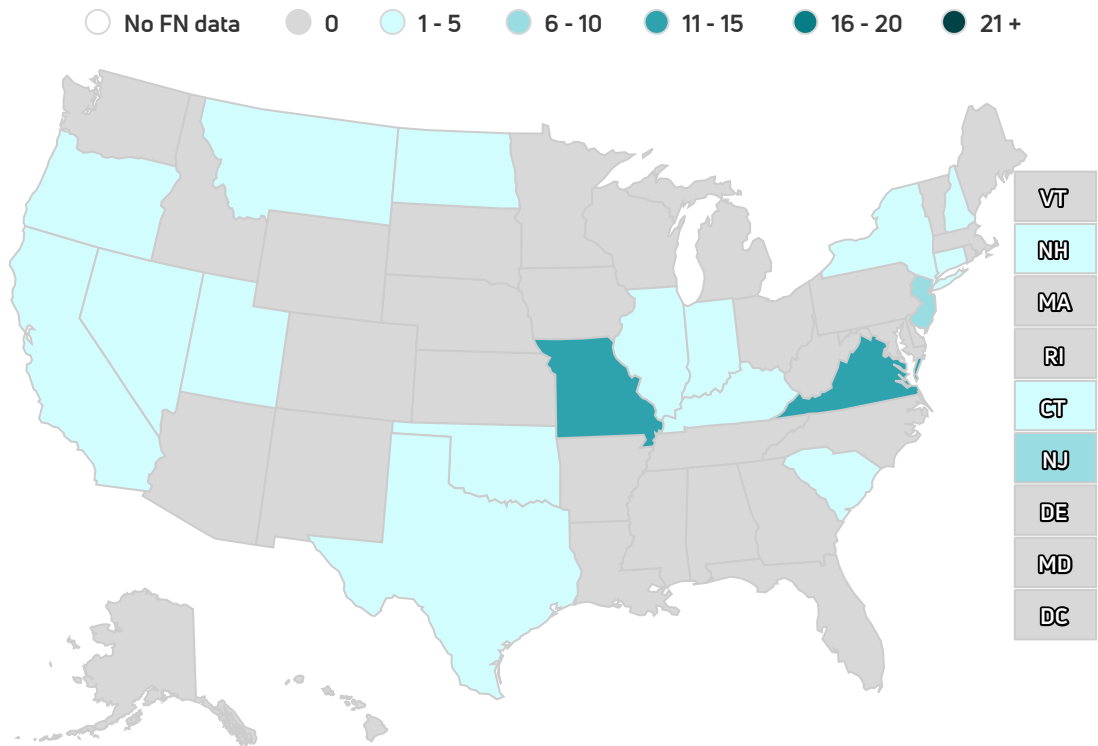


# PBM Reform Legislation

## US Policy Map

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



**PBM Reform Bills** 60 Bills

### OK SB 161

**Title:** Pharmacy benefit management; requiring pharmacy benefit managers to maintain certain fiduciary duty. Effective date.

**Current Status:** In Senate

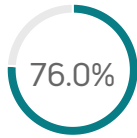
**Introduction Date:** 2025-02-03

**Last Action Date:** Authored by Senator Hicks. 2025-02-03

**Location:** US-OK

Fiduciary duty

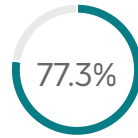
## Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## MT LC 2023

**Title:** Revise termination related to prohibition on identification of 340B drugs

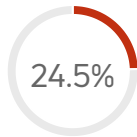
**Current Status:** In Senate

**Introduction Date:** 2024-11-27

**Last Action Date:** (LC) Draft in Input/Proofing. 2025-01-09

**Location:** US-MT

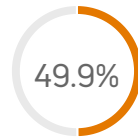
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

---

## MO HB 474

**Title:** PAYMENTS BY PRESCRIPTION

**Current Status:** In House

**Introduction Date:** 2025-01-08

**Last Action Date:** Read Second Time (H). 2025-01-09

**Description:** Creates provisions relating to payments for prescription drugs

**Location:** US-MO



Reimbursement to ...



Protections from u...



