Express Scripts
By EVERNORTH

PBM Legislation Watch is not a complete list of all proposed PBM legislation that has been introduced. Rather, it is meant to bring awareness to the ~25 or so most unfavorable PBM bills that are considered in 2023. The Weekly SGA Extended tracker is inclusive of the ~25 most unfavorable bills plus other potentially impactful legislation SGA is tracking in the focused areas of ERISA erosion, PBM & pharmacy, prior authorization/gold carding and white bagging.

Please note the following regarding these documents:

- These are preliminary, informal, non-legal summaries. They have not been reviewed or approved since proposed bills are subject to frequent change.
- State Government Affairs often takes a conservative lens to legislation in an effort to educate stakeholders as to the impacts that *could* happen, though may not always happen.
- Final interpretation of a law belongs to the Regulatory team and multiple other stakeholders, but only after the law has passed. Running an impacted client list and determining what changes are needed (if any) for each client tend to be the final stages of the process after in-depth strategic collaboration.
- These charts were developed for internal tracking purposes and early awareness; clients and third parties should not rely on these summaries as final.

| AT A GLANCE: | | | |
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| **Subject** | **# States Proposed** | **# States Passed** | **# States Failed** |
| ERISA Erosion | 23 | 6 | 15 |
| GPO/Rebate Aggregator | 13 | 4 | 9 |
| Medicare Erosion | 3 | | 3 |
| PBM Licensure | 9 | 3 | 4 |
| Transparency | 38 | 13 | 22 |
| 340B Protections | 35 | 17 | 16 |
| Anti-Steering +/- AWP | 32 | 9 | 20 |
| Guaranteed Profitability | 11 | 2 | 8 |
| NADAC +/- Dispensing Fee | 29 | 7 | 20 |
| No Pharmacy Fees | 14 | 6 | 7 |
| No Spread | 25 | 6 | 17 |
| White Bagging | 11 | 2 | 8 |
| Delinking | 10 | 2 | 6 |
| Biosimilar Coverage | 5 | 1 | 4 |
| Copay Accumulator | 27 | 4 | 18 |
| Copay Caps | 22 | 2 | 17 |
| Drug Importation | 11 | 1 | 9 |
| Fiduciary | 18 | 3 | 12 |
| Frozen Formulary | 8 | | 6 |
| PDAB | 13 | 1 | 9 |
| POS Rebates | 19 | 3 | 15 |
| Rebates Pass Through | 15 | 5 | 10 |

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## PBM Legislation Watch-List

12/12/2025

NOTICE: Bill summaries contained herein are preliminary and subject to change and should not be relied upon as final or as legal guidance.

| State | Bill Number(s) | Key Elements | Current Status | Non-legal Review of Applicability | Comments/Engagement |
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| Massachusetts | HD 1358 | • POS rebates (80% of estimated rebate value)<br>• Rebate transparency reporting requirements<br>• Imposes various duties upon PBMs, including duty to health plans and insured to "perform pharmacy benefit management services with care, skill, prudence, diligence and professionalism," the same duty to unsured individuals "as the health plan for whom it is performing pharmacy benefit services," and " a duty of good faith and fair dealing with all parties with which it interacts in the performance of" PBM services<br>• Any willing pharmacy<br>• Excludes mail order pharmacies from network adequacy calculations<br>• Modifies MAC list rules and appeals process<br>• Affiliate reimbursement parity requirement<br>• Classifies violations as "an unfair or deceptive act or practice under chapter 93A"<br>• Spread pricing prohibition<br>• PBM transparency reporting (to state) obligations<br>• Subjects PBMs to liability of 10% "of the aggregate dollar amount of reimbursements paid by the [PBM] to pharmacies in the previous contract year for prescription drugs in" Massachusetts if the PBM "engages in spread pricing" or imposes certain prohibited fees at POS<br>• Prohibits copay accumulator and copay maximizer programs | Introduced | Fully-Insured, Self-Funded ERISA, Self-Funded non-ERISA | 2/27: This is very early in the legislative process for Massachusetts - bills haven't even been assigned to committees yet - and there may be little appetite to move PBM legislation given the PBM legislation enacted late in 2024. GA will oppose and monitor this legislation closely, and will work with in-scope clients if the bill gains any momentum. |

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| | | • Prohibits retroactive pharmacy reimbursement adjustments<br>• Prohibits pharmacy fees, except those agreed to in contract | | | |
| New Jersey | A4953<br>S 3842 | • Higher cost (to the patient) drugs can't be preferred over lower cost (to the patient) generic or biosimilar drugs on formulary<br>• De-linking language<br>• PBMs must disclose "the amount of any fees paid by the [PBM] to a third party broker."<br>• Spread prohibition<br>• PBMs owe a "fiduciary duty to ~~the long term health outcomes of covered persons~~… act in the best interests of a carrier with which it contracts"<br>• Prohibition on marketing activity using "inaccurate or misleading information" to encourage members to utilize an in-network pharmacy<br>• Invalidates rebate agreements with PhRMA if the contract "conditions any rebate on the exclusion of generic drugs from coverage"<br>• Designates PBM pharmacy network contracts as "contracts of adhesion"<br>• Guaranteed profitability for ~~both~~ in-network ~~and out-of-network~~ pharmacies<br>• ~~OON pharmacy reimbursement may not be more than 5% below lowest in-network reimbursement (along with guaranteed profitability requirement above)~~<br>~~OON pharmacies must be permitted to offer prescription drugs to a covered person "in the same quantity and at the same price as" an in-network pharmacy~~ | Carry over from 2024 | Fully-insured, ASO non-ERISA and ASO ERISA, State Employee Plan (~~state employee plan exempt~~) | 2/6: Client activation campaign launched via SAM 101-25 |

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| | | • NADAC + Medicaid FFS Dispensing fee reimbursement mandate<br>• Requires PBMs to "reimburse all contracted pharmacies at the same rate regardless of ownership or affiliation"<br>• Prohibits exclusive mail order and specialty networks | | | |
| Pennsylvania | HB 2050 | • Prohibits PBM-affiliated pharmacies from receiving a license to operate in the state beginning January 1, 2027.<br>• Creates an exception permitting (but not requiring) the Board to issue limited use permits where a pharmacy "provides access to a rare, orphan or limited-distribution drug that is otherwise unavailable in the market to patients or pharmacies." | Introduced | | 11/26: Introduced on 11/19. It currently appears unlikely to receive attention in 2025, but will likely be the subject of the legislature's attention in 2026. |

