2018 Drug Pricing Transparency Legislation Tracker

Overview

- The below survey provides a summary of drug pricing transparency measures introduced at the state level. Several states have introduced more specific legislation (e.g., concerning the pricing of diabetes medication in particular; specifically targeting pharmacy benefit managers (PBMs), wholesalers, or others; focusing on "price gouging;" or requiring disclosure only of rebate amounts for certain prescription drugs), but such measures are not included in the below chart. We would be happy to provide a deeper analysis of any supplemental measures.

- Since 2017, 5 states—California, Maine, Oregon, Vermont, and Washington— have enacted legislation governing drug pricing transparency. Each state's requirements are relatively similar but vary regarding which party is responsible for effectuating the reporting obligations. California, Oregon, and Vermont, for example, impose notification and reporting obligations on drug manufacturers or insurers, requiring them to provide detailed information (e.g., the 25 most frequently prescribed drugs; 25 costliest drugs by total annual spending; and the 25 drugs with the highest increase in total annual plan spending) to certain state agencies within a specified time frame. Maine and Washington, on the other hand, require state agencies to aggregate similar drug pricing data based on cost and frequent use of certain prescription or generic drugs.

State	Measure	Status	Content
California	SB 17	**Current Status**: *Enacted* (10/09/17).	• Requires health plans and insurers to report premium and drug cost data (e.g., the most prescribed medications, and the most expensive medications, among others) to the Department of Managed Health Care or the Department of Insurance; • Requires state agencies to compile the information into reports for the public, showcasing the overall impact of drug costs on healthcare premiums; • Requires drug manufacturers to notify state purchasers, health plans, and insurers at least 60 days before raising certain drug prices (i.e., those with a wholesale acquisition cost of at least $40) by more than 16% over two years, and requires them to justify those increases; and • Requires drug manufacturers to disclose specific information to the Office of Statewide Health Planning and Development related to the introduction of new high-cost prescription drugs.
Colorado	HB 1260	**Current Status**: *Failed*.	• Requires health insurers to annually identify and report, as part of its annual health care cost report, the following information to the Commissioner of Insurance ("Commissioner"): (1) the 25 most frequently prescribed drugs; (2) the 25 most costly drugs by total annual spending; and (3) the 25 drugs with the highest increase in total annual plan spending; • Requires manufacturers of prescription drugs with a wholesale acquisition cost of more than $40 for a course of therapy to notify each purchaser, at least 90 days before the effective date of a planned increase, if an increase in the wholesale acquisition cost of the drug is more than 10%, of financial and non-financial factors that contributed to the increase;

State	Measure	Status	Content
			• Requires manufacturers that introduce a specialty drug to the commercial market to notify purchasers within 3 days after the release of the drug in the commercial market; • Directs the Commissioner to analyze the data reported by health insurers in order to determine the overall effect of prescription drug costs on premiums; and • Directs the Commissioner to make such information publicly available.
Illinois	HB 239	12/15/16: Pre-filed with Clerk. 01/11/17: First reading; referred to Rules Committee. 01/25/17: Assigned to Health Care Licenses Committee. **Current Status**: *Re-referred to Rules Committee* (03/31/17).	• Requires manufacturers of brand name or certain generic prescription drugs (i.e., those with a wholesale price of $100 or more per month) to provide written notice to state purchasers, health insurers, health care service plan providers, PBMs, and the General Assembly at least 60 days before a price increase if (1) the manufacturer increases the wholesale price of the brand name prescription drug by more than 10% or $10,000 during a 12-month period or (2) the manufacturer increases the wholesale price of the generic prescription drug by more than 25% during a 12-month period; • Requires all manufacturers (i.e., brand name, generic, or newly approved) to submit a report 30 days after notifying the relevant parties of a price increase containing the following information: (1) a justification for the proposed price increase; (2) the previous year's marketing budget for the drug; (3) the date and price of acquisition of the drug if it was not developed by the manufacturer; and (4) a schedule of price increases for the drug over the previous five-years; and • Requires the General Assembly to conduct an annual public hearing on trends in prescription drug pricing.
	SB 73	01/12/17: First reading; referred to Assignments. 01/24/17: Assigned to Human Services. **Current Status**: *Re-referred to Assignments* (05/19/17).	• Requires manufacturers of certain prescription drugs (i.e., those with a wholesale acquisition cost per month supply/per course treatment of less than a month of $100 or more in 2018, adjusted annually) to provide written notice to state purchasers, insurers, providers, PBMs, and the General Assembly within 30 days of a price increase if the manufacturer increases the wholesale price of the brand name prescription drug by more than 25% or $10,000 during a 12-month period; • Requires manufacturers (i.e., those that meet the cost requirements) to report the following information: (1) the previous year's marketing budget for the drug; (2) the date and price of acquisition if the drug was not developed by the manufacturer; and (3) a schedule of price increases for the drug for the previous 5 years if it was manufactured by the company, or if the drug was acquired by the manufacturer within the previous 5 years; • Requires manufacturers to provide notice to the above parties if the manufacturer is introducing a new prescription drug at a wholesale cost of $10,000 or more annually or per course of treatment within 3 days of a drug's approval from the FDA; and • Requires manufacturers of such new drugs to submit a report to the Department of Public Health within 30 days of notification containing the following: (1) the expected marketing budget for the drug and (2) the date and price of acquisition if the drug was not developed by the manufacturer.

