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STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED FEBRUARY 28, 2022

Sponsored by: Assemblyman JOHN F. MCKEON District 27 (Essex and Morris) Assemblywoman ANGELA V. MCKNIGHT District 31 (Hudson) Assemblyman WILLIAM F. MOEN, JR. District 5 (Camden and Gloucester) Assemblyman PAUL D. MORIARTY District 4 (Camden and Gloucester)

Co-Sponsored by: Assemblywomen Mosquera, Reynolds-Jackson and Park

SYNOPSIS

amendments.

Establishes certain data reporting requirements for prescription drug supply chain; requires Division of Consumer Affairs to issue annual report on emerging trends in prescription drug pricing; appropriates \$900,000.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee on May 26, 2022, with



(Sponsorship Updated As Of: 5/18/2023)

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AN ACT concerning prescription drug prices, supplementing Title 1 2 45 of the Revised Statutes, and making an appropriation. 3 4 **BE IT ENACTED** by the Senate and General Assembly of the State 5 of New Jersey: 6 7 1. As used in P.L. (C.) (pending before the , c. 8 Legislature as this bill): 9 "Biosimilar" means a drug that is produced or distributed 10 pursuant to a biologics license application approved under 42 11 U.S.C. s.262(k)(3). 12 "Brand name drug" means a prescription drug approved under 21 13 USC s.355(b) or 42 USC s.262. 14 "Carrier" means the same as that term is defined in section 2 of 15 P.L.1997, c.192 (C.26:2S-2). 16 "Division" means the Division of Consumer Affairs in the 17 Department of Law and Public Safety. "Drug group" means a group of drugs defined by the division for 18 the purpose of facilitating revenue and cost reporting by 19 20 manufacturers, carriers, pharmacy benefits managers, and 21 wholesalers under sections 2 through ¹[5] 7¹ of P.L., c. (C.) (pending before the Legislature as this bill). 22 23 ¹<u>"Logistics provider" means an entity that receives a prescription</u> drug product from the original or contract manufacturer warehouses 24 25 and delivers the prescription drug product at the direction of the 26 manufacturer, and does not purchase, sell, trade, or take title to the 27 prescription drug product.¹ 28 "Manufacturer" means a business registering under P.L.1961, 29 c.52 (C.24:6B-1 et seq.) ¹ [that is either engaged in the production, preparation, propagation, compounding, conversion, or processing 30 31 of drug products or is engaged in the packaging, repackaging, 32 labeling, relabeling, or distribution of drug products] as a drug 33 manufacturing business as defined in section 13 of P.L.1961, c.52 34 $(C.24:6B-12)^{1}$. 35 "Market introduction" means the month and year in which a manufacturer acquired or first marketed a drug for sale in New 36 37 Jersey. ¹"Medicare Part D specialty threshold" means the specialty tier 38 cost threshold established by the Centers for Medicare and 39 40 Medicaid Services. "New drug" means a prescription drug that has received initial 41 42 approval under an original new drug application under 21 U.S.C. 43 s.355(b), under an abbreviated new drug application under 21 44 U.S.C. s.355(j), or under a biologics license application under 42

EXPLANATION – Matter enclosed in **bold-faced** brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows: ¹Assembly AHE committee amendments adopted May 26, 2022.

1 U.S.C. s.262. In cases where multiple products are included on an 2 application, each product shall be considered a new prescription drug.¹ 3 4 "Pharmacy benefits manager" means a corporation, business, or 5 other entity, or unit within a corporation, business, or other entity 6 that, pursuant to a contract or under an employment relationship 7 with a carrier, a self-insurance plan or other third-party payer, either 8 directly or through an intermediary, administers prescription drug 9 benefits on behalf of a ¹[purchaser] <u>carrier</u>, <u>self-funded plan</u>, or 10 other third-party payer. 11 "Pharmacy services administrative organization" means an entity 12 operating within the State that contracts with independent 13 pharmacies to conduct business on their behalf with third-party 14 payers. 15 "Pricing unit" means the smallest dispensable amount of a 16 prescription drug that could be dispensed¹. 17 "Reporting entity" means any manufacturer, carrier, pharmacy benefits manager, wholesaler, ¹pharmacy services administrative 18 19 organization,¹ or any other entity required to report to the division 20 under P.L., c. (C.) (pending before the Legislature as this 21 bill). 22 "Wholesale acquisition cost (WAC)" means ¹, with respect to a <u>prescription drug</u>¹ the manufacturer's list price $\frac{1}{\text{for the drug}^1}$ to 23 24 wholesalers or direct purchasers in New Jersey ¹[on December 31] 25 of the reference year, as reported in wholesale price guides or other 26 publications of drug or biological pricing data. WAC shall not 27 include prompt pay or other discounts, rebates, or reductions in 28 price. The current or proposed WAC is the amount that prompts 29 reporting under this act. If reported by drug group, it is the average 30 WAC weighted by the relevant number of WAC units dispensed in 31 the State] as defined in 42 U.S.C. s.1395w-3a(c)(6)(B), excluding 32 any discounts, rebates, or reductions in price, for the most recent 33 month for which the information is available, as reported in 34 wholesale price guides or other publications of prescription drug 35 pricing¹. 36 ¹["WAC unit" means the lowest identifiable quantity of the drug 37 or biological that is dispensed, in the State exclusive of any diluent 38 without reference to volume measures pertaining to liquids. If 39 reporting by drug group as indicated by the division, it is the total 40 number of WAC units dispensed in this State in the drug group.]¹ 41 "Wholesaler" means a business registering under P.L.1961, c.52 (C.24:6B-1 et seq.) ¹[that is engaged in the sale of prescription 42 43 drugs to persons other than a consumer or patient] as a wholesale 44 drug business as defined in section 13 of P.L.1961, c.52 (C.24:6B-45 12). "Wholesaler" shall not include a common carrier, or an 46 employee thereof, whose possession of a prescription drug product 47 is in the usual course of the common carrier's or employee's

business or employment, and shall not include a logistics provider
 or an employee thereof¹.

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2. a. A manufacturer shall notify the division if it is increasing
the WAC of a brand-name drug by more than 10 percent per
¹[WAC] <u>pricing</u>¹ unit during any 12-month period, or if it is
increasing the WAC of a generic drug priced at \$10 or more per
¹[WAC] <u>pricing</u>¹ unit by more than 10 percent during any 12month period. The notice shall be provided in writing at least 60
days prior to the planned effective date of the increase.

b. A manufacturer shall notify the division if it intends to
introduce: (1) a new drug in the State that has a WAC ¹[of \$670 per
WAC unit or more] that exceeds the Medicare Part D specialty
threshold¹; or (2) a biosimilar in the State that has a WAC that is
not at least 15 percent less than the WAC of the referenced brand
biologic at the time the biosimilar is launched. The notice shall be
provided in writing at least 60 days prior to market introduction.

c. A manufacturer that notifies the division pursuant to
subsection a. of this section shall report to the division the
following minimum data, and any other data that may be specified
by the division, at least 30 days before the price increase:

(1) the national drug code, proprietary drug name, nonproprietary drug name, and ¹[WAC] <u>pricing</u>¹ unit of the brandname drug or generic drug, as applicable;

(2) sales volume in the State in the previous calendar year and
projected sales volume in the State for the current calendar year for
the drug or drug group as specified by the division;

(3) the wholesale price and related information for the drug or
drug group as specified by the division, which may include but shall
not be limited to the year of market introduction, WAC at market
introduction, WAC in the previous calendar year, and current WAC;
(4) revenue from the sale of the drug or drug group in the State

in the previous calendar year and projected revenue from the sale of
the drug or drug group in the current calendar year, expressed in
U.S. dollars per ¹[WAC] <u>pricing</u>¹ unit;

36 (5) manufacturer cost associated with sales of the drug or drug
37 group in the State as specified by the division in the previous
38 calendar year and projected for the current calendar year;

39 (6) current calendar-year projections or incurred cost year to
40 date, as the division may indicate, related directly or allocated
41 specifically to sales of this drug or drug group in the State; and

42 (7) the reason or reasons that the manufacturer increased the43 WAC of the drug or drug group compared with last year.

d. A manufacturer that notifies the division pursuant to
subsection b. of this section shall report to division the following
minimum data, and any other data that may be specified by the
division, at least 60 days before the date of market introduction:

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1 (1) the national drug code, proprietary drug name, nonproprietary drug name, and ¹[WAC] <u>pricing</u>¹ unit of the new drug; 2 (2) projected patient volume in the current year for the drug and 3 4 drug group in the State; 5 (3) projected revenue for the drug and drug group in the current 6 year in the State; and 7 (4) WAC at market introduction. 8 e. Disclosure of all information reported under this section 9 shall be subject to protections defined in section 1 [8] <u>10</u> of P.L. 10 c. (C.) (pending before the Legislature as this bill). 11 12 3. a. A pharmacy benefit manager shall, to the extent allowed 13 by law, report annually to the division the following minimum data, 14 and other data that may be specified by the division, within 60 days 15 after receiving notification by the division indicating the specific 16 drugs or drug groups for which reporting is required: 17 (1) minimum and maximum WAC for each indicated drug and 18 drug group for which the pharmacy benefit manager has negotiated 19 directly with the manufacturer in the last calendar year, related to 20 prescriptions under an insurance policy issued in the State; (2) volume in ¹[WAC] <u>pricing</u>¹ units of each indicated drug and 21 22 drug group that the pharmacy benefit manager negotiated directly 23 with the manufacturer in the last calendar year, for business in the 24 State, in total and for each payer type as relevant; 25 (3) total rebates, discounts, and price concessions received or 26 negotiated directly with the manufacturer for each drug and drug 27 group as indicated by the division in the last calendar year, for 28 business in the State, in total and for each payer type as relevant; 29 (4) total discounts, dispensing fees, and other fees negotiated 30 last year with pharmacies, prescription drug networks, or pharmacy 31 services administrative organizations for each drug and drug group 32 as indicated by the division in the last calendar year, for business in 33 the State, in total and for each payer type as relevant; and 34 (5) total net income received in the last calendar year for each drug and drug group as indicated by 1 <u>the</u> 1 division, for business in 35 the State, in total and for each payer type as relevant. 36 37 b. Disclosure of all information reported under this section shall be subject to protections defined in section 1 [8] 10¹ of P.L. 38 (C. 39) (pending before the Legislature as this bill). c. 40 41 4. a. A wholesaler shall report annually to the division the 42 following minimum data, and other data that may be specified by 43 the division, within 60 days after receiving notification by the 44 division indicating the specific drugs or drug groups for which 45 reporting is required: (1) minimum and maximum WAC for each indicated drug and 46 47 drug group for which the wholesaler has negotiated directly with

1 the manufacturer in the last calendar year, related to prescriptions 2 under an insurance policy issued in the State; (2) volume in 1 [WAC] <u>pricing</u>¹ units of each indicated drug and 3 drug group that the wholesaler negotiated directly with the 4 5 manufacturer in the last calendar year, for business in the State, in 6 total and for each payer type as relevant; (3) total rebates, discounts, and price concessions negotiated 7 8 directly with the manufacturer for each drug and drug group as 9 indicated by the division in the last calendar year, for business in 10 the State, in total and for each payer type as relevant; 11 (4) total discounts, dispensing fees, and other fees negotiated last year with pharmacies, prescription drug networks, or pharmacy 12 13 services administrative organizations for each drug and drug group 14 as indicated by the division in the last calendar year, for business in 15 the State, in total and for each payer type as relevant; and 16 (5) total net income received in the last calendar year for each 17 drug and drug group as indicated by the division, for business in the 18 State, in total and for each payer type as relevant. 19 b. Disclosure of all information reported under this section shall be subject to protections defined in section $1[8] 10^1$ of P.L. 20 21 c. (C.) (pending before the Legislature as this bill). 22 23 5. a. A carrier designated by the division as a reporting entity 24 shall report annually to the division, to the extent allowed by law, 25 the spending on prescription drugs before enrollee cost sharing, in 26 total and per prescription drug user, in total and for each of the top 27 25 prescription drugs and drug groups as defined by the division in 28 the following four categories: 29 (1) the greatest total spending before enrollee cost sharing in the 30 last calendar year; 31 (2) the greatest total spending per user of any drug in the drug 32 group before enrollee cost sharing in the last calendar year; 33 (3) the highest year-over-year increase in total spending before 34 enrollee cost sharing; and 35 (4) the highest year-over-year increase in total spending per user 36 of any drug in the drug group before enrollee cost sharing. 37 b. For each drug and drug group as defined by the division, the 38 carrier shall report to the division the following minimum data, and 39 other data that may be specified by the division, within 60 days of the close of each calendar year: 40 41 (1) total issuer spending before enrollee cost sharing in the last 42 calendar year; (2) margins and fees for each drug listed in subsection a. of this 43 44 section paid directly to pharmacy benefits managers or pharmacy 45 services administrative organizations in the last calendar year; and 46 (3) other retail discounts, price concessions, and fees for each 47 drug listed in subsection a. of this section paid in the last calendar 48 year.

1	¹ 6. a. A pharmacy services administrative organization shall, to
2	the extent allowed by law, report annually to the division:
3	(1) the negotiated reimbursement rate of the 25 prescription
4	drugs with the highest reimbursement rates during the previous
5	year;
6	(2) the 25 prescription drugs with the highest year-to-year
7	change in reimbursement rate for the previous year; and
8	(3) the schedule of fees charged by the organization to
9	pharmacies.
10	b. Disclosure of all information reported under this section
11	shall be subject to protections defined in section 10 of P.L.,
12	c. (C.) (pending before the Legislature as this bill). ¹
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14	¹ 7. a. A manufacturer of an insulin product shall report
15	annually to the division:
16	(1) the name of the insulin products currently manufactured;
17	(2) identification of whether the insulin products are brand name
18	or generic drug products;
19 20	(3) total sales of insulin products to New Jersey consumers
20 21	<u>quantified in total units and total revenue;</u> (4) the effective date and amounts of any changes in the
21	wholesale acquisition cost or other list prices for insulin during the
22	prior calendar year;
24	(5) aggregate, company-level research and development costs
25	for insulin over the prior calendar year;
26	(6) the name of each of the manufacturer's insulin products that
27	were approved by the federal Food and Drug Administration in the
28	previous five calendar years;
29	(7) the name of each of the manufacturer's insulin products that
30	lost patent exclusivity in the United States in the previous five
31	calendar years; and
32	(8) a statement of rationale regarding the factor or factors that
33	caused the increase in the wholesale acquisition cost or list price
34	increase for insulin.
35	b. Disclosure of all information reported under this section
36 27	shall be subject to protections defined in section 10 of P.L. ,
37	c. (C.) (pending before the Legislature as this bill). ¹
38 39	1 F (1 , 9, 1) a. The reporting optity shall contify required reporting
	¹ [6.] <u>8.</u> ¹ a. The reporting entity shall certify required reporting
40	under sections 2 through 1 [5] $\underline{7}^{1}$ of P.L., c. (C.) (pending
41 42	before the Legislature as this bill) as accurate under the penalty of perjury.
42	b. Failure of a reporting entity to comply with any section of
43 44	P.L. , c. (C.) (pending before the Legislature as this bill)
45	may result in a civil penalty as determined by the Director of the
46	Division of Consumer Affairs. Civil penalties under P.L.
47	c. (C.) (pending before the Legislature as this bill) may be

imposed in the amount of \$20,000 for the first day that the reporting
entity is found to have violated any section of P.L. , c. (C.)
(pending before the Legislature as this bill), and for subsequent
days of non-compliance, an amount of starting at \$21,000 and
increasing by \$1,000 for each additional day of non-compliance, not
to exceed \$100,000 per day.

7 c. The division may audit the data submitted to the division by 8 a reporting entity pursuant to sections 2 through $1[5] \underline{7}^1$ of P.L. ,

9 c. (C.) (pending before the Legislature as this bill), in a form
10 and manner specified by the division. The reporting entity shall pay
11 all costs associated with the audit.

12 d. The division may require a reporting entity to submit a 13 corrective action plan, in a form and manner specified by the 14 division, to correct deficiencies in reporting pursuant to sections 2 15 through 1 [5] $\underline{7}^{1}$ of P.L. , c. (C.) (pending before the 16 Legislature as this bill).

17 e. The division may call one or more public hearings and may 18 subpoena any reporting entity pursuant to sections 2 through 1 [5] 19 $\underline{7}^{1}$ of P.L. , c. (C.) (pending before the Legislature as this 20 bill).

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¹[7.] <u>9.</u>¹ a. Each reporting entity shall register with the
division in a form and manner specified by the division no later
than January 31 of each calendar year.

25 b. (1) Each reporting entity shall pay an annual assessment set 26 by the division to support the operational costs of the division's 27 activities as required by P.L., c. (C.) (pending before the 28 Legislature as this bill). Operational costs shall include staff 29 salaries, administrative expenses, data system expenses, and consulting fees of the division to effectuate the provisions of 30 31) (pending before the Legislature as this bill). P.L. , c. (C. 32 The Director of the Division of Consumer Affairs shall certify 33 actual and prospective costs of the division's activities under 34 P.L. , c. (C.) (pending before the Legislature as this bill), 35 which costs shall be the basis for the establishment of the annual 36 assessment.

37 (2) Requests for payment of the final assessments shall be sent
38 by the division to all reporting entities under P.L. , c. (C.)
39 (pending before the Legislature as this bill). All assessments shall
40 be due to the division within 30 days of receipt of the request for
41 payment.

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¹[8.] <u>10.</u>¹ a. The division shall annually prepare and make available on its website a report on emerging trends in prescription drug prices, and conduct an annual public hearing based on the report findings. The report shall include, but may not be limited to, analysis of manufacturer prices and price increases as reported

1 under P.L., c. (C.) (pending before the Legislature as this 2 bill), and analysis of information as reported by carriers, pharmacy 3 benefit managers, and wholesalers under P.L. , c. (C.) 4 (pending before the Legislature as this bill), so as to make clear the 5 major components of prescription drug pricing along the supply chain, and the impacts on insurance premiums and consumer cost 6 7 sharing. The data in the report may not reveal information specific 8 to any individual reporting entity. 9 b. ${}^{1}(1)^{1}$ Except as provided in subsection a. of this section, the 10 division shall keep confidential all information submitted by an 11 individual reporting entity, and protect it from public disclosure. The division may share such information with Department of 12 Banking and Insurance which shall keep confidential any 13 14 information shared by the division under P.L., c. (C.) 15 (pending before the Legislature as this bill) and protect it from public disclosure. ¹<u>The division and its agents shall not publish or</u> 16 otherwise disclose any information specific to or that would allow 17 18 for the identification of an individual reporting entity or that the 19 division determines has the potential to compromise the financial, 20 competitive, or proprietary nature of the information. The 21 confidentiality provisions of this subsection shall apply to any 22 downstream third party that may receive or otherwise have access to 23 this information. 24 (2) A person who is authorized to access information submitted 25 by an individual reporting entity to the division who knowingly 26 discloses such information to any person or entity who is not 27 authorized to access the information shall be guilty of a crime of the 28 fourth degree and shall be subject to a civil penalty in an amount 29 not to exceed \$10,000. 30 A civil penalty imposed under this subsection shall be collected 31 by the director pursuant to the "Penalty Enforcement Law of 1999," 32 P.L.1999, c.274 (C.2A:58-10 et seq.). 33 c. Any records, documents, or data provided pursuant to P.L., 34) (pending before the Legislature as this bill) shall not (C. с. 35 be considered a government record under P.L.1963, c.73 (C.47:1A-36 1 et seq.) or the common law concerning access to government records.¹ 37 38 ¹[9.] 11.¹ If any provision of this act, P.L. 39 , c. (C.) 40 (pending before the Legislature as this bill) or the application 41 thereof to any person or circumstance is held invalid, the invalidity 42 shall not affect other provisions or applications of the sections 43 which can be given effect without the invalid provision or 44 application, and to this end the provisions of this act are severable. 45 46 ¹[10.] 12.¹ Notwithstanding the provisions the of 47 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et

seq.), to the contrary, the Director of the Division of Consumer 1 2 Affairs may adopt, immediately upon filing with the Office of 3 Administrative Law, regulations that the director deems necessary 4 to implement the provisions of P.L. , c. (C.) (pending before the Legislature as this bill, which regulations shall be 5 effective for a period not to exceed 180 days from the date of the 6 7 filing. The director shall thereafter amend, adopt, or readopt the 8 regulations in accordance with the requirements of P.L.1968, c.410 9 (C.52:14B-1 et seq.).

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¹[11.] <u>13.</u>¹ There is appropriated from the General Fund to the
Division of Consumer Affairs in the Department of Law and Public
Safety \$900,000 to implement the provisions of this act.

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¹[12.] <u>14.</u>¹ This act shall take effect immediately but sections 1 through 9 of this act shall remain inoperable until the first day of the thirteenth month next following the date of enactment. The New Jersey Division of Consumer Affairs may take such anticipatory rulemaking and other administrative action in advance of the operative date of this act as shall be necessary for the implementation of this act.