## Enacted in 2025

| State | Bill Number(s) | Key Elements | Current Status | Non-legal Review of Applicability | Comments/Engagement |
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| Alabama | SB 252 | • Broad definition of "steering," which includes credentialing accreditation requirements that prohibit an in-network pharmacy from providing prescription drugs as well as practices that are "aimed at directly or indirectly influencing" drug manufacturers to limit distribution of certain drugs to PBM-affiliated pharmacies.<br>• PBM transparency reporting obligations | Enacted | Fully insured, ASO non-ERISA, ASO ERISA, Workers Comp. at risk | Effective date: October 1, 2025.<br><br>Introduced on 3/18 (as alternative to SB 99 and SB 93). Passed Senate on 3/20.<br><br>4/2: Bill passed out of House committee with amendments which include the removal of the private right of action provision. |

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| | | • ~~Private right of action for pharmacies, health care providers, health insurers, or covered individuals related to alleged PBM violations of the law with statutory damages set at "no less than [$1,000] per violation"~~<br>• Affiliate steering prohibition (possible contractual exception language)<br>• Spread pricing prohibition (possible contractual exception language)<br>• Any willing pharmacy extended to include mandatory minimum reimbursement requirement (see below)<br>• Permits pharmacies to decline to dispense<br>• Mandatory minimum reimbursement for "community pharmacies," as designated by the state Board of Pharmacy, of no less than the total reimbursement paid to pharmacies under Alabama's Medicaid program (state version of NADAC + $10.64 dispensing fee)<br>• Alabama retail pharmacies are classified as either "chain" or "community," and the bar for "chain" pharmacies is rather high: they must have "a minimum of 40 full-time equivalent pharmacists" employed in the state "on a full-time basis … for a minimum of three years." AL Code § 34-23-90(g)<br>• Copays must exclude dispensing fee when calculated<br>• Prohibits pharmacy fees<br>• Prohibits retroactive pharmacy reimbursement adjustments<br>• 100% rebate pass-through or POS rebates or unless "health benefit plan client directs the [PBM] … to | | | 4/8: Amended in House to allow PBMs to retain some portion of rebates, as directed by client, to cover administrative costs.<br><br>4/8: passed out of House unanimously as amended and must return to Senate for concurrence.<br><br>4/9: Senate concurred with House amendment and the bill has moved to Governor Ivey's desk. She must sign or veto the bill by Tuesday, April 15, or the bill will become law without her signature. |

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| | | retain a portion of the rebates as an administrative fee" ("rebates" as used here are inclusive of offshore GPO rebates) | | | |
| Arkansas | HB 1150 | • Prohibits PBMs from having a direct or indirect interest" in a pharmacy licensed by Arkansas "for the retail sale of drugs or medicines in [Arkansas]"<br>• Allows, but does not require, the Board of Pharmacy to issue limited permits relating to exclusive/limited distribution drugs | Enacted | Fully insured, ASO non-ERISA, ASO ERISA | Effective 1/1/26<br>…<br>3/4: Client activation campaign launched via SAM 175-25.<br>…<br>4/8: Advanced Senate Committee via voice vote.<br>4/9: Passed out of Senate by a 26 to 9 vote and has advanced to Governor Sanders' desk. GA is pursuing a veto strategy along with industry partners and the business community, but she is expected to sign the bill. She must act by April 16 or the bill becomes law without her signature.<br><br>4/16: Signed by Governor Sarah Huckabee Sanders. Here is Gov. Sanders' press release, which fully-embraces the arguments used by local pharmacists while pushing this legislation. |
| California | AB 116 | • Fiduciary duty (to payer)<br>• PBM licensure<br>• Transparency reporting | Enacted | | 7/15: PBM elements of this bill, which is Governor Newsome's PBM language, has been incorporated into SB 41 as well. |
| California | SB 41<br><br>See also, AB 910 (a similar but distinct bill) | • Spread ban (existing spread contracts can remain until 2029 unless amended/renewed on or after 1/1/2026)<br>• ~~PBM transparency reporting~~<br>• ~~Authorizes Department of Insurance to adopt regulations related to GPOs~~ | Enacted | Fully insured, ASO non-ERISA, ASO ERISA at risk (Taft-Hartley Plans exempt) | Based largely on 2024's SB 966, which was ultimately vetoed by Governor Newsom.<br><br>Client activation campaign launched on 3/11 via SAM 200-25. |

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| | | • ~~Requires reporting by PBMs about GPOs~~<br>• ~~PBM licensure~~<br>• Anti-affiliate steering<br>• Affiliate reimbursement parity requirement<br>• Prohibits exclusive affiliate pharmacy networks<br>• Any willing pharmacy requirement for preferred networks<br>• PBMs must allow network pharmacies to deliver drugs "by mail or common carrier," but PBMs are not obligated to pay for delivery<br>• PBM compensation "de-linking" requirement<br>• 100% rebate pass through to reduce premiums or offset cost sharing (definition of "rebate" is inclusive of GPO/rebate aggregator rebates)<br>• POS rebates<br>• Prohibits retroactive pharmacy reimbursement adjustment and effective rate reimbursement structures<br>• Prohibits certain pharmacy fees<br>• ~~Prohibits and penalizes "untrue, deceptive, or misleading" statements~~<br>• Prohibits PBMs from contracting with pharmaceutical manufacturers in a manner "that expressly or implicitly restrict[s], or implements implicit or express exclusivity for, those manufacturer's drugs, medical devices or other products… unless the pharmacy benefit manager can demonstrate the extent to which exclusivity results in the lowest cost to the payer, and the lowest cost sharing for the plan participant." | | | …<br><br>6/24: Governor Newsom's PBM proposal was officially introduced via AB116 (section 16). A competing proposal to SB 41, Newsom's bill is far less problematic but does still contain a fiduciary duty provision, along with PBM licensure and regulatory oversight provisions.<br><br>…<br><br>9/5: Bill amended as reflected in the "Key Elements" column to the left and advanced off suspense file. The legislature has until September 12 to pass the legislation. Government Affairs continues to oppose the legislation outright while also focusing amendment efforts on delinking language, and is concurrently pursuing a veto strategy with Governor Newsom, who vetoed a very similar bill in 2024. |