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Indiana	HB 1345	01/16/18: Introduced; referred to Committee on Public Health.	• Urges the Legislative Council to ask the Interim Study Committee on Public Health, Behavioral Health, and Human Services to study prescription drug price transparency by drug manufacturers.
Maine	LD 1406	**Current Status**: *Enacted* (04/18/2018).	• Requires the Maine Health Data Organization to provide a report containing the following information about brand name and generic prescription drugs in the state: (1) the 25 most frequently prescribed drugs; (2) the 25 costliest drugs (determined by the total amount spent on those drugs in the state); and (3) the 25 drugs with the highest year-over-year cost increases (determined by the total amount spent on those drugs in the state).
Maryland	SB 1023	02/05/18: Introduced; referred to Senate Committee on Finance. 02/28/2018: A hearing was held on the legislation.	• Establishes the Drug Cost Review Commission ("Commission") to protect state residents and other entities from excessive costs of prescription drugs; • Creates a Drug Cost Review Advisory Board ("Board") to provide stakeholder input to assist the Commission; • Requires manufacturers of patent-protected, brand-name drugs to notify the Commission if (1) the wholesale acquisition cost of the drug increases by more than 10% or by more than $10,000 during any 12-month period; or (2) if the manufacturer intends to introduce a brand-name drug that has a wholesale acquisition cost of $30,000 per calendar year or per course of treatment; • Requires manufacturers of generic or off-patent drugs to notify the Commission if the wholesale acquisition cost of the drug increases by more than 25% or by more than $300 during any 12-month period; • Requires such notice (for manufacturers of both brand-name and generic drugs) to (1) be provided in writing at least 30 days before the planned effective date of the increase or the introduction of the drug and (2) include a justification of the proposed pricing; • Requires the Commission to establish a threshold for manufacturer reporting of brand prescription drugs (including biologics and biosimilars) and generic drugs; • Requires the Commission to make manufacturer reports available to the public; • Permits the public to request that the Commission review the cost of any prescription drug reported by the manufacturers (such a review may also be initiated by the Chair of the Commission absent a public request) to determine if the utilization of the drug has led or will lead to excess costs for health care systems in the state; • If the Commission finds that the spending on a drug creates excess costs for payors and consumers, requires the Commission to establish the level of reimbursement that shall be billed and paid; and • Requires the Commission to annually report on (1) prescription drug trends, (2) the number of manufacturers required to notify the Commission about drug pricing, and (3) the number of products that were subject to Commission review.

State	Measure	Status	Content
	SB 201	01/17/18: Introduced; referred to the Senate Finance Committee.	• Requires manufacturers to submit a quarterly report to the state Department of Health ("Department") detailing the average sales price for each prescription drug or device that is listed by the National Drug Code; • Requires the Department to make available on its website the information submitted by manufacturers; and • Prohibits a manufacturer from denying a wholesale distributor the right to purchase a prescription drug or device from the manufacturer if the wholesale distributor agrees to pay the manufacturer's average sales price for the prescription drug or device as reported to the Department.
	HB 1194	02/08/18: Introduced; referred to the House Health and Government Operations Committee. 03/28/18: Passed House by a vote of 135-2. 04/1/18: Introduced in the Senate; referred to Senate Finance Committee. 04/09/18: A hearing was held on the legislation; reported favorably out of the Senate Finance Committee.	• Establishes the Drug Cost Commission ("Commission") to determine how to make prescription drugs more affordable for State residents; • Creates a Drug Cost Commission Advisory Council ("Council") to provide stakeholder input to assist the Commission; • Requires the Commission to (1) review, evaluate, and assess the state's pharmaceutical distribution and payment system; (2) assess and collect publicly available information from brand and generic biopharmaceutical manufacturers, health insurers, pharmaceutical wholesalers, and PBMs; and (3) compare the prices for prescription drugs in the U.S. and other countries; and • Requires the Commission—in consultation with stakeholders—to submit a report to the legislature on (1) findings related to the prescription drug pricing information accessed by the Commission; (2) recommendations on how entities within the prescription drug supply chain can improve access to affordable prescription drugs; (3) findings related to the price of prescription drugs in the U.S. compared to other countries; and (4) recommendations on how to make the prices of drugs in the U.S. comparable to the price of drugs in other countries.

