Statewide Prescription Drug Database | 2015–Present

Use this state legislative database to learn about and analyze what states are considering and enacting in current topic areas of prescription drugs. The bill listings include thirteen broad categories of state regulation involving drug reform. Using the search check-box below, you can search for more than 4,000 pieces of legislation by state, year, topic, keyword, status and/or primary legislative sponsor. For more information on topics covered in the database, please see the guide section below.

• Updates:
  2019 filed and pending legislation. Use the "2019" checkbox below. As of the end of March there were more than 770 measures in at least 50 states, Puerto Rico and D.C. listed for consideration in 2019. So far at least 24 new laws have been signed in at least 10 states and D.C. and Puerto Rico. Bills carried over from 2018 are also included.

• Weekly updates: Bill information for the current year is updated each Tuesday. New measures are added to the database as they are introduced or identified by NCFL staff.

• Two-year Sessions: Bills may appear twice in carry over states. In the states, please check the last date of action to ensure that the bill is still under consideration.

• Select year as "All" to search all years. Newly filed bills may take weeks to be available for search.

Over 800 bills filed in 2019 in all 50 states and D.C.!
• More than half of all Americans use prescription drugs
• 53% of retail goes to brand-name prescription drugs
• 7.6% of retail spending is for specialty drugs ($600/month; injected or infused)
• 15% of Medicaid spending goes to prescription drugs
- Value-based or outcomes-based purchasing
- Subscription based model
- Interagency or interstate pooling
- Importation
VALUE-BASED PURCHASING

Leading the way

- Oklahoma
  - Four different drugs
  - Expected outcomes:
    - Increased adherence
    - Decreased hospitalizations

Close behind....

- Colorado
- Michigan
- Washington
Louisiana and the ‘Netflix’ model

Covers Medicaid and corrections populations
  - Five-year contract
  - Will pay same amount they pay now but get unlimited access

Washington pursuing similar plan
  - Includes state employees
INTERAGENCY POOLING AND WORKGROUPS

- Inter-state pooling
  - Drug consortium
  - Northwest
  - Midwest
- Inter-agency pooling
  - California
  - New Mexico
- Workgroup and studies
  - Maryland
  - Maine
  - Indiana
  - Delaware
PREFERRED DRUG LISTS (PDLs)

- Uses tiering and placement on formulary
- Step-therapy or ‘fail-first’
- Prior authorization
CONSUMER CO-PAYS

- 2019 annual deductible for single individual
  - Between $4,375 or $6,258
- Affordable Care Act (ACA) caps out of pocket
  - Individuals - $7,900
  - Families - $15,800
- California, DC – Capping copays
- Colorado – Caps copays for insulin
DISCOUNT COUPONS
COPAY ACCUMULATORS

2012 – MA A 548

“the Massachusetts Anti-Kickback Statute no longer applies to any discount or free product vouchers that a retail pharmacy provides to a consumer in connection with a pharmacy service, item or prescription, unless that drug has an AB-rated generic equivalent”

2017 – CA A 205

“Prohibits a person who manufactures a prescription drug from offering any discount coupon, repayment, product voucher, or other reduction in an individual’s out-of-pocket expenses, if a lower cost generic is available on the insured’s plan...”

2019 – AZ H 2166

“When calculating an enrollee’s contribution to any out-of-pocket maximum, deductible, copayment, coinsurance or other applicable cost sharing requirement, the health care insurer that provides pharmacy benefits or a pharmacy benefits manager that administers pharmacy benefits for a health care insurer shall include any cost sharing amount paid by either the enrollee or another person on behalf of the enrollee for a prescription drug that is either: without a generic equivalent or with a generic equivalent where the enrollee has obtained access to the prescription drug through any of the following: prior authorization, and/or a step therapy protocol, the health care insurer’s exceptions and appeals process.”

2019 – VA H 2515

“To the extent permitted by federal law and regulation, when calculating an enrollee’s overall contribution to any out-of-pocket maximum or any cost-sharing requirement under a health plan, a carrier shall include any amounts paid by the enrollee or paid on behalf of the enrollee by another person.”

2019 – H 2770

“When calculating an insured’s contribution to any applicable cost sharing requirement, including, but not limited to, the annual limitation on cost sharing, an insurer shall include any cost sharing amounts paid by the insured or on behalf of the insured by another person; and a pharmacy benefits manager shall include any cost sharing amounts paid by the insured or on behalf of the insured by another person.”
WHAT’S NEXT??
Cost and Pricing

Prescription drugs account for 10 percent of overall health spending in the U.S. National trends in prescription drug expenditures and projections published for 2017 summarizes “total U.S. prescription drug spending in 2017 increased by 15.2 percent to $357 billion.”
THANK YOU!

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