General Assembly

Committee Bill No. 8

February Session, 2024

LCO No. **2655**

Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

AN ACT CONCERNING DRUG AFFORDABILITY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2024*) For the purposes of this section and sections 2 to 9, inclusive, of this act, unless the context otherwise requires:

(1) "Canadian supplier" means a manufacturer or wholesale drug distributor that is licensed or permitted under applicable Canadian law to manufacture or distribute prescription drugs;

(2) "Drug" means an article that is (A) recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary, or any supplement thereto, (B) intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans, (C) not food and intended to affect the structure or any function of the human body, and (D) not a device and intended for use as a component of any article specified in subparagraphs (A) to (C), inclusive, of this subdivision;

(3) "Drug Quality and Security Act" means the federal Drug Quality

and Security Act, 21 USC 351, et seq., as amended from time to time;

(4) "Food, Drug and Cosmetic Act" means the federal Food, Drug and Cosmetic Act, 21 USC 301, et seq., as amended by the Drug Quality and Security Act, as both may be amended from time to time;

(5) "Laboratory" means an environmental laboratory as defined in section 19a-29a of the general statutes and accredited by ISO 17025;

(6) "Laboratory testing" means a quantitative and qualitative analysis of a drug consistent with the official United States Pharmacopoeia;

(7) "Participating Canadian supplier" means a Canadian supplier that is exporting prescription drugs, in the manufacturer's original container, to a participating wholesaler for distribution in this state under the program;

(8) "Participating wholesaler" means a wholesaler that is (A) designated by the Department of Consumer Protection to distribute prescription drugs, in the manufacturer's original container, obtained from a participating Canadian supplier, and (B) participating in the program;

(9) "Canadian prescription drug importation program" or "program" means the Canadian prescription drug importation program established by the executive director of the Office of Health Strategy, in consultation with the Commissioners of Social Services, Consumer Protection and Public Health, pursuant to section 2 of this act;

(10) "Track-and-trace" means the product tracing process for the components of the pharmaceutical distribution supply chain as described in Title II of the Drug Quality and Security Act; and

(11) "Wholesaler" means a wholesaler, as defined in section 21a-70 of the general statutes, that has received a certificate of registration from the Commissioner of Consumer Protection pursuant to said section.

Sec. 2. (NEW) (*Effective July 1, 2024*) (a) The executive director of the Office of Health Strategy, in consultation with the Commissioners of Social Services, Consumer Protection and Public Health, shall establish the "Canadian prescription drug importation program". Notwithstanding any contrary provision of the general statutes, the program shall provide for the importation of safe and effective prescription drugs from Canada for the medical assistance program that have the highest potential for cost savings in this state.

(b) (1) Not later than January 1, 2025, the executive director of the Office of Health Strategy shall submit a request to the federal Food and Drug Administration seeking approval for the program under Section 804 of the federal Food, Drug and Cosmetic Act, 21 USC 384(b) to 21 USC 384(h), as amended from time to time. Such request shall, at a minimum:

(A) Describe the state's plans for operating the program;

(B) Demonstrate that the prescription drugs that will be imported and distributed in this state under the program will:

(i) Meet all applicable federal and state standards for safety and effectiveness; and

(ii) Comply with all federal tracing procedures; and

(C) Disclose the costs of implementing the program.

(2) (A) If the federal Food and Drug Administration approves the request, the executive director of the Office of Health Strategy and the Commissioners of Social Services and Consumer Protection shall:

(i) Submit to the Commissioner of Public Health a notice disclosing that the federal Food and Drug Administration approved such request;

(ii) Submit to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets

of state agencies, general law, human services and public health a notice disclosing that the federal Food and Drug Administration approved such request; and

(iii) Begin operating the program in conjunction with the Commissioners of Social Services, Consumer Protection and Public Health not later than one hundred eighty days after the date of such approval.

(B) Except as otherwise provided in sections 3 to 9, inclusive, of this act, the executive director of the Office of Health Strategy shall not operate the program unless the federal Food and Drug Administration approved the request.

