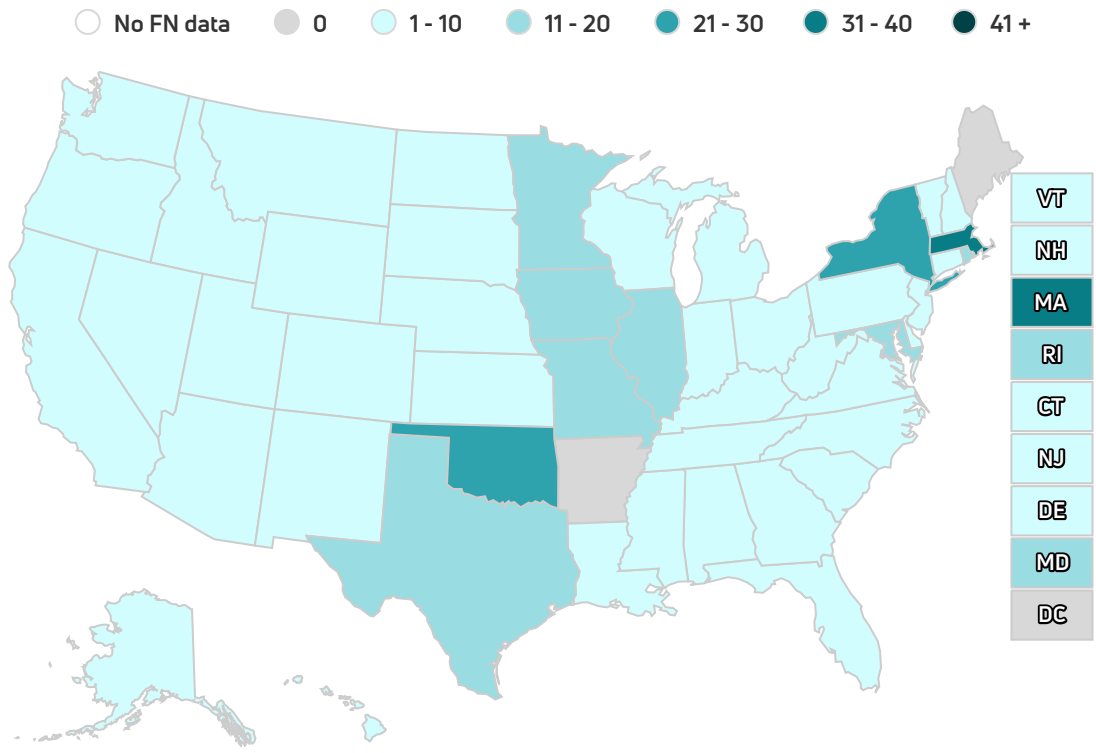


PBM Reform Legislation

US Policy Map

You are tracking **0 US-Federal Bills** and **0 US-Federal Regulations**. You're also following state data as detailed below.



H

PBM Reform Bills 327 Bills

NV BDR 534

Title: Revises provisions relating to pharmacy benefit managers.

Current Status: Status Currently Unavailable

Location: US-NV

CA SB 966 High Priority 👍 Support

Title: Pharmacy benefits.

Current Status: Vetoed


Introduction Date: 2024-01-24

Last Action Date: In Senate. Consideration of Governor's veto pending.. 2024-09-28

Description: SB 966, Wiener. Pharmacy benefits. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (the Knox-Keene Act), a violation of which is a crime, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Knox-Keene Act 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. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would additionally require a pharmacy benefit manager, as defined, to apply for a license from the Department of Insurance to operate as a pharmacy benefit manager no later than January 1, 2027. The bill would establish application qualifications and requirements, and would require initial license and renewal fees to be collected into the newly created Pharmacy Benefit Manager Account in the Insurance Fund, to be available to the department for use, upon appropriation by the Legislature, as specified, for costs related to licensing and regulating pharmacy benefit managers. This bill would require a pharmacy benefit manager to file with the department at specified annual intervals 2 reports, one of which discloses product benefits specific to the purchaser, and the other of which includes information about categories of drugs and the pharmacy benefit manager's contracts and revenues. The bill would specify that the contents of the reports are not to be disclosed to the public. The bill would require the department, at specified annual intervals, to prepare 2 reports based on the reports submitted by pharmacy benefit managers, and would require the department to post its reports on the department's internet website. This bill would impose specified duties on pharmacy benefit managers and requirements for pharmacy benefit manager services and pharmacy benefit manager contracts. The bill would require a pharmacy benefit manager to disclose to the Department of Insurance all types of fees it receives and how the fees are calculated. The bill would make a violation of the above-specified provisions subject to specified civil penalties. The bill would establish various filing and service requirements when a proceeding is brought for a violation of specified requirements by a pharmacy benefit manager. The bill would create the Pharmacy Benefit Manager Fines and Penalties Account in the General Fund, into which fines and administrative penalties would be deposited. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certain limitations on cost sharing and the placement of drugs on formularies. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price, and requires that payment apply to the applicable deductible. Existing law requires a plan or insurer that reports rate information to report specified prescription drug information to the relevant department no later than October 1 of each year. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides prescription drug coverage from calculating an enrollee's or insured's cost sharing at an amount that exceeds the actual rate paid for the

prescription drug, and would require a health care service plan contract to include specified cost-sharing provisions. The bill would require a plan or insurer to include additional information in its annual prescription drug data reporting, including the aggregate amount of rebates received by the pharmacy benefit manager for each drug. By expanding the scope of a crime under the Knox-Keene Act, the bill would impose a state-mandated local program. This bill would declare that it would not narrow, abrogate, or otherwise alter the authority of the Attorney General to maintain or restore competitive, fair, and honest markets and prosecute state and federal antitrust and unfair competition violations, among other violations, and would declare that the provisions of this bill are severable. 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. 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.

Location: US-CA


 Registration/Licen...

 Transparency and ...


 Accreditation requi...

 Reimbursement to ...

 retaliation

 PBM enforcement

 Spread pricing

 Patient steering

NY S 9040

Title: Relates to prohibited practices of pharmacy benefit managers

Current Status: Enacted

Introduction Date: 2024-06-06

Last Action Date: SIGNED CHAP.396. 2024-09-27

Description: Prohibits pharmacy benefit managers from penalizing pharmacies for providing customers certain information relating to the costs of prescription medications and services.

Location: US-NY

 Gag clause

AK HB 226

High Priority

 Support

Title: "An Act relating to insurance; relating to pharmacy benefits managers; relating to dispensing fees; and providing for an effective date."

Current Status: Enacted


Introduction Date: 2024-01-16


Last Action Date: (H) EFFECTIVE DATE(S) OF LAW SEE CHAPTER. 2024-09-24

Location: US-AK

 Transparency and ...

 Any willing provider

 Reimbursement to ...

 Adjudication fees

 Patient steering

 White bagging

DE HB 383

Title: AN ACT TO AMEND TITLES 18 AND 24 OF THE DELAWARE CODE RELATING TO PROHIBITING DISCRIMINATION AGAINST 340B DRUGS AND COVERED ENTITIES BY MANUFACTURERS AND PHARMACY BENEFITS MANAGERS.

Current Status: Enacted

Introduction Date: 2024-05-02

Last Action Date: HS 1 for HB 383 - Signed by Governor. 2024-09-23

Description: Section 1 of this Act prohibits discrimination against 340B drug distribution by manufacturers, repackagers, third-party logistics providers, and wholesalers. Violations are deemed an unlawful practice enforceable by the Consumer Protection Unit of the Department of Justice. The Department of Justice has authority to promulgate regulations under this section. The Board of Pharmacy may take disciplinary action against licensees based on the outcome of investigations or proceedings brought by the Department of Justice. Section 2 of this Act prohibits discrimination by pharmacy benefits managers against 340B covered entities. Violations are deemed unfair practices in the insurance business. Contracts purporting to include provisions in violation of this Act are deemed void and unenforceable. Section 3 of this Act contains severability language in the event that any provision or the application of the Act to a person or circumstance is deemed to be invalid. Section 4 of this Act contains non-preemption language to ensure that the Act can be read and interpreted to not conflict with other State or federal law.

Location: US-DE

 340B

DE HB 383-1

Title: Substitute 1: AN ACT TO AMEND TITLES 18 AND 24 OF THE DELAWARE CODE RELATING TO PROHIBITING DISCRIMINATION AGAINST 340B DRUGS AND COVERED ENTITIES BY MANUFACTURERS AND PHARMACY BENEFITS MANAGERS.

Current Status: Enacted

Introduction Date: 2024-06-06

Last Action Date: Signed by Governor. 2024-09-19

Description: This substitute for House Bill 383 does the following: Like House Bill 383, Section 1 of this Act prohibits discrimination against 340B drug distribution by manufacturers, third-party logistics providers, and wholesale distributors. Violations are deemed an unlawful practice enforceable by the Consumer Protection Unit of the Department of Justice. The Department of Justice has authority to promulgate regulations to implement the provisions of this Act. This Section differs from House Bill 383 by removing repackagers from the list of entities prohibited from engaging in 340B drug discrimination, authorizing the Board of Pharmacy to promulgate regulations and take disciplinary action against both licensees and holders of permits issued by the Board, and requiring covered entities, manufacturers, third-party-logistics providers, and wholesale distributors to publish annual reports on their websites and provide copies of the reports to the Board of Pharmacy, Speaker of the House, Senate President Pro Tempore, Office of the Governor, and members of the House and Senate Health Committees and Joint Finance Committee. Section 2 of this Act prohibits discrimination by pharmacy benefits managers against 340B covered entities. Violations are deemed unfair practices in the insurance business. Contracts purporting to include provisions in violation of this Act are deemed void and unenforceable. This Section differs from House Bill 383 by making technical changes to correct internal references and changing references to "health carriers" to reference "purchasers" instead. Section 3 of this Act contains severability language in the event that any provision or the application of the Act to a person or circumstance is deemed to be invalid. Section 4 of this Act contains non-preemption language to ensure that the Act can be read and interpreted to not conflict with other State or federal law.

Location: US-DE

 340B

MA H 1144

Title: An Act relative to specialty medications and patient safety

Current Status: In House

Introduction Date: 2023-02-16

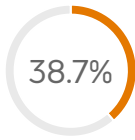
Last Action Date: Accompanied a study order, see H4879. 2024-09-05

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.

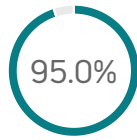
Location: US-MA

 White bagging

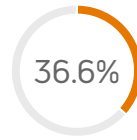
Floor Forecast Scores



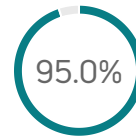
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA H 1148

Title: An Act relative to prescription drug pricing

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Accompanied a study order, see H4879. 2024-09-05

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.

Location: US-MA

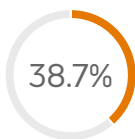
Appeal procedure

Accreditation requi...

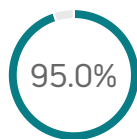
Pharmacy Reimbur...

Decline to dispense

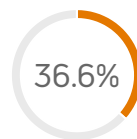
Floor Forecast Scores



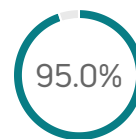
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA H 1155

Title: An Act to enact pharmacy benefit manager duties

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Accompanied a study order, see H4879. 2024-09-05

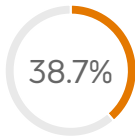
Description: By Representative Tyler of Boston, a petition (accompanied by bill, House, No. 1155) of Chynah Tyler relative to pharmacy benefit manager duties. Financial Services.

Location: US-MA

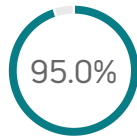
Fiduciary duty

PBM enforcement

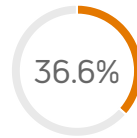
Floor Forecast Scores



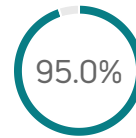
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

NH HB 513


Title: relative to affordability and safety of clinician administered drugs.

Current Status: In House

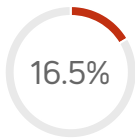
Introduction Date: 2023-01-11

Last Action Date: Full Committee Work Session: 09/12/2024 10:00 am LOB 302-304. 2024-08-14

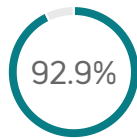
Location: US-NH

 White bagging

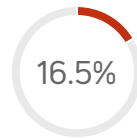
Floor Forecast Scores



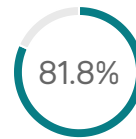
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

IL SB 1479

High Priority

 Support

Title: Ins-Regulatory Exam/Compliance

Current Status: Enacted

Introduction Date: 2023-02-07

Last Action Date: Public Act 103-0897. 2024-08-09

Description: Amends the Illinois Insurance Code. Sets forth provisions concerning market conduct and nonfinancial examinations; market analysis and market conduct actions; access to books and records; examination reports; hearings; disclosures; confidentiality; corrective actions; and immunity to liability of market conduct surveillance personnel. Provides that the Director of Insurance shall collect and report market data to the National Association of Insurance Commissioner's market information systems. Provides that if the Director or an examiner finds that an administrator or pharmacy benefit manager has violated insurance-related laws or regulations under specified circumstances, then, unless the health care payer, health insurer, or plan sponsor is included in the examination and has been afforded the same opportunity to request or participate in a hearing on the examination report, the

examination report shall not allege a violation by the health care payer, health insurer, or plan sponsor and the Director's order based on the report shall not impose any requirements, prohibitions, or penalties on the health care payer, health insurer, or plan sponsor. Removes various provisions concerning market conduct and nonfinancial examinations. Defines terms. Makes other changes. Effective immediately. Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Further amends the Illinois Insurance Code. Provides that at a pre-examination conference, the Director of Insurance or authorized market conduct surveillance personnel shall disclose the basis of the examination. Provides that the Director may give a company or person an opportunity to resolve matters that are identified as a result of a market analysis to the Director's satisfaction before undertaking a market conduct action against the company or person. Provides that a failure to produce requested books, records, or documents by a deadline shall not be a violation until the later of specified deadlines. Provides that whenever the Department of Insurance has made substantive changes to a previously shared draft report, unless those changes remove part or all of an alleged violation or were proposed by the examinee, the Department shall deliver the revised version to the examinee as a new draft and shall allow the examinee 30 days to respond before the Department issues a final report. Provides that no corrective action shall be ordered with respect to violations in transactions with consumers or other entities that are isolated occurrences or that occur with such low frequency as to fall below a reasonable margin of error. Provides that the Director may make the results of a data call available for public inspection under certain circumstances. Provides that any failure to respond to an information request in a market conduct action or violation of specified provisions may carry a fine of up to \$1,000 per day up to a maximum of \$50,000. Authorizes the Director to order a penalty of up to \$2,000 (rather than \$3,000) for each violation of any law, rule, or prior lawful order of the Director. Removes language providing that if an examination report finds a violation by the examinee that the report is unable to quantify such as an operational policy or procedure that conflicts with applicable law, then the Director may order a penalty of up to \$10,000 for that violation. Provides that fines and penalties shall be consistent, reasonable, and justifiable, and the Director may consider reasonable criteria including, but not limited to, the examinee's size, consumer harm, the intentionality of any violations, or remedial actions already undertaken by the examinee. Provides that the Director shall communicate to the examinee the basis for any assessed fine or penalty. In a provision requiring examinees to pay for the expenses of a market conduct examination, provides that the costs and fees incurred in a market conduct examination shall be itemized and bills shall be provided to the examinee on a monthly basis for review prior to submission for payment. Makes other changes. Effective January 1, 2025 (rather than effective immediately). Removes the examinee's size from the criteria for ordering certain fines and penalties.

Location: US-IL



PBM enforcement

NH SB 555

Title: relative to receipt of pharmaceutical rebates by insurers and pharmacy benefits managers.

Current Status: Enacted

Introduction Date: 2023-12-14

Last Action Date: Signed by the Governor on 07/26/2024; Chapter 0305; Effective 06/30/2024. 2024-07-30

Location: US-NH

 Transparency and ...

 Rebates

MA S 2520

Title: An Act relative to pharmaceutical access, costs and transparency

Current Status: Passed House

Introduction Date: 2023-11-15

Last Action Date: Committee of conference appointed - (Lawn-F. Moran-Barrows), in concurrence. 2024-07-25

Location: US-MA

 Fair Pharmacy Audi...

 Registration/Licen...


 Any willing provider


 Appeal procedure

 Reimbursement to ...

 Adjudication fees

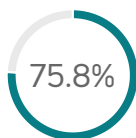
 Drug Pricing

 PBM enforcement

 Spread pricing

 Gag clause

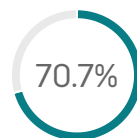
Floor Forecast Scores



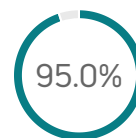
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

MA H 4891

Title: An Act promoting access and affordability of prescription drugs

Current Status: In House

Introduction Date: 2024-07-22

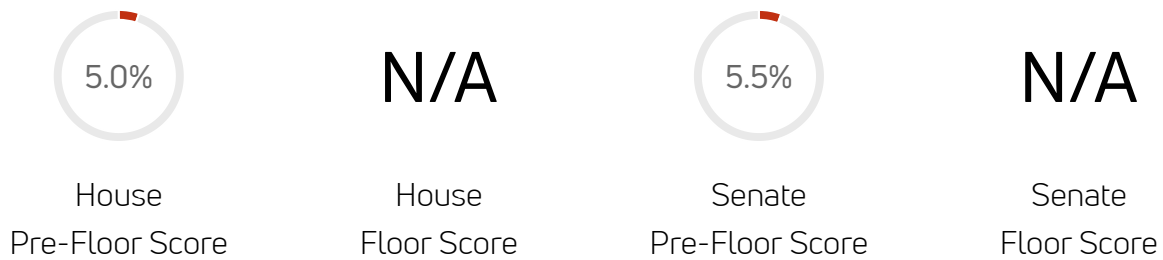
Last Action Date: Text of an amendment, see S2520. 2024-07-22

Description: Text of amendments, recommended by the committee on Ways and Means, to the Senate Bill relative to pharmaceutical access, costs and transparency (Senate, No. 2520). July 22, 2024.

Location: US-MA

- Fair Pharmacy Audi...
- Retroactive claims ...
- Any willing provider
- Appeal procedure
- Adjudication fees
- PBM enforcement
- Spread pricing
- Gag clause

Floor Forecast Scores



PA HB 1993

Title: An Act amending the act of November 21, 2016 (P.L.1318, No.169), known as the Pharmacy Audit Integrity and Transparency Act, further providing for title of act; in preliminary provisions, further providing for short title, for scope of act and for definitions and providing for regulations; in pharmacy audits, further providing for limitations; in registration, further providing for PBM and auditing entity registration; providing for pharmacy benefits manager contracts; in PBM cost transparency requirements, providing for PBM transparency report required, repealing provisions relating to regulations and providing for PSAO reporting requirements; in enforcements, further providing for scope of enforcement authority; providing for pharmacy services; and making repeals.

Current Status: Enacted

Introduction Date: 2024-06-12

Last Action Date: Act No. 77 of 2024. 2024-07-17

Location: US-PA

- Transparency and ...
- Retroactive claims ...
- Provider networks
- State Employee Plan
- specialty pharmacy
- specialty drug
- Mail-order
- PBM enforcement
- Spread pricing
- Patient steering

MO SB 751

Title: Enacts provisions relating to distribution of 340B drugs

Current Status: Passed House

Introduction Date: 2024-01-03

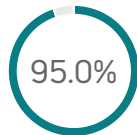
Last Action Date: Governor took no action, sent to Secretary of State/Article III, Sec. 31. 2024-07-11

Location: US-MO

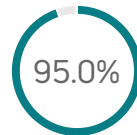
Floor Forecast Scores



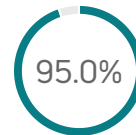
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

NH SB 557

Title: relative to prohibiting discriminatory actions related to participation in the federal 340B Drug Pricing Program.

Current Status: Enacted

Introduction Date: 2023-12-14

Last Action Date: Signed by the Governor on 07/03/2024; Chapter 0171; Effective 09/01/2024. 2024-07-10

Location: US-NH

 340B

NH SB 560

Title: relative to establishing a committee to study the impact of pharmacy benefit manager operations on cost, administration, and distribution of prescription drugs.

Current Status: Enacted

Introduction Date: 2023-12-14

Last Action Date: Signed by the Governor on 07/03/2024; Chapter 0169; Effective 07/03/2024. 2024-07-10

Location: US-NH

 Transparency and ...

RI SB 2086

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.)

Current Status: Enacted

Introduction Date: 2024-01-12

Last Action Date: Signed by Governor. 2024-06-24

Location: US-RI

 White bagging

RI HB 7365

Title: An Act Relating To Insurance -- Accident And Sickness Insurance Policies (Provides That Health Insurers Provide Coverage For Covered Clinician-Administered Drugs Under Certain Circumstances.)

Current Status: Enacted

Introduction Date: 2024-01-31

Last Action Date: Signed by Governor. 2024-06-24

Location: US-RI

 White bagging

NY A 10575

Title: Relates to state contracts for the services of pharmacy benefit managers under health insurance plans for state officers and employees

Current Status: In Assembly

Introduction Date: 2024-06-20

Last Action Date: REFERRED TO GOVERNMENTAL OPERATIONS. 2024-06-20

Description: Requires state contracts for the services of pharmacy benefit managers under health insurance plans for state officers and employees to be procured pursuant to a reverse auction process.

Location: US-NY

 Reverse auction

LA SB 444

Title: PHARMACEUTICALS: Provides relative to pharmaceutical reimbursements. (gov sig)
(EN INCREASE SG EX See Note)

Current Status: Enacted

Introduction Date: 2024-04-02

Last Action Date: Effective date 6/19/2024.. 2024-06-19

Location: US-LA

 Protections from u...

LA HB 603

Title: INSURANCE/HEALTH: Provides relative to claims of pharmacies and pharmacists

Current Status: Enacted

Introduction Date: 2024-03-01

Last Action Date: Effective date: 08/01/2024.. 2024-06-18

Location: US-LA

 Fair Pharmacy Audi...

PA SB 1000







Title: An Act amending the act of November 21, 2016 (P.L.1318, No.169), known as the Pharmacy Audit Integrity and Transparency Act, further providing for title of act; in preliminary provisions, further providing for definitions; in pharmacy audits, further providing for limitations; and providing for pharmacy benefit manager contract requirements and prohibited acts.

Current Status: In Senate

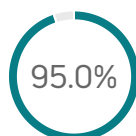
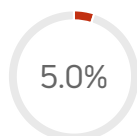
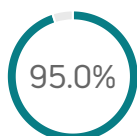
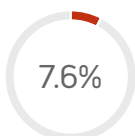
Introduction Date: 2024-06-04

Last Action Date: Re-referred to RULES AND EXECUTIVE NOMINATIONS. 2024-06-12

Location: US-PA

-  Retroactive claims ...
-  Protections from u...
-  Provider networks
-  PBM enforcement
-  Spread pricing
-  Patient steering

Floor Forecast Scores



Senate
Pre-Floor Score

Senate
Floor Score

House
Pre-Floor Score

House
Floor Score

LA SB 281

Title: PHARMACISTS: Provides for pharmacy record audits. (8/1/24)

Current Status: Enacted

Introduction Date: 2024-03-01

Last Action Date: Effective date 8/1/2024.. 2024-06-10

Location: US-LA

 Fair Pharmacy Audi...

LA HB 172

High Priority

 Support

Title: INSURANCE/GROUP-STATE: Provides relative to disclosure and remittance of revenues in excess of certain contractual amounts in certain circumstances for certain contractors with the state's Office of Group Benefits (EN SEE FISC NOTE SG RV)

Current Status: Enacted

Introduction Date: 2024-02-26

Last Action Date: Effective date: 07/01/2024.. 2024-06-10

Location: US-LA

 Transparency and ...

 State Employee Plan

NH SB 354


Title: relative to insurance cost-sharing calculations.

