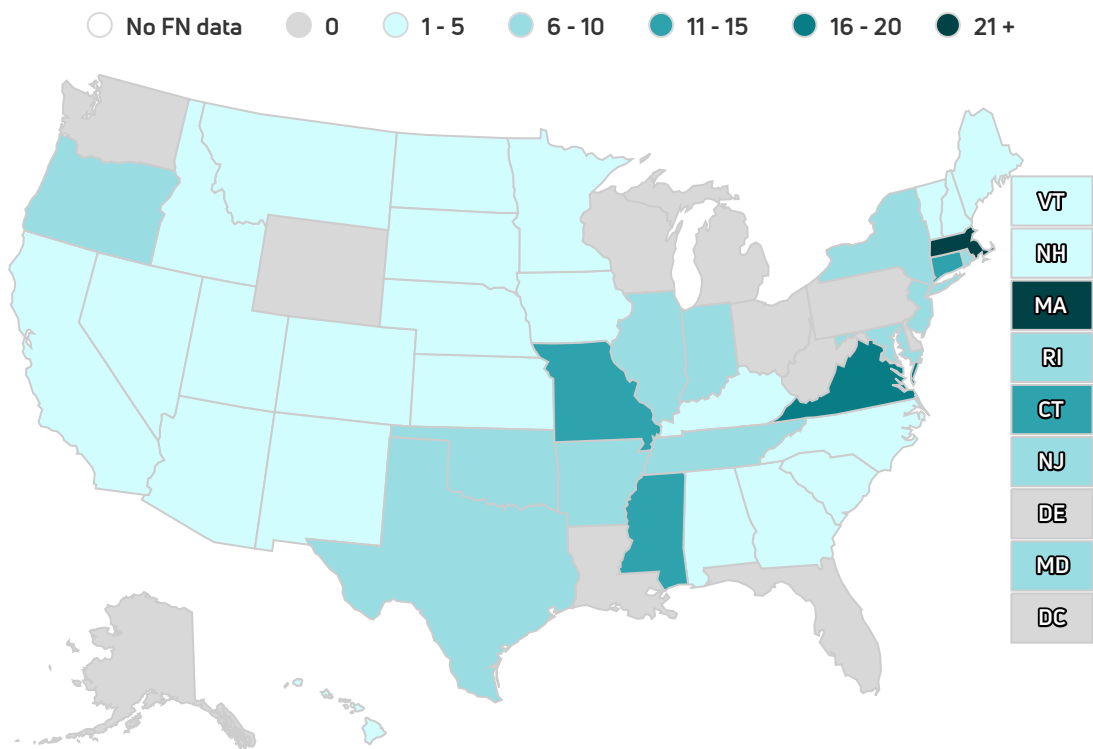


# PBM Reform Legislation

## 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** 229 Bills

## OR HB 2011

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

**Current Status:** In House


**Introduction Date:** 2025-01-13

**Last Action Date:** Public Hearing scheduled.. 2025-02-20

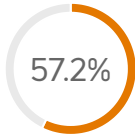
**Description:** Digest: Makes it an unlawful practice of law for health insurers and PBMs to stop covering drugs given out by doctors that are obtained by some drug stores. (Flesch Readability Score: 60.3). Prohibits health insurers and pharmacy benefit managers from

restricting coverage of physician-administered prescription drugs that are obtained by nonparticipating pharmacies. Designates violation of the prohibition as an unlawful practice.

**Location:** US-OR

 White bagging

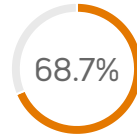
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

## OR HB 2057

**Title:** Relating to prescription drugs; amending ORS 735.530, 735.534 and 743A.062; and prescribing an effective date.

**Current Status:** In House

**Introduction Date:** 2025-01-13

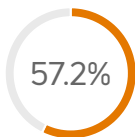
**Last Action Date:** Public Hearing scheduled.. 2025-02-20

**Description:** Digest: Tells insurers and PBMs not to require that drugs be labeled as 340B drugs in a claim for repayment. (Flesch Readability Score: 62.8). Prohibits insurers offering policies or certificates of health insurance and pharmacy benefit managers from requiring that a claim for reimbursement of a prescription drug include a modifier or other indicator that the drug is a 340B drug. Takes effect on the 91st day following adjournment sine die.

**Location:** US-OR

 340B

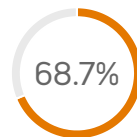
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

## SD SB 154

**Title:** Prohibit pharmaceutical manufacturers and wholesale drug distributors from interfering in contracts between 340B entities and pharmacies and to provide a penalty

therefor.

**Current Status:** In Senate

**Introduction Date:** 2025-01-30

**Last Action Date:** Scheduled for hearing. 2025-02-19

**Location:** US-SD

 340B

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## CT HB 6097

**Title:** AN ACT CONCERNING PRESCRIPTION DRUG DISCOUNT TRANSPARENCY.

**Current Status:** In House

**Introduction Date:** 2025-01-22

**Last Action Date:** Public Hearing 02/20. 2025-02-14

**Description:** To ensure consumers are getting the benefit of drug discounts and not overpaying or being prematurely enrolled in Medicaid under rules deducting costs spent on prescription drugs from income.

**Location:** US-CT

 340B

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## CT HB 6091

**Title:** AN ACT CONCERNING AN EQUITABLE MEDICAID AUDIT, BILLING AND REIMBURSEMENT POLICY FOR PHARMACIES.

**Current Status:** In House


**Introduction Date:** 2025-02-11

**Last Action Date:** Public Hearing 02/20. 2025-02-14

**Description:** To ensure a fair process for pharmacies regarding Medicaid billing and reimbursements.

**Location:** US-CT

 Fair Pharmacy Audi...

 Appeal procedure

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## NM SB 14

**Title:** HEALTH CARE CONSOLIDATION & TRANSPARENCY ACT

**Current Status:** In Senate

**Introduction Date:** 2025-01-21

**Last Action Date:** SHPAC: Reported by committee with Do Not Pass but without recommendation on Committee Substitution. 2025-02-13

**Location:** US-NM

 Anti-Trust and Verti...

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## UT HB 257

**Title:** Pharmacy Benefit Amendments


**Current Status:** In Senate

**Introduction Date:** 2025-01-21

**Last Action Date:** Senate/ received from House. 2025-02-13

**Location:** US-UT

 State Employee Plan

 Rebates

 Spread pricing

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## VA HB 2392

**Title:** Health insurance; pharmacy benefits managers, definition of "covered entity."

**Current Status:** Passed Senate

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

**Last Action Date:** Passed Senate (40-Y 0-N). 2025-02-13

**Description:** Health insurance; pharmacy benefits managers; definition of covered entity.

Removes hospitals, as defined in existing law, from the exemption to the definition of covered entity for the purposes of existing law relating to pharmacy benefits managers.

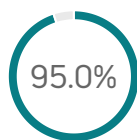
**Location:** US-VA

 340B

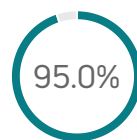
### Floor Forecast Scores



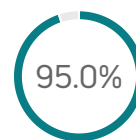
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

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## VT S 30

**Title:** An act relating to updating and reorganizing the health insurance statutes in 8 V.S.A. chapter 107

**Current Status:** In House

**Introduction Date:** 2025-01-29

**Last Action Date:** Read first time and referred to the Committee on [Health Care]. 2025-02-13

**Location:** US-VT

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## MD HB 321

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


**Current Status:** In Senate

**Introduction Date:** 2025-01-10

**Last Action Date:** Third Reading Passed (137-0). 2025-02-13

**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

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## MO SB 45

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

**Current Status:** In Senate

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

**Last Action Date:** Voted Do Pass S Families, Seniors and Health Committee. 2025-02-13

**Location:** US-MO

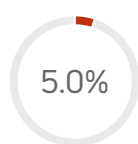
 Protections from u...

 Spread pricing

 Decline to dispense

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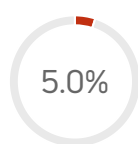
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## MO SB 299


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

**Current Status:** In Senate

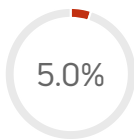
**Introduction Date:** 2025-01-08

**Last Action Date:** Second Read and Referred S Insurance and Banking Committee. 2025-02-13

**Location:** US-MO

 Co-pay accumulator

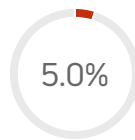
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## UT SB 69

**Title:** Medication Amendments

**Current Status:** In Senate

**Introduction Date:** 2025-01-21

**Last Action Date:** Senate Comm - Motion to Recommend Failed : Senate Business and Labor Committee. 2025-02-13

**Location:** US-UT

 340B

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## HI HB 712

**Title:** Relating To Health.

**Current Status:** In House

**Introduction Date:** 2025-01-21

**Last Action Date:** Reported from CPC (Stand. Com. Rep. No. 558), recommending referral to JHA.. 2025-02-13

**Description:** Prohibits drug manufacturers from denying, restricting, or prohibiting the acquisition, shipping, or delivery of a 340B drug to pharmacies contracted with 340B covered entities under the federal 340B Drug Pricing Program. Effective 7/1/3000. (HD1)

**Location:** US-HI

340B

## VA SB 1311

**Title:** Health insurance; pharmacy benefits managers, definition of "covered entity."

**Current Status:** Passed House

**Introduction Date:** 2025-01-09

**Last Action Date:** Bill text as passed Senate and House (SB1311ER). 2025-02-13

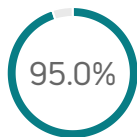
**Description:** Health insurance; pharmacy benefits managers; definition of covered entity.

Removes hospitals, as defined in existing law, from the exemption to the definition of covered entity for the purposes of existing law relating to pharmacy benefits managers.

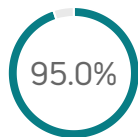
**Location:** US-VA

340B

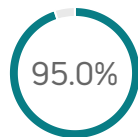
### Floor Forecast Scores



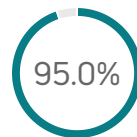
Senate  
Pre-Floor Score



Senate  
Floor Score



House  
Pre-Floor Score



House  
Floor Score

## IA SSB 1029

**Title:** A bill for an act relating to certain cost controls for health care services.(See SF 319.)

**Current Status:** In Senate

**Introduction Date:** 2025-01-22

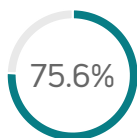
**Last Action Date:** Committee report approving bill, renumbered as SF 319.. 2025-02-12

**Location:** US-IA

Patient Protections

Discount Card

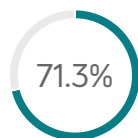
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## IA SSB 1017

**Title:** A bill for an act relating to pharmacy benefits manager reverse auctions and group insurance for public employees.(See SF 315.)

**Current Status:** In Senate

**Introduction Date:** 2025-01-16

**Last Action Date:** Committee report approving bill, renumbered as SF 315.. 2025-02-12

**Location:** US-IA

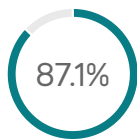


State Employee Plan



Reverse auction

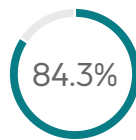
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## KY SB 14

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

**Current Status:** In Senate

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

**Last Action Date:** posted for passage in the Regular Orders of the Day for Thursday, February 13, 2025. 2025-02-12

**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

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## VA HB 1614

**Title:** Postpartum doula care; DMAS to amend state plan for medical assistance services.

**Current Status:** In Senate

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

**Last Action Date:** Reported from Finance and Appropriations (15-Y 0-N). 2025-02-12

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

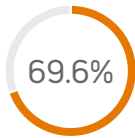


Services to amend the state plan for medical assistance services to include a provision for payment for postpartum doula care. The bill requires the Department to report to the Governor and General Assembly annually on the implementation and outcomes of the provision, and requires the first such report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

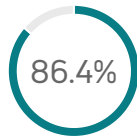
**Location:** US-VA

 Spread pricing

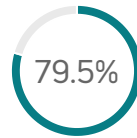
### Floor Forecast Scores



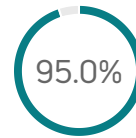
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

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## CA AB 577

**Title:** Health care coverage: antisteering.


**Current Status:** In Assembly

**Introduction Date:** 2025-02-12

**Last Action Date:** Read first time. To print.. 2025-02-12

**Description:** AB 577, as introduced, Wilson. Health care coverage: antisteering. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes the willful violation of its provisions a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs. For a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, this bill would prohibit a health care service plan, health insurer, or pharmacy benefit manager from engaging in specified steering practices, including, among others, requiring an enrollee or insured to use a retail pharmacy for dispensing prescription oral medications, as specified, and imposing any requirements, conditions, or exclusions that discriminate against a physician in connection with dispensing prescription oral medications. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Location:** US-CA

 White bagging

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## NH SB 253

**Title:** relative to participation in the federal 340B Drug Pricing Program.

**Current Status:** In Senate

**Introduction Date:** 2025-01-23

**Last Action Date:** Hearing: 02/19/2025, Room 100, SH, 09:45 am; SC 10. 2025-02-12

**Location:** US-NH

 340B

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## TX SB 1236

**Title:** Relating to the relationship between pharmacists or pharmacies and health benefit plan issuers or pharmacy benefit managers.

**Current Status:** In Senate

**Introduction Date:** 2025-02-12

**Last Action Date:** Filed. 2025-02-12

**Location:** US-TX

 Retroactive claims ...

 Provider networks

 ERISA

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## TX HB 2747

**Title:** Relating to requiring certain health care entities to submit notice of material change transactions to the attorney general and the attorney general's authority to conduct certain related studies; imposing civil and administrative penalties.

**Current Status:** In House

**Introduction Date:** 2025-02-12

**Last Action Date:** Filed. 2025-02-12

**Location:** US-TX

 Anti-Trust and Verti...

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## TX HB 2750

**Title:** Relating to use of a pharmacy benefit manager in which a health benefit plan issuer has a financial interest.

**Current Status:** In House

**Introduction Date:** 2025-02-12

**Last Action Date:** Filed. 2025-02-12

**Location:** US-TX



Patient Protections

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## MS HB 17

**Title:** Protecting Patient Access to Physician-Administered Drugs Act; create.

**Current Status:** In Senate

**Introduction Date:** 2025-01-10

**Last Action Date:** Passed. 2025-02-12

**Description:** An Act To Create The Protecting Patient Access To Physician-Administered Drugs Act; To Provide Legislative Intent; To Define Certain Terms Relating To This Act; To Provide For Payment To Participating Providers; To Provide Certain Penalties Relating To A Violation Of This Act; To Provide For Patient Choice In Dispensing Of Provider-Administered Drugs; To Amend Section 75-24-5, Mississippi Code Of 1972, Which Relates To The Regulation Of Business For Consumer Protection, To Conform To The Provisions Of This Act; And For Related Purposes.

**Location:** US-MS



White bagging

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## KY HB 413

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

**Current Status:** In House

**Introduction Date:** 2025-02-07

**Last Action Date:** to Banking & Insurance (H). 2025-02-12

**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 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

## RI HB 5429

**Title:** An Act Relating To Insurance -- Third-Party Health Insurance Administrators -- Prescription Drug Cost Control And Transparency (Provides Certain Controls Over Prescription Drug Costs By Imposing Transparency, Oversight And Accountability Requirements On Commercial Insurers And Their Pharmacy Benefit Managers.)


**Current Status:** In House

**Introduction Date:** 2025-02-12

**Last Action Date:** Introduced, referred to House Health & Human Services. 2025-02-12

**Location:** US-RI

 Reimbursement to ...

 PBM enforcement

 Spread pricing

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## TN HB 1244

**Title:** Insurance, Health, Accident - As introduced, establishes standards for pharmacy benefits managers to use when processing and paying claims; removes limits on aggregate penalties for violations of law made by pharmacy benefits managers; makes other related revisions. - Amends TCA Title 56.


**Current Status:** In House

**Introduction Date:** 2025-02-06

**Last Action Date:** Assigned to s/c Insurance Subcommittee. 2025-02-12

**Description:** Summary not complete.

**Location:** US-TN

 Appeal procedure

 Prompt pay

 PBM enforcement

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## TN HB 1179

**Title:** Pharmacy, Pharmacists - As introduced, extends from two to three weeks the period of notice that must be provided to a pharmacist or pharmacy prior to an initial on-site audit for each audit cycle by a covered entity, pharmacy benefits manager, the state or its political subdivisions, or an agent of such entity by sending written notice to the pharmacist or pharmacy. - Amends TCA Title 4, Chapter 3; Title 10, Chapter 7, Part 5; Title 53; Title 56; Title 63; Title 68 and Title 71.

**Current Status:** In House

**Introduction Date:** 2025-02-06

**Last Action Date:** P2C, caption bill, held on desk - pending amdt.. 2025-02-12

**Description:** Abstract summarizes the bill.

**Location:** US-TN

 Fair Pharmacy Audi...

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## MD HB 1246

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


**Current Status:** In House

**Introduction Date:** 2025-02-07

**Last Action Date:** Hearing 2/27 at 1:00 p.m.. 2025-02-12

**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

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## MD HB 1243

**Title:** Health Insurance - Coverage for Specialty Drugs

**Current Status:** In House


**Introduction Date:** 2025-02-07

**Last Action Date:** Hearing 2/27 at 1:00 p.m.. 2025-02-12

**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 is an in-network provider of covered medical oncology services and complies with State regulations for the administering and dispensing of specialty drugs, if the specialty drugs meet certain qualifications; and requiring the reimbursement rate for certain specialty drugs to meet certain criteria.

**Location:** US-MD

 Reimbursement to ...

 specialty drug

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## TN SB 881

**Title:** Insurance, Health, Accident - As introduced, establishes standards for pharmacy benefits managers to use when processing and paying claims; removes limits on aggregate penalties for violations of law made by pharmacy benefits managers; makes other related revisions. - Amends TCA Title 56.

**Current Status:** In Senate

**Introduction Date:** 2025-02-05

**Last Action Date:** Passed on Second Consideration, refer to Senate Commerce and Labor Committee. 2025-02-12

**Description:** Summary not complete.

**Location:** US-TN



Appeal procedure



Prompt pay



PBM enforcement

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## TN SB 420

**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:** In Senate

**Introduction Date:** 2025-01-28

**Last Action Date:** Passed on Second Consideration, refer to Senate Commerce and Labor Committee. 2025-02-12

**Description:** Summary not complete.

**Location:** US-TN



Patient Protections



Co-pay accumulator

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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 Senate

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

**Last Action Date:** Committee Hearing 09:30. 2025-02-12

**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...

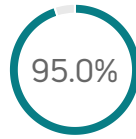
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## ND HB 1584

**Title:** A BILL for an Act to create and enact two new sections to chapter 26.1-27.1 of the North Dakota Century Code, relating to pharmacy benefits managers; to amend and reenact sections 26.1-27.1-01, 26.1-27.1-02, 26.1-27.1-04, 26.1-27.1-06 and 26.1-27.1-07 of the North Dakota Century Code, relating to pharmacy benefits managers; to provide a penalty; and to declare an emergency.


**Current Status:** In House


**Introduction Date:** 2025-01-20


**Last Action Date:** Committee Hearing 02:30. 2025-02-11

**Description:** A BILL for an Act to create and enact two new sections to chapter 26.1-27.1 of the North Dakota 2 Century Code, relating to pharmacy benefits managers; to amend and reenact sections 3 26.1-27.1-01, 26.1-27.1-02, 26.1-27.1-04, 26.1-27.1-06 and 26.1-27.1-07 of the North Dakota 4 Century Code, relating to pharmacy benefits managers; to provide a penalty; and to declare an 5 emergency.

**Location:** US-ND

 Provider networks

 Rebates

 PBM enforcement

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## NM HB 174


**Title:** PHARMACY REIMBURSEMENT FOR CERTAIN PLANS

**Current Status:** In House

**Introduction Date:** 2025-01-28

**Last Action Date:** HHHC: Reported by committee with Do Pass recommendation. 2025-02-11

**Location:** US-NM

 NADAC+

 State Employee Plan

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## OK SB 1025

**Title:** Health care; creating the Oklahoma Rebate Pass-Through and Pharmacy Benefits Manager Meaningful Transparency Act of 2025; clarifying authority to take certain actions. Effective date.

**Current Status:** In Senate

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

**Last Action Date:** Coauthored by Representative Bashore (principal House author). 2025-02-11

**Location:** US-OK



Rebates



PBM enforcement



Gag clause

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## CO HB 25-1222

**Title:** Preserving Access to Rural Independent Pharmacies

**Current Status:** In House

**Introduction Date:** 2025-02-11

**Last Action Date:** Introduced In House - Assigned to Health & Human Services. 2025-02-11

**Description:** The bill prevents a pharmacy benefit manager (PBM) from prohibiting a rural independent pharmacy from using a private courier or a delivery service to deliver a prescription drug to a patient. A PBM is required to reimburse a rural independent pharmacy for a prescription drug in an amount not less than the average acquisition cost for like prescription drugs, as determined by the medical services board in the state department of health care policy and financing, plus pay a dispensing fee. When a PBM conducts an audit of a rural independent pharmacy and the audit results in a recoupment of more than \$1,000 or a penalty of more than \$1,000, the PBM must serve process on the rural independent pharmacy and notify the rural independent pharmacy of the rural independent pharmacy's appeal rights at least 30 days before any recoupment of funds. The bill defines "flex pharmacy" as a prescription drug outlet that: Is registered with the state board of pharmacy (board) as a prescription drug outlet; Operates as a telepharmacy during times when the licensed pharmacist is not on the premises; Has a licensed pharmacist on the premises for at least twice the number of hours that the flex pharmacy operates as a telepharmacy; Operates as a telepharmacy from the same premises as the premises where the pharmacy is registered; and Is a rural independent pharmacy. The board may adopt rules to facilitate the operation of flex pharmacies and may assess a fee on a prescription drug outlet applying to be a flex pharmacy. (Note: This summary applies to this bill as introduced.)

**Location:** US-CO



Fair Pharmacy Audi...



NADAC+



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## SC S 330

**Title:** Cost sharing


**Current Status:** In Senate

**Introduction Date:** 2025-02-11

**Last Action Date:** Referred to Committee on Banking and Insurance (Senate Journal-page 4).  
2025-02-11

**Description:** A Bill To Amend The South Carolina Code Of Laws By Adding Section 38-71-295 So As To Define Terms And To Include References To The Federal Internal Revenue Code For Purposes Of Cost Sharing; And By Adding Section 38-71-2270 So As To Define Terms And To Include References To The Federal Internal Revenue Code For Purposes Of Cost Sharing.

**Location:** US-SC

 Co-pay accumulator

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## GA HB 196

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

**Current Status:** In House


**Introduction Date:** 2025-01-30

**Last Action Date:** House Committee Favorably Reported By Substitute. 2025-02-11

**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 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

 Injectable drugs

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## AZ HB 2208


**Title:** Pharmacists; pharmacies; reimbursement costs; appeals

**Current Status:** In House


**Introduction Date:** 2025-02-10

**Last Action Date:** House Second Reading. 2025-02-11

**Location:** US-AZ

 Appeal procedure

 Protections from u...

 cost to dispense

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## IA HSB 99

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

**Current Status:** In House

**Introduction Date:** 2025-01-29

**Last Action Date:** Committee vote: Yeas, 23. Nays, 0.. 2025-02-11

**Location:** US-IA



NADAC+

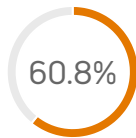


Appeal procedure



Patient steering

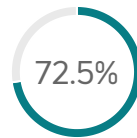
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## NE LB 198

**Title:** LB198 - Change provisions of the Pharmacy Benefit Manager Licensure and Regulation Act

**Current Status:** In Legislature

**Introduction Date:** 2025-01-14

**Last Action Date:** Hallstrom name added. 2025-02-11

**Location:** US-NE



Appeal procedure



Reimbursement to ...



Protections from u...



Spread pricing

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## IL HB 1171

**Title:** Ins-Cost Sharing/Drug Rebates

**Current Status:** In House

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

**Last Action Date:** Assigned to Executive Committee. 2025-02-11

**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,

2026 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



Patient Protections



Rebates

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## IL HB 1159

**Title:** Ins-Pharmacy Benefit Managers

**Current Status:** In House

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

**Last Action Date:** Assigned to Health Care Availability & Accessibility Committee. 2025-02-11

**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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## AR HB 1150

**Title:** HB1150 - TO PROHIBIT A PHARMACY BENEFITS MANAGER FROM OBTAINING CERTAIN PHARMACY PERMITS.

**Current Status:** In House

**Introduction Date:** 2025-01-16

**Last Action Date:** REPORTED CORRECTLY ENGROSSED. 2025-02-11

Location: US-AR

Anti-Trust and Verti...

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## VA HB 2375

**Title:** Prescription drug price transparency; pharmacy services administrative organizations.

**Current Status:** In Senate

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

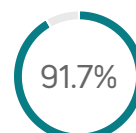
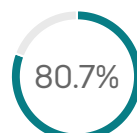
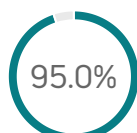
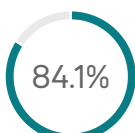
**Last Action Date:** Assigned Education sub: Health. 2025-02-11

**Description:** Prescription drug price transparency; pharmacy services administrative organizations. Requires pharmacy services administrative organizations to submit information on reimbursement rates and fees to the nonprofit data services organization that contracts with the Department of Health to provide prescription drug price transparency information. Under the bill, a pharmacy services administrative organization that solely generates revenue from charging flat service fees to pharmacies and does not charge pharmacies for services based on prescription drug prices or volume is exempt from submitting such information.

Location: US-VA

PSAOs

### Floor Forecast Scores



House  
Pre-Floor Score

House  
Floor Score

Senate  
Pre-Floor Score

Senate  
Floor Score

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## HI SB 480

**Title:** Relating To Health.

**Current Status:** In Senate

**Introduction Date:** 2025-01-17

**Last Action Date:** The committee on HHS deferred the measure.. 2025-02-10

**Description:** Prohibits drug manufacturers and wholesale distributors from restricting or denying access for pharmacies contracted with 340B covered entities to purchase 340B drugs at a discounted price under the federal 340B Drug Pricing Program. Imposes civil penalties for engaging in unfair or deceptive acts or practices in the conduct of any trade or commerce.

**Location:** US-HI

 340B

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## MT LC 609

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

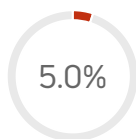
**Current Status:** In Senate

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

**Last Action Date:** (LC) Draft On Hold. 2025-02-10

**Location:** US-MT

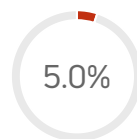
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## RI SB 221

**Title:** An Act Relating To Insurance -- Third-Party Health Insurance Administrators -- Prescription Drug Cost Control And Transparency (Provides Certain Controls Over Prescription Drug Costs By Imposing Transparency, Oversight And Accountability Requirements On Commercial Insurers And Their Pharmacy Benefit Managers.)

**Current Status:** In Senate

**Introduction Date:** 2025-02-10

**Last Action Date:** Introduced, referred to Senate Health and Human Services. 2025-02-10

**Location:** US-RI



PBM enforcement



Spread pricing

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## MA SD 2652

**Title:** 340B/High-Cost Drugs Impact Report

**Current Status:** In Senate

**Introduction Date:** 2025-02-10

**Last Action Date:** Placed on file. 2025-02-10

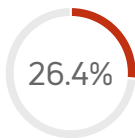
**Description:** Report of MassHealth (pursuant to Section 13L of Chapter 118E of the General Laws) submitting its 340B/High-Cost Drugs Impact report

**Location:** US-MA



340B

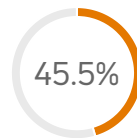
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## IN HB 1666

**Title:** Ownership of health care providers.

**Current Status:** In House

**Introduction Date:** 2025-01-21


**Last Action Date:** Second reading: amended, ordered engrossed. 2025-02-10

**Description:** Requires reporting of certain ownership information by: (1) a health care entity 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 a hospital to include certain ownership information in the hospital's annual fiscal report to the state department. 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. Amends the definition of "health care entity" for

provisions governing health care entity mergers and acquisitions. Establishes the health care entity merger approval board (board) to evaluate and approve or deny proposed mergers and acquisitions of health care entities. Requires an Indiana health care entity that is involved in a merger or acquisition with another health care entity to provide notice to the office of the attorney general. (Current law specifies that this notice requirement applies to an Indiana health care entity involved in a merger or acquisition with another health care entity with total assets of at least \$10,000,000.) Allows the office of the attorney general to investigate the market concentration of a health care entity. Prohibits an Indiana health care entity from engaging in a merger or acquisition with another health care entity or a specified health care provider unless the health care entity has received approval from the board. Sets forth criteria for approving a health care entity merger or acquisition. Allows the attorney general to bring a civil action to enforce these provisions.

**Location:** US-IN

 Transparency and ...

 Anti-Trust and Verti...

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## GA SB 91

**Title:** State Employees' Health Insurance Plan; Board of Community Health from entering into, executing, or renewing a contract with any pharmacy benefits manager that owns or has an ownership interest in any retail pharmacy; prohibit


**Current Status:** In Senate

**Introduction Date:** 2025-02-04

**Last Action Date:** Senate Withdrawn & Recommitted. 2025-02-10

**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 prohibit the Board of Community Health from entering into, executing, or renewing a contract or contracts with any pharmacy benefits manager that owns or has an ownership interest in any retail pharmacy or any legal entity that contracts with or uses such pharmacy benefits manager; to provide for related matters; to repeal conflicting laws; and for other purposes.

**Location:** US-GA

 State Employee Plan

 Anti-Trust and Verti...

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## AR HB 1442

**Title:** HB1442 - TO SET RESTRICTIONS ON PHARMACY CONTRACTING AND CONFLICTS OF INTEREST; AND TO ESTABLISH PHARMACEUTICAL PATIENT FREEDOM OF CHOICE.

**Current Status:** In House

**Introduction Date:** 2025-02-10

**Last Action Date:** Read the first time, rules suspended, read the second time and referred to the Committee on PUBLIC HEALTH, WELFARE AND LABOR COMMITTEE- HOUSE. 2025-02-10

**Location:** US-AR

 Patient Protections

 Patient steering

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## MS HB 856

**Title:** Pharmacy Practice Act; extend repealer on.


**Current Status:** In Senate

**Introduction Date:** 2025-01-16


**Last Action Date:** Transmitted To Senate. 2025-02-10

**Description:** An Act To Amend Section 73-21-69, Mississippi Code Of 1972, To Extend The Date Of The Repealer On The Mississippi Pharmacy Practice Act; To Reenact Sections 73-21-71 Through 73-21-129, Which Are The Mississippi Pharmacy Practice Act; To Amend Reenacted Sections 73-21-85, 73-21-103 And 73-21-111, Mississippi Code Of 1972, To Make Some Minor, Nonsubstantive Changes; To Amend Reenacted Section 73-21-97, Mississippi Code Of 1972, To Extend The Date Of The Repealer On The Provision Of Law That Authorizes The State Board Of Pharmacy To Take Disciplinary Action Against A Person Licensed Under The Mississippi Pharmacy Practice Act For Violations Of The Patient'S Right To Informed Health Care Choices Act; And For Related Purposes.

**Location:** US-MS

 Registration/Licen...

 PSAOs

 PBM enforcement

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## AR SB 58

**Title:** SB58 - TO REMOVE THE PROHIBITION ON NONPROFIT, TAX EXEMPT, OR GOVERNMENTALLY-FUNDED HOSPITALS HOLDING A LICENSED PHARMACY PERMIT FOR THE SALE AT RETAIL OF DRUGS.

**Current Status:** Passed House

**Introduction Date:** 2025-01-14

**Last Action Date:** DELIVERED TO GOVERNOR.. 2025-02-10

**Location:** US-AR

 Anti-Trust and Verti...

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## TN HB 870



**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:** In House

**Introduction Date:** 2025-02-04

**Last Action Date:** Assigned to s/c Insurance Subcommittee. 2025-02-10

**Description:** Summary not complete.

**Location:** US-TN



Patient Protections

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## TN SB 1403

**Title:** Pharmacy, Pharmacists - As introduced, extends from two to three weeks the period of notice that must be provided to a pharmacist or pharmacy prior to an initial on-site audit for each audit cycle by a covered entity, pharmacy benefits manager, the state or its political subdivisions, or an agent of such entity by sending written notice to the pharmacist or pharmacy. - Amends TCA Title 4, Chapter 3; Title 10, Chapter 7, Part 5; Title 53; Title 56; Title 63; Title 68 and Title 71.

**Current Status:** In Senate

**Introduction Date:** 2025-02-06

**Last Action Date:** Introduced, Passed on First Consideration. 2025-02-10

**Description:** Abstract summarizes the bill.

**Location:** US-TN



Fair Pharmacy Audi...

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## RI SB 222

**Title:** An Act Relating To Insurance -- Pharmacy Freedom Of Choice -- Fair Competition And Practices (Requires Pharmacy Benefit Managers To Reimburse Pharmacist No Less Than National Drug Acquisition Costs Plus Fee.)

**Current Status:** In Senate

**Introduction Date:** 2025-02-10

**Last Action Date:** Introduced, referred to Senate Health and Human Services. 2025-02-10

**Location:** US-RI

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## ND HB 1473

**Title:** A BILL for an Act to create and enact a new subsection to section 43-15.3-08 of the North Dakota Century Code, relating to prohibited acts of drug manufacturers; and to provide a penalty.

**Current Status:** In House

**Introduction Date:** 2025-01-17

**Last Action Date:** Committee Hearing 02:30. 2025-02-10

**Description:** A BILL for an Act to create and enact a new subsection to section 43-15.3-08 of the North 2 Dakota Century Code, relating to prohibited acts of drug manufacturers; and to provide a 3 penalty.

**Location:** US-ND

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## IL HB 3794

**Title:** Prescription Drugs-Variou

**Current Status:** In House

**Introduction Date:** 2025-02-07

**Last Action Date:** Filed with the Clerk by Rep. Ryan Spain. 2025-02-07

**Description:** Amends the Pharmacy Benefit Manager Article of the Illinois Insurance Code. Provides 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 80% of all rebates received, or to be received, or to be received, in connection with the dispensing or administration of the prescription drug. Provides that a health insurer or its agents shall not publish or otherwise reveal information regarding the actual amount of rebates a health insurer receives on a product or therapeutic class of products, manufacturer-specific basis, or pharmacy-specific basis and that the information is confidential. Defines terms. Amends the Freedom of Information Act to make a conforming change. Amends the Pharmacy Practice Act. Provides that a pharmacist may substitute a biological product (instead of an interchangeable biological product) if, among other requirements, the product being considered for substitution is either the reference product or a product approved by the United States Food and Drug Administration as a biosimilar of the prescribed biological product (instead of if the substituted product has been determined by the United States Food and Drug Administration to be interchangeable with the prescribed biological product). Makes conforming changes.

**Location:** US-IL

## NM HB 78

**Title:** PROHIBIT DISCRIMINATION AGAINST 340B ENTITIES

**Current Status:** In House

**Introduction Date:** 2025-01-10

**Last Action Date:** HHC: Reported by committee with Do Pass recommendation with amendment(s). 2025-02-06

**Location:** US-NM

 340B

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## TX SB 1122

**Title:** Relating to applicability of certain prescription drug insurance laws to health benefit plans and pharmacy benefit managers.

**Current Status:** In Senate

**Introduction Date:** 2025-02-06

**Last Action Date:** Filed. 2025-02-06

**Location:** US-TX

 ERISA

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## IN SB 503

**Title:** Pharmacy benefit administration.

**Current Status:** In Senate

**Introduction Date:** 2025-01-14


**Last Action Date:** Committee report: amend do pass adopted; reassigned to Committee on Appropriations. 2025-02-06

**Description:** Requires the attorney general to designate or appoint a pharmacy benefit compliance officer if certain prescription drug benefit public-private partnership contracts are entered into by the state. Establishes the pharmacy benefit compliance fund. Authorizes: (1) the state personnel department, for purposes of the state employee health plan; and (2) the office of the secretary of family and social services (office), for purposes of the Medicaid program; to issue a request for proposal to enter into a public-private partnership to administer prescription drug benefits. Sets forth certain requirements for a request for proposal and establishes the competitive proposal procedure. Allows the budget committee to review a contract before the state personnel department or the office awards a final

contract for the public-private partnership. Requires that, if the state personnel department or the office enter into a contract for the public-private partnership, the attorney general conduct a state employee health plan audit or a Medicaid audit at least three years after the implementation of the contract. Makes an appropriation.

**Location:** US-IN

 State Employee Plan

 Medicaid Reimburs...


 Right to Refuse

 Discount Card

 specialty pharmacy

 specialty drug

 Prompt pay

 PBM enforcement

 Spread pricing

 Single PBM

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## SC H 3934

**Title:** Cost sharing


**Current Status:** In House

**Introduction Date:** 2025-02-06

**Last Action Date:** Referred to Committee on Labor, Commerce and Industry (House Journal-page 33). 2025-02-06

**Description:** A Bill To Amend The South Carolina Code Of Laws By Adding Section 38-71-295 So As To Define Terms And To Include References To The Federal Internal Revenue Code For Purposes Of Cost Sharing; And By Adding Section 38-71-2270 So As To Define Terms And To Include References To The Federal Internal Revenue Code For Purposes Of Cost Sharing.

**Location:** US-SC

 Co-pay accumulator

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## MN SF 1106

**Title:** Dispensing fee requirements on health plan companies providing prescription coverage provision

**Current Status:** In Senate

**Introduction Date:** 2025-02-06

**Last Action Date:** Referred to Commerce and Consumer Protection. 2025-02-06

**Location:** US-MN

 cost to dispense

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## MS SB 2712

**Title:** Protecting Patient Access to Physician-Administered Drugs Act; enact.

**Current Status:** In House

**Introduction Date:** 2025-01-20

**Last Action Date:** Transmitted To House. 2025-02-06

**Description:** An Act To Enact The Protecting Patient Access To Physician-Administered Drugs Act; To State Legislative Intent; To Define Certain Terms; To Prohibit A Health Insurance Issuer, Pharmacy Benefit Manager Or The Agent Of Either From Refusing To Authorize, Approve Or Pay A Participating Provider For Providing Covered Physician-Administered Drugs And Related Services To Covered Persons; To Prohibit A Health Insurance Issuer, Pharmacy Benefit Manager Or The Agent Of Either From Requiring A Covered Person To Pay Any Penalty Or Additional Fee Not Otherwise Applicable To Cost-Sharing Amounts Payable By The Covered Person To Obtain The Physician-Administered Drug When Provided By A Participating Provider; To Provide That All Provider Agreements Shall Be Construed To Include A Provision That, When All Criteria For Medical Necessity Are Met, The Drug And Its Administration Shall Be Payable Irrespective Of Whether The Participating Provider Obtains Physician-Administered Drugs From A Pharmacy That Is Not A Participating Provider In The Health Insurance Issuer'S Network; To Provide Payment Rates To Participating Providers; To Provide That Contract Provisions In Conflict With This Act Shall Be Null, Void And Unenforceable; To Provide That A Violation Of This Act Shall Be Considered A Violation Of The Consumer Protection Act, And Shall Subject The Violator To Any And All Actions Provided For In The Consumer Protection Act; To Amend Section 75-24-5, Mississippi Code Of 1972, To Conform To The Provisions Of This Act; And For Related Purposes.

**Location:** US-MS

 White bagging

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## OR HB 2149

**Title:** Relating to pharmacy services administrative organization licensing; creating new provisions; and amending section 2, chapter 87, Oregon Laws 2024.

**Current Status:** In House

**Introduction Date:** 2025-01-13

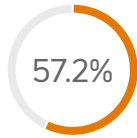
**Last Action Date:** Public Hearing held.. 2025-02-06

**Description:** Digest: Creates rules for licensing PSAOs that operate in this state. (Flesch Readability Score: 69.7). Requires pharmacy services administrative organizations operating in this state to be licensed by the Department of Consumer and Business Services and creates rules for licensing requirements.

**Location:** US-OR

 PSAOs

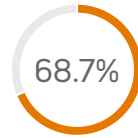
## Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## OR HB 3226

**Title:** Relating to organizations that provide services related to obtaining prescription drugs; amending ORS 735.530 and 744.702; and prescribing an effective date.

**Current Status:** In House

**Introduction Date:** 2025-01-13

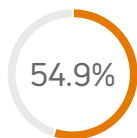
**Last Action Date:** Public Hearing held.. 2025-02-06

**Description:** Digest: Says that if a person that takes claims from drug stores for payment under a health plan signs a contract with another person that acts for the drug stores, the person must still obey the laws that govern pharmacy benefit managers. Says that the person that acts for or signs contracts for the drug stores must get a license to do that business. (Flesch Readability Score: 62.0). Includes pharmacy services administrative organizations within the definition of pharmacies for the purpose of ensuring that pharmacy benefit managers are subject to laws regulating their activities even if their contracts are with pharmacy services administrative organizations. Requires pharmacy services administrative organizations to register with the Department of Consumer and Business Services as third party administrators. Takes effect on the 91st day following adjournment sine die.

**Location:** US-OR

 PSAOs

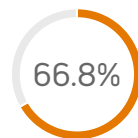
## Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## IA HF 213

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

**Current Status:** In House

**Introduction Date:** 2025-02-06

**Last Action Date:** Introduced, referred to Commerce.. 2025-02-06

**Location:** US-IA

 Any willing provider

 Mail-order

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## MD SB 975

**Title:** Health Insurance - Coverage for Specialty Drugs


**Current Status:** In Senate

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

**Last Action Date:** Hearing 2/26 at 1:00 p.m.. 2025-02-06

**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 is an in-network provider of covered medical oncology services, complies with State regulations for the administering and dispensing of specialty drugs, and the specialty drug meets certain qualifications; and requiring the reimbursement rate for certain specialty drugs to meet certain criteria.

**Location:** US-MD

 Reimbursement to ...

 specialty drug

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## IL HB 2680

**Title:** Ins Cd-Drug Cost-Sharing


**Current Status:** In House

**Introduction Date:** 2025-02-04

**Last Action Date:** Referred to Rules Committee. 2025-02-06

**Description:** Amends the Illinois Insurance Code. Provides that any plan of health or accident insurance that provides coverage for prescription drugs and that is issued amended, renewed, or delivered on or after January 1, 2027 must include any amount paid by the insured or paid on behalf of the insured by another person when calculating the insured's overall contribution to any out-of-pocket maximum or other cost-sharing requirement. Provides an exception for a high-deductible health plan to the extent that providing coverage would disqualify that plan from eligibility for a health savings account.

**Location:** US-IL

 Co-pay accumulator

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## VT H 156

**Title:** An act relating to prohibiting pharmacy benefit managers from owning or operating a pharmacy in Vermont

**Current Status:** In House

**Introduction Date:** 2025-02-06

**Last Action Date:** Read first time and referred to the Committee on [Health Care]. 2025-02-06

**Location:** US-VT



Anti-Trust and Verti...

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## MD SB 773

**Title:** Health Benefit Plans – Calculation of Cost Sharing Contribution – Requirements

**Current Status:** In Senate

**Introduction Date:** 2025-01-31

**Last Action Date:** Hearing 2/26 at 1:00 p.m.. 2025-02-06

**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

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## KS SB 212

**Title:** Enacting the prescription drug cost and affordability review act to establish the prescription drug pricing board and prescription drug affordability stakeholder council to review the cost of prescription medications and establish upper payment limits for certain prescription drugs.

**Current Status:** In Senate

**Introduction Date:** 2025-02-05

**Last Action Date:** Referred to Committee on Financial Institutions and Insurance. 2025-02-06

**Location:** US-KS



Upper Payment Limit



Rx Affordability Bo...

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## CT HB 6873



**Title:** AN ACT STRENGTHENING THE REVIEW OF HEALTH CARE ENTITY TRANSACTIONS.


**Current Status:** In House

**Introduction Date:** 2025-02-06

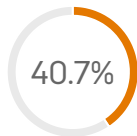
**Last Action Date:** Referred to Joint Committee on Public Health. 2025-02-06

**Description:** To implement the Governor's budget recommendations.

**Location:** US-CT

 Anti-Trust and Verti...

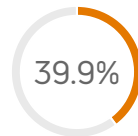
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## IN SB 118

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

**Current Status:** In House

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

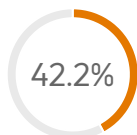
**Last Action Date:** Referred to the House. 2025-02-05

**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

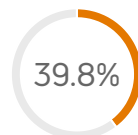
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## NC HB 46


**Title:** Make Healthcare Affordable.

**Current Status:** In House

**Introduction Date:** 2025-02-04

**Last Action Date:** Ref To Com On Rules, Calendar, and Operations of the House. 2025-02-05

**Location:** US-NC

 State Employee Plan

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## NH SB 256

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

**Current Status:** In Senate

**Introduction Date:** 2025-01-23

**Last Action Date:** Hearing: 02/12/2025, Room 101, LOB, 09:15 am; SC 9. 2025-02-05

**Location:** US-NH

 White bagging

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## IA SSB 1074

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

**Current Status:** In Senate

**Introduction Date:** 2025-01-29

**Last Action Date:** Subcommittee recommends passage.. 2025-02-05

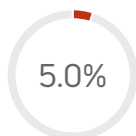
**Location:** US-IA

 NADAC+

 Appeal procedure

 Patient steering

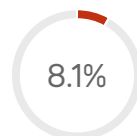
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## NYS 438

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

**Current Status:** In Senate


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

**Last Action Date:** ADVANCED TO THIRD READING. 2025-02-05

**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

## ID H 136

**Title:** INSURANCE – Adds to existing law to establish provisions regarding 340B drug pricing program reporting.

**Current Status:** In House

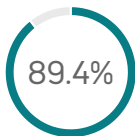
**Introduction Date:** 2025-02-04

**Last Action Date:** Reported Printed and Referred to Health & Welfare. 2025-02-05

**Location:** US-ID

 340B

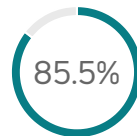
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

## RI SB 173

**Title:** An Act Relating To State Affairs And Government -- Office Of Health And Human Services (Requires The Secretary Of The Executive Office Of Health And Human Services To Monitor And Mandate Changes To The Price-Setting Practices Of Pharmacy Benefit Managers To Prohibit The Spread Pricing Payment Model.)

**Current Status:** In Senate

**Introduction Date:** 2025-02-05

**Last Action Date:** Introduced, referred to Senate Health and Human Services. 2025-02-05

**Location:** US-RI

 Spread pricing

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## RI SB 165

**Title:** An Act Relating To Insurance -- Pharmacy Freedom Of Choice -- Fair Competition And Practices (Prohibits Pharmacy Benefit Managers From Conducting Or Participate In Spread Pricing Within The State.)

**Current Status:** In Senate

**Introduction Date:** 2025-02-05

**Last Action Date:** Introduced, referred to Senate Health and Human Services. 2025-02-05

**Location:** US-RI

 Spread pricing

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## AL SB 99

**Title:** Drug Insurance Benefits; impose more restrictions on pharmacy benefit managers

**Current Status:** In Senate

**Introduction Date:** 2025-02-05

**Last Action Date:** Read for the first time and referred to the Senate Committee on Banking and Insurance. 2025-02-05

**Location:** US-AL

 Fair Pharmacy Audi...


 NADAC+

 Retroactive claims ...

 NADAC+ +

 Retroactive Reimbu...

 Rebates

 PBM enforcement

 Spread pricing

 Patient steering

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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:** Left in Labor and Commerce. 2025-02-05

**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...

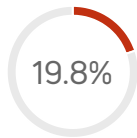


PBM enforcement

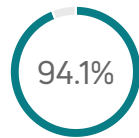


Patient steering

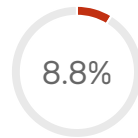
### Floor Forecast Scores



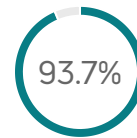
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

## VA HB 2773

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

**Current Status:** In House

**Introduction Date:** 2025-01-17

**Last Action Date:** Left in Labor and Commerce. 2025-02-05

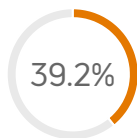
**Description:** Health insurance; cost-sharing; pharmacy benefits managers; compensation and duties: civil penalty.

**Location:** US-VA

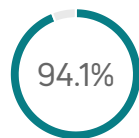


Decoupling

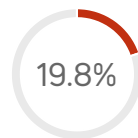
### Floor Forecast Scores



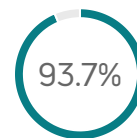
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

## MS HB 1119

**Title:** Pharmacy benefit managers; revise provisions related to.

**Current Status:** Failed

**Introduction Date:** 2025-01-20

**Last Action Date:** Died In Committee. 2025-02-04

**Description:** An Act To Amend Section 73-21-151, Mississippi Code Of 1972, To Rename The "Pharmacy Benefit Prompt Pay Act" To The "Representative Andy Stepp Pharmacy Benefit Prompt Pay 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 Reimbursing A Pharmacy Or Pharmacist For A Prescription Drug Or Pharmacist Service In A Net Amount Less Than The National Average Drug Acquisition Cost (Nadac) For The Prescription Drug Or Pharmacist Service In Effect At The Time The Drug Is Administered Or Dispensed, Plus A Professional Dispensing Fee Equal To The Professional Dispensing Fee Paid By Mississippi Division Of Medicaid; To Require A Pharmacy Benefit Manager To Make Prompt Payment To A Pharmacy; 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 Amend Section 73-21-157, Mississippi Code Of 1972, To Require A Pharmacy Services Administrative Organization To Be Licensed With The Mississippi Board Of Pharmacy; 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 Payor From Charging A Patient An Amount That Exceeds The Total Amount Retained By 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 A Specific Pharmacy Or Pharmacies, Including An Affiliate Pharmacy, Offering Or Implementing Plan Designs That Penalize A Patient When A Patient Chooses Not To Use A Particular Pharmacy, Including An Affiliate Pharmacy, Advertising Or Promoting A Pharmacy, Including An Affiliate Pharmacy, Over Another In-Network Pharmacy, Creating Network Or Engaging In Practices That Exclude An In-Network Pharmacy, Engaging In A Practice That Attempts To Limit The Distribution Of Prescription Drug To Certain Pharmacies, And Interfering With The Patient'S Right To Choose The Patient'S Pharmacy Or Provider Of Choice; To Exempt From These Prohibitions Facilities That Are Licensed To Fill Prescriptions Solely For Employees Of A Plan Sponsor Or Employer; 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; And For Related Purposes.

**Location:** US-MS

NADAC+

Appeal procedure

PSAOs

Prompt pay

PBM enforcement

Patient steering

## OK SB 161

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

**Current Status:** In Senate

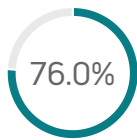
**Introduction Date:** 2025-02-03

**Last Action Date:** Second Reading referred to Business and Insurance. 2025-02-04

**Location:** US-OK

Fiduciary duty

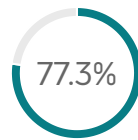
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## MS HB 1413

**Title:** Pharmacy Benefit Manager Transparency Act; create.

**Current Status:** Failed

**Introduction Date:** 2025-01-20


**Last Action Date:** Died In Committee. 2025-02-04

**Description:** An Act To Create The Pharmacy Benefit Manager Transparency Act; To Provide Definitions; To Provide For The Licensing Of A Pharmacy Benefit Manager; To Provide When The License Of A Pharmacy Benefit Manager May Be Revoked; To Provide That A Pharmacy Benefit Manager Shall Have A Fiduciary Duty To A Health Carrier Client; To Provide Certain Business Practices That A Pharmacy Benefit Manager Shall Follow; To Require Each Licensed Pharmacy Benefit Manager To Submit A Transparency Report Containing Data From The Previous Year To The Board Of Pharmacy; To Provide What Must Be Included In The Transparency Report; To Prohibit Retaliation; To Bring Forward Sections 73-21-73, 73-21-83 And 73-21-91, Mississippi Code Of 1972, Which Provide The Licensing Requirements For A Pharmacy Benefit Manager, For The Purpose Of Possible Amendment; To Bring Forward Sections 73-21-151, 73-21-153, 73-21-155, 73-21-156, 73-21-157, 73-21-159, 73-21-161 And 73-21-163, Mississippi Code Of 1972, Which Establish The Pharmacy Benefit Prompt Pay Act, For The Purpose Of Possible Amendment; To Bring Forward Sections 73-21-175, 73-21-177, 73-21-


179, 73-21-181, 73-21-183, 73-21-185, 73-21-187, 73-21-189 And 73-21-191, Mississippi Code Of 1972, Which Establish The Pharmacy Audit Integrity Act, For The Purpose Of Possible Amendment; To Bring Forward Sections 73-21-201, 73-21-203 And 73-21-205, Mississippi Code Of 1972, Which Establish The Prescription Drugs Consumer Affordable Alternative Payment Options Act, For The Purpose Of Possible Amendment; And For Related Purposes.

**Location:** US-MS

 Fair Pharmacy Audi...

 Registration/Licen...


 Transparency and ...

 Retroactive claims ...


 Appeal procedure

 Accreditation requi...

 retaliation

 Fiduciary duty

 Prompt pay

 PBM enforcement

 ERISA

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## OK SB 773

**Title:** Pharmacy benefit managers; modifying definitions; prohibiting certain circumstances; requiring nonpayment under providing venue for certain court proceeding; allowing Attorney General to obtain certain information. Effective date.


**Current Status:** In Senate

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

**Last Action Date:** Second Reading referred to Business and Insurance. 2025-02-04

**Location:** US-OK

 Discount Card

 PBM enforcement

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## OK SB 789

**Title:** Pharmacy benefit managers; permitting use of certain records without limitations of date or source for certain purposes; establishing certain reimbursement rates for certain drugs. Effective date.

**Current Status:** In Senate

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

**Last Action Date:** Second Reading referred to Business and Insurance. 2025-02-04

**Location:** US-OK

 NADAC+

 Effective Rates

 NADAC+ +

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## OK SB 993



**Title:** Pharmacy benefit managers; establishing requirements and limits for certain audit reports and findings. Emergency.

**Current Status:** In Senate

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

**Last Action Date:** Second Reading referred to Business and Insurance. 2025-02-04

**Location:** US-OK

 Fair Pharmacy Audi...

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## OK SB 1030

**Title:** Prescription drug pricing; prohibiting certain action. Effective date.

**Current Status:** In Senate

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

**Last Action Date:** Second Reading referred to Business and Insurance. 2025-02-04

**Location:** US-OK

 340B

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## OK SB 1050

**Title:** Unfair Claims Settlement Practices Act; decreasing allowable time to file certain claim. Effective date.

**Current Status:** In Senate

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

**Last Action Date:** Second Reading referred to Business and Insurance. 2025-02-04

**Location:** US-OK

 Prompt pay

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## OK SB 1063

**Title:** Prescriptions; creating the Oklahoma Health Care Safety Net and Affordable Prescriptions Accessibility Act; prohibiting certain actions; providing for enforcement by Attorney General and Insurance Commissioner. Effective date.

**Current Status:** In Senate

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

**Last Action Date:** Second Reading referred to Health and Human Services. 2025-02-04

**Location:** US-OK

## OK HB 2048

**Title:** Prescriptions; 340B Nondiscrimination Act; definitions; discriminatory actions; reimbursement; manufacturer; distributor; enforcement; Attorney General; Insurance Commissioner; violations; federal preemption; effective date.

**Current Status:** In House

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

**Last Action Date:** Referred to Civil Judiciary. 2025-02-04

**Location:** US-OK

## MS HB 1607

**Title:** Health benefit plan; prohibit the terms of being based on certain information.

**Current Status:** Failed

**Introduction Date:** 2025-01-20

**Last Action Date:** Died In Committee. 2025-02-04

**Description:** An Act To Provide That A Pharmacy Benefit Manager, Insurer Or Third-Party Administrator Shall Not Condition The Terms Of A Health Benefit Plan On The Certain Information Regarding A Prescription Drug; And For Related Purposes.

**Location:** US-MS

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## OK HB 2817

**Title:** Health care; creating the Oklahoma Rebate Pass-Through and Pharmacy Benefits Manager Meaningful Transparency Act of 2025; definitions; requirements; effective date.

**Current Status:** In House

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

**Last Action Date:** Second Reading referred to Rules. 2025-02-04

**Location:** US-OK

## OR HB 3212

**Title:** Relating to pharmacy benefits; amending ORS 735.534 and 743A.062.

**Current Status:** In House

**Introduction Date:** 2025-01-13

**Last Action Date:** Public Hearing held.. 2025-02-04

**Description:** Digest: Makes changes to the rules for PBMs and prescription drug benefits. (Flesch Readability Score: 64.9). Creates additional rules and requirements for pharmacy benefit managers and a policy or certificate of health insurance or other contract providing for the reimbursement of the cost of a prescription drug.

**Location:** US-OR

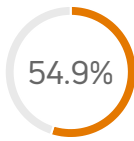
 NADAC+

 Any willing provider

 Protections from u...

 Spread pricing

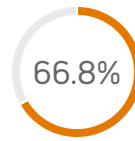
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## AL SB 43

**Title:** Health care providers; prohibit enforcement of contractual terms that restrict sharing cost information to patients and consumers

**Current Status:** In Senate

**Introduction Date:** 2025-02-04

**Last Action Date:** Read for the first time and referred to the Senate Committee on Banking and Insurance. 2025-02-04

**Location:** US-AL

 Gag clause

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## AL SB 93

**Title:** Pharmacy Benefits Managers; providing additional regulation of practices

**Current Status:** In Senate

**Introduction Date:** 2025-02-04

**Last Action Date:** Read for the first time and referred to the Senate Committee on Banking and Insurance. 2025-02-04

**Location:** US-AL


 Patient Protections


 Accreditation requi...

 Protections from u...

 Right to Refuse

 Mail-order

 PBM enforcement

 Spread pricing

 Gag clause

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## NY S 1913

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

**Current Status:** In Senate

**Introduction Date:** 2025-01-14

**Last Action Date:** REPORTED AND COMMITTED TO FINANCE. 2025-02-04

**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

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## CO SB 25-124

**Title:** Reducing Costs of Health Care for Patients

**Current Status:** In Senate

**Introduction Date:** 2025-02-04

**Last Action Date:** Introduced In Senate - Assigned to Health & Human Services. 2025-02-04

**Description:** The bill requires nonprofit hospitals (hospitals) to use 340B profits to decrease out-of-pocket costs for low-income patients. The bill requires entities covered under the federal 340B drug pricing program that are hospitals licensed by the state to report information related to their participation in the 340B program, their use of 340B program profits, their provision of charity care, their payments to third parties for 340B program-related services and compliance, and their use of contract pharmacies. (Note: This summary applies to this bill as introduced.)

**Location:** US-CO

 340B

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## TX SB 1098

**Title:** Relating to the disclosure by a pharmacy to a patient of certain price information for a drug or biological product.

**Current Status:** In Senate

**Introduction Date:** 2025-02-04  
**Last Action Date:** Filed. 2025-02-04  
**Location:** US-TX

-  Patient Protections
-  Gag clause

## OR HB 2252

**Title:** Relating to conditions that apply to registration as a pharmacy benefit manager; creating new provisions; and amending ORS 735.532.

**Current Status:** In House

**Introduction Date:** 2025-01-13

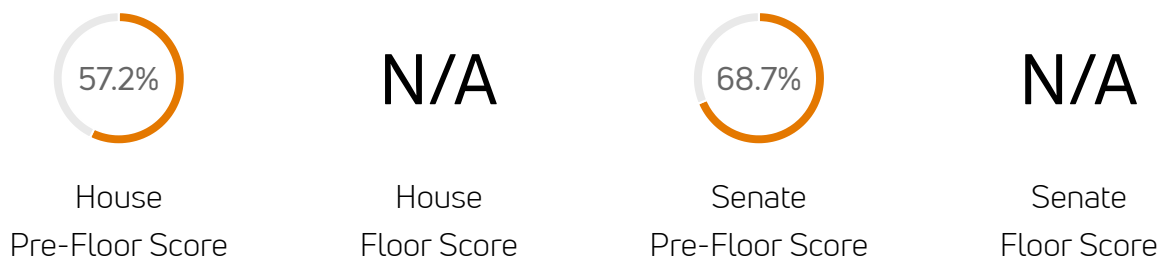
**Last Action Date:** Public Hearing held.. 2025-02-04

**Description:** Digest: Says that a person that wants to get the right to do business dealing with claims for drug benefits under a health plan must show that the person is not owned or run by an insurer. (Flesch Readability Score: 62.1). Requires a person that intends to register to do business in this state as a pharmacy benefit manager to demonstrate to the satisfaction of the Director of the Department of Consumer and Business Services that the person is not owned or operated by an insurer or an affiliate of an insurer. Applies the requirement to renewals of registration beginning January 1, 2031.

**Location:** US-OR

-  Registration/Licen...
-  PBM enforcement

### Floor Forecast Scores



## OR HB 2253

**Title:** Relating to pharmacy benefit managers; amending ORS 735.536.

**Current Status:** In House

**Introduction Date:** 2025-01-13

**Last Action Date:** Public Hearing held.. 2025-02-04

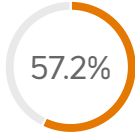
**Description:** Digest: This act makes it a condition of licensing that PBMs need to act in a patient's best interest and tells DCBS to make rules. (Flesch Readability Score: 66.1). Requires pharmacy benefit managers to act as fiduciaries to enrollees when negotiating drug prices

and tells the Department of Consumer and Business Services to adopt rules explaining the fiduciary duty requirements and to establish a complaint process for reporting breaches of fiduciary duty.

**Location:** US-OR

 Fiduciary duty

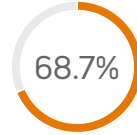
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## IL HB 2440

**Title:** Ins Cd-Prescription Drug Price

**Current Status:** In House

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

**Last Action Date:** Referred to Rules Committee. 2025-02-04

**Description:** Amends the Illinois Insurance Code. Requires any pharmacy benefit manager or health insurer to provide notice of a change in prescription drug coverage or pricing, including instructions on appeals and exceptions, to beneficiaries of health plans in the State who would be affected by the change. Provides that any pharmacy benefit manager or health insurer must, on or before July 30, 2026, submit to the Department for approval a plan by which beneficiaries may appeal, or request an exception to, a contemplated change in coverage. Provides that this process must allow beneficiaries to present evidence for their appeal or exception. Provides that if the Department of Insurance determines that the processes for requesting appeals or exceptions are insufficient, or do not adequately rely on medical necessity, the Department shall set forth required changes to the process within 90 days of receipt. Provides that if the pharmacy benefit manager or health insurer disputes the changes, a hearing may be requested within 10 days after receipt of the changes, and the Department shall enter a final written decision within 5 days of the hearing.

**Location:** US-IL

 Patient Protections

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## MS HB 1124

**Title:** Pharmacy benefit managers; require to disclose certain information on rebates and contracts.

**Current Status:** Failed

**Introduction Date:** 2025-01-20


**Last Action Date:** Died In Committee. 2025-02-04

**Description:** An Act To Require A Pharmacy Benefit Manager To Disclose To The Plan Sponsor Or Employer One Hundred Percent Of All Rebates And Other Payments That The Pharmacy Benefit Manager Receives Directly Or Indirectly From Pharmaceutical Manufacturers And/Or Rebate Aggregators In Connection With Claims Administered On Behalf Of The Plan Sponsor Or Employer And The Recipients Of Such Rebates; To Require The Pharmacy Benefit Manager To Report On Such Rebates; To Require Pharmacy Benefit Managers To Make Available To The Public Upon Request, And Without Redaction, Third Party Aggregator Contracts And Contracts Relating To Pharmacy Benefit Management Services Between A Pharmacy Benefit Manager And Any Entity, And Contracts With Pharmacy Services Administrative Organizations; To Provide That Only Those Contracts Where The State Of Mississippi Or A Political Subdivision Of The State Is A Party To The Third Party Aggregator Contract Or The Contract Relating To Pharmacy Benefit Management Services Or With A Pharmacy Services Administrative Organization Shall Be Required To Be Made Public; To Amend Section 73-21-153, Mississippi Code Of 1972, To Remove The Exemption For The Mississippi State And School Employees Health Insurance Plan In The Definition Of "Pharmacy Benefit Manager"; To Bring Forward Sections 73-21-155, 73-21-156, 73-21-157, 73-21-159, 73-21-161 And 73-21-163, Mississippi Code Of 1972, Which Provide For The Pharmacy Benefit Prompt Pay Act, For The Purpose Of Possible Amendment; To Bring Forward Sections 73-21-177, 73-21-179, 73-21-181, 73-21-183, 73-21-185, 73-21-187, 73-21-189 And 73-21-191, Mississippi Code Of 1972, Which Provide For The Pharmacy Audit Integrity Act, For The Purpose Of Possible Amendment; And For Related Purposes.

**Location:** US-MS

 Transparency and ...


 Retroactive claims ...

 Appeal procedure

 MAC

 Prompt pay

 Rebates

 PBM enforcement

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## MS HB 1125

**Title:** Pharmacy services; prohibit insurers and PBMs from requiring persons to obtain exclusively through pharmacies that they own.

**Current Status:** Failed

**Introduction Date:** 2025-01-20

**Last Action Date:** Died In Committee. 2025-02-04

**Description:** An Act To Prohibit Health Insurers And Pharmacy Benefit Managers From Requiring Covered Individuals To Purchase Or Otherwise Obtain Pharmacy Services Exclusively Through A Pharmacy In Which The Health Insurer Or Pharmacy Benefits Manager Has An Ownership Interest; To Prohibit Health Insurers And Pharmacy Benefit

Managers From Offering Or Implementing Health Benefit Plan Designs That Increase Plan Or Patient Costs For Pharmacy Services If The Covered Individual Chooses Not To Use A Pharmacy In Which The Health Insurer Or Pharmacy Benefits Manager Has An Ownership Interest For Those Pharmacy Services; To Prohibit Health Insurers And Pharmacy Benefit Managers From Reimbursing A Pharmacy Or Pharmacist For Covered Pharmacy Services An Amount Less Than The Amount That The Health Insurer Or Pharmacy Benefits Manager Reimburses A Pharmacy In Which The Health Insurer Or Pharmacy Benefits Manager Has An Ownership Interest For Providing The Same Covered Services; To Prohibit Health Insurers And Pharmacy Benefit Managers From Denying A Pharmacy The Opportunity To Participate In Any Pharmacy Network At Preferred Participation Status If The Pharmacy Is Willing To Accept The Terms And Conditions That The Health Insurer Or Pharmacy Benefit Manager Has Established For Other Pharmacies As A Condition Of Preferred Network Participation Status; To Bring Forward Section 83-9-6, Mississippi Code Of 1972, Which Provides For Freedom Of Choice For Pharmacy Services, For The Purpose Of Possible Amendment; And For Related Purposes.

**Location:** US-MS

 Any willing provider

 Patient steering

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## MS SB 2677

**Title:** Pharmacy Benefit Prompt Pay Act; define requirements for pharmacy benefit managers.

**Current Status:** In Senate

**Introduction Date:** 2025-01-20

**Last Action Date:** Title Suff Do Pass Comm Sub. 2025-02-04


**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 Reimbursing A Pharmacy Or Pharmacist For A Prescription Drug Or Pharmacist Service In A Net Amount Less Than The National Average Drug Acquisition Cost (Nadac) For The Prescription Drug Or Pharmacist Service In Effect At The Time The Drug Is Administered Or Dispensed, Plus A Professional Dispensing Fee Equal To The Professional Dispensing Fee Paid By Mississippi Division Of Medicaid And To Require A Pharmacy Benefit Manager To Make Prompt Payment To A Pharmacy; 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 Amend Section 73-21-157, Mississippi Code Of 1972, To Require A Pharmacy Services Administrative Organization To Be Licensed With The Mississippi Board Of Pharmacy; 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 An Amount That Exceeds The Total Amount Retained By 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 A Specific Pharmacy Or Pharmacies, Including An Affiliate Pharmacy; Offering Or Implementing Plan Designs That Penalize A Patient When A Patient Chooses Not To Use A Particular Pharmacy, Including An Affiliate Pharmacy; Advertising Or Promoting A Pharmacy, Including An Affiliate Pharmacy, Over Another In-Network Pharmacy; Creating Network Or Engaging In Practices That Exclude An In-Network Pharmacy; Engaging In A Practice That Attempt To Limit The Distribution Of Prescription Drug To Certain Pharmacies; Interfering With The Patient'S Right To Choose The Patient'S Pharmacy Or Provider Of Choice; This Section Does Not Apply To Facilities Licensed To Fill Prescriptions Soley For Employees Of A Plan Sponsor Or Employer; 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; And For Related Purposes.

**Location:** US-MS

 NADAC+

 Appeal procedure

 PSAOs

 PBM enforcement

 Patient steering

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## MS SB 2678

**Title:** Pharmacy Benefit Prompt Pay Act; bring forward and prohibit spread pricing.

**Current Status:** Failed

**Introduction Date:** 2025-01-20

**Last Action Date:** Died In Committee. 2025-02-04

**Description:** An Act To Prohibit Spread Pricing; To Require Each Drug Manufacturer To Submit A Report To The Commissioner Of The Department Of Insurance That Includes The Current Wholesale Acquisition Cost; To Require Such Entities To Provide The Commissioner With Various Drug Pricing Information Within A Certain Time; To Require Pharmacy Benefit Managers To File A Report With The Commissioner; To Require Each Health Insurer To Submit A Report To The Commissioner That Includes Certain Drug Prescription Information; To Require The Commissioner To Develop A Website To Publish Information Related To The Act;

To Prohibit Pharmacy Benefit Managers From Retaliating Against Pharmacists Or Pharmacies For Taking Certain Actions; To Authorize The Department To Conduct Investigations, Issue Subpoenas, Conduct Audits And Impose A Monetary Penalty For Violations Related To The Act; To Require Pharmacy Benefit Managers To Identify Ownership Affiliation Of Any Kind To The Department; To Bring Forward Sections 73-21-151, 73-21-153, 73-21-155, 73-21-156, 73-21-157, 73-21-159, 73-21-161, 73-21-163, 73-21-175, 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 And 73-21-205, Mississippi Code Of 1972, Which Provide For The Pharmacy Benefit Prompt Pay Act, Pharmacy Integrity Act, And Prescription Drugs Consumer Affordable Alternative Payment Options Act, For The Purpose Of Possible Amendment; To Bring Forward Sections 83-1-101, 83-1-155, 83-5-1, 83-5-3, 83-5-5, 83-9-1 And 83-9-6, Mississippi Code Of 1972, Which Provide For The Duties And Responsibilities Of The Department Of Insurance, The Jurisdiction Of The Department Of Insurance, Certain Supervision, Notice, Appeals And Hearings Provisions, And Various Other Requirements, For The Purpose Of Possible Amendment; And For Related Purposes

**Location:** US-MS

Fair Pharmacy Audi...

Any willing provider

Appeal procedure

Provider networks

retaliation

Anti-Trust and Verti...

Rebates

PBM enforcement

Spread pricing

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## NV AB 74

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

**Current Status:** In Assembly

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

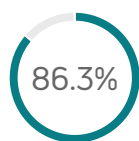
**Last Action Date:** Read first time. To committee.. 2025-02-04

**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

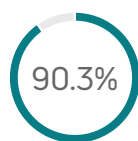
### Floor Forecast Scores



Assembly  
Pre-Floor Score

N/A

Assembly  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## IL HB 1018

**Title:** Ins-Pharmacy Benefit Managers


**Current Status:** In House

**Introduction Date:** 2024-12-17

**Last Action Date:** Assigned to Health Care Availability & Accessibility Committee. 2025-02-04

**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, 2025.

**Location:** US-IL

 Reimbursement to ...

 Patient steering

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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

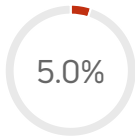
**Introduction Date:** 2025-01-08

**Last Action Date:** Second Read and Referred S Insurance and Banking Committee. 2025-02-03

**Location:** US-MO

 Co-pay accumulator

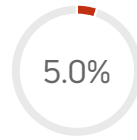
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## NV SB 149

**Title:** Revises provisions governing the administration of pharmacy benefits under Medicaid. (BDR 38-224)

**Current Status:** In Senate

**Introduction Date:** 2025-01-30

**Last Action Date:** From printer. Read first time. To committee.. 2025-02-03

**Description:** AN ACT relating to Medicaid; requiring the Department of Health and Human Services to select and contract with a state pharmacy benefit manager to manage pharmacy benefits for Medicaid and certain other health benefit plans; prescribing certain duties of the state pharmacy benefit manager; requiring that the Department approve certain contracts entered into by the state pharmacy benefit manager; prohibiting the state pharmacy benefit manager from engaging in certain activities; providing monetary penalties for certain violations; requiring a Medicaid managed care organization to contract with and utilize the state pharmacy benefit manager to manage pharmacy benefits; and providing other matters properly relating thereto.

**Location:** US-NV

## AR HB 1354


**Title:** HB1354 - TO REGULATE PHARMACY BENEFITS MANAGERS; TO AMEND THE LAW CONCERNING THE STATE AND PUBLIC SCHOOL LIFE AND HEALTH INSURANCE PROGRAM; AND TO AMEND THE LAW CONCERNING CERTAIN HEALTH BENEFIT PLANS.

**Current Status:** In House

**Introduction Date:** 2025-01-31

**Last Action Date:** In accordance with House Rule 39 Read the first time and referred to the Committee on HOUSE JOURNAL; ENGROSSED AND ENROLLED BILLS. 2025-02-03

**Location:** US-AR

 State Employee Plan

## TX SB 493

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

**Current Status:** In Senate

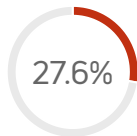
**Introduction Date:** 2024-11-22

**Last Action Date:** Referred to Health & Human Services. 2025-02-03

**Location:** US-TX

 Gag clause

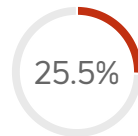
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## RI SB 114

**Title:** An Act Relating To Businesses And Professions -- Defending Affordable Prescription Drug Costs Act (Prohibits Any Health Insurer, Pharmacy Benefit Manager, Or Other Third-Party Payor From Discriminating Against Any 340B Entity Participating In A Drug Discount Program.)

**Current Status:** In Senate

**Introduction Date:** 2025-01-31

**Last Action Date:** Introduced, referred to Senate Health and Human Services. 2025-01-31

**Location:** US-RI

 340B

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## RI HB 5248

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

**Current Status:** In House

**Introduction Date:** 2025-01-31

**Last Action Date:** Introduced, referred to House Corporations. 2025-01-31

**Location:** US-RI

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## RI HB 5254

**Title:** An Act Relating To Insurance -- Pharmacy Freedom Of Choice -- Fair Competition And Practices (Requires Pharmacy Benefit Managers To Reimburse Pharmacist No Less Than National Drug Acquisition Costs Plus Fee.)

**Current Status:** In House

**Introduction Date:** 2025-01-31

**Last Action Date:** Introduced, referred to House Health & Human Services. 2025-01-31

**Location:** US-RI

NADAC+

PBM enforcement

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## MO HB 784

**Title:** PAYMENTS FOR PRESCRIPTION DRUGS

**Current Status:** In House

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

**Last Action Date:** Referred: Health and Mental Health(H). 2025-01-30

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

**Location:** US-MO

340B

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## MO HB 982

**Title:** PAYMENTS FOR PRESCRIPTION DRUGS

**Current Status:** In House

**Introduction Date:** 2025-01-22

**Last Action Date:** Referred: Health and Mental Health(H). 2025-01-30

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

**Location:** US-MO

Retroactive claims ...

Fiduciary duty

Spread pricing

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## GA SB 60

**Title:** Pharmacy Benefits Managers; managers have a duty of care to insureds, health plans, and providers; provide

**Current Status:** In Senate

**Introduction Date:** 2025-01-29

**Last Action Date:** Senate Read and Referred. 2025-01-30

**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 that such managers have a duty of care to insureds, health plans, and providers; to provide for definitions; to provide for rules and regulations; to provide for a priority of duties; to provide for a private right of action; to provide for related matters; to repeal conflicting laws; and for other purposes.

**Location:** US-GA

 PBM enforcement

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## AR SB 86

**Title:** SB86 - TO AMEND THE PROHIBITION ON NONPROFIT, TAX EXEMPT, OR GOVERNMENTALLY FUNDED HOSPITALS FROM HOLDING A LICENSED PHARMACY PERMIT FOR THE SALE AT RETAIL OF DRUGS.

**Current Status:** In Senate

**Introduction Date:** 2025-01-21

**Last Action Date:** Withdrawn by author.. 2025-01-30

**Location:** US-AR

 Registration/Licen...

 Reimbursement to ...

 Anti-Trust and Verti...

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## CA SB 41

**Title:** Pharmacy benefits.

**Current Status:** In Senate

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

**Last Action Date:** Referred to Coms. on HEALTH and JUD.. 2025-01-29


**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.

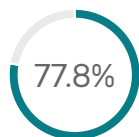
**Location:** US-CA

 PBM enforcement

 Spread pricing

 Patient steering

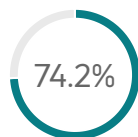
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



Assembly  
Pre-Floor Score

N/A

Assembly  
Floor Score

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## NE LB 158


**Title:** LB158 - Provide requirements for health carriers or pharmacy benefit managers regarding out-of-pocket maximums and cost-sharing requirements

**Current Status:** In Legislature

**Introduction Date:** 2025-01-13

**Last Action Date:** Notice of hearing for March 03, 2025. 2025-01-29

**Location:** US-NE

 Co-pay accumulator

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## NE LB 533

**Title:** LB533 - Provide requirements relating to clinician-administered drugs under the Pharmacy Benefit Manager Licensure and Regulation Act

**Current Status:** In Legislature

**Introduction Date:** 2025-01-22

**Last Action Date:** Notice of hearing for March 03, 2025. 2025-01-29

**Location:** US-NE

 White bagging

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## IN SB 3

**Title:** Fiduciary duty in health plan administration.

**Current Status:** In Senate

**Introduction Date:** 2025-01-14

**Last Action Date:** Committee report: amend do pass, adopted. 2025-01-29

**Description:** Provides that a 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

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## VA HB 2380

**Title:** HHR, Secretary of; Pharmacy Benefits Manager & Third-Party Administrator Oversight Work Group.

**Current Status:** In House

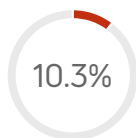
**Introduction Date:** 2025-01-08

**Last Action Date:** Tabled in Rules (14-Y 0-N). 2025-01-29

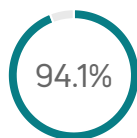
**Description:** Secretary of Health and Human Resources; Pharmacy Benefits Manager and Third-Party Administrator Oversight Work Group; report. Directs the Secretary of Health and Human Resources, in consultation with the Attorney General, to convene the Pharmacy Benefits Manager and Third-Party Administrator 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

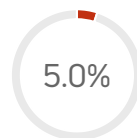
### Floor Forecast Scores



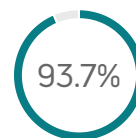
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

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## CT HB 6814

**Title:** AN ACT CONCERNING PHARMACY BENEFITS MANAGER REFORM.

**Current Status:** In House


**Introduction Date:** 2025-01-29

**Last Action Date:** Referred to Joint Committee on Insurance and Real Estate. 2025-01-29

**Description:** That title 38a of the general statutes be amended to (1) place limitations on pharmacy benefits manager contracts to reduce out-of-pocket expenses for consumers, and (2) improve transparency in pharmacy benefits manager practices.

**Location:** US-CT

 Patient Protections

 Co-pay accumulator

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## GA HB 100

**Title:** Prescription Drug Consumer Financial Protection Act; enact

**Current Status:** In House


**Introduction Date:** 2025-01-17

**Last Action Date:** House Second Readers. 2025-01-28

**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 require all health insurers to pass along no less than 80 percent of all prescription drug rebates to enrollees that such insurer receives from third parties with regard to such enrollee's prescription drugs; to provide for definitions; to provide for related matters; to provide for a short title; to provide for legislative findings; to provide for an effective date and applicability; to repeal conflicting laws; and for other purposes.

**Location:** US-GA

 Transparency and ...

 State Employee Plan

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## GA HB 101

**Title:** State employees; annual public report on the amount of prescription drug rebates and other price concessions applied to premium reductions; provide

**Current Status:** In House

**Introduction Date:** 2025-01-17

**Last Action Date:** House Second Readers. 2025-01-28

**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 provide for an annual public report on the amount of prescription drug rebates and other price concessions applied to premium reductions for state health plan participants; to provide for definitions; to provide for related matters; to repeal conflicting laws; and for other purposes.

**Location:** US-GA

 Transparency and ...

 State Employee Plan

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## NY A 3554

**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:** 2025-01-28

**Last Action Date:** REFERRED TO GOVERNMENTAL OPERATIONS. 2025-01-28

**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

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## IL SB 229

**Title:** Ins-Health Plan Benefit Data

**Current Status:** In Senate


**Introduction Date:** 2025-01-22

**Last Action Date:** Assigned to Insurance. 2025-01-28

**Description:** Amends the Illinois Insurance Code. Provides that no later than July 1, 2026, 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

 Co-pay accumulator

 Gag clause

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## VT H 95

**Title:** An act relating to updating and reorganizing the health insurance statutes in 8 V.S.A. chapter 107

**Current Status:** In House

**Introduction Date:** 2025-01-28

**Last Action Date:** Read first time and referred to the Committee on [Health Care]. 2025-01-28

**Location:** US-VT

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## HI SB 1280

**Title:** Relating To Consumer Protection.

**Current Status:** In Senate

**Introduction Date:** 2025-01-23

**Last Action Date:** Referred to CPN/HHS, JDC.. 2025-01-27

**Description:** Prohibits covered entities in the State from entering into contracts with drug manufacturers that limit the covered entities' use of contract pharmacies. Voids contract provisions for certain drugs if the provisions are based on the maximum allowable cost payment model. Authorizes the attorney general to bring a civil action for violations.

**Location:** US-HI

 340B

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## NE LB 109

**Title:** LB109 - Prohibit certain provisions in insurance policies and health plans relating to clinician-administered drugs and change provisions relating to pharmacy benefit managers

**Current Status:** In Legislature

**Introduction Date:** 2025-01-10

**Last Action Date:** Notice of hearing for February 10, 2025. 2025-01-27

**Location:** US-NE

 White bagging

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## CO HB 25-1094

**Title:** Pharmacy Benefit Manager Practices

**Current Status:** In House

**Introduction Date:** 2025-01-27

**Last Action Date:** Introduced In House - Assigned to Health & Human Services. 2025-01-27

**Description:** The bill: Allows a pharmacy benefit manager (PBM) to earn income derived from the assessment of a flat-dollar service fee; Prohibits a PBM from earning income based on the cost of a prescription drug; Prohibits a PBM from designing a formulary to favor a certain branded pharmaceutical or biologic; Sets the amount that a PBM shall reimburse an unaffiliated pharmacy or a PBM-affiliated retail, mail order, or specialty pharmacy for a

prescription drug; Requires a PBM to credit income derived from a source other than a flat-dollar service fee to a health insurance carrier (carrier) or a self-funded health benefit plan; and Requires a PBM to make certain documents and data available to a carrier, a self-funded plan, or the commissioner of insurance upon request.(Note: This summary applies to this bill as introduced.)

**Location:** US-CO

 NADAC+

 Decoupling

 NADAC+ +

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## NJ A 5217


**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 Assembly

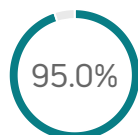
**Introduction Date:** 2025-01-23

**Last Action Date:** Reported and Referred to Assembly Appropriations Committee. 2025-01-27

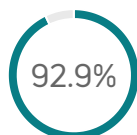
**Location:** US-NJ

 Co-pay accumulator

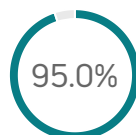
### Floor Forecast Scores



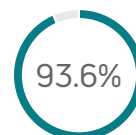
Assembly  
Pre-Floor Score



Assembly  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

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## VA SB 1359

**Title:** Health carriers and pharmacy benefits managers; prohibited conduct, civil penalty.

**Current Status:** Failed

**Introduction Date:** 2025-01-13

**Last Action Date:** Failed to report (defeated) in Commerce and Labor (5-Y 9-N 1-A). 2025-01-27

**Description:** Prohibited conduct by health carriers and pharmacy benefits managers; civil penalty; enforcement. Prohibits any carrier, pharmacy benefits manager, or representative of a pharmacy benefits manager from (i) requiring that a covered individual purchase pharmacy services exclusively through a mail-order pharmacy or retail pharmacy affiliated with a pharmacy benefits manager or (ii) prohibiting or limiting a covered individual from selecting a

pharmacy or pharmacist of his choice that has agreed to participate in the health benefit plan according to the terms of the plan. The bill adds a civil penalty of \$5,000 for a violation of prohibited conduct by health carriers and pharmacy benefits managers and adds that the State Corporation Commission has authority to investigate any such violations.

**Location:** US-VA



Mail-order



PBM enforcement



Patient steering

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## AR SB 103

**Title:** SB103 - TO CREATE THE PHARMACY NONDISCRIMINATION ACT; TO REQUIRE PHARMACY BENEFITS MANAGERS TO ACCEPT ANY PHARMACY OR PHARMACIST WILLING TO ACCEPT RELEVANT AND REASONABLE TERMS OF PARTICIPATION; AND TO DECLARE AN EMERGENCY.

**Current Status:** In Senate

**Introduction Date:** 2025-01-27

**Last Action Date:** Read first time, rules suspended, read second time, referred to INSURANCE & COMMERCE - SENATE. 2025-01-27

**Location:** US-AR



Any willing provider



Provider networks

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## AR SB 104

**Title:** SB104 - TO AMEND THE ARKANSAS PHARMACY BENEFITS MANAGER LICENSURE ACT; TO PROTECT PATIENTS' RIGHTS AND ACCESS TO MEDICATIONS; AND TO DECLARE AN EMERGENCY.

**Current Status:** In Senate

**Introduction Date:** 2025-01-27

**Last Action Date:** Read first time, rules suspended, read second time, referred to INSURANCE & COMMERCE - SENATE. 2025-01-27

**Location:** US-AR



Patient Protections



Accreditation requi...



Provider networks



specialty drug



PBM enforcement



Patient steering



Gag clause

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## MS HB 1123

**Title:** Pharmacy benefit managers and pharmacy services administrative organizations; provide certain regulations for.

**Current Status:** In Senate

**Introduction Date:** 2025-01-20

**Last Action Date:** Transmitted To Senate. 2025-01-24

**Description:** An Act To Prohibit Spread Pricing; To Require Each Drug Manufacturer To Submit A Report To The Board Of Pharmacy That Includes The Current Wholesale Acquisition Cost; To Require Such Entities To Provide The Board Of Pharmacy With Various Drug Pricing Information Within A Certain Time; To Require Pharmacy Benefit Managers And Pharmacy Services Administrative Organizations To File A Report With The Board Of Pharmacy; To Require Each Health Insurer To Submit A Report To The Board Of Pharmacy That Includes Certain Drug Prescription Information; To Require The Board Of Pharmacy To Develop A Website To Publish Information Related To The Act; To Prohibit Pharmacy Benefit Managers And Pharmacy Services Administrative Organizations From Retaliating Against Pharmacists Or Pharmacies For Taking Certain Actions; To Authorize The Board Of Pharmacy To Conduct Investigations, Issue Subpoenas, Conduct Audits And Impose A Monetary Penalty For Violations Related To The Act; To Require Pharmacy Benefit Managers And Pharmacy Services Administrative Organizations To Identify Ownership Affiliation Of Any Kind To The Board Of Pharmacy; To Bring Forward Sections 73-21-155, 73-21-156 And 73-21-183, Mississippi Code Of 1972, For The Purpose Of Possible Amendment; And For Related Purposes.

**Location:** US-MS

Transparency and ...

Appeal procedure

State Employee Plan

retaliation

Anti-Trust and Verti...

PSAOs

Prompt pay

PBM enforcement

Spread pricing

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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:** Second Read and Referred S Insurance and Banking Committee. 2025-01-23

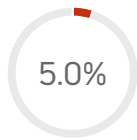
**Location:** US-MO

Patient Protections

Co-pay accumulator

### Floor Forecast Scores

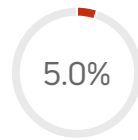




Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## VA HB 1956

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

**Current Status:** In House

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

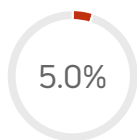
**Last Action Date:** Stricken from docket by Labor and Commerce (22-Y 0-N). 2025-01-23

**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.

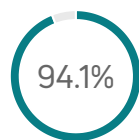
**Location:** US-VA

Right to Refuse

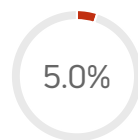
### Floor Forecast Scores



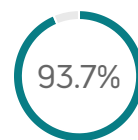
House  
Pre-Floor Score



House  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

## IN SB 140

**Title:** Pharmacy benefits.

**Current Status:** In Senate

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

**Last Action Date:** Committee report: amend do pass adopted; reassigned to Committee on Appropriations. 2025-01-23

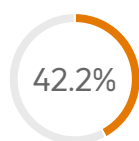
**Description:** Requires an ambulatory pharmacy to provide, before March 1, 2027, and March 1 of every other year thereafter, data to the Indiana board of pharmacy (board) relating to the pharmacy's dispensing costs for the previous calendar year. Requires the board to share the dispensing data with 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

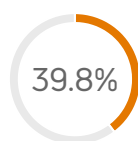
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

## VT H 71

**Title:** An act relating to health care entity transaction oversight and clinical decision making

**Current Status:** In House

**Introduction Date:** 2025-01-23

**Last Action Date:** Read first time and referred to the Committee on [Health Care]. 2025-01-23

**Location:** US-VT

- 📄 Anti-Trust and Verti...

## NH SB 247

**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:** In Senate

**Introduction Date:** 2025-01-23

**Last Action Date:** Introduced 01/09/2025 and Referred to Health and Human Services; SJ 3. 2025-01-23

**Location:** US-NH

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## NM SB 62

**Title:** PHARMACY BENEFIT MANAGER FEES


**Current Status:** In Senate

**Introduction Date:** 2025-01-22

**Last Action Date:** Sent to STBTC - Referrals: STBTC/SJC. 2025-01-22

**Location:** US-NM

 Anti-Trust and Verti...

 PBM enforcement

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## MO HB 79

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


**Current Status:** In House

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

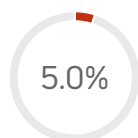
**Last Action Date:** Referred: Insurance(H). 2025-01-22

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

**Location:** US-MO

 Co-pay accumulator

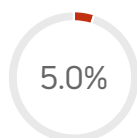
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## CO SB 25-071

**Title:** Prohibit Restrictions on 340B Drugs

**Current Status:** In Senate

**Introduction Date:** 2025-01-22

**Last Action Date:** Introduced In Senate - Assigned to Health & Human Services. 2025-01-22

**Description:** Under the federal 340B drug pricing program (340B program), a covered entity, including certain hospitals, programs, and federally qualified health centers (covered entity), that serves patients with low income receives discounted outpatient drugs (340B drugs) from manufacturers that participate in the federal medicaid and medicare programs. Unless the receipt of 340B drugs is prohibited by the federal department of health and human services, the bill prohibits a manufacturer, wholesaler, third-party logistics provider, or repackager in this state, or an agent, contractor, or affiliate of those entities, including an entity that collects or processes health information, from directly or indirectly denying, restricting, prohibiting, discriminating against, or otherwise limiting the acquisition of a 340B drug by, or delivery of a 340B drug to, a covered entity, a pharmacy contracted with a covered entity, or a location otherwise authorized by a covered entity to receive and dispense 340B drugs. The bill also prohibits a manufacturer from directly or indirectly requiring a covered entity, a pharmacy contracted with a covered entity, or any other location authorized to receive 340B drugs by a covered entity to submit any health information, claims or utilization data, or other specified data that does not relate to a claim submitted to certain federal health care programs, unless the data is voluntarily furnished or required to be furnished under federal law. A violation of the prohibitions in the bill is an unfair or deceptive trade practice under the "Colorado Consumer Protection Act" (act), and the violator is subject to the enforcement provisions and penalties contained in that act. The attorney general may investigate and enforce the provisions of the bill, as well as a business harmed by a violation of the provisions of the bill. In addition, a person regulated by the state board of pharmacy (pharmacy board) that violates the provisions of the bill may be subject to discipline by the pharmacy board against the person's license, certification, or registration, as well as other penalties. The bill requires a covered entity that is a hospital to annually post on its public-facing website information concerning the annual, estimated, aggregate financial benefit to the hospital covered entity resulting from its ability to acquire pharmaceuticals at a discount through the 340B program and a description of how the hospital covered entity uses savings from participation in the 340B program. (Note: This summary applies to this bill as introduced.)

**Location:** US-CO

 340B

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## MO SB 13

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

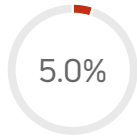
**Current Status:** In Senate

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

**Last Action Date:** Hearing Conducted S Families, Seniors and Health Committee. 2025-01-22

**Location:** US-MO

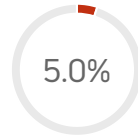
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## AZ HB 2429

**Title:** Pharmacy benefits; pharmacy management networks

**Current Status:** In House

**Introduction Date:** 2025-01-21

**Last Action Date:** House Second Reading. 2025-01-22

**Location:** US-AZ

workers comp

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## CT SB 1011

**Title:** AN ACT REGULATING REBATES BY PHARMACY BENEFITS MANAGERS.

**Current Status:** In Senate

**Introduction Date:** 2025-01-22

**Last Action Date:** Referred to Joint Committee on Insurance and Real Estate. 2025-01-22

**Description:** To require that (1) pharmacy benefits managers' rebates are calculated at the point of sale based on the net price of the prescription drug, and (2) pharmacy benefits managers certify compliance with the Insurance Department.

**Location:** US-CT

Rebates

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## CT SB 1012

**Title:** AN ACT REQUIRING CONTRACTS BETWEEN PHARMACY BENEFITS MANAGERS AND HEALTH CARRIERS TO PROVIDE FEE-BASED COMPENSATION.

**Current Status:** In Senate

**Introduction Date:** 2025-01-22

**Last Action Date:** Referred to Joint Committee on Insurance and Real Estate. 2025-01-22

**Description:** To require that any contract between a health carrier and a pharmacy benefits manager provide fee-based compensation that shall not be connected to the price of the prescription drug, any rebate, premiums or cost-sharing.

**Location:** US-CT

 Decoupling

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## HI HB 562

**Title:** Relating To Consumer Protection.

**Current Status:** In House

**Introduction Date:** 2025-01-21

**Last Action Date:** Referred to HLT, CPC, JHA, referral sheet 2. 2025-01-21

**Description:** Prohibits covered entities in the State from entering into contracts with drug manufacturers that limit the covered entities' use of contract pharmacies. Voids contract provisions for certain drugs if the provisions are based on the maximum allowable cost payment model. Authorizes the attorney general to bring a civil action for violations.

**Location:** US-HI

 340B

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## HI HB 561

**Title:** Relating To Pharmacists.

**Current Status:** In House

**Introduction Date:** 2025-01-21

**Last Action Date:** Referred to HLT, CPC, referral sheet 2. 2025-01-21

**Description:** Authorizes a registered pharmacist under contract with a covered entity for purposes of the federal 340B Drug Pricing Program to supervise via telehealth the filling or receipt of a prescription in certain circumstances.

**Location:** US-HI

 340B

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## CT SB 821

**Title:** AN ACT CONCERNING PHARMACY BENEFITS MANAGER REFORM AND PRICE GOUGING IN THE HEALTH CARE SECTOR.

**Current Status:** In Senate

**Introduction Date:** 2025-01-21

**Last Action Date:** Referred to Joint Committee on Insurance and Real Estate. 2025-01-21


**Description:** To reform pharmacy benefits manager practices in this state, establish a duty of care for pharmacy benefits managers and regulate health care price gouging in this state.

**Location:** US-CT

 Retroactive claims ...

 Decoupling

 Retroactive Reimbu...

 PBM enforcement

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## CT HB 5591

**Title:** AN ACT CONCERNING PRESCRIPTION DRUG REIMBURSEMENT RATES TO PHARMACIES.

**Current Status:** In House

**Introduction Date:** 2025-01-21

**Last Action Date:** Referred to Joint Committee on Insurance and Real Estate. 2025-01-21

**Description:** To require that any health insurance company provide a uniform prescription drug reimbursement rate to all pharmacies in this state.

**Location:** US-CT

 Pharmacy Reimbur...

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## CT SB 820

**Title:** AN ACT ESTABLISHING A DUTY OF GOOD FAITH AND FAIR DEALING OWED BY PHARMACY BENEFITS MANAGERS.

**Current Status:** In Senate

**Introduction Date:** 2025-01-21

**Last Action Date:** Referred to Joint Committee on Insurance and Real Estate. 2025-01-21

**Description:** To establish a pharmacy benefits manager duty of good faith and fair dealing with all parties with whom each pharmacy benefits manager interacts in the performance of such pharmacy benefits manager's management services, including, but not limited to, health carriers, health benefit plan sponsors, pharmacies and covered persons.

**Location:** US-CT

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## IN HB 1606

**Title:** Pharmacy benefit managers.

**Current Status:** In House

**Introduction Date:** 2025-01-21

**Last Action Date:** First reading: referred to Committee on Insurance. 2025-01-21

**Description:** Prohibits a pharmacy benefit manager from taking certain actions. Requires a pharmacy benefit manager to submit a report to the insurance commissioner every six months. (Current law requires a pharmacy benefit manager to submit the report annually.) Provides that if a contract holder requests an audit of compliance with the contract from a pharmacy benefit manager, the pharmacy benefit manager must provide the audit requested to the contract holder not later than 30 business days after receiving the request. Removes the provision specifying that the files or forms disclosed to the contract holder by the pharmacy benefit manager as part of an audit of compliance with the contract may be modified to redact trade secrets. Establishes civil penalties that the department of insurance (department) shall impose for a violation of the provisions concerning pharmacy benefit managers. Requires a pharmacy benefit manager to provide additional information in the pharmacy benefit manager's report to the department. Requires, after June 30, 2025, a health payer to include information relating to prescription drug pricing in the data submitted to the all payer claims data base by the health payer. Requires a health plan to credit toward a covered individual's deductible and annual maximum out-of-pocket expenses any amount the covered individual pays directly to any health care provider for a medically necessary covered health care service if a claim for the health care service is not submitted to the health plan and the amount paid by the covered individual to the health care provider is less than the average discounted rate for the health care service paid to a health care provider in the health plan's network.

**Location:** US-IN



Transparency and ...



Rebates



PBM enforcement



Spread pricing



ERISA



Patient steering

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## MD SB 303

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

**Current Status:** In Senate

**Introduction Date:** 2025-01-13

**Last Action Date:** Hearing 2/05 at 2:00 p.m.. 2025-01-20

**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



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## VA SB 1078

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


**Current Status:** Failed

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

**Last Action Date:** Failed to report (defeated) in Commerce and Labor (5-Y 10-N). 2025-01-20

**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," "pharmacy benefits management services," and "price protection rebates." 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 Commission is directed to impose a civil penalty not to exceed \$1,000 per claim for a violation of these provisions. The bill establishes a pharmacy benefits manager duty, which includes the duties of care, 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

 Fiduciary duty

 Spread pricing

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## MA HD 3583

**Title:** An Act to ensure affordable prescription medications through accountability standards

**Current Status:** Status Currently Unavailable

Location: US-MA

 Transparency and ...

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## MA HD 3592

**Title:** An Act to protect 340B providers

**Current Status:** Status Currently Unavailable

Location: US-MA

 340B

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## MA HD 2930

**Title:** An Act prohibiting discrimination against 340b drug discount program participants

**Current Status:** Status Currently Unavailable

Location: US-MA

 340B

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## MA HD 3091

**Title:** An Act relative to promoting healthcare access and affordability for patients

**Current Status:** Status Currently Unavailable

Location: US-MA

 Rebates

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## MA HD 3093

**Title:** An Act to ensure access to prescription medication and community pharmacies

**Current Status:** Status Currently Unavailable

Location: US-MA

 NADAC+

 Effective Rates

 Patient steering

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## MA SD 1797

**Title:** An Act promoting healthcare access and affordability for patients

**Current Status:** Status Currently Unavailable

**Location:** US-MA

 Rebates

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## OR HB 3223

**Title:** Relating to prescription drugs; and prescribing an effective date.

**Current Status:** In House

**Introduction Date:** 2025-01-13

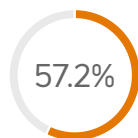
**Last Action Date:** Referred to Behavioral Health and Health Care.. 2025-01-17

**Description:** Digest: The Act limits when a type of pharmacy can send prescription drugs to another type of pharmacy. (Flesch Readability Score: 60.1). Prohibits a mail-order, specialty or online pharmacy from transferring prescription drugs intended for dispensation to a patient to a pharmacy located in this state unless the pharmacy has agreed to receive the prescription drugs. Prohibits pharmacy benefit managers from requiring a pharmacy to receive transfers of prescription drugs intended for a patient from a mail-order, specialty or online pharmacy. Takes effect on the 91st day following adjournment sine die.

**Location:** US-OR

 Mail-order

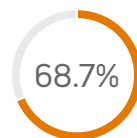
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## CT SB 758

**Title:** AN ACT CONCERNING PHARMACY BENEFITS MANAGER REFORM.

**Current Status:** In Senate

**Introduction Date:** 2025-01-17

**Last Action Date:** Referred to Joint Committee on Insurance and Real Estate. 2025-01-17


**Description:** To reform pharmacy benefits manager practices in this state and establish a duty of care for pharmacy benefits managers.

**Location:** US-CT

 Retroactive claims ...

 Decoupling

 Retroactive Reimbu...

 PBM enforcement

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## MA HD 2810

**Title:** An Act to enact pharmacy benefit manager duties

**Current Status:** Status Currently Unavailable

**Location:** US-MA

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## MA HD 2354

**Title:** An Act relative to prescription drug pricing

**Current Status:** Status Currently Unavailable

**Location:** US-MA

 MAC

 PBM enforcement


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## MA HD 2359

**Title:** An Act to ensure access to prescription medications

**Current Status:** Status Currently Unavailable

**Location:** US-MA

 Appeal procedure

 MAC

 Effective Rates

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## MA SD 1262

**Title:** An Act to preserve community pharmacies

**Current Status:** Status Currently Unavailable

**Location:** US-MA

 NADAC+

 Appeal procedure

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## MA SD 1264


**Title:** An Act to ensure access to prescription medication and community pharmacies


**Current Status:** Status Currently Unavailable

**Location:** US-MA

 NADAC+

 Appeal procedure

 Reimbursement to ...

 PBM enforcement

 Patient steering


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## MA HD 2283

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

**Current Status:** Status Currently Unavailable

**Location:** US-MA

 Appeal procedure

 Reimbursement to ...

 MAC

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## MA HD 2247

**Title:** An Act relative to pharmaceutical gag clauses

**Current Status:** Status Currently Unavailable

**Location:** US-MA

 Gag clause


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## MA HD 2249

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

**Current Status:** Status Currently Unavailable

**Location:** US-MA

 Provider networks

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## MA HD 2276

**Title:** An Act to enact pharmacy benefit manager duties

**Current Status:** Status Currently Unavailable

**Location:** US-MA


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## MA HD 2123

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

**Current Status:** Status Currently Unavailable

**Location:** US-MA

 PBM enforcement

 Spread pricing

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## MA SD 1198

**Title:** An Act prohibiting discrimination against 340b drug discount program participants

**Current Status:** Status Currently Unavailable

**Location:** US-MA

 340B

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## NY S 2128

**Title:** Relates to requiring certain health insurance issuers to certify that at least a majority of prescription drug rebates are provided to patients at the point of sale

**Current Status:** In Senate

**Introduction Date:** 2025-01-15

**Last Action Date:** REFERRED TO INSURANCE. 2025-01-15

**Description:** Requires certain health insurance issuers to certify that at least a majority of prescription drug rebates are provided to patients at the point of sale.

