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2017 Drug Price Transparency Legislation Tracker, November 13, 2017

State	Measure	Status	Content
California	SB 17	**Current Status**: *Signed into law* (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 1318	04/04/17: Introduced; referred to House Committee on Health, Insurance and Environment. 04/28/17: Passed House. 04/28/17: Introduced in Senate; referred to Senate Committee on State, Veterans, and Military Affairs. **Current Status**: *Postponed indefinitely* (05/03/17).	• Requires carriers to submit an annual data report (from March 31, 2018 to March 31, 2020) to the insurance commissioner regarding pharmaceuticals and their attendant costs; • Requires the insurance commissioner to analyze the data and submit an annual report (from December 1, 2018 to December 1, 2020) to the governor and certain legislative committees concerning trends in pharmaceutical costs in the insurance market (e.g., most-prescribed pharmaceuticals and highest-cost pharmaceuticals); and • Grants the insurance commissioner the authority to adopt rules to implement the bill. *A summary is available here.*
Florida	HB 589/S 888	**Current Status**: *Signed into law; took effect* (06/09/17).	• Amends current law to require the Agency for Health Care Administration to collect, make public, and update monthly available data on retail prices charged by pharmacies for the 300 most frequently prescribed medicines.
Louisiana	SB 59	**Current Status**: *Signed into law; took effect* (06/14/17).	• Requires the Louisiana Board of Pharmacy to publicly disclose prescription drug price information (e.g., drug strength and wholesale acquisition cost, among others).
	HB 436	06/14/17: Signed into law. **Current Status:** *Took effect* (08/01/17).	• Requires each drug manufacturer or pharmaceutical marketer who engages in "prescription drug marketing" to provide to the Board of Pharmacy—on a quarterly basis—the current wholesale acquisition cost for approved drugs marketed in the state by that manufacturer.

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.
	LD 1605	**Current Status**: *Died in Committee* (06/19/17).	• Prohibits a manufacturer or wholesale distributor from engaging in "price gouging" in the sale of an essential off-patent or generic drug; • Authorizes the Attorney General to obtain data from the Maine Data Health Organization ("Organization") concerning any increase in the price of an essential off-patent or generic drug in certain circumstances (e.g., 3 or fewer manufacturers are actively manufacturing/marketing the drug in the U.S.; the price increase would result in an increase of 50% or more in the wholesale acquisition cost of, or price paid for, the drug within the preceding 3-year period, among others); • Requires manufacturers of essential off-patent or generic drugs to submit a statement on request to the Attorney General containing information regarding the price increase and its attendant circumstances within the preceding 3-year period; • Requires the Organization, upon request by the Attorney General, to identify annually up to 15 prescription drugs on which Maine spends significant amounts of money and for which the wholesale acquisition cost has increased by 50% or more over the previous 5 years or by 15% or more over the previous 12 months; • Authorizes the Attorney General to require the drug's manufacturer to provide a justification for the increase in the wholesale acquisition cost of the drug; and • Requires manufacturers of brand name drugs or generic drugs to file an annual report with the Attorney General noting the net prices of the brand name drugs and generic drugs paid for by PBMs.
Maryland	SB 437	01/30/17: Introduced; referred to Senate Finance Committee. 04/06/17: Passed Senate; Engrossed in the House.	• Requires the Maryland Health Insurance Coverage Protection Commission ("Commission") to review prescription drug transparency and notification laws; and • Requires the Commission to assess proposals for the adoption and implementation of laws or other initiatives in the state with respect to prescription drug price transparency and notification.

	HB 666	02/01/17: Introduced; referred to House Health and Government Operations Committee. 02/23/17: A hearing was held on the legislation.	• Requires manufacturers to file an annual report with the Secretary of Health and Mental Hygiene ("Secretary") containing certain categories of information (e.g., increases in wholesale acquisition cost within the preceding 5 years, cost of financial assistance within the preceding 5 years, returns from the drug's sales, and the drug's comparative effectiveness to FDA-approved brand name or generic drugs, among other things); • Requires the Secretary to file each annual report for public use; and • Establishes an independent Drug Price Transparency Advisory Committee to adopt certain regulations in consultation with the Secretary.
	HB 631	05/27/17: Enacted. **Current Status**: *Took effect* (10/01/17).	• Prohibits "price gouging" in the sale of essential off-patent or generic drugs; • Authorizes the Maryland Medical Assistance Program to notify the Attorney General of certain price increases in an essential off-patent or generic drug under certain circumstances; and • Authorizes the Attorney General to require manufacturers to produce certain records or documents to determine whether a "price gouging" violation has occurred.
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.