Current Status: Passed House

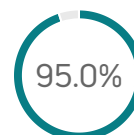
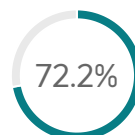
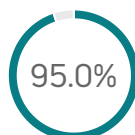
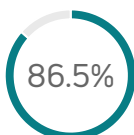
Introduction Date: 2023-12-11

Last Action Date: Conference Committee Report: Not Filed HJ 15. 2024-06-07

Location: US-NH

 Co-pay accumulator

Floor Forecast Scores



Senate
Pre-Floor Score

Senate
Floor Score

House
Pre-Floor Score

House
Floor Score

CT HB 5503

Title: AN ACT CONCERNING INSURANCE MARKET CONDUCT AND INSURANCE LICENSING, THE INSURANCE DEPARTMENT'S TECHNICAL CORRECTIONS AND OTHER REVISIONS TO THE INSURANCE STATUTES AND CAPTIVE INSURANCE.


Current Status: Enacted

Introduction Date: 2024-03-14

Last Action Date: Signed by the Governor. 2024-06-06

Description: To require the Commissioner of Economic and Community Development to study workforce shortages, workforce development and training availability.

Location: US-CT

 PBM enforcement

MA H 1053

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

Current Status: In House

Introduction Date: 2023-02-16

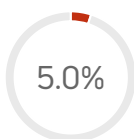
Last Action Date: Accompanied a study order, see H4691. 2024-05-30

Description: By Representative Jones of North Reading, a petition (accompanied by bill, House, No. 1053) of Bradley H. Jones, Jr., and others relative to establishing a commission (including members of the General Court) to study the promotion of preferred pharmacy networks where insurers can negotiate lower drug prices. Financial Services.

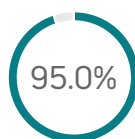
Location: US-MA

 Provider networks

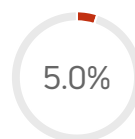
Floor Forecast Scores



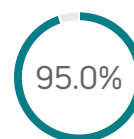
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA H 1055

Title: An Act relative to pharmaceutical gag clauses

Current Status: In House

Introduction Date: 2023-02-16

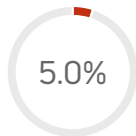
Last Action Date: Accompanied a study order, see H4691. 2024-05-30

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.

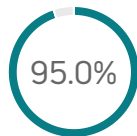
Location: US-MA

 Gag clause

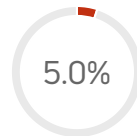
Floor Forecast Scores



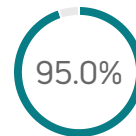
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA H 1147

Title: An Act ensuring access to specialty medications

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Accompanied a study order, see H4691. 2024-05-30

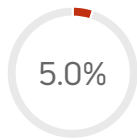
Description: By Representative Sena of Acton, a petition (accompanied by bill, House, No. 1147) of Danillo A. Sena and Paul McMurtry relative to access to specialty medications. Financial Services.

Location: US-MA

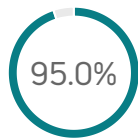
 Any willing provider

 specialty drug

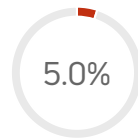
Floor Forecast Scores



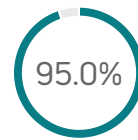
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

RI SB 2725

Title: An Act Relating To Businesses And Professions -- Defending Affordable Prescription Drug Costs Act (Establishes Certain Requirements And A Process For Local Education Agencies To Follow Regarding Individual Education Programs.)

Current Status: Sine Die - Failed

Introduction Date: 2024-03-05

Last Action Date: Referred to House Health & Human Services. 2024-05-29

Location: US-RI

 340B

OK SB 1670

Title: Pharmacy benefits management; modifying audit processes and requirements; modifying reimbursement rates. Emergency.


Current Status: Enacted

Introduction Date: 2024-02-05

Last Action Date: Becomes law without Governor's signature 05/22/2024. 2024-05-22

Location: US-OK

 Fair Pharmacy Audi...

 Appeal procedure

 MAC

OH SB 269

Title: Regards drug reimbursements made to 340B covered entities

Current Status: In Senate

Introduction Date: 2024-05-14

Last Action Date: Referred to committee Health. 2024-05-22

Description: To enact section 4729.521 of the Revised Code to prohibit drug manufacturers and wholesalers from taking certain actions regarding reimbursements made to 340B covered entities.

Location: US-OH

 340B

OH HB 588

Title: Regards drug reimbursements made to 340B covered entities

Current Status: In House

Introduction Date: 2024-05-15

Last Action Date: Referred to committee Public Health Policy. 2024-05-21

Description: To enact section 4729.521 of the Revised Code to prohibit drug manufacturers and wholesalers from taking certain actions regarding reimbursements made to 340B covered entities.

Location: US-OH

 340B

MN HF 4991

Title: Manufacturers and wholesale distributors prohibited from limiting pharmacy access to 340B drugs.

Current Status: Sine Die - Failed

Introduction Date: 2024-03-18

Last Action Date: Author added Zeleznikar. 2024-05-20

Location: US-MN

 340B

MN HF 5026

Title: Dispensing fee requirements imposed on health plan companies providing prescription coverage.

Current Status: Sine Die - Failed

Introduction Date: 2024-03-18

Last Action Date: Authors added Zeleznikar and Perryman. 2024-05-20

Location: US-MN

 NADAC+

CO HB 24-1010

Title: Insurance Coverage for Provider-Administered Drugs

Current Status: Vetoed

Introduction Date: 2024-01-10

Last Action Date: Governor Vetoed. 2024-05-17

Description: For the treatment of cancer or a life-threatening disease or for the treatment of a symptom, complication, or consequence of cancer or a life-threatening disease, the act prohibits a carrier, with respect to a health benefit plan issued on or after January 1, 2025, from: Requiring a provider-administered drug to be dispensed only by specific network pharmacies; If a provider-administered drug is otherwise covered by the carrier for the covered person, limiting or excluding coverage for the drug based on the covered person's choice of participating provider; Requiring a participating provider to bill for or be reimbursed for the delivery and administration of a provider-administered drug under the pharmacy benefit instead of the medical benefit without informed, written consent of the covered person and written attestation by the covered person's participating provider that a delay in the drug's administration will not place the covered person at an increased health risk; or Requiring a covered person to pay additional fees, copayments, or coinsurance based on the covered person's choice of pharmacy. The act also requires the reimbursement rate for covered provider-administered drugs to be at the carrier's in-network negotiated rate for participating providers. The act appropriates \$7,333 to the department of regulatory agencies for use by the division of insurance from the division of insurance cash fund to implement the act. VETOED by Governor May 17, 2024(Note: This summary applies to this bill as enacted.)

Location: US-CO

 White bagging

NY A 10327

Title: Relates to payments by a pharmacy benefit manager to in-network pharmacies

Current Status: Sine Die - Failed

Introduction Date: 2024-05-17

Last Action Date: REFERRED TO HEALTH. 2024-05-17

Description: Requires a pharmacy benefit manager to pay an in-network pharmacy at minimum at the national average drug acquisition cost (NADAC) rate, or at the pharmacy acquisition cost rate if greater or there is not a NADAC rate, plus a professional dispensing fee that is at minimum the professional dispensing fee paid under the state medical assistance program.

Location: US-NY

 NADAC+

MO SB 844

Title: Requires any amount paid on behalf of a health benefit plan enrollee to count toward the enrollee's cost-sharing

Current Status: Sine Die - Failed

Introduction Date: 2024-01-03

Last Action Date: Formal Calendar S Bills for Perfection. 2024-05-17

Location: US-MO

MO HB 2424

Title: PHARMACY BENEFITS MANAGERS

Current Status: Sine Die - Failed

Introduction Date: 2024-01-17

Last Action Date: Referred: General Laws(H). 2024-05-17

Description: Prohibits public funding of pharmacy benefits managers

Location: US-MO



PBM enforcement

MO HB 2425

Title: PHARMACY BENEFITS MANAGERS

Current Status: Sine Die - Failed

Introduction Date: 2024-01-17

Last Action Date: Referred: General Laws(H). 2024-05-17

Description: Creates provisions relating to pharmacy benefits managers

Location: US-MO



Retroactive claims ...



Retroactive Reimbu...

NY S 9570

Title: Relates to payments by a pharmacy benefit manager to in-network pharmacies

Current Status: Sine Die - Failed

Introduction Date: 2024-05-16

Last Action Date: REFERRED TO HEALTH. 2024-05-16

Description: Requires a pharmacy benefit manager to pay an in-network pharmacy at minimum at the national average drug acquisition cost (NADAC) rate, or at the pharmacy acquisition cost rate if greater or there is not a NADAC rate, plus a professional dispensing fee

that is at minimum the professional dispensing fee paid under the state medical assistance program.

Location: US-NY

 NADAC+

MD HB 1056

Title: State Board of Pharmacy - Prohibition on Discrimination Against 340B Drug Distribution

Current Status: Enacted

Introduction Date: 2024-02-07

Last Action Date: Approved by the Governor - Chapter 962. 2024-05-16

Description: Prohibiting a 340B manufacturer from taking certain direct or indirect actions to limit or restrict the acquisition or delivery of a 340B drug; making a violation of the Act an unfair, abusive, or deceptive trade practice within the meaning of the Consumer Protection Act; and requiring the Maryland Prescription Drug Affordability Board to conduct a study of the 340B Program and report its findings and recommendations to certain committees of the General Assembly by July 1, 2026.

Location: US-MD

 340B

OK HB 3376

Title: Pharmacy benefit managers; Patient's Right to Pharmacy Choice Act; definitions; contracts; health information; fines and fees; creating revolving fund; emergency.

Current Status: Enacted

Introduction Date: 2024-02-05

Last Action Date: Approved by Governor 05/15/2024. 2024-05-15

Location: US-OK

 PBM enforcement

WI SB 70

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

Current Status: Enacted

Introduction Date: 2023-02-15

Last Action Date: Partial veto failed to pass notwithstanding the objections of the Governor pursuant to Joint Rule 82. 2024-05-15

Description: An Act;

Location: US-WI



Rx Affordability Bo...



PSAOs



Fiduciary duty

MN HF 5470

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

Current Status: Sine Die - Failed

Introduction Date: 2024-05-13

Last Action Date: Introduction and first reading, referred to Health Finance and Policy. 2024-05-13

Location: US-MN



NADAC+



Retroactive claims ...



Appeal procedure



Accreditation requi...



Reimbursement to ...



Adjudication fees



Spread pricing

VT H 233

Title: An act relating to licensure and regulation of pharmacy benefit managers

Current Status: Enacted

Introduction Date: 2023-02-14

Last Action Date: House message: Governor approved bill on [May 30, 2024]. 2024-05-10

Location: US-VT



Patient Protections



Registration/Licen...



Appeal procedure



Reimbursement to ...



340B



PBM enforcement



Co-pay accumulator



Wholesalers

MA H 934

Title: An Act to enact the pharmacy benefit manager compensation reform

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Accompanied a study order, see H4634. 2024-05-09

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.

Location: US-MA

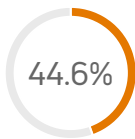


PBM enforcement

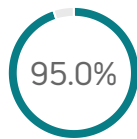


Spread pricing

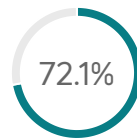
Floor Forecast Scores



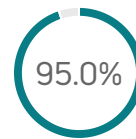
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA H 1016

Title: An Act to enact pharmacy benefit manager duties

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Accompanied a study order, see H4634. 2024-05-09

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.

Location: US-MA

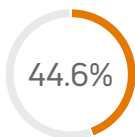


Transparency and ...

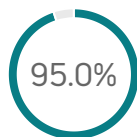


Spread pricing

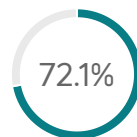
Floor Forecast Scores



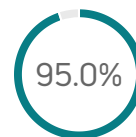
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA H 4411

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

Current Status: In House

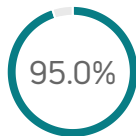
Introduction Date: 2024-02-20

Last Action Date: Accompanied a study order, see H4634. 2024-05-09

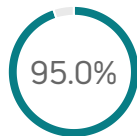
Location: US-MA

 Patient Protections

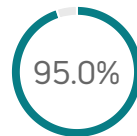
Floor Forecast Scores



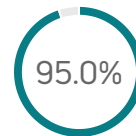
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA S 601

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

Current Status: In Senate

Introduction Date: 2023-02-16

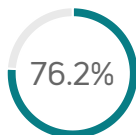
Last Action Date: Accompanied a study order, see H4634. 2024-05-09

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.

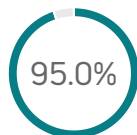
Location: US-MA

 Patient steering

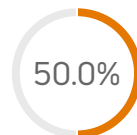
Floor Forecast Scores



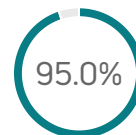
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

MA S 656

Title: An Act to reduce the cost of pharmacy benefits

Current Status: In Senate

Introduction Date: 2023-02-16

Last Action Date: Accompanied a study order, see H4634. 2024-05-09

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.

Location: US-MA

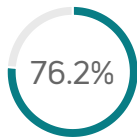
 Transparency and ...

 Accreditation requi...

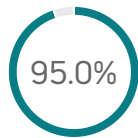
 Rebates

 Patient steering

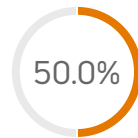
Floor Forecast Scores



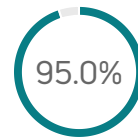
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

MA S 715

Title: An Act to ensure access to prescription medications

Current Status: In Senate

Introduction Date: 2023-02-16

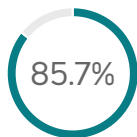
Last Action Date: Accompanied a study order, see H4634. 2024-05-09

Description: By Mr. Tarr, a petition (accompanied by bill, Senate, No. 715) of Bruce E. Tarr for legislation to ensure access to prescription medications. Financial Services.

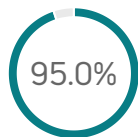
Location: US-MA

 Medicaid Reimburs...

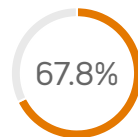
Floor Forecast Scores



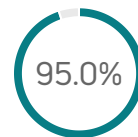
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

MA S 2637

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

Current Status: In Senate

Introduction Date: 2024-03-12

Last Action Date: Accompanied a study order, see H4634. 2024-05-09

Description: Senate, March 14, 2024 --The committee on Financial Services to whom was referred the petition (accompanied by bill, Senate, No. 616) of Julian Cyr for legislation relative to patient cost, benefit and coverage information, choice, and price transparency, report the accompanying bill (Senate, No. 2637).

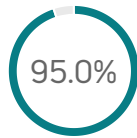
Location: US-MA

 Transparency and ...

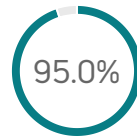
Floor Forecast Scores



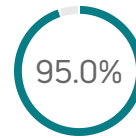
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

GA SB 198

Title: Georgians with Intellectual and Developmental Disabilities Innovation Commission; create


Current Status: Vetoed

Introduction Date: 2023-02-16

Last Action Date: Veto V10. 2024-05-07

Description: A BILL to be entitled an Act to amend Chapter 1 of Title 37 of the Official Code of Georgia Annotated, relating to governing and regulation of mental health, so as to create the Georgians with Intellectual and Developmental Disabilities Innovation Commission; to provide for legislative findings; to provide for definitions; to provide for members and officers; to provide for meetings, agendas, quorum, and compensation; to provide for the commission's duties and powers; to provide for consultation with subject matter experts designated by the Department of Behavioral Health and Developmental Disabilities and the Department of Community Health; to provide for subcommittees; to provide for automatic repeal; to provide for related matters; to repeal conflicting laws; and for other purposes.

Location: US-GA

 State Employee Plan

OH HB 509

Title: Apply prescription drug rebates to cost-sharing requirements


Current Status: In House

Introduction Date: 2024-04-30

Last Action Date: Referred to committee Insurance. 2024-05-07

Description: To enact section 3902.63 of the Revised Code to apply prescription drug rebates to cost-sharing requirements.

Location: US-OH

 Co-pay accumulator

NY S 8992

Title: Relates to establishing the "340B prescription drug anti-discrimination act"

Current Status: Sine Die - Failed

Introduction Date: 2024-04-08

Last Action Date: REPORTED AND COMMITTED TO FINANCE. 2024-05-07

Description: Relates to establishing the "340B prescription drug anti-discrimination act"; 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.

Location: US-NY

 340B

MO HB 1627

High Priority

 Support

Title: PAYMENTS FOR PRESCRIPTION DRUGS

Current Status: Sine Die - Failed


Introduction Date: 2024-01-03

Last Action Date: Placed on the Informal Perfection Calendar (H). 2024-05-07

Description: Creates provisions relating to payments for prescription drugs

Location: US-MO

 Any willing provider

 Reimbursement to ...

 Rebates

 Spread pricing

 Decline to dispense

AL HB 238

High Priority

 Support

Title: Pharmacy Benefits Managers; Providing more regulation

Current Status: Failed

Introduction Date: 2024-02-27

Last Action Date: Currently Indefinitely Postponed. 2024-05-07

Location: US-AL



Fair Pharmacy Audi...



Transparency and ...



NADAC+



Appeal procedure



Reimbursement to ...



retaliation



PBM enforcement



Spread pricing

NY A 10107

Title: Relates to reimbursements practices of pharmacy benefit managers

Current Status: Sine Die - Failed

Introduction Date: 2024-05-03

Last Action Date: REFERRED TO HEALTH. 2024-05-03

Description: Ensures reimbursement practices of pharmacy benefit managers do not allow for reimbursement of an amount less than the cost of procuring the drugs.

Location: US-NY



Reimbursement to ...



Protections from u...

IL HB 5833

Title: Ins-Pharmacy Benefit Managers

Current Status: Sine Die - Failed

Introduction Date: 2024-05-03

Last Action Date: Referred to Rules Committee. 2024-05-03

Description: Amends the Illinois Insurance Code. Provides that a pharmacy benefit manager or an affiliate acting on the pharmacy benefit manager's behalf is prohibited from steering a covered individual. Defines "steer". Effective July 1, 2024.

Location: US-IL



Reimbursement to ...



340B



Patient steering

IL HB 4548

High Priority

👍 Support

Title: Ins-Pharmacy Benefit Managers

Current Status: In House

Introduction Date: 2024-01-22

Last Action Date: Added Co-Sponsor Rep. Adam M. Niemerg. 2024-05-02


Description: Amends the Illinois Insurance Code. Defines "health benefit plan" and other terms. Provides that a pharmacy benefit manager or an affiliate acting on the pharmacy benefit manager's behalf is prohibited from conducting spread pricing, from steering a covered individual, and from limiting a covered individual's access to prescription drugs from a pharmacy or pharmacist enrolled with the health benefit plan under the terms offered to all pharmacies in the plan coverage area by unreasonably designating the covered prescription drugs as a specialty drug. Provides that a pharmacy benefit manager or an affiliate acting on the pharmacy benefit manager's behalf must remit 100% of rebates and fees to the health benefit plan sponsor, consumer, or employer. Provides that a pharmacy benefit manager may not reimburse a pharmacy or pharmacist for a prescription drug or pharmacy service in an amount less than the national average drug acquisition cost for the prescription drug or pharmacy service at the time the drug is administered or dispensed, plus a professional dispensing fee. Provides that a contract between a pharmacy benefit manager and an insurer or health benefit plan sponsor must allow and provide for the pharmacy benefit manager's compliance with an audit at least once per calendar year of the rebate and fee records remitted from a pharmacy benefit manager or its contracted party to a health benefit plan. Provides that provisions concerning pharmacy benefit manager contracts apply to any health benefit plan (instead of any group or individual policy of accident and health insurance or managed care plan) that provides coverage for prescription drugs and that is amended, delivered, issued, or renewed on or after July 1, 2020. Requires a pharmacy benefit manager to submit an annual report that includes specified information concerning prescription drugs. Makes other changes. Amends the Freedom of Information Act to make a conforming change. Effective July 1, 2024. Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that "rebate aggregator" means a person or entity that negotiates rebates, discounts, or other fees attributable to usage by covered individuals (instead of negotiates rebates) with drug manufacturers on behalf of pharmacy benefit managers or their clients and may also be involved in contracts that entitle the rebate aggregator or its client to receive rebates, discounts, or other fees attributable to usage (instead of receive rebates) by covered individuals from drug manufacturers based on drug utilization or administration. Provides that the annual report by a pharmacy benefit manager that provides services for a health benefit plan must include the net cost of the drugs covered by the health benefit plan. Excludes Medicaid managed care organizations and employee welfare benefit plans subject to the federal Employee Retirement Income Security Act of 1974 from the definitions of "health benefit plan", "pharmacy benefit manager", and "third-party payer". Effective July 1, 2024.

Location: US-IL


 Fair Pharmacy Audi...

 Transparency and ...


 NADAC+

 Reimbursement to ...

 Rebates

 PBM enforcement

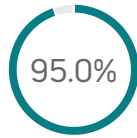
 Spread pricing

 Patient steering

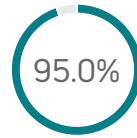
Floor Forecast Scores



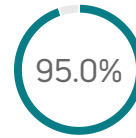
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

RI SB 2605

Title: An Act Relating To Businesses And Professions -- Pharmacies (Restricts Audits Of Pharmacists Conducted By Insurers And Their Intermediaries, Limiting Audits To 1 Per Year Unless Fraud Or Misrepresentation Is Reasonably Suspected. The Rhode Island Attorney Would Have The Authority To Impose Sanctions For Violations.)

Current Status: Sine Die - Failed

Introduction Date: 2024-03-01

Last Action Date: Committee recommended measure be held for further study. 2024-05-02

Location: US-RI

 Fair Pharmacy Audi...

MO HB 1628

Title: COST-SHARING UNDER HEALTH BENEFIT PLANS


Current Status: Sine Die - Failed

Introduction Date: 2024-01-03

Last Action Date: Placed Back on Formal Perfection Calendar (H). 2024-05-02

Description: Creates provisions relating to cost-sharing under health benefit plans

Location: US-MO

 Co-pay accumulator

MS HB 1265

Title: Pharmacists; authorize reimbursement for under certain insurance policies, plans, or contracts.


Current Status: Failed

Introduction Date: 2024-02-15

Last Action Date: Died On Calendar. 2024-05-01

Description: An Act To Provide That An Insured Individual Shall Be Entitled To Reimbursement For Certain Services Whenever His Or Her Policy Of Insurance, Medical Service Plan, Hospital Service Contract, Or Hospital And Medical Service Contract Issued In The State Of Mississippi Provides For Reimbursement For Any Service Which Is Within The Lawful Scope Of Practice Of A Duly Licensed Pharmacist; To Authorize Licensed Pharmacists To Participate In Such Policies, Plans, Or Contracts Providing For Pharmacy Services; And For Related Purposes.

Location: US-MS

 Registration/Licen...

 Transparency and ...

 Provider networks

 Payment for Service

 PBM enforcement

 Spread pricing

IA HF 2099

Title: A bill for an act relating to the regulation of pharmacy benefits managers. (Formerly HSB 536.) Effective date: 07/01/2024.

Current Status: Enacted

Introduction Date: 2024-01-22

Last Action Date: Signed by Governor.. 2024-05-01

Location: US-IA

 retaliation

 Pharmacy Reimbur...

RI HB 7898

Title: An Act Relating To State Affairs And Government -- Office Of Health And Human Services (Imposes Requirements On A Managed Care Organization (Mco) And Pharmacy Benefit Manger (Pbm) In Order To Control Medicaid Prescription Drug Prices.)

Current Status: Sine Die - Failed

Introduction Date: 2024-03-04

Last Action Date: Committee recommended measure be held for further study. 2024-05-01

Location: US-RI

KS SB 236

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.

Current Status: Failed

Introduction Date: 2023-02-10

Last Action Date: Died in Committee. 2024-04-30

Location: US-KS

 340B

KS SB 398


Title: Authorizing the commissioner of insurance to set the amount of certain fees and requiring the publication of such fees in the Kansas register.

Current Status: Failed

Introduction Date: 2024-01-25

Last Action Date: Died in Conference. 2024-04-30

Location: US-KS

 Registration/Licen...

