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 Hampshire **SB 226**

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**

Texas **HB 1455**

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.

New Hampshire SB 226
Prohibits retroactive claim adjustments; strengthens existing MAC transparency laws; re-establishes a commission to study the role PBMs play in the cost of prescription drugs.

New Jersey A3717
Applies the state’s MAC transparency laws to all PBM reimbursement methodologies; prohibits retroactive claim adjustments.

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.

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.

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
New Jersey  A3717
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 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
Prevents a PBM from 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 Jersey  A3717
New Mexico  SB 415
**Medication Synchronization**

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

- **Minnesota SF 278**
- **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 Jersey S 2690**
- **New Mexico SB 415**
- **Nevada AB 141**
- **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.

- **California SB 159**
  Authorizes pharmacists to provide HIV preexposure and postexposure prophylaxis to patients without a prescription.

- **Idaho H 182**
  Allows pharmacists to prescribe tobacco cessation and tuberculin purified protein derivative products; removes pharmacy board authorization requirements for pharmacist prescribing of drugs for certain 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 opioid antagonists to patients and family members.

- **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 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.

**Wisconsin AB 137**
Eliminates age restriction on vaccines administered by pharmacists and pharmacy students as long as it is pursuant to a prescription order of a physician or other prescribing practitioner.