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| | | ~~• PBMs owe duty and obligation to clients and enrollees to "perform services with care, skill, prudence, diligence and professionalism"~~<br>~~• NADAC + Medicaid dispensing fee ($10.05-$13.20) reimbursement floor~~<br>• Extends existing fiduciary duty owed by PBMs to self-insured employers | | | |
| Colorado | HB 1094 | • Delinking bill that limits PBM compensation to "a single, flat dollar service fee"<br>~~• Incorporates GPO contracts with drug manufacturers~~<br>• Prohibits PBMs from favoring brand or biologic drugs over therapeutically equivalent generics or biosimilars *unless* the brand or biologic has "a lower discounted net acquisition cost" that is "reflected in a lower out-of-pocket expense for consumers"<br>• Requires pharmacy reimbursement at NADAC (WAC if NADAC is not available) plus a ~~$2 fee plus the contracted dispensing fee amount~~ reasonable and adequate dispensing fee | Enacted | Fully insured, ~~ASO non-ERISA, ASO ERISA~~ | Effective 1/1/26<br><br>…<br><br>4/25: Was amended to remove inclusion of GPOs and advanced out of the Senate HHS committee by a vote of 7-2. Amendment language available here. While the industry was successful at getting improved language amended into the bill, we will still oppose the legislation in its current form and, if it makes it to the Governor's desk, seek a veto.<br><br>5/9: Has advanced to the desk of Governor Jared Polis (D). Governor Polis must sign or veto within the next 30 days. Government Affairs and other stakeholders are working on efforts to secure a veto from the governor. |
| Connecticut | ~~HB 7192 and SB 11~~ | ~~• Spread ban~~<br>• Requires PBMs to offer pass-through pricing option<br>~~• Delinkingesque prohibition on PBMs charging clients a fee conditioned on: 1.) WAC; 2.)"amount of savings, rebates or other fees charged, realized, collected by or generated based on the business~~ | Enacted | Fully-insured, ASO non-ERISA and ASO-ERISA at risk. | Distinct bills but contain similar provisions including identical Delinkingesque language, spread pricing prohibitions and fiduciary duty language.<br><br>4/25: Op-ed opposing delinking published: Cutting PBM Bargaining |

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| | | ~~practices of" the PBM; or 3.) the "amount of premiums charged or cost-sharing requirements … realized or collected by [PBM] from covered persons."~~<br>• ~~Establishes fiduciary duties owed by PBMs to: 1.) health carrier.~~<br>• Establishes duty of good faith and fair dealing owed by PBMs<br>• Transparency reporting requirements<br>• Creates task force to study feasibility of Canadian Drug Import program, and establishes authorization framework if the task force determines that such a program is feasible | | | Power Will Make Your Prescriptions Cost More<br><br>6/5: A favorably amended version of HB 7192 passed out of the legislature shortly before adjournment, sending the amended bill, as reflected in the "key elements" column to the left, to the Governor's desk. |
| Illinois | HB 1697 | • Narrowly defines "specialty drug"<br>• Prohibits spread pricing ~~where the pharmacy is reimbursed less than 90% of the PBM's reimbursement from the plan sponsor~~<br>• Prohibits exclusive affiliate networks, including mail and specialty<br>• Prohibits "encouraging" members to utilize affiliated pharmacies *if* doing so results in increased cost to the member<br>• Affiliate reimbursement parity<br>• No less than 100% ~~90%~~ of payments from a pharmaceutical manufacturer to a PBM or GPO/rebate aggregator must be passed through to plan sponsor<br>• ~~NADAC + $15.55 mandatory reimbursement floor for "critical access pharmacies" (fewer than 10 locations under common ownership AND located in county with fewer than 50,000 residents or a county designated as "a Medically Underserved~~ | Enacted | Fully Insured, self-funded ERISA (self-funded multiemployer plans are exempt), self-funded non-ERISA, Medicaid | Effective date: 1/1/26<br><br>This is Governor Pritzker's bill, the conceptual outlines of which were announced last week following his state of the state address, but which wasn't filed until 2/26.<br><br>…<br><br>5/27: After repeated extensions, the Governor's office must, and is expected to introduce official language this week, in the final week of the session, and attempt to move it quickly in the remaining days.<br><br>5/28: The bill language was officially inserted into HB 1697, already on third reading, and promptly advanced out of the House. The only change from the draft version previously reviewed was |

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| | | ~~Area" or "at the discretion of the Department of Healthcare and Family Services")~~<br>• Establishes PBM reporting obligations that will be used to develop an "annual pharmacist dispensing cost report" to be shared with the General Assembly.<br>• PBM transparency reporting requirements<br>• GPO/ Rebate aggregator transparency reporting requirements<br>• $15 (or an alternative amount as determined by regulatory rulemaking) covered lives tax for each covered individual enrolled in the state per year that will be used, in part, to benefit certain pharmacies | | | that the introduced version exempts union plans.<br><br>5/29: Bill was amended and advanced out of the Senate by a vote of 56-1, sending the back to the House where it is expected to be passed promptly. This is Governor Pritzker's bill, so there's no realistic likelihood of a veto once it makes it to his desk.<br><br>6/25: Governor Pritzker is expected to sign the bill on July 1. |
| Indiana | SB 3 | • PBMs and TPAs owe fiduciary duty to plan sponsor to:<br>• Act with loyalty and care in the best interest of the plan sponsor;<br>• Ensure that all fees, costs, and commissions are reasonably and fully disclosed;<br>• Avoid self-dealing and conflicts of interest; and<br>• Maintain transparency in all financial and contractual arrangements related to the plan sponsor's health insurance coverage, including prescription drug benefits | Enacted | Fully-insured, self-funded ERISA and non-ERISA | Effective July 1, 2025 |
| Indiana | SB 140 | • ~~Prohibits a health carrier from using an affiliated PBM~~<br>• ~~Prohibits a licensed PBM from having "an ownership interest in a pharmacy."~~<br>• ~~Prohibits DIR and effective rate contracts with pharmacies~~<br>• Prohibits pharmacy fees | Enacted | Fully-Insured, self-funded ERISA and self-funded non-ERISA | Effective date: 1/1/2026 (PBM provisions applicable to contracts "issued, delivered, entered into, renewed, or amended after 12/31/2025)<br><br>2/21/25: Bill was amended to add language prohibiting health carriers from using a PBM "if the health carrier |