KS SB 521

Title: Enacting the "Defense of affordable prescriptions act" to prohibit certain discriminatory actions related to reimbursement of entities participating in the federal 340B drug pricing program.

Current Status: Failed

Introduction Date: 2024-02-19

Last Action Date: Died in Committee. 2024-04-30

Location: US-KS

 340B

KS SB 540

Title: Prohibiting certain discriminatory actions related to reimbursement of entities participating in the federal 340B drug pricing program.

Current Status: Failed

Introduction Date: 2024-03-08

Last Action Date: Died in Committee. 2024-04-30

Location: US-KS

 340B

KS HB 2099

Title: Discontinuing certain exemptions from the pharmacy benefits manager licensure act.

Current Status: Failed

Introduction Date: 2023-01-19

Last Action Date: Died in Committee. 2024-04-30

Location: US-KS

OH HB 505

Title: Enact the Community Pharmacy Protection Act

Current Status: In House

Introduction Date: 2024-04-24

Last Action Date: Referred to committee Insurance. 2024-04-30

Description: To amend sections 3902.50, 5164.753, and 5167.243 and to enact sections 3902.75, 3902.76, 3959.151, 3959.21, 5167.127, and 5167.128 of the Revised Code regarding insurer and Medicaid program accreditation requirements for pharmacies, to impose drug cost reporting and payment requirements on pharmacy benefit managers, and to name this act the Community Pharmacy Protection Act.

Location: US-OH

 NADAC+

 Accreditation requi...

 Protections from u...

 cost to dispense

LA SB 347


Title: HEALTH/ACC INSURANCE: Provides relative to ensuring fairness in certain cost-sharing practices. (gov sig) (EG NO IMPACT See Note)

Current Status: Sine Die - Failed

Introduction Date: 2024-03-01

Last Action Date: Read by title and returned to the Calendar, subject to call.. 2024-04-30

Location: US-LA

 Co-pay accumulator

OK HB 1713


Title: Pharmacies; definitions; requirements; penalties; codification; emergency.

Current Status: Enacted

Introduction Date: 2023-02-06

Last Action Date: Approved by Governor 04/29/2024. 2024-04-29

Location: US-OK

 White bagging

LA HB 704

Title: PHARMACIES: Creates the pharmacy benefit managers quality incentive program (RE SEE FISC NOTE SG RV See Note)

Current Status: Sine Die - Failed

Introduction Date: 2024-03-01

Last Action Date: Read second time by title and referred to the Committee on Insurance.. 2024-04-29

Location: US-LA

 Quality metrics

NE LB 990


Title: LB990 - Change provisions of the Pharmacy Benefit Manager Licensure and Regulation Act


Current Status: In Legislature


Introduction Date: 2024-01-05

Last Action Date: Provisions/portions of LB990 amended into LB1073 by AM3286. 2024-04-25

Location: US-NE

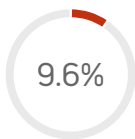
 Accreditation requi...

 Prohibition of anti-...

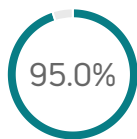
 specialty pharmacy

 Mail-order

Floor Forecast Scores



Legislature
Pre-Floor Score



Legislature
Floor Score

Crunching the numbers...

Pre-floor and floor forecasts will be here soon.

House
Pre-Floor Score

House
Floor Score

SC H 3618

👍 Support

Title: Pharmacy Benefits

Current Status: Sine Die - Failed

Introduction Date: 2023-01-11

Last Action Date: Member(s) request name added as sponsor: Collins. 2024-04-23

Description: 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.

Location: US-SC

📁 Patient Protections

WV SB 453

High Priority

👍 Support

Title: Requiring pricing and payment transparency from pharmacy benefits managers contracting with PEIA

Current Status: Enacted

Introduction Date: 2024-01-15

Last Action Date: Chapter 142, Acts, Regular Session, 2024. 2024-04-23

Location: US-WV

📁 Transparency and ...

📁 NADAC+

📁 State Employee Plan

📁 Spread pricing

MO HB 2267

Title: INSURANCE COVERAGE OF PHARMACY SERVICES

Current Status: Sine Die - Failed

Introduction Date: 2024-01-04

Last Action Date: Second read and referred: Insurance and Banking(S). 2024-04-22

Description: Creates provisions relating to insurance coverage of pharmacy services

Location: US-MO

📁 340B

📁 White bagging

NE LB 1232

Title: LB1232 - Prohibit certain actions under the Pharmacy Benefit Manager Licensure and Regulation Act

Current Status: Failed

Introduction Date: 2024-01-16

Last Action Date: Indefinitely postponed. 2024-04-18

Location: US-NE

 Protections from u...

IA HF 2401

High Priority

 Support

Title: A bill for an act relating to pharmacy benefits managers, pharmacies, and prescription drug pricing, and providing applicability provisions. (Formerly HSB 640.)


Current Status: Sine Die - Failed

Introduction Date: 2024-02-08

Last Action Date: Fiscal note.. 2024-04-18


Location: US-IA


 NADAC+

 Appeal procedure

 PSAOs

 Reverse auction

 Spread pricing

 Wholesalers

NE LB 778


Title: LB778 - Change the Pharmacy Benefit Manager Licensure and Regulation Act

Current Status: Failed


Introduction Date: 2023-01-18

Last Action Date: Indefinitely postponed. 2024-04-18


Location: US-NE


 Appeal procedure

 Accreditation requi...

 Reimbursement to ...

 Protections from u...

 PBM enforcement

 Spread pricing

 Patient steering

KY HB 190

Title: AN ACT relating to pharmacy benefits.

Current Status: Enacted

Introduction Date: 2024-01-08

Last Action Date: signed by Governor (Acts Ch. 213). 2024-04-18

Description: Amend KRS 304.17A-164 to prohibit insurers, pharmacy benefit managers, and other pharmacy benefit administrators from requiring or incentivizing the use of a mail-order pharmaceutical distributor; amend KRS 304.17C-125, 304.38A-115, 18A.225, and 164.2871 to apply provisions of amended KRS 304.17A-164 to limited health service benefit plans, including limited health service contracts, limited health service organizations, the state employee health plan, and postsecondary educational institution self-insured group health plans; repeal 304.38A-120, relating to assignment of certain benefits under limited health service organization plans, to consolidate like provisions; make technical corrections; EFFECTIVE January 1, 2025.

Location: US-KY

 Mail-order

IA SF 2357

Title: A bill for an act relating to the regulation of pharmacy benefits managers.(Formerly SSB 3079.)

Current Status: Sine Die - Failed

Introduction Date: 2024-02-15

Last Action Date: Withdrawn.. 2024-04-17

Location: US-IA

 retaliation

AK SB 121

High Priority

 Support

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."

Current Status: Sine Die - Failed

Introduction Date: 2023-03-31

Last Action Date: (S) COSPONSOR(S): CLAMAN. 2024-04-17

Location: US-AK


 NADAC+

 Any willing provider

 Reimbursement to ...

 Provider networks

 ERISA

 Patient steering

MO HB 1977

Title: PAYMENTS FOR PRESCRIPTION DRUGS

Current Status: Sine Die - Failed

Introduction Date: 2024-01-03

Last Action Date: Referred: Insurance Policy(H). 2024-04-17

Description: Creates provisions relating to the 340B drug pricing program

Location: US-MO

 340B

WI AB 103

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


Current Status: Failed

Introduction Date: 2023-03-14

Last Action Date: Failed to pass pursuant to Senate Joint Resolution 1. 2024-04-15

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;

Location: US-WI

 Co-pay accumulator

WI AB 748

Title: health care costs omnibus, granting rule-making authority, making an appropriation, and providing a penalty. (FE)

Current Status: Failed

Introduction Date: 2023-12-06

Last Action Date: Failed to pass pursuant to Senate Joint Resolution 1. 2024-04-15

Description: An Act to repeal 49.45 (18) (ag); to renumber and amend 632.895 (6); to amend 49.45 (18) (ac), 609.83 and 632.895 (6) (title); and to create 20.145 (1) (a), 49.45 (18) (b) 8., 255.056 (2g), 450.085 (3), 601.31 (1) (nv), 601.31 (1) (nw), 601.41 (13), 601.415 (14), 601.575, 632.863, 632.864, 632.865 (2m), 632.868, 632.869 and 632.895 (6) (b) of the statutes;

Location: US-WI

WI AB 773

High Priority

👍 Support

Title: regulation of pharmacy benefit managers, fiduciary and disclosure requirements on pharmacy benefit managers, and application of prescription drug payments to health insurance cost-sharing requirements. (FE)

Current Status: Failed

Introduction Date: 2023-12-08

Last Action Date: Failed to pass pursuant to Senate Joint Resolution 1. 2024-04-15

Description: An Act to repeal 632.865 (2) and 632.865 (5) (e); to renumber 632.865 (4); to amend 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.83, 632.861 (4) (a), 632.865 (1) (ae) and 632.865 (6) © 3.; and to create 632.861 (1m), 632.861 (3g), 632.861 (3r), 632.861 (4) (e), 632.862, 632.865 (1) (ab) and (ac), 632.865 (1) (an), (aq), and (at), 632.865 (1) (bm), 632.865 (1) (cg) and (cr), 632.865 (2d), 632.865 (2h), 632.865 (2p), 632.865 (2t), 632.865 (4) (b), 632.865 (5d), (5h), (5p) and (5t), 632.865 (6) (bm), 632.865 (6) © 3m., 632.865 (6g), 632.865 (6r) and 632.865 (8) of the statutes;

Location: US-WI

📁 Transparency and ...

📁 NADAC+

📁 340B

WI SB 100

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

Current Status: Failed

Introduction Date: 2023-03-01

Last Action Date: Failed to pass pursuant to Senate Joint Resolution 1. 2024-04-15

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;

Location: US-WI

📁 Co-pay accumulator

WI SB 719

Title: health care costs omnibus, granting rule-making authority, making an appropriation, and providing a penalty. (FE)

Current Status: Failed

Introduction Date: 2023-11-21


Last Action Date: Failed to pass pursuant to Senate Joint Resolution 1. 2024-04-15


Description: An Act to repeal 49.45 (18) (ag); to renumber and amend 632.895 (6); to amend 49.45 (18) (ac), 609.83 and 632.895 (6) (title); and to create 20.145 (1) (a), 49.45 (18) (b) 8.,

255.056 (2g), 450.085 (3), 601.31 (1) (nv), 601.31 (1) (nw), 601.41 (13), 601.415 (14), 601.575, 632.863, 632.864, 632.865 (2m), 632.868, 632.869 and 632.895 (6) (b) of the statutes;

Location: US-WI

 Transparency and ...

 Drug Importation

 insulin

 340B

 PSAOs

 Fiduciary duty

WI SB 737

High Priority

 Support

Title: regulation of pharmacy benefit managers, fiduciary and disclosure requirements on pharmacy benefit managers, and application of prescription drug payments to health insurance cost-sharing requirements. (FE)

Current Status: Failed

Introduction Date: 2023-12-01

Last Action Date: Failed to pass pursuant to Senate Joint Resolution 1. 2024-04-15

Description: An Act to repeal 632.865 (2) and 632.865 (5) (e); to renumber 632.865 (4); to amend 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.83, 632.861 (4) (a), 632.865 (1) (ae) and 632.865 (6) © 3.; and to create 632.861 (1m), 632.861 (3g), 632.861 (3r), 632.861 (4) (e), 632.862, 632.865 (1) (ab) and (ac), 632.865 (1) (an), (aq), and (at), 632.865 (1) (bm), 632.865 (1) (cg) and (cr), 632.865 (2d), 632.865 (2h), 632.865 (2p), 632.865 (2t), 632.865 (4) (b), 632.865 (5d), (5h), (5p) and (5t), 632.865 (6) (bm), 632.865 (6) © 3m., 632.865 (6g), 632.865 (6r) and 632.865 (8) of the statutes;

Location: US-WI

 Fair Pharmacy Audi...

 Transparency and ...

 NADAC+

 Any willing provider

 Accreditation requi...

 340B

 Fiduciary duty

 Gag clause

WI AB 43

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

Current Status: Failed

Introduction Date: 2023-02-15

Last Action Date: Failed to pass pursuant to Senate Joint Resolution 1. 2024-04-15

Description: An Act;

Location: US-WI

 Rx Affordability Bo...

 Drug Importation

 PSAOs

MS HB 728

Title: Prescription drugs; prohibit discriminating actions against 340B drug discount program entities.

Current Status: Enacted

Introduction Date: 2024-01-29

Last Action Date: Approved by Governor. 2024-04-12

Description: An Act To Be Known As The Defending Affordable Prescription Drug Costs Act; To Provide Definitions For The Purpose Of The Act; To Prohibit Health Insurance Issuers, Pharmacy Benefit Managers And Other Third Party Payors And Drug Manufacturers And Distributors From Engaging In Certain Discriminatory Actions Relating To Entities That Are Participating Or Authorized To Participate In The Federal 340B Drug Discount Program; To Provide That The Commission Of Any Act Prohibited By This Act Is Considered A Violation Of The Consumer Protection Act; To Amend Section 75-24-5, Mississippi Code Of 1972, To Conform To The Preceding Provision; And For Related Purposes.

Location: US-MS

 340B

MN SF 5123

Title: Commissioner of human services requirement to establish a direct pharmacy dispensing payment to improve and maintain access to pharmaceutical services

Current Status: Sine Die - Failed

Introduction Date: 2024-03-20

Last Action Date: Author added Boldon. 2024-04-11

Location: US-MN

 Pharmacy Reimbur...

RI HB 7720

High Priority

 Support

Title: An Act Relating To Insurance -- Pharmacy Freedom Of Choice -- Fair Competition And Practices (Ensures That Independent Pharmacies Are Protected From Pharmacy Benefit Discrimination Toward Non-Affiliated Pharmacies And Helps Protect Consumers' Ability To Choose Local, Independent Pharmacies.)


Current Status: Sine Die - Failed

Introduction Date: 2024-02-28

Last Action Date: Committee recommended measure be held for further study. 2024-04-11

Location: US-RI

 NADAC+

 PBM enforcement

RI HB 8041


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, 2025.)

Current Status: Sine Die - Failed

Introduction Date: 2024-03-08

Last Action Date: Committee recommended measure be held for further study. 2024-04-11

Location: US-RI

 Co-pay accumulator

RI HB 8143

Title: An Act Relating To Businesses And Professions -- Pharmacies (Restricts Audits Of Pharmacists Conducted By Insurers And Their Intermediaries, Limiting Audits To 1 Per Year Unless Fraud Or Misrepresentation Is Reasonably Suspected. The Rhode Island Attorney Would Have The Authority To Impose Sanctions For Violations.)

Current Status: Sine Die - Failed

Introduction Date: 2024-04-05

Last Action Date: Committee recommended measure be held for further study. 2024-04-11

Location: US-RI

 Fair Pharmacy Audi...

OR HB 4149

High Priority

 Support

Title: Relating to pharmacy benefits; creating new provisions; amending ORS 192.355, 646A.694, 735.530, 735.532, 735.533, 735.534, 735.536, 735.537, 735.540, 735.542 and 743A.062; and declaring an emergency.


Current Status: Enacted

Introduction Date: 2024-02-05

Last Action Date: Chapter 87, (2024 Laws): Effective date April 4, 2024.. 2024-04-10

Description: Digest: The Act requires PBMs to be licensed and changes the definition of a PBM. The Act changes the way PBMs can audit drug stores. The Act requires PBMs to report certain information each year to DCBS. The Act makes changes to the way 340B drugs are covered by insurance. The Act protects certain information that is provided to or developed by the OPDP from being released to the public. (Flesch Readability Score: 65.3). Requires pharmacy benefit managers to be licensed by the Department of Consumer and Business Services beginning January 1, 2025. Modifies the definition of "pharmacy benefit manager" and imposes new requirements on pharmacy benefit managers. Restricts audits of pharmacy claims for reimbursement. Requires pharmacy benefit managers to report specified information to the department on an annual basis. Imposes new requirements with respect to the insurance coverage of 340B drugs. Protects from public disclosure certain information provided to or developed by the Oregon Prescription Drug Program. Declares an emergency, effective on passage.


Location: US-OR

 Registration/Licen...

 Transparency and ...

 retaliation

 PSAOs

 PBM enforcement

MN SF 5159

Title: Manufacturers prohibition from limiting pharmacy access to 340B drugs

Current Status: Sine Die - Failed

Introduction Date: 2024-03-21

Last Action Date: Comm report: Adopt previous comm report Jt rule 2.03 suspended. 2024-04-09

Location: US-MN

 340B

OK SB 1390

High Priority

Title: Pharmacy benefits managers; modifying jurisdiction and responsibilities of the Attorney General's Office; establishing requirements and penalties. Emergency.

Current Status: Vetoed

Introduction Date: 2024-02-05

Last Action Date: Vetoed 04/08/2024. 2024-04-08

Location: US-OK

 PBM enforcement

VA SB 660

Title: Health insurance; pharmacy benefits managers, reporting requirements, civil penalty.

Current Status: Enacted

Introduction Date: 2024-01-15

Last Action Date: Governor: Acts of Assembly Chapter text (CHAP0626). 2024-04-08

Description: Health insurance; pharmacy benefits managers; reporting requirements; civil penalty. Provides that a person that violates the existing requirement to obtain a license prior to providing pharmacy benefits management services or otherwise acting as a pharmacy benefits manager may be subject to a civil penalty of \$5,000 for each day on which such violation occurs. The bill adds additional requirements to existing reporting requirements for insurance carriers relating to pharmacy benefits managers. Such additional requirements include (i) the aggregate amount of a pharmacy benefits manager's retained rebates, as defined in the bill; (ii) a pharmacy benefits manager's aggregate retained rebate percentage, as defined in the bill; and (iii) the aggregate amount of administrative fees received by a pharmacy benefits manager. This bill is identical to HB 1402.

Location: US-VA



Rebates



PBM enforcement

MN SF 4861

Title: 340B covered entities reporting requirements modifications and reports to the legislature requirement

Current Status: Sine Die - Failed

Introduction Date: 2024-03-11

Last Action Date: Joint rule 2.03, referred to Rules and Administration. 2024-04-08

Location: US-MN



340B

MD SB 986

Title: State Board of Pharmacy - Prohibition on Discrimination Against 340B Drug Distribution

Current Status: Sine Die - Failed

Introduction Date: 2024-02-02

Last Action Date: Referred Rules and Executive Nominations. 2024-04-06

Description: Prohibiting a 340B manufacturer from taking certain direct or indirect actions to limit or restrict the acquisition or delivery of a 340B drug; making a violation of the Act an unfair, abusive, or deceptive trade practice within the meaning of the Consumer Protection

Act; and requiring the Maryland Prescription Drug Affordability Board to conduct a study of the 340B Program and report its findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee on or before July 1, 2026.

Location: US-MD

 340B

MD SB 595

Title: Health Benefit Plans - Calculation of Cost Sharing Contribution - Requirements and Prohibitions


Current Status: Passed House

Introduction Date: 2024-01-26

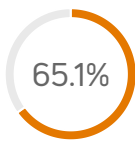
Last Action Date: House Refuses Recede. 2024-04-05

Description: Requiring administrators, carriers, and pharmacy benefits managers to include certain cost sharing amounts paid by or on behalf of an enrollee or a beneficiary when calculating the enrollee's or beneficiary's contribution to a cost sharing requirement for certain health care services; requiring administrators, carriers, and pharmacy benefits managers to include certain cost sharing amounts for certain high deductible health plans after an enrollee or a beneficiary satisfies a certain requirement; etc.

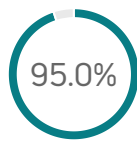
Location: US-MD

 Co-pay accumulator

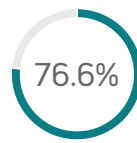
Floor Forecast Scores



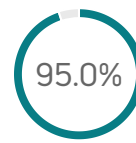
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

KY SB 188

High Priority

 Support

Title: AN ACT relating to patient access to pharmacy benefits.

Current Status: Enacted

Introduction Date: 2024-02-08

Last Action Date: signed by Governor (Acts Ch. 104). 2024-04-05

Description: Create new sections of Subtitle 17A of KRS Chapter 304 to define terms for pharmacy-related insurance practices; require insurers, pharmacy benefit managers, and

other pharmacy benefits administrators to establish reasonably adequate and accessible pharmacy networks; require the filing of an annual report; require the insurance commissioner to review pharmacy networks; provide that information and data acquired by the Department of Insurance shall be considered proprietary and not subject to disclosure under KRS 61.870 to 61.884 relating to open records; establish requirements for certain contracts between a pharmacy or pharmacist and an insurer, a pharmacy benefit manager, or any other pharmacy benefits administrator; establish prohibited conduct and requirements for certain pharmacy-related insurance practices; establish a complaint process for insureds, pharmacies, and pharmacists impacted by a violation of certain pharmacy-related insurance laws; create a new section of Subtitle 99 of KRS Chapter 304 to authorize the insurance commissioner to order reimbursement to persons who incurred a monetary loss as a result of a violation of certain pharmacy-related insurance laws; amend KRS 304.9-053 to require certain filings; amend KRS 304.9-054 to establish requirements for pharmacy benefit manager licensure; amend KRS 304.9-055 to permit the insurance commissioner to promulgate administrative regulations relating to pharmacy benefit managers; amend KRS 304.14-120 to require the insurance commissioner to review certain health plans; amend KRS 304.17A-712 to conform; amend KRS 304.17C-125 to apply certain pharmacy-related insurance laws to limited health service benefit plans, including limited health service contracts; amend KRS 304.38A-115 to apply certain pharmacy-related insurance laws to limited health service organizations; create a new section of KRS Chapter 18A to require the state employee health plan and state agencies to comply with certain pharmacy-related insurance laws; amend KRS 367.828 to establish certain requirements for health discount plans relating to prescription drugs; make technical corrections; repeal KRS 304.38A-120, relating to assignment of certain benefits under limited health service organization plans, to consolidate provisions; apply various sections to contracts issued or renewed on or after January 1, 2025; require the insurance commissioner to promulgate administrative regulations to implement this Act on or before January 1, 2025; EFFECTIVE, in part, January 1, 2025.

Location: US-KY

NADAC+

Retroactive claims ...

Reimbursement to ...

Provider networks

Retroactive Reimbu...

specialty pharmacy

specialty drug

PBM enforcement

Patient steering

MN SF 5329

Title: Prescription drugs price increases and reporting requirements provisions

Current Status: Sine Die - Failed

Introduction Date: 2024-04-04

Last Action Date: Referred to Health and Human Services. 2024-04-04

Location: US-MN

SC S 1239

Title: Drug Pricing Nondiscrimination

Current Status: Sine Die - Failed

Introduction Date: 2024-04-04

Last Action Date: Referred to Committee on Medical Affairs (Senate Journal-page 3). 2024-04-04

Description: A Bill To Amend The South Carolina Code Of Laws By Adding Section 44-117-510 So As To Provide Definitions For Patient, Third Party, And 340B Drug Pricing; By Adding Section 44-117-520 So As To Provide That A Third Party Shall Inform A Patient That He Is Not Required To Use A Mail-Order Pharmacy, Shall Obtain A Signed Waiver From A Patient Before Allowing The Use Of A Mail-Order Pharmacy, Shall Make Drug Formulary And Coverage Decisions Based On The Third Party'S Normal Course Of Business, Shall Allow A Patient The Freedom To Use Any Pharmacy Or Any Provider The Patient Chooses, And Shall Eliminate Discriminatory Contracting; By Adding Section 44-117-530 So As To Provide That All Pharmacy Claims Processed By A Pharmacy That Participates In 340B Drug Pricing Are Final At The Point Of Adjudication; By Adding Section 44-117-540 So As To Provide That The Insurance Commissioner May Promulgate Rules To Implement The Provisions Of This Chapter.