Sec. 3. (NEW) (*Effective July 1, 2024*) Each participating wholesaler may import and distribute a prescription drug in this state for use in the medical assistance program from a participating Canadian supplier under the program if:

(1) Such drug meets the United States Food and Drug Administration's standards concerning drug safety, effectiveness, misbranding and adulteration;

(2) Importing such drug would not violate federal patent laws; and

(3) Such drug is not:

(A) A controlled substance, as defined in 21 USC 802, as amended from time to time;

(B) A biological product, as defined in 42 USC 262, as amended from time to time;

(C) An infused drug;

(D) An intravenously injected drug;

(E) A drug that is inhaled during surgery; or

(F) A drug that is a parenteral drug, the importation of which is determined by the federal Secretary of Health and Human Services to pose a threat to the public health.

Sec. 4. (NEW) (*Effective July 1, 2024*) Participating wholesalers may, subject to the provisions of sections 2 to 9, inclusive, of this act, import and distribute drugs in this state for use in the medical assistance program from a participating Canadian supplier under the program to:

(1) A pharmacy or institutional pharmacy, as defined in section 20-571 of the general statutes solely for prescriptions covered under the medical assistance program; and

(2) A laboratory registered with the Department of Public Health under section 19a-29a of the general statutes to perform analytical testing.

Sec. 5. (NEW) (*Effective July 1, 2024*) The program shall require that each participating Canadian supplier and participating wholesaler (1) comply with all applicable track-and-trace requirements, and shall not distribute, dispense or sell outside of this state any prescription drugs that are imported into this state under the program, and (2) make available to the executive director of the Office of Health Strategy all track-and-trace records not later than forty-eight hours after the executive director requests such records.

Sec. 6. (NEW) (*Effective July 1, 2024*) (a) The participating wholesaler shall ensure the safety and quality of all drugs that are imported and distributed in this state under the program. The participating wholesaler shall:

(1) For each initial shipment of a drug that is imported into this state by a participating wholesaler, ensure that a laboratory engaged by the participating wholesaler tests a statistically valid sample size for each batch of each drug in such shipment for authenticity and degradation in a manner that is consistent with the Food, Drug and Cosmetic Act;

(2) For each shipment of a drug that is imported into this state by a participating wholesaler and has been sampled and tested pursuant to subdivision (1) of this subsection, ensure that a laboratory engaged by the participating wholesaler tests a statistically valid sample of such shipment for authenticity and degradation in a manner that is consistent with the Food, Drug and Cosmetic Act;

(3) Certify that each drug imported into this state under the program:

(A) Is approved for marketing in the United States and not adulterated or misbranded; and

(B) Meets all of the labeling requirements under 21 USC 352, as amended from time to time;

(4) Maintain laboratory records, including, but not limited to, complete data derived from all tests necessary to ensure that each drug imported into this state under the program is in compliance with the requirements of this section; and

(5) Maintain documentation demonstrating that the testing required by this section was conducted at a laboratory in accordance with the Food, Drug and Cosmetic Act and all other applicable federal and state laws and regulations concerning laboratory qualifications.

(b) The participating wholesaler shall maintain all information and documentation that is submitted pursuant to this section for a period of not less than three years.

(c) Each participating wholesaler shall maintain all of the following information for each drug that such participating wholesaler imports and distributes in this state under the program, and submit such information to the executive director of the Office of Health Strategy upon request by the executive director:

(1) The name and quantity of the active ingredient of such drug;

(2) A description of the dosage form of such drug;

(3) The date on which such participating wholesaler received such drug;

(4) The quantity of such drug that such participating wholesaler received;

(5) The point of origin and destination of such drug;

(6) The price paid by such participating wholesaler for such drug;

(7) A report for any drug that fails laboratory testing; and

(8) Such additional information and documentation that the executive director of the Office of Health Strategy deems necessary to ensure the protection of the public health.

(d) The program shall require each participating Canadian supplier to maintain the following information and documentation and, upon request by the executive director of the Office of Health Strategy, submit such information and documentation to the executive director and the Commissioner of Consumer Protection for each drug that such participating Canadian supplier exports into this state under the program:

(1) The original source of such drug, including, but not limited to:

(A) The name of the manufacturer of such drug;

(B) The date on which such drug was manufactured; and

(C) The location where such drug was manufactured;

(2) The date on which such drug was shipped;

(3) The quantity of such drug that was shipped;

(4) The quantity of each lot of such drug originally received and the

source of such lot;

(5) The lot or control number and the batch number assigned to such drug by the manufacturer; and

(6) Such additional information and documentation that the executive director of the Office of Health Strategy, in consultation with the Commissioners of Social Services, Consumer Protection and Public Health, deems necessary to ensure the protection of the public health.

