

HOUSE BILL NO. 4544

June 03, 2025, Introduced by Reps. Longjohn, Wooden, Mentzer, MacDonell, Scott, Price, Andrews, Arbit, Wegela, Edwards, Miller, Foreman, Hoskins, Morgan, Rheingans, Myers-Phillips, Byrnes, Skaggs, T. Carter, Wilson, Martus, O'Neal, Neeley, Weiss, Dievendorf, Conlin, Breen, Hope, Paiz, McKinney, Brixie, Coffia, Young, Glanville, Snyder and McFall and referred to Committee on Government Operations.

A bill to provide for a cost and affordability review of certain prescription drug products; to create the prescription drug pricing board and prescription drug affordability stakeholder council and to prescribe their powers and duties; to provide for the powers and duties of certain state governmental officers and entities; to establish upper payment limits for certain prescription drug products and provide remedies; and to provide for the promulgation of rules.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 1. This act may be cited as the "prescription drug cost
2 and affordability review act".

3 Sec. 3. As used in this act:

4 (a) "Biologic" means a drug that is produced or distributed in
5 accordance with a biologics license application approved by the
6 United States Food and Drug Administration.

7 (b) "Biosimilar" means a drug that is produced or distributed
8 in accordance with a biologics license application approved under
9 42 USC 262(k).

10 (c) "Board" means the prescription drug affordability board
11 created in section 5.

12 (d) "Brand-name drug" means a drug other than an authorized
13 generic that is produced or distributed in accordance with an
14 original new drug application approved under 21 USC 355.

15 (e) "Consumer Price Index" means the United States Consumer
16 Price Index for all urban consumers as defined and reported by the
17 United States Department of Labor, Bureau of Labor Statistics.

18 (f) "Council" means the prescription drug affordability
19 stakeholder council created in section 9.

20 (g) "Department" means the department of insurance and
21 financial services.

22 (h) "Director" means the director of the department.

23 (i) "Fund" means the prescription drug affordability fund
24 created in section 17.

25 (j) "Generic drug" means any of the following:

26 (i) A retail drug that is marketed or distributed in accordance
27 with an abbreviated new drug application approved under 21 USC 355.

28 (ii) An authorized generic drug as that term is defined in 42
29 CFR 447.502.

1 (iii) A drug that entered the market before 1962 that was not
2 originally marketed under a new drug application.

3 (k) "Health insurer" means any of the following:

4 (i) An insurer authorized under the insurance code of 1956,
5 1956 PA 218, MCL 500.100 to 500.8302, to deliver, issue for
6 delivery, or renew in this state a health insurance policy.

7 (ii) A health maintenance organization as that term is defined
8 in section 3501 of the insurance code of 1956, 1956 PA 218, MCL
9 500.3501.

10 (l) "Manufacturer" means an entity that meets any of the
11 following:

12 (i) Owns the patent to a prescription drug product or enters
13 into a lease with another manufacturer to market and distribute a
14 prescription drug product under the entity's own name.

15 (ii) Is the labeled entity of a generic drug at the point of
16 manufacture and the entity does 1 of the following:

17 (A) Sets or changes the wholesale acquisition cost of a brand-
18 name drug that it manufactures or has leased the right to market.

19 (B) Sets or changes the wholesale acquisition cost of a
20 generic drug that it manufactures.

21 (m) "Person" means an individual and includes a body politic
22 and corporate.

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

25 (o) "Prescription drug product purchaser" means an entity that
26 purchases and takes ownership of a prescription drug product for
27 resale or providing to patients.

28 (p) "Rule" means a rule promulgated pursuant to the
29 administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to

1 24.328.

2 (q) "Third-party payer" means a health insurer, a state
3 department or agency administering a plan of medical assistance
4 under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, a
5 person administering a self-funded plan, or a pharmacy benefit
6 manager.

7 (r) "Wholesale acquisition cost" means that term as defined in
8 42 USC 1395w-3a(c) (6) (B) .

9 (s) "340B Program entity" means an entity authorized to
10 participate in the federal 340B Program under section 340B of the
11 public health service act, 42 USC 256b.

12 Sec. 5. (1) The prescription drug affordability board is
13 created as an autonomous entity within the department.

14 (2) The board consists of 5 members, appointed by the governor
15 with the advice and consent of the senate. The members of the board
16 must include individuals who have expertise in health care
17 economics, health policy, health equity, and clinical medicine. The
18 governor shall not appoint an individual to the board if the
19 individual is employed by, a consultant to, or a board member of a
20 manufacturer or a trade association for a manufacturer or otherwise
21 has a personal or financial interest that has the potential to bias
22 or has the appearance of biasing the individual's decision in
23 matters related to the board or in conducting the board's
24 activities. The governor shall not appoint an individual to the
25 board if the individual is a lobbyist who is registered in this
26 state. An individual who is appointed to the board shall not
27 register as a lobbyist in this state for a period of 5 years after
28 the individual's term on the board expires.

29 (3) The governor shall appoint 2 of the first members to 1-

1 year terms and 3 of the first members to 2-year terms. After the
2 first appointments, the term of a member of the board is 4 years or
3 until a successor is appointed, whichever is later.

4 (4) If a vacancy occurs on the board, the governor shall
5 appoint an individual to fill the vacancy for the balance of the
6 term in the same manner as the original appointment.

7 (5) The governor may remove a member of the board for
8 incompetence, dereliction of duty, malfeasance, misfeasance, or
9 nonfeasance in office, or any other good cause.

10 (6) The governor shall call the first meeting of the board. At
11 the first meeting, the board shall elect from among its members a
12 chairperson and other officers as it considers necessary or
13 appropriate. After the first meeting, the board shall meet at least
14 quarterly, or more frequently at the call of the chairperson or if
15 requested by 3 or more members.

16 (7) A majority of the members of the board constitute a quorum
17 for transacting business. Except as otherwise provided in this
18 subsection, a majority of the members present and serving are
19 required for official action of the board. If 1 or more members of
20 the board recuse themselves, 2/3 of the members present and serving
21 are required for official action of the board.

22 (8) The board shall conduct its business in compliance with
23 the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.

24 (9) Except as otherwise provided in this subsection, a writing
25 that is prepared, owned, used, in the possession of, or retained by
26 the board in performing an official function is subject to the
27 freedom of information act, 1976 PA 442, MCL 15.231 to 15.246. A
28 writing containing a trade secret or proprietary information is
29 confidential and is not subject to disclosure under the freedom of

1 information act, 1976 PA 442, MCL 15.231 to 15.246.

2 (10) The salaries and other expenses incurred by members of
3 the board are subject to an annual appropriation as provided by
4 law.

5 (11) As used in this section, "health equity" means attaining
6 the highest level of health for all individuals, in which an
7 individual has a fair and just opportunity to attain the
8 individual's optimal health regardless of race, ethnicity,
9 disability, sexual orientation, gender identity, socioeconomic
10 status, geography, preferred language, or other factor that affects
11 access to health care and health outcomes.

12 Sec. 7. A member of the board is subject to 1968 PA 317, MCL
13 15.321 to 15.330, and 1973 PA 196, MCL 15.341 to 15.348.

14 Sec. 9. (1) The prescription drug affordability stakeholder
15 council is created within the department.

16 (2) Subject to subsection (3), the council consists of the
17 following 21 members:

18 (a) Seven members appointed by the governor as follows:

19 (i) One individual representing manufacturers of brand-name
20 drugs.

21 (ii) One individual representing manufacturers of generic
22 drugs.

23 (iii) One individual representing employers.

24 (iv) One individual representing pharmacy benefit managers.

25 (v) One individual representing pharmacists.

26 (vi) One individual representing a mutual insurance company.

27 The mutual insurance company under this subparagraph must not be an
28 entity that, directly or indirectly, through 1 or more
29 intermediaries, controls, is controlled by, or is under common

1 control with the managed care organization under subdivision
2 (c) (iv) .

3 (vii) One member of the public.

4 (b) Seven members appointed by the governor from a list of
5 nominees submitted by the speaker of the house of representatives.
6 The list of nominees must include individuals who represent the
7 following:

8 (i) A statewide organization that advocates for senior
9 citizens.

10 (ii) A statewide organization that advocates for health care.

11 (iii) A statewide organization that advocates for diversity
12 within communities.

13 (iv) A labor union.

14 (v) Researchers who specialize in prescription drug products.

15 (vi) The public.

16 (c) Seven members appointed by the governor from a list of
17 nominees submitted by the senate majority leader. The list of
18 nominees must include individuals who represent each of the
19 following:

20 (i) Physicians.

21 (ii) Nurses.

22 (iii) Hospitals.

23 (iv) Managed care organizations. The managed care organization
24 under this subparagraph must not be an entity that, directly or
25 indirectly, through 1 or more intermediaries, controls, is
26 controlled by, or is under common control with the mutual insurance
27 company under subdivision (a) (vi) .

28 (v) The department of technology, management, and budget.

1 (vi) Clinical researchers.

2 (vii) The public.

3 (3) The governor shall ensure that the members appointed to
4 the council have knowledge in 1 or more of the following areas:

5 (a) The pharmaceutical business model.

6 (b) Supply chain business models.

7 (c) The practice of medicine or clinical training.

8 (d) Consumer or patient perspectives.

9 (e) Health care costs trends.

10 (f) Clinical and health services research.

11 (4) The governor shall appoint 7 of the first members to 1-
12 year terms, 7 of the first members to 2-year terms, and 7 of the
13 first members to 3-year terms. After the first appointments, the
14 term of a member of the council is 3 years or until a successor is
15 appointed, whichever is later.

16 (5) If a vacancy occurs on the council, the governor shall
17 appoint an individual to fill the vacancy for the balance of the
18 term in the same manner as the original appointment.

19 (6) The governor may remove a member of the council for
20 incompetence, dereliction of duty, malfeasance, misfeasance, or
21 nonfeasance in office, or any other good cause.

22 (7) At the first meeting of the council, the council shall
23 elect from among its members a chairperson and other officers as it
24 considers necessary or appropriate. After the first meeting, the
25 council shall meet at least quarterly, or more frequently at the
26 call of the chairperson or if requested by 7 or more members.

27 (8) A majority of the members of the council constitute a
28 quorum for transacting business. A majority of the members present
29 and serving are required for official action of the council.

1 (9) The council shall conduct its business in compliance with
2 the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.

3 (10) Except as otherwise provided in this subsection, a
4 writing that is prepared, owned, used, in the possession of, or
5 retained by the council in performing an official function is
6 subject to the freedom of information act, 1976 PA 442, MCL 15.231
7 to 15.246. A writing containing a trade secret or proprietary
8 information is confidential and is not subject to disclosure under
9 the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

10 (11) A member of the council is not entitled to compensation
11 for service on the council, but may be reimbursed for actual and
12 necessary expenses incurred in serving.

13 (12) The council shall assist the board in making decisions
14 required under this act.

15 Sec. 11. (1) Beginning 18 months after the effective date of
16 this act, subject to subsection (2), the board, in consultation
17 with the council, shall select 1 or more prescription drug products
18 based on any of the following criteria:

19 (a) The prescription drug product is a brand-name drug or a
20 biologic that, as adjusted annually for inflation in accordance
21 with the Consumer Price Index, has a wholesale acquisition cost of
22 \$60,000.00 or more per year or course of treatment or has a
23 wholesale acquisition cost increase of \$3,000.00 or more in any 12-
24 month period.

25 (b) The prescription drug product is a biosimilar that has a
26 wholesale acquisition cost that is not at least 15% lower than the
27 referenced brand biologic.

28 (c) The prescription drug product is a generic drug that, as
29 adjusted annually for inflation in accordance with the Consumer

1 Price Index, has a wholesale acquisition cost that meets both of
2 the following requirements:

3 (i) Is \$100.00 or more for any of the following:

4 (A) A 30-day supply that lasts a patient for a period of 30
5 consecutive days based on the recommended dosage approved for
6 labeling by the United States Food and Drug Administration.

7 (B) A supply that lasts a patient for fewer than 30 days based
8 on the recommended dosage approved for labeling by the United
9 States Food and Drug Administration.

10 (C) One unit of the drug if the labeling approved by the
11 United States Food and Drug Administration does not recommend a
12 finite dosage.

13 (ii) Increased by 200% or more during the immediately preceding
14 12-month period, as determined by the difference between the
15 resulting wholesale acquisition cost and the average wholesale
16 acquisition cost reported over the immediately preceding 12 months.

17 (d) The prescription drug product is a prescription drug
18 product that may create affordability challenges for health care
19 systems in this state and patients, including, but not limited to,
20 a prescription drug product needed to address a public health
21 emergency.

22 (2) In selecting 1 or more prescription drug products under
23 subsection (1), the board is not required to identify each
24 prescription drug product that meets the criteria described in
25 subsection (1).

26 (3) The board shall determine whether to conduct a cost and
27 affordability review for each prescription drug product that is
28 selected under subsection (1). In making a determination under this
29 subsection, the board shall consider input from the council and the

1 average patient cost share for each prescription drug product.

2 (4) If the board conducts a cost and affordability review of a
3 prescription drug product, the board may consider when conducting
4 the review any document or research related to the manufacturer's
5 selection of the introductory price or price increase of the
6 prescription drug product, including life cycle management, net
7 average price in this state, market competition, projected revenue,
8 and, subject to subsection (7), the estimated cost effectiveness of
9 the prescription drug product. In its review, the board shall
10 determine whether the use of a prescription drug product that is
11 fully consistent with the labeling approved by the United States
12 Food and Drug Administration or standard medical practice for the
13 prescription drug product has led to or will lead to affordability
14 challenges to health care systems in this state or high out-of-
15 pocket costs for patients in this state. In making its
16 determination under this subsection, the board shall consider any
17 information that a manufacturer chooses to provide to the board and
18 all of the following factors, to the extent practicable:

19 (a) The wholesale acquisition cost for the prescription drug
20 product sold in this state.

21 (b) The average monetary price concession, discount, or rebate
22 that the manufacturer provides to health insurers and pharmacy
23 benefit managers in this state or is expected to provide to health
24 insurers and pharmacy benefit managers in this state, expressed as
25 a percent of the wholesale acquisition cost for the prescription
26 drug product under review.

27 (c) The price at which therapeutic alternatives for the
28 prescription drug product have been sold in this state.

29 (d) The average monetary concession, discount, or rebate that

1 another manufacturer provides or is expected to provide to health
2 insurers and pharmacy benefit managers in this state for
3 therapeutic alternatives.

4 (e) The cost to health insurers based on patient access
5 consistent with United States Food and Drug Administration labeled
6 indications or recognized standard medical practice.

7 (f) The impact on patient access resulting from the cost of
8 the prescription drug product relative to insurance benefit design.

9 (g) The current or expected dollar value of drug-specific
10 patient access programs that are supported by the manufacturer.

11 (h) The relative financial impact to health, medical, or
12 social service costs as can be quantified and compared to baseline
13 effects of existing therapeutic alternatives.

14 (i) The average patient co-pay or other cost-sharing for the
15 prescription drug product in this state.

16 (j) Any other factor established by the board by rule.

17 (5) If the board determines that spending on a prescription
18 drug product reviewed under this section has led to or will lead to
19 affordability challenges to health care systems in this state or
20 high out-of-pocket costs for patients in this state, the board may,
21 subject to subsection (6), establish by rule an upper payment limit
22 for the prescription drug product. In establishing an upper payment
23 limit under this subsection, the board shall consider all of the
24 following:

25 (a) Relevant administrative costs related to supplying or
26 stocking the prescription drug product.

27 (b) The impact of an upper payment limit for the prescription
28 drug product on 340B Program entities.

29 (6) An upper payment limit established under this section must

1 not include professional dispensing fees.

2 (7) If the board considers the estimated cost effectiveness of
3 a prescription drug product under this section, the board shall
4 comply with both of the following:

5 (a) The board shall not use a cost-per-quality adjusted life
6 year, or a similar measure, to identify a subpopulation for which a
7 prescription drug product would be less cost effective due to
8 severity of illness, age, or preexisting disability.

9 (b) If the board uses a cost-effectiveness analysis for a
10 prescription drug product that extends an individual's life, the
11 board must use a cost-effectiveness analysis that weighs the value
12 of all additional lifetime gained equally for any individual, no
13 matter the severity of illness, age, or preexisting disability.

14 (8) An upper payment limit established under this section
15 takes effect on the date prescribed by the board by rule but no
16 sooner than 6 months after the date the upper payment limit is
17 established.

18 Sec. 12. (1) Except as otherwise provided in subsection (2),
19 if the board establishes an upper payment limit under section 11
20 for a prescription drug product intended for use by individuals in
21 this state, beginning on the effective date of the upper payment
22 limit, a prescription drug product purchaser or third-party payer
23 shall not purchase, bill, or reimburse for the prescription drug
24 product in an amount that exceeds the upper payment limit,
25 regardless of whether the prescription drug product is dispensed or
26 distributed in person, by mail, or by other means.

27 (2) A prescription drug product purchaser or third-party payer
28 shall not reimburse an independent pharmacy licensed under article
29 15 of the public health code, 1978 PA 368, MCL 333.16101 to

1 333.18838, for a prescription drug product in an amount less than
2 an upper payment limit established under section 11 for the
3 prescription drug product.

4 (3) The attorney general may investigate a violation of this
5 section and may commence a civil action against a person for
6 appropriate relief, including, but not limited to, injunctive
7 relief, for a violation of this section.

8 (4) This section does not prohibit any other sanction against
9 a prescription drug product purchaser or third-party payer as
10 provided by law.

11 Sec. 13. A person aggrieved by a decision of the board under
12 this act may request an appeal within 30 days. A hearing and appeal
13 is subject to the administrative procedures act of 1969, 1969 PA
14 306, MCL 24.201 to 24.328.

15 Sec. 17. (1) The prescription drug affordability fund is
16 created within the state treasury.

17 (2) The state treasurer shall deposit money and other assets
18 from any source into the fund. The state treasurer shall direct the
19 investment of money in the fund and credit interest and earnings
20 from fund investments to the fund.

21 (3) Money in the fund at the close of the fiscal year must
22 remain in the fund and must not lapse to the general fund.

23 (4) The department is the administrator of the fund for audits
24 of the fund.

25 (5) The department shall expend money from the fund, on
26 appropriation, only to fund the board and for costs expended by the
27 department to implement this act.

28 Sec. 19. On or before December 31 of each year, the board
29 shall submit a written report to the legislature that includes all

1 of the following information:

2 (a) Price trends for prescription drug products.

3 (b) The number of prescription drug products that were subject
4 to board review, including the results of the review and the number
5 and disposition of appeals of board decisions.

6 (c) Any recommendations that the board may have on further
7 legislation to make prescription drug products more affordable in
8 this state.

9 Sec. 20. The board shall conduct a 1-time study on all of the
10 following and report its findings to the legislature:

11 (a) The prices of generic drugs on a year-to-year basis.

12 (b) The degree to which the prices of generic drugs affect
13 yearly insurance premium charges.

14 (c) Annual changes in insurance cost-sharing for generic
15 drugs.

16 (d) The potential for and history of drug shortages.

17 (e) The degree to which the prices of generic drugs affect
18 yearly Medicaid spending in this state.

19 (f) The impact of an upper payment limit on 340B Program
20 entities.

21 (g) Any other issue that the board considers relevant.

22 Sec. 21. The board may promulgate rules to implement this act
23 and enter into contracts with third parties to assist the board in
24 carrying out its functions under this act.

25 Sec. 23. The implementation of this act is subject to
26 appropriation.