

Maine Prescription Drug Affordability Board

February 23rd, 2026



Bill Tracker and Update on Legislative Session

Bill Title	Summary	Committee	Public Hearing	Work Session	Status
LD 2151 : An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas	Provides one-time funding for FQHCs to expand pharmacy services	HCIFS	1/27	2/4 (Tabled) 2/17	
LD 2019 : An Act to Amend the Laws Governing Licensure of Wholesalers and Manufacturers Under the Maine Pharmacy Act	Technical change requested by the pharmacy board: modifies the initial licensure qualifications for manufacturers and wholesalers by allowing an applicant to apply for licensure before the they have obtained a registration number from federal agencies	HCIFS	1/20	2/4 - Voted Ought to Pass	Passed in House and Senate
LD 2005 : An Act Regarding Mail Order Delivery of Prescription Drugs	Requires PBMs to allow for the dispensing of a prescription at a network pharmacy if the prescription is delayed by more than one day after the expected delivery date provided by a mail order pharmacy or if the prescription arrives in an unusable condition	HCIFS	1/20	2/4 - Voted Ought to Pass as Amended	

Tentative 2026 Schedule

Meeting Date	Topic
February 23 rd	PBMs: Meeting 1 – Education
March 23 rd	PBMs: Meeting 2 – Follow up questions and discussion
April 27 th	Transparency for patients and providers: Meeting 1 – Education
May 18 th	Transparency for patients and providers: Meeting 2 – Follow up questions and discussion
June 22 nd	UPLs: Meeting 1 – Education
July 27 th	UPLs: Meeting 2 – Follow up questions and discussion
August 24 th	OOP Costs
September 28 th	Data Collection
October 26 th	HOLD for additional topic
November 16 th	Work Meetings on Positionality
December 14 th	Work Meetings in Positionality & Finalization of Reports



PBM Background

Pharmacy benefit managers, or PBMs, are companies that work with health insurers, large employers, and other payers to *manage their prescription drug benefits*.

PBMs negotiate with drug manufacturers and pharmacies to set prices, determine patients' access to medications, and contract with pharmacies to participate in networks.

Insurers pay PBMs to perform these duties. PBMs also derive revenue in other ways, such as:

- Receiving a share of the drug rebates they negotiate with pharmaceutical companies
- Collecting the difference between what insurers are reimbursed and the amount that pharmacies are paid (spread pricing)
- Steering business to their affiliated pharmacies



FTC Reports

The FTC has released two reports, which originated from a 2022 bipartisan decision to use the FTC's authority to investigate whether highly concentrated and vertically integrated PBMs were contributing to higher drug costs and reduced competition.

The [first report](#), released in 2024, concluded that powerful, consolidated PBMs have structural incentives and practices that may inflate drug prices, disadvantage independent pharmacies, and reduce competition.

The [second report](#), released in 2025, found that that specialty generic drugs have become a significant source of profit for vertically integrated PBMs and their affiliated pharmacies. The scale of markups, reimbursement differences, and revenue collected suggests practices that may inflate costs for plans and patients and advantage PBM-owned pharmacies over independent ones.

Federal Level Updates

On February 3, 2026, Congress passed the [Consolidated Appropriations Act, 2026](#). The legislation includes an extensive package of PBM reforms that aim to reshape PBM operations across the commercial market and Medicare Part D beginning in 2028–2029. The commercial reforms are summarized here:

Application	Provisions
Commercial Market (Group Plans Only)	<ul style="list-style-type: none">• Requires 100% pass through of rebates to insurance carriers<ul style="list-style-type: none">• Requires that PBMs remit rebates to their plan clients on a quarterly basis• Requires PBMs to fully disclose all rebates to their plan clients• At least once per plan year, PBMs are required to make rebate records, including rebate contracts, available to their plan clients for audit• If a PBM violates these requirements, the PBM’s contract becomes “unreasonable” under ERISA and constitutes a prohibited transaction
Commercial Market (Group Plans and Health Insurance Issuers)	<ul style="list-style-type: none"><input type="checkbox"/> PBMs may not enter into contracts that limit the PBM’s ability to provide these required reports<input type="checkbox"/> The Secretary of HHS or the Secretary of Labor may impose civil monetary penalties, and the Secretary of the Treasury may enforce parallel excise taxes under the Internal Revenue Code, if a PBM fails to comply with the law’s reporting requirements