Adjudication fees



Fiduciary duty



Rebates

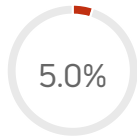


Decline to dispense



Gag clause

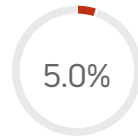
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

## MO HB 784

**Title:** HEALTH CARE

**Current Status:** In House

**Introduction Date:** 2025-01-08

**Last Action Date:** Read Second Time (H). 2025-01-09

**Description:** Creates provisions relating to 340B drugs

**Location:** US-MO

 340B

## MO HB 785

**Title:** HEALTH CARE

**Current Status:** In House

**Introduction Date:** 2025-01-08

**Last Action Date:** Read Second Time (H). 2025-01-09

**Description:** Creates provisions relating to 340B drugs

**Location:** US-MO

 340B

## NH LSR 2025-0984

**Title:** Prohibiting network exclusion for pharmacies that refuse to dispense a prescription of the PBM reimbursement that is below the pharmacy's acquisition cost.

**Current Status:** Status Currently Unavailable

**Location:** US-NH

## VA HB 2380

**Title:** Secretary of Health and Human Resources; Pharmacy Benefits Manager and Third-Party Administrator Oversight Work Group; report.

**Current Status:** In House

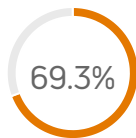
**Introduction Date:** 2025-01-08

**Last Action Date:** Committee Referral Pending. 2025-01-08

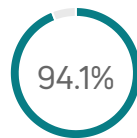
**Description:** Secretary of Health and Human Resources; Pharmacy Benefits Manager and Third-Party Administrator Oversight Work Group; report. Directs the Secretary of Health and Human Resources, in consultation with the Attorney General, to convene the Pharmacy Benefits Manager and Third-Party Administrator 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 the Work Group to submit a report of its findings and recommendations to the General Assembly by November 1, 2026.

**Location:** US-VA

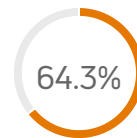
### Floor Forecast Scores



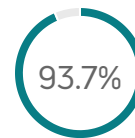
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

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## NY S 438

**Title:** Establishes the prescription drug supply chain transparency act

**Current Status:** In Senate

**Introduction Date:** 2025-01-08

**Last Action Date:** REFERRED TO INSURANCE. 2025-01-08

**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

 Rebates

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## MO SB 372

**Title:** Enacts provisions relating to payments for prescription drugs

**Current Status:** In Senate

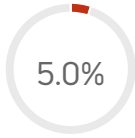
**Introduction Date:** 2025-01-08

**Last Action Date:** S First Read. 2025-01-08

**Location:** US-MO

- Protections from u...
- 340B
- Rebates
- PBM enforcement

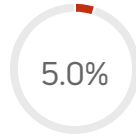
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## MO SB 45

**Title:** Enacts provisions relating to payments for prescription drugs

**Current Status:** In Senate

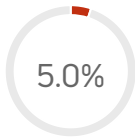
**Introduction Date:** 2025-01-08

**Last Action Date:** S First Read. 2025-01-08

**Location:** US-MO

- Protections from u...
- Spread pricing
- Decline to dispense

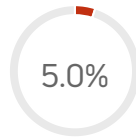
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## MO SB 13

**Title:** Enacts provisions relating to insurance coverage of pharmacy services

**Current Status:** In Senate

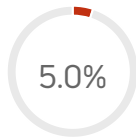
**Introduction Date:** 2025-01-08

**Last Action Date:** S First Read. 2025-01-08

**Location:** US-MO

- 340B

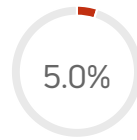
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## MO SB 187

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

**Current Status:** In Senate

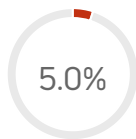
**Introduction Date:** 2025-01-08

**Last Action Date:** S First Read. 2025-01-08

**Location:** US-MO

Co-pay accumulator

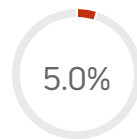
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## MO SB 175

**Title:** Enacts provisions relating to insurance coverage for prescription insulin drugs

**Current Status:** In Senate

**Introduction Date:** 2025-01-08

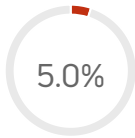
**Last Action Date:** S First Read. 2025-01-08