Location: US-SC

340B

IL SB 1618

Title: Ins-Health Plan Benefit Data

Current Status: Sine Die - Failed

Introduction Date: 2023-02-08

Last Action Date: Chief Sponsor Changed to Sen. Lakesia Collins. 2024-04-03

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.

Location: US-IL



Patient Protections



Transparency and ...

ID S 1389

High Priority

Support

Title: PHARMACY BENEFIT MANAGERS – Amends existing law to establish provisions governing pharmacy benefit managers.

Current Status: Sine Die - Failed

Introduction Date: 2024-03-01

Last Action Date: Retained on calendar. 2024-04-03

Location: US-ID



Transparency and ...



Accreditation requi...



Provider networks



retaliation



Rebates



PBM enforcement



Spread pricing



Gag clause

MS SB 2145

Title: Defending Affordable Prescription Drug Costs Act; enact to prohibit discriminating against 340B drug discount program entities.

Current Status: Failed

Introduction Date: 2024-02-02

Last Action Date: Died In Committee. 2024-04-02

Description: An Act To Be Known As The Defending Affordable Prescription Drug Costs Act; To Provide Definitions For The Purpose Of The Act; To Prohibit Health Insurance Issuers, Pharmacy Benefit Managers And Other Third-Party Payors And Drug Manufacturers And Distributors From Engaging In Certain Discriminatory Actions Relating To Entities That Are Participating Or Authorized To Participate In The Federal 340B Drug Discount Program; To Provide That The Commission Of Any Act Prohibited By This Act Is Considered A Violation Of The Consumer Protection Act; To Amend Section 75-24-5, Mississippi Code Of 1972, To Conform To The Preceding Provision; And For Related Purposes.

Location: US-MS



340B

VA HB 1402

Title: Health insurance; pharmacy benefits managers, reporting requirements, civil penalty.

Current Status: Enacted

Introduction Date: 2024-01-17

Last Action Date: Governor: Acts of Assembly Chapter text (CHAP0329). 2024-04-02

Description: Health insurance; pharmacy benefits managers; reporting requirements; civil penalty. Provides that a person that violates the existing requirement to obtain a license prior to providing pharmacy benefits management services or otherwise acting as a pharmacy benefits manager may be subject to a civil penalty of \$5,000 for each day on which such violation occurs. The bill adds additional requirements to existing reporting requirements for insurance carriers relating to pharmacy benefits managers. Such additional requirements include (i) the aggregate amount of a pharmacy benefits manager's retained rebates, as defined in the bill; (ii) a pharmacy benefits manager's aggregate retained rebate percentage, as defined in the bill; and (iii) the aggregate amount of administrative fees received by a pharmacy benefits manager. This bill is identical to SB 660.

Location: US-VA

 Transparency and ...

 Rebates

MN SF 5112

Title: Technology platform, pharmacy benefit manager, and data protection in vendor contracts provisions modifications

Current Status: Sine Die - Failed

Introduction Date: 2024-03-20

Last Action Date: Author added Pha. 2024-04-02

Location: US-MN

 Reverse auction

ID H 596

Title: PHARMACY BENEFIT MANAGERS – Amends existing law to establish provisions governing pharmacy benefit managers.

Current Status: Enacted

Introduction Date: 2024-02-19

Last Action Date: Reported Signed by Governor on April 1, 2024 Session Law Chapter 247
Effective: 01/01/2025. 2024-04-02

Location: US-ID

Transparency and ...

Appeal procedure

Accreditation requi...

cost to dispense

Provider networks

Spread pricing

IA HF 2488

Title: A bill for an act relating to prior authorizations and exemptions by health benefit plans and utilization review organizations. (Formerly HSB 641.)

Current Status: Passed Senate

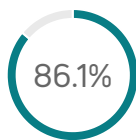
Introduction Date: 2024-02-13

Last Action Date: Fiscal note.. 2024-04-01

Location: US-IA

Co-pay accumulator

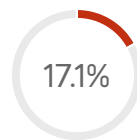
Floor Forecast Scores



House
Pre-Floor Score

N/A

House
Floor Score



Senate
Pre-Floor Score

N/A

Senate
Floor Score

RI SB 2720

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, 2025.)

Current Status: Sine Die - Failed

Introduction Date: 2024-03-05

Last Action Date: Referred to House Corporations. 2024-03-29

Location: US-RI

Co-pay accumulator

AZ SB 1165

Title: Pharmacy audit; procedures; prohibition

Current Status: Enacted

Introduction Date: 2024-01-22

Last Action Date: Signed by Governor. 2024-03-29

Location: US-AZ



Fair Pharmacy Audi...



Reimbursement to ...

OR HB 4012

Title: Relating to reimbursement of clinician-administered prescription drugs; creating new provisions; and amending ORS 750.055 and 750.333.

Current Status: Enacted

Introduction Date: 2024-02-05

Last Action Date: Chapter 24, (2024 Laws): Effective date January 1, 2025.. 2024-03-28

Description: Digest: The Act does not allow an insurer to make a health care provider purchase a drug at a certain pharmacy if the provider is giving the drug to a patient in certain settings. The Act also applies to other types of entities that pay for health care. (Flesch Readability Score: 62.3). [Digest: The Act does not allow an insurer to make a person enrolled in a health benefit plan go to a certain pharmacy in some circumstances for certain types of drugs. The Act also applies to other types of entities that pay for health care. (Flesch Readability Score: 65.2).] Prohibits issuers of health benefit plans, health care service contractors or multiple employer welfare arrangements from requiring that drugs that are administered by [a] health care [provider] providers in specified settings be dispensed at a certain pharmacy or by a pharmacy that is in the provider's network[, under specified circumstances].

Location: US-OR



White bagging

TN HB 2170

Title: Insurance, Health, Accident - As introduced, prohibits an insurer, pharmacy benefits manager, or third-party administrator from changing or conditioning the terms of health plan coverage based on availability of financial or other product assistance for a prescription drug; establishes certain procedures for calculating an enrollee's contribution to an applicable cost sharing requirement. - Amends TCA Title 4; Title 8; Title 10; Title 53; Title 56; Title 63; Title 68 and Title 71.

Current Status: Sine Die - Failed


Introduction Date: 2024-01-25

Last Action Date: Taken off notice for cal. in Calendar & Rules Committee. 2024-03-28

Description: CONTRIBUTION CALCULATION Under present law, when calculating an enrollee's contribution to an applicable cost sharing requirement, an insurer must include cost sharing amounts paid by the enrollee or on behalf of the enrollee by another person.

This bill deletes this provision. Present law clarifies that the above requirement does not apply to a prescription drug for which there is a generic alternative, unless the enrollee has obtained access to the brand name prescription drug through prior authorization, a step therapy protocol, or the insurer's exceptions and appeals process. This bill deletes this provision. When calculating an enrollee's contribution to an applicable cost sharing requirement, this bill requires an insurer to include cost sharing amounts paid by the enrollee or on behalf of the enrollee by another person. If, under federal law, cost sharing amounts paid by the enrollee or on behalf of the enrollee by another person would result in health savings account ineligibility, then the cost sharing amounts must instead be applied to a health savings account-qualified high deductible health plan, once the enrollee has satisfied the minimum deductible for the high deductible plan. A plan will not fail to be treated as a high deductible health plan for failing to meet the deductible for items or services that are preventative care. Therefore, for items that are preventative care, when calculating an enrollee's contribution to an applicable cost sharing requirement for a health savings account-qualified high deductible health plan, an insurer must include cost sharing amounts paid by the enrollee or on behalf of the enrollee by another person and this requirement will apply regardless of whether the minimum deductible has been met. This bill also requires the annual limitation on cost sharing to apply to all healthcare services covered under a health plan offered or issued by an insurer in this state. HEALTH PLAN COVERAGE TERMS This bill prohibits an insurer, pharmacy benefits manager, or third-party administrator from changing or conditioning the terms of health plan coverage based on availability of financial or other product assistance for a prescription drug. In implementing the requirements of this bill, this state must only regulate an insurer, pharmacy benefits manager, or third-party administrator to the extent permissible under applicable law.

Location: US-TN

 Co-pay accumulator

OR HB 4113

Title: Relating to the cost of health care; creating new provisions; and amending ORS 743B.001 and 750.055.

Current Status: Enacted


Introduction Date: 2024-02-05

Last Action Date: Chapter 35, (2024 Laws): Effective date January 1, 2025.. 2024-03-28

Description: Digest: The Act applies to insurers and other entities that pay for drugs for people who have insurance. The Act requires insurers and others to count toward any costs that an insured person must pay for their drugs, the amounts paid from coupons or by other third parties. (Flesch Readability Score: 60.5). Requires an insurer, a pharmacy benefit manager[, the Public Employees' Benefit Board, the Oregon Educators Benefit Board] and a health care service contractor to count payments made by or on behalf of an enrollee for the costs of certain prescription drugs when calculating the enrollee's contribution to an out-of-

pocket maximum, deductible, copayment, coinsurance or other required cost-sharing for the drugs.

Location: US-OR

 Co-pay accumulator

TN SB 2008

Title: Insurance, Health, Accident - As introduced, prohibits an insurer, pharmacy benefits manager, or third-party administrator from changing or conditioning the terms of health plan coverage based on availability of financial or other product assistance for a prescription drug; establishes certain procedures for calculating an enrollee's contribution to an applicable cost sharing requirement. - Amends TCA Title 4; Title 8; Title 10; Title 53; Title 56; Title 63; Title 68 and Title 71.

Current Status: Sine Die - Failed


Introduction Date: 2024-01-25

Last Action Date: Assigned to General Subcommittee of Senate Commerce and Labor Committee. 2024-03-27

Description: CONTRIBUTION CALCULATION Under present law, when calculating an enrollee's contribution to an applicable cost sharing requirement, an insurer must include cost sharing amounts paid by the enrollee or on behalf of the enrollee by another person. This bill deletes this provision. Present law clarifies that the above requirement does not apply to a prescription drug for which there is a generic alternative, unless the enrollee has obtained access to the brand name prescription drug through prior authorization, a step therapy protocol, or the insurer's exceptions and appeals process. This bill deletes this provision. When calculating an enrollee's contribution to an applicable cost sharing requirement, this bill requires an insurer to include cost sharing amounts paid by the enrollee or on behalf of the enrollee by another person. If, under federal law, cost sharing amounts paid by the enrollee or on behalf of the enrollee by another person would result in health savings account ineligibility, then the cost sharing amounts must instead be applied to a health savings account-qualified high deductible health plan, once the enrollee has satisfied the minimum deductible for the high deductible plan. A plan will not fail to be treated as a high deductible health plan for failing to meet the deductible for items or services that are preventative care. Therefore, for items that are preventative care, when calculating an enrollee's contribution to an applicable cost sharing requirement for a health savings account-qualified high deductible health plan, an insurer must include cost sharing amounts paid by the enrollee or on behalf of the enrollee by another person and this requirement will apply regardless of whether the minimum deductible has been met. This bill also requires the annual limitation on cost sharing to apply to all healthcare services covered under a health plan offered or issued by an insurer in this state. HEALTH PLAN COVERAGE TERMS This bill prohibits an insurer, pharmacy benefits manager, or third-party administrator from changing or conditioning the terms of health plan coverage based on availability of financial or other

product assistance for a prescription drug. In implementing the requirements of this bill, this state must only regulate an insurer, pharmacy benefits manager, or third-party administrator to the extent permissible under applicable law.

Location: US-TN

 Co-pay accumulator

MO SB 1105

Title: Enacts provisions relating to payments for prescription drugs


Current Status: Sine Die - Failed

Introduction Date: 2024-01-03

Last Action Date: Hearing Conducted S Insurance and Banking Committee. 2024-03-26

Location: US-MO

 Reimbursement to ...

 Decline to dispense

MO SB 843

Title: Enacts provisions relating to payments for prescription drugs

Current Status: Sine Die - Failed

Introduction Date: 2024-01-03

Last Action Date: Hearing Conducted S Insurance and Banking Committee. 2024-03-26

Location: US-MO

OK SB 1915

Title: Prescription drug reimbursement; limiting payment by certain insured to applicable co-payment. Effective date.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-05

Last Action Date: Referred to Appropriations and Budget Health Subcommittee. 2024-03-26

Location: US-OK

 Co-pay accumulator

AZ SB 1164

Title: Pharmacy benefits; coverage; exemptions

Current Status: In House

Introduction Date: 2024-01-22

Last Action Date: Reported do pass amended out of Appropriations Committee. 2024-03-25

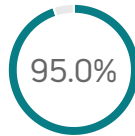
Location: US-AZ

 Patient Protections

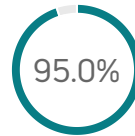
Floor Forecast Scores



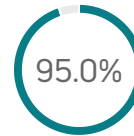
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

WA SB 5213

High Priority

 Support


Title: Concerning pharmacy benefit managers.

Current Status: Enacted

Introduction Date: 2024-01-08


Last Action Date: Effective date 6/6/2024*.. 2024-03-25

Location: US-WA

 Registration/Licen...

 Pharmacy Reimbur...

 Mail-order

 PBM enforcement

TN HB 920

Title: 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.

Current Status: Sine Die - Failed

Introduction Date: 2023-01-30

Last Action Date: Taken off notice for cal in s/c Insurance Subcommittee of Insurance Committee. 2024-03-19

Description: Abstract summarizes the bill.

Location: US-TN

 Fair Pharmacy Audi...

MD HB 876

Title: Health Insurance - Pharmacy Benefits Managers - Specialty Drugs

Current Status: Sine Die - Failed

Introduction Date: 2024-02-02

Last Action Date: Referred Finance. 2024-03-18

Description: Prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from excluding coverage for certain specialty drugs that are administered or dispensed by a provider that meets certain criteria; and requiring the reimbursement rate for certain specialty drugs to be the same as the rate applied to a designated specialty pharmacy for dispensing the covered specialty drugs and billed at a nonhospital level of care or place of service.

Location: US-MD

 White bagging

MD HB 1270

Title: Health Benefit Plans - Prescription Drugs - Rebates and Calculation of Cost Sharing Requirements

Current Status: Sine Die - Failed

Introduction Date: 2024-02-08

Last Action Date: Withdrawn by Sponsor. 2024-03-16

Description: Requiring that the calculation of an enrollee's contribution to a cost sharing requirement for a prescription drug be based on the list price of the drug reduced by at least 85% of the total amount of rebates received or expected to be received by the carrier or pharmacy benefits manager for the dispensing or administration of the prescription drug; and prohibiting the disclosure of certain information concerning rebates.

Location: US-MD

 Rebates

IL SB 1255

Title: Ins-Clinician Administer Drug

Current Status: Sine Die - Failed

Introduction Date: 2023-02-03

Last Action Date: Rule 3-9(a) / Re-referred to Assignments. 2024-03-15

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.

Location: US-IL

 White bagging

IL SB 3225

Title: Ins-Clinician Administer Drug

Current Status: Sine Die - Failed

Introduction Date: 2024-02-06

Last Action Date: Rule 3-9(a) / Re-referred to Assignments. 2024-03-15

Description: Amends the Illinois Insurance Code. Provides that a health benefit plan amended, delivered, issued, or renewed on or after January 1, 2025 that provides prescription drug coverage through a medical or pharmacy health benefit 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 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. Amends 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 to require policies under those Acts to comply with the provisions.

Location: US-IL

 White bagging

MN SF 4844

Title: Dispensing fee requirements on health plan companies providing prescription drugs dispensing fee imposition

Current Status: Sine Die - Failed

Introduction Date: 2024-03-11

Last Action Date: Withdrawn and re-referred to Health and Human Services. 2024-03-14

Location: US-MN

 cost to dispense

MD HB 726

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

Current Status: Sine Die - Failed

Introduction Date: 2024-01-29

Last Action Date: Referred Finance. 2024-03-14

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.

Location: US-MD

 ERISA

MD HB 879

Title: Health Benefit Plans - Calculation of Cost Sharing Contribution - Requirements


Current Status: Sine Die - Failed

Introduction Date: 2024-02-02

Last Action Date: Referred Finance. 2024-03-14

Description: Requiring certain insurers, nonprofit health service plans, and health maintenance organizations to include certain discounts, financial assistance payments, product vouchers, and other out-of-pocket expenses made by or on behalf of an insured or enrollee when calculating cost-sharing contributions for certain prescription drugs; requiring persons that provide financial assistance payments, discounts, product vouchers, or other out-of-pocket expenses to notify an insured or enrollee of certain information; etc.

Location: US-MD

 Co-pay accumulator

MS HB 1612

Title: Pharmacy benefit managers; revise provisions relating to.

Current Status: Failed

Introduction Date: 2024-02-19

Last Action Date: Died On Calendar. 2024-03-14

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 Amend Section 73-21-155, Mississippi Code Of 1972, To Prohibit Pharmacy Benefit Managers From Charging A Plan Sponsor More For A Prescription Drug Than The Net Amount It Pays A Pharmacy For The Prescription Drug; 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 Provide That A Patient Shall Not Pay A Copayment For A Prescription That Exceeds The Total Reimbursement Paid By The Pharmacy Benefit Manager To The Pharmacy; To Amend Section 73-21-157, Mississippi Code Of 1972, To Require That A Pharmacy Benefit Manager License Be Renewed Annually; That 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 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, For The Purposes Of Conducting Investigations, To Conduct Examinations Of Pharmacy Benefit Managers And To Issue Subpoenas To Obtain Documents Or Records That It Deems Relevant To The Investigation; To Provide That Monies From Penalties Shall Be Deposited In A Special Fund For Purposes Of The Board In Regulating Pharmacy Benefit Managers; And For Related Purposes.

Location: US-MS



Appeal procedure



PBM enforcement

MA S 616

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

Current Status: In Senate

Introduction Date: 2023-02-16

Last Action Date: Accompanied a new draft, see S2637. 2024-03-14

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.

Location: US-MA

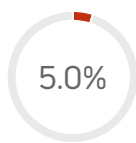


Patient Protections



Transparency and ...

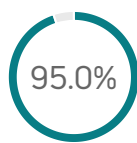
Floor Forecast Scores



5.0%

Senate

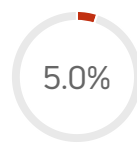
Pre-Floor Score



95.0%

Senate

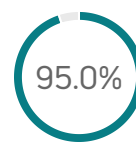
Floor Score



5.0%

House

Pre-Floor Score



95.0%

House

Floor Score

MN HF 4890

Title: Provisions covering technology platform, pharmacy benefit manager, and data protection in vendor contracts changed.

Current Status: Sine Die - Failed

Introduction Date: 2024-03-13

Last Action Date: Introduction and first reading, referred to State and Local Government Finance and Policy. 2024-03-13

Location: US-MN



Reverse auction

TN SB 667

Title: 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.

Current Status: Sine Die - Failed

Introduction Date: 2023-01-26

Last Action Date: Assigned to General Subcommittee of Senate Commerce and Labor Committee. 2024-03-12

Description: Abstract summarizes the bill.

Location: US-TN

 Fair Pharmacy Audi...

KY SB 27

Title: AN ACT relating to pharmaceutical manufacturers.

Current Status: Sine Die - Failed

Introduction Date: 2024-01-02

Last Action Date: to Health Services (H). 2024-03-12

Description: Create a new section of KRS Chapter 315 to define terms, prohibit discrimination against 340B covered entities by pharmaceutical manufacturers, and authorize the Attorney General to investigation violations.

Location: US-KY

 340B

LA SB 241

Title: HEALTH/ACC INSURANCE: Provides relative to coverage of certain physician-administered drugs. (gov sig)

Current Status: Sine Die - Failed

Introduction Date: 2024-03-01

Last Action Date: Introduced in the Senate; read by title. Rules suspended. Read second time and referred to the Committee on Insurance.. 2024-03-11

Location: US-LA

 White bagging

LA HB 509

Title: INSURANCE/HEALTH: Provides relative to pharmacy benefit managers

Current Status: Sine Die - Failed

Introduction Date: 2024-03-01

Last Action Date: Read by title, under the rules, referred to the Committee on Insurance.. 2024-03-11

Location: US-LA

FL SB 228

Title: Health Insurance Cost Sharing

Current Status: Failed

Introduction Date: 2023-10-18

Last Action Date: Died in Banking and Insurance. 2024-03-08

Description: Defining the term "cost-sharing requirement"; 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; providing disclosure requirements for specified health insurers and their pharmacy benefit managers; requiring that specified contracts require pharmacy benefit managers to apply payments by or on behalf of insureds toward the insureds' total contributions to cost-sharing requirements, etc.

Location: US-FL

FL SB 1608

Title: Prohibitions Related to 340B Drugs

Current Status: Failed

Introduction Date: 2024-01-05

Last Action Date: Died in Banking and Insurance. 2024-03-08

Description: Prohibiting certain actions by health insurance issuers, pharmacy benefit managers, or other third-party payors, or their agents, relating to reimbursement to a 340B entity for 340B drugs; prohibiting certain actions by manufacturers relating to interference with the acquisition of a 340B drug; prohibiting a manufacturer's interference with a pharmacy's right to contract with a 340B entity, etc.

Location: US-FL

 340B

FL HB 363

Title: Health Insurance Cost Sharing

Current Status: Failed


Introduction Date: 2023-11-07

Last Action Date: Died in Select Committee on Health Innovation. 2024-03-08

Description: Requires specified individual health insurers, group insurers, HMOs & their pharmacy benefit managers to apply payments of prescription drugs by or on behalf of

insureds & subscribers toward total contributions of insureds' & subscribers' cost-sharing requirements under certain circumstances; provides disclosure requirements; requires specified contracts to require PBMs to apply payments by or on behalf of insureds & subscribers toward insureds' & subscribers' total contributions to cost-sharing requirements.

Location: US-FL

 Co-pay accumulator

MN HF 4755

Title: Health; 340B covered entity reporting requirements modified.

Current Status: Sine Die - Failed

Introduction Date: 2024-03-07

Last Action Date: Introduction and first reading, referred to Health Finance and Policy. 2024-03-07

Location: US-MN

 340B

MS HB 817

Title: Canadian Prescription Drugs Importation Program; require State Department of Health to establish.

Current Status: Failed


Introduction Date: 2024-01-31

Last Action Date: Died In Committee. 2024-03-05

Description: An Act To Require The State Department Of Health To Establish The Canadian Prescription Drug Importation Program; To Define Certain Terms For The Purpose Of The Act; To Require The Department To Contract With A Vendor To Facilitate Wholesale Prescription Drug Importation Under The Program; To Specify The Responsibilities For The Vendor, Including The Payment Of A Bond; To Provide Eligibility Criteria For Prescription Drugs, Canadian Suppliers, And Importers Under The Program; To Authorize A Canadian Supplier To Export Drugs Into This State Under The Program Under Certain Circumstances; To Provide Eligibility Criteria And Requirements For Drug Importers; To Require Participating Canadian Suppliers And Importers To Comply With Specified Federal Requirements For Distributing Prescription Drugs Imported Under The Program; To Prohibit Canadian Suppliers And Importers From Distributing, Dispensing, Or Selling Prescription Drugs Imported Under The Program Outside Of This State; To Require The Department To Request Federal Approval Of The Program And Require The Request To Include Certain Information; To Require The Department To Begin Operating The Program Within Six Months After Receiving Federal Approval; To Provide For Certain Documentation Requirements For Vendors; To Require The

Department To Suspend The Importation Of Drugs In Violation Of This Act Or Any Federal Or State Law Or Regulation; To Authorize The Department To Revoke The Suspension Under Certain Circumstances; To Require The Department To Submit An Annual Report To The Governor And The Legislative Officers By A Specified Date And Provide Requirements For Such Report; To Require The Department To Notify Legislative Officers Upon Federal Approval Of The Program And To Submit A Proposal To The Legislature For Program Implementation And Funding Before A Certain Date; To Require The Department To Adopt Rules Deemed Necessary To Implement This Act; And For Related Purposes.

