - Definitions of Carrier, ERISA, and Purchaser

Description
Repealing the definitions of "carrier" and "ERISA" and altering the definition of "purchaser" for the purpose of applying certain provisions of State insurance law governing pharmacy benefits managers to certain persons that provide prescription drug coverage or benefits in the State through plans or programs subject to ERISA; and repealing a certain provision that restricts applicability of certain provisions of law to pharmacy benefits managers that provide pharmacy benefits management services on behalf of a carrier.

Primary Sponsors
Justin Ready, Kathy Klausmeier

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Title
Human services: medical services; Medicaid managed care contract with pharmacy benefit manager; regulate, and require reporting. Amends 1939 PA 280 (MCL 400.1 - 400.119b) by adding secs. 105i & 105j.

Primary Sponsors
Alabas Farhat

---

Title
Pharmacy benefit manager and health carrier requirements established related to clinician-administered drugs.

Primary Sponsors
Mike Freiberg, Liz Olson, Kristin Bahner, Carlie Kotyza-Witthuhn, Brion Curran
Title
Pharmacy benefit managers and health carriers required to use prescription drug rebates and other compensation to benefit covered persons, and report required.

Introduction Date: 2023-02-13
Labels: Patient Protections, Rebates

Primary Sponsors
Steve Elkins, Kristin Bahner

Title
Excessive price increases by manufacturers prohibition to generic or off-patent drugs

Introduction Date: 2023-01-11
Labels: Drug Pricing, Rx Affordability Board

Primary Sponsors
Kelly Morrison, Alice Mann, Liz Boldon, Omar Fateh, John Hoffman

Title
Pharmacy benefit manager business practices modification; pharmacy benefit manager general reimbursement practices establishment; maximum allowable cost pricing requirements modification

Introduction Date: 2023-01-12

Primary Sponsors
Rich Draheim

Title
Health carrier enrollee reception of any rebates and discounts accrued directly or indirectly to health carriers requirement

Introduction Date: 2023-02-06
Labels: Rebates

Primary Sponsors
Carla Nelson, Matt Klein
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**Title**
Enacts provisions relating to payments for prescription drugs

**Primary Sponsors**
Karla Eslinger

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Title
Pharmacy Benefit Prompt Pay Act; revise various provisions of.

Description
An Act To Amend Section 73-21-153, Mississippi Code Of 1972, To Define New Terms Under The Pharmacy Benefit Prompt Pay Act; To Create New Section 73-21-154, Mississippi Code Of 1972, To Prohibit Health Insurance Issuers And Pharmacy Benefit Managers From Certain Discriminatory Practices Relating To Entities Participating In The Federal 340B Drug Discount Program; To Amend Section 73-21-155, Mississippi Code Of 1972, To Prohibit Pharmacy Benefit Managers From Reimbursing A Pharmacy Or Pharmacist For A Prescription Drug Or Pharmacist Service In A Net Amount Less Than The National Average Drug Acquisition Cost For The Prescription Drug Or Pharmacist Service In Effect At The Time The Drug Or Service Is Administered Or Dispensed, Plus A Professional Dispensing Fee; To Amend Section 73-21-156, Mississippi Code Of 1972, To Require Pharmacy Benefit Managers To Provide A Reasonable Administrative Appeal Procedure To Allow Pharmacies To Challenge A Reimbursement For A Specific Drug Or Drugs As Being Below The Reimbursement Rate Required By The Preceding Provision; To Provide That If The Appeal Is Upheld, The Pharmacy Benefit Manager Shall Make The Change In The Payment To The Required Reimbursement Rate; To Amend Sections 73-21-157 And 73-21-159, Mississippi Code Of 1972, To Provide For The Licensing And Regulation Of Pharmacy Services Administrative Organizations By The State Board Of Pharmacy; To Amend Section 73-21-161, Mississippi Code Of 1972, To Prohibit Pharmacies, Pharmacy Benefit Managers And Pharmacy Benefit Manager Affiliates From Ordering A Patient To Use An Affiliate Pharmacy Of Another Pharmacy Benefit Manager, Or Offering Or Implementing Plan Designs That Penalize A Patient When A Patient Chooses Not To Use An Affiliate Pharmacy Or The Affiliate Pharmacy Of Another Pharmacy Benefit Manager, Or Interfering With The Patient'S Right To Choose The Patient'S Pharmacy Or Provider Of Choice; To Create New Section 73-21-162, Mississippi Code Of 1972, To Prohibit Pharmacy Benefit Managers And Pharmacy Benefit Manager Affiliates From Penalizing Or Retaliating Against A Pharmacist, Pharmacy Or Pharmacy Employee For Exercising Any Rights Under This Act, Initiating Any Judicial Or Regulatory Actions, Or Appearing Before Any Governmental Agency, Legislative Member Or Body Or Any Judicial Authority; To Amend Section 73-21-163, Mississippi Code Of 1972, To Authorize The Board Of Pharmacy To Bring Injunctive Actions And Impose Monetary Penalties On Pharmacy Services Administrative Organizations For Noncompliance With The Pharmacy Benefit Prompt Pay Act; To Amend Sections 73-21-83 And 73-21-91, Mississippi Code Of 1972, To Conform To The Preceding Provisions; And For Related Purposes.

Primary Sponsors
William Arnold
Title
Medicaid; bring forward services and managed care provisions.

Description
An Act To Bring Forward Section 43-13-117, Mississippi Code Of 1972, Which Provides The Services And Managed Care Provisions In The Medicaid Program, For The Purposes Of Possible Amendment; And For Related Purposes.

Primary Sponsors
Joey Hood
Title
Pharmacy Benefits Prompt Pay Act; revise various provisions of.

Description
An Act To Amend Section 73-21-153, Mississippi Code Of 1972, To Define New Terms And Revise The Definitions Of Existing Terms Under The Pharmacy Benefit Prompt Pay Act; To Create New Section 73-21-154, Mississippi Code Of 1972, To Prohibit Health Insurance Issuers And Pharmacy Benefit Managers From Certain Discriminatory Practices Relating To Entities Participating In The Federal 340B Drug Discount Program; To Amend Section 73-21-155, Mississippi Code Of 1972, To Prohibit Pharmacy Benefit Managers From Reimbursing A Pharmacy Or Pharmacist For A Prescription Drug Or Pharmacist Service In A Net Amount Less Than The National Average Drug Acquisition Cost For The Prescription Drug Or Pharmacist Service In Effect At The Time The Drug Or Service Is Administered Or Dispensed, Plus A Professional Dispensing Fee; To Amend Section 73-21-156, Mississippi Code Of 1972, To Require Pharmacy Benefit Managers To Provide A Reasonable Administrative Appeal Procedure To Allow Pharmacies To Challenge A Reimbursement For A Specific Drug Or Drugs As Being Below The Reimbursement Rate Required By The Preceding Provision; To Provide That If The Appeal Is Upheld, The Pharmacy Benefit Manager Shall Make The Change In The Payment To The Required Reimbursement Rate; To Amend Section 73-21-157, Mississippi Code Of 1972, To Require A Pharmacy Services Administrative Organization To Provide To A Pharmacy Or Pharmacist A Copy Of Any Contract Entered Into On Behalf Of The Pharmacy Or Pharmacist By The Pharmacy Services Administrative Organization; To Create New Section 73-21-158, Mississippi Code Of 1972, To Require Pharmacy Benefit Managers To Pass On To The Plan Sponsor All Rebates And Payments That It Receives From Pharmaceutical Manufacturers In Connection With Claims Administered On Behalf Of The Plan Sponsor; To Require Pharmacy Benefit Managers To Report Annually To Each Plan Sponsor The Aggregate Amount Of All Rebates And Other Payments That The Pharmacy Benefit Manager Received From Pharmaceutical Manufacturers In Connection With Claims Administered On Behalf Of The Plan Sponsor; To Amend Section 73-21-161, Mississippi Code Of 1972, To Prohibit Pharmacies, Pharmacy Benefit Managers And Pharmacy Benefit Manager Affiliates From Ordering A Patient To Use An Affiliate Pharmacy Of Another Pharmacy Benefit Manager, Or Offering Or Implementing Plan Designs That Penalize A Patient When A Patient Chooses Not To Use An Affiliate Pharmacy Or The Affiliate Pharmacy Of Another Pharmacy Benefit Manager, Or Interfering With The Patient'S Right To Choose The Patient'S Pharmacy Or Provider Of Choice; To Create New Section 73-21-162, Mississippi Code Of 1972, To Prohibit Pharmacy Benefit Managers And Pharmacy Benefit Manager Affiliates From Penalizing Or Retaliating Against A Pharmacist, Pha... (click bill link to see more).