**Location:** US-MO

Patient Protections

Co-pay accumulator

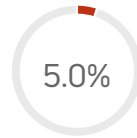
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## MO SB 299

**Title:** Enacts provisions relating to cost-sharing for prescription drugs

**Current Status:** In Senate

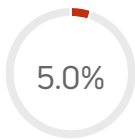
**Introduction Date:** 2025-01-08

**Last Action Date:** S First Read. 2025-01-08

**Location:** US-MO

Co-pay accumulator

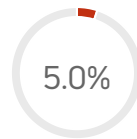
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## MO SB 512

**Title:** Enacts provisions relating to payments for prescription drugs

**Current Status:** In Senate

**Introduction Date:** 2025-01-08

**Last Action Date:** S First Read. 2025-01-08

**Location:** US-MO

Retroactive claims ...

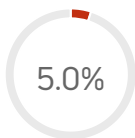
Protections from u...

Rebates

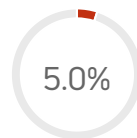
Spread pricing

Decline to dispense

### Floor Forecast Scores



N/A



N/A

Senate  
Pre-Floor Score

Senate  
Floor Score

House  
Pre-Floor Score

House  
Floor Score

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## MO HB 79

**Title:** COST-SHARING UNDER HEALTH BENEFIT PLANS

**Current Status:** In House

**Introduction Date:** 2025-01-08

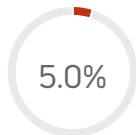
**Last Action Date:** Read First Time (H). 2025-01-08

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

**Location:** US-MO

 Co-pay accumulator

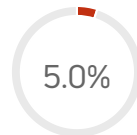
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## CT SB 188

**Title:** AN ACT CONCERNING A STATE-OPERATED REINSURANCE PROGRAM AND THE REGULATION OF HEALTH CARE COST GROWTH.


**Current Status:** In Senate

**Introduction Date:** 2025-01-08

**Last Action Date:** Referred to Joint Committee on Insurance and Real Estate. 2025-01-08

**Description:** To establish a state-operated reinsurance program and reduce the cost of health care in this state.

**Location:** US-CT

 Spread pricing

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## ND HB 1087

**Title:** A BILL for an Act to amend and reenact sections 26.1-27-03 and 26.1-27.1-02 of the North Dakota Century Code, relating to licensing for administrators of life and health insurance and pharmacy benefit managers.

**Current Status:** In House



**Introduction Date:** 2025-01-08

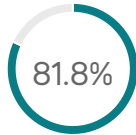
**Last Action Date:** Committee Hearing 10:15. 2025-01-08

**Description:** A BILL for an Act to amend and reenact sections 26.1-27-03 and 26.1-27.1-02 of the North 2 Dakota Century Code, relating to licensing for administrators of life and health insurance and 3 pharmacy benefit managers.

**Location:** US-ND

 Registration/Licen...

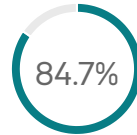
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## IN SB 133

**Title:** Restriction on co-pay accumulators.

**Current Status:** In Senate

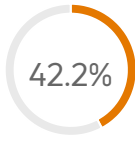
**Introduction Date:** 2025-01-08

**Last Action Date:** First reading; referred to Committee on Health and Provider Services. 2025-01-08

**Description:** Provides that under certain circumstances, the administrator of a state employee health plan shall include any amount paid by a covered individual or another person on behalf of the covered individual for a prescription drug when calculating a covered individual's overall contribution to an out-of-pocket maximum or cost sharing requirement under the covered individual's state employee health plan. Provides that under certain circumstances, a pharmacy benefit manager shall include any amount paid by a covered individual or another person on behalf of the covered individual for a prescription drug when calculating a covered individual's overall contribution to an out-of-pocket maximum or cost sharing requirement under the covered individual's health plan. Provides that under certain circumstances, an insurer that issues a policy of accident and sickness insurance shall include any amount paid by an insured or another person on behalf of the insured for a prescription drug when calculating an insured's overall contribution to an out-of-pocket maximum or cost sharing requirement under the insured's policy of accident and sickness insurance. Provides that under certain circumstances, a health maintenance organization shall include any amount paid by an enrollee or another person on behalf of the enrollee for a prescription drug when calculating an enrollee's overall contribution to an out-of-pocket maximum or cost sharing requirement under the enrollee's individual or group contract.

