

S 926 (see companion bill A 7346)

Provides that the New York state health care quality and cost containment commission shall: evaluate each mandated benefit; investigate current practices of health plans with regard to the mandated benefit; investigate the potential premium impact of repealing and/or modifying the mandated benefits on all segments of the insurance market; hold at least two public hearings; and submit a report to the legislature; makes related provisions.

A 3693 (see companion bill S 1350)

Relates to brand-name drugs with and without an AB generic equivalent; amends the effective date from January to July next succeeding the date on which it shall have become a law. Sections 1-3 provide that the requirement for insurance companies and pharmacy benefit managers to apply third-party payments or other price reduction instruments for out-of-pocket expenses made on behalf of an insured person when calculating the insured individual's overall contribution shall apply to prescription drugs that are either: a brand-name drug without an AB rated generic equivalent, a brand-name drug with an AB rated generic equivalent and the insured has access to the brand name drug through prior authorization or through the insurers appeal process, or a generic drug the insurer will cover with or without prior authorization or an appeals process.

S 1350 (see companion bill A 3693)

Relates to brand-name drugs with and without an AB generic equivalent; amends the effective date from January to July next succeeding the date on which it shall have become a law. Sections 1-3 provide that the requirement for insurance companies and pharmacy benefit managers to apply third-party payments or other price reduction instruments for out-of-pocket expenses made on behalf of an insured person when calculating the insured individual's overall contribution shall apply to prescription drugs that are either: a brand-name drug without an AB rated generic equivalent, a brand-name drug with an AB rated generic equivalent and the insured has access to the brand name drug through prior authorization or through the insurers appeal process, or a generic drug the insurer will cover with or without prior authorization or an appeals process.

S 6748

Relates to actions or practices that establish or maintain a monopoly, monopsony or restraint of trade; authorizes a class action lawsuit in the state anti-trust law; prohibits non-compete clauses in certain situations.

A 1962 (see companion bill S 2393)

Requires individual and small group insurance carriers and group and blanket accident and health carriers to certify that at least a majority of prescription drug rebates are provided to patients at the point of sale.

S 2393 (see companion bill A 1962)

Requires individual and small group insurance carriers and group and blanket accident and health carriers to certify that at least a majority of prescription drug rebates are provided to patients at the point of sale.

A 2604 (see companion bill S 2569)

Prohibits publicly traded pharmacies with twenty or more stores in this state from establishing or enforcing quotas for duties

performed by pharmacists and pharmacy technicians, including evaluating or measuring the number of prescriptions filled, services rendered, programs offered and revenue obtained.

S2569 (see companion bill A 2604)

Prohibits publicly traded pharmacies with twenty or more stores in this state from establishing or enforcing quotas for duties performed by pharmacists and pharmacy technicians, including evaluating or measuring the number of prescriptions filled, services rendered, programs offered and revenue obtained.

A 6352 (see companion bill S 1888)

Relates to reducing pharmacy benefit manager costs; defines “pharmacy benefit manager”.

S 1888 (see companion bill A 6352)

Relates to reducing pharmacy benefit manager costs; defines “pharmacy benefit manager”.