Primary Sponsors
Sam Mims
Title
Pharmacy benefit managers; require to use national average drug acquisition cost.

Description
An Act To Require Pharmacy Benefit Managers To Utilize And Adhere To The National Average Drug Acquisition Cost That Appears On The National Average Drug Acquisition Cost List When Determining The Ingredient Drug Product Component Of A Pharmacy'S Reimbursement For Drugs; To Prohibit A Pharmacy Benefit Manager From Paying Or Reimbursing A Pharmacy Or Pharmacist For The Ingredient Drug Product Component Of Pharmacist Services In An Amount That Is Less Than The National Average Drug Acquisition Cost; To Bring Forward Sections 73-21-156, 73-21-153, 73-21-155, 73-21-157, 73-21-159, 73-21-161, 73-21-163, 83-9-6 And 83-9-6.4, Mississippi Code Of 1972, Which Relate To The Pharmacy Benefit Prompt Pay Act And Accident And Health Insurance, For Purposes Of Possible Amendment; And For Related Purposes.

Primary Sponsors
Stacey Wilkes
Title
Pharmacy benefit managers; require to make available to the public, without redaction, contracts relating to pharmacy benefit management services.

Description
An Act To Require Pharmacy Benefit Managers To Make Available To The Public Upon Request, And Without Redaction, Third Party Aggregator Contracts And Contracts Relating To Pharmacy Benefit Management Services Between A Pharmacy Benefit Manager And Any Entity, And Contracts With Pharmacy Services Administrative Organizations; To Provide That Only Those Contracts Where The State Of Mississippi Or A Political Subdivision Of The State Is A Party To The Third Party Aggregator Contract Or The Contract Relating To Pharmacy Benefit Management Services Or With A Pharmacy Services Administrative Organization Shall Be Required To Be Made Public; To Amend Section 73-21-153, Mississippi Code Of 1972, To Remove The Exemption For The Mississippi State And School Employees Health Insurance Plan And The Mississippi Division Of Medicaid Or Its Contractors When Performing Pharmacy Benefit Manager Services For The Division Of Medicaid In The Definition Of “Pharmacy Benefit Manager”; To Bring Forward Sections 73-21-155, 73-21-156, 73-21-157, 73-21-159, 73-21-161 And 73-21-163, Mississippi Code Of 1972, Which Relate To The Pharmacy Benefit Prompt Pay Act, For Purposes Of Possible Amendment; To Bring Forward Sections 73-21-177, 73-21-179, 73-21-181, 73-21-183, 73-21-185, 73-21-187, 73-21-189 And 73-21-191, Mississippi Code Of 1972, Which Relate To The Pharmacy Audit Integrity Act, For Purposes Of Possible Amendment; And For Related Purposes.

Primary Sponsors
Lee Yancey
Title
Pharmacy Benefit Manager; revise certain requirements of.

Description
An Act To Amend Section 73-21-153, Mississippi Code Of 1972, To Define New Terms And Revise The Definitions Of Existing Terms Under The Pharmacy Benefit Prompt Pay Act; To Create New Section 73-21-154, Mississippi Code Of 1972, To Prohibit Health Insurance Issuers And Pharmacy Benefit Managers From Certain Discriminatory Practices Relating To Entities Participating In The Federal 340B Drug Pricing Program; To Amend Section 73-21-155, Mississippi Code Of 1972, To Prohibit Pharmacy Benefit Managers From Reimbursement A Pharmacy Or Pharmacist For A Prescription Drug Or Pharmacist Service In A Net Amount Less Than The National Average Drug Acquisition Cost For The Prescription Drug Or Pharmacist Service In Effect At The Time The Drug Or Service Is Administered Or Dispensed, Plus A Professional Dispensing Fee; To Amend Section 73-21-156, Mississippi Code Of 1972, To Require Pharmacy Benefit Managers To Provide A Reasonable Administrative Appeal Procedure To Allow Pharmacies To Challenge A Reimbursement For A Specific Drug Or Drugs As Being Below The Reimbursement Rate Required By The Preceding Provision; To Provide That If The Appeal Is Upheld, The Pharmacy Benefit Manager Shall Make The Change In The Payment To The Required Reimbursement Rate; To Amend Section 73-21-157, Mississippi Code Of 1972, To Require A Pharmacy Services Administrative Organization To Provide To A Pharmacy Or Pharmacist A Copy Of Any Contract Entered Into On Behalf Of The Pharmacy Or Pharmacist By The Pharmacy Services Administrative Organization; To Create New Section 73-21-158, Mississippi Code Of 1972, To Require Pharmacy Benefit Managers To Pass On To The Plan Sponsor All Rebates And Payments That It Receives From Pharmaceutical Manufacturers In Connection With Claims Administered On Behalf Of The Plan Sponsor; To Require Pharmacy Benefit Managers To Report Annually To Each Plan Sponsor The Aggregate Amount Of All Rebates And Other Payments That The Pharmacy Benefit Manager Received From Pharmaceutical Manufacturers In Connection With Claims Administered On Behalf Of The Plan Sponsor; To Amend Section 73-21-161, Mississippi Code Of 1972, To Prohibit Pharmacies, Pharmacy Benefit Managers And Pharmacy Benefit Manager Affiliates From Ordering A Patient To Use An Affiliate Pharmacy Of Another Pharmacy Benefit Manager, Or Offering Or Implementing Plan Designs That Penalize A Patient When A Patient Chooses Not To Use An Affiliate Pharmacy Or The Affiliate Pharmacy Of Another Pharmacy Benefit Manager, Or Interfering With The Patient'S Right To Choose The Patient'S Pharmacy Or Provider Of Choice; To Create New Section 73-21-162, Mississippi Code Of 1972, To Prohibit Pharmacy Benefit Managers And Pharmacy Benefit Manager Affiliates From Penalizing Or Retaliating Against A Pharmacist, Phar... (click bill link to see more).

Primary Sponsors
Rita Parks
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### Title
- **Generally revise laws enforced by the State Auditor**

**Primary Sponsors**
- Ed Buttrey, State Auditor by Economic Affairs Interim Committee, State Auditor

**Introduction Date:** 2023-01-02

**Labels:** PSAOs

### Title
- **Revise laws related to pharmacy benefit managers**

**Primary Sponsors**
- Tom Welch

**Introduction Date:** 2023-02-01

**Labels:** 340B

### Title
- **Generally revise health insurance laws related to pharmacy benefit managers**

**Primary Sponsors**
- Ross Fitzgerald

**Introduction Date:** 2022-12-03

### Title
- **Revise Pharmacy Benefits Manager Provisions.**

**Primary Sponsors**
- Wayne Sasser, John Bell, Hugh Blackwell, Chris Humphrey

**Introduction Date:** 2023-03-01

**Labels:** Co-pay accumulator, NADAC+, Patient steering, Rebates, Reimbursement to PBM-owned pharmacies, specialty pharmacy, Spread pricing
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**Title**

AN ACT to provide for a legislative management study relating to accumulator adjustment programs.

**Description**

AN ACT to provide for a legislative management study relating to accumulator adjustment programs.

**Primary Sponsors**

Karen Karls, Dick Dever, Dwight Kiefert, Karen Rohr, Bernie Satrom, Vicky Steiner

**Title**

AN ACT to create and enact a new section to chapter 19-02.1 of the North Dakota Century Code, relating to clinician-administered drugs.

**Description**

AN ACT to create and enact a new section to chapter 19-02.1 of the North Dakota Century Code, relating to clinician-administered drugs.

**Primary Sponsors**

Scott Meyer, Jim Kasper, Jerry Klein, Mike Lefor, Corey Mock, Karen Rohr

**Title**

LB778 - Change the Pharmacy Benefit Manager Licensure and Regulation Act

**Primary Sponsors**

Eliot Bostar

**Title**

relative to provider contract standards for pharmacy benefit managers.

**Primary Sponsors**

David Rochefort

---

**Introduction Date:** 2023-01-16

**Labels:** Co-pay accumulator

**Introduction Date:** 2023-01-23

**Labels:** White baggings

**Introduction Date:** 2023-01-18

**Labels:** Accreditation requirements, Appeal procedure, Patient steering, PBM enforcement, Protections from under-reimbursement, Reimbursement to PBM-owned pharmacies, Spread pricing

**Introduction Date:** 2023-01-09

**Labels:** Appeal procedure, Protections from under-reimbursement
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**Title:**

Relative to affordability and safety of clinician administered drugs.