Sec. 7. (NEW) (*Effective July 1, 2024*) (a) The executive director of the Office of Health Strategy shall issue a written order:

(1) Suspending importation and distribution of a drug under the program if the executive director discovers that such distribution or importation violates any provision of sections 2 to 9, inclusive, of this act or any other applicable state or federal law or regulation;

(2) Suspending all importation and distribution of drugs by a participating wholesaler under the program if the executive director discovers that the participating wholesaler has violated any provision of sections 2 to 9, inclusive, of this act or any other applicable state or federal law or regulation;

(3) Suspending all importation and distribution of drugs by a participating Canadian supplier under the program if the executive director discovers that the participating Canadian supplier has violated any provision of sections 2 to 9, inclusive, of this act or any other applicable state or federal law or regulation; or

(4) Requiring the recall or seizure of any drug that was imported and distributed under the program and has been identified as adulterated, within the meaning of section 21a-105 of the general statutes, or misbranded.

(b) The executive director of the Office of Health Strategy shall send a notice to each participating Canadian supplier and participating

wholesaler affected by an order issued pursuant to subsection (a) of this section notifying such participating Canadian supplier or participating wholesaler that:

(1) The executive director of the Office of Health Strategy has issued such order, and provide the legal and factual basis for such order; and

(2) Such participating Canadian supplier or participating wholesaler may request, in writing, a hearing before the executive director of the Office of Health Strategy, provided such request is received by the executive director not later than thirty days after the date of such notice.

(c) If a hearing is timely requested pursuant to subsection (b) of this section, the executive director of the Office of Health Strategy shall, not later than thirty days after the receipt of the request, convene the hearing as a contested case in accordance with the provisions of chapter 54 of the general statutes. Not later than sixty days after the receipt of such request, the executive director shall issue a final decision vacating, modifying or affirming the order. The participating Canadian supplier or participating wholesaler aggrieved by such final decision may appeal such decision in accordance with the provisions of section 4-183 of the general statutes.

Sec. 8. (NEW) (*Effective July 1, 2024*) The executive director of the Office of Health Strategy may, in consultation with the Commissioners of Social Services, Consumer Protection and Public Health, adopt regulations in accordance with the provisions of chapter 54 of the general statutes to implement the provisions of sections 2 to 9, inclusive, of this act.

Sec. 9. (NEW) (*Effective July 1, 2024*) Not later than one hundred eighty days after the program begins, and annually thereafter, the executive director of the Office of Health Strategy established under section 19a-754a of the general statutes shall submit a report, in accordance with section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to

appropriations and the budgets of state agencies, general law, human services and public health. Such report shall describe the operations of the program established pursuant to section 2 of this act and recommendations for expanding the program to other state-funded and privately funded health care programs.

Sec. 10. (NEW) (*Effective October 1, 2024*) (a) There is established the Prescription Drug Affordability Board to advise the executive director of the Office of Health Strategy on decisions regarding the affordability of prescription drugs. The board shall be within the Office of Health Strategy for administrative purposes only.

(b) The purposes of the Prescription Drug Affordability Board shall be to (1) explore strategies to reduce out-of-pocket drug costs to consumers while supporting innovations in biotechnology and scientific discovery, (2) study the prescription drug supply chain and pharmaceutical pricing strategies to identify opportunities for consumer savings, (3) monitor prescription drug prices in the state, (4) promote innovative strategies for the use of more affordable drugs, (5) take into consideration recommendations of a stakeholder council established pursuant to section 11 of this act, and (6) recommend a range of options of prescription drug cost affordability tools to the executive director of the Office of Health Strategy.