**Location:** US-IN

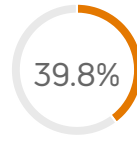
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## IN SB 136

**Title:** Disclosures related to prescription drugs.

**Current Status:** In Senate

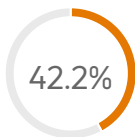
**Introduction Date:** 2025-01-08

**Last Action Date:** Authored by Senator Bohacek. 2025-01-08

**Description:** Beginning January 1, 2026, requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide to a covered individual the national average drug acquisition cost of a generic drug on the written materials provided at the point of sale. Provides that if an agreement between a health plan and a pharmacy benefit manager that is entered into or renewed after December 31, 2025, provides that less than 85% of the estimated rebates will be deducted from the cost of prescription drugs before a covered individual's cost sharing requirement is determined, the pharmacy benefit manager must provide the policyholder with a notice on an annual basis that includes: (1) an explanation of what a rebate is; (2) an explanation of how rebates accrue to the health plan from the manufacturer; and (3) the aggregate amount of rebates that accrued to the health plan for prescription drugs dispensed under the policyholder's health plan for the previous year.

**Location:** US-IN

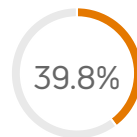
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## IN SB 140

**Title:** Pharmacy benefits.

**Current Status:** In Senate

**Introduction Date:** 2025-01-08

**Last Action Date:** First reading: referred to Committee on Health and Provider Services.  
2025-01-08

**Description:** Requires an ambulatory pharmacy to provide, before March 1, 2027, and March 1 of every other year thereafter, data to the Indiana board of pharmacy (board) relating to the pharmacy's dispensing costs for the previous calendar year. Requires the board to share the dispensing data with the commissioner of the department of insurance (commissioner). Requires the commissioner to: (1) make a determination relating to the average cost to dispense a prescription drug in an ambulatory pharmacy for purposes of determining the minimum reimbursement for a professional dispensing fee; and (2) conduct a study every two years relating to the dispensing data. Requires an insurer, a pharmacy benefit manager, or any other administrator of pharmacy benefits to ensure that a network utilized by the insurer, pharmacy benefit manager, or other administrator is reasonably adequate and accessible and file an annual report regarding the networks with the commissioner. Sets forth certain limitations and requirements with respect to the provision of pharmacy or pharmacist services under a health plan. Allows any insured, pharmacy, or pharmacist impacted by an alleged violation to file a complaint with the commissioner. Provides that the commissioner may order reimbursement to any person who has incurred a monetary loss as a result of a violation. Repeals a superseded provision relating to equal access and incentives to pharmacies within a pharmacy benefit manager's network.

**Location:** US-IN

NADAC+

Retroactive claims ...

Reimbursement to ...

cost to dispense

Provider networks

Adjudication fees

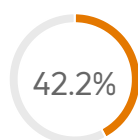
Retroactive Reimbu...

Mail-order

PBM enforcement

Patient steering

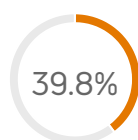
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## IN SB 118

**Title:** 340B drug program report.

**Current Status:** In Senate

**Introduction Date:** 2025-01-08

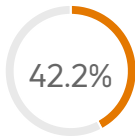
**Last Action Date:** First reading; referred to Committee on Health and Provider Services.  
2025-01-08

**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 (state department). Requires the state department to submit a report of the aggregated data to the legislative council and post the report on the state department's website.

**Location:** US-IN

 340B

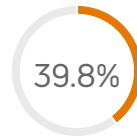
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## KY SB 12

**Title:** AN ACT relating to prescription drugs.


**Current Status:** In Senate


**Introduction Date:** 2025-01-07


**Last Action Date:** to Committee on Committees (S). 2025-01-07

**Description:** Amend KRS 304.17A-164 to define terms; 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 prescription drug 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; apply provisions to health plans issued or renewed on or after January 1, 2026; EFFECTIVE January 1, 2026.

**Location:** US-KY

 Transparency and ...

 Trade Secrets

 Rebates

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## SC H 3575

**Title:** Pharmacy insurance benefits cost-sharing

**Current Status:** In House

**Introduction Date:** 2024-12-12

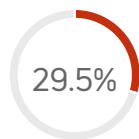
**Last Action Date:** Scrivener's error corrected. 2025-01-07

**Description:** A Bill To Amend The South Carolina Code Of Laws By Adding Section 38-71-292 And Section 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 Concerning Pharmacy Benefits Managers, So As To Make Conforming Changes.

**Location:** US-SC

 PSAOs

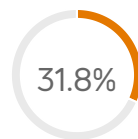
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## VA HB 2107

**Title:** Health insurance; pharmacies; freedom of choice; delivery of prescription drugs; penalties.

**Current Status:** In House


**Introduction Date:** 2025-01-07


**Last Action Date:** Committee Referral Pending. 2025-01-07

**Description:** Health insurance; pharmacies; freedom of choice; delivery of prescription drugs; penalties. 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 certain provisions relating to the delivery of prescription drugs. A violation of the bill's provisions constitutes an unfair trade practice under existing law and is subject to injunctive, penalty, and enforcement provisions in existing law.

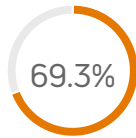
**Location:** US-VA

 Physician dispensi...

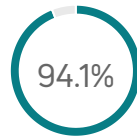
 PBM enforcement

 Patient steering

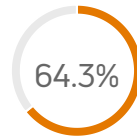
### Floor Forecast Scores



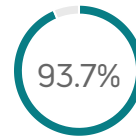
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

## KY SB 14

**Title:** AN ACT relating to pharmaceutical manufacturers.

**Current Status:** In Senate

**Introduction Date:** 2025-01-07

**Last Action Date:** to Committee on Committees (S). 2025-01-07

**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

## UT SB 69

**Title:** Medication Amendments

**Current Status:** In Senate

**Introduction Date:** 2025-01-07

**Last Action Date:** Numbered Bill Publicly Distributed. 2025-01-07

**Location:** US-UT

 340B

## IL HB 1159

**Title:** Ins-Pharmacy Benefit Managers

**Current Status:** In House

**Introduction Date:** 2025-01-06

**Last Action Date:** Prefiled with Clerk by Rep. Thaddeus Jones. 2025-01-06

**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, 2025.

**Location:** US-IL

 NADAC+

 specialty pharmacy

 specialty drug

 Spread pricing

 Patient steering

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## VA HB 1956

**Title:** Provider contracts; pharmacies; refusal to fill certain prescriptions.

**Current Status:** In House

**Introduction Date:** 2025-01-06

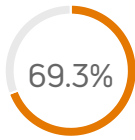
**Last Action Date:** Committee Referral Pending. 2025-01-06

**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.

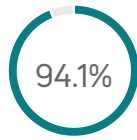
**Location:** US-VA

 Right to Refuse

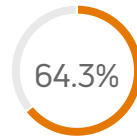
### Floor Forecast Scores



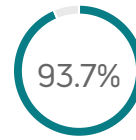
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

## CA SB 41

**Title:** Pharmacy benefits.

**Current Status:** In Senate

**Introduction Date:** 2024-12-03

**Last Action Date:** Read first time.. 2025-01-06

**Description:** SB 41, as introduced, Wiener. Pharmacy benefits. 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 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 to apply for and obtain 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. The bill would impose specified duties on pharmacy benefit managers and requirements for pharmacy benefit manager services and pharmacy benefit manager contracts, including requiring a pharmacy benefit manager to file specified reports with the department, the contents of which are not to be disclosed to the public. The bill would require the department, at specified intervals, to submit reports to the Legislature based on the reports submitted by pharmacy benefit managers, and would require the department to post the reports on the department’s internet website. This bill would make a violation of these provisions subject to specified civil penalties. 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, 2026, 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 the contract or policy to include specified cost-sharing provisions. The bill would prohibit a contract between a pharmacy benefit manager and a health care service plan or health insurer that is executed, amended, or renewed on or after January 1, 2026, from authorizing spread pricing. 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. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill would declare that it does not narrow, abrogate, or otherwise alter the authority of the Attorney General to maintain or restore competitive, fair, and honest markets and prosecute violations of law, 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



PBM enforcement

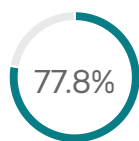


Spread pricing



Patient steering

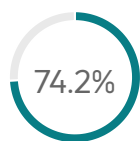
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



Assembly  
Pre-Floor Score

N/A

Assembly  
Floor Score

## VA HB 1614

**Title:** Department of Medical Assistance Services; state plan for medical assistance services; postpartum doula care; report.

