

**SENATE . . . . . No. 652**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Mark C. Montigny***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to promote transparency and prevent price gouging of pharmaceutical drug prices.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Mark C. Montigny</i>	<i>Second Bristol and Plymouth</i>	
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/3/2017</i>
<i>Jose F. Tosado</i>	<i>9th Hampden</i>	<i>1/23/2017</i>
<i>Diana DiZoglio</i>	<i>14th Essex</i>	<i>1/24/2017</i>
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>	<i>1/26/2017</i>
<i>Kenneth I. Gordon</i>	<i>21st Middlesex</i>	<i>1/26/2017</i>
<i>Harriette L. Chandler</i>	<i>First Worcester</i>	<i>2/22/2017</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>1/26/2017</i>
<i>James J. Dwyer</i>	<i>30th Middlesex</i>	<i>1/26/2017</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>1/27/2017</i>
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>	<i>1/27/2017</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Bristol</i>	<i>1/27/2017</i>
<i>James R. Miceli</i>	<i>19th Middlesex</i>	<i>1/29/2017</i>
<i>Robert M. Koczera</i>	<i>11th Bristol</i>	<i>2/3/2017</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>	<i>1/31/2017</i>
<i>Smitty Pignatelli</i>	<i>4th Berkshire</i>	<i>1/31/2017</i>
<i>Antonio F. D. Cabral</i>	<i>13th Bristol</i>	<i>1/31/2017</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	<i>1/31/2017</i>

<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>2/1/2017</i>
<i>Paul R. Heroux</i>	<i>2nd Bristol</i>	<i>2/1/2017</i>
<i>James M. Cantwell</i>	<i>4th Plymouth</i>	<i>2/1/2017</i>
<i>Angelo M. Scaccia</i>	<i>14th Suffolk</i>	<i>2/2/2017</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/2/2017</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>2/2/2017</i>
<i>Kevin G. Honan</i>	<i>17th Suffolk</i>	<i>2/3/2017</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>	<i>2/3/2017</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>2/3/2017</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>	<i>2/3/2017</i>
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>	<i>2/3/2017</i>

**SENATE . . . . . No. 652**

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By Mr. Montigny, a petition (accompanied by bill, Senate, No. 652) of Mark C. Montigny, Jason M. Lewis, Jose F. Tosado, Diana DiZoglio and other members of the General Court for legislation to promote transparency and prevent price gouging of pharmaceutical drug prices. Health Care Financing.

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**The Commonwealth of Massachusetts**

**In the One Hundred and Ninetieth General Court  
(2017-2018)**

An Act to promote transparency and prevent price gouging of pharmaceutical drug prices.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Section 1 of chapter 12C of the General Laws, as appearing in the 2014  
2 official edition, is hereby amended by inserting after the word “outcomes.” in line 204 the  
3 following 3 definitions:-

4 “Pharmacy benefit manager”, any person or entity that administers the (i) prescription  
5 drug, prescription device or pharmacist services or (ii) prescription drug and device and  
6 pharmacist services portion of a health benefit plan on behalf of plan sponsors, including, but not  
7 limited to, self-insured employers, insurance companies and labor unions. A health benefit plan  
8 that does not contract with a pharmacy benefit manager shall be considered a pharmacy benefit  
9 manager for the purposes of this section, unless specifically exempted.

10 “Pharmaceutical manufacturing company”, any entity that participates in a  
11 commonwealth health care program and which is engaged in the production, preparation,

12 propagation, compounding, conversion or processing of prescription drugs, either directly or  
13 indirectly, by extraction from substances of natural origin, or independently by means of  
14 chemical synthesis or by a combination of extraction and chemical synthesis, or any entity  
15 engaged in the packaging, repackaging, labeling, relabeling or distribution of prescription drugs;  
16 provided, however, that "pharmaceutical manufacturing company" shall not include a wholesale  
17 drug distributor licensed under section 36A of chapter 112 or a retail pharmacist registered under  
18 section 37 of said chapter 112.

19 "Prescription drug", a drug as defined by 21 U.S.C. § 321.

20 Section 1 of chapter 12C, as so appearing, is hereby further amended by inserting at the  
21 end thereof the following definition:-

22 "Wholesale acquisition cost", the cost of a prescription drug as defined by 42 U.S.C.  
23 §1395w-3a(c)(6)(B).