(c) The board shall consist of five members, each of whom shall have an advanced degree and experience or expertise in health care economics, health services research, pharmacoeconomics, pharmacology or clinical medicine. At least one such member shall have direct experience with consumer advocacy and health equity. The members shall be appointed by the Governor with the advice and consent of either house of the General Assembly. The Governor shall make all initial appointments not later than ninety days after the effective date of this section. Any vacancy shall be filled for the remainder of the unexpired term by the Governor.

(d) Each member of the board shall serve a term of three years, except

as to the terms of the members who are first appointed to the board. Two such members shall serve an initial term of three years, two such members shall serve an initial term of two years and one such member shall serve an initial term of one year, to be determined by the Governor. The Governor may remove any appointed member of the board for malfeasance in office, failure to regularly attend meetings or any cause that renders the member incapable or unfit to discharge the duties of the member's office. Any such removal is not subject to review.

(e) The Governor shall designate one member of the board to serve as the chairperson of the board. Such chairperson shall schedule the first meeting of the board, which shall be held not later than one hundred twenty days after the effective date of this section.

(f) The board shall meet not less than four times annually to carry out its purposes as set forth in subsection (b) of this section. A majority of the board constitutes a quorum. The concurrence of a majority of the board in any matter within its powers and duties is required for any determination made by the board. Any conflict of interest involving a member of the board shall be disclosed at the next board meeting after the conflict is identified.

(g) Not later than December 31, 2025, and annually thereafter, the board shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services, insurance and public health. The report shall include, but need not be limited to: (1) Strategies for identifying and eliminating pricing or business practices that do not support or enhance innovation in drug development, (2) price trends and affordability strategies for any drug identified pursuant to subsection (b) or (c) of section 13 of this act, (3) any recommendations the board may have for legislation needed to make prescription drug products more affordable in the state while supporting and enhancing innovation in drug development, (4) purchasing strategies, cost effectiveness evaluations and the

development of new technologies and drugs that increase affordability, and (5) a summary and evaluation of state prescription drug advisory board activities and recommendations.

(h) Members of the board may engage in private employment, or in a profession or business, subject to any applicable laws, rules and regulations of the state regarding official ethics or conflict of interest. As used in this subsection, (1) "conflict of interest" means (A) an association, including a financial or personal association, that has the potential to bias or appear to bias an individual's decisions in matters related to the board, and (B) any instance in which a board member, a staff member, a contractor of the division on behalf of the board or an immediate family member of a board member has received or could receive (i) a financial benefit of any amount derived from the results or findings of a study or determination that is reached by or for the board, or (ii) a financial benefit from an individual or company that owns or manufacturers a prescription drug, service or item that is being or will be studied by the board; and (2) "financial benefit" means honoraria, fees, stock or any other form of compensation, including increases to the value of existing stock holdings.

(i) In carrying out its purposes, the board may:

(1) Collect and review publicly available information and information available via private subscriptions regarding prescription drug pricing and business practices of health carriers, health maintenance organizations, managed care organizations, manufacturers, wholesale distributors and pharmacy benefit managers, including, but not limited to, the annual report by pharmacy benefit managers required pursuant to section 38a-479ppp of the general statutes;

(2) Identify innovative strategies that may reduce the cost of prescription drugs to consumers, including importation of certain prescription drugs from Canada and other foreign countries and jurisdictions;

(3) Identify states with innovative programs to lower prescription drug costs and, if relevant, enter into memoranda of understanding with such states to aid in the collection of transparency data for prescription drug products or any other information needed to establish similar programs in this state; and

(4) Receive and accept aid or contributions from any source of money, property, labor or other things of value, to be held, used and applied to carry out the purposes of the board, provided acceptance of such aid or contributions does not present a conflict of interest for any board member or any purpose of the board.

Sec. 11. (NEW) (*Effective October 1, 2024*) (a) There is established a Prescription Drug Affordability Stakeholder Council to advise the Prescription Drug Affordability Board established pursuant to section 10 of this act on decisions regarding the affordability of prescription drugs.