	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.

	H 1228	01/23/17**:** Introduced; referred to Committee on Public Health; House concurred.	• 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" to 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.
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 Consumer Price Index (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 process 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.
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 Jersey	S 3033	02/27/17: Introduced in the Senate; referred to Senate Commerce Committee.	• Requires PBMs to disclose the following information to the purchaser, if requested: (1) the methodology for drug pricing; (2) the existence of a complementary generic drug; and (3) the difference in amount paid to a pharmacy versus amount charged to the purchaser; and • Requires PBMs to provide a toll-free number where consumers or pharmacies can contact the PBM to resolve issues pertaining to benefits coverage or drug pricing.
New York	S 6629/A 8046	05/25/17: 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	01/23/17: 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 Consumer Price Index 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.
Pennsylvania	SB 637	04/18/17: Introduced; referred to Senate Committee on Banking and 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.

Rhode Island	H 5323	02/01/17: Introduced; referred to House Committee on Corporations. 02/14/17: Committee recommended measure be held for further study.	• Requires the Board of Pharmacy, in consultation with the Department of Health ("Department"), to annually identify up to 15 prescription drugs on which the state spends significant health care dollars due to increases in costs (the wholesale acquisition cost must have increased by 50% or more over the past 5 years or by 15% or more over the past 12 months); • Requires the manufacturer of drugs that have undergone such price increases to provide justification for the increase (along with all other information necessary to support the justification) to the Attorney General; • Requires the Attorney General, in consultation with the Department, to provide an annual report based on data submitted by the manufacturers; and • Establishes an advisory commission to develop options for all qualified health benefit plans on out-of-pocket prescription drug costs.
	S 496	03/02/17: Introduced; referred to Senate Committee on Health and Human Services. 04/11/17: Committee recommended measure be held for further study.	• Requires the Executive Office of Health and Human Services ("Office") to develop a list of "critical prescription drugs" for which there is a "substantial public interest in understanding the development of its pricing;" • Requires the manufacturers of the designated "critical prescription drugs" to report certain information to the Office (e.g., total cost of production, research and development costs, marketing and advertising costs, and prices charged to purchasers outside the U.S., purchasers in Rhode Island, and PBMs); • Authorizes the Office to promulgate regulations to further define and enforce these duties; and • Mandates that the Office prepare an annual report on prescription drug prices and their role in overall health care spending in Rhode Island based on the data received from manufacturers.
Tennessee	HB 1328/SB 1420	HB 1328 02/09/17: Introduced. 02/15/17: Referred to House Health Committee. 02/17/17: Referred to House Health Subcommittee on Insurance and Banking. SB 1420 02/09/17: Introduced. 02/13/17: Referred to Senate Commerce and Labor Committee.	• Requires the Commissioner of Health to examine changes in prices for essential generic drugs in prescription drug programs operated by state government for the last 5 fiscal years; and • Requires the Commissioner of Commerce and Insurance to examine issues related to requiring price transparency in prescription drug pricing.
Virginia	SB 487/HB 1113	SB 487 02/04/16: Continued to 2017 in Senate Committee on	• Requires certain prescription drug manufacturers (i.e., those with a wholesale acquisition price of $10,000 or more for a single course of treatment) to file an annual report to the Commissioner of Behavioral Health and

		Education and Health by unanimous consent. 12/02/16: Bill left in Senate Committee on Education and Health. HB 1113 02/11/16: Continued to 2017 in House Commerce and Labor Committee by voice vote. 12/01/16: Bill left in House Commerce and Labor Committee.	Developmental Services containing costs, income, revenue, annual price increases, and financial assistance provided to prescription drug recipients.
Washington	HB 1541/SB 5401/SB 5586	HB 1541 **Current Status**: *By resolution, reintroduced in the Senate and retained in present status* (06/21/17). SB 5401 **Current Status**: *By resolution, reintroduced in the Senate and retained in present status* (06/21/17). SB 5586 **Current Status**: *By resolution, reintroduced in the Senate and retained in present status* (06/21/17).	• 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.*