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| | | ~~• Defines specialty drug~~<br>• ~~Reimbursement mandate of "greater of" what PBM pays affiliated pharmacy *or* pharmacy's acquisition cost plus Medicaid fee for service dispensing fee $10.48)~~<br>~~• Guaranteed profitability + $10.48 dispensing fee~~<br>~~• NADAC reimbursement floor (WAC if NADAC is not available) (mail order exempted)~~<br>~~• Minimum mandatory dispensing fee of $10.48 and then, as early as 1/1/28, a dispensing fee amount "as determined by the commissioner"~~<br>• NADAC + $10.48 dispensing fee reimbursement mandate for any pharmacy that does not also sell alcohol<br>• For pharmacies that do have a license to sell alcohol: guaranteed profitability (purchase price "net of all discounts, rebates, chargebacks, and other adjustments to the price of the drug") + "fair and reasonable" dispensing fee<br>• Transparency reporting requirements<br>~~• Anti-mandatory mail order~~<br>~~• Prohibits steering to mail order~~<br>~~• Prohibits quantity limits or refill frequency limits that are more restrictive than those of affiliated pharmacies~~<br>• Prohibits steering to affiliates<br>~~• Prohibits preferred networks~~<br>• Any willing pharmacy | | | has an ownership interest in the pharmacy benefit manager" and also prohibiting a PBM from being licensed to operate in the state if it has "an ownership interest in a pharmacy." The bill passed out of the Senate yesterday (it was rushed because the crossover deadline was 2/20). A number of amendments had been considered, including one which would outright ban PBMs from operating in the state. The House will take up the bill after a short break.<br><br>3/6: Client Activation campaign launched via SAM 187-25<br><br>4/8: Amended to remove prohibitions against health carriers using affiliated PBMs and against PBMs having "an ownership interest in a pharmacy." Big drugstore, insurance companies get win as lawmakers water down PBM bill Additional amendments include guaranteed profitability.<br><br>4/24: Conference returned amended bill (see highlighted changes) and moved it to the Governor's desk. Governor Braun has 7 days to sign or veto the bill or it becomes law without signature. |
| Iowa | HF 852<br>SF 383<br><br>(formerly HSB 99 | • Defines "specialty drug" as, among other criteria, a drug "that cannot be provided by a nonspecialty pharmacy or pharmacist."<br>• Any willing pharmacy | Enacted | Fully Insured, self-funded ERISA and non-ERISA at risk | House bill passed out of committee, as expected, on 2/11. Senate is a likelier venue to defeat/amend the bill. |

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| | SSB 1074 ) | • Prohibits preferred networks<br>• Prohibits mandatory mail order<br>• Prohibits affiliate steering<br>• Requires parity between retail and mail order on days' supply. Copays, etc.<br>• ~~Prohibits spread pricing PBM funding arrangements (unless the "spread" is passed through directly to individual members)~~<br>• Spread prohibition<br>• Limits accreditation requirements to those established by the state Board of Pharmacy<br>• Prohibits PBMs from "unreasonably" classifying a drug as a specialty drug<br>• Allows covered individuals to challenge the "reasonableness" of PBM specialty drug classification and authorizes the commissioner of insurance, in conjunction with the board of pharmacy, to assess whether the PBM's determination was "reasonable"<br>• Creates a private right of action for individuals to seek injunctive relief for alleged PBM violations of these requirements<br>• ~~Exempts hospital employee plans from the above requirements~~<br>• ~~Requires 100% point of sale rebate passthrough to covered individuals~~<br>• 100% rebate pass-through requirement<br>• Prohibits copay accumulator programs<br>• ~~Establishes a reimbursement floor of NADAC for the ingredient cost and a dispensing fee equal to Iowa's Medicaid FFS program ($10.38)~~<br>• Affiliate reimbursement parity requirement | | | 2/14: GA is preparing a client activation campaign that will be launched next week.<br><br>2/18: Client activation launched via SAM 136-25.<br><br>4/25: Cigna joined a broad coalition of industry partners and representatives of the business community and other organizations to meet with Senate leadership to express opposition to the bill, as well as potential amendments rumored to be under consideration.<br><br>4/28: Bill has been amended as reflected in the "Key Elements" column (third column). An Arkansas-inspired vertical integration ban was very close to being included in this amendment, but was held out at the last minute in response to widespread opposition from the industry and business community.<br><br>5/9: Although efforts by local pharmacists to restrict PBM's from pharmacy ownership were unsuccessful, compromises pushed by the business community were rejected when the Iowa Senate passed SF 383. Government Affairs and our coalition of business partners are continuing to raise the fiscal impact this bill would have on employers with estimated impacts on the state benefit plan by nearly $8m and a statewide cost increase of close to $340m annually. It's |

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| | | • For certain pharmacies ( essentially any pharmacy that is not a national chain), ingredient cost reimbursement floor established at the higher of affiliate reimbursement or NADAC.<br>• For certain pharmacies (essentially any pharmacy that is not a national chain), mandatory minimum dispensing fee of $10.68<br>• Transparency reporting requirements<br>• ~~Allows pharmacists to decline to dispense in certain instances~~<br>• Establishes a MAC-like appeal framework for ~~all drugs~~ "any matter" a pharmacy wants to appeal | | | widely expected that the House will take up the Senate Bill sometime early next week.<br><br>5/12: Bill advanced out of legislature and will move to Governor Reynolds' desk. |
| Louisiana | HB 264 | • Narrow definition of "specialty drug"<br>• Spread pricing prohibition<br>• Prohibits use of effective rate pricing<br>• No pharmacy fees<br>• Incorporates NADAC plus an "adjustment factor" into existing guaranteed profitability language<br>• 100% rebate pass-through requirement with restrictions imposed on plans regarding use of rebate savings dollars<br>• Insurance commissioner authorized to examine PBM "compensation program"<br>• Additional PBM transparency requirements<br>• Prohibits affiliate steering | Enacted | Fully-Insured, Workers Comp, ASO non-ERISA | 6/16: HB 264 has been the subject of numerous proposed and draft amendments, which contained Delinking and vertical integration prohibitions among other harmful provisions, and was ultimately passed as reflected to the left. Governor Landry has not signed the bill and has publicly stated his intention to call a special session to address PBM issues further. Governor Landry made a strong push to have both delinking and vertical integration language included in HB 264.<br><br>6/24: Governor Landry held a press conference to announce three lawsuits filed by the state of Louisiana against CVS, and during the lawsuit indicated his intention to sign HB 264 into law as well as the fact that he's working with the state Attorney General to determine whether legal authority exists to enact a |

