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THE COUNCIL
The Council of Insurance Agents & Brokers

2018 Drug Price Transparency Legislation Tracker

State	Measure	Status	Content
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, (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	04/11/17: Introduced; referred to Senate Committee on Health and Human Services. 04/25/17: Order sent down in the House forthwith in concurrence. **Current Status**: *Carried over to any special or regular session* (08/02/17).	• Requires the Attorney General to compile a list of "qualifying prescription drugs" that have (1) substantial public interest and (2) increased in wholesale acquisition cost by 50% or more over the previous 5 years or 15% or more over the previous 12 months; • Requires the Attorney General to make the list publicly available; • Requires manufacturers to provide a report to the Attorney General containing costs, income, revenue, and net prices per dose of a prescription drug; and • Requires manufacturers to provide justification to the Attorney General of the increase in the wholesale acquisition cost, if any, of each drug.
Massachusetts	S 627/H 3223	01/23/17: Introduced; referred to Senate Joint Committee on Health Care Financing; House concurred. 07/11/17: A hearing was held on the legislation.	• 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 wholesale 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 to the Attorney General 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 an increase 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; • Requires the Commission to hold public hearings to examine, among other things, prescription drug manufacturer and private and public health care payer costs, prices, and cost trends; and • Requires the Commission to compile an annual report, based on the Commission's analysis of information provided at the hearings, concerning spending trends and underlying factors, along with recommendations for strategies to increase the efficiency of the health care system.

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	S 652	01/23/17: Introduced; referred to Senate Health Care Financing Committee; House concurred. 07/11/17: A hearing was held on the legislation.	• 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 Massachusetts' ability to meet the statewide health care cost growth benchmark (as established under Massachusetts 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.

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	H 1228	01/23/17**:** Introduced; referred to Committee on Public Health; House concurred. 12/05/17: Held hearing on the bill.	• 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 Massachusetts' ability to meet the statewide health care cost growth benchmark (as established under Massachusetts 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 2202/2190	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 (but not limited to) prescription drug cost trends; 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.*

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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.
Montana	HB 326	**Current Status**: *Failed in House Standing Committee* (04/28/17).	• Requires manufacturers to report to the Attorney General all relevant factors that contribute to the price increase of a prescription drug; • Requires that PBMs who process drug prescriptions where the wholesale acquisition cost increased by more than twice the increase in the consumer price index (CPI) for medical care commodities provide the Attorney General with information about pricing practices related to the prescription drug; and • Authorizes the Attorney General to establish reporting requirements for manufacturers and PBMs.
	HB 628	**Current Status**: *Failed in House Standing Committee* (04/28/17).	• Notes that a manufacturer of a prescription drug, whose wholesale acquisition cost increases by more than triple the increase in the CPI for medical care commodities in the previous year may be required to report any information necessary to justify the increase in cost; • Notes that a PBM who processes drug prescriptions where the wholesale acquisition cost increases by more than triple the increase of the CPI for medical care commodities may be required to provide information about pricing practices related to the prescription drug; and • Requires the Commissioner of Insurance and Securities to submit a biennial report to the legislature based on the information received from manufacturers and PBMs.
	HJ 17	**Current States**: *Passed; filed with Secretary of State* (04/28/17).	• Requests that the Legislative Council designate an interim committee or direct staff resources to examine prescription drug pricing and its effects on the state; • Requires the study to review (1) overall price changes in prescription drug prices over the last 10 years; (2) factors related to the price change; (3) the cost of prescription drugs to certain government-run health plans; and (4) efforts in other states and at the federal level to control the cost of prescription drugs; • Requires the study to develop recommendations to mitigate the effects of rising prescription drug prices; and • Concludes the study (including presentation and review) by September 15, 2018.

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Nebraska	LB 862	01/05/18: Introduced. 01/08/18: Referred to the Senate Health and Human Services Committee.	• 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.
Nevada	SB 265	**Current Status**: *Vetoed by the Governor* (06/02/17).	• Requires manufacturers to submit to the Department of Health and Human Services ("Department") a list of pharmaceutical sales representatives who market certain prescription drugs and prohibits representatives not included on list from marketing such drugs; and • Requires each representative to report certain information concerning the cost of the drug to the Department.
New Hampshire	HB 1418	01/03/18: Introduced; referred to House Committee on Commerce and Consumer Affairs. 01/11/18: A hearing was held on the	• Requires the Commissioner of the Department of Health and Human Services ("Commissioner"), in consultation with the Commissioner of the Insurance Department, to develop a list of critical prescription drugs for which there is a 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 Commissioner: (1) cost of production (in total and per dose), (2) research and development costs, (3)

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		legislation.	marketing and advertising costs, (4) prices charged to consumers outside of the United States, (5) prices charged to typical New Hampshire purchasers, and (6) the typical prices charged to PBMs in New Hampshire; and • Directs the Commissioner 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.
New Jersey	S 983	01/16/18: Introduced.	• 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 a 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 United States, (5) prices charged to typical New Jersey purchasers, and (6) the typical prices charged to PBMs in New Jersey; • 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.
New York	S 6629/A 8046	01/03/18: 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: 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

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			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).
Pennsylvania	SB 637/ HB 161	SB 637 04/18/17: Introduced; referred to Senate Committee on Banking and Insurance. HB 161 01/23/17: Introduced; referred to House Committee on Insurance.	• Establishes the Pharmaceutical Transparency Commission ("Commission")—among its many duties will be to review 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 Commission 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 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.

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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.*
	H 7042	01/03/18: Introduced; Referred to House Committee on Corporations.	• 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 a 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 United States, (5) prices charged to typical Rhode Island purchasers, and (6) the typical prices charged to PBMs in Rhode Island; • 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.

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Vermont	S 175	12/15/17: Prefiled for 2018 legislative session. 01/03/18: Referred to the Committee on Health and Welfare.	• 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 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 is 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.*

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Washington	HB 1541/SB 5401/SB 5586	HB 1541 **Current Status**: *By resolution, reintroduced in the Senate and retained in present status* (01/08/2018). SB 5401 **Current Status**: *By resolution, reintroduced in the Senate and retained in present status; referred to the Senate Committee on Health Care and Long Term Care* (01/08/18). SB 5586 01/08/18*:* By resolution, reintroduced in the Senate and retained in present status. 01/16/18: Public hearing was held on the measure.	• 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 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 and SB 5586 are identical; HB 1541 is nearly identical as well. The main difference between those two bills and HB 1541 is the specific data required to be reported by the drug manufacturers.*
	HB 2299/SB 6032	HB 2299 12/18/17: Prefiled for 2018 legislative session. SB 6032 12/18/17: Prefiled for 2018 legislative session.	• 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 and analysis and reports to increase prescription drug transparency to the Legislative Healthcare Committees. *The above provisions are excerpted from a broader appropriations bill.*

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Wisconsin	SB 531/AB 620	SB 531 11/08/17: Introduced, referred to Committee on Health and Human Services. AB 620 11/09/17: Introduced, referred to Committee on Health.	• 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 market a brand-name drug that has an annual wholesale acquisition cost of $30,00 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 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.