# SB 215 (see companion bill AB 184)

An Act relating to: application of prescription drug payments to health insurance cost-sharing requirements. This bill requires health insurance policies that offer prescription drug benefits, self-insured health plans, and pharmacy benefit managers acting on behalf of policies or plans to apply amounts paid by or on behalf of a person covered underthe policy or plan for prescription drugs to any calculation of an out-of-pocket maximum amount or to any cost-sharing requirement of the policy or plan. This
requirement applies regardless of whether a claim is submitted to the policy or plan to pay for the prescription drug. Health insurance policies are referred to in the bill
as disability insurance policies.

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# AB 259 (see companion bill SB 306)

The bill prohibits a private insurer or a self-insured health plan of the state or a county, city, village, town, or school district from denying coverage or refusing to reimburse a health care provider for a treatment or service provided through telehealth, which includes audio-only telephone, if that treatment or service is covered under the policy or plan when provided in person by a health care provider.

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# SB 306 (see companion bill AB 259)

The bill prohibits a private insurer or a self-insured health plan of the state or a county, city, village, town, or school district from denying coverage or refusing to reimburse a health care provider for a treatment or service provided through telehealth, which includes audio-only telephone, if that treatment or service is covered under the policy or plan when provided in person by a health care provider.

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# AB 512 (see companion bill SB 499)

This bill requires certain cost reporting by manufacturers of brand-name and generic drugs. The bill requires a manufacturer to notify the Department of Health
Services and the Office of the Commissioner of Insurance if it is 1) increasing the wholesale acquisition cost of a brand-name drug on the market in Wisconsin by more
than 25 percent over a 24-month period; 2) intending to introduce in Wisconsin a brand-name drug that has an annual wholesale acquisition cost of $30,000 or more;
3) increasing the wholesale acquisition cost of a generic drug on the market in Wisconsin by more than 25 percent or by more than $300 during any 12-month
period; or 4) intending to introduce in Wisconsin a generic drug that has an annual wholesale acquisition cost of $3,000 or more.

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# SB 499 (see companion bill AB 512)

This bill requires certain cost reporting by manufacturers of brand-name and generic drugs. The bill requires a manufacturer to notify the Department of Health
Services and the Office of the Commissioner of Insurance if it is 1) increasing the wholesale acquisition cost of a brand-name drug on the market in Wisconsin by more
than 25 percent over a 24-month period; 2) intending to introduce in Wisconsin a brand-name drug that has an annual wholesale acquisition cost of $30,000 or more;
3) increasing the wholesale acquisition cost of a generic drug on the market in Wisconsin by more than 25 percent or by more than $300 during any 12-month
period; or 4) intending to introduce in Wisconsin a generic drug that has an annual wholesale acquisition cost of $3,000 or more.

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# AB 550 (see companion bill SB 542)

This bill prohibits any person from reimbursing certain entities that participate in the federal drug pricing program, known as the 340B program, for a drug subject to an agreement under the program at a rate lower than that paid for the same drug to pharmacies that are similar in

prescription volume. The bill also prohibits a person from imposing any fee, charge back, or other adjustment on the basis of the entity's participation in the 340B program.

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# SB 542 (see companion bill AB 550)

This bill prohibits any person from reimbursing certain entities that participate in the federal drug pricing program, known as the 340B program, for a drug subject to an agreement under the program at a rate lower than that paid for the same drug to pharmacies that are similar in prescription volume. The bill also prohibits a person from imposing any fee, charge back, or other adjustment on the basis of the entity's participation in the 340B program.

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# AB 553 (see companion bill SB 549)

An Act relating to: fiduciary and disclosure requirements on pharmacy benefit managers. The bill provides that a pharmacy benefit manager owes a fiduciary duty to a
plan sponsor. The bill also requires that a pharmacy benefit manager annually disclose all of the following information to the plan sponsor:
1. The indirect profit received by the pharmacy benefit manager from owning a pharmacy or service provider.
2. Any payments made to a consultant or broker who works on behalf of the plan sponsor.
3. From the amounts received from drug manufacturers, the amounts retained by the pharmacy benefit manager that are related to the plan sponsor's claims or bona fide service fees.
4. The amounts received from network pharmacies and the amount retained by the pharmacy benefit manager.

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# AB 571 (see companion bill SB 559)

An Act relating to: allowing discounts for prompt payment of health care fees. This bill specifies that discounts for prompt payment do not violate prohibitions on reducing certain fees for health care services. Under current state law, a health care provider is prohibited from reducing or offering to reduce coinsurance or a
deductible of an individual covered under a health insurance policy that is required under the terms of the policy, unless paying the amount would be an undue financial hardship to the individual. This bill specifies as exempt from that and any other state law prohibitions a discount offered by a health care provider to an individual covered under a health insurance policy under certain circumstances.

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# AB 745 (see companion bill SB 716)

An Act relating to: prohibiting step therapy protocols for certain cancer drugs. This bill prohibits an insurer, pharmacy benefit manager, or utilization review organization from requiring a step therapy protocol for a drug that is prescribed for metastatic cancer or a cancer-associated condition and the use of the drug is approved by the federal Food and Drug Administration, consistent with best practices for the treatment of metastatic cancer or the cancer-associated condition, and supported by peer-reviewed publications that are based on evidence-based research.