

LB 833

Adopt the Prescription Drug Affordability Act

LB 1087

Adopt the Hospital Quality Assurance and Access Assessment Act

LB 448

Prohibit certain provisions in a health plan in relation to clinician-administered drugs. LB 448 would prohibit an insurer from refusing to authorize, approve, or pay a participating provider for providing covered clinician administered drugs or requiring an enrollee to pay an additional fee, higher co-pay or higher coinsurance for covered clinicianadministered drugs, whether in or out of network. The bill also allows clinician-administered drugs to be provided by a pharmacy that is not in the insurers' network.

LB 200

Adopt the Canadian Prescription Drug Importation Act. This bill creates the Canadian Prescription Drug Importation Act (Act). Section 2 describes the necessity of the Act and

Section 3 provides definitions. Section 4 creates the Canadian Prescription Drug Importation Program to be administered by the Department of Health and Human Services (DHHS) via contract with one or more vendors. Such a vendor will establish a wholesale prescription drug importation list identifying which drugs have highest potential cost savings, drugs for which there are shortages, specialty drugs, and high-volume drugs. DHHS will review such a list or lists at least quarterly. The vendor is responsible for identifying and facilitating contracts with lawfully compliant Canadian prescription drug suppliers willing to export prescription drugs at prices that will provide cost savings to the people of Nebraska and eligible importers. Each vendor is to assist DHHS in developing and administering a distribution program, producing annual reports, responding to information requests, and ensuring safety and quality of the drugs imported under the program as described by Section 4 Subsection 6 and 7. Section 4 also details fiduciary and legal responsibilities for any vendor.

LB 142

Limit the amount an insured pays for prescription insulin drugs. LB 142 would require that any individual or group health insurance policy or any self-funded employee benefit plan, to the extent not preempted by federal law, and limit the total amount covered individuals are required to pay for prescription insulin drugs at an amount not to exceed one hundred dollars per thirty-day supply, regardless of the amount or type of insulin needed to fulfill the covered individual's prescription. This bill has an effective date of January 1, 2024.

LB 778

Change the Pharmacy Benefit Manager Licensure and Regulation Act. LB 778 specifically amends activities regulated under the Act to include the following:

- Prohibit spread pricing and require all PBM contracts to be amended to expressly state spread pricing is prohibited under the Act.
 - Require a PBM to pay a pharmacy the acquisition cost if the maximum allowable cost price (MAC) is below the wholesaler cost, if that is the wholesaler used to purchase the majority of the pharmacy's resale pharmaceuticals.
 - Requires the maximum allowable cost price be adjusted to the acquisition cost for each similarly situated pharmacy;
 - Prohibits a PBM from requiring a pharmacy to meet accreditation standards or recertification requirements more stringent than the minimum state and federal requirements for licensure.
 - Requires a PBM to reimburse a pharmacy at the same rate it reimburses an affiliated pharmacy for a pharmacy service and expressly prohibits patient-steering to an affiliate of the PBM.
 - Creates duties of a PBM to any covered person, health benefit plan, or provider/pharmacy. The order in cases of conflicts is to the duty of the covered person, the provider, and then the health plan.
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LB 210

Adopt the Prior Authorization Reform Act. LB 210 creates the Prior Authorization Reform Act (Act). The Act would require health carriers to adopt a program that creates at least one alternative for prior authorization, including an exemption from prior authorization requests for any provider that had at least a 90% approval rate of prior authorization requests over the preceding six-month period. The bill has an effective date of January 1, 2025.

LB 256

LB 256 proposes changes related to telehealth insurance coverage. The bill would provide for a reimbursement rate for any type of telehealth service to be the same as a comparable in-person health care service.

Average annual healthcare cost in all 50 states

LB 375

Adopt the Pharmacy Benefit Manager Regulation and Transparency Act: Pharmacy benefit managers are prohibited from charging or collecting from a covered person a copayment for a prescription or pharmacy service that exceeds the amount retained by the network pharmacy from all payment sources for filling the prescription or providing the service; Pricing transparency and fairness.