**Current Status:** In House

**Introduction Date:** 2025-01-03

**Last Action Date:** Referred to Committee on Health and Human Services. 2025-01-03

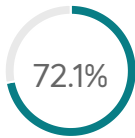
**Description:** Department of Medical Assistance Services; state plan for medical assistance services; postpartum doula care; report. Directs the Department of Medical Assistance

Services to amend the state plan for medical assistance services to include a provision for payment for postpartum doula care. The bill requires the Department to report to the Governor and General Assembly annually on the implementation and outcomes of the provision, and requires the first such report to be submitted by December 31, 2026.

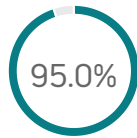
**Location:** US-VA

 Spread pricing

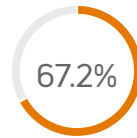
### Floor Forecast Scores



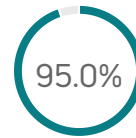
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

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## MT LC 3550

**Title:** Revise laws relating to pharmacy benefit managers

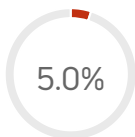
**Current Status:** In Senate

**Introduction Date:** 2024-12-14

**Last Action Date:** (LC) Drafter Assigned. 2024-12-14

**Location:** US-MT

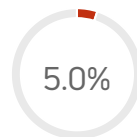
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## NJ S 3818

**Title:** Requires third-party discounts and payments for individuals covered by health benefits plans to apply to copayments, coinsurance, deductibles, or other out-of-pocket costs for covered benefits.

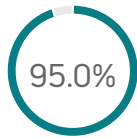
**Current Status:** In Senate

**Introduction Date:** 2024-10-24

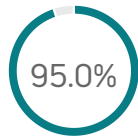
**Last Action Date:** Referred to Senate Budget and Appropriations Committee. 2024-12-12

**Location:** US-NJ

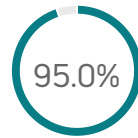
### Floor Forecast Scores



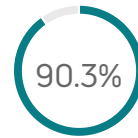
Senate  
Pre-Floor Score



Senate  
Floor Score



Assembly  
Pre-Floor Score



Assembly  
Floor Score

## SC S 100

**Title:** Pharmacy insurance benefits cost-sharing

**Current Status:** In Senate

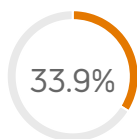
**Introduction Date:** 2024-12-11

**Last Action Date:** Referred to Committee on Banking and Insurance. 2024-12-11

**Description:** A Bill To Amend The South Carolina Code Of Laws By Adding Section 38-71-292 And Section 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 Concerning Pharmacy Benefits Managers, So As To Make Conforming Changes.

**Location:** US-SC

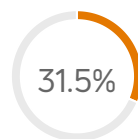
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## NJ A 4953

**Title:** "Patient and Provider Protection Act."

**Current Status:** In Assembly

**Introduction Date:** 2024-10-17

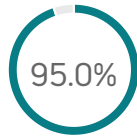
**Last Action Date:** Amended but not reported. 2024-12-09