State	Measure	Status	Content
Massachusetts	S 627/H 3223	01/23/17: Introduced; referred to Senate Joint Committee on Health Care Financing; House concurred.	• Requires the Health Policy Commission ("Commission") to identify annually up to 15 prescription drugs (1) on which the state spends significant money and (2) for which the wholesale acquisition cost has increased by 50% or more in the past five years, 15% or more in the past 12 months, or is a new drug whose price may have a significant impact on the cost benchmark; • Requires the Commission to provide the Attorney General with a list of the prescription drugs and the percentage of the wholesale acquisition cost increase for each drug; and requires the Commission to make such information publicly available; • Requires drug manufacturers to submit a justification (and attendant information) regarding the price increase to the Attorney General; and requires the Attorney General to provide an annual report to the legislature, the Commission, and the Center for Health Information and Analysis based on the information received; • Requires prescription drug manufacturers to submit, within 30 days of a planned effective date of a price increase or introduction, a report to the Commission for each increase that will result in a rise of 10% or more over a 12-month period, or the introduction of a new drug whose price may threaten the cost benchmark; after submission, the report will be made public by the Commission;

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	S 652	01/23/17: Introduced; referred to Senate Health Care Financing Committee; House concurred.	• Requires the Center for Health Information and Analysis ("Center") to promulgate regulations to ensure the uniform reporting of prescription drug data (e.g., wholesale acquisition costs, discounts, rebates, etc.) by PBMs, pharmaceutical manufacturing companies, and health care payers ("reporting entities"); • Requires the Center to identify prescription drugs that (1) are the 10 costliest prescription drugs by total private health care payer spending; (2) have the highest annual increase in total private health care payer spending; (3) were introduced into the U.S. market at a cost of $10,000 or more annually; or (4) whose wholesale acquisition cost has increased by 50% or more within the previous 5 years or by 15% or more within a 12 month period; • Establishes specific reporting requirements for pharmaceutical manufacturing companies (e.g., they must report each factor contributing to the drug's cost/cost increase and the percentage cost increase attributable to each factor, among other data points); • Amends current timeliness requirements for reports and penalties for failure to file a timely report (an increase from $1,000 per week for each week of delay to $5,000 per week for each week of delay); • Requires the Center to publish an annual report concerning reporting entities' costs and cost trends; • Authorizes the Attorney General to require a reporting entity to produce documents, answer interrogatories, or provide testimony related to health care costs and cost trends; and • Authorizes the Health Policy Commission ("Commission"), in consultation with the Center, to annually identify "critical prescription drugs" whose cost is excessively higher than justified and jeopardizes the state's ability to meet the statewide health care cost growth benchmark (as established under state law); after identification, the Commission must notify (1) the manufacturer (2) the Attorney General, and (3) registered providers and payers that the prescription drug's cost has been identified as excessively higher than justified.
	S 1163/H 491	01/23/17: Introduced; referred to Joint Committee on Public Health; House concurred.	• Requires manufacturers of prescription drugs that have experienced a wholesale acquisition cost increase of 15% or more over a 12 month period to file a report with the Department of Public Health ("Department") concerning certain prescription drug data (e.g., the current wholesale acquisition cost, the most recent increase, the 5-year history over any increases in the cost, in addition to other information associated with the manufacturer) within 90 days of the increase; • Requires PBMs under contract with certain entities to annually report to the entity and the Insurance Commissioner certain data (e.g., the percentage of prescriptions for which a generic drug was available and dispensed; the aggregate amount and the types of discounts negotiated); and • Requires (1) health insurance plans that issue policies; (2) corporations under contract with a subscriber for an individual/group hospital service plan delivered or issued; (3) subscription certificates under an individual/group medical service agreement delivered or issued; (4) carriers that issue individual/group health maintenance contracts; or (5) coverage offered by the Insurance Commission to any active or retired employee of Massachusetts who is insured under the group insurance commission on or after January 1, 2019 to post and update the formulary for the health plan.