24 SECTION 2. Chapter 12C of the General Laws, as so appearing, is hereby amended by  
25 inserting after section 10 the following section:-

26 Section 10A. (a) The center shall promulgate regulations necessary to ensure the uniform  
27 reporting of prescription drug wholesale acquisition costs, discounts, rebates and other such data  
28 as the center may require of pharmacy benefit managers, pharmaceutical manufacturing  
29 companies and health care payers in order to better protect the public's interest in monitoring the  
30 overall effect of prescription drug spending on total health care expenditure growth. At a  
31 minimum, such reporting shall identify prescriptions drugs sold within the Commonwealth that  
32 are (i) the ten costliest drugs by total private health care payer spending; (ii) the ten prescription  
33 drugs with the highest annual increase in total private health care payer spending; (iii)

34 prescriptions drug introduced to the U.S. market within the past ten years at a wholesale  
35 acquisition cost of \$10,000 or more annually or per course of treatment; and (iv) prescription  
36 drugs whose wholesale acquisition cost has increased by 50% or more within the past five years  
37 or by 15% or more within the past one year.

38 (b) For each prescription drug identified under (a), the center shall require each  
39 pharmaceutical manufacturing company of said drug to report each factor contributing to the  
40 drug's cost or cost increase and the percentage of cost or cost increase attributable to each factor.  
41 Such information shall include, but not be limited to (i) total cost of production per year; (ii)  
42 approximate cost of production per dose; (iii) research and development costs of the drug paid  
43 for by the manufacturer, including the cost of clinical trials and other regulatory costs; (iv)  
44 research and development costs paid with public funds, including any amount from federal, state,  
45 or other governmental programs or any form of subsidies, grants or other support; (v) research  
46 and development costs paid by third parties; (vi) the price paid by the manufacturer to acquire  
47 the drug, if not developed by such manufacturer; (vii) annual marketing and advertising costs for  
48 the drug, apportioned by marketing activities that are directed to consumers and prescribers in  
49 the Commonwealth and consumers and prescribers nationally, as well as expenses lobbying  
50 government entities; (viii) average rebates, discounts, and other price concessions offered from  
51 the drug's list price per year; (ix) prices charged for the drug to purchasers outside the United  
52 States, by country; (x) prices charged for the drug to direct purchasers in the Commonwealth;  
53 (xi) prices paid for the drug by the United States Veterans Administration, if such drug is  
54 purchased by such agency; (xii) the average profit margin of the drug over the most recent five-  
55 year period and the projected profit margin anticipated for such drug in the coming year; (xiii)  
56 any additional information the manufacturer chooses to provide related to drug pricing decisions,

57 such as total expenditures on drug research and development or clinical trials on similar drugs  
58 that failed to receive approval by the Food and Drug Administration; and (xiv) such other  
59 information as the center may require.

60 SECTION 3. Section 11 of chapter 12C of the General Laws, as so appearing, is hereby  
61 amended by striking out in its entirety and inserting the new text:-

62 Section 11. The center shall ensure the timely reporting of information required under  
63 sections 8, 9, 10 and 10A. The center shall notify payers, providers, provider organizations,  
64 pharmacy benefit managers and pharmaceutical manufacturing companies of any applicable  
65 reporting deadlines. The center shall notify, in writing, a private health care payer, provider,  
66 provider organization, pharmacy benefit manager or pharmaceutical manufacturing company,  
67 which has failed to meet a reporting deadline and that failure to respond within 2 weeks of the  
68 receipt of the notice shall result in penalties. The center shall assess a penalty against a private  
69 payer, provider, provider organization, pharmacy benefit manager, or pharmaceutical  
70 manufacturing company that fails, without just cause, to provide the requested information  
71 within 2 weeks following receipt of the written notice required under this paragraph, of up to  
72 \$5,000 per week for each week of delay after the 2 week period following receipt of said written  
73 notice; provided, however, that the maximum annual penalty against a private payer, provider,  
74 provider organization, pharmacy benefit manager or pharmaceutical manufacturing company  
75 under this section shall be \$200,000. Amounts collected under this section shall be deposited in  
76 equal amounts to the Healthcare Payment Reform Fund, established under section 100 of 194 of  
77 the acts of 2011, and for the expenses of the center pursuant to this chapter.

78 Any payer, provider, provider organization, pharmacy benefit manager or pharmaceutical  
79 manufacturing company that fails to comply with this section shall not be eligible for grants,  
80 subsidies or tax credits, breaks or exemptions pursuant to chapters 23I, 62, 63, 64H, and 64I of  
81 the General Laws.