**Primary Sponsors:**

Tim McGough

**Introduction Date:** 2023-01-11

**Labels:**

- White baggings

---

**Title:**

Establishes new transparency standards for pharmacy benefits manager business practices. *

**Primary Sponsors:**

Roy Freiman, John McKeon, Gabby Mosquera, Joe Danielsen, Dan Benson, Verlina Reynolds-Jackson, Angela McKnight, Joe Vitale, Troy Singleton, Nellie Pou, Vin Gopal

**Introduction Date:** 2022-01-11

**Labels:**

- Appeal procedure
- Patient Protections
- PBM enforcement
- PSAOs
- Registration/Licensure
- Rx Affordability Board
- Spread pricing

---

**Title:**

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

**Primary Sponsors:**

Rob Karabinchak

**Introduction Date:** 2022-01-11

**Labels:**

- Mail-order

---

**Title:**

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

**Primary Sponsors:**

Paul Moriarty, Joe Danielsen, Shama Haider

**Introduction Date:** 2022-01-11
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<td>Establishes new transparency standards for pharmacy benefits manager business practices.</td>
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<td>Establishes prescription drug pricing disclosure requirements and measures to reduce prescription drug costs.</td>
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<td>Requires health insurance carriers to provide list of alternative drugs to health care professionals, pharmacists, and covered persons under certain circumstances.</td>
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<td>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.</td>
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### Title

**Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system.**

**Primary Sponsors**

Raj Mukherji, Angela McKnight

**Introduction Date:** 2023-06-08

**Labels:** Medicaid Carve-Out

---

**Title**

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

**Primary Sponsors**

Troy Singleton, Vin Gopal

**Introduction Date:** 2022-01-11

---

**Title**

Establishes Prescription Drug Affordability Board; appropriates $1 million.

**Primary Sponsors**

Troy Singleton, Jim Beach

**Introduction Date:** 2022-01-11

**Labels:** Rx Affordability Board

---

**Title**

Requires carriers to pass prescription drug savings to consumers.

**Primary Sponsors**

Troy Singleton, Nellie Pou

**Introduction Date:** 2022-01-11
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<td>NJ</td>
<td>S 469</td>
<td>Introduced In The Senate Referred To Senate Commerce Committee 2022 01 11</td>
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<td>None</td>
<td>None</td>
<td>Prohibits pre-approval or precertification of medical tests, procedures and prescription drugs covered under health benefits or prescription drug benefits plans.</td>
<td>2022-01-11</td>
<td>Nick Scutari, Jon Bramnick</td>
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<td>Prohibits pre-approval or precertification of cancer treatments, tests, procedures and prescription drugs covered under health benefits or prescription drug benefits plans.</td>
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<td>None</td>
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<td>Removes exception of self-insured health benefits plans from law concerning pharmacy benefits managers.</td>
<td>2022-01-18</td>
<td>Troy Singleton, Nellie Pou</td>
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<td>None</td>
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<td>&quot;New Jersey Pharmacy Benefits Manager Licensure and Regulation Act.&quot;</td>
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<td>Vin Gopal</td>
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**Title**

Removes exception of self-insured health benefits plans from law concerning pharmacy benefits managers.

**Primary Sponsors**

Bob Singer

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**Title**

Establishes certain data reporting requirements for prescription drug supply chain; establishes Drug Affordability Council; appropriates $1,500,000.*

**Primary Sponsors**

Troy Singleton, Joe Vitale, Nellie Pou, John McKeon, Angela McKnight, Bill Moen, Paul Moriarty

**Introduction Date:** 2022-02-14

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**Title**

Establishes new transparency standards for pharmacy benefits manager business practices.

**Primary Sponsors**

Joe Vitale, Troy Singleton, Nellie Pou, Vin Gopal

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**Title**

Establishes new transparency standards for business of pharmacy benefits managers and establishes licensure requirements.

**Primary Sponsors**

Vin Gopal

**Introduction Date:** 2022-03-07
Title
Authorizes use of healthcare platforms providing discounted prices for payment of prescription and non-prescription drugs or devices and for telehealth and telemedicine services.

Primary Sponsors
Fred Madden, Nilsa Cruz-Perez

Introduction Date: 2023-02-16

Title
Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system.

Primary Sponsors
Vin Gopal, Linda Greenstein

Introduction Date: 2023-06-15

Labels: Medicaid Carve-Out

Title
PRESCRIPTION DRUG AFFORDABILITY BOARD ACT

Primary Sponsors
Pamelya Herndon, Bill Tallman, Jeff Steinborn

Introduction Date: 2023-01-10

Labels: Rx Affordability Board

Title
MAIL-ORDER & COMMUNITY PHARMACY ACCESS

Primary Sponsors
Liz Thomson, Liz Stefanics

Introduction Date: 2023-01-19

Labels: Any willing provider, Mail-order, Patient steering, Provider networks, Reimbursement to PBM-owned pharmacies

Title
PUBLIC PEACE, HEALTH, SAFETY & WELFARE

Primary Sponsors
Liz Thomson

Introduction Date: 2023-02-16

Labels: 340B
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### Title
**PHARMACY BENEFITS CHANGES**

**Primary Sponsors**
Liz Stefanics, Liz Thomson, David Gallegos

**Introduction Date**: 2023-02-16

**Labels**:
- Any willing provider
- Appeal procedure
- Fiduciary duty
- NADAC+
- Patient Protections
- PSAOs
- Quality metrics
- Registration/Licensure
- Reimbursement to PBM-owned pharmacies
- Retroactive claims adjustments
- Transparency and Disclosure

### Title
**COST-SHARING CONTRIBUTIONS FOR PRESCRIPTIONS**

**Primary Sponsors**
Liz Stefanics, Liz Thomson

**Introduction Date**: 2023-01-18

**Labels**:
- Co-pay accumulator
- Patient Protections

### Title
**PHARMACY BENEFIT MANAGER RESTRICTIONS**

**Primary Sponsors**
David Gallegos

**Introduction Date**: 2023-02-16

**Labels**:
- Any willing provider
- Appeal procedure
- Provider networks

### Title
Revises provisions governing prescription drugs. (BDR 57-652)

**Description**
AN ACT relating to prescription drugs; prohibiting certain pharmacy benefit managers and health carriers from taking certain actions against entities that participate in a federal program to facilitate the discounted purchase of prescription drugs; prohibiting a program administered by the Department of Health and Human Services to provide therapeutics to persons with human immunodeficiency virus from taking similar actions; imposing certain limitations on the use of money available to administer the program to provide therapeutics to persons with human immunodeficiency virus; and providing other matters properly relating thereto.

**Primary Sponsors**
House Committee on Health and Human Services

**Introduction Date**: 2023-03-27

**Labels**:
- 340B
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**Title**
Revises provisions relating to pharmacy benefit managers. (BDR 57-330)

**Description**
AN ACT relating to insurance; imposing certain requirements concerning the income generated by a pharmacy benefit manager; imposing a fiduciary duty upon a pharmacy benefit manager toward certain third parties; prohibiting a pharmacy benefit manager from engaging in certain activities or implementing certain policies or practices; requiring a pharmacy benefit manager to submit to certain audits; imposing certain fees upon a pharmacy benefit manager; and providing other matters properly relating thereto.

**Primary Sponsors**
House Committee on Commerce and Labor

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**Title**
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 superintendent of any proposed increase of the wholesale acquisition cost of such prescription drugs.

**Primary Sponsors**
Dan Rosenthal

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<th>State</th>
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**Title**
Provides for patient prescription pricing transparency; repealer

**Description**
Provides for patient prescription pricing transparency; requires certain insurers or pharmacy benefit managers to furnish required cost, benefit and coverage data upon request of the insured, the insured's health care provider or an authorized third party.

**Primary Sponsors**
John McDonald
Title
Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2023-2024 state fiscal year.