NASHP's State PBM Legislation Tracker

PBM Provision	States with enacted law
Prohibits gag clauses on pharmacies	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, ME , MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, UT, VA, VT, WI, WV, WY
Limits patient cost-sharing	AR, AZ, CA, CO, CT, DE, FL, GA, IA, IL, IN, KY, ME , MT, NC, ND, NE, NJ, NM, NV, OK, OR, SD, TX, UT, VA, VT, WA, WI, WV
Requires PBM licensure/registration	AK, AL, AR, AZ, DE, FL, HI, ID, IL, IN, KS, LA, MD, ME , MI, MN, MT, NC, NE, NH, NJ, NM, NY, OR, SC, SD, TN, UT, VA, VT, WA, WI, WV
Establishes Maximum Allowable Cost (MAC) list requirements	AK, AR, AZ, DE, GA, IA, ID, IL, IN, KS, LA, MD, ME , MI, MN, NE, NH, NM, OR, SC, SD, TX, VT, WV
Prohibits clawbacks/retroactive denials	AL, AR, CO, GA, IA, ID, IN, KY, LA, MD, ME , MI, MN, ND, OK, PA, SC, SD, UT, WA, WI, WV
Requires a PBM to have a fiduciary duty to insurer	ME , VT
Prohibits discrimination against non-affiliated pharmacies	AL, AR, CO, DE, GA, IA, IN, KY, LA, MD, MI, MN, ND, NM, PA, SC, SD, TN, TX, UT, VA, VT, WA, WV, ME
Prevents or prohibits spread pricing	AR, CO, DE, FL, ID, IL, IN, LA, MD, MI, MN, VA, VT, WA, WV, ME

NASHP's State PBM Legislation Tracker

PBM Provision	States with enacted law
Creates regulations for the state or a contracted party's audit of a PBM	AL, AR, CT, IN, MI, PA, SD, TX, VA, WI, ME
Prohibits discrimination against 340B-covered entities	AR, CO, CT, DE, GA, IA, IL, IN, MD, MI, MN, MS, MT, NC, ND, NE, NH, NV, OH, OR, SD, TN, UT, VA, VT, WV, ME
Requires PBMs to report rebate or other information to the state	AL, AR, CA, CO, CT, IA, ID, IN, KY, LA, ME , MI, MN, MT, ND, NH, NJ, NM, NV, NY, OR, UT, VA, WA, WI, WV
Requires PBMs to share rebate or other information to health plans	AK, AL, CA, GA, ID, MA, MN, NY, SD, VT, WV, ME
Establishes reimbursement requirements	AL, AR, CO, GA, KY, LA, MD, NM, NY, OK, OR, TN, UT, VA, WA, WV
Establishes pharmacy network requirements	ID, KY, ND, OR, PA, UT, VA, WA
Creates regulations for a PBM's audit of a pharmacy	AK, AZ, IN, MI, MN, NE, OK, WI, WV

PBM Laws in Maine Targeting Oversight

Legislation	Provisions	NASHP Tracker
LD 1504 , 2019	<ul style="list-style-type: none">• Requires PBMs to obtain a license from the Bureau of Insurance• Makes carriers responsible for monitoring all activities performed by its contracted PBM. PBMs owe a fiduciary duty to the carrier under contract.	Requires PBM licensure/ registration and requires a PBM to have a fiduciary duty to insurer

PBM Laws in Maine Targeting Out of Pocket Costs or Consumer Costs

Legislation	Provisions	NASHP Tracker
LD 6 , 2017	A carrier or PBM may not impose on an enrollee a copayment or other charge that exceeds the claim cost of a prescription drug	Limits patient cost-sharing
LD 1504 , 2019	<ul style="list-style-type: none"> • Requires carriers use rebates that PBMs negotiate to either lower health plan premiums or reduce out-of-pocket costs and report annually to the BOI on how they used compensation from a pharmaceutical manufacturer, developer or labeler to benefit their members • Prohibits PBMs from including clauses in its contracts that prohibit pharmacists from disclosing cost sharing information to patients, including the availability of lower cost alternatives 	Limits patient cost-sharing
LD 1783 , 2022	<p>Requires that all payments made by patients, directly or on their behalf, be counted toward their overall out-of-pocket maximum payment or deductible</p> <ul style="list-style-type: none"> ○ Ex: If a third party provides any payment, waiver, or discount to an enrollee to assist with the cost of a covered drug, the law requires the carrier or PBM to credit the amount toward the enrollee’s deductible, copayment, or other cost-sharing requirement 	Limits patient cost-sharing



PBM Laws in Maine Targeting Transparency

Legislation	Provisions	NASHP Tracker
LD 1162 , 2019	<p>Requires Maine Health Data Organization submit an annual report on prescription drug pricing to the Committee on Health Coverage, Insurance and Financial Services</p> <ul style="list-style-type: none"> ○ Manufacturers, wholesalers, and PBMs must provide annual drug price reports to MHDO, which must notify MHDO if the manufacturer has increased the wholesale acquisition cost of a brand-name or generic drug by more than 20% and/or introduced a new drug for distribution that has a cost greater than the threshold for being designated a "specialty drug" under Medicare Part D 	<p>Requires PBMs to report rebate or other information to the state</p>
LD 2114 , 2024 (Resolve)	<p>The Bureau of Insurance will request data from carriers related to each carrier's placement of generic drugs and biosimilars on their formulary (Read BOI report here)</p> <ul style="list-style-type: none"> ○ Includes information on whether a generic drug or biosimilar is available on the formulary with a lower out-of-pocket cost than the equivalent brand name ○ Includes information about whether the carrier imposes any limitation on coverage of a generic drug or biosimilar or imposes a restriction on a pharmacy that makes it more difficult for an enrollee to obtain coverage of or access to a generic drug or biosimilar than the brand name equivalent 	<p>Requires PBMs to report rebate or other information to the state</p>

PBM Laws in Maine

Targeting Transparency (cont.)