State	Measure	Status	Content
	H 1228	01/23/17**:** Introduced; referred to Committee on Public Health; House concurred. 12/05/17: A hearing was held on the legislation.	• Requires the Health Policy Commission ("Commission"), in consultation with the Center for Health Information and Analysis ("Center"), to develop a list of "critical prescription drugs" for which there is a substantial public interest in understanding its pricing development; • Mandates that each manufacturer of a "critical prescription drug" report certain data to the Commission (e.g., cost of production (overall and per dose); research and development costs; marketing and advertising costs; prices charged to purchasers outside the U.S., in Massachusetts, and to the Veterans Administration; average profit margin over the prior 5-year period; and true net typical prices charged to PBMs, health plans, or state agencies); • Requires the Commission, in consultation with the Center, to prepare an annual report on prescription drug prices and their role in Massachusetts' health care spending, including recommendations for actions to lower drug costs; • Requires the Commission to annually identify "critical prescription drugs" that jeopardize the state's ability to meet the statewide health care cost growth benchmark (as established under state law); and • Requires the Commission, in consultation with the Center and the Department of Public Health, to analyze certain data (e.g., impact of discounts, rebates, coupons, etc.) for biological products and prescription drugs on the cost of health care.
	S 2211/S 2202/S 2190	10/26/17: S 2190 reported from the Special Committee on Health Care Cost Containment and Reform; referred to the Committee on Ways and Means. 11/02/17: S 2190 was passed with an amendment and substituted for a new draft (S 2202). **Current Status**: Passed by the Senate 33-6; reprinted as amended as S 2211 (11/09/17).	• Requires the Health Policy Commission ("Commission") to hold hearings and receive testimony on, in the case of PBMs and pharmaceutical manufacturing companies, (1) factors underlying prescription drug costs and price increases; (2) the impact of manufacturer rebates, discounts, and other price concessions on net pricing; (3) the availability of alternative drugs or treatments; or (4) any other matters as determined by the Commission; • Requires the Attorney General to monitor trends in the health care market, including prescription drug cost trends, among other things; and • Requires the Commission in consultation with the Center for Health Information and Analysis and an external evaluator to review the impact of the bill on, among other things, prescription drug cost trends. *It warrants noting that all of these bills are "emergency laws" that are "necessary for the immediate preservation of the public health." As such, they appear to function as health care omnibus bills, including provisions well beyond those mentioned here.*

State	Measure	Status	Content
Michigan	HB 5223	11/07/17: Introduced; referred to Committee on Health Policy.	• Requires manufacturers of a prescription drug with (1) an annual wholesale acquisition cost of $10,000 or more or (2) a wholesale acquisition cost of $10,000 or more per course of treatment to file an annual report with the Department of Health and Human Services (HHS) containing an itemized account of the costs associated with the prescription drug, information on each increase in the average wholesale price of the drug for that year, and total profits expected from sales of the drug; • Requires a third party to conduct an audit of the report described above, which must then be filed with HHS; • Requires HHS to publicly post data from reports filed by manufacturers; and • Establishes a Prescription Drug Cost Advisory Commission within HHS, which will be charged with creating a report that utilizes the above data to provide (1) details on prescription drug prices, costs, and cost trends; (2) policy recommendations on ways to mitigate increases in the prices of prescription drugs as a means to reduce the costs of health care; and (3) any additional information considered necessary.
	SB 825	02/15/18: Introduced; referred to Senate Committee on Health Policy.	• Requires manufacturers of prescription drugs with a wholesale acquisition cost of $40 or more per course of therapy to file an annual report with the Department of Insurance and Financial Services ("Department") on the costs associated with the drug, among other things; and • Establishes the Prescription Drug Transparency Work Group within the Department.
Minnesota	SF 2801	03/01/18: Introduced; referred to Senate Health and Human Services and Finance Policy Committee.	• Establishes the Prescription Drug Cost Review Commission ("Commission"); • Creates the Prescription Drug Advisory Council to advise the Commission on drug cost issues and to represent stakeholders' views; • Requires manufacturers, at least 30 days prior to the planned effective date of an increase or introduction, to notify the Commission if the manufacturer plans to (1) increase the wholesale acquisition cost of a patent-protected brand name drug by more than $10,000 during any 12-month period; (2) introduce to the market a patent-protected brand name drug that has a wholesale acquisition cost of $30,000 per year or per course of treatment; (3) increase the wholesale acquisition cost of a generic/off-patent prescription drug by more than 25 percent or $300 during a 12-month period; or (4) introduce to the market a generic/off-patent drug that has a wholesale acquisition cost of $3,000 or more annually; • Allows the Commission to establish a "third threshold" that when breached would require the manufacturer to notify the Commission (i.e., require the reporting of price increases that are below the thresholds established by the bill, but still impose costs on the state's health care systems); • Requires manufacturers to justify each price increase that fits into one of the above thresholds to the Commission and requires the Commission to make such data publicly available; • Authorizes the Commission to determine whether a full-cost review (i.e., a review of whether the cost of the drug is excessive and unaffordable) of the drug that triggered the notification requirements is necessary; and • In the event that the Commission finds the cost excessive, the bill authorizes the Commission to establish a cost or payment rate for the drug by which all parties (i.e., purchasers, pharmacies, and wholesale drug distributors) must abide.