82 The center may promulgate regulations to define “just cause” for the purpose of this  
83 section.

84 SECTION 4. Section 12 of chapter 12C of the General Laws, as so appearing, is hereby  
85 amended by striking the words “8, 9 and 10” in line 2 and inserting in place thereof the  
86 following:- 8, 9, 10, and 10A.

87 SECTION 5. Section 16 of chapter 12C of the General Laws, as so appearing, is hereby  
88 amended by striking the first sentence and inserting in place thereof the following:-

89 The center shall publish an annual report based on the information submitted under  
90 sections 8, 9, 10 and 10A concerning health care provider, provider organization, pharmacy  
91 benefit manager, pharmaceutical manufacturer and private and public health care payer costs and  
92 cost trends, section 13 of chapter 6D relative to market power reviews and section 15 relative to  
93 quality data.

94 SECTION 6. Section 11 of chapter 133 of the Acts of 2016 is hereby repealed.

95 SECTION 7. Section 17 of chapter 12C of the General Laws, as so appearing, is hereby  
96 amended by striking out in its entirety and inserting thereof the following new text:-

97 The attorney general may review and analyze any information submitted to the center  
98 under sections 8, 9, 10 and 10A and the health policy commission under section 8 of chapter 6D.

99 The attorney general may require that any provider, provider organization, or payer produce  
100 documents, answer interrogatories and provide testimony under oath related to health care costs  
101 and cost trends, factors that contribute to cost growth within the commonwealth's health care  
102 system and the relationship between provider costs and payer premium rates. The attorney  
103 general may require that any pharmacy benefit manager, pharmaceutical manufacturing company  
104 or payer produce documents, answer interrogatories and provide testimony under oath related to  
105 prescription drug costs and cost trends, factors that contribute to cost growth within the  
106 commonwealth's health care system and the relationship between prescription drug costs and  
107 payer premium rates. The attorney general shall keep confidential all nonpublic information and  
108 documents obtained under this section and shall not disclose the information or documents to any  
109 person without the consent of the provider, pharmacy benefit manager, pharmaceutical  
110 manufacturing company or payer that produced the information or documents except in a public  
111 hearing under section 8 of chapter 6D, a rate hearing before the division of insurance or in a case  
112 brought by the attorney general, if the attorney general believes that such disclosure will promote  
113 the health care cost containment goals of the commonwealth and that the disclosure should be  
114 made in the public interest after taking into account any privacy, trade secret or anti-competitive  
115 considerations. The confidential information and documents shall not be public records and shall  
116 be exempt from disclosure under clause Twenty-sixth of section 7 of chapter 4 or section 10 of  
117 chapter 66.

118 SECTION 8. Section 8 of chapter 6D of said General Laws is hereby amended by  
119 inserting after the word "organization" in line 7 the following words:- , pharmacy benefit  
120 manager, pharmaceutical manufacturing company

121 Said section 8 is hereby further amended by inserting after the word “payers” in line 15  
122 the following words:- , pharmacy benefit managers, pharmaceutical manufacturing companies

123 Said section 8 is hereby further amended by striking the words “and (xi) any witness  
124 identified by the attorney general or the center” in line 32 and inserting in place thereof the  
125 following:-

126 (xi) at least 1 pharmacy benefit manager; (xii) at least 3 pharmaceutical manufacturing  
127 companies; and (xiii) any witness identified by the attorney general or the center.

128 Said section 8 is hereby further amended by inserting after the word “commission” in line  
129 59 the following words:-

130 ; and (iii) in the case of pharmacy benefit managers and pharmaceutical manufacturing  
131 companies, testimony concerning factors underlying prescription drug costs and price increases,  
132 the impact of manufacturer rebates, discounts and other price concessions on net pricing, the  
133 availability of alternative drugs or treatments and any other matters as determined by the  
134 commission.

135 Said section 8 is hereby further amended by striking the words “sections 8, 9 and 10” in  
136 line 100 and inserting in place thereof the following words:- sections 8, 9, 10 and 10A

137 SECTION 9. Chapter 6D of said General Laws is hereby amended by inserting after  
138 section 10 the following new section:-

139 Section 10A. (a) The commission, in consultation with the center, shall annually identify  
140 those critical prescription drugs whose cost is excessively higher than justified and jeopardizes  
141 the commonwealth’s ability to meet the statewide health care cost growth benchmark, as

142 established by section 9. The commission, in consultation with the center, may identify an  
143 individual drug, or grouping of similarly situated prescription drugs, when determining whether  
144 such costs jeopardize the ability to meet the said cost growth benchmark. The commission, in  
145 consultation with the center, shall examine cost data for each such drug, or grouping of drugs,  
146 reported under this chapter and section 10A of chapter 12C to determine whether such costs are  
147 excessively higher than justified. In determining whether a drug's cost is excessively higher than  
148 justified, the commission, in consultation with the center, shall examine (i) the prescription  
149 drug's medical benefits; (ii) the cost to develop and manufacture the prescription drug; (iii) the  
150 prescription drug's potential cost savings versus alternative drugs or treatments; (iv) independent  
151 evaluations by not-for-profit entities comparing a drug's clinical effectiveness and value; and (v)  
152 the prices charged by the manufacturer to the United States Veterans Administration, if  
153 applicable, and purchasers outside of the United States.

154 (b) If the commission determines pursuant to subsection (a) that a prescription drug's cost  
155 is excessively higher than justified and jeopardizes the commonwealth's ability to meet the  
156 statewide health care cost growth benchmark, the commission shall take the following actions:

157 (1) Provide notice to the manufacturer, or manufacturers, that the cost of its prescription  
158 drug exceeds the health care cost growth benchmark for the given year, jeopardizing the  
159 commonwealth's ability to meet future health care cost growth benchmarks. Such notice shall  
160 also state that the prescription drug price has been deemed excessively higher than justified,  
161 potentially subjecting it to further legal action pursuant to chapter 93A of the General Laws and  
162 notification to the attorney general, secretary of health and human services and registered  
163 providers and payers within the commonwealth; and

164 (2) Notify the attorney general and secretary of health and human services that the  
165 prescription drug's cost has been identified as excessively higher than justified, warranting  
166 further action by the commonwealth; and

167 (3) Notify registered providers and payers within the commonwealth that the prescription  
168 drug's cost has been identified as excessively higher than justified; and

169 (4) Recommending further actions to be taken by the attorney general or secretary of  
170 health and human services, including but not limited to:

171 (i) Entering into voluntary settlements with the identified manufacturer(s) to  
172 negotiate additional rebates or other price concessions;

173 (ii) In the case of a prescription drug not subject to patent protection under Article  
174 I, Section 8 of the U.S. Constitution or the Patent Act (35 U.S.C.), initiating action under chapter  
175 93A of the General Laws to protect the commonwealth and consumers against unfair practices;

176 (iii) Reviewing the efficacy and cost effectiveness of preferred drug lists or  
177 formularies, prior authorization, generic substitutions, multi-state purchasing agreements,  
178 supplemental rebates, cost-sharing or copayment arrangements, out-of-pocket limits, and any  
179 other appropriate cost savings methods as determined by the secretary of health and human  
180 services.

181 SECTION 10. Section 2 of chapter 93A of the General Laws, as so appearing, is hereby  
182 amended by inserting after subsection (c) the following new subsection:-

183 (d) The attorney general may promulgate regulations to define prescription drug prices  
184 excessively higher than justified, under section 10A of chapter 6D, as an "unfair practice"

185 prohibited by this section. Such regulations shall not be inconsistent with the rules, regulations  
186 and decisions of the Federal Trade Commission and the Federal Courts interpreting the  
187 provisions of 15 U.S.C. 45(a)(1) (The Federal Trade Commission Act), as from time to time  
188 amended..

189 SECTION 11. Chapter 93A of the General Laws, as so appearing, is hereby amended by  
190 inserting after section 4 the following new section:-

191 Section 4A. For prescription drugs identified under section 10A of chapter 6D and not  
192 subject to patent protection under Article I, Section 8 of the U.S. Constitution or the Patent Act  
193 (35 U.S.C.), the attorney general may bring an action under section 4 or, in lieu of such action,  
194 negotiate a state excess drug cost rebate to be paid by the drug's manufacturer. Such excess drug  
195 cost rebates collected pursuant to this section shall be credited to the Vaccine Purchase Trust  
196 Fund, established under section 24N of chapter 111, the Prescription Advantage Senior  
197 Pharmacy Program, established under section 39 of chapter 19A, and any other preventative  
198 public health initiatives as recommended by the secretary of health and human services that  
199 support children, seniors, and low-income populations in the commonwealth.