Legislation	Provisions	NASHP Tracker
LD 1906, 2025	<p>Requires that PBM contracts permit employers to perform a post-payment audit of all claims at least once per calendar year (and prohibits PBMs from using unduly restrictive confidentiality provisions as subterfuge for restricting audit rights)</p> <ul style="list-style-type: none">○ Requires that PBMs provide data related to:○ Rebate amounts○ Prescription drug and device claims received by the PBM○ Any other revenue and fees derived by the PBM from the contract	Creates regulations for the state or a contracted party's audit of a PBM

PBM Laws in Maine Targeting Spread Pricing

Legislation	Provisions	NASHP Tracker
LD 1504 , 2019	Mandates the use of a single Maximum Allowable Cost (MAC) list that must be identified by the PBM so prices are transparent to all parties, including pharmacies and the carrier to avoid spread pricing	Establishes Maximum Allowable Cost (MAC) list requirements and prevents or prohibits spread pricing
LD 1580 , 2025	<ul style="list-style-type: none">□ Prohibits a carrier or PBM from, either directly or through an intermediary, facilitating or entering into a contract with another person involving spread pricing in Maine○ Must certify annually to the BOI that it has fully complied with the requirements of this section throughout the prior calendar year	Prevents or prohibits spread pricing

PBM Laws in Maine Targeting Pharmacies

Legislation	Provisions	NASHP Tracker
LD 6, 2017	If information related to an enrollee's out-of-pocket cost or the clinical efficacy of a prescription drug or alternative medication is available to a pharmacy provider, a carrier or PBM may not penalize a pharmacy provider for providing that information to an enrollee	Prohibits gag clauses on pharmacies
LD 180, 2025	Prohibits a PBM from reimbursing a non-affiliated pharmacy in an amount less than the PBM would reimburse an affiliate pharmacy	Prohibits discrimination against non-affiliated pharmacies
2025 Budget	<ul style="list-style-type: none"> Prohibits PBMs from reimbursing a 340B entity for 340B drugs at a rate lower than that paid for the same drug to non-340B entities Prohibits PBMs from imposing any terms or conditions on any 340B entity that differ from terms or conditions applied to non-340B entities or pharmacies (including fees, clawbacks, or other adjustments) 340B hospitals must report certain data to MHDO, including aggregated acquisition cost for the prescription drugs obtained under the 340B program and aggregated payment amount received for the prescription drugs obtained under the 340B program and dispensed to patients, etc. 	Prohibits discrimination against 340B-covered entities



PBM Laws in Maine Targeting Pharmacies (cont.)

Legislation	Provisions	NASHP Tracker
LD 1928 , 2020	Prohibits PBMs from retroactively reducing payment ("clawbacks") to a pharmacy on a clean claim after the point of sale, except as the result of an audit or adjudication	Prohibits clawbacks/retroactive denials

NASHP's State PBM Legislation Tracker

– Gaps in Maine

PBM Provision	States with enacted law
<p>Establishes reimbursement requirements</p> <ul style="list-style-type: none"> • Reimbursement requirements include: <ul style="list-style-type: none"> ○ Allowing a Department of Medicaid to change at any time for any reason the reimbursement rates between a PBM and a contracted pharmacy ○ Prohibiting a PBM from paying a pharmacy for a drug less than NADAC or WAC ○ Establishing an appeals process to allow pharmacies to challenge a maximum allowable cost list and reimbursements 	<p>AL, AR, CO, GA, KY, LA, MD, NM, NY, OK, OR, TN, UT, VA, WA, WV</p> <p>Maine's LD 180, passed in 2025, originally contained language prohibiting PBMs from reimbursing a pharmacy for a prescription drug in an amount that is less than the national average drug acquisition cost (NADAC). This language was not included in the final bill.</p>
<p>Establishes pharmacy network requirements</p> <ul style="list-style-type: none"> • Prohibits PBMs to restrict pharmacy networks only to affiliated pharmacies or to require enrollees to use mail-order pharmacies and/or establishes network adequacy requirements for PBM pharmacy networks 	<p>ID, KY, ND, OR, PA, UT, VA, WA</p>
<p>Creates regulations for a PBM's audit of a pharmacy</p> <ul style="list-style-type: none"> • Regulations include requiring a PBM to give notice to a pharmacy before conducting an audit; requires PBMS to audit each pharmacy (whether affiliate or non-affiliate) under the same standards, and mandates that specific requirements for recoupment or chargebacks must be met 	<p>AK, AZ, IN, MI, MN, NE, OK, WI, WV</p> <p>Current Maine law does require that pharmacies are given ten days advance notice of an audit.</p>



Discussion and Questions

- PBM related priorities from Board members:
 - **Vertical consolidation**
 - Aligning pharmacy carve-out fees with actual administrative costs to remove financial barriers for employers seeking to contract with independent, transparent pass-through PBMs
 - **Enforcement of existing regulation in Maine**
 - