

2019 State Legislative Wins for Community Pharmacists

8/1/19

Medicaid Managed Care Reform

Arkansas SB 520

Prohibits a PBM from reimbursing the ingredient component at a rate less than NADAC.

California Executive Order N-01-19

Carves pharmacy benefits out of the Medicaid managed care program by 2021.

Louisiana SB 239

Authorizes the Department of Health to carve pharmacy benefits out of the Medicaid managed care program.

Maryland HB 589

Requires the Maryland Medical Assistance Program to conduct an independent audit of the PBMs in the Medicaid managed care program.

Massachusetts H 4000

Requires the Secretary of Health and Human Services to investigate and develop a report for increasing transparency on PBM services in the Medicaid program.

New York A 2007, S 1507

Prohibits a PBM in the Medicaid managed care program from engaging in spread pricing.

North Dakota HB 1374

Provides the Medicaid agency with full access to data regarding amounts paid to PBMs and pharmacies under the Medicaid managed care program.

Ohio HB 166

Requires the state to contract with a single PBM to administer Medicaid managed care benefits; prohibits the PBM from requiring patients to use its own specialty pharmacies; allows pharmacists to appeal reimbursement disputes to the state; reinvests \$100 million into the pharmacy community in the form of supplemental dispensing fees.

Virginia HB 1700

Requires Medicaid managed care organizations to provide data regarding payments to PBMs, pharmacy reimbursements, fees, rebates, and other pricing information.

PBM Reform

PBM Registration/Licensure

Requires a PBM to register with the state prior to operating or conducting business in the state.

Delaware HB 194

Maine LD 1504 (SP 466)

Minnesota SF 278

New York A 2007, S 1507

South Carolina S 359

West Virginia SB 489

Fair Pharmacy Audits

Creates and/or strengthens the state's fair pharmacy audit provisions.

Louisiana HB 538

New Mexico SB 394

Rhode Island HB 5544/SB 581

Tennessee HB 786

Virginia HB 2561

West Virginia SB 489

Transparency/Disclosure

Arkansas SB 520

Applies the state's MAC transparency laws to all PBM reimbursement methodologies; prohibits a PBM from conducting spread pricing; requires a PBM to disclose to the state information concerning rebates and reimbursements.

Arizona HB 2285

Requires a PBM to update MAC lists every 7 business days and to establish a reimbursement appeal process.

Delaware HB 194

Strengthens existing MAC transparency laws.

Georgia HB 233

Requires a PBM to pass rebate savings on for the benefit of patients.

Georgia HB 323

Requires a PBM to provide an annual report to all clients regarding aggregate rebate information.

Iowa SF 563

Requires a PBM to file with the insurance commissioner an annual report regarding its prescription drug benefit services.

Louisiana SB 41

Prohibits spread pricing unless the PBM provides biannual notice to the policyholder of the aggregate amount of the spread; creates a PBM monitoring advisory council to investigate complaints against PBMs.

Louisiana HB 433

Authorizes a pharmacist to decline to dispense a drug if the PBM reimburses the pharmacy in an amount less than the acquisition cost of the drug.

Maryland HB 754

Requires a PBM to establish an appeal process for all reimbursement disputes; prohibits a PBM from charging certain retroactive adjudication fees.

Montana SB 83

Prohibits a PBM from charging certain claim adjudication fees.

North Dakota HB 1374

Requires certain publicly funded prescription drug benefit contracts to allow the state to conduct performance audits and allow full access to reimbursement data.

New Mexico SB 415

Strengthens the state's MAC transparency laws; prohibits a PBM from reimbursing a pharmacy less than it reimburses one of its affiliated pharmacies.

Oklahoma HB 2632

Prohibits retroactive claim adjustments and denials.

Oregon HB 2185

Prohibits PBMs from charging certain retroactive fees; strengthens existing MAC transparency laws.

South Carolina S 359

Limits a PBM's authority to retroactively adjust a reimbursement amount; prohibits certain adjudication fees.

South Dakota HB 1137

Limits a PBM's authority to retroactively adjust a reimbursement amount.

Tennessee HB 786

Prohibits a PBM from charging certain adjudication fees; prohibits a PBM from

reimbursing a pharmacy less than it reimburses one of its affiliated pharmacies.

Utah HB 370

Limits a PBM's authority to retroactively adjust a reimbursement amount.

Washington HB 1224

Requires a PBM to provide an annual report on prescription drug costs to a health care authority.

Pharmacy Patient Protections

Delivery services

Limits a PBM's authority to prohibit a network pharmacy from offering delivery services to patients.

Arizona HB 2285

Montana SB 83

Oregon HB 2185

Network Adequacy/Patient Choice

Arizona HB 2285

Prevents a PBM from prohibiting 90-day fills at certain pharmacies.

Georgia HB 233

Prevents a PBM from steering patients to one of its affiliate pharmacies; prohibits a PBM-owned pharmacy from accepting patients who were steered by the PBM; prohibits PBMs and insurance companies from poaching patient information from pharmacies for profit.

Georgia HB 323

Prevents a PBM from steering a patient to one of its affiliate pharmacies.

Louisiana SB 41

Prohibits patient steering to a pharmacy in which the PBM has an ownership interest without making a written disclosure to the

patient and informing them that they have the right to use a different pharmacy.

Maryland HB 759

Prohibits a PBM from requiring that a beneficiary use a specific pharmacy in which the PBM has an ownership interest.

Oklahoma HB 2632

Establishes network adequacy and "any willing pharmacy" requirements.

Oregon HB 2185

Prohibits a PBM from mandating the use of mail-order pharmacies.

Virginia SB 1197

Requires certain carriers to allow consumers freedom of choice for pharmacy benefits.

West Virginia SB 489

Establishes PBM network adequacy standards and prohibits mail-order only benefits.

Accreditation/Certification

Prohibits a PBM from requiring accreditation standards or certification requirements for pharmacies beyond those required by the state board of pharmacy.

Montana SB 83

New Mexico SB 415

Medication Synchronization

Requires prorated copays and prohibits prorated dispensing fees related to medication synchronization

Nebraska LB 442

New Mexico SB 415

Pennsylvania HB 195

"Gag" Clause/Copay clawbacks

Alabama SB 73

Delaware HB 24

Montana HB 270

Nebraska LB 316

New Mexico SB 415

Oregon HB 2185

South Carolina S 359

South Dakota HB 1137

West Virginia SB 489

Wyoming HB 63

State Provider Status

Arkansas HB 1263

Allows pharmacists to initiate therapy and administer or dispense nicotine replacement therapy products under a statewide protocol.

Arkansas HB 1278

Allows pharmacists to enter into general written protocols for vaccines and immunizations other than influenza vaccines for patients 7-18 years old.

Arizona HB 2060

Expands drug therapy agreement protocols between pharmacists and physicians to include any patient referred by the physician.

Idaho H 182

Allows pharmacists to prescribe tobacco cessation products and tuberculin purified protein derivative products; removes pharmacy board authorization requirements for pharmacist prescribing of drugs for certain limited conditions.

Indiana HB 1248

Allows a pharmacist to prescribe inhalation spacers, nebulizers, supplies for medical devices, normal saline and sterile water for irrigation, diabetes testing supplies, pen needles, and syringes; expands a pharmacist's authority to initiate a refill, change the prescribed quantity or package size, and complete missing prescription information.

Hawaii SB 535

Allows a pharmacist to prescribe and dispense an opioid antagonist to patients, family members, and/or caregivers.

Montana HB 231

Expands a pharmacist's authority to administer immunizations.

Texas HB 2425

Allows physicians to delegate the implementation or modification of patient's drug therapy to pharmacists under a standing order, physician order, or board protocol.

Washington SB 5380

Allows partial fills of CII drugs under if certain conditions are met; allows a pharmacist to dispense opioid overdose reversal agents pursuant to a collaborative practice agreement, standing order, or protocol.

West Virginia HB 2525

Allows a pharmacist to initiate and dispense tobacco cessation therapy to patients 18 years and older pursuant to a standing order.

West Virginia HB 2583

Allows a pharmacist to dispense a self-administered hormonal contraceptive to a patient at least 18 years old pursuant to a standing order.