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| | | | | | vertical integration ban similar to Arkansas HB 1150 via executive order. |
| North Carolina | SB 479 | • Private right of action created for alleged violations of certain provisions of existing state law (10/1/25 effective date)<br>• PSAO licensure and reporting requirements and additional regulation<br>• PBM transparency reporting obligations (reporting to state)<br>• Guaranteed pharmacy profitability for any independent pharmacy or any pharmacy in a pharmacy desert, as defined by the bill ("applies to contracts entered into, renewed, or amended on or after October 1, 2025")<br>• ~~Spread prohibition~~<br>• ~~NADAC reimbursement mandate plus requirement to pay "a professional dispensing fee," which isn't defined and which the bill doesn't directly authorize a regulator to establish~~<br>• Fiduciary duty owed by PBM "in the performance of all its contractual duties"<br>• Prohibition on requiring multiple specialty accreditations (10/1/25 effective date)<br>• Prohibits pharmacy network fees (10/1/25 effective date)<br>• Affiliate reimbursement parity (10/1/25 effective date)<br>• POS rebate equal to 90% of all rebates received or to be received (1/1/27 effective date)<br>• Drug manufacturer transparency reporting obligations | Enacted | Fully-Insured, ASO Non-ERISA, Multiple Employer Welfare Arrangements, Self-Funded ERISA at-risk | 6/19: Senate alternative to HB 163, has been more heavily negotiated by industry but still contains many harmful provisions. Advanced out of Senate. At this point it seems likeliest that SB 479 will be rejected by the House and it will travel to conference with HB 163 to be negotiated by the two bodies.<br><br>6/26: Conference returned an amended bill on 6/25 which was then voted out of both the House and Senate on 6/26, sending the bill to Governor Josh Stein (D). |
| Maine | LD 1580 | • ~~Delinking~~ | Enacted | Fully-Insured, Self-Funded | 5/8: The HCIFS Committee stripped the delinking language and spread |

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| | | • Spread prohibition<br>• Requires PBMs to offer pass-through pricing contract, unless client RFP specifically calls for spread offer | | ERISA and Self-Funded non-ERISA at risk | prohibition, replacing them with a requirement that PBMs offer a pass-through option unless the plan sponsor's RFP specifically calls for a spread offer. PhRMA is not happy about this development and will likely lobby aggressively to get the sponsor to reconsider. Government Affairs will continue to monitor the legislation closely. |
| Montana | HB 740 | • Prohibits a retroactive pharmacy reimbursement<br>• Modifies MAC rules<br>• ~~Minimum reimbursement mandate of 106% NADAC (110% WAC if NADAC is unavailable) plus the Medicaid dispensing fee ( ($12.46-17.01 depending on volume)~~<br>• Minimum reimbursement mandate of NADAC + $15 dispensing fee (adjusted annually for inflation) for independent pharmacies<br>• Prohibits pharmacy fees<br>• Prohibits PBMs from excluding a pharmacy from network participation based solely on the pharmacy's hours of operation<br>• Prohibits effective rate contracting<br>• Anti-affiliate steering<br>• Requires a PBM to allow use of local network pharmacy if a mail order drug is delayed more than one day or the patient determines it to be in an unusable condition upon receipt<br>• Prohibits mandatory mail order for a patient living in an area where USPS does not deliver to a physical address<br>• | Enacted | Fully-insured, state employee benefit plan, Workers Comp. at risk. | 3/5: Passed out of house on a 98-1 vote.<br><br>3/26: Bill assigned a fiscal note showing a four-year impact to the state budget of nearly $27 million. |

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| North Dakota | HB 1584 | • Extends existing PBM legislation to self-funded ERISA plans. | Enacted | ASO ERISA | 4/25: Despite significant concerns from a coalition of business trade associations, labor unions, and prominent businesses, the North Dakota Legislature overwhelmingly approved HB 1584, which would change state law to include self-funded ERISA plans under the jurisdiction of the Department of Insurance. This change would apply all current and future health care mandates to self-funded ERISA plans. Gov. Kelly Armstrong (R) has five days to sign the measure. |
| Oklahoma | SB 789 | • Modifies pharmacy audit law<br>• ~~Prohibits a PBM from leasing, renting, or "otherwise mak[ing] its provider network available to another" PBM~~<br>• ~~Prohibits any PBM that leases, rents or otherwise makes available its network to another PBM from combining "any [ERISA] or government plans with any non-ERISA or nongovernment plans" in the network being made available to another PBM.~~<br>• ~~Reimbursement mandate of 106% NADAC (or 110% WAC, where NADAC is unavailable) *plus* a "professional fee" of $15.00, which "shall automatically increase on January 1 of each year" per CPI inflation index~~<br>• Prohibits effective rate pharmacy reimbursement contracts | Enacted without Governor's signature | Fully-insured, ASO non-ERISA (ASO ERISA and Workers' Comp. at risk) | 4/10: Client activation initiated via SAM 293-25<br><br>4/29: Bill amended in committee to remove network leasing/renting prohibition and replacing it with a prohibition on combining certain plan types in the network being made available to another PBM.<br><br>5/9: On Wednesday the bill was amended to strike the dispensing fee language and then passed out of the House. The amended bill now returns to the Senate for consideration. |

## Failed to Pass in 2025

| State | Bill Number(s) | Key Elements | Current Status | Non-legal Review of Applicability | Comments/Engagement |
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| Alabama | SB 99 | • PBM transparency reporting requirements<br>• Removes existing carve out for specialty drugs<br>• Mandates pharmacy reimbursement at: (1) NADAC; + (2) lesser of 2% of NADAC or $25; + (3) $10.64 dispensing fee<br>• Affiliate reimbursement parity<br>• 100% rebate pass-through unless client elects to use POS rebates<br>• Copays can't exceed pharmacy reimbursement for drug<br>• Copays must exclude dispensing fee when calculated<br>• Prohibits steering, both to affiliated and non-affiliated pharmacies<br>• No pharmacy fees<br>• No performance-based pharmacy reimbursement<br>• PBMs may not initiate FWA investigations without first notifying pharmacists or pharmacy and obtaining approval from Insurance Commissioner<br>• Spread pricing ban<br>• Pharmacy audit restrictions | Defeated (the legislature instead advanced SB 252 , a compromise bill that was ultimately enacted (see above) | Fully insured, ASO non-ERISA, ASO ERISA, Workers Comp. at risk | Effective October 1, 2025<br><br>…<br><br>2/24: The bill, along with SB 93, were heard in the Senate Banking and Insurance committee last week. Speaking in opposition to the bill, along with the industry, were members of the Alabama Alliance of Healthcare Consumers, as well as the Business Council of Alabama, Manufacture Alabama and Great Southern Wood.<br><br>…<br><br>3/21: A similar, slightly improved omnibus PBM bill, SB 252, was introduced on 3/18 and passed out of the Senate on 3/20 (see below for details). SB 252 is viewed as less extreme than SB 99 (as well as SB 93), and is viewed as the likelier PBM legislation vehicle to move. The House will begin considering the bill after a short spring break. |
| Connecticut | SB 446<br>SB 758 | • Prohibits pharmacy transaction fees<br>• 100% rebate pass-through requirements<br>• Delinking<br>• Prohibits PBMs from charging fees related to formulary tier-level access | Defeated | | 3/12: Defeated. These bills did not receive a public hearing and have been defeated. Connecticut will instead pursue delinking and other components of SB 446/SB 758 through HB 7192 and SB 11 listed above. |

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| | | • Requires GPOs that contract with PBM to be incorporated in the United States and imposes transparency requirements on GPOs<br>• Prohibits PBMs from prioritizing "more expensive medications over less expensive and clinically appropriate medications"<br>• Authorizes state Attorney General Office to oversee and enforce "rebate transparency and clawback prohibitions and to establish a duty of care owed by" PBMs | | | |
| Connecticut | SB 1366 | • Spread ban<br>• Delinkingesque prohibition on PBMs charging clients a fee conditioned on: 1.) WAC; 2.)"amount of savings, rebates or other fees charged, realized, collected by or generated based on the business practices of" the PBM; or 3.) the "amount of premiums charged or cost-sharing requirements … realized or collected by [PBM] from covered persons."<br>• Establishes fiduciary duties owed by PBMs to: 1.) health carrier; 2.) pharmacies; and 3.) covered persons. The bill does not address how potential conflicts in interests of these various entities should be addressed.<br>• Transparency reporting requirements | Defeated | | Defeated when failed to advance by committee cutoff deadline.<br><br>However, HB 7192 and SB 11 remain pending. They contain many of the same elements as SB 1366, including identical Delinkingesque language, spread pricing prohibitions and fiduciary duty language. |
| Georgia | SB 60 | • Establishes fiduciary duties owed by a PBM to PBM clients, covered individuals, and "providers" that "provide[], dispense[], or administer[] one or more units of a prescription drug."<br>• When there is any conflict between the interests of the parties PBMs would owe a duty to, the duty to the covered individual shall be primary, the duty to | Defeated | Fully Insured, Medicaid | 3/14: Bill failed to advance out of Senate prior to crossover deadline. |

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| | | the provider, including pharmacies, shall be secondary, and the duty to the PBM client shall be tertiary. | | | |
| Illinois | HB 1159 | • Requires MAC list updates every 7 days<br>• Requires PBMs to make MAC lists available to pharmacies online<br>• PBMs must apply reimbursement adjustments made as a result of a successful pharmacy MAC appeal applicable across all "similarly situated" pharmacies<br>• MAC'd drugs must be available for purchase by "each pharmacy in the state"<br>• 340B reimbursement parity requirement<br>• Spread pricing ban<br>• Affiliate steering prohibition<br>• NADAC + $10.49 dispensing fee<br>• PBM may not "unreasonably" designate a drug as a specialty drug<br>• Requires copy of client-specific annual reports to be sent to the state along with a summary, which will be publicly available<br>• Transparency requirements related to contracts with rebate aggregators<br>• Rebate pass-through requirement | Defeated | Fully insured, ASO non-ERISA, Medicaid (w/ exception of 340B section), ASO ERISA at risk<br><br>Likely has Extraterritorial impact | Identical to 2024's HB 4548. |
| Louisiana | SB 194 | • ~~Delinking~~<br>• Transparency reporting<br>• Prohibits effective rate reimbursement terms with pharmacies for independent pharmacies | Defeated | Fully-Insured, Self-Funded ERISA and Self-Funded non-ERISA at risk | 5/29: Different delinking language has been proposed for inclusion in a different bill, HB 264. This proposed amendment comes directly from Governor Landry (R). Additionally, the Governor's office is rumored to be considering some form of vertical integration language similar to that enacted in Arkansas via HB 1150. |

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| Maryland | SB303/HB 321 | • Eliminates existing protection in state law for ERISA plans.<br>• Prohibits exclusive affiliate networks<br>• Imposes restrictions on affiliate steering<br>• Removes carve-out for specialty drugs | Defeated | Fully-Insured, Self-Funded ERISA, Self-Funded non-ERISA | 2/7: Client activation campaign launched via SAM 107-25.<br><br>4/8: Maryland adjourned *sine die* on 4/8 |
| Minnesota | HF 2851<br>SF 3063 | • Establishes fiduciary duty owed by PBMs to health carriers<br>• No pharmacy fees<br>• Limits network accreditation standards that may used to those established y the state Board of Pharmacy<br>• Affiliate reimbursement parity requirement<br>• NADAC reimbursement floor (no dispensing fee mandate)<br>• Prohibits retroactive pharmacy reimbursement adjustments, including those pursuant to brand/generic effective rate agreements<br>• Guaranteed pharmacy profitability<br>• Spread pricing prohibition | Defeated | Fully-insured; Self-funded ERISA and self-funded non-ERISA at risk | |
| Mississippi | HB 1123<br><br>HB 1119 (defeated)<br><br>SB 2677 (defeated, but HB 1123 survived with a House substitute incorporating some | • ~~NADAC + $11.29 mandatory minimum dispensing fee~~<br>• ~~Shortens prompt pay timeframe for clean claims~~<br>• ~~Rebate pass-through~~<br>• Spread prohibition<br>• GPO/Rebate aggregator ~~pass-through~~ transparency requirement<br>• Prohibits steering to PBM-affiliated pharmacy<br>• ~~Affiliate reimbursement parity~~<br>• PBM transparency reporting requirements | Defeated | Fully-insured | …<br><br>3/4: SB 2677 died but HB 1123 survived with a House substitute containing some of the SB 2677 provisions and adding others. See changes reflected in the "Key Elements" column to the left.<br><br>4/2: Bill was effectively defeated on 4/1 when it failed to pass conference committee on a point of order. The bill was "recommitted," but would have to return to committee and exit with at least two House and two Senate signatures. With the session set to |

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| | of SB 2677's provisions and adding others) | | | | conclude on April 6, there is no discussion of still trying to move the bill, signaling that it is defeated for the year. |
| Missouri | HB 474 MO SB 512 | • Copay lessor of logic modified to add (pharmacy reimbursement less 100% rebate less "amount paid or owed by the health plan, for the prescription drug" to existing lessor of requirements of copay owed under the standard benefit design and U&C cost<br>• Prohibits retroactive reimbursement decreases<br>• Prohibits pharmacy transaction fees charged by PBMs<br>• Defines "generic" drugs to align with FDA definition of "authorized generic drug" in 21 CFR 314.3<br>• Establishes a fiduciary duty owed by PBM to health plans<br>• Establishes a "duty to disclose," by PBM to health plan, of material facts and actions taken by PBM that may increase costs to health plan and/or present a "conflict of interest between the interests of the sponsor and its covered persons and the interests of the [PBM]"<br>• Spread prohibition<br>• Permits pharmacists to decline to dispense if reimbursement is below their cost to purchase a drug<br>• Affiliate reimbursement parity requirement<br>• NADAC reimbursement floor<br>• Anti-steering | Defeated | Fully Insured, Self-funded ERISA at risk for some provisions, Medicare at risk for some provisions | 5/9: client activation campaign launched via SAM 373-25. |

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| | | • Prohibits reductions in pharmacy reimbursement pursuant to brand/generic effective rate, DIR, or "any other reduction or aggregate reduction of payment"<br>• Prohibits use of arbitration clauses in pharmacy network contracts<br>• Prohibits copay accumulator and copay maximizer programs (certain organized labor organizations exempted) | | | |
| Missouri | SB 45 | • GPO/Rebate aggregator provisions<br>• Defines "generic" drugs to align with FDA definition of "authorized generic drug" in 21 CFR 314.3<br>• Establishes a fiduciary duty owed by PBM to health plans<br>• Spread prohibition<br>• Permits pharmacists to decline to dispense if reimbursement is below their cost to purchase a drug<br>• Affiliate reimbursement parity requirement<br>• Prohibits copay accumulator and copay maximizer programs (certain organized labor organizations exempted) | Defeated | Fully Insured, Self-funded ERISA at risk for some provisions, Medicare at risk for some provisions | 5/9: client activation campaign launched via SAM 373-25. |
| New Mexico | SB 62 | • Delinking bill that would label any PBM or "PBM affiliate" remuneration that is not a flat fee an impermissible "conflict of interest." If a PBM or PBM Affiliate is found to violate the delinking requirement, the PBMs license in the state could be suspended or revoked. | Defeated | Fully-insured, ASO non-ERISA and ASO ERISA | 2/6: Bill was removed from committee agenda due to fiscal note showing a three year cost increase to the state budget of more than $172 million. The bill is still alive, but this is a positive development.<br><br>2/12: sponsor has stated that the bill is "on hold" while the sponsor and Governor's office work on potential revisions. |

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| Nevada | SB 209 | • Affiliate steering prohibition<br>• Potential AMMO<br>• Affiliate reimbursement parity<br>• Any Willing Pharmacy<br>• PBM transparency reporting obligations<br>• POS rebates (up to amount required to completely offset their cost-share obligations, and remainder passed through to client)<br>• Spread pricing ban<br>• Prohibits exclusive formulary placement contracts with pharmaceutical manufacturers<br>• Rebate GPO reporting to state<br>• Guaranteed pharmacy profitability<br>• Prohibits retroactive pharmacy reimbursement adjustments<br>• Prohibits certain pharmacy fees<br>• Private right of action for pharmacies (PBMs would owe $5,000 damages per violation, plus attorney's fees and costs) | Defeated | Fully-insured, ASO non-ERISA and ASO ERISA | Effective date: 1/1/26 |
| Nevada | SB 316 | • Transparency reporting to state<br>• ~~Delinking~~<br>• Affiliate steering prohibition<br>• Affiliate reimbursement parity requirement<br>• Any willing pharmacy requirement (extended also to preferred tiers)<br>• PBM transparency reporting obligations (to client and to state)<br>• ~~Rebate pass-through requirement~~<br>• ~~POS rebates~~<br>• ~~Copay accumulator prohibition~~<br>• Prohibits PBMs from contracting with pharmaceutical manufacturers in a manner "that | Defeated | Fully-insured, ASO non-ERISA at risk | 4/8: Amended to include delinking language.<br><br>5/29: Bill has been amended to remove delinking, although problematic provisions remain, including a prohibition on PBMs contracting with drug manufacturers for exclusive formulary placement, and a fiduciary duty owed by PBMs to covered individuals. |

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| | | expressly or implicitly provides for the exclusive coverage of a drug, medical device or other product..."<br>• ~~Imposes a duty upon PBMs "[t]o act with care, skill, prudence, diligence and professionalism towards" covered individuals~~<br>• Fiduciary Duty<br>• Guaranteed pharmacy profitability<br>• Prohibits effective rate reimbursement pharmacy contracts<br>• Prohibits retroactive pharmacy reimbursement reductions (with limited exceptions)<br>• Member cost-share may not exceed the net cost a plan pays for a drug, inclusive of any anticipated drug rebate<br>• Prohibits copay accumulator programs | | | |
| New York | A 5882<br>S 5939 | • Ingredient cost reimbursement mandate of no less than the *greater* of NADAC or the pharmacy's actual cost to acquire the drug<br>• Mandatory minimum dispensing fee that matches the Medicaid dispensing fee in NY (currently $10.18)<br>• Extends MAC appeals framework to all drug types | Defeated | Fully insured, ASO non-ERISA, ASO ERISA, Medicare Part D.<br><br>Applies to the above-mentioned plan types if 50% or more of their members live in or work in New York. | Would take effect immediately upon enactment<br><br>Very similar to last year's A 10327 and S 9570, which were ultimately defeated. House Sponsor is a pharmacist and pharmacy owner.<br><br>5/23: Client activation campaign launched via SAM 386-25 |
| New York | A 6546 | • Prohibits PBMs from having an ownership interest in a pharmacy by requiring PBMs, within three years | Defeated | | |

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| | | of the law taking effect, to "divest from the ownership, operation or control of such pharmacy." | | | |
| North Carolina | HB 163 | • Spread prohibition<br>• Must factor any estimated rebates or other price concessions in to determine a drug's "net cost" for purposes of member cost share calculations<br>• NADAC + Medicaid dispensing fee ($10.24) reimbursement floor<br>• Prohibits pharmacy reimbursement structures that are based "on patient outcomes, scores, or metrics."<br>• Prohibits pharmacy transaction fees<br>• Must allow retail pharmacies to dispense specialty drugs if the pharmacy "affirms" that it "is capable of meeting the requirements applicable to specialty drugs provided by" URAC, Accreditation Commission for Health Care, Inc., and/or The Joint Commission<br>• PBM transparency reporting obligations (reporting to state)<br>• Prohibits steering to mail order pharmacies<br>• Any willing pharmacy<br>• Imposes limitations on pharmacy audits | Defeated | Fully insured, ASO non ERISA<br><br>ASO ERISA potentially at risk | Similar to North Carolina H.246, which was introduced in 2023 and carried over into 2024 and defeated in each session.<br><br>4/11: An alternative omnibus PBM bill has been introduced in the Senate (SB 479) and GA and industry partners are actively engaged in negotiations to compromise and mitigate some of the most damaging portions of HB 163.<br><br>5/9: HB 163 has advanced out of the House to the Senate. Meanwhile, the Senate alternative (and more moderate PBM omnibus bill) SB 479, has advanced out of the Senate to the House. The legislature must now determine whether they want to push one of the competing bills or attempt to merge them in conference. |
| Ohio | HB 96 | • ~~Affiliate reimbursement parity~~<br>• ~~Guaranteed profitability for pharmacies~~<br>• ~~Mandatory minimum dispensing fee (amount to be determined by the superintendent of insurance)~~<br>• ~~Permits pharmacies to decline to dispense when reimbursement is below their cost to acquire the drug~~<br>• ~~PBM licensure~~<br>• ~~Fiduciary duty~~<br>• ~~Spread prohibition~~ | Defeated | Fully-insured, ASO non-ERISA and ASO ERISA, Medicare at risk | Part of the House Budget package. Has advanced out of House and moved to Senate.<br><br>8/8: The bill was enacted but the PBM provisions reflected to the left were all line item vetoed by Governor DeWine. Government Affairs anticipates that the **PBM provisions will return in some form as part of a standalone bill during fall 2025**. |