Description
Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2023-2024 state fiscal year; relates to the year to year rate of growth of Department of Health state funds and Medicaid funding, relating to the state Medicaid spending cap and related processes (Part A); extends various provisions of laws relating to the provision of health care services, administration and programs (Part B); extends certain provisions of law relating to the health care reform act; extends provisions relating to the distribution of pool allocations and graduate medical education; extends provisions relating to health care initiative pool distributions; extends payment provisions for general hospitals; extends provisions relating to assessments on covered lives (Part C); extends the voluntary indigent care pool; establishes the definition of rural emergency hospital; expands eligibility for vital access provider assurance program funding; relates to Medicaid payments for the operating component of hospital inpatient services and hospital outpatient services (Part E); extends certain provisions of law relating to malpractice and professional medical conduct (Part F); relates to lowering the income threshold for eligibility to participate in private pay protocols for programs and services administered by the office for the aging (Part G); establishes the 1332 state innovation program; defines 1332 state innovation plan and state innovation plan individual; creates the 1332 state innovation fund; makes related provisions (Part H); extends authority to enroll certain recipients in need of more than 120 days of community based-long term care in a managed long term care plan; extends the moratorium on the processing and approval of applications seeking a certificate of authority as a managed long term care plan; provides for performance standards for managed long term care plans; provides for an additional increase in Medicaid payments made for the operating component of residential health care facilities services in addition to the increase provided by Part I of Chapter 57 of the laws of 2022 (Part I); authorizes Medicaid eligibility for certain services provided to individuals who are in a correctional institution, and for certain services provided to individuals who are in an institution for mental disease (Part K); relates to site of service clinical review for determining whether a non-urgent outpatient medical procedures and surgeries procedure will be covered when rendered by a network participating provider at a hospital-based outpatient clinic (Part L); relates to the review and oversight of material transactions (Part M); expands the Medicaid Buy-In program for people with disabilities (Part N); creates the s... (click bill link to see more).

Primary Sponsors
Joint 2016 General Budget Conference Committee
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<tr>
<th>Title</th>
<th>Description</th>
<th>Primary Sponsors</th>
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<tr>
<td><strong>Relates to reducing pharmacy benefit manager costs</strong></td>
<td>Relates to reducing pharmacy benefit manager costs; defines &quot;pharmacy benefit manager&quot;.</td>
<td>David Weprin</td>
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<tr>
<td><strong>Establishes the prescription drug supply chain transparency act of 2023</strong></td>
<td>Establishes the prescription drug supply chain transparency act of 2023; requires pharmacy services administrative organizations, pharmacy switch companies and rebate aggregators to register with the insurance department and to provide certain disclosures relating to the ownership and activities of such entities; relates to deposits into the pharmacy benefit manager regulatory fund.</td>
<td>John McDonald</td>
</tr>
<tr>
<td><strong>Relates to establishing the &quot;340B prescription drug anti-discrimination act&quot;</strong></td>
<td>Relates to establishing the &quot;340B prescription drug anti-discrimination act&quot;; prohibits pharmaceutical manufacturers and pharmacy benefit managers from discriminating against covered entities and New York state pharmacies based on participation in the drug discount program authorized by section 340B of the federal public health service act.</td>
<td>Amy Paulin</td>
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</table>
Title
Provides for patient prescription pricing transparency; repealer

Description
Provides for patient prescription pricing transparency; requires certain insurers or pharmacy benefit managers to furnish required cost, benefit and coverage data upon request of the insured, the insured's health care provider or an authorized third party.

Primary Sponsors
Neil Breslin

Title
Relates to reducing pharmacy benefit manager costs

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

Primary Sponsors
James Skoufis
Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2023-2024 state fiscal year.

Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2023-2024 state fiscal year; relates to the year to year rate of growth of Department of Health state funds and Medicaid funding, relating to the state Medicaid spending cap and related processes (Part A); extends various provisions of laws relating to the provision of health care services, administration and programs (Part B); extends certain provisions of law relating to the health care reform act; extends provisions relating to the distribution of pool allocations and graduate medical education; extends provisions relating to health care initiative pool distributions; extends payment provisions for general hospitals; extends provisions relating to assessments on covered lives (Part C); extends the voluntary indigent care pool; establishes the definition of rural emergency hospital; expands eligibility for vital access provider assurance program funding; relates to Medicaid payments for the operating component of hospital inpatient services and hospital outpatient services (Part E); extends certain provisions of law relating to malpractice and professional medical conduct (Part F); relates to lowering the income threshold for eligibility to participate in private pay protocols for programs and services administered by the office for the aging (Part G); establishes the 1332 state innovation program; defines 1332 state innovation plan and state innovation plan individual; creates the 1332 state innovation fund; makes related provisions (Part H); extends authority to enroll certain recipients in need of more than 120 days of community based-long term care in a managed long term care plan; extends the moratorium on the processing and approval of applications seeking a certificate of authority as a managed long term care plan; provides for performance standards for managed long term care plans; provides for an additional increase in Medicaid payments made for the operating component of residential health care facilities services in addition to the increase provided by Part I of Chapter 57 of the laws of 2022 (Part I); authorizes Medicaid eligibility for certain services provided to individuals who are in a correctional institution, and for certain services provided to individuals who are in an institution for mental disease (Part K); relates to site of service clinical review for determining whether a non-urgent outpatient medical procedures and surgeries procedure will be covered when rendered by a network participating provider at a hospital-based outpatient clinic (Part L); relates to the review and oversight of material transactions (Part M); expands the Medicaid Buy-In program for people with disabilities (Part N); creates the s... (click bill link to see more).
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<td>Relates to pharmacy services provided by managed care providers;</td>
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<td>requires pharmacy benefit managers and managed care providers</td>
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<td>to reimburse retail pharmacies for each outpatient drug, at the</td>
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<td>National Average Drug Acquisition Cost (NADAC); repeals related</td>
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<td>provisions.</td>
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<td>Gustavo Rivera</td>
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<td>Establishes the prescription drug supply chain transparency act of</td>
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<td>2023; requires pharmacy services administrative organizations,</td>
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<td>pharmacy switch companies and rebate aggregators to register</td>
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<td>with the insurance department and to provide certain disclosures</td>
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<td>relating to the ownership and activities of such entities; relates</td>
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<td>to deposits into the pharmacy benefit manager regulatory fund.</td>
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<td>Zellnor Myrie</td>
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<td>Relates to reimbursements practices of pharmacy benefit managers</td>
<td>2023-05-18</td>
<td>Protections from under-reimbursement</td>
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<td>Ensures reimbursement practices of pharmacy benefit managers do not</td>
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<td>allow for reimbursement of an amount less than the cost of</td>
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<td>procuring the drugs.</td>
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<td>James Skoufis</td>
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### Pharmacy benefit managers; compliance review; investigative powers; violations, penalties, and hearings; Attorney General; effective date.

**Title**
Pharmacy benefit managers; compliance review; investigative powers; violations, penalties, and hearings; Attorney General; effective date.

**Primary Sponsors**
Dell Kerbs, Greg McCortney

**Introduction Date:** 2023-02-06

**Labels:** PBM enforcement

### Health care; creating the Oklahoma Rebate Pass-Through and PBM Meaningful Transparency Act of 2023; definitions; requirements; effective date.

**Title**
Health care; creating the Oklahoma Rebate Pass-Through and PBM Meaningful Transparency Act of 2023; definitions; requirements; effective date.

**Primary Sponsors**
Kevin Wallace, Jim Montgomery

**Introduction Date:** 2023-02-06

### Pharmaceuticals; prohibiting certain drug plans to refuse dispensing certain drugs under certain circumstances; requiring certain drugs meet certain federal requirements; prohibiting patients from payment of certain fees beyond cost-sharing obligation; establishing penalties. Effective date. Emergency.

**Title**
Pharmaceuticals; prohibiting certain drug plans to refuse dispensing certain drugs under certain circumstances; requiring certain drugs meet certain federal requirements; prohibiting patients from payment of certain fees beyond cost-sharing obligation; establishing penalties. Effective date. Emergency.

**Primary Sponsors**
Jessica Garvin, T.J. Marti

**Introduction Date:** 2023-02-06

**Labels:** White baggings

### Prescription drugs; requiring certain entities to submit certain reports to the Insurance Department; directing Department to electronically publish certain information. Effective date.

**Title**
Prescription drugs; requiring certain entities to submit certain reports to the Insurance Department; directing Department to electronically publish certain information. Effective date.

**Primary Sponsors**
Carri Hicks, Marcus McEntire

**Introduction Date:** 2023-02-06

**Labels:** ERISA, Patient Protections, Rebates, Transparency and Disclosure
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**Title**

Prescription drugs; creating the Access to Lifesaving Medicines Act. Effective date.

**Primary Sponsors**

Carri Hicks

**Introduction Date:** 2023-02-06

**Labels:** Patient Protections, Transparency and Disclosure

---

**Title**

Pharmacy benefits management; modifying provisions and requirements of managers; modifying administration by the Insurance Department. Effective date.

**Primary Sponsors**

Jim Montgomery, Chris Sneed

**Introduction Date:** 2023-02-06

---

**Title**

Prescription drugs; establishing certain requirements relating to drug manufacturing and pricing. Effective date.