(b) Members of the council shall serve for three years and shall consist of:

(1) Three appointed by the speaker of the House of Representatives, who shall be (A) a representative of a state-wide health care advocacy coalition, (B) a representative of a state-wide advocacy organization for elderly persons, and (C) a representative of a state-wide organization for diverse communities;

(2) Three appointed by the president pro tempore of the Senate, who shall be (A) a representative of a labor union, (B) a health services researcher, and (C) a consumer who has experienced barriers to obtaining prescription drugs due to the cost of such drugs;

(3) Two appointed by the majority leader of the House of Representatives, who shall be (A) a representative of doctors, and (B) a representative of nurses;

(4) Two appointed by the minority leader of the House of

Representatives, who shall be (A) a representative of private insurers, and (B) a representative of brand-name drug corporations;

(5) Two appointed by the minority leader of the Senate, who shall be (A) a representative of generic drug corporations, and (B) a representative of an academic institution with expertise in health care costs;

(6) Two appointed by the Governor, who shall be (A) a representative of pharmacists, and (B) a representative of pharmacy benefit managers;

(7) The Secretary of the Office of Policy and Management, or the secretary's designee;

(8) The Commissioner of Social Services, or the commissioner's designee;

(9) The Commissioner of Public Health, or the commissioner's designee;

(10) The Insurance Commissioner, or the commissioner's designee;

(11) The Commissioner of Consumer Protection, or the commissioner's designee;

(12) The executive director of the Office of Health Strategy, or the executive director's designee; and

(13) The Healthcare Advocate, or the Healthcare Advocate's designee.

(c) All initial appointments to the council shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(d) The speaker of the House of Representatives and the president pro tempore of the Senate shall select the chairpersons of the council from among the members of the council. Such chairpersons shall

schedule the first meeting of the council, which shall be held not later than sixty days after the effective date of this section.

(e) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to insurance shall serve as administrative staff of the council.

(f) Not later than September 1, 2025, and annually thereafter, the council shall submit a report to the board, in accordance with the provisions of section 11-4a of the general statutes, on its recommendations concerning prescription drug prices. The council shall also provide recommendations to the board at any time the board requests such recommendations.

Sec. 12. (NEW) (*Effective October 1, 2024*) As used in this section and section 13 of this act:

(1) "Biologic" means a drug licensed under 42 USC 262, as amended from time to time;

(2) "Biosimilar" means a drug that is highly similar to a biologic and is produced or distributed in accordance with a biologics license application approved under 42 USC 262(k), as amended from time to time;

(3) "Board" means the Prescription Drug Affordability Board established pursuant to section 10 of this act;

(4) "Brand-name drug" means a drug that is produced or distributed in accordance with an original new drug application approved under 21 USC 355, as amended from time to time, but does not include an authorized generic drug as defined in 42 CFR 447.502, as amended from time to time;

(5) "FDA breakthrough drug" means a drug granted expedited review by the United States Food and Drug Administration under 21 USC 356, as amended from time to time;

(6) "Generic drug" means (A) a prescription drug product that is marketed or distributed in accordance with an abbreviated new drug application approved under 21 USC 355, as amended from time to time, (B) an authorized generic drug as defined in 42 CFR 447.502, as amended from time to time, or (C) a drug that entered the market before calendar year 1962 that was not originally marketed under a new prescription drug product application;

(7) "Manufacturer" means an entity that (A) engages in the manufacture of a drug product, or (B) enters into a lease with another manufacturer to market and distribute a prescription drug product under the entity's own name and sets or changes the wholesale acquisition cost of the prescription drug product it manufactures or markets;

(8) "Orphan drug" has the same meaning as provided in 21 CFR 316.3, as amended from time to time; and

(9) "Prescription drug product" means a brand-name drug, a generic drug, a biologic or biosimilar.

Sec. 13. (NEW) (*Effective October 1, 2024*) (a) To the extent practicable, the Prescription Drug Affordability Board established pursuant to section 10 of this act may assess pricing information for prescription drug products by: (1) Entering into a memorandum of understanding with another state to which a manufacturer reports pricing information, (2) assessing spending for the drug in the state, (3) utilizing data and findings, including consumer affordability strategies, developed by another state's board, (4) utilizing data and findings, including cost containment strategies, developed by any other state or federal entity, (5) utilizing the maximum fair price for a prescription drug for persons eligible for Medicare established pursuant to the federal Inflation Reduction Act of 2022, P.L. No. 117-169, as amended from time to time, and (6) assessing any other available pricing information.