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| Oklahoma | SB 161 | • Affiliate reimbursement parity requirement<br>• Any willing pharmacy<br>• Prohibits retroactive pharmacy reimbursement adjustments<br>• Spread prohibition<br>• No pharmacy fees<br>• Transparency reporting requirements (including rebate reporting)<br>• PBMs owe fiduciary duty to "insurers and insured" | Defeated | Fully-insured, ASO non-ERISA and ASO ERISA | |
| Oregon | HB 2252 | • Requires any entity that applies for or has obtained a PBM license in the state to demonstrate by January 1, 2031 that it is not affiliated with a health insurer. | Defeated | Fully-insured, ASO non-ERISA and ASO ERISA, Medicaid | 4/22: Failed to advance out of committee by deadline. |
| Oregon | HB 3212 | • Prohibits pharmacy/provider manuals from being included within the definition of network "contract"<br>• Spread prohibition<br>• Mandates ingredient cost reimbursement floor of the lessor of U&C and NADAC<br>• Mandates minimum dispensing fee of an amount equal to the state's Medicaid FFS program (uses a volume-based pharmacy classification system, with dispensing fees ranging from $9.80-$14.30)<br>• Any willing pharmacy<br>• Requires PBMs to "reimburs[e] network and out-of-network pharmacies in the same amount and manner for the same claims"<br>• Prohibits pharmacy network contracts that require pharmacy to meet "unreasonable burdens, as defined by the Department of Consumer and Business Services," which includes but isn't limited to requiring accreditation/certification beyond that required by the state Board of Pharmacy | Defeated | Fully-Insured, ASO non-ERISA and ASO ERISA, Medicaid | 2/27: Client activation launched via SAM 159-25 |

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| South Carolina | SB 342 | • 104% of NADAC (or 100% of WAC, where NADAC is unavailable) + $10.50 dispensing fee reimbursement mandate (plus "enhanced" additional $7 dispensing fee for "low-volume" pharmacies)<br>• PBM affiliate reimbursement parity requirement<br>• The applicable mandatory dispensing fees are doubled when "specialized delivery" drugs are dispensed ("specialized delivery drug" is not defined)<br>• Exempts the dispensing fee from being included in calculations to determine "deductible, copayment… coinsurance, or … any other out of-pocket payment."<br>• Removes existing protections for brand and generic effective rate pharmacy contracts<br>• Requires that the drug benefit be carved out of managed Medicaid OR that spread pricing be prohibited in managed Medicaid. | Defeated | Fully-insured, ASO non-ERISA, Medicaid (Public Employee Benefit Authority exempt from NADAC + Dispensing fee requirements), ASO ERISA is at-risk | Effective 1/1/26 |
| Texas | HB 2978<br>SB 1354 | • Guaranteed profitability<br>• Mandatory minimum dispensing fee equal to or greater than the state's FFS Medicaid dispensing fee (determined by a formula based on the estimated acquisition cost of the drug – typically in the range of $7-10) | Defeated | Fully-insured, ASO non-ERISA ASO-ERISA at risk | Effective 1/1/2026 |
| Texas | HB 5457 | • Prohibits a PBM from being affiliated "with a pharmacist or pharmacy"<br>• Would require the Texas Board of Pharmacy to "revoke or refuse to renew a pharmacy license… or a license to practice pharmacy … if the holder of the license is affiliated with a [PBM]."<br>• Effective September 1, 2025 and would require a PBM or pharmacist or pharmacy subject to the law | Defeated | | |

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| | | to "divest all affiliated interests as necessary to comply … no later than January 1, 2027." | | | |
| Virginia | HB 1041 | • Spread ban<br>• De-linking<br>• Possible fiduciary duty<br>• 100% rebate pass-through<br>• POS rebates (80%)<br>Private right of action for breach of duty | Defeated | Fully insured, ASO non-ERISA, possibly ASO ERISA and Medicaid.<br><br>State employee plan exempted. | Identical to 2024's HB 1041, which was ultimately defeated.<br><br>Failed in committee |
| Wisconsin | AB 173<br>SB 203 | • Copay accumulator prohibition<br>• Frozen formulary<br>• ~~Mandatory minimum dispensing fee not less than the amount used in Wisconsin Medicaid ($10.51 - $15.69, depending on pharmacy claims volume)~~<br>• Affiliate reimbursement parity<br>• Permits pharmacies to decline to dispense<br>• Prohibits pharmacy fees<br>• Establishes a fiduciary duty owed by PBM to health benefit plan sponsors<br>• PBM transparency reporting<br>• Prohibits PBMs from utilizing credentialing/certification requirements inconsistent with, more stringent than, or in addition to the federal and state requirements for licensure as a pharmacy<br>• 340B nondiscrimination language<br>• Any willing pharmacy<br>• Any willing pharmacy extended to preferred network designs | Defeated | Fully-insured, ASO non-ERISA ASO-ERISA | Referred to as "Cole's Act" in memory of 22-year-old Cole Schmedtknecht, who died last year from an asthma attack days after he was forced to forego the purchase of his inhaler after the medication was no longer covered by Optum Rx, resulting in an out-of-pocket cost of $539.19.<br><br>5/20: Senate committee hearing set for May 28<br><br>6/27: fiscal note issued showing that the dispensing fee mandate would cost the state's Group Health Insurance Program $20 million annually.<br><br>8/22: Wisconsin's summer recess concluded and they resumed work, amending SB 203 to remove the mandatory dispensing fee language. Government Affairs continues to work with industry partners, clients, and business coalitions in the state to oppose the legislation. |

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| | | | | | 11/26: Bill was defeated when it was not placed on the legislative calendar for the rest of 2025. We anticipate the bill returning and receiving attention early in 2026. |