Location: US-MS

 Drug Importation

MO SB 978

Title: Enacts provisions relating to payments for prescription drugs

Current Status: Sine Die - Failed

Introduction Date: 2024-01-03

Last Action Date: SCS Voted Do Pass S Insurance and Banking Committee (3454S.02C).
2024-03-05

Location: US-MO

RI SB 2387

Title: An Act Relating To State Affairs And Government -- Office Of Health And Human Services (Imposes Requirements On A Managed Care Organization (Mco) And Pharmacy Benefit Manger (Pbm) In Order To Control Medicaid Prescription Drug Prices.)

Current Status: Sine Die - Failed

Introduction Date: 2024-02-12

Last Action Date: Committee recommended measure be held for further study. 2024-03-05

Location: US-RI

 Spread pricing

RI SB 2395

Title: An Act Relating To Insurance -- Pharmacy Freedom Of Choice -- Fair Competition And Practices (Ensures That Independent Pharmacies Are Protected From Pharmacy Benefit Discrimination Toward Non-Affiliated Pharmacies And Helps Protect Consumers' Ability To Choose Local, Independent Pharmacies.)


Current Status: Sine Die - Failed

Introduction Date: 2024-02-12

Last Action Date: Committee recommended measure be held for further study. 2024-03-05

Location: US-RI

 NADAC+

 PBM enforcement

RI SB 2385


Title: An Act Relating To Insurance -- Third-Party Health Insurance Administrators -- Prescription Drug Cost Control And Transparency (Regulates Pharmacy Benefit Managers' Policies And Practices Through Rules And Regulations Promulgated By The Office Of Health Insurance Commissioner, Relating To Accurate Costs And Pricing Reporting, Restricting Discriminatory Practices.)

Current Status: Sine Die - Failed


Introduction Date: 2024-02-12

Last Action Date: Committee recommended measure be held for further study. 2024-03-05

Location: US-RI

 Reimbursement to ...

 Retroactive Reimbu...

 PBM enforcement

 Spread pricing

MS HB 1708

Title: Pharmacy Benefit Managers; provide rules for those who administer the State Health Plan.

Current Status: Failed

Introduction Date: 2024-02-19


Last Action Date: Died In Committee. 2024-03-05

Description: An Act To Amend Section 25-15-301, Mississippi Code Of 1972, To Make Certain Revisions Related To The State And School Employees Health Insurance Management Board; To Provide That When A Proposal Is Under The Board'S Evaluation For Pharmacy Benefits Or The Management Thereof, The Executive Director Of The Mississippi Board Of Pharmacy Shall Be One Of The Members Of The Evaluation Committee Of The Board; To Amend Section 25-15-303, Mississippi Code Of 1972, To Include The Executive Director Of The Board Of Pharmacy As A Member Of The Management Board; To Create New Section 25-15-305, Mississippi Code Of 1972, To Provide Certain Definitions Related To The Act, Including The Definitions Of Clean Claims, Pharmacy Benefit Plan, Pharmacy Benefit Management Plan, And Rebate; To Provide That The Act Shall Only Apply To The Pharmacy Benefit Manager And Its Affiliate That Administer The State And School Employees' Health Insurance Plan; To Create New Section 25-15-307, Mississippi Code Of 1972, To Provide That A Pharmacy Benefit

Manager Shall Not Reimburse 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 That The Drug Or Service Is Administered Or Dispensed, Plus A Professional Dispensing Fee At Least Equal To The Professional Dispensing Fee Paid By The Mississippi Division Of Medicaid For Outpatient Drugs; To Prohibit Pharmacy Benefit Managers From Charging A Plan Sponsor More For A Prescription Drug Than The Net Amount It Pays A Pharmacy For The Prescription Drug; To Require Pharmacy Benefit Managers To Pay Clean Claims Within A Certain Time Constraint; To Provide Certain Exceptions From This Time Constraint; To Provide That If The Board Finds That Any Pharmacy Benefit Manager, Agent Or Other Party Responsible For Reimbursement For Prescription Drugs And Other Products Has Not Paid Ninety-Five Percent Of Clean Claims Received From All Pharmacies In A Calendar Quarter, He Shall Be Subject To Administrative Penalty Of Not More Than \$25,000.00 To Be Assessed By The Board; To Authorize The Board To Adopt Rules And Regulations Necessary To Ensure Compliance With This Act; To Authorize A Network Pharmacy Or Pharmacist To Decline To Provide A Brand Name Drug, Multisource Generic Drug, Or Service, If The Network Pharmacy Or Pharmacist Is Paid Less Than That Network Pharmacy'S Cost For The Prescription; To Create New Section 25-15-309, Mississippi Code Of 1972, To Set Certain Requirements Related To Pharmacy Benefit Managers, Including That The Pharmacy Benefit Manager Must Provide A Reasonable Administrative Appeal Procedure; To Authorize The Board To Audit Pharmacy Benefit Managers; To Require A Pharmacy Benefit Manager To Reimburse A Pharmacy Or Pharmacist An Amount Less Than The Amount That The Pharmacy Benefit Manager Reimburses A Pharmacy Benefit Manager Affiliate For Providing The Same Pharmacist Services; To Create New Section 25-15-311, Mississippi Code Of 1972, To Require Pharmacy Benefit Managers To Obtain A License From The Board Of Pharmacy; To Create New Section 25-15-313, Mississippi Code Of 1972, To Require Pharmacy Benefit Managers To Pass On To The State Health Insurance Plan One Hundred Percent Of All Rebates And Other Payments That It Receives Directly Or Indirectly From Pharmaceutical Manufacturers In Connection With Claims Or Plan Administration On Behalf Of The Plan; To Prohibit A Pharmacy Benefit Manager Or Third-Party Payor From Charging Or Causing A Patient To Pay A Copayment That Exceeds The Total Reimbursement Paid By The Pharmacy Benefit Manager To The Pharmacy; To Create New Section 25-15-315, Mississippi Code Of 1972, To Prohibit A Pharmacy, Pharmacy Benefit Manager, Or Pharmacy Benefit Manager Affiliate From Taking Certain Actions, Including Making Referrals Or Interfering With A Patient'S Right To Choose Their Pharmacy; To Create New Section 25-15-317, Mississippi Code Of 1972, To Prohibit Pharmacy Benefit Managers From Retaliating Against A Pharmacist Or Pharmacy Based On The Pharmacist'S Or Pharmacy'S Exercise Of Any Right Or Remedy Under This Act; To Create New Section 25-15-319, Mississippi Code Of 1972, To Authorize The Board To Bring An Action Against A Pharmacy Benefit Manager Or Pharmacy Benefit Manager Affiliate To Restrain By Temporary Or Permanent Injunction The Use Of Any Method That Is Prohibited By This Act; To Authorize The Board To Impose A Monetary Penalty On Any Pharmacy Benefit Manager Found To Be In Noncompliance; To Create New Section 25-15-321, Mississippi Code Of 1972, To Provide That On The Request By Any Agency Of The State Of Mississippi, Or Any Political

Subdivision Of The State Or Any Other Public Entity, A Pharmacy Benefit Manager Shall Deliver Or Otherwise Make Available To The Requesting Agency Or Entity, In Its Entirety And With No Redaction, Any Third Party Aggregator Contracts Or Contracts Relating To Pharmacy Benefit Manager Services; To Provide That Any Entity That Does Not Comply With This Section Shall Be Barred For Five Years From Doing Business In The State; To Bring Forward Sections 73-21-73, 73-21-83, 73-21-91, 73-21-153, 73-21-155, 73-21-156, 73-21-157, 73-21-159, 73-21-161, 73-21-163, 73-21-177, 73-21-179, 73-21-181, 73-21-183, 73-21-185, 73-21-187, 73-21-189, 73-21-191, 73-21-201, 73-21-203, 73-21-205, 83-9-6, 83-9-6.1, 83-9-6.2, Mississippi Code Of 1972, For The Purpose Of Possible Amendment; And For Related Purposes.

Location: US-MS

 State Employee Plan

MS SB 2738

Title: State employees health plan; set provisions and restrictions related to pharmacy benefit manager.

Current Status: Failed

Introduction Date: 2024-02-19


Last Action Date: Died In Committee. 2024-03-05

Description: An Act To Amend Section 25-15-301, Mississippi Code Of 1972, To Make Certain Revisions Related To The State And School Employees Health Insurance Management Board; To Provide That When A Proposal Is Under The Board'S Evaluation For Pharmacy Benefits Or The Management Thereof, The Executive Director Of The Mississippi Board Of Pharmacy Shall Be One Of The Members Of The Evaluation Committee Of The Board; To Amend Section 25-15-303, Mississippi Code Of 1972, To Include The Executive Director Of The Board Of Pharmacy As A Member Of The Management Board; To Create New Section 25-15-305, Mississippi Code Of 1972, To Set Certain Definitions Related To The Act, Including The Definitions Of Clean Claims, Pharmacy Benefit Plan, Pharmacy Benefit Management Plan ("Pbm") And Rebate; To Provide That The Act Shall Only Apply To The Pbm And Its Affiliate That Administer The State Health Plan; To Create New Section 25-15-307, Mississippi Code Of 1972, To Provide That A Pbm Shall Not Reimburse 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 That The Drug Or Service Is Administered Or Dispensed, Plus A Professional Dispensing Fee At Least Equal To The Professional Dispensing Fee Paid By The Mississippi Division Of Medicaid For Outpatient Drugs; To Prohibit Pbms From Charging A Plan Sponsor More For A Prescription Drug Than The Net Amount It Pays A Pharmacy For The Prescription Drug; To Require Pbms To Pay Clean Claims Within A Certain Time Constraint; To Provide Certain Exceptions From This Time Constraint; To Provide That If The Board Finds That Any Pbm, Agent Or Other Party Responsible For Reimbursement For Prescription Drugs And Other Products Has Not Paid Ninety-Five Percent Of Clean Claims Received From All Pharmacies In

A Calendar Quarter, He Shall Be Subject To Administrative Penalty Of Not More Than \$25,000.00 To Be Assessed By The Board; To Authorize The Board To Adopt Rules And Regulations Necessary To Ensure Compliance With This Act; To Authorize A Network Pharmacy Or Pharmacist To Decline To Provide A Brand Name Drug, Multisource Generic Drug, Or Service, If The Network Pharmacy Or Pharmacist Is Paid Less Than That Network Pharmacy'S Cost For The Prescription; To Create New Section 25-15-309, Mississippi Code Of 1972, To Set Certain Requirements Related To Pbm, Including That The Pbm Must Provide A Reasonable Administrative Appeal Procedure; To Authorize The Board To Audit Pbms; To Require A Pbm To Reimburse A Pharmacy Or Pharmacist An Amount Less Than The Amount That The Pbm Reimburses A Pbm Affiliate For Providing The Same Pharmacist Services; To Create New Section 25-15-311, Mississippi Code Of 1972, To Require Pbms To Obtain A License From The Board Of Pharmacy; To Create New Section 25-15-313, Mississippi Code Of 1972, To Require Pbms To Pass On To The Plan 100% Of All Rebates And Other Payments That It Receives Directly Or Indirectly From Pharmaceutical Manufacturers In Connection With Claims Or Plan Administration On Behalf Of The Plan; To Prohibit A Pbm Or Third-Party Payer From Charging Or Causing A Patient To Pay A Copayment That Exceeds The Total Reimbursement Paid By The Pbm To The Pharmacy; To Create New Section 25-15-315, Mississippi Code Of 1972, To Prohibit A Pharmacy, Pbm, Or Pbm Affiliate From Taking Certain Actions, Including Making Referrals Or Interfering With A Patient'S Right To Choose Their Pharmacy; To Create New Section 25-15-317, Mississippi Code Of 1972, To Prohibit Pbms From Retaliating Against A Pharmacist Or Pharmacy Based On The Pharmacist'S Or Pharmacy'S Exercise Of Any Right Or Remedy Under This Act; To Create New Section 25-15-319, Mississippi Code Of 1972, To Authorize The Board To Bring An Action Against A Pbm Or Pbm Affiliate To Restrain By Temporary Or Permanent Injunction The Use Of Any Method That Is Prohibited By This Act; To Authorize The Board To Impose A Monetary Penalty On Any Pbm Found To Be In Noncompliance; To Create New Section 25-15-319, Mississippi Code Of 1972, To Provide That On The Request By Any Agency Of The State Of Mississippi, Or Any Political Subdivision Of The State Or Any Other Public Entity, A Pbm Shall Deliver Or Otherwise Make Available To The Requesting Agency Or Entity, In Its Entirety And With No Redaction, Any Third-Party Aggregator Contracts Or Contracts Relating To Pbm Services; To Provide That Any Entity That Does Not Comply With This Section Shall Be Barred For Five Years From Doing Business In The State; And For Related Purposes.

Location: US-MS

 NADAC+

 State Employee Plan

MS SB 2861

Title: Pharmacy audit integrity act; revise certain definitions related thereto.

Current Status: Failed

Introduction Date: 2024-02-19

Last Action Date: Died In Committee. 2024-03-05

Description: An Act To Amend Section 73-21-179, Mississippi Code Of 1972, To Revise Certain Definitions Under The Pharmacy Audit Integrity Act; And For Related Purposes.

Location: US-MS

MS HB 1593

Title: Pharmacy benefit managers; revise provisions relating to.

Current Status: Failed

Introduction Date: 2024-02-19

Last Action Date: Died In Committee. 2024-03-05

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 Amend Section 73-21-155, Mississippi Code Of 1972, To Prohibit Contracts That Violate Public Policy; 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 Prohibit Pharmacy Benefit Managers From Charging A Plan Sponsor More For A Prescription Drug Than The Net Amount It Pays A Pharmacy For The Prescription Drug; To Prohibit A Pharmacy Benefit Manager Or Third-Party Payer From Charging A Patient To Pay A Copayment That Exceeds The Total Reimbursement Paid By The Pharmacy Benefit Manager To The Pharmacy; To Amend Section 73-21-161, Mississippi Code Of 1972, To Prohibit A Pharmacy Benefit Manager Or Pharmacy Benefit Manager Affiliates From Ordering A Patient To Use An Affiliate Pharmacy Or The 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, For The Purposes Of Conducting Investigations, To Conduct Examinations Of Pharmacy Benefit Managers And To Issue Subpoenas To Obtain Documents Or Records That It Deems Relevant To The Investigation; To Amend Section 73-21-179,

Mississippi Code Of 1972, To Revise Certain Definitions Under The Pharmacy Audit Integrity Act; And For Related Purposes.

Location: US-MS



Appeal procedure



PBM enforcement



Spread pricing

MS SB 2716

Title: Commission on Mississippi Pharmacy Benefits Manager (PBM) and Vision Benefits Manager (VBM) Issues; establish.

Current Status: Failed

Introduction Date: 2024-02-19

Last Action Date: Died In Committee. 2024-03-05

Description: An Act To Establish The "Commission On Mississippi Pharmacy Benefits Manager (Pbm) And Mississippi Vision Benefits Manager (Vbm)Licensure Issues" To Study And Develop Recommendations To The Legislature On Comprehensive Licensure Revisions And Oversight; To Prescribe The Membership Of The Commission And Authorize The Commission To Organize, Hold Hearings And Make Its Report; To Prescribe Issues For The Commission To Consider; And For Related Purposes.

Location: US-MS



Registration/Licen...



Provider networks

SD HB 1147

Title: Address discriminatory acts against entities participating in a 340B drug pricing program.

Current Status: Enacted

Introduction Date: 2024-01-25

Last Action Date: Signed by the Governor on March 05, 2024 H.J. 474. 2024-03-05

Location: US-SD



340B

GA HB 924

Title: Insurance; discriminating against certain healthcare facilities and providers in connection with the administration of provider administered drugs; prohibit insurers


Current Status: Sine Die - Failed

Introduction Date: 2024-01-12

Last Action Date: Senate Read and Referred. 2024-03-04

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 related matters; to provide for an effective date and applicability; to repeal conflicting laws; and for other purposes.

Location: US-GA

 Co-pay accumulator

GA HB 1363

Title: State employees' health insurance plan; drugs dispensed for self-administration; provisions

Current Status: Sine Die - Failed


Introduction Date: 2024-02-21

Last Action Date: Senate Read and Referred. 2024-03-04

Description: A BILL to be entitled an Act to amend Part 1 of Article 1 of Chapter 18 of Title 45 of the Official Code of Georgia Annotated, relating to the state employees' health insurance plan, so as to require that drugs dispensed to a covered person for self-administration under a state health plan be reimbursed using a transparent, index based price, plus a dispensing fee; to provide for definitions; to provide for related matters; to repeal conflicting laws; and for other purposes.

Location: US-GA

 NADAC+

 State Employee Plan

UT SB 152


Title: Cost Sharing Amendments

Current Status: Sine Die - Failed

Introduction Date: 2024-01-26

Last Action Date: Senate/ filed. 2024-03-01

Location: US-UT

 Co-pay accumulator

UT HB 425

Title: Health Insurance Benefit Amendments

Current Status: Sine Die - Failed

Introduction Date: 2024-01-30

Last Action Date: House/ filed. 2024-03-01

Location: US-UT



Provider networks



Rebates



Spread pricing

NM HB 33

Title: PRESCRIPTION DRUG PRICE TRANSPARENCY ACT

Current Status: Enacted

Introduction Date: 2024-01-02

Last Action Date: Signed by Governor - Chapter 33 - Mar. 1. 2024-03-01

Location: US-NM



Transparency and ...



PSAOs

OK HB 3379

Title: Prescriptions; Oklahoma Health Care Safety Net and Affordable Prescriptions Accessibility Act; definitions; discriminatory actions; reimbursement; manufacturer; distributor; enforcement; Attorney General; Insurance Commissioner; violations; federal preemption; effective date.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-05

Last Action Date: Authored by Senator Howard (principal Senate author). 2024-02-29

Location: US-OK



340B

ID H 671

Title: PRESCRIPTION DRUGS – Adds to existing law to establish equitable billing practices for 340B drugs and covered entities.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-27

Last Action Date: Reported Printed and Referred to Health & Welfare. 2024-02-28

Location: US-ID

 340B

KY HB 490

Title: AN ACT relating to pharmaceutical drug price discrimination.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-08

Last Action Date: reassigned to Appropriations & Revenue (H). 2024-02-27

Description: Create a new section of KRS Chapter 315 to define terms, prohibit discrimination against 340B covered entities by pharmaceutical manufacturers, and authorize the Attorney General to investigate violations.

Location: US-KY

 340B

KY HB 806

Title: AN ACT relating to pharmaceutical manufacturers.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-26

Last Action Date: to Committee on Committees (H). 2024-02-26

Description: Create a new section of KRS Chapter 315 to define terms; prohibit discrimination against 340B covered entities by pharmaceutical manufacturers; authorize the Attorney General to investigate violations; amend KRS 315.010 to include pharmacists who compound drugs intended for human use without a valid prescription in the definition of "manufacturer."

Location: US-KY

 340B

OK HB 3368


Title: Health insurance; Patients Pay Less Act; cost sharing; pharmacy benefits managers; rules; definitions; health insurers and administrators; Patient's Right to Pharmacy Choice Act definitions; definitions; effective date.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-05

Last Action Date: CR; Do Pass Insurance Committee. 2024-02-22

Location: US-OK

 Co-pay accumulator

OK SB 1628

Title: Prescription drug pricing; modifying requirements of pharmacy benefits management; prohibiting prescription drug manufacturers from discriminating against certain drug pricing program. Effective date.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-05

Last Action Date: Coauthored by Representative McEntire (principal House author). 2024-02-20

Location: US-OK

 340B

MA H 1131

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

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Accompanied a new draft, see H4411. 2024-02-20

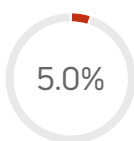
Description: By Representative Roy of Franklin, a petition (accompanied by bill, House, No. 1131) of Jeffrey N. Roy relative to patient cost, benefit, and coverage information, choice, and price transparency. Financial Services.

Location: US-MA

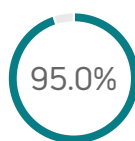
 Patient Protections

 Transparency and ...

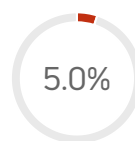
Floor Forecast Scores



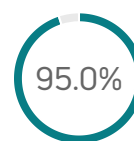
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MO SB 1035

Title: Enacts provisions relating to payments for prescription drugs

Current Status: Sine Die - Failed

Introduction Date: 2024-01-03

Last Action Date: Hearing Conducted S Insurance and Banking Committee. 2024-02-19

Location: US-MO

 340B

WY HB 173

Title: Pharmacy benefit manager amendments.

Current Status: Failed

Introduction Date: 2024-02-12

Last Action Date: H Did not Consider for Introduction. 2024-02-16

Description: AN ACT relating to pharmacy benefit managers; amending provisions related to pharmacies and in network retail pharmacies; requiring rulemaking; specifying applicability; and providing for effective dates.

Location: US-WY

 Provider networks

IA SSB 3079

Title: A bill for an act relating to the regulation of pharmacy benefits managers.(See SF 2357.)

Current Status: Sine Die - Failed

Introduction Date: 2024-01-17

Last Action Date: Committee report approving bill, renumbered as SF 2357.. 2024-02-14

Location: US-IA

 Pharmacy Reimbur...

OK SB 1955

Title: Patient's Right to Pharmacy Choice Act; authorizing cause of action for certain violations; establishing procedural requirements; authorizing certain discovery. Emergency.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-05

Last Action Date: Coauthored by Representative Roberts (principal House author). 2024-02-14

Location: US-OK



Reimbursement to ...



Patient steering

VA HB 1432

Title: Attorney General; Pharmacy Benefits Manager and Third-Party Administrator Oversight Work Group.

Current Status: Failed

Introduction Date: 2024-01-18

Last Action Date: House: Left in Rules. 2024-02-13

Description: Attorney General; Pharmacy Benefits Manager and Third-Party Administrator Oversight Work Group; report. Directs the Attorney General to convene the Pharmacy Benefits Manager and Third-Party Administrator Oversight Work Group to examine the impact of *Rutledge v. Pharmaceutical Care Management Association*, 141 S. Ct. 474 (2020), and to formulate legislative recommendations for reducing prescription drug costs, minimizing health care expenses, reducing bureaucratic impediments to affordable health care, enhancing transparency, and improving overall health outcomes for residents of the Commonwealth. The bill requires such work group to submit a report of its findings and recommendations to the General Assembly by November 1, 2025.

Location: US-VA



PBM enforcement

VA HB 1006

Title: Health insurance; freedom of choice, delivery of prescription drugs or devices.

Current Status: Failed

Introduction Date: 2024-01-10

Last Action Date: House: Left in Labor and Commerce. 2024-02-13

Description: Health insurance; pharmacies; freedom of choice; delivery of prescription drugs or devices. Prohibits an insurer, health maintenance organization, corporation providing preferred provider subscription contracts, or pharmacy benefits manager from imposing upon any person receiving pharmaceutical benefits any policy or practice requiring or incentivizing a prescription drug or device to be sent (i) directly to a health care provider for administration to a patient, (ii) to a specific pharmacy selected by such insurer, organization, corporation, or pharmacy benefits manager, or (iii) to the residence of such person.

Location: US-VA



Any willing provider



Patient steering

VA HB 104

Title: Provider contracts; pharmacies allowed to refuse to fill certain prescriptions.


Current Status: Failed

Introduction Date: 2023-12-31

Last Action Date: House: Left in Labor and Commerce. 2024-02-13

Description: Provider contracts; pharmacies; refusal to fill certain prescriptions. Requires a provider contract between a health carrier or its pharmacy benefits manager and a pharmacy or its contracting agent to contain a specific provision allowing the pharmacy to refuse to fill a prescription for a drug that is reimbursed below the actual cost of the medication.

Location: US-VA

 Decline to dispense

OK SB 1581

Title: Pharmacy benefits management; requiring pharmacy benefits manager to maintain certain fiduciary duty. Effective date.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-05

Last Action Date: Coauthored by Representative Marti (principal House author). 2024-02-13

Location: US-OK

 Fiduciary duty

IA HF 2473

Title: A bill for an act relating to pharmacy benefits managers, pharmacies, and prescription drug benefits, and including applicability provisions.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-13

Last Action Date: Introduced, referred to Commerce.. 2024-02-13

Location: US-IA

 Any willing provider

 Mail-order

 Patient steering

IN HB 1327

Title: Health and insurance matters.

