

AB 548 (see companion bill SB 539)

This bill requires the commissioner of insurance, in consultation with persons interested in the sale and pricing of prescription drugs and federal officials and agencies, to design and implement a prescription drug importation program for the benefit of and that generates savings for Wisconsin residents.

SB 539 (see companion bill AB 548)

This bill requires the commissioner of insurance, in consultation with persons interested in the sale and pricing of prescription drugs and federal officials and agencies, to design and implement a prescription drug importation program for the benefit of and that generates savings for Wisconsin residents.

AB 559 (see companion bill SB 552)

An Act relating to: eliminating cost sharing for prescription drugs under the Medical Assistance program. Under current law, certain persons who receive health services under the Medical Assistance program, also known in this state as BadgerCare, are required to contribute a cost sharing payment to the cost of certain health services. This bill eliminates all cost sharing payments for prescription drugs under the Medical Assistance program.

SB 549 (see companion bill AB 553)

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.
-

AB 295 (see companion bill SB 308)

An Act relating to: licensing and regulating of pharmacies and remote dispensing sites under the pharmacy practice law.

SB 578 (see companion bill AB 556)

An Act to create 20.145 (1) (g) 4. of the statutes; Relating to: funding for an office of prescription drug affordability, crediting certain amounts to the general program operations account of the office of the commissioner of insurance, and making an appropriation.

AB 554 (see companion bill SB 543)

An Act to create 601.31 (1) (nw) and 632.864 of the statutes; Relating to: pharmacy services administrative organizations. This bill requires that pharmacy services administrative organizations (PSAOs) be licensed by the Office of the Commissioner of Insurance.

SB 543 (see companion bill AB 554)

An Act to create 601.31 (1) (nw) and 632.864 of the statutes; Relating to: pharmacy services administrative organizations. This bill requires that pharmacy services administrative organizations (PSAOs) be licensed by the Office of the Commissioner of Insurance.

AB 718 (see companion bill SB 753)

This bill prohibits certain practices relating to clinician-administered drugs under the state's insurance unfair marketing and trade practices law, including impose coverage or benefit limitations, or require an enrollee, policyholder, or insured to pay an additional fee, higher copay or coinsurance, second copay or coinsurance, or penalty when obtaining a clinician-administered drug from an authorized health care provider or pharmacy; require an enrollee, policyholder, or insured to pay an additional fee, higher copay or coinsurance, second copay or coinsurance, or other form of a price increase for a clinician-administered drug when the drug is not dispensed by a pharmacy or acquired from an entity that is selected by the plan. condition, deny, restrict, refuse to authorize or approve, or reduce payment to a participating provider for a covered clinician-administered drug and related services when all criteria for medical necessity are met because the provider obtains the drug from an entity that is not selected by the plan. Also prohibited are health benefit plan designs that prevent participating providers from receiving reimbursement for a covered clinician-administered drug and any related service at an applicable rate as specified in the contract.

SB 753 (see companion bill AB 718)

This bill prohibits certain practices relating to clinician-administered drugs under the state's insurance unfair marketing and trade practices law, including impose coverage or benefit limitations, or require an enrollee, policyholder, or insured to pay an additional fee, higher copay or coinsurance, second copay or coinsurance, or penalty when obtaining a clinician-

administered drug from an authorized health care provider or pharmacy; require an enrollee, policyholder, or insured to pay an additional fee, higher copay or coinsurance, second copay or coinsurance, or other form of a price increase for a clinician-administered drug when the drug is not dispensed by a pharmacy or acquired from an entity that is selected by the plan. condition, deny, restrict, refuse to authorize or approve, or reduce payment to a participating provider for a covered clinician-administered drug and related services when all criteria for medical necessity are met because the provider obtains the drug from an entity that is not selected by the plan. Also prohibited are health benefit plan designs that prevent participating providers from receiving reimbursement for a covered clinician-administered drug and any related service at an applicable rate as specified in the contract.