(b) On and after October 1, 2025, the board shall identify prescription

drug products that, as adjusted annually for inflation in accordance with the consumer price index for all urban consumers published by the United States Department of Labor, Bureau of Labor Statistics, are:

(1) Brand-name drugs that have a launch wholesale acquisition cost of thirty thousand dollars or more per year or course of treatment;

(2) Brand-name drugs that have a wholesale acquisition cost increase of three thousand dollars or more in any twelve–month period;

(3) Biosimilars that have a launch wholesale acquisition cost that is not at least fifteen per cent lower than the referenced brand biologic at the time the biosimilars are launched; and

(4) Generic drugs that have:

(A) A wholesale acquisition cost of one hundred dollars or more for (i) a thirty-day supply lasting a patient for a period of thirty consecutive days based on the recommended dosage approved for labeling by the United States Food and Drug Administration, (ii) a supply lasting a patient for fewer than thirty days based on the recommended dosage approved for labeling by the United States Food and Drug Administration, or (iii) one unit of the drug if the labeling approved by the United States Food and Drug Administration does not recommend a finite dosage; and

(B) A wholesale acquisition cost that increased by two hundred per cent or more during the immediately preceding twelve-month period, as determined by the difference between the resulting wholesale acquisition cost and the average of the wholesale acquisition cost reported over the immediately preceding twelve months.

(c) On and after October 1, 2025, the board shall identify any other prescription drug products or pricing practices that may create affordability challenges for the health care system in the state or patients, including, but not limited to, drugs needed to address significant public health priorities.

(d) After identifying prescription drug products as required by subsections (b) and (c) of this section, the board may conduct, within available appropriations, a review for any identified prescription drug product or pricing practice if, after (1) seeking input from relevant stakeholders, and (2) considering the average patient cost share of the prescription drug product, the board determines such review is in the interest of consumers.

(e) In conducting a review of prescription drugs, the board shall examine any document and research related to the pricing of the prescription drug product, including, but not limited to, (1) net average price in the state, (2) market competition and context, (3) projected revenue to the manufacturer, (4) the estimated value or cost effectiveness, (5) whether and how the prescription drug product represents an innovative therapy or is likely to improve health or health outcomes for the target consumer, and (6) any rebates, discounts, patient access programs or other cost mitigation strategies relevant to the prescription drug product.

(f) The board shall determine whether use of the prescription drug product, consistent with the labeling approved by the federal Food and Drug Administration or standard medical practice, has led or will lead to affordability challenges for the health care system in the state or high out-of-pocket costs for patients. In determining whether a prescription drug product has led or will lead to an affordability challenge, the board may consider the following factors:

(1) The wholesale acquisition cost for the prescription drug product sold in the state;

(2) The average monetary price concession, discount or rebate provided or expected to be provided to health plans in the state as reported by manufacturers and health plans, expressed as a percentage of the wholesale acquisition cost for the prescription drug product under review;

(3) The total amount of the price concession, discount or rebate the manufacturer provides to each pharmacy benefits manager operating in the state for the prescription drug product under review, as reported by manufacturers and pharmacy benefits managers, expressed as a percentage of the wholesale acquisition costs;

(4) The price at which therapeutic alternatives have been sold in the state;

(5) The average monetary concession, discount or rebate the manufacturer provides or is expected to provide to health plan payors and pharmacy benefits managers in the state for therapeutic alternatives;

(6) The costs to health plans based on patient access consistent with United States Food and Drug Administration labeled indications and recognized standard medical practice;

(7) The impact on patient access resulting from the cost of the prescription drug product relative to health plan benefit design;

(8) The current or expected dollar value of drug–specific patient access programs that are supported by the manufacturer;

(9) The relative financial impacts to health, medical or social services costs as may be quantified and compared to baseline effects of existing therapeutic alternatives;

(10) The average patient copayment or other cost sharing for the prescription drug product in the state;

(11) Any information a manufacturer chooses to provide; and

(12) Any other factors as determined by the board.

(g) If the board finds that the spending on a prescription drug product reviewed under this section has led or will lead to an affordability challenge, the board shall recommend an upper payment

limit to the executive director of the Office of Health Strategy and the Insurance Commissioner after considering: (1) The cost of administering the drug, (2) the cost of delivering the drug to patients, and (3) other relevant administrative costs related to the drug. In its recommendations, the board may utilize (A) upper payment limits set by similar boards in other states, provided the board finds that the other entity's price justification process is at least as rigorous as the process set forth in state law, (B) upper payment limits set by any other state or federal entity, provided the board finds that the other entity's price justification process is at least as rigorous as the process set forth in state law, and (C) the Medicare maximum fair price for a prescription drug.

Sec. 14. (NEW) (*Effective October 1, 2025*) (a) As used in this section and section 15 of this act, "ERISA plan" means a pension or health plan with minimum standards and protections for workers in accordance with the Employee Retirement Income Security Act. It shall be a violation of this section for a state entity or health plan or participating ERISA plan to purchase drugs with an established upper payment limit to be dispensed or delivered to a consumer in the state, whether directly or through a distributor, for a cost higher than the upper payment limit as determined in subsection (g) of section 13 of this act. Contracts entered into by a state entity or health plan or participating ERISA plan and a third party for the purchase of prescription drugs shall expressly provide that rates paid for drugs may not exceed the upper payment limit.

(b) It shall be a violation of this section for a retail pharmacy licensed in this state to purchase for sale or distribution to a person whose health care is provided by a state entity or health plan or participating ERISA plan a drug for a cost that exceeds the upper payment limit as determined in subsection (g) of section 13 of this act.

Sec. 15. (NEW) (*Effective October 1, 2025*) Any savings generated by a health plan, state entity or participating ERISA plan that are attributable to the implementation of an upper payment limit established by the

Prescription Drug Affordability Board shall be used to reduce costs to consumers, prioritizing the reduction of out-of-pocket costs for prescription drugs. Not later than April 1, 2026, and annually thereafter, each state entity, health plan and participating ERISA plan shall submit to the board and to the executive director of the Office of Health Strategy a report describing the savings achieved as a result of implementing upper payment limits and how those savings were used to reduce costs to consumers. Not later than July 1, 2026, and annually thereafter, the executive director, in accordance with the provisions of section 11-4a of the general statutes, shall file a report with the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, general law, human services, insurance and public health. The report shall include savings achieved and the executive director's recommendations concerning additional savings that may be achieved.

Sec. 16. (NEW) (*Effective October 1, 2025*) (a) Any manufacturer that intends to withdraw from sale or distribution within the state a prescription drug for which the Prescription Drug Affordability Board has established an upper payment limit shall provide a notice of withdrawal in writing at least six months before the withdrawal to the board, the Insurance Commissioner, the Attorney General and any entity in the state with which the manufacturer has a contract for the sale or distribution of the drug.

(b) The board shall assess a penalty not to exceed five hundred thousand dollars if the board determines that a manufacturer failed to provide the notice required by subsection (a) of this section before withdrawing from sale or distribution within the state a prescription drug for which the board has established an upper payment limit as determined in subsection (g) of section 13 of this act.

(c) Any manufacturer that forecasts a shortage of a prescription drug it sells or distributes in the state shall notify the board not later than thirty days after determining that a shortage of a prescription drug is

imminent.

Sec. 17. (NEW) (*Effective October 1, 2024*) (a) As used in this section:

(1) "Insulin" means an insulin product, including, but not limited to, an insulin pen, that is licensed under 42 USC 262(a) or 42 USC 262(k), as amended from time to time;

(2) "Eligible insulin" means an insulin product for which at least two licenses have been issued and continue to be marketed pursuant to such licensure in a category;

(3) "Net cost" means the cost of an insulin product taking into account rebates or discounts for that specific product, excluding (A) rebates or discounts required by state or federal law, including Medicaid, Medicare and section 340B of the Public Health Service Act, 42 USC 256b, as amended from time to time, and (B) rebates or discounts related to portfolio agreements that relate to purchase of multiple insulin products or other drugs; and

(4) "Wholesale acquisition cost" means the price of a medication set by a pharmaceutical manufacturer in the United States when selling to a wholesaler.