**Location:** US-NY

 Transparency and ...

 Rebates


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## MA HD 1305

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

**Current Status:** Status Currently Unavailable

**Location:** US-MA

 Appeal procedure

 Reimbursement to ...

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## MA HD 1358

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

**Current Status:** Status Currently Unavailable

Location: US-MA



Retroactive claims ...



Appeal procedure



Reimbursement to ...



Trade Secrets



Adjudication fees



Gag clause

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## MA SD 761

**Title:** An Act ensuring access to fair and reasonable pharmacy networks

**Current Status:** Status Currently Unavailable

Location: US-MA



Any willing provider



Provider networks



Patient steering

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## MA HD 1119

**Title:** An Act prohibiting PBMs from discriminating against hospitals and patients participating in the 340B drug discount program

**Current Status:** Status Currently Unavailable

Location: US-MA



340B

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## MA SD 718

**Title:** Resolve relative to pharmacy deserts

**Current Status:** Status Currently Unavailable

Location: US-MA



Pharmacy Deserts

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## MA HD 896

**Title:** An Act relative to pharmacy deserts

**Current Status:** Status Currently Unavailable

Location: US-MA



Pharmacy Deserts

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## SC S 100

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

**Current Status:** In Senate

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

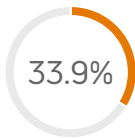
**Last Action Date:** Referred to Committee on Banking and Insurance (Senate Journal-page 71).  
2025-01-14

**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

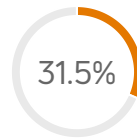
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## IN SB 435

**Title:** Prohibition on copay accumulator adjustments.

**Current Status:** In Senate

**Introduction Date:** 2025-01-13


**Last Action Date:** Senators Ford J.D. and Yoder added as coauthors. 2025-01-14

**Description:** Provides that under certain circumstances, the administrator of the 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 who 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

 Co-pay accumulator

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## SC H 3575

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

**Current Status:** In House

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

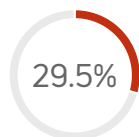
**Last Action Date:** Referred to Committee on Labor, Commerce and Industry (House Journal-page 250). 2025-01-14

**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

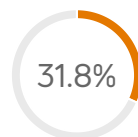
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## NY A 1722

**Title:** Relates to reducing pharmacy benefit manager costs

**Current Status:** In Assembly

**Introduction Date:** 2025-01-14

**Last Action Date:** REFERRED TO INSURANCE. 2025-01-14

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

**Location:** US-NY

 Transparency and ...

 Spread pricing

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## ME LD 180 (HP 113)

**Title:** An Act Regarding the Interactions of Pharmacy Benefits Managers and So-called 340B Entities and Reimbursements by Pharmacy Benefits Managers to Pharmacies

**Current Status:** In House

**Introduction Date:** 2025-01-14

**Last Action Date:** The Bill was REFERRED to the Committee on HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES in concurrence. 2025-01-14

**Location:** US-ME

 340B

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## MT LC 2023

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

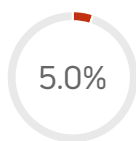
**Current Status:** In Senate

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

**Last Action Date:** (LC) Draft Ready for Delivery. 2025-01-11

**Location:** US-MT

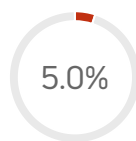
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## CT SB 446

**Title:** AN ACT CONCERNING PHARMACY BENEFITS MANAGER REFORM.

**Current Status:** In Senate

**Introduction Date:** 2025-01-10


**Last Action Date:** Referred to Joint Committee on Insurance and Real Estate. 2025-01-10

**Description:** To reform pharmacy benefits manager practices in this state and establish a duty of care for pharmacy benefits managers.


**Location:** US-CT

 Retroactive claims ...

 GPO

 Adjudication fees

 Rebates

 PBM enforcement

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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 Banking & Insurance (S). 2025-01-09

**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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## MO HB 785

**Title:** PAYMENTS FOR PRESCRIPTION DRUGS

**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

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## MO HB 474

**Title:** PAYMENTS FOR PRESCRIPTION DRUGS

**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

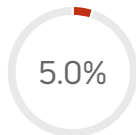
 Fiduciary duty

 Rebates

 Decline to dispense

 Gag clause

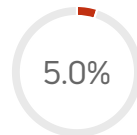
### Floor Forecast Scores



House  
Pre-Floor Score

N/A

House  
Floor Score



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score

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## NY A 1412

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

**Current Status:** In Assembly

**Introduction Date:** 2025-01-09

**Last Action Date:** REFERRED TO HIGHER EDUCATION. 2025-01-09

**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

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## IN HB 1252

**Title:** Limitation on cost sharing.

**Current Status:** In House

**Introduction Date:** 2025-01-09

**Last Action Date:** Coauthored by Representatives Lehman and McGuire. 2025-01-09

**Description:** Requires an insurer, an administrator, and a pharmacy benefit manager to apply the annual limitation on cost sharing set forth in the federal Patient Protection and Affordable Care Act under 42 U.S.C. 18022©(1). Provides that an insurer, an administrator, and a pharmacy benefit manager may not directly or indirectly set, alter, implement, or condition the terms of health insurance coverage based in part or entirely on information about the availability or amount of financial or product assistance available for a prescription drug. Requires, before December 31 of each year, each insurer and administrator to certify to the insurance commissioner that the insurer or administrator has fully and completely complied with the cost sharing requirements during the previous calendar year.

**Location:** US-IN

 Patient Protections

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## MO HB 781

**Title:** 340B DRUG PROGRAM

**Current Status:** In House

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

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

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

**Location:** US-MO

 340B

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## 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 ...

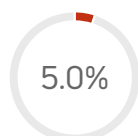
 Protections from u...

 Rebates

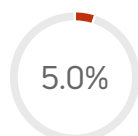
 Spread pricing

 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 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

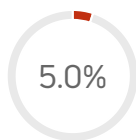


Rebates



PBM enforcement

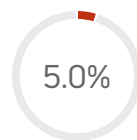
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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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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## IN SB 133

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


**Current Status:** In Senate

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

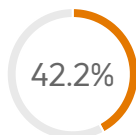
**Last Action Date:** First reading: referred to Committee on Health and Provider Services. 2025-01-08

**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

 Co-pay accumulator

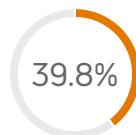
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## 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

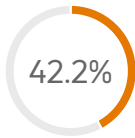
**Description:** Beginning January 1, 2026, requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide to a covered individual the national average drug acquisition cost of a generic drug on the written materials provided 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

 State Employee Plan

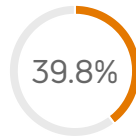
### Floor Forecast Scores



Senate  
Pre-Floor Score

N/A

Senate  
Floor Score



House  
Pre-Floor Score

N/A

House  
Floor Score

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## MT LC 3550

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

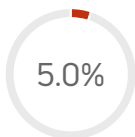
**Current Status:** In Senate

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

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

**Location:** US-MT

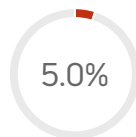
### Floor Forecast Scores



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

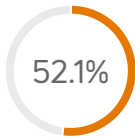
**Introduction Date:** 2024-10-24

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

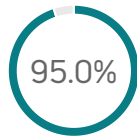
**Location:** US-NJ



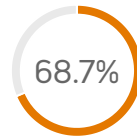
### Floor Forecast Scores



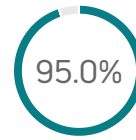
Senate  
Pre-Floor Score



Senate  
Floor Score



Assembly  
Pre-Floor Score



Assembly  
Floor Score

## NJ A 4953

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

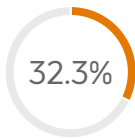
**Current Status:** In Assembly

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

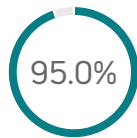
**Last Action Date:** Amended but not reported. 2024-12-09

**Location:** US-NJ

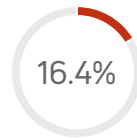
### Floor Forecast Scores



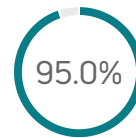
Assembly  
Pre-Floor Score



Assembly  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

## 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

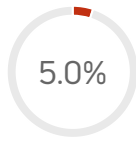
**Description:** Department of General Services; Office of Pharmaceutical Services; report. Establishes in the Department of General Services an Office of Pharmaceutical Services to develop and execute a plan to consolidate state agency prescription drug purchasing and pharmacy benefit management programs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

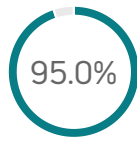
Medicaid Reimburs...

### Floor Forecast Scores



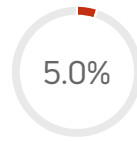
5.0%

House  
Pre-Floor Score



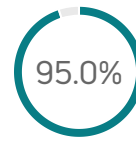
95.0%

House  
Floor Score



5.0%

Senate  
Pre-Floor Score



95.0%

Senate  
Floor Score

## 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

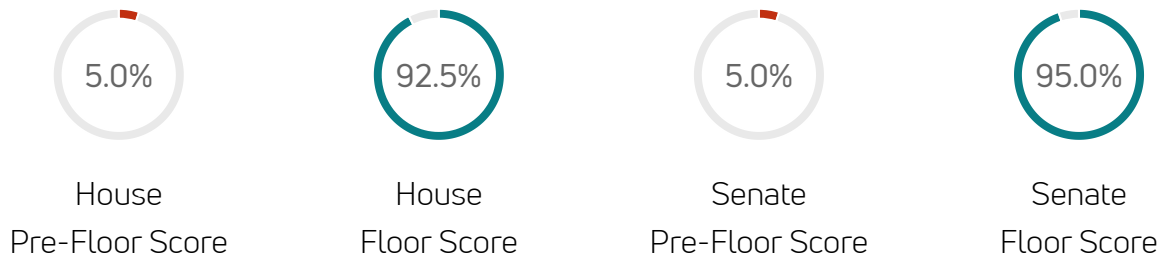
**Last Action Date:** Left in Labor and Commerce. 2024-11-18

**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



## TX HB 970

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

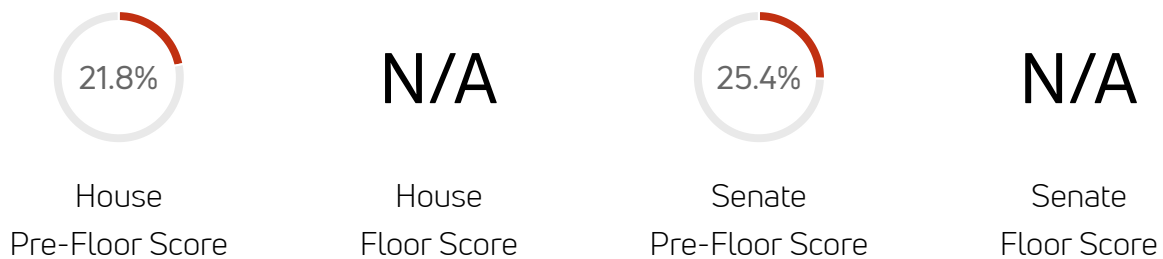
**Current Status:** In House

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

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

**Location:** US-TX

### Floor Forecast Scores



## MT LC 820

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

**Current Status:** In Senate

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

**Last Action Date:** (LC) Draft On Hold. 2024-11-04

**Location:** US-MT

### Floor Forecast Scores



Senate  
Pre-Floor Score

Senate  
Floor Score

House  
Pre-Floor Score

House  
Floor Score

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## NJ S 3842

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

**Current Status:** In Senate

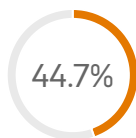
**Introduction Date:** 2024-10-28

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

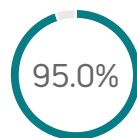
**Location:** US-NJ

 PBM contracts

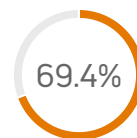
### Floor Forecast Scores



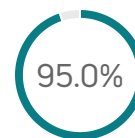
Senate  
Pre-Floor Score



Senate  
Floor Score



Assembly  
Pre-Floor Score



Assembly  
Floor Score

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## NV BDR 534

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

**Current Status:** Status Currently Unavailable

**Location:** US-NV

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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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## 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

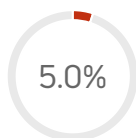
**Last Action Date:** Introduced in the Senate, Referred to Senate State Government, Wagering, Tourism & Historic Preservation Committee. 2024-01-25

**Location:** US-NJ

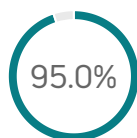
 State Employee Plan

 Reverse auction

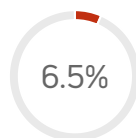
### Floor Forecast Scores



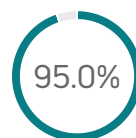
Senate  
Pre-Floor Score



Senate  
Floor Score



Assembly  
Pre-Floor Score



Assembly  
Floor Score

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## NJ A 2777

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

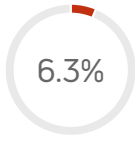
**Current Status:** In Assembly

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

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

**Location:** US-NJ

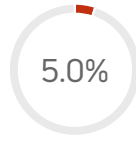
### Floor Forecast Scores



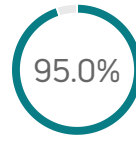
Assembly  
Pre-Floor Score



Assembly  
Floor Score



Senate  
Pre-Floor Score



Senate  
Floor Score

## NJ A 1440

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

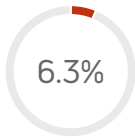
**Current Status:** In Assembly

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

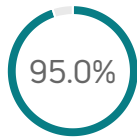
**Last Action Date:** Introduced, Referred to Assembly Financial Institutions and Insurance Committee. 2024-01-09

**Location:** US-NJ

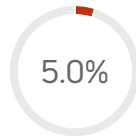
### Floor Forecast Scores



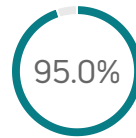
Assembly  
Pre-Floor Score



Assembly  
Floor Score



Senate  
Pre-Floor Score



Senate  
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

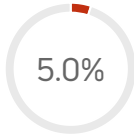


Mail-order

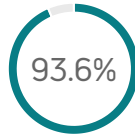
Patient steering

Gag clause

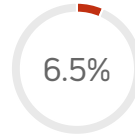
### Floor Forecast Scores



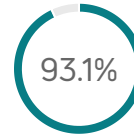
Senate  
Pre-Floor Score



Senate  
Floor Score



Assembly  
Pre-Floor Score



Assembly  
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

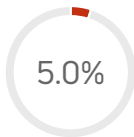
**Introduction Date:** 2024-01-09

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

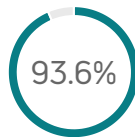
**Location:** US-NJ

Fair Pharmacy Audi...

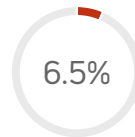
### Floor Forecast Scores



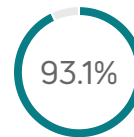
Senate  
Pre-Floor Score



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

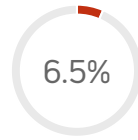
### Floor Forecast Scores



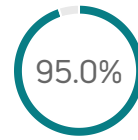
Senate  
Pre-Floor Score



Senate  
Floor Score



Assembly  
Pre-Floor Score



Assembly  
Floor Score