Current Status: Failed


Introduction Date: 2024-01-10


Last Action Date: The bill has been marked as inactive on the legislature website and no further activity is expected. The date chosen for this action is system generated by FN and is set to 1 day after the most recent action.. 2024-02-13

Description: Requires reporting of certain ownership information by: (1) a hospital to the Indiana department of health (state department); (2) a physician group practice to the professional licensing agency; and (3) an insurer, a third party administrator, and a pharmacy benefit manager to the department of insurance. Requires the professional licensing agency and the department of insurance to provide the ownership information to the state department. Requires the state department to post the ownership information on the state department's website. Sets forth penalties for a violation of the ownership reporting requirements. Allows a contract holder to request an audit of a pharmacy benefit manager at least two times in a calendar year. Requires a contract with a third party administrator, pharmacy benefit manager, or prepaid health care delivery plan to provide that the plan sponsor has ownership of the claims data. Allows a plan sponsor that contracts with a third party administrator, the office of the secretary of family and social services that contracts with a managed care organization to provide services to a Medicaid recipient, or the state personnel department that contracts with a prepaid health care delivery plan to provide group health coverage for state employees to request an audit at least two times in a calendar year. Provides that a violation of the requirements concerning audits of a third party administrator, managed care organization, or prepaid health care delivery plan is an unfair or deceptive act or practice in the business of insurance and allows the department of insurance to adopt rules to set forth fines for a violation.

Location: US-IN

 Transparency and ...

 PBM enforcement

 ERISA

VA HB 1136

Title: Health insurance; employee welfare benefit plans, pharmacy audit protections.

Current Status: Failed

Introduction Date: 2024-01-10

Last Action Date: House: Left in Labor and Commerce. 2024-02-13

Description: Health insurance; employee welfare benefit plans; pharmacy audit protections. Requires contracts and provider contracts between an entity providing or administering self-insured or self-funded employee welfare benefit plans and an intermediary or a participating pharmacy provider or its contracting agent, pursuant to which such entity or intermediary has the right or obligation to conduct audits of participating pharmacy providers, to contain certain terms and provisions relating to such audits.

Location: US-VA

MA S 714

Title: An Act relative to pharmaceutical "gag clauses"

Current Status: In Senate

Introduction Date: 2023-02-16

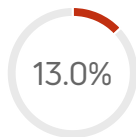
Last Action Date: Accompanied a study order, see S2636. 2024-02-12

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.

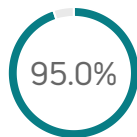
Location: US-MA

Gag clause

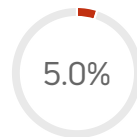
Floor Forecast Scores



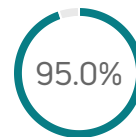
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

VA HB 1348

Title: Pharmaceutical Services, Office of; establishes in Department of General Services, report.

Current Status: In House

Introduction Date: 2024-01-12

Last Action Date: Continued to 2025 in Appropriations (Voice Vote). 2024-02-09

Description: Department of General Services; Office of Pharmaceutical Services; report.

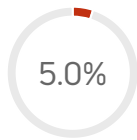
Establishes in the Department of General Services an Office of Pharmaceutical Services to develop and execute a plan to consolidate state agency prescription drug purchasing and pharmacy benefit management programs to increase efficiency in prescription drug purchasing and constrain spending on prescription drugs. The bill directs the Department to provide to the Governor and the General Assembly an interim report on the development of the plan by November 1, 2024, and a final report on the plan by November 1, 2025.

Location: US-VA

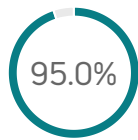
State Employee Plan

Medicaid Reimburs...

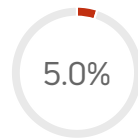
Floor Forecast Scores



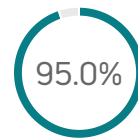
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MD HB 1368

Title: Health Insurance Carriers and Pharmacy Benefits Managers – Clinician–Administered Drugs and Related Services


Current Status: Sine Die - Failed

Introduction Date: 2024-02-09

Last Action Date: Hearing 2/29 at 1:00 p.m.. 2024-02-09

Description: Prohibiting certain health insurance entities from taking certain actions with respect to the dispensing of clinician-administered drugs and related services; and authorizing certain health insurance entities to allow the use of a certain pharmacy or infusion site for an insured or an enrollee to obtain certain clinician-administered drugs and related services.

Location: US-MD

 White bagging

IL HB 1054

Title: Ins-Cost Sharing/Drug Rebates

Current Status: Sine Die - Failed

Introduction Date: 2022-12-21

Last Action Date: Added Co-Sponsor Rep. Jenn Ladisch Douglass. 2024-02-09

Description: Amends the Illinois Insurance Code. Provides that a group or individual policy of accident and health insurance amended, delivered, issued, or renewed on or after January 1, 2024 that provides coverage for prescription drugs shall require that a covered individual'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 100% of all rebates received in connection with the dispensation or administration of the prescription drug. Provides that an insurer shall apply any rebate amount in excess of the defined cost sharing amount to the health plan to reduce premiums. Provides that the provisions shall not preclude an insurer from decreasing a covered individual's defined cost sharing by an amount greater than the stated amount at the point of sale. Provides that the Department of Insurance may adopt rules to implement the provisions.

Location: US-IL

VA HB 1041

Title: Health insurance; cost-sharing, pharmacy benefits managers' compensation and duties, civil penalty.

Current Status: In House

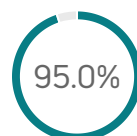
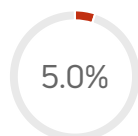
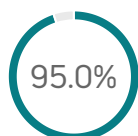
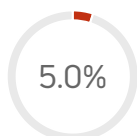
Introduction Date: 2024-01-10

Last Action Date: Continued to 2025 in Labor and Commerce (Voice Vote). 2024-02-08

Description: Health insurance; cost-sharing; pharmacy benefits managers' compensation and duties: civil penalty. 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 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. The bill prohibits a pharmacy benefits manager from deriving income from pharmacy benefits management services provided to a carrier or health benefit plan except for income derived from a pharmacy benefits management fee. The bill requires the amount of any pharmacy benefits management fees to be set forth in the agreement between the pharmacy benefits manager and the carrier or health benefit plan and that such fee not be based on the acquisition cost or any other price metric of a drug; the amount of savings, rebates, or other fees charged, realized, or collected by or generated based on the activity of the pharmacy benefits manager; or the amount of premiums, deductibles, or other cost-sharing or fees charged, realized, or collected by the pharmacy benefits manager from enrollees or other persons on behalf of an enrollee. The bill requires a pharmacy benefits manager to annually certify to the State Corporation Commission that it has met certain requirements. The bill establishes a pharmacy benefits manager duty, which includes the duties of care and good faith and fair dealing, owed to any enrollee, provider, or health benefit plan that receives pharmacy benefits management services from the pharmacy benefits manager or that furnishes, covers, receives, or is administered a unit of a prescription drug for which the pharmacy benefits manager has provided pharmacy benefits management services. The bill requires the Commission to define by regulation the scope of such duty and provides for a private cause of action for any person aggrieved by the breach of such duty.

Location: US-VA

Floor Forecast Scores



House
Pre-Floor Score

House
Floor Score

Senate
Pre-Floor Score

Senate
Floor Score

IA HSB 640


Title: A bill for an act relating to pharmacy benefits managers, pharmacies, and prescription drug pricing, and providing applicability provisions.(See HF 2401.)


Current Status: Sine Die - Failed

Introduction Date: 2024-01-30

Last Action Date: Committee report approving bill, renumbered as HF 2401.. 2024-02-08

Location: US-IA

 Appeal procedure

 Spread pricing

MD SB 1019

Title: Health Benefit Plans - Prescription Drugs - Rebates and Calculation of Cost Sharing Requirements


Current Status: Sine Die - Failed

Introduction Date: 2024-02-02

Last Action Date: Hearing 3/13 at 1:00 p.m.. 2024-02-06

Description: Requiring that the calculation of an enrollee's contribution to a cost sharing requirement for a prescription drug be based on the list price of the drug reduced by at least 85% of the total amount of rebates received or expected to be received by the carrier or pharmacy benefits manager for the dispensing or administration of the prescription drug; and prohibiting the disclosure of certain information concerning rebates.

Location: US-MD

 Co-pay accumulator

NY A 9086

Title: Relates to requiring a referenced rate for prescription drug

Current Status: Sine Die - Failed

Introduction Date: 2024-02-06

Last Action Date: REFERRED TO INSURANCE. 2024-02-06

Description: Relates to reducing the cost of prescription drugs by establishing maximum wholesale drug prices that are the same as the prices in Canada.

Location: US-NY

 Reference Rate

OK HB 3377

Title: Pharmacy benefit management; definitions; effective date.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-05

Last Action Date: Second Reading referred to Rules. 2024-02-06

Location: US-OK

OK SB 1567

Title: Pharmacy benefits management; modifying definitions. Effective date.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-05

Last Action Date: Second Reading referred to Retirement and Insurance. 2024-02-06

Location: US-OK

OK SB 1916

Title: Prescription drugs; creating the Oklahoma Patient Right to Know Act; authorizing pharmacists to request certain information on behalf of insured; establishing enforcement provisions. Effective date.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-05

Last Action Date: Second Reading referred to Retirement and Insurance. 2024-02-06

Location: US-OK



Patient Protections



Transparency and ...



Drug Pricing

MD SB 754

Title: Health Insurance Carriers and Pharmacy Benefits Managers - Clinician-Administered Drugs and Related Services

Current Status: Sine Die - Failed

Introduction Date: 2024-02-01

Last Action Date: Hearing 2/28 at 1:00 p.m.. 2024-02-02

Description: Prohibiting certain health insurance entities from taking certain actions with respect to the dispensing of clinician-administered drugs and related services; and authorizing certain health insurance entities to allow the use of a certain pharmacy or

infusion site for an insured or an enrollee to obtain certain clinician-administered drugs and related services.

Location: US-MD

 White bagging

MD SB 626

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

Current Status: Sine Die - Failed

Introduction Date: 2024-01-26

Last Action Date: Hearing 2/28 at 1:00 p.m.. 2024-02-02

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.

Location: US-MD

 ERISA

CA AB 913

High Priority

 Support

Title: Pharmacy benefit managers.

Current Status: Failed

Introduction Date: 2023-02-14

Last Action Date: From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.. 2024-02-01

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. Existing law provides that division, part, chapter, article, and section headings contained in the Business and Professions Code shall not be deemed to govern, limit, modify, or in any manner affect the scope, meaning, or intent of the provisions of that law. This bill would make nonsubstantive changes to that provision.

Location: US-CA

CA AB 874

Title: Health care coverage: out-of-pocket expenses.

Current Status: Failed

Introduction Date: 2023-02-14

Last Action Date: From committee: Filed with the Chief Clerk pursuant to Joint Rule 56..
2024-02-01

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.

Location: US-CA

KY SB 149

Title: AN ACT relating to prescription drugs.


Current Status: Sine Die - Failed

Introduction Date: 2024-01-30

Last Action Date: to Banking & Insurance (S). 2024-02-01

Description: 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; amend KRS 304.17C-125, 304.38A-115, 18A.225, and 164.2871 to apply the cost-sharing and rebate requirements for prescription drugs to limited health service benefit plans, 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; repeal KRS 304.38A-120, relating to assignment of certain benefits under limited health service organization plans, to consolidate like provisions; apply provisions to health plans issued or renewed on or after January 1, 2025; EFFECTIVE January 1, 2025.

Location: US-KY

 Co-pay accumulator

IA SF 554

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.)

Current Status: Sine Die - Failed

Introduction Date: 2023-03-22

Last Action Date: Subcommittee recommends indefinite postponement. Vote Total: 3-0..
2024-01-30

Location: US-IA

 Reverse auction

RI HB 7139

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.)

Current Status: Sine Die - Failed


Introduction Date: 2024-01-11


Last Action Date: Committee recommended measure be held for further study. 2024-01-30

Location: US-RI

 Transparency and ...

 Reimbursement to ...

 PBM enforcement

 Spread pricing

 Patient steering

NY S 6738

Title: Establishes the prescription drug supply chain transparency act

Current Status: Sine Die - Failed

Introduction Date: 2023-05-08

Last Action Date: REFERRED TO INSURANCE. 2024-01-30

Description: Establishes the prescription drug supply chain transparency act; 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.

Location: US-NY

 PSAOs

IN SB 257

Title: Fiduciary duty in health plan administration.

Current Status: Failed

Introduction Date: 2024-01-16

Last Action Date: The bill has been marked as inactive on the legislature website and no further activity is expected. The date chosen for this action is system generated by FN and is set to 1 day after the most recent action.. 2024-01-30

Description: Provides that any third party administrator, pharmacy benefit manager, employee benefit consultant, or insurance producer acting on behalf of a plan sponsor owes a fiduciary duty to the plan sponsor.

Location: US-IN

 Fiduciary duty

WV HB 5244

Title: Relating to portable benefit plans

Current Status: Sine Die - Failed

Introduction Date: 2024-01-26

Last Action Date: Filed for introduction. 2024-01-26

Location: US-WV

 State Employee Plan

MO SB 1213

Title: Enacts provisions relating to payments for prescription drugs


Current Status: Sine Die - Failed

Introduction Date: 2024-01-03

Last Action Date: Second Read and Referred S Insurance and Banking Committee. 2024-01-25

Location: US-MO

 Transparency and ...

 Fiduciary duty

 Rebates

MO SB 1190


Title: Requires any amount paid on behalf of a health benefit plan enrollee to count toward the enrollee's cost-sharing

Current Status: Sine Die - Failed

Introduction Date: 2024-01-03

Last Action Date: Second Read and Referred S Insurance and Banking Committee. 2024-01-25

Location: US-MO

 Co-pay accumulator

MO SB 1106


Title: Requires any amount paid on behalf of a health benefit plan enrollee to count toward the enrollee's cost-sharing

Current Status: Sine Die - Failed

Introduction Date: 2024-01-03

Last Action Date: Second Read and Referred S Insurance and Banking Committee. 2024-01-25

Location: US-MO

 Co-pay accumulator

NJ S 2325

Title: Allows reverse auctions for certain health benefits.

Current Status: In Senate

Introduction Date: 2024-01-25

Last Action Date: Introduced in the Senate, Referred to Senate State Government, Wagering, Tourism & Historic Preservation Committee. 2024-01-25

Location: US-NJ

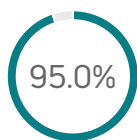
 State Employee Plan

 Reverse auction

Floor Forecast Scores



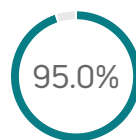
Senate
Pre-Floor Score



Senate
Floor Score



Assembly
Pre-Floor Score



Assembly
Floor Score

MD SB 526

Title: Health Insurance - Pharmacy Benefits Managers - Specialty Drugs Dispensed by a Physician

Current Status: Sine Die - Failed

Introduction Date: 2024-01-24

Last Action Date: Hearing 2/14 at 1:00 p.m.. 2024-01-24

Description: Prohibiting certain pharmacy benefits managers from requiring a beneficiary to use a specific pharmacy or entity for a specialty drug if the drug is dispensed by a physician, used in the treatment of a certain condition, and meets other requirements; and altering the application to specialty drugs of the prohibition on certain pharmacy benefits managers reimbursing a pharmacy or pharmacist in an amount less than the amount the pharmacy benefits manager reimburses itself or an affiliate for providing the same product or service.

Location: US-MD

 White bagging

IA HSB 536

Title: A bill for an act relating to the regulation of pharmacy benefits managers.(See HF 2099.)

Current Status: Sine Die - Failed


Introduction Date: 2024-01-09

Last Action Date: Committee report approving bill, renumbered as HF 2099.. 2024-01-22

Location: US-IA

 Transparency and ...

 Protections from u...

 PBM enforcement

WV SB 333

Title: Dissolving PEIA and converting to employer-owned mutual insurance company


Current Status: Sine Die - Failed

Introduction Date: 2024-01-12

Last Action Date: Filed for introduction. 2024-01-12

Location: US-WV

 State Employee Plan

 Drug Pricing

IN HB 1377

Title: Prescription drug pricing.

Current Status: Failed

Introduction Date: 2024-01-10


Last Action Date: The bill has been marked as inactive on the legislature website and no further activity is expected. The date chosen for this action is system generated by FN and is set to 1 day after the most recent action.. 2024-01-11

Description: Provides that the price that a health plan, third party administrator, or pharmacy benefit manager sets for a covered individual's purchase of a prescription drug from a pharmacist or pharmacy must be equal to or less than the amount directly or indirectly paid by the health plan, third party administrator, or pharmacy benefit manager to the pharmacist or pharmacy for the prescription drug.

Location: US-IN

 Transparency and ...

 Pharmacy Reimbur...

 Spread pricing

WV HB 4174

Title: Prohibit the practice of white bagging

Current Status: Sine Die - Failed

Introduction Date: 2024-01-10

Last Action Date: Filed for introduction. 2024-01-10

Location: US-WV

 White bagging

NJ A 1440

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

Current Status: In Assembly

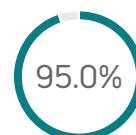
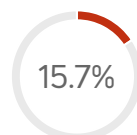
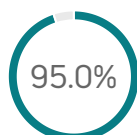
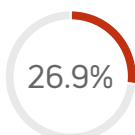
Introduction Date: 2024-01-09

Last Action Date: Introduced, Referred to Assembly Financial Institutions and Insurance Committee. 2024-01-09

Location: US-NJ

 Mail-order

Floor Forecast Scores



Assembly
Pre-Floor Score

Assembly
Floor Score

Senate
Pre-Floor Score

Senate
Floor Score

NJ A 2777

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

Current Status: In Assembly

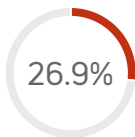
Introduction Date: 2024-01-09

Last Action Date: Introduced, Referred to Assembly Financial Institutions and Insurance Committee. 2024-01-09

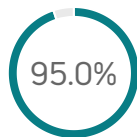
Location: US-NJ

 ERISA

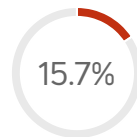
Floor Forecast Scores



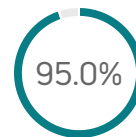
Assembly
Pre-Floor Score



Assembly
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

NJ S 1008

Title: "New Jersey Pharmacy Audit Bill of Rights;" establishes procedures by which entities are required to conduct audits of pharmacies.

Current Status: In Senate

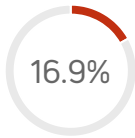
Introduction Date: 2024-01-09

Last Action Date: Introduced in the Senate, Referred to Senate Commerce Committee. 2024-01-09

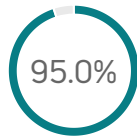
Location: US-NJ

 Fair Pharmacy Audi...

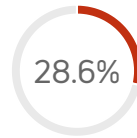
Floor Forecast Scores



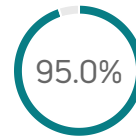
Senate
Pre-Floor Score



Senate
Floor Score



Assembly
Pre-Floor Score



Assembly
Floor Score

NJ S 1020

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

Current Status: In Senate

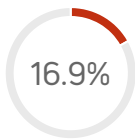
Introduction Date: 2024-01-09

Last Action Date: Introduced in the Senate, Referred to Senate Commerce Committee. 2024-01-09

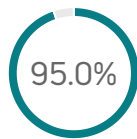
Location: US-NJ

 Mail-order

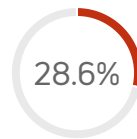
Floor Forecast Scores



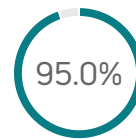
Senate
Pre-Floor Score



Senate
Floor Score



Assembly
Pre-Floor Score



Assembly
Floor Score

NJ S 1047


Title: Regulates certain practices of pharmacy benefits managers and health insurance carriers.


Current Status: In Senate


Introduction Date: 2024-01-09

Last Action Date: Introduced in the Senate, Referred to Senate Commerce Committee. 2024-01-09


Location: US-NJ


 Transparency and ...

 Accreditation requi...

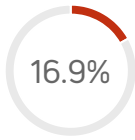
 Drug Pricing

 Mail-order

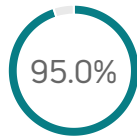
 Patient steering

 Gag clause

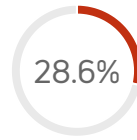
Floor Forecast Scores



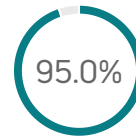
Senate
Pre-Floor Score



Senate
Floor Score



Assembly
Pre-Floor Score



Assembly
Floor Score

IN SB 168

Title: 340B drug program report.

Current Status: Failed

Introduction Date: 2024-01-08

Last Action Date: The bill has been marked as inactive on the legislature website and no further activity is expected. The date chosen for this action is system generated by FN and is set to 1 day after the most recent action.. 2024-01-09

Description: Requires an entity authorized to participate in the federal 340B Drug Pricing Program to annually report specified data to the Indiana department of health (department). Requires the department to submit a report of the aggregated data to the legislative council and post the report on the department's website.

Location: US-IN

 Transparency and ...

 340B

WA SB 5445

Title: Concerning cost-sharing fairness.

Current Status: Sine Die - Failed

Introduction Date: 2024-01-08

Last Action Date: By resolution, reintroduced and retained in present status.. 2024-01-08

Location: US-WA

WA HB 1253


Title: Concerning pharmacy benefit managers.

Current Status: Sine Die - Failed

Introduction Date: 2024-01-08

Last Action Date: By resolution, reintroduced and retained in present status.. 2024-01-08

Location: US-WA

 Registration/Licen...

 Reimbursement to ...

 Mail-order



PBM enforcement



Decline to dispense

WA HB 1465

Title: Concerning cost-sharing fairness.

Current Status: Sine Die - Failed

Introduction Date: 2024-01-08

Last Action Date: By resolution, reintroduced and retained in present status.. 2024-01-08

Location: US-WA

NY A 8067

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

Current Status: Sine Die - Failed

Introduction Date: 2023-09-27

Last Action Date: referred to insurance. 2024-01-03

Location: US-NY

NY S 1888

Title: Relates to reducing pharmacy benefit manager costs

Current Status: Sine Die - Failed

Introduction Date: 2023-01-17

Last Action Date: REFERRED TO INSURANCE. 2024-01-03

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

Location: US-NY



Transparency and ...



Rebates



Spread pricing

NY S 7110

Title: Relates to reimbursements practices of pharmacy benefit managers

Current Status: Sine Die - Failed

Introduction Date: 2023-05-18

Last Action Date: REFERRED TO HEALTH. 2024-01-03

Description: Ensures reimbursement practices of pharmacy benefit managers do not allow for reimbursement of an amount less than the cost of procuring the drugs.

Location: US-NY



Protections from u...

NY S 982

Title: Relates to exceptions from registration requirements for nonresident pharmacies in certain cases

Current Status: Failed

Introduction Date: 2024-01-03

Last Action Date: REFERRED TO HIGHER EDUCATION. 2024-01-03

Description: Permits an exception from registration for nonresident pharmacies in cases of a specific patient need or a declared public health emergency under certain conditions.

Location: US-NY



Mail-order

NY A 1067

Title: Relates to exceptions from registration requirements for nonresident pharmacies in certain cases

Current Status: Sine Die - Failed

Introduction Date: 2023-01-13

Last Action Date: REFERRED TO HIGHER EDUCATION. 2024-01-03

Description: Permits an exception from registration for nonresident pharmacies in cases of a specific patient need or a declared public health emergency under certain conditions.

Location: US-NY



Mail-order

NY A 2163

Title: Establishes patient safety and quality assurance measures regarding the distribution of patient-specific medication from an insurer-designated pharmacy

Current Status: Sine Die - Failed

Introduction Date: 2023-01-23

Last Action Date: REFERRED TO INSURANCE. 2024-01-03

Description: Establishes patient safety and quality assurance measures regarding the distribution of patient-specific medication from an insurer-designated pharmacy; prohibits certain "brown bagging" and "white bagging" policies regarding pharmacy provided medications.