**Primary Sponsors**

Carri Hicks

**Introduction Date:** 2023-02-06

---

**Title**

Pharmacy benefits managers; requiring publication of data; establishing regulations and compliance measures. Effective date.

**Primary Sponsors**

Jim Montgomery, Kevin Wallace

**Introduction Date:** 2023-02-06
Title
Relating to regulating third-party insurance plan administrators; creating new provisions; amending ORS 744.700, 744.702, 744.704, 744.720, 744.724, 744.728, 744.730, 744.732, 744.734, 744.736, 744.738 and 744.740; repealing ORS 744.714; and prescribing an effective date.

Description
Removes exemption from regulation by Department of Consumer and Business Services for self-insured plans of insurance operating solely in this state. Provides that insurer is responsible for acts of third party administrators with which insurer contracts for plan administration. Becomes operative on January 2, 2024. Takes effect on 91st day following adjournment sine die.

Introduction Date: 2023-01-09
Labels: ERISA, PBM enforcement

Title
Relating to insurance coverage of prescription drugs; creating new provisions; and amending ORS 646.608 and 735.533.

Description
Prohibits health insurers and pharmacy benefit managers from restricting coverage of physician-administered prescription drugs that are obtained by nonparticipating pharmacies. Designates violation of prohibition as unlawful practice.

Primary Sponsors
Anna Scharf, Bill Hansell

Introduction Date: 2023-01-09
Labels: White baggings

Title
Relating to reimbursing the cost of prescription drugs; amending ORS 735.534 and 743A.062.

Description
Prohibits specified practices by insurers and pharmacy benefit managers in reimbursing cost of prescription drugs.

Primary Sponsors
Anna Scharf, Bill Hansell

Introduction Date: 2023-01-09
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### Title
Relating to pharmacy benefit managers; and declaring an emergency.

### Description
Prohibits pharmacy benefit manager from retroactively denying or reducing payment on claim after adjudication unless pharmacy and pharmacy benefit manager agree that payment was incorrect due to clerical error. Prohibits pharmacy benefit manager from imposing fees on rural pharmacies after point of sale. Requires pharmacy benefit manager, if denying or reducing reimbursement on claim, to provide notice to pharmacy of specific claim that is denied or reduced and explanation for denial or reduction. Declares emergency, effective on passage.

### Primary Sponsors
Christine Goodwin, Bill Hansell, Nancy Nathanson

### Introduction Date:
2023-01-09

### Labels:
- Provider networks

### Title
Relating to prescription drug costs.

### Description
Requires insurers offering health benefit plans and pharmacy benefit managers to provide specified information regarding prescribed drug covered by plan or administered by manager, at time drug is prescribed.

### Primary Sponsors
Rob Nosse

### Introduction Date:
2023-01-09

### Labels:
- Transparency and Disclosure

### Title
Relating to pharmacy benefit managers; creating new provisions; and amending ORS 705.137, 735.530 and 735.533.

### Description
Requires pharmacy benefit managers to annually report specified information to Department of Consumer and Business Services, including costs and rebates of prescription drugs for enrollees. Authorizes civil penalty, or refusal, revocation or suspension of registration, for failing to comply with reporting requirements.

### Primary Sponsors
Nancy Nathanson

### Introduction Date:
2023-01-09

### Labels:
- Transparency and Disclosure
Title
Relating to pharmacy benefits; creating new provisions; amending ORS 646A.694, 735.530, 735.532, 735.533, 735.534, 735.536, 735.540, 735.542 and 743A.062; and declaring an emergency.

Description
Requires pharmacy benefit managers to be licensed by Department of Consumer and Business Services beginning January 1, 2024. Modifies definition of “pharmacy benefit manager” and imposes new requirements on pharmacy benefit managers. Modifies procedures for pharmacy to appeal payment by pharmacy benefit manager on claim for reimbursement. Restricts audits of pharmacy claims for reimbursement. Requires policies or certificates of health insurance and contracts providing for reimbursement of cost of prescription drugs to allow policyholder, certificate holder and beneficiary to select pharmacy or pharmacist for filling prescriptions and prescription renewals, to contract with any pharmacy or pharmacist willing to abide by terms and conditions of policy, certificate or contract. Imposes new requirements with respect to insurance coverage of 340B drugs. Appropriates moneys from General Fund to Department of Consumer and Business Services for purpose of employment assistance in regulation of pharmacy benefit managers. Declares emergency, effective on passage.

Primary Sponsors
Nancy Nathanson, Christine Goodwin

Title
Relating to pharmacy benefit managers; amending ORS 735.536.

Description
Prohibits pharmacy benefit manager, after adjudication of and payment on claim for reimbursement of prescription drug, from recouping reimbursement paid except as part of routine audit, or from imposing retroactive fee on basis that was not determined when claim was adjudicated.

Primary Sponsors
Nancy Nathanson
Title
Relating to prescription drugs; and declaring an emergency.

Description
Prohibits insurers offering policies or certificates of health insurance and pharmacy benefit managers from requiring claim for reimbursement of prescription drug to include modifier or other indicator that drug is 340B drug.] Requires Oregon Health Authority to adopt dispensing fee to be paid to pharmacies and pharmacists dispensing prescription drugs to medical assistance recipients. Sets minimum dispensing fee at $___.] Takes effect on 91st day following adjournment sine die.] Requires Oregon Health Authority, every three years, to conduct survey of retail pharmacies enrolled as providers in state medical assistance program regarding pharmacies' dispensing costs. Requires authority, if adjustments are needed, to request state plan amendment from Centers for Medicare and Medicaid Services to change professional dispensing fee paid to pharmacies participating in state medical assistance program. Declares emergency, effective on passage.

Primary Sponsors
Winsvey Campos

Introduction Date: 2023-01-09
Labels: cost to dispense
### Title

**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**

Judy Ward

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### Title

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

**Primary Sponsors**

Sharif Street

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### Title

**An Act Relating To Insurance -- Control Of High Prescription Costs -- Regulation Of Pharmacy Benefit Managers (Regulates Pbms Policies And Practices Relating To Accurate Costs And Pricing Reporting, Restricts Discriminatory Practices And Establishes Consumer Protections And Enforcement Of Penalties For Violations By The Office Of The Attorney General.)**

**Primary Sponsors**

John Lombardi, Ray Hull, Rebecca Kislak

---

### Title

**An Act Relating To Human Services -- Medical Assistance (Requires The Auditor General To Oversee An Audit Of Medicaid Programs Administered By Managed Care Organizations And Submit A Report Of Such Findings Within Six (6) Months To The General Assembly And Eohhs.)**

**Primary Sponsors**

Julie Casimiro, Thomas Noret, David Bennett, Brandon Potter, David Morales, Michelle McGaw, Megan Cotter, Jennifer Stewart
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**Title**
An Act Relating To Food And Drugs -- Prescription Drug Advisory Board - Group Purchasing Board For Rx We Can Afford (A Prescription Drug Advisory Board Is Created To Evaluate Drug Prices In An Attempt To Make Them More Affordable.)

**Primary Sponsors**
Joseph McNamara, Brandon Potter, Susan Donovan, Megan Cotter, David Morales

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**Title**
An Act Relating To Insurance -- Accident And Sickness Insurance Policies (Prohibits Healthcare Entities From Interfering With A Patient'S Right To Choose To Obtain A Clinician-Administered Drug From Their Provider Or Pharmacy Of Choice.)

**Primary Sponsors**
Justine Caldwell, Julie Casimiro

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**Title**
An Act Relating To State Affairs And Government -- Office Of Health And Human Services (Prohibits The Executive Office Of Health And Human Services From Entering Into Manage Care Organization (Mco) Contracts That Permit Managed Care Organizations To Contract With Pharmacy Benefit Managers (Pbm).)

**Primary Sponsors**
Joseph Solomon, Enrique Sanchez, Brandon Potter, David Morales, Camille Vella-Wilkinson
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**Title**

An Act Relating To Insurance -- Prescription Drug Benefits (Includes Any Costs Paid By An Enrollee Or On Behalf Of The Enrollee By A Third Party When Calculating An Enrollee'S Overall Contribution To Any Out-Of-Pocket Maximum Or Cost Sharing Requirement Under A Health Plan As Of January 1, 2024.)