State	Measure	Status	Content
	SF 2671/HF 3538	SF 2671 02/26/18: Introduced; referred to Senate Committee on Health and Human Services Finance and Policy. HF 3538 03/08/18: Introduced; referred to Committee on Health and Human Services Reform.	• Requires manufacturers with a wholesale acquisition cost of $10,000 or more annually or per course of treatment to file a report with the Commissioner of Insurance ("Commissioner") on the costs (e.g., costs of production; cumulative history of the average wholesale price and wholesale acquisition cost associated with each qualifying drug; total profit attributable to the drug; total amount of financial assistance the manufacturer provided through patient prescription assistance programs, among others); • Directs the Commissioner to issue a report to the legislature and make the report available to the public; and • Requires the Commissioner to convene an Advisory Committee to develop the reporting mechanism.
Nebraska	LB 862	01/05/18: Introduced. 01/08/18: Referred to the Senate Health and Human Services Committee. 02/22/2018: A hearing was held on the legislation. **Current Status**: *Indefinitely postponed.*	• Requires a prescription drug manufacturer with a wholesale acquisition cost of more than $40 for a course of therapy to provide notice to each state purchaser (e.g., the Department of Administrative Services ("Department"), the Department of Correctional Services, and the Department of Health and Human Services), if the increase in the wholesale acquisition cost is more than 16%, including the proposed and cumulative increases that occurred within the previous 2 calendar years; • Requires manufacturers to submit such notice (including the date of increase, the wholesale acquisition cost at time of the notice, and the dollar increase in the wholesale acquisition cost) (1) at least 60 days prior to the planned effective date of the increase and (2) with a statement regarding whether a change or improvement in the prescription drug necessitated a price increase and, if so, a description of the change or improvement; • Requires PBMs that receive such notice from manufacturers to provide notice of the increase to contracting public and private purchasers that provide coverage for more than 500 lives; • Requires the manufacturer to submit a quarterly report to the Department for each prescription drug for which notice is required containing specific information about the cost of the drug (e.g., a schedule of the wholesale acquisition cost increases for the prescription drug for the past 5 years; the wholesale acquisition cost of the prescription drug at the time of acquisition and in the year prior to acquisition; and the year the prescription drug was introduced to the market and its attendant wholesale acquisition cost, as well as other relevant information); • Requires the Department to publish the information received in the reports on its website within 60 days of receipt; • Requires a manufacturer to notify the Department in writing within 3 days of release in the commercial market, if it introduces a new prescription drug at a wholesale acquisition cost that exceeds the threshold set under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003; • In the event a notice is required for a new drug, directs the manufacturer to report to the Department information used in determining the cost of the drug (i.e., a description of pricing plans used in the launch; the estimated volume of patients to which it may be prescribed; the FDA's designation; and the date and price of acquisition, if the drug was not developed by manufacturer); and • Requires the Department to publish the information received in the new drug reports within 60 days of receipt.

State	Measure	Status	Content
New Hampshire	HB 1418	01/03/18: Introduced; referred to House Committee on Commerce and Consumer Affairs. 03/06/18: Passed 312-17, as amended. 03/13/18: Introduced in the Senate; referred to the Senate Committee on Health and Human Services. 04/26/18: Passed Senate by voice vote, as amended. 05/10/18: House concurred with Senate amendment.	• Establishes a Commission to study greater transparency in pharmaceutical costs and drug rebate programs; • Requires the Commission to identify and analyze certain critical prescription drugs and their role in overall health care spending in the state by studying several criteria that impact the amounts rebated by drug manufacturers for certain high cost and high utilization prescription drugs; • Permits the Commission to solicit input from any person or entity that the Commission deems relevant to its study; • Authorizes the Commission to propose changes to state law as necessary to reduce pharmaceutical costs; and • Directs the Commission to submit a report with its findings and recommendations for proposed legislation.
New Jersey	S 983/A 583	S 983 01/16/18: Introduced; referred to Senate Committee on Health, Human Services, and Senior Services. A 583 01/09/18: Introduced; referred to the Assembly Health and Senior Services Committee.	• Establishes a Prescription Drug Review Commission ("Commission") within the Department of Law and Public Safety; • Requires the Commission to develop a list of critical prescription drugs for which there is substantial public interest in understanding the development of the drugs' pricing; • Requires the manufacturers of the critical prescription drugs to report the following information to the Commission: (1) cost of production (in total and per dose); (2) research and development costs; (3) marketing and advertising costs; (4) prices charged to consumers outside of the U.S.; (5) prices charged to typical state purchasers; and (6) the typical prices charged to PBMs in the state; • Requires the Commission to prepare an annual report on prescription drug prices and their role in overall health care spending in the state based on the data provided by manufacturers; • Requires the Commission to use the data provided by manufacturers and identify prescription drugs with excessively high costs (compared with other states and countries); and • If the Commission determines that the cost of a drug is excessively high, permits the Commission to set the maximum allowable price that the manufacturer can charge for that prescription drug in the state.

State	Measure	Status	Content
New York	S 6629/A 8046	S 6629 06/08/17: Introduced; referred to the Senate Rules Committee. A 8046 01/03/18: Introduced; referred to Assembly Committee on Health.	• Requires that individuals be provided with the "wholesale retail price" of his or her prescription in an electronic format and in writing prior to being charged for a prescription; • Permits individuals to retroactively request information on prescriptions written prior to enactment of legislation; and • Requires pharmacies to provide the "wholesale retail price" of the prescription in an electronic format and in writing directly to the patient or person making the request, at the time the prescription is dispensed.
	S 4986	03/03/17: Introduced; referred to Senate Committee on Health.	• Requires each manufacturer of a prescription drug that has a wholesale acquisition cost of $10,000 or more annually (or per course of treatment) to file a report on certain data for each qualifying drug (e.g., total costs for production, historical average wholesale price and cost increases, total profit, and total financial assistance provided through patient prescription assistance programs); and • Requires the Department of Health to issue an annual report outlining the data submitted.
	A 2939	01/03/18: Introduced; referred to Assembly Committee on Health.	• Requires each manufacturer of a pharmaceutical drug (1) with a wholesale acquisition cost of $1,000 for a 30 day supply or (2) that undergoes a cumulative price increase of triple the CPI over the course of three months to annually report certain data (e.g., total costs for the production of the drug, total administrative costs for promotion of the drug, total profit, total financial assistance provided through patient prescription assistance programs, and a 5-year history of the wholesale acquisition cost price increases); and • Requires the Department of Health to issue a report based on the data received.
	A 5733/S 2544	S 2544 01/03/18: Referred to Health Committee. A 5733 01/03/18: Referred to Health Committee.	• Requires drug manufacturers to notify the Commissioner of Health ("Commissioner") and Drug Utilization Review Board ("Board") at least 30 days in advance of a wholesale acquisition cost increase of 100% or more within a 12-month period; • Requires the Commissioner, in consultation with the Board, to produce a price increase notification form for manufacturers soliciting the following information: (1) the wholesale acquisition cost of the drug prior to an increase; (2) the wholesale acquisition cost when exceeding the 100% threshold; (3) any material change in ingredient, production, or manufacturing costs resulting in the price increase; (4) specific information in the case of a brand or generic drug; and (5) any other information the manufacturer deems relevant to board's review; and • Requires the Board to determine whether the price increase is "excessive" (i.e., whether price gouging occurred).
Oregon	HB 4005	**Current Status**: *Enacted* (03/13/18).	• Requires drug manufacturers to provide an annual report of specific information (i.e., financial and non-financial factors contributing to the drug's price increase) for each prescription drug for which (1) the price was at least $100 for a one-month supply or for treatment lasting less than one month and (2) there was a cumulative increase

State	Measure	Status	Content
			of 10% or more in the price of the prescription drug during the previous calendar year; • Requires manufacturers to notify the Department of Consumer and Business Services ("Department"), at least 60 days before a planned price increase for a prescription drug, of specific information (i.e., the effective date of increase , the current price of the drug, the dollar amount of the intended increase, and a justification for the price increase); • Requires the manufacturer to notify the Department within 30 days of the introduction of a new prescription drug that exceeds the threshold established by CMS for specialty drugs and to report relevant cost information (i.e., the methodology used to establish the price, among other data); • Requires the Department to compile and report information submitted by the manufacturers both publicly and to the Legislative Committees; • Requires an insurer to include certain information in their premium rate filing with the Department, including the 25 most frequently prescribed drugs, the 25 most costly drugs (in annual spending), the 25 drugs that have caused the greatest increase in total plan spending, and the impact of the costs of prescription drugs on premium rates; and • Establishes the Task Force on the Fair Pricing of Prescription Drugs to develop a strategy to create transparency for drug prices across the entire supply chain of pharmaceutical products.
Pennsylvania	SB 637	04/18/17: Introduced; referred to Senate Committee on Banking and Insurance. 03/20/18: Re-referred to Senate Committee on Appropriations.	• Requires the Department of Insurance (Department) to annually collect information on pharmaceutical retail pricing and determine whether prices are reasonably related to the costs associated with manufacturing the prescription drug (and if prices are in excess of 20% of those costs, the price will be presumed to not be in reasonable relation to those costs); and • Requires each manufacturer of prescription medication to report certain data to the Department annually (e.g., total costs derived in the production of the drugs, cumulative annual history of average wholesale acquisition price and weighted average cost increases for the drug, and total profits attributable to the drug).
	HB 161	01/23/17: Introduced; referred to House Committee on Insurance.	• Requires drug manufacturers to report specific information (e.g., costs associated with the production of the drug along with non-financial factors contributing to the drug's price increase) for each prescription drug with (1) an average wholesale price of at least $5,000 annually or per course of treatment; (2) an average wholesale price that has increased by 50% or more over the past 5 years; or (3) an average wholesale price that has increased by 25% within the past twelve months.
	HB 1464	05/31/17: Introduced; referred to House Committee on Health.	• Establishes a Prescription Drug Pricing Task Force to study the pricing of prescription drugs and issue a report.
	HR 346	05/22/17: Introduced; referred to House Committee on Health.	• Directs the Joint State Government Commission to conduct a study on prescription drug pricing and issue a report.

State	Measure	Status	Content
Rhode Island	H 7004	01/03/18: Introduced; referred to the House Committee on Corporations. 01/23/18: Committee on Corporations recommended measure be held for further study.	• Directs the Board of Pharmacy ("Board") and the Department of Health ("Department") to annually identify up to 15 prescription drugs on which the state has spent significant health care dollars; and for which the wholesale acquisition cost has increased by (1) 50% or more over the past 5 years or (2) 15% or more over the past 12 months; • Requires the Board to (1) provide the state Attorney General with the list of 15 drugs and the percentage of the wholesale acquisition cost of each drug, and (2) to make the information publicly available on the Board's website; • Requires manufacturers of the drugs on the list to justify the increase in the wholesale acquisition cost to the Attorney General; and • Requires the Attorney General, in consultation with the Department, to provide a report to the General Assembly based on the prescription drug information submitted by the manufacturers and to post the report on its website. *The bill has several other component provisions that do not relate directly to drug pricing transparency. The bill would also:* • *Require the Insurance Commissioner to adopt rules requiring health insurers to provide information to enrollees and potential enrollees about the plans' prescription drug formularies;* • *Direct the Department to use the same dispensing fee in its reimbursement formula for 340B prescription drugs as it uses for non-340B prescription drugs under Medicaid;* • *Establish an Advisory Commission on out-of-pocket drug costs to study these costs and make reports/recommendations to the Governor and the General Assembly.*
	S 2550/H 7042	S 2550 03/01/18: Introduced; referred to Senate Health and Human Services Committee. 03/08/18: Committee on Health and Human Services recommended measure be held for further study. H 7042 01/03/18: Introduced; referred to House Committee on Corporations. 02/13/18: Committee on	• Requires the State Board of Pharmacy ("Board"), in consultation with the Department of Health ("Department"), to develop a list of critical prescription drugs for which there is substantial public interest in understanding the development of its pricing; • For each of the listed critical prescription drugs, requires the manufacturers to report the following information to the Board: (1) cost of production (in total and per dose), (2) research and development costs, (3) marketing and advertising costs, (4) prices charged to consumers outside of the U.S., (5) prices charged to typical state purchasers, and (6) the typical prices charged to PBMs in the state; • Directs the Board, with assistance from the Department, to prepare an annual report on prescription drug prices and their role in overall health care spending in the state based on the data provided by manufacturers; • Requires the Board to use the data provided by manufacturers and identify prescription drugs that, due to their cost, jeopardize the state's ability to meet the state's needs for that drug; and • If the Board determines that the cost of a drug is so high that it jeopardizes the state's ability to meet the state's needs for the drug, permits the Board to set the maximum allowable price that the manufacturer can charge for that prescription drug in the state.

State	Measure	Status	Content
		Corporations recommended measure be held for further study.	
Vermont	S 175	**Current Status:** *Enacted* (05/16/18).	• Requires each health insurer with more than 200 covered lives in the state to report to the Green Mountain Care Board ("Board") the following information for all covered prescription drugs (including generic drugs, brand-name drugs, and specialty drugs provided in an outpatient or retail setting): (1) the 25 most frequently prescribed drugs and the average wholesale price for each drug; (2) the 25 most costly drugs by total plan spending and the average wholesale price for each drug; and (3) the 25 drugs with the highest year-over-year price increases and the average wholesale price for each drug; • Requires the Board to compile the data into a report for publication on its website; • Requires prescription drug manufacturers to notify the Attorney General if it is introducing a new prescription drug to the market at a wholesale acquisition cost that exceeds the threshold set for a specialty drug under Medicare Part D; • Permits such notice to be provided within three calendar days of the new drug's release or while the drug is pending approval by the FDA if commercial availability is expected within 3 calendar days following the approval; • Requires the manufacturer to provide the following information to the Attorney General within 30 days of the required notification: (1) a description of the marketing/pricing plan used in the launch of the new drug in both domestic and international markets; (2) the estimated volume of patients who may be prescribed the drug; (3) whether the drug was granted "breakthrough therapy designation" or "priority review" by the FDA prior to final approval; and (4) the date and price of acquisition if the drug was not developed by the manufacturer; and • Requires the Attorney General to publish the information on its website on a per-drug basis. *The above provisions are excerpted from a broader bill concerning (1) the creation of a wholesale importation drug program by the Vermont Agency of Human Services in consultation with interested stakeholders and appropriate federal officials; (2) the establishment of a bulk purchasing program for prescription drugs through the Vermont Department of Health; and (3) additional reporting requirements with respect to existing rate filings.*

State	Measure	Status	Content
Washington	HB 1541/SB 5401	HB 1541 01/08/18: By resolution, reintroduced in the House and retained in present status. 01/11/18: Placed on third reading in House Rules Committee. 02/07/18: Passed the House, 50-48. 02/09/18: Referred to the Senate Committee on Health & Long Term Care. 02/23/18: Referred to Senate Committee on Ways and Means. 03/08/18: Returned to House Rules Committee for third reading. SB 5401 01/08/18: By resolution, reintroduced in the Senate and retained in present status; referred to the Senate Committee on Health Care and Long Term Care.	• Requires the Office of Financial Management ("Office") to use a competitive procurement process to select a data organization to collect, verify, and summarize prescription drug pricing data by issuers and manufacturers; • Requires issuers and manufacturers to submit prescription drug cost and utilization data (e.g., the 25 most frequently prescribed drugs, costliest drugs, enrollee spending on prescription drugs, and drugs with the highest year-over-year increase in prescription drug spending, and the issuer's total spending for each of these prescription drugs) to a data organization selected by the Office; • Requires drug manufacturers to report certain data for any drug that has increased in price by (1) 10% or $10,000, whichever is less, over a 12-month period; or (2) 25% or $25,000, whichever is less, over a 36-month period; Requires manufacturers to report such data at least 60 days in advance of the planned effective date of a drug-price increase; and • Requires the data organization to issue an annual report summarizing the data received. *SB 5401 is nearly identical to HB 1541. The main difference between those two bills is the specific data required to be reported by the drug manufacturers.*
	SB 5586	**Current Status**: *Indefinitely postponed in Senate Rules Committee* (02/22/18).	• Requires the Office of Financial Management ("Office") to use a competitive procurement process to select a data organization to collect, verify, and summarize prescription drug pricing data by issuers and manufacturers; • Requires issuers and manufacturers to submit prescription drug cost and utilization data (e.g., the 25 most frequently prescribed drugs, costliest drugs, and drugs with the highest year-over-year increase in prescription drug spending) to a data organization selected by the Office; • Requires drug manufacturers to report certain data for any drug that has increased in price by (1) 10% or $10,000, whichever is less, over a 12-month period; or (2) 25% or $25,000, whichever is less, over a 36-month period; • Requires manufacturers to report the following data for any such drug: (1) financial and nonfinancial factors used to make the decision to increase wholesale acquisition cost; (2) schedule of cost increases; and (3) other relevant

State	Measure	Status	Content
			factors to the drugs origin; • Requires manufacturers to report such data at least 90 days in advance of the planned effective date of a drug-price increase; • Requires the Department to publish the information received in the reports on its website within 60 days of receipt; • Requires PBMs to submit the following data: (1) wholesale acquisition cost of each drug on the PBM's formulary; (2) total amount of discounts, rebates, and reimbursements on each formulary drug; and (3) any ownership interest the PBM has in the pharmacy or health plan with which it conducts business; and • Requires the data organization to issue an annual report summarizing the data received.
	SB 6032	**Current Status**: *Enacted* (03/27/18).	• Requires the Office of Financial Management ("Office") to perform a legal and policy review of (1) whether the Statewide All-Payer Health Care Claims Database ("Database") may collect certain data from drug manufacturers and share this information with the public; and (2) whether the Database may collect and use manufacturer's pricing data on high-cost new and existing prescription drugs (e.g., itemized production data, sales data, and Canadian pricing); and • Requires the Office to report the review and any necessary legislation to authorize the collection of pricing data and to produce public analysis and reports to increase prescription drug transparency to the Legislative Healthcare Committees. *The above provisions are excerpted from a broader appropriations bill.*

State	Measure	Status	Content
Wisconsin	SB 531/AB 620	SB 531 **Current Status**: *Failed.* AB 620 **Current Status**: *Failed.*	• Requires a manufacturer of a prescription drug to notify the Department of Health and Human Services (”Department”) and the Office of the Commissioner of Insurance (”Office”) if the manufacturer is (1) increasing the wholesale acquisition cost of a brand-name drug on the market by more than 25% over a 24 month period; (2) intending to introduce to the market a brand-name drug that has an annual wholesale acquisition cost of $30,000 or more; (3) increasing the wholesale cost of a generic drug on the market by more than 25% or by more than $300 during any 12-month period; or (4) intending to introduce to the market a generic drug that has an annual wholesale acquisition cost of $3,000 or more; • Requires the manufacturer to provide notice at least 30 days before the planned date of the increase or introduction and to provide justification that includes all documents and research related to the increase or introduction (e.g., estimated cost-effectiveness of the drug; price and effectiveness of similar, available drugs; anticipated sales performance of the drug in comparison to the similar drugs; and the impact of negotiated or mandated discounts to PBMs, insurers, and other payers of health costs on the pricing determination of the drug); • Requires the manufacturer to report to the Department and the Office the value of price concessions provided to PBMs for each drug sold where a manufacturer was required to give a 30 day notice as described above; • Requires the manufacturer of a brand-name or generic drug to submit a report to the Department and the Office containing a description of each manufacturer-sponsored assistance program in effect during the previous year; and • Requires the Department to publish a report, based on information submitted by the manufacturers, describing trends in drug pricing.