**Location:** US-NJ

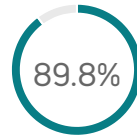
Floor Forecast Scores



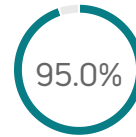
Assembly  
Pre-Floor Score



Assembly  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

## NV AB 74

**Title:** Revises provisions relating to insurance. (BDR 57-256)

**Current Status:** In Assembly

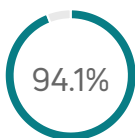
**Introduction Date:** 2024-11-20

**Last Action Date:** From printer.. 2024-12-02

**Description:** AN ACT relating to insurance; making various changes to the Nevada Insurance Code; revising provisions governing examinations of insurers and other persons subject to regulation under the Code; revising certain powers and duties of the Commissioner of Insurance; revising various requirements and restrictions imposed on insurers and other persons subject to regulation under the Code; revising provisions relating to service contracts, providers of service contracts and administrators of service contracts; repealing provisions governing insurance for home protection; revising provisions relating to administrators; standardizing the definitions of certain words and terms; revising provisions relating to adjustors; revising provisions relating to certain trade practices and frauds; removing certain obsolete and duplicative provisions; transferring certain duties from the Commissioner of Financial Institutions to the Commissioner of Mortgage Lending; revising provisions relating to certain accounts and funds relevant to the regulation of certain insurers and insurance administration; designating certain employees of the Division of Insurance of the Department of Business and Industry as category II peace officers; providing penalties; and providing other matters properly relating thereto.

**Location:** US-NV

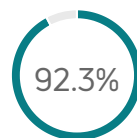
Floor Forecast Scores



Assembly  
Pre-Floor Score

N/A

Assembly  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

## TX SB 493

**Title:** Relating to certain protected disclosures by pharmacists and pharmacies regarding amounts charged for prescription drugs.

**Current Status:** In Senate

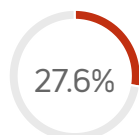
**Introduction Date:** 2024-11-22

**Last Action Date:** Filed. 2024-11-22

**Location:** US-TX

 Gag clause

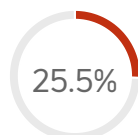
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## 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:** Left in Appropriations. 2024-11-18

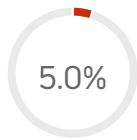
**Description:** Department of General Services; Office of Pharmaceutical Services; report. Establishes in the Department of General Services an Office of Pharmaceutical Services to develop and execute a plan to consolidate state agency prescription drug purchasing and pharmacy benefit management programs 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

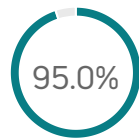
 State Employee Plan

 Medicaid Reimburs...

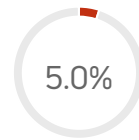
### Floor Forecast Scores



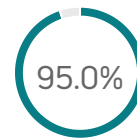
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

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## VA HB 1041

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

**Current Status:** In House

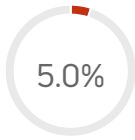
**Introduction Date:** 2024-01-10

**Last Action Date:** Left in Labor and Commerce. 2024-11-18

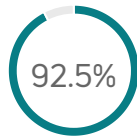
**Description:** Health insurance; cost-sharing; pharmacy benefits managers' compensation and duties: civil penalty. Amends provisions related to rebates provided by carriers and health benefit plans to health plan enrollees by defining "defined cost-sharing," "price protection rebates," and "pharmacy 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

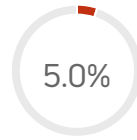
### Floor Forecast Scores



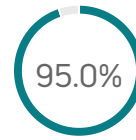
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

## TX HB 970

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

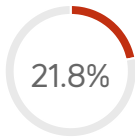
**Current Status:** In House

**Introduction Date:** 2024-11-12

**Last Action Date:** Filed. 2024-11-12

**Location:** US-TX

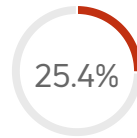
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

## MT LC 820

**Title:** Revise laws related to pharmacy benefit managers

**Current Status:** In Senate

**Introduction Date:** 2024-11-04

**Last Action Date:** (LC) Drafter Assigned. 2024-11-04

**Location:** US-MT

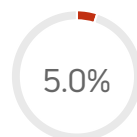
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## NJ S 3842

**Title:** "Patient and Provider Protection Act."

**Current Status:** In Senate

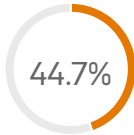
**Introduction Date:** 2024-10-28

**Last Action Date:** Introduced in the Senate, Referred to Senate Commerce Committee. 2024-10-28

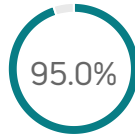
**Location:** US-NJ

 PBM contracts

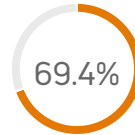
### Floor Forecast Scores



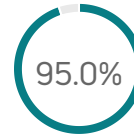
Senate  
Pre-Floor Score



Senate  
Floor Score



Assembly  
Pre-Floor Score



Assembly  
Floor Score

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## MT LC 609

**Title:** Montana pharmacy benefit manager transparency and reform act

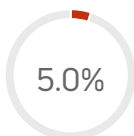
**Current Status:** In Senate

**Introduction Date:** 2024-10-22

**Last Action Date:** (LC) Drafter Assigned. 2024-10-22

**Location:** US-MT

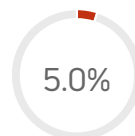
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## NV BDR 534