**Primary Sponsors**

Mia Ackerman, Tina Spears, David Bennett, Brian Kennedy, Katherine Kazarian, Ray Hull, Jay Edwards, Patricia Serpa, Joseph McNamara, Mary Messier

**Introduction Date:** 2023-03-17

**Labels:** Co-pay accumulator

---

An Act Relating To Insurance -- Control Of High Prescription Costs -- Regulation Of Pharmacy Benefit Managers (Regulates Pbms Policies And Practices Relating To Accurate Costs And Pricing Reporting, Restricts Discriminatory Practices And Establishes Consumer Protections And Enforcement Of Penalties For Violations By The Office Of The Attorney General.)

**Primary Sponsors**

Linda Ujifusa, Bridget Valverde, Ana Quezada, Alana DiMario, Melissa Murray, Tiara Mack, Joshua Miller, Sue Sosnowski, Pamela Lauria, Sam Bell

**Introduction Date:** 2023-02-01

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An Act Relating To Insurance -- Prescription Drug Benefits (Includes Any Costs Paid By An Enrollee Or On Behalf Of The Enrollee By A Third Party When Calculating An Enrollee'S Overall Contribution To Any Out-Of-Pocket Maximum Or Cost Sharing Requirement Under A Health Plan As Of January 1, 2024.)

**Primary Sponsors**

Maryellen Goodwin, Joshua Miller

**Introduction Date:** 2023-03-23

**Labels:** Co-pay accumulator
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Pharmacy Benefits

A Bill To Amend The South Carolina Code Of Laws By Adding Sections 38-71-292 And 38-71-820 Both So As To Define Terms And Outline The Applicability And Requirements For Cost Sharing For Insurers; By Adding Section 38-71-2270 So As To Define Terms And Outline The Applicability And Requirements For Cost Sharing For Pharmacy Benefit Managers; And By Amending Section 38-71-2200, Relating To Definitions, So As To Make Conforming Changes.

Primary Sponsors
Pat Moore Henegan

Introduction Date: 2023-01-11
Labels: ERISA

Pharmacy benefits

An Act To Amend The South Carolina Code Of Laws By Amending Article 18 Of Chapter 71, Title 38, Relating To Pharmacy Audit Rights, So As To Expand The Rights And Duties Of Pharmacies During Audits; By Amending Article 21 Of Chapter 71, Title 38, Relating To Pharmacy Benefits Managers, So As To Define Terms And Make Conforming Changes; By Adding Article 23 To Chapter 71, Title 38 So As To Define Terms And Outline Responsibilities And Duties Of Pharmacy Services Administrative Organizations; And By Repealing Section 38-71-147 Relating To Freedom Of Selection And Participation In Health Insurance Policies Or Health Maintenance Organization Plans. - Ratified Title

Primary Sponsors
Nikki Setzler

Introduction Date: 2023-02-09
Labels: external review, Fair Pharmacy Audits, Patient steering, PBM enforcement, PSAOs

Provide for transparency in the pricing of prescription drugs.

Primary Sponsors
Mike Diedrich, Mike Weisgram

Introduction Date: 2023-01-25
Insurance Companies, Agents, Brokers, Policies - As introduced, extends from two weeks to 30 days the period of time a pharmacist or pharmacy must be provided written notice prior to a covered entity, pharmacy benefits manager, the state or a political subdivision of the state, or a party representing such entity begins an initial on-site audit for an audit cycle. - Amends TCA Title 4; Title 10, Chapter 7; Title 56; Title 63 and Title 71.

Abstract summarizes the bill.

Primary Sponsors
Iris Rudder

Title
Finance and Administration, Dept. of - As introduced, requires the commissioner, or the commissioner's designee, to provide the annual report on the pharmacy benefits manager's compliance with any state pharmacy benefits management contract to the chairs of the commerce and labor committee of the senate and the insurance committee of the house of representatives. - Amends TCA Title 4; Title 10, Chapter 7, Part 5; Title 38; Title 56; Title 63 and Title 71.

Abstract summarizes the bill.

Primary Sponsors
Esther Helton-Haynes
Insurance Companies, Agents, Brokers, Policies - As introduced, extends from two weeks to 30 days the period of time a pharmacist or pharmacy must be provided written notice prior to a covered entity, pharmacy benefits manager, the state or a political subdivision of the state, or a party representing such entity begins an initial on-site audit for an audit cycle. - Amends TCA Title 4; Title 10, Chapter 7; Title 56; Title 63 and Title 71.

Description
Abstract summarizes the bill.

Primary Sponsors
Shane Reeves

Title and Administration, Dept. of - As introduced, requires the commissioner, or the commissioner's designee, to provide the annual report on the pharmacy benefits manager's compliance with any state pharmacy benefits management contract to the chairs of the commerce and labor committee of the senate and the insurance committee of the house of representatives. - Amends TCA Title 4; Title 10, Chapter 7, Part 5; Title 38; Title 56; Title 63 and Title 71.

Description
Abstract summarizes the bill.

Primary Sponsors
Shane Reeves

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.

Primary Sponsors
Four Price, Ryan Guillen, Steve Allison, Tom Oliverson, Charles Schwertner
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 TX  State: TX  Bill Number: HB 1647  Last Action: Effective On 9 1 23 2023 06 09  Status: Enacted  Priority: None  Position: None

 TX  State: TX  Bill Number: HB 1701  Last Action: Referred To Judiciary Civil Jurisprudence 2023 03 07  Status: Failed sine die  Priority: None  Position: None

 TX  State: TX  Bill Number: HB 1754  Last Action: Laid On The Table Subject To Call 2023 05 09  Status: Failed sine die  Priority: None  Position: None

 TX  State: TX  Bill Number: HB 2021  Last Action: Left Pending In Committee 2023 03 21  Status: Failed sine die  Priority: None  Position: None
Title
Relating to the application of prescription drug price rebates to reduce health benefit plan enrollee cost sharing.

Primary Sponsors
Cody Harris, Sam Harless, Jacey Jetton

Introduction Date: 2023-02-10

Title
Relating to limitations on use of certain pharmacy benefit managers.

Primary Sponsors
James Frank

Introduction Date: 2023-03-03

Title
Relating to the application of prescription drug price reductions; imposing a civil penalty.

Primary Sponsors
Brian Harrison

Introduction Date: 2023-03-09

Labels: Patient Protections, PBM enforcement, Rebates

Transparency and Disclosure

Title
Relating to the Texas Pharmaceutical Initiative and a governing board and advisory council for the initiative.

Primary Sponsors
Greg Bonnen, James Frank, Tom Oliverson, Lois Kolkhorst

Introduction Date: 2023-03-10

Labels: Drug manufacturing, Single PBM

Title
Relating to the disclosure of certain prescription drug information by a health benefit plan.

Primary Sponsors
Tan Parker, John Smithee

Introduction Date: 2023-01-26

Labels: Adjudication fees, Gag clause

Patient Protections
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**Title**

- Relating to applicability of certain insurance laws to pharmacy benefit managers.
- Relating to health benefit plan coverage of clinician-administered drugs.
- Relating to the creation, management, and administration of the Texas Pharmaceutical Initiative.
- State Agency Fees and Internal Service Fund Rate Authorization and Appropriations
- Prescription Cost Amendments

**Primary Sponsors**

- Charles Schwertner
- Charles Schwertner
- Lois Kolkhorst
- Don Ipson, Robert Spendlove
- Curt Bramble, Karianne Lisonbee

**Introduction Date**

- 2023-02-23
- 2023-02-23
- 2023-03-10
- 2023-01-17
- 2023-02-07

**Labels**

- ERISA
- White baggings
- Drug manufacturing, Single PBM
- Patient Protections
Title
State health plan; insulin discount program, cost sharing for insulin.

Description
State health plan; insulin discount program; health insurance; cost sharing for insulin. Requires the state health plan established by the Department of Human Resource Management to offer an insulin discount program that allows individuals other than state employees to purchase insulin at a discounted, post-rebate price. The bill requires the insulin discount program to (i) allow a participant to purchase insulin at a discounted, post-rebate price; (ii) provide a participant with a card or electronic document that identifies the participant as eligible for the discount; (iii) provide a participant with information about pharmacies that will honor the discount; and (iv) provide a participant with instructions to pursue a reimbursement of the purchase price from the participant's carrier. The bill requires the discount program to charge a price for insulin that allows the program to retain only enough of any rebate for the insulin to make the state risk pool whole for providing discounted insulin to participants.

Primary Sponsors
Dawn Adams
Title
Health insurance; carrier contracts, carrier provision of certain prescription drug information.

Description
Health insurance; carrier disclosure of certain information.
Requires each health insurance carrier, beginning July 1, 2025, to establish and maintain an online process that (i) links directly to e-prescribing systems and electronic health record systems that utilize the National Council for Prescription Drug Programs SCRIPT standard; (ii) can accept electronic prior authorization requests from a provider; (iii) can approve electronic prior authorization requests for which no additional information is needed by the carrier to process the prior authorization request, no clinical review is required, and that meet the carrier’s criteria for approval; and (iv) otherwise meets the requirements of the relevant Code of Virginia section. The bill prohibits a carrier from (a) imposing a charge or fee on a participating health care provider for accessing the required online process required or (b) accessing, absent provider consent, provider data via the online process other than for the enrollee. The bill requires participating health care providers, beginning July 1, 2025, to ensure that any e-prescribing system or electronic health record system owned by or contracted for the provider to maintain an enrollee’s health record has the ability to access the electronic prior authorization process established by a carrier and real-time cost information data for a covered prescription drug made available by a carrier. The bill provides that a provider may request a waiver of compliance for undue hardship for a period not to exceed 12 months. The bill requires any carrier or its pharmacy benefits manager to provide real-time cost information data to enrollees and contracted providers for a covered prescription drug, including any cost-sharing requirement or prior authorization requirements, and to ensure that the data is accurate. The bill requires that such cost information data is available to the provider in a format that a provider can access and understand such as through the provider’s e-prescribing system or electronic health record system for which the carrier or pharmacy benefits manager or its designated subcontractor has adopted that utilizes the National Council for Prescription Drug Programs SCRIPT standard from which the provider makes the request.

Primary Sponsors
Buddy Fowler
Title
Wholesale prescription drug importation program; Sec. of Health and Human Resources to establish.

Description
Secretary of Health and Human Resources; wholesale prescription drug importation program. Directs the Secretary of Health and Human Resources (the Secretary) to establish a wholesale prescription drug importation program that complies with the requirements of federal law and to report annually by October 1 to the Governor and the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions and the Senate Committees on Finance and Appropriations and Education and Health on the wholesale prescription drug importation program. The bill also requires the Secretary to (i) convene a workgroup composed of relevant stakeholders to develop a plan for implementation of the wholesale prescription drug importation program and report the plan to the Governor and the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions and the Senate Committees on Finance and Appropriations and Education and Health by December 1, 2022, and (ii) seek such federal approvals, waivers, exemptions, or agreements as may be necessary to enable all covered entities enrolled in or eligible for the federal 340B Drug Pricing Program to participate in the wholesale prescription drug importation program to the greatest extent possible without jeopardizing their eligibility for the 340B Drug Pricing Program by July 1, 2023.

Primary Sponsors
Suhas Subramanyam
Title
Health insurance; retail community pharmacies.

Description
Health insurance; retail community pharmacies. Requires a carrier to administer its health benefit plans in a manner consistent with certain requirements and to include such requirements in its provider contracts addressing the provision of pharmacy benefits management. The bill provides that (i) a covered individual is permitted to fill any mail order-covered prescription, at the covered individual's option, at any mail order pharmacy or network participating retail community pharmacy under certain conditions; (ii) the carrier or pharmacy benefits manager is prohibited from imposing a differential copayment, additional fee, rebate, bonus, or other condition on any covered individual who elects to fill his prescription at an in-network retail community pharmacy that is not similarly imposed on covered individuals electing to fill a prescription from a mail order pharmacy; and (iii) the pharmacy benefits manager is required to expressly disclose to the carrier in the contract if the pharmacy benefits manager retains all or a greater portion of a drug manufacturer's rebate amount or any additional direct or indirect remuneration from any third party for drugs dispensed through the pharmacy benefits manager-owned mail order pharmacy than the pharmacy benefits manager does for drugs dispensed through a retail community pharmacy. The bill also removes the exemption for a self-insured or self-funded employee welfare benefit plan under provisions regulating pharmacy benefits managers.

Primary Sponsors
Israel O'Quinn

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Title
Employee health insurance; pharmacy benefits, reverse auction process.

Description
Department of Human Resource Management; employee health insurance; pharmacy benefits; reverse auction process. Directs the Department of Human Resource Management to utilize a reverse auction process to award pharmacy benefit manager contracts for pharmacy benefits offered under the state employee health insurance plan.

Primary Sponsors
Sally Hudson
Title
Health insurance; retail community pharmacies.

Description
Health insurance; retail community pharmacies. Requires a carrier to administer its health benefit plans in a manner consistent with certain requirements and to include such requirements in its provider contracts addressing the provision of pharmacy benefits management. The bill provides that (i) a covered individual is permitted to fill any mail order-covered prescription, at the covered individual's option, at any mail order pharmacy or network participating retail community pharmacy under certain conditions; (ii) the carrier or pharmacy benefits manager is prohibited from imposing a differential copayment, additional fee, rebate, bonus, or other condition on any covered individual who elects to fill his prescription at an in-network retail community pharmacy that is not similarly imposed on covered individuals electing to fill a prescription from a mail order pharmacy; and (iii) the pharmacy benefits manager is required to expressly disclose to the carrier in the contract if the pharmacy benefits manager retains all or a greater portion of a drug manufacturer's rebate amount or any additional direct or indirect remuneration from any third party for drugs dispensed through the pharmacy benefits manager-owned mail order pharmacy than the pharmacy benefits manager does for drugs dispensed through a retail community pharmacy. The bill also removes the exemption for a self-insured or self-funded employee welfare benefit plan under provisions regulating pharmacy benefits managers.

Primary Sponsors
Keith Hodges

Introduction Date: 2022-01-12
Title
Health insurance; discrimination prohibited against covered entities and contract pharmacies.

Description
Health insurance; discrimination prohibited against covered entities and contract pharmacies. Prohibits carriers and pharmacy benefits managers from discriminating in the requirements, exclusions, terms, or other conditions imposed on a covered entity or contract pharmacy on the basis that the entity or pharmacy is operating under the 340B Program of the federal Public Health Service Act. Such prohibition does not (i) apply to drugs with an annual estimated per-patient cost exceeding $250,000 or (ii) prohibit the identification of a 340B reimbursement request. The bill also prohibits a carrier or pharmacy benefits manager from interfering in a covered individual's right to choose a contract pharmacy or covered entity.

Primary Sponsors
Howard Otto Wachsmann

Title
Prescription Drug Affordability Board and Fund; established, report, drug cost affordability review.

Description
Prescription Drug Affordability Board and Fund established; drug cost affordability review. Establishes the Prescription Drug Affordability Board for the purpose of protecting the citizens of the Commonwealth, state and local governments, commercial health plans, health care providers, pharmacies licensed in the Commonwealth, and other stakeholders within the health care system from the high costs of prescription drug products.

Primary Sponsors
Karrie Delaney
**Title**
Health insurance; pharmacy benefits managers, employee welfare benefit plans.

**Description**
Health insurance; pharmacy benefits managers; employee welfare benefit plans. Provides that entities providing or administering self-insured or self-funded employee welfare benefit plans are subject to provisions related to pharmacy benefits management, including certain prohibited conduct and recordkeeping requirements.

**Primary Sponsors**
Keith Hodges

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**Title**
Pharmacy benefits managers; frequency of required report.

**Description**
Pharmacy benefits managers; frequency of required report. Changes the frequency of which a carrier or its pharmacy benefits manager is required to report certain information to the Commissioner of Insurance. The bill provides that the report is to be filed quarterly through the period ending December 31, 2022, and is to be filed by March 31 of each year on a calendar year basis thereafter. Under current law, the report is required quarterly indefinitely.

**Primary Sponsors**
Richard Stuart
**Title**
Prescription Drug Affordability Board; established, drug cost affordability review, report.

**Description**
Prescription Drug Affordability Board; established; drug cost affordability review. Establishes the Prescription Drug Affordability Review Board for the purpose of protecting state residents, state and local governments, commercial health plans, health care providers, pharmacies licensed in the Commonwealth, and other stakeholders within the health care system from the high costs of prescription drug products.

**Primary Sponsors**
Chap Petersen

**Introduction Date:** 2022-01-11

**Labels:** Rx Affordability Board
Health insurance; carrier contracts, carrier provision of certain prescription drug information.

Description
Health insurance; carrier disclosure of certain information.
Requires each health insurance carrier, beginning July 1, 2025, to establish and maintain an online process that (i) links directly to e-prescribing systems and electronic health record systems that utilize the National Council for Prescription Drug Programs SCRIPT standard; (ii) can accept electronic prior authorization requests from a provider; (iii) can approve electronic prior authorization requests for which no additional information is needed by the carrier to process the prior authorization request, no clinical review is required, and that meet the carrier’s criteria for approval; and (iv) otherwise meets the requirements of the relevant Code of Virginia section. The bill prohibits a carrier from (a) imposing a charge or fee on a participating health care provider for accessing the required online process required or (b) accessing, absent provider consent, provider data via the online process other than for the enrollee. The bill requires participating health care providers, beginning July 1, 2025, to ensure that any e-prescribing system or electronic health record system owned by or contracted for the provider to maintain an enrollee’s health record has the ability to access the electronic prior authorization process established by a carrier and real-time cost information data for a covered prescription drug made available by a carrier. The bill provides that a provider may request a waiver of compliance for undue hardship for a period not to exceed 12 months. The bill requires any carrier or its pharmacy benefits manager to provide real-time cost information data to enrollees and contracted providers for a covered prescription drug, including any cost-sharing requirement or prior authorization requirements, and to ensure that the data is accurate. The bill requires that such cost information data is available to the provider in a format that a provider can access and understand such as through the provider's e-prescribing system or electronic health record system for which the carrier or pharmacy benefits manager or its designated subcontractor has adopted that utilizes the National Council for Prescription Drug Programs SCRIPT standard from which the provider makes the request. The bill requires the State Corporation Commission's Bureau of Insurance (the Bureau) to, in coordination with the Secretary of Health and Human Resources, establish a work group to evaluate and make recommendations to modify the process for prior authorization for drug benefits in order to maximize efficiency and minimize delays that include a single standardized process and any recommendations for necessary statutory or regulatory changes. The bill requires the work group to include relevant stakeholders,... (click bill link to see more).

Primary Sponsors
Siobhan Dunnnavant
### Title
Prescription Drug Affordability Board and Fund; established, drug cost affordability review, etc.

### Description
Prescription Drug Affordability Board and Fund established; drug cost affordability review. Establishes the Prescription Drug Affordability Board for the purpose of protecting the citizens of the Commonwealth and other stakeholders within the health care system from the high costs of prescription drug products.

### Primary Sponsors
Chap Petersen

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### Title
Health insurance; pharmacy benefits managers, employee welfare benefit plans.

### Description
Health insurance; pharmacy benefits managers; employee welfare benefit plans. Provides that entities providing or administering self-insured or self-funded employee welfare benefit plans are subject to provisions related to pharmacy benefits management, including certain prohibited conduct and recordkeeping requirements.

### Primary Sponsors
John Edwards
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**Title**

Health insurance; ensuring fairness in cost-sharing.

**Description**

Health insurance; ensuring fairness in cost-sharing. Amends provisions related to rebates provided by carriers and health benefit plans to health plan enrollees by defining defined cost-sharing, price protection rebates, and pharmacy benefits management services. The bill requires that an enrollee's defined cost-sharing for each prescription drug shall be calculated at the point of sale based on a price that is reduced by an amount equal to at least 80 percent of all rebates received or expected to be received in connection with the dispensing or administration of the prescription drug.

**Primary Sponsors**

Monty Mason

**Introduction Date:** 2023-01-11

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**Title**

An act relating to pharmacy benefit management and Medicaid wholesale drug distribution

**Primary Sponsors**

Mari Cordes

**Introduction Date:** 2023-02-14

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**Title**

An act relating to pay parity and transparency in health care

**Primary Sponsors**

Ginny Lyons

**Introduction Date:** 2023-04-27

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**Title**

Concerning pharmacy benefit managers.

**Primary Sponsors**

Monica Stonier

**Introduction Date:** 2023-01-12
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**Title**
Amending the prescription drug affordability board.

**Primary Sponsors**
Marcus Riccelli

**Introduction Date:** 2023-01-12
**Labels:** Rx Affordability Board

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**Title**
Concerning cost-sharing fairness.

**Primary Sponsors**
Marcus Riccelli

**Introduction Date:** 2023-01-20

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**Title**
Concerning pharmacy benefit managers.

**Primary Sponsors**
Patty Kuderer

**Introduction Date:** 2023-01-10
**Labels:** Mail-order, PBM enforcement, Pharmacy Reimbursements, Rebates, Registration/Licensure, Transparency and Disclosure

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**Title**
Concerning cost-sharing fairness.

**Primary Sponsors**
Ann Rivers

**Introduction Date:** 2023-01-18

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**Title**
state finances and appropriations, constituting the executive budget act of the 2023 legislature. (FE)

**Description**
An Act;

**Primary Sponsors**
Governor Tony Evers, Joint Finance Committee

**Introduction Date:** 2023-02-15
**Labels:** Drug Importation, Fiduciary duty, PSAOs, Rx Affordability Board
Title
application of prescription drug payments to health insurance cost-sharing requirements.

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, David Armstrong, Lisa Subeck, Elijah Behnke, Scott Krug, Dave Murphy, Jeff Mursau, Donna Rozar, Michael Schraa, Clinton Anderson, Jimmy Anderson, Samba Baldeh, Mike Bare, Rob Brooks, Marisabel Cabrera, Dora Drake, Chanz Green, Rick Gundrum, Jenna Jacobson, Alex Joers, Jerry O'Connor, Tod Ohnstad, Melissa Ratcliff, Jessie Rodriguez, Peter Schmidt, Ellen Schutt, Katrina Shankland, Christine Sinicki, John Spiros, Shelia Stubbs, Chuck Wichgers, Ryan Clancy, Darrin Madison

Introduction Date: 2023-03-14
Labels: Co-pay accumulator

Title
State finances and appropriations, constituting the executive budget act of the 2023 legislature. (FE)

Description
An Act;

Primary Sponsors
Governor Tony Evers, Joint Finance Committee

Introduction Date: 2023-02-15
Labels: Fiduciary duty PSAOs Rx Affordability Board

Title
application of prescription drug payments to health insurance cost-sharing requirements.

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
Andre Jacque, Van Wanggaard, Tim Carpenter, Jesse James, Rachael Cabrall-Guevara, LaTonya Johnson, Chris Larson, Romaine Quinn, Kelda Roys, Lena Taylor

Introduction Date: 2023-03-01
Labels: Co-pay accumulator
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**Title**

**Authorizing the Insurance Commission to promulgate a legislative rule relating to pharmacy auditing entities and pharmacy benefit managers**

**Primary Sponsors**

Geoff Foster

**Introduction Date:** 2023-01-17

**Labels:** PBM enforcement

**Title**

**Authorizing Insurance Commission to promulgate legislative rule relating to pharmacy auditing entities and pharmacy benefit managers**

**Primary Sponsors**

Jack Woodrum

**Introduction Date:** 2023-01-20

**Labels:** PBM enforcement

**Title**

**Removing decrease in amount of certain benefits PEIA employees are entitled to at 65**

**Primary Sponsors**

Eric Nelson

**Introduction Date:** 2023-01-31

**Title**

**Providing that pharmacy may decline to dispense prescription drug where reimbursement is less than pharmacy’s cost**

**Primary Sponsors**

Mike Maroney

**Introduction Date:** 2023-02-03

**Labels:** Protections from under-reimbursement

Transparency and Disclosure
Title
Pharmacy benefit manager act enhancements.

Description
AN ACT relating to pharmacy benefit managers; requiring reporting on pharmacy benefit manager audits; regulating the conduct of pharmacy benefit managers; providing monetary reimbursement level requirements; amending provisions governing pharmacy benefit manager audits; requiring fee transparency; amending provisions governing maximum allowable cost appeals; regulating pharmacy benefit managers regarding the state employees' and officials' group insurance program; allowing groups to contract with insurers, preferred provider organizations or health maintenance organizations as specified; clarifying application of the Health Care Reimbursement Reform Act of 1985 to pharmacy benefit managers; providing definitions; making conforming amendments; repealing unnecessary definitions; requiring rulemaking; amending rulemaking authority; authorizing positions; providing appropriations; and providing for effective dates.

Primary Sponsors
Dalton Banks

Title
Wyoming prescription drug transparency act.

Description
AN ACT relating to the insurance code; prohibiting specified actions by pharmacy benefit managers; allowing individuals to choose in network retail pharmacies as specified; providing definitions; excluding certain claims as specified; amending a definition; requiring pharmacy benefit managers to provide contact information as specified; amending the process for when a maximum allowable cost appeal is denied; requiring pharmacy benefit managers to allow pharmacies to file appeals in electronic batch formats; requiring pharmacy benefit managers to reimburse pharmacies as specified; authorizing pharmacies to decline to provide pharmacy services as specified; making conforming amendments; requiring rulemaking; providing appropriations; and providing for effective dates.

Primary Sponsors
Lynn Hutchings