Location: US-NY

NY A 6352

Title: Relates to reducing pharmacy benefit manager costs

Current Status: Sine Die - Failed

Introduction Date: 2023-04-05

Last Action Date: REFERRED TO INSURANCE. 2024-01-03

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

Location: US-NY

 Spread pricing

NY A 7304

Title: Establishes the prescription drug supply chain transparency act of 2023

Current Status: Sine Die - Failed

Introduction Date: 2023-05-17

Last Action Date: REFERRED TO CODES. 2024-01-03

Description: 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.

Location: US-NY

 PSAOs

NY A 7789

Title: Relates to establishing the "340B prescription drug anti-discrimination act"

Current Status: Sine Die - Failed

Introduction Date: 2023-06-15

Last Action Date: REFERRED TO HEALTH. 2024-01-03

Description: Relates to establishing the "340B prescription drug anti-discrimination act"; 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.

Location: US-NY

 340B

NY S 2387

Title: Relates to investigating critical prescription drug pricing


Current Status: Sine Die - Failed

Introduction Date: 2023-01-20

Last Action Date: REFERRED TO INSURANCE. 2024-01-03

Description: Requires investigating of critical prescription drug pricing; provides for civil penalties and private actions for certain critical prescription drug pricing.

Location: US-NY

 PBM enforcement

NY S 950

Title: Relates to reimbursements practices of pharmacy benefit managers

Current Status: Sine Die - Failed


Introduction Date: 2023-01-09

Last Action Date: REFERRED TO HEALTH. 2024-01-03

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

Location: US-NY

 Protections from u...

 Decline to dispense

NH HB 383

Title: relative to provider contract standards for pharmacy benefit managers.

Current Status: Failed

Introduction Date: 2023-01-09

Last Action Date: Inexpedient to Legislate: MA VV 01/03/2024 HJ 1 P. 36. 2024-01-03

Location: US-NH

📄 Appeal procedure

📄 Protections from u...

IA SF 333

Title: A bill for an act relating to pharmacy benefits managers, pharmacies, and prescription drug benefits, and including applicability provisions.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-20

Last Action Date: ***** END OF 2023 ACTIONS ***** . 2023-12-31

Location: US-IA

📄 Patient Protections

📄 Any willing provider

📄 Appeal procedure

📄 Mail-order

MI HB 4276

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.

Current Status: Enacted

Introduction Date: 2023-03-14

Last Action Date: assigned PA 279'23. 2023-12-31

Location: US-MI

MI HB 5338

Title: Insurance: other; an enrollee's defined cost sharing for prescription drugs; provide for. Amends secs. 5, 7 & 9 of 2022 PA 11 (MCL 550.815 et seq.) & adds sec. 10.

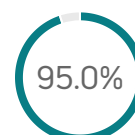
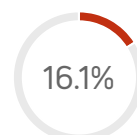
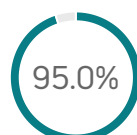
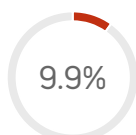
Current Status: In House

Introduction Date: 2023-11-14

Last Action Date: bill electronically reproduced 11/14/2023. 2023-12-31

Location: US-MI

Floor Forecast Scores



House
Pre-Floor Score

House
Floor Score

Senate
Pre-Floor Score

Senate
Floor Score

NY A 1707

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

Current Status: Enacted

Introduction Date: 2023-06-06

Last Action Date: SIGNED CHAP.738. 2023-12-22

Description: Requires certain manufacturers of prescription drugs to notify the superintendent of any proposed increase of the wholesale acquisition cost of such prescription drugs.

Location: US-NY

 Transparency and ...

 Drug Pricing

HI HB 1083

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

Current Status: Sine Die - Failed

Introduction Date: 2023-01-25

Last Action Date: Carried over to 2024 Regular Session.. 2023-12-11

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

Location: US-HI

OH HB 177

Title: Prohibit certain health insurance cost-sharing practices

Current Status: In House

Introduction Date: 2023-05-22

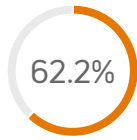
Last Action Date: Reported Public Health Policy. 2023-11-16

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

Location: US-OH

 Patient Protections

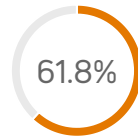
Floor Forecast Scores



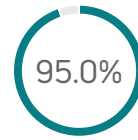
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA S 2492

Title: An Act relative to pharmaceutical access, costs and transparency

Current Status: In Senate

Introduction Date: 2023-10-30

Last Action Date: Read second. 2023-11-15

Description: Senate, October 30, 2023 -- The committee on Health Care Financing, to whom was referred the petitions (accompanied by bill, Senate, No. 732) of John J. Cronin for legislation to promote comprehensive transparency in the pharmaceutical industry; (accompanied by bill, Senate, No. 749) of Cindy F. Friedman, Rebecca L. Rausch, Susannah M. Whipps, Joanne M. Comerford and other members of the General Court for legislation relative to pharmaceutical access, costs and transparency; (accompanied by bill, Senate, No. 767) of Jason M. Lewis for legislation to define modest meals and refreshments in prescriber education settings; (accompanied by bill, Senate, No. 778) of Paul W. Mark for legislation to bring down the cost of prescription drugs; (accompanied by bill, Senate, No. 783) of Mark C. Montigny and Michael J. Barrett for legislation to promote transparency and prevent price gouging of pharmaceutical drug prices; (accompanied by bill, Senate, No. 784) of Mark C. Montigny for legislation relative to coverage for chronic illness; (accompanied by bill, Senate, No. 797) of Jacob R. Oliveira for legislation to bring down the cost of prescription drugs; (accompanied by bill, House, No. 619) of Nicholas A. Boldyga relative to establishing a prescription drug rebate program for seniors; (accompanied by bill, House, No. 1176) of Edward F. Coppinger and others relative to promoting comprehensive transparency in the pharmaceutical industry; (accompanied by bill, House, No. 1201) of Kate Hogan relative to the pricing of prescription drugs; (accompanied by bill, House, No. 1205) of Bradley H. Jones, Jr., and others that the Health Policy Commission and health insurers create listings of certain high cost prescription drugs and that the Attorney General require drug manufacturers to provide information to justify increases in costs; (accompanied by bill, House, No. 1206) of Bradley H. Jones, Jr., and others for an investigation by a special commission (including members of the General Court) relative to contracts between the MassHealth program and pharmaceutical benefit managers; (accompanied by bill, House, No. 1215) of John J. Lawn, Jr., and others relative to pharmacy benefit managers; (accompanied by bill, House, No. 1246) of William M. Straus relative to drug prices paid by carriers; and (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, reports the accompanying bill (Senate, No. 2492).

Location: US-MA

Fair Pharmacy Audi...

Registration/Licen...

Transparency and ...

Appeal procedure

Adjudication fees

Rebates

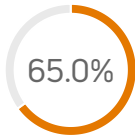
PBM enforcement

Spread pricing

Patient steering

Gag clause

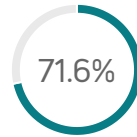
Floor Forecast Scores



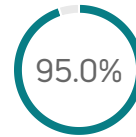
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

MA S 2499

Title: An Act relative to pharmaceutical access, costs and transparency

Current Status: In Senate

Introduction Date: 2023-11-09

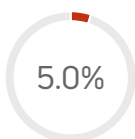
Last Action Date: Bills in the Third Reading report, substituting a new draft S2520, accepted. 2023-11-15

Location: US-MA

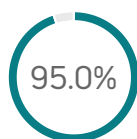
Registration/Licen...

PBM enforcement

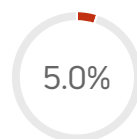
Floor Forecast Scores



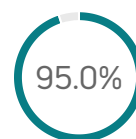
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

MA H 4090

Title: An Act making appropriations for the fiscal year 2023 for supplementing certain existing appropriations and for certain other activities and projects

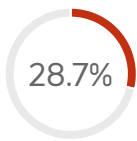
Current Status: In House

Introduction Date: 2023-09-14

Last Action Date: Reported, in part, by H4167. 2023-11-08

Location: US-MA

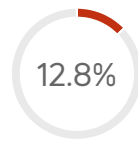
Floor Forecast Scores



House
Pre-Floor Score

N/A

House
Floor Score



Senate
Pre-Floor Score

N/A

Senate
Floor Score

MA H 1215

Title: An Act relative to pharmacy benefit managers

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Accompanied a new draft, see S2492. 2023-10-30

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.

Location: US-MA

Fair Pharmacy Audi...

Registration/Licen...

Transparency and ...

Appeal procedure

PBM enforcement

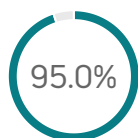
Spread pricing

Gag clause

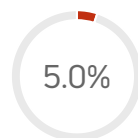
Floor Forecast Scores



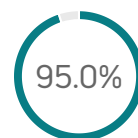
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA H 1247

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

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Accompanied a new draft, see S2492. 2023-10-30

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.

Location: US-MA



Appeal procedure

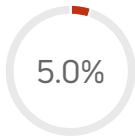


Reimbursement to ...



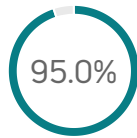
Protections from u...

Floor Forecast Scores



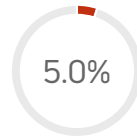
5.0%

House
Pre-Floor Score



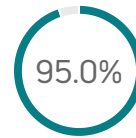
95.0%

House
Floor Score



5.0%

Senate
Pre-Floor Score



95.0%

Senate
Floor Score

MA S 749

Title: An Act relative to pharmaceutical access, costs and transparency

Current Status: In Senate

Introduction Date: 2023-02-16

Last Action Date: Accompanied a new draft, see S2492. 2023-10-30

Description: By Ms. Friedman, a petition (accompanied by bill, Senate, No. 749) of Cindy F. Friedman, Rebecca L. Rausch, Susannah M. Whipps, Joanne M. Comerford and other members of the General Court for legislation relative to pharmaceutical access, costs and transparency. Health Care Financing.

Location: US-MA



Registration/Licen...

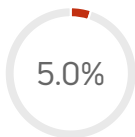


Pharmacy Reimbur...



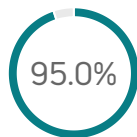
Drug Pricing

Floor Forecast Scores



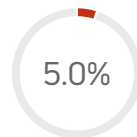
5.0%

Senate
Pre-Floor Score



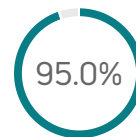
95.0%

Senate
Floor Score



5.0%

House
Pre-Floor Score



95.0%

House
Floor Score

CA SB 786

Title: Prescription drug pricing.

Current Status: Enacted

Introduction Date: 2023-02-17

Last Action Date: Chaptered by Secretary of State. Chapter 414, Statutes of 2023.. 2023-10-07

Description: SB 786, 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.

Location: US-CA

MI SB 483

Title: Health: pharmaceuticals; prescription drug cost and affordability review act; create. Creates new act.

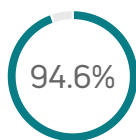
Current Status: In House

Introduction Date: 2023-09-12

Last Action Date: referred to Committee on Insurance and Financial Services. 2023-10-04

Location: US-MI

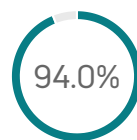
Floor Forecast Scores



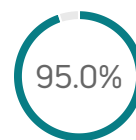
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

CA SB 873

Title: Prescription drugs: cost sharing.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-17

Last Action Date: September 1 hearing: Held in committee and under submission.. 2023-09-01

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.

Location: US-CA

 Transparency and ...

 Rebates

IL HB 3631

Title: Ins-Pbm/Information Disclosure

Current Status: Enacted

Introduction Date: 2023-02-17

Last Action Date: Public Act 103-0453. 2023-08-04

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.

Location: US-IL

 Transparency and ...

HI SB 1381

 Oppose

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

Current Status: Enacted

Introduction Date: 2023-01-25

Last Action Date: Act 207, 07/03/2023 (Gov. Msg. No. 1310).. 2023-07-05

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)

Location: US-HI

 Pharmacy Reimbur...

TX HB 4990

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

Current Status: Enacted

Introduction Date: 2023-03-10

Last Action Date: Effective immediately. 2023-06-13

Location: US-TX

NV AB 434

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

Current Status: Enacted

Introduction Date: 2023-03-27

Last Action Date: Chapter 390.. 2023-06-13

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.

Location: US-NV

 340B

TX HB 999


Title: Relating to the effect of certain reductions in a health benefit plan enrollee's out-of-pocket expenses for certain prescription drugs on enrollee cost-sharing requirements.

Current Status: Enacted

Introduction Date: 2022-12-13

Last Action Date: Effective on 9/1/23. 2023-06-10

Location: US-TX

 Co-pay accumulator

TX HB 1647

Title: Relating to health benefit plan coverage of clinician-administered drugs.

Current Status: Enacted

Introduction Date: 2023-01-25

Last Action Date: Effective on 9/1/23. 2023-06-09

Location: US-TX

TX SB 622

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

Current Status: Enacted

Introduction Date: 2023-01-26

Last Action Date: Effective on 9/1/23. 2023-05-29

Location: US-TX



Patient Protections



Adjudication fees



Gag clause

SC S 520

Title: Pharmacy benefits

Current Status: Enacted

Introduction Date: 2023-02-09

Last Action Date: Act No. 30. 2023-05-26

Description: 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

Location: US-SC



Fair Pharmacy Audi...



external review



PSAOs



PBM enforcement



Patient steering

OK HB 1843

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

Current Status: Enacted

Introduction Date: 2023-02-06

Last Action Date: Filed with Secretary of State. 2023-05-25

Location: US-OK



PBM enforcement

IL SB 757

Title: Regulation-Tech

Current Status: In House

Introduction Date: 2023-02-02

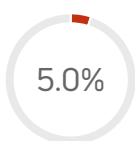
Last Action Date: House Committee Amendment No. 1 Rule 19© / Re-referred to Rules Committee. 2023-05-19

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.

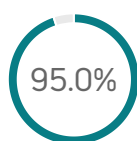
Location: US-IL

 Fair Pharmacy Audi...

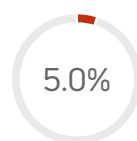
Floor Forecast Scores



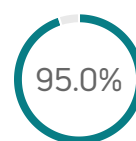
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

ND HB 1413

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


Current Status: Enacted

Introduction Date: 2023-01-16

Last Action Date: Filed with Secretary Of State 05/05. 2023-05-18

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

Location: US-ND

 Co-pay accumulator

TX HB 2180

Title: Relating to the application of prescription drug price rebates to reduce health benefit plan enrollee cost sharing.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-10

Last Action Date: Placed on General State Calendar. 2023-05-10

Location: US-TX

TX HB 1754

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


Current Status: Sine Die - Failed

Introduction Date: 2023-01-26

Last Action Date: Laid on the table subject to call. 2023-05-09

Location: US-TX

 Patient Protections

 Adjudication fees

 Gag clause

NY S 4007

High Priority

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

Current Status: Enacted

Introduction Date: 2023-05-01

Last Action Date: SIGNED CHAP.57. 2023-05-03

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 statewide health care facility transformation program; adds debt retirement, working capital or other non-capital projects to existing health care facility transformation programs (Part P); establishes Medicaid reimbursement for community health workers for high-risk populations; permits licensed mental health counselors and licensed marriage and family therapists in community health centers to be reimbursed (Part Q); relates to expanding Medicaid coverage of preventative health care for nutrition and osteoarthritis services (Part R); modernizes the emergency medical system and workforce; creates an emergency medical services system and agency performance standards; establishes a public campaign to recruit additional personnel into the emergency medical fields; creates a state emergency medical services task force (Part S); relates to lead testing in certain multiple dwellings; establishes a state rental registry and proactive inspections to identify lead hazards for residential dwellings outside of the city of New York with two or more units built prior to

nineteen hundred eighty; expands the powers of the secretary of state with respect to the New York state uniform fire prevention and building code (Part T); provides for the protection of electronic health information; sets requirements for communications to individuals about their electronic health information; prohibits law enforcement agencies and officers from purchasing or obtaining electronic health information without a warrant (Part U); relates to authorizing certain advanced home health aides to perform certain advanced tasks (Part W); provides for the registration of temporary health care services agencies; specifies requirements for registration (Part X); relates to affidavits for medical debt actions (Subpart A); requires hospitals participating in the general hospital indigent care pool to use certain forms for the collection of medical debt (Subpart C); relates to guaranty fund coverage for insurers writing health insurance; directs the superintendent of financial services to develop an assessment offset plan to limit the impact of certain assessments (Subpart D) (Part Y); requires hepatitis C screening and third trimester syphilis testing; extends provisions of law relating thereto (Part AA); adds certain fentanyl analogs to the schedules of controlled substances (Part BB); establishes a cost of living adjustment for designated human services programs (Part DD); extends certain provisions relating to services for individuals with developmental disabilities (Part EE); authorizes community behavioral health clinics to provide coordinated, comprehensive behavioral health care, including mental health and addiction services, primary care screening, and case management services (Part HH); provides for insurance coverage for behavioral health services (Subpart A); enhances utilization review standards for mental health services (Subpart B); expands coverage for substance use disorder treatment (Subpart E); provides for network adequacy for mental health and substance use disorder services (Subpart F) (Part II); authorizes the commissioner of mental hygiene to impose civil penalties and revoke certain operating certificates (Part JJ); establishes the independent developmental disability ombudsman program (Part KK); provides that coverage for abortion services shall include coverage of any drug prescribed for the purpose of an abortion, including both generic and brand name drugs, even if such drug has not been approved by the food and drug administration for abortion, provided, however, that such drug shall be a recognized medication for abortion in one of the following established reference compendia: The WHO Model Lists of Essential Medicines; The WHO Abortion Care Guidance; or The National Academies of Science, Engineering, and Medicine Consensus Study Report (Part LL); clarifies the definition of a clinical peer reviewer (Part MM); relates to wage adjustments for home care aides; provides for electronic visit verification for personal care and home health providers (Part NN); establishes the ten member "Daniel's law task force" to identify potential operational and financial needs to support a trauma-informed, community-led responses and diversions for anyone in the state experiencing a mental health, alcohol use, or substance use crisis; reviewing and recommending programs and systems operating within the state or nationally that could be deployed as a model crisis and emergency services system; and identifying potential funding sources for expanding mental health, alcohol use and substance use crisis response and diversion services (Part OO); directs the commissioner of mental health to establish a maternal mental health workgroup to study and issue recommendations related to maternal mental health and perinatal and postpartum mood and anxiety disorders (Part PP).

Location: US-NY

 Transparency and ...

 PSAOs

 HIV PrEP/PEP

NY A 3007

High Priority

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

Current Status: Enacted

Introduction Date: 2023-05-01

Last Action Date: Substitute S 4007 action - SIGNED CHAP.57. 2023-05-03

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 statewide

health care facility transformation program; adds debt retirement, working capital or other non-capital projects to existing health care facility transformation programs (Part P); establishes Medicaid reimbursement for community health workers for high-risk populations; permits licensed mental health counselors and licensed marriage and family therapists in community health centers to be reimbursed (Part Q); relates to expanding Medicaid coverage of preventative health care for nutrition and osteoarthritis services (Part R); modernizes the emergency medical system and workforce; creates an emergency medical services system and agency performance standards; establishes a public campaign to recruit additional personnel into the emergency medical fields; creates a state emergency medical services task force (Part S); relates to lead testing in certain multiple dwellings; establishes a state rental registry and proactive inspections to identify lead hazards for residential dwellings outside of the city of New York with two or more units built prior to nineteen hundred eighty; expands the powers of the secretary of state with respect to the New York state uniform fire prevention and building code (Part T); provides for the protection of electronic health information; sets requirements for communications to individuals about their electronic health information; prohibits law enforcement agencies and officers from purchasing or obtaining electronic health information without a warrant (Part U); relates to authorizing certain advanced home health aides to perform certain advanced tasks (Part W); provides for the registration of temporary health care services agencies; specifies requirements for registration (Part X); relates to affidavits for medical debt actions (Subpart A); requires hospitals participating in the general hospital indigent care pool to use certain forms for the collection of medical debt (Subpart C); relates to guaranty fund coverage for insurers writing health insurance; directs the superintendent of financial services to develop an assessment offset plan to limit the impact of certain assessments (Subpart D) (Part Y); requires hepatitis C screening and third trimester syphilis testing; extends provisions of law relating thereto (Part AA); adds certain fentanyl analogs to the schedules of controlled substances (Part BB); establishes a cost of living adjustment for designated human services programs (Part DD); extends certain provisions relating to services for individuals with developmental disabilities (Part EE); authorizes community behavioral health clinics to provide coordinated, comprehensive behavioral health care, including mental health and addiction services, primary care screening, and case management services (Part HH); provides for insurance coverage for behavioral health services (Subpart A); enhances utilization review standards for mental health services (Subpart B); expands coverage for substance use disorder treatment (Subpart E); provides for network adequacy for mental health and substance use disorder services (Subpart F) (Part II); authorizes the commissioner of mental hygiene to impose civil penalties and revoke certain operating certificates (Part JJ); establishes the independent developmental disability ombudsman program (Part KK); provides that coverage for abortion services shall include coverage of any drug prescribed for the purpose of an abortion, including both generic and brand name drugs, even if such drug has not been approved by the food and drug administration for abortion, provided, however, that such drug shall be a recognized medication for abortion in one of the following established reference compendia: The WHO Model Lists of Essential Medicines; The WHO Abortion Care Guidance; or The National Academies of Science, Engineering, and Medicine

Consensus Study Report (Part LL); clarifies the definition of a clinical peer reviewer (Part MM); relates to wage adjustments for home care aides; provides for electronic visit verification for personal care and home health providers (Part NN); establishes the ten member "Daniel's law task force" to identify potential operational and financial needs to support a trauma-informed, community-led responses and diversions for anyone in the state experiencing a mental health, alcohol use, or substance use crisis; reviewing and recommending programs and systems operating within the state or nationally that could be deployed as a model crisis and emergency services system; and identifying potential funding sources for expanding mental health, alcohol use and substance use crisis response and diversion services (Part OO); directs the commissioner of mental health to establish a maternal mental health workgroup to study and issue recommendations related to maternal mental health and perinatal and postpartum mood and anxiety disorders (Part PP).

Location: US-NY



PSAOs



HIV PrEP/PEP



Vaccine Authority

OH HB 156

Title: Regards physician-administered drugs

Current Status: In House

Introduction Date: 2023-04-25

Last Action Date: Referred to committee Insurance. 2023-05-02

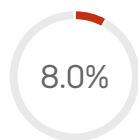
Description: To amend section 3902.50 and to enact section 3902.63 of the Revised Code to amend the law related to physician-administered drugs.

Location: US-OH



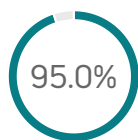
White bagging

Floor Forecast Scores



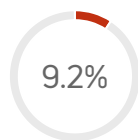
8.0%

House
Pre-Floor Score



95.0%

House
Floor Score



9.2%

Senate
Pre-Floor Score



95.0%

Senate
Floor Score

MT LC 2478

Title: Generally revise health insurance laws related to pharmacy benefit managers

Current Status: Failed

Introduction Date: 2022-12-03

Last Action Date: © Draft Died in Process. 2023-05-02

Location: US-MT

NC HB 246

High Priority

👍 Support

Title: Revise Pharmacy Benefits Manager Provisions.

Current Status: Sine Die - Failed

Introduction Date: 2023-03-01

Last Action Date: Ref To Com On Rules and Operations of the Senate. 2023-05-01

Location: US-NC

🏷️ NADAC+

🏷️ Reimbursement to ...

🏷️ specialty pharmacy

🏷️ Rebates

🏷️ Spread pricing

🏷️ Co-pay accumulator

🏷️ Patient steering

IA HF 423

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.