**Title:** Revises provisions relating to pharmacy benefit managers.

**Current Status:** Status Currently Unavailable

**Location:** US-NV

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## NV BDR 224



**Title:** Revises provisions relating to the use of pharmacy benefit managers by Medicaid.

**Current Status:** Status Currently Unavailable

**Location:** US-NV

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## 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

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## 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

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## 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

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## 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

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## 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

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## 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

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## 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

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## 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

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## 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

 Fair Pharmacy Audi...

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## NJ S 2325


**Title:** Allows reverse auctions for certain health benefits.

**Current Status:** In Senate

**Introduction Date:** 2024-01-25

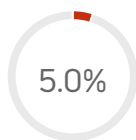
**Last Action Date:** Introduced in the Senate, Referred to Senate State Government, Wagering, Tourism & Historic Preservation Committee. 2024-01-25

**Location:** US-NJ

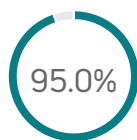
 State Employee Plan

 Reverse auction

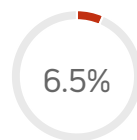
### Floor Forecast Scores



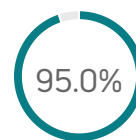
Senate  
Pre-Floor Score



Senate  
Floor Score



Assembly  
Pre-Floor Score



Assembly  
Floor Score

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## NJ A 1440

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

**Current Status:** In Assembly

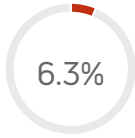
**Introduction Date:** 2024-01-09

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

**Location:** US-NJ

 Mail-order

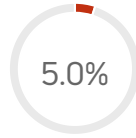
**Floor Forecast Scores**



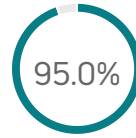
Assembly  
Pre-Floor Score



Assembly  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

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## NJ A 2777


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

**Current Status:** In Assembly

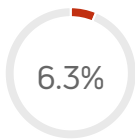
**Introduction Date:** 2024-01-09

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

**Location:** US-NJ

 ERISA

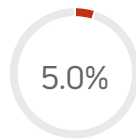
**Floor Forecast Scores**



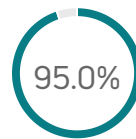
Assembly  
Pre-Floor Score



Assembly  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

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## 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

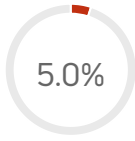
**Introduction Date:** 2024-01-09

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

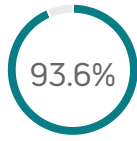
Location: US-NJ

 Fair Pharmacy Audi...

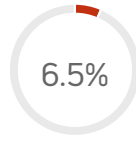
### Floor Forecast Scores



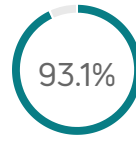
Senate  
Pre-Floor Score



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

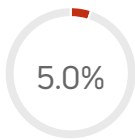
**Introduction Date:** 2024-01-09

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

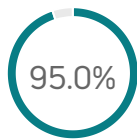
Location: US-NJ

 Mail-order

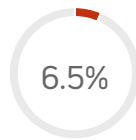
### Floor Forecast Scores



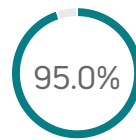
Senate  
Pre-Floor Score



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...

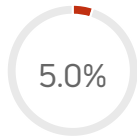
Drug Pricing

Mail-order

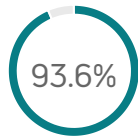
Patient steering

Gag clause

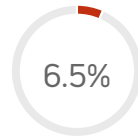
### Floor Forecast Scores



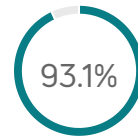
Senate  
Pre-Floor Score



Senate  
Floor Score



Assembly  
Pre-Floor Score



Assembly  
Floor Score