(b) Except as otherwise required in any collective bargaining agreement, the Comptroller shall make available in a preferred tier with no copayment or out-of-pocket cost an eligible insulin product at the lowest wholesale acquisition cost to a beneficiary of the state employee health plan established pursuant to section 5-259 of the general statutes. Notwithstanding the provisions of this section, if the Comptroller determines that another eligible insulin product has a lower net cost than the lowest wholesale acquisition cost, the Comptroller may offer that product with no out-of-pocket payment to a beneficiary of the state employee health plan. Nothing in this section shall prevent the Comptroller from covering more than one eligible insulin product in a preferred tier with no copayment or out-of-pocket cost to a beneficiary

of the state employee health plan.

Sec. 18. (NEW) (*Effective October 1, 2024*) (a) As used in this section:

(1) "Eligible drug" means an injectable drug product approved under Section 505(j) or 505(b)(2) of the federal Food, Drug and Cosmetic Act, as amended from time to time, that is on the drug shortage list, or has been on such list during the prior five-year period, established under Section 506E of the federal Food, Drug and Cosmetic Act, 21 USC 356e, as amended from time to time, or which has otherwise been identified as being at risk of shortage;

(2) "Drug purchasing agency" means the Departments of Correction, Social Services and Mental Health and Addiction Services;

(3) "Long-term purchase contract" means an agreement of at least two years duration that defines price and volume commitments; and

(4) "Hospital" means a hospital licensed pursuant to chapter 368v of the general statutes.

(b) Any hospital or drug purchasing agency shall have a drug shortage prevention strategy covering at least forty eligible drugs, corresponding to at least one-third of the hospital's or agency's expected utilization of each eligible drug. The hospital or agency shall ensure that any long-term purchase contract for prescription drugs requires the entity contracting with the hospital or agency to:

(1) Hold physical reserve inventory in order to buffer supply disruption or demand surge equal to two quarters of contract volume, unless the drug is in shortage or otherwise subject to a supply disruption;

(2) Have a competent quality unit and have in place processes to evaluate supplier quality;

(3) Have a process to ensure that critical quality attributes have been

met and documentation of good manufacturing practices is complete; and

(4) Participate in the program administered under Section 340B of the Public Health Service Act, 42 USC 256b, as amended from time to time.

(c) Not later than January 1, 2025, and annually thereafter, a hospital shall file a report with the Commissioner of Public Health documenting compliance with the provisions of this section. Not later than February 1, 2025, and annually thereafter, the Commissioners of Correction, Mental Health and Addiction Services, Social Services and Public Health shall each file separate reports on compliance of hospitals, drug purchasing agencies and their contractors, as applicable, with the executive director of the Office of Health Strategy.

(d) The executive director of the Office of Health Strategy shall, not later than April 1, 2025, and annually thereafter, file a comprehensive report, in accordance with the provisions of section 11-4a of the general statutes, on compliance of hospitals, drug purchasing agencies and their contractors with the provisions of this section with the joint standing committees of the General Assembly having cognizance of matters relating to the judiciary, general law, human services and public health.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2024*	New section
Sec. 2	*July 1, 2024*	New section
Sec. 3	*July 1, 2024*	New section
Sec. 4	*July 1, 2024*	New section
Sec. 5	*July 1, 2024*	New section
Sec. 6	*July 1, 2024*	New section
Sec. 7	*July 1, 2024*	New section
Sec. 8	*July 1, 2024*	New section
Sec. 9	*July 1, 2024*	New section
Sec. 10	*October 1, 2024*	New section
Sec. 11	*October 1, 2024*	New section
Sec. 12	*October 1, 2024*	New section

Sec. 13	*October 1, 2024*	New section
Sec. 14	*October 1, 2025*	New section
Sec. 15	*October 1, 2025*	New section
Sec. 16	*October 1, 2025*	New section
Sec. 17	*October 1, 2024*	New section
Sec. 18	*October 1, 2024*	New section

Statement of Purpose:
To make prescription drugs affordable and available for Connecticut residents.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

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SEN. FLEXER, 29th Dist.; SEN. GASTON, 23rd Dist.
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SEN. LESSER, 9th Dist.; SEN. MAHER, 26th Dist.
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