Current Status: Enacted

Introduction Date: 2023-02-22

Last Action Date: Signed by Governor.. 2023-04-28

Location: US-IA

🏷️ 340B

TX SB 1137

Title: Relating to applicability of certain insurance laws to pharmacy benefit managers.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-23

Last Action Date: Left pending in committee. 2023-04-26

Location: US-TX

🏷️ ERISA

MT HB 379 (LC 1663)

Title: Revise laws related to pharmacy benefit managers

Current Status: Enacted

Introduction Date: 2023-02-01

Last Action Date: Chapter Number Assigned. 2023-04-26

Location: US-MT

 340B

TX HB 1293


Title: Relating to the reimbursement of prescription drugs under Medicaid and the child health plan program.

Current Status: Sine Die - Failed

Introduction Date: 2023-01-12

Last Action Date: Left pending in committee. 2023-04-25

Location: US-TX

 Medicaid Reimburs...

PA HB 969

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

Current Status: In House

Introduction Date: 2023-04-24

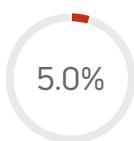
Last Action Date: Referred to INSURANCE. 2023-04-24

Location: US-PA

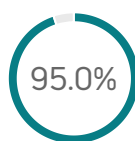
 Patient Protections

 Transparency and ...

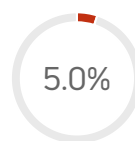
Floor Forecast Scores



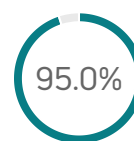
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

OK HB 2853

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

Current Status: Sine Die - Failed

Introduction Date: 2023-02-06

Last Action Date: Coauthored by Senator Garvin. 2023-04-20

Location: US-OK

IA SF 419

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

Current Status: Sine Die - Failed

Introduction Date: 2023-02-27

Last Action Date: Withdrawn.. 2023-04-20

Location: US-IA

 340B

TX SB 1138

Title: Relating to health benefit plan coverage of clinician-administered drugs.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-23

Last Action Date: Left pending in committee. 2023-04-19

Location: US-TX

 White bagging

TX SB 2402

Title: Relating to the creation, management, and administration of the Texas Pharmaceutical Initiative.

Current Status: Sine Die - Failed

Introduction Date: 2023-03-10

Last Action Date: Left pending in committee. 2023-04-19

Location: US-TX

 Drug manufacturing

 Single PBM

MT HB 156 (LC 191)

Title: Generally revise laws enforced by the State Auditor

Current Status: Enacted

Introduction Date: 2023-01-02

Last Action Date: Chapter Number Assigned. 2023-04-19

Location: US-MT

 PSAOs

TX HB 3413

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

Current Status: Sine Die - Failed

Introduction Date: 2023-03-03

Last Action Date: Withdrawn from schedule. 2023-04-18

Location: US-TX

NV AB 440

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

Current Status: Sine Die - Failed

Introduction Date: 2023-03-27

Last Action Date: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed).
2023-04-15

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.

Location: US-NV

 Registration/Licen...

 Transparency and ...

 Fiduciary duty

ND SB 2378

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.

Current Status: Enacted

Introduction Date: 2023-01-23

Last Action Date: Filed with Secretary Of State 04/05. 2023-04-07

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.

Location: US-ND

 White bagging

AK SB 124

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."


Current Status: Sine Die - Failed

Introduction Date: 2023-04-05

Last Action Date: (S) REFERRED TO LABOR & COMMERCE. 2023-04-05

Location: US-AK

 Patient Protections

 Rebates

IL HB 3761

Title: Ins-Pbm/Duties & Prohibitions

Current Status: Sine Die - Failed

Introduction Date: 2023-02-17

Last Action Date: Added Co-Sponsor Rep. Christopher "C.D." Davidsmeyer. 2023-03-30

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.

Location: US-IL

 Transparency and ...

 Any willing provider

 Accreditation requi...


 Reimbursement to ...

 Provider networks

 Mail-order

 Fiduciary duty

 Rebates

 Spread pricing

 Gag clause

GA HB 417

Title: Insurance; prohibit insurers from discriminating against certain healthcare facilities and providers in connection with provider administered drugs

Current Status: Sine Die - Failed

Introduction Date: 2023-02-16

Last Action Date: House Withdrawn, Recommitted. 2023-03-29

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.

Location: US-GA

 White bagging

MN SF 168

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

Current Status: Sine Die - Failed

Introduction Date: 2023-01-11

Last Action Date: Comm report: To pass as amended and re-refer to Judiciary and Public Safety. 2023-03-27

Location: US-MN

 Rx Affordability Bo...

 Drug Pricing

IL HB 1348

Title: Ins-Health Plan Benefit Data

Current Status: Sine Die - Failed

Introduction Date: 2023-01-23

Last Action Date: Rule 19(a) / Re-referred to Rules Committee. 2023-03-27

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.

Location: US-IL

IA SF 284

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

Current Status: Sine Die - Failed

Introduction Date: 2023-02-14

Last Action Date: Committee report approving bill, renumbered as SF 554.. 2023-03-22

Location: US-IA

 Reverse auction

TX HB 2021

Title: Relating to applicability of certain insurance laws to pharmacy benefit managers.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-08

Last Action Date: Left pending in committee. 2023-03-21

Location: US-TX

 ERISA

TX HB 4347

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

Current Status: Sine Die - Failed

Introduction Date: 2023-03-09


Last Action Date: Referred to Health Care Reform, Select. 2023-03-21

Location: US-TX

 Patient Protections

 Transparency and ...

 Rebates

 PBM enforcement

OK SB 144

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

Current Status: Sine Die - Failed

Introduction Date: 2023-02-06

Last Action Date: Coauthored by Representative McEntire (principal House author). 2023-03-20

Location: US-OK

 Patient Protections

 Transparency and ...

 Rebates

 ERISA

MN SF 482

Title: Requirements establishment for pharmacy benefit managers and health carriers related to clinician-administered drugs

Current Status: Sine Die - Failed

Introduction Date: 2023-01-19

Last Action Date: General Orders: Stricken and re-referred to Finance. 2023-03-16

Location: US-MN

 White bagging

MN SF 2889

Title: Pharmacy benefit managers and health carriers requirement to use prescription drug rebates and other compensation to benefit covered persons

Current Status: Sine Die - Failed

Introduction Date: 2023-03-14

Last Action Date: Referred to Health and Human Services. 2023-03-14

Location: US-MN

 Transparency and ...

OK SB 879

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

Current Status: Sine Die - Failed

Introduction Date: 2023-02-06

Last Action Date: Coauthored by Representative Wallace (principal House author). 2023-03-14

Location: US-OK

IL HB 3787

Title: Ins-Pbm/Steering Prohibition

Current Status: Sine Die - Failed

Introduction Date: 2023-02-17

Last Action Date: Rule 19(a) / Re-referred to Rules Committee. 2023-03-10

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.

Location: US-IL

 Reimbursement to ...

 Mail-order

 Patient steering

IL HB 2814

Title: Ins-Clinician Administer Drug

Current Status: Sine Die - Failed

Introduction Date: 2023-02-16

Last Action Date: Rule 19(a) / Re-referred to Rules Committee. 2023-03-10

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.

Location: US-IL

 White bagging

MN HF 544

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

Current Status: Sine Die - Failed

Introduction Date: 2023-01-19

Last Action Date: Committee report, to adopt as amended and re-refer to Commerce Finance and Policy. 2023-03-08

Location: US-MN

 White bagging

MN HF 1711

Title: Pharmacy benefit managers and health carriers required to use prescription drug rebates and other compensation to benefit covered persons, and report required.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-13

Last Action Date: Committee report, to adopt and re-refer to Commerce Finance and Policy. 2023-03-08

Location: US-MN

 Patient Protections

 Rebates

GA HB 343

Title: Lowering Prescription Drug Costs for Patients Act; enact

Current Status: Sine Die - Failed

Introduction Date: 2023-02-13

Last Action Date: Senate Read and Referred. 2023-03-07

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.

Location: US-GA



Transparency and ...



PSAOs



Rebates

TX HB 1701

Title: Relating to administrative and judicial review of certain Medicaid reimbursement disputes; authorizing a fee.

Current Status: Sine Die - Failed

Introduction Date: 2023-01-26

Last Action Date: Referred to Judiciary & Civil Jurisprudence. 2023-03-07

Location: US-TX

GA SB 286

Title: "Lowering Prescription Drug Costs for Patients Act"; enact

Current Status: Sine Die - Failed

Introduction Date: 2023-03-06

Last Action Date: Senate Read and Referred. 2023-03-06

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.

Location: US-GA



Patient Protections



Transparency and ...



Rebates

NY S 836

Title: Provides for patient prescription pricing transparency; repealer

Current Status: Enacted

Introduction Date: 2023-02-13

Last Action Date: Substitute A 2200 action - SIGNED CHAP.63. 2023-03-03

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.

Location: US-NY

NY A 2200

Title: Provides for patient prescription pricing transparency; repealer

Current Status: Enacted

Introduction Date: 2023-02-13

Last Action Date: SIGNED CHAP.63. 2023-03-03

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.

Location: US-NY

 Transparency and ...

IA SSB 1098

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

Current Status: Sine Die - Failed

Introduction Date: 2023-01-30

Last Action Date: Committee report approving bill, renumbered as SF 419.. 2023-02-27

Location: US-IA

IA HSB 137

Title: A bill for an act relating to contract pharmacies and covered entities that participate in the 340B drug program.(See HF 423.)


Current Status: Sine Die - Failed

Introduction Date: 2023-02-07

Last Action Date: Committee report approving bill, renumbered as HF 423.. 2023-02-22

Location: US-IA

 340B

 PBM enforcement

GA HB 448

Title: The Medication and Patient Safety Act; enact

Current Status: Sine Die - Failed

Introduction Date: 2023-02-21

Last Action Date: House Second Readers. 2023-02-22

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.

Location: US-GA

 White bagging

PA SB 372

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.


Current Status: In Senate

Introduction Date: 2023-02-21

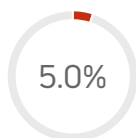
Last Action Date: Referred to BANKING AND INSURANCE. 2023-02-21

Location: US-PA

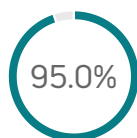
 Patient Protections

 Co-pay accumulator

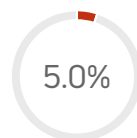
Floor Forecast Scores



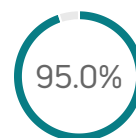
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

OK SB 549

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

Current Status: Sine Die - Failed

Introduction Date: 2023-02-06

Last Action Date: Title stricken. 2023-02-21

Location: US-OK

MA HD 1974

Title: An Act relative to pharmaceutical gag clauses

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Senate concurred. 2023-02-16

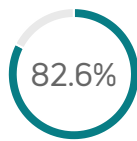
Description: By Representative Jones of North Reading, a petition (accompanied by bill, House, No. 1055) of Bradley H. Jones, Jr., and others relative to contracts for pharmacy services between health insurance carriers or pharmacy benefits' managers and pharmacies or pharmacists. Financial Services.

Location: US-MA

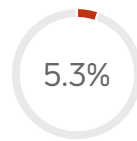
Floor Forecast Scores



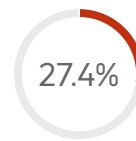
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA SD 90

Title: An Act relative to pharmaceutical "gag clauses"

Current Status: In Senate

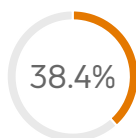
Introduction Date: 2023-02-16

Last Action Date: House concurred. 2023-02-16

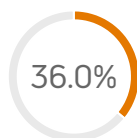
Description: By Mr. Tarr, a petition (accompanied by bill, Senate, No. 714) of Bruce E. Tarr for legislation relative to pharmaceutical "gag clauses". Financial Services.

Location: US-MA

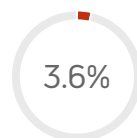
Floor Forecast Scores



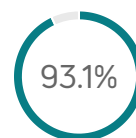
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

Senate
Pre-Floor Score

Senate
Floor Score

House
Pre-Floor Score

House
Floor Score

MA HD 2156

Title: An Act ensuring access to specialty medications

Current Status: In House

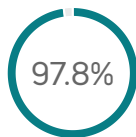
Introduction Date: 2023-02-16

Last Action Date: Senate concurred. 2023-02-16

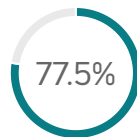
Description: By Representative Sena of Acton, a petition (accompanied by bill, House, No. 1147) of Danillo A. Sena and Paul McMurtry relative to access to specialty medications. Financial Services.

Location: US-MA

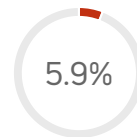
Floor Forecast Scores



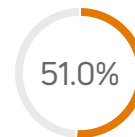
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA HD 1493

Title: An Act to enact the pharmacy benefit manager compensation reform

Current Status: In House

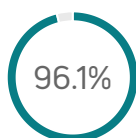
Introduction Date: 2023-02-16

Last Action Date: Senate concurred. 2023-02-16

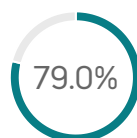
Description: By Representative Ayers of Quincy, a petition (accompanied by bill, House, No. 934) of Bruce J. Ayers relative to pharmacy benefit manager insurance compensation reform. Financial Services.

Location: US-MA

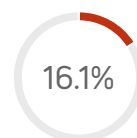
Floor Forecast Scores



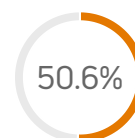
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA SD 901

Title: An Act to reduce the cost of pharmacy benefits

Current Status: In Senate

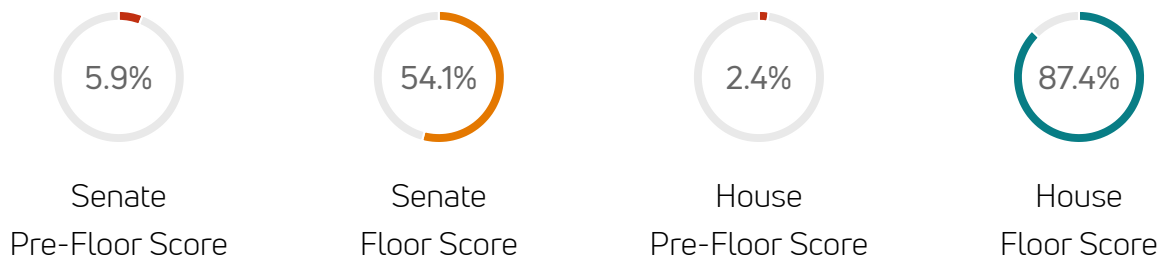
Introduction Date: 2023-02-16

Last Action Date: House concurred. 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.

Location: US-MA

Floor Forecast Scores



MA SD 1293

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

Current Status: In Senate

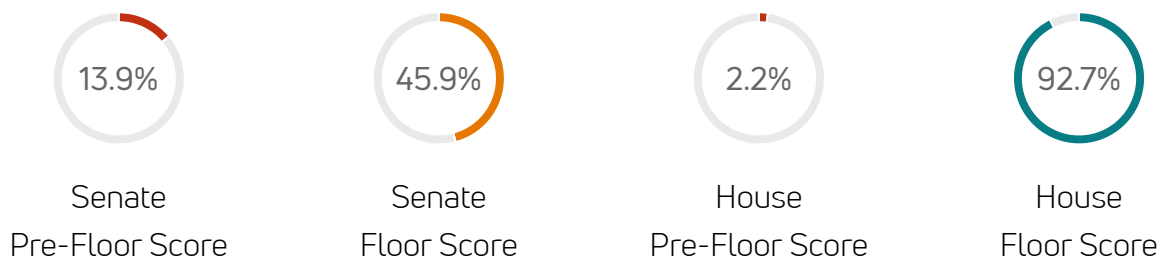
Introduction Date: 2023-02-16

Last Action Date: House concurred. 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.

Location: US-MA

Floor Forecast Scores



MA HD 3722

Title: An Act to enact pharmacy benefit manager duties

Current Status: In House

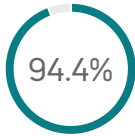
Introduction Date: 2023-02-16

Last Action Date: Senate concurred. 2023-02-16

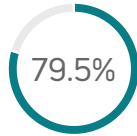
Description: By Representative Tyler of Boston, a petition (accompanied by bill, House, No. 1155) of Chynah Tyler relative to pharmacy benefit manager duties. Financial Services.

Location: US-MA

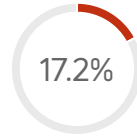
Floor Forecast Scores



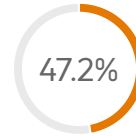
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA HD 2602

Title: An Act to enact pharmacy benefit manager duties

Current Status: In House

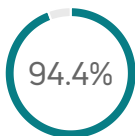
Introduction Date: 2023-02-16

Last Action Date: Senate concurred. 2023-02-16

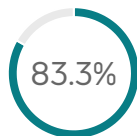
Description: By Representative Garballey of Arlington, a petition (accompanied by bill, House, No. 1016) of Sean Garballey relative to pharmacy benefit managers and the processing and payment of claims for prescription drugs. Financial Services.

Location: US-MA

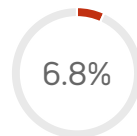
Floor Forecast Scores



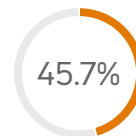
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA HD 2572

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

Current Status: In House

Introduction Date: 2023-02-16

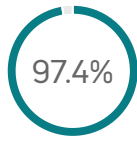
Last Action Date: Senate concurred. 2023-02-16

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

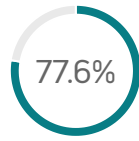
relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth. Health Care Financing.

Location: US-MA

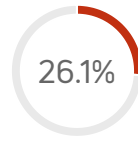
Floor Forecast Scores



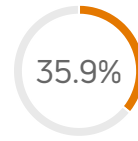
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA HD 1404

Title: An Act relative to pharmacy benefit managers

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Senate concurred. 2023-02-16

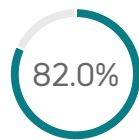
Description: By Representative Lawn of Watertown, a petition (accompanied by bill, House, No. 1215) of John J. Lawn, Jr., and others relative to pharmacy benefit managers. Health Care Financing.

Location: US-MA

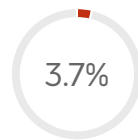
Floor Forecast Scores



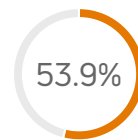
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA HD 1190

Title: An Act to ensure access to generic medication

Current Status: In House

Introduction Date: 2023-02-16

Last Action Date: Senate concurred. 2023-02-16

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.

Location: US-MA

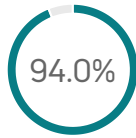


Appeal procedure

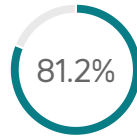


PBM enforcement

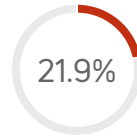
Floor Forecast Scores



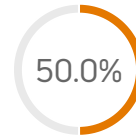
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

OK SB 13

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.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-06

Last Action Date: Coauthored by Representative Marti (principal House author). 2023-02-15

Location: US-OK

 White bagging

OK SB 768

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

Current Status: Sine Die - Failed

Introduction Date: 2023-02-06

Last Action Date: Second Reading referred to Retirement and Insurance Committee then to Appropriations Committee. 2023-02-07

Location: US-OK

OK HB 1598

Title: Insurance; retail pharmacy network access standards; State standards for network access; Federal standards for network access; effective date.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-06

Last Action Date: Second Reading referred to Insurance. 2023-02-07

Location: US-OK

OK SB 146

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

Current Status: Sine Die - Failed

Introduction Date: 2023-02-06

Last Action Date: Second Reading referred to Retirement and Insurance. 2023-02-07

Location: US-OK



Patient Protections



Transparency and ...

MN SF 1319

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

Current Status: Sine Die - Failed

Introduction Date: 2023-02-06

Last Action Date: Referred to Health and Human Services. 2023-02-06

Location: US-MN



Rebates

TN SB 690

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 53; Title 56; Title 63 and Title 71.

Current Status: Sine Die - Failed

Introduction Date: 2023-01-26

Last Action Date: Passed on Second Consideration, refer to Senate Health and Welfare Committee. 2023-02-02

Description: Abstract summarizes the bill.

Location: US-TN

TN HB 963

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 53; Title 56; Title 63 and Title 71.

Current Status: Sine Die - Failed

Introduction Date: 2023-01-30

Last Action Date: P2C, caption bill, held on desk - pending amdt.. 2023-02-02

Description: Abstract summarizes the bill.

Location: US-TN

IL HB 1536

Title: Medicaid-Pharmacy Payments

Current Status: Sine Die - Failed

Introduction Date: 2023-01-30

Last Action Date: Referred to Rules Committee. 2023-01-31

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides the 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.

Location: US-IL

SC H 3537

Title: Pharmacy Benefits Manager

Current Status: In House

Introduction Date: 2022-12-15

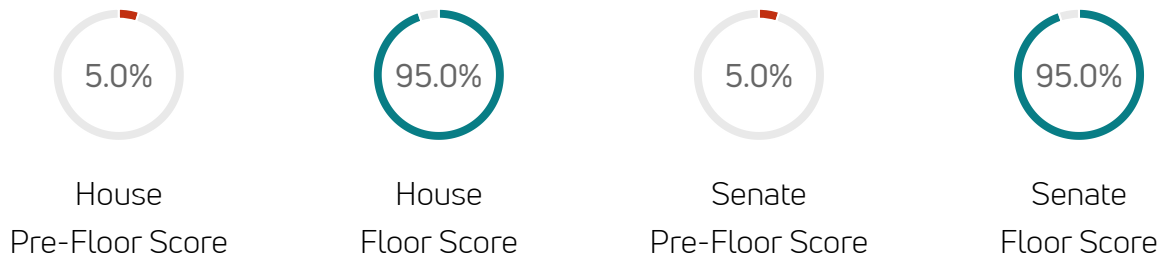
Last Action Date: Scrivener's error corrected. 2023-01-31

Description: 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 Require Insurers To Include Cost-Sharing Amounts Paid When Calculating An Enrollee'S Contribution; By Adding Section 38-71-2270 So As To Require Pharmacy Benefits Managers To Include Cost-Sharing Amounts Paid When

Calculating An Enrollee'S Contribution; And By Amending Section 38-71-2200, Relating To Definitions, So As To Define Terms.

Location: US-SC

Floor Forecast Scores



PA SB 62

Title: An Act amending the act of September 27, 1961 (P.L.1700, No.699), known as the Pharmacy Act, providing for price disclosure.

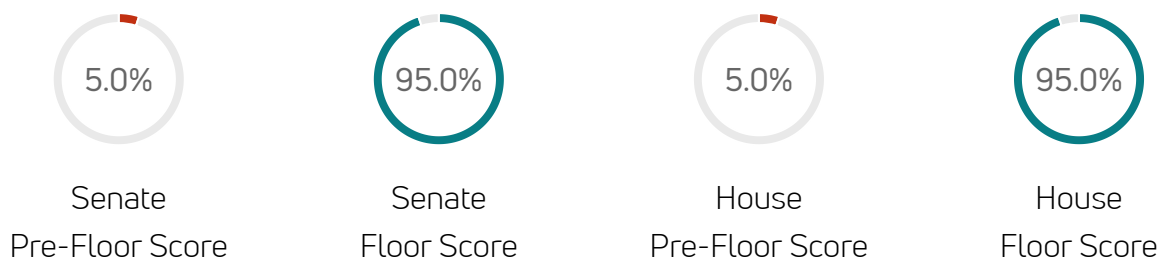
Current Status: In Senate

Introduction Date: 2023-01-30

Last Action Date: Referred to BANKING AND INSURANCE. 2023-01-30

Location: US-PA

Floor Forecast Scores



IL HB 1034

Title: Prescription Drug Price

Current Status: Sine Die - Failed

Introduction Date: 2022-12-19

Last Action Date: Referred to Rules Committee. 2023-01-12

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.

Location: US-IL

 Transparency and ...

MN SF 246

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

Current Status: Sine Die - Failed

Introduction Date: 2023-01-12

Last Action Date: Referred to Health and Human Services. 2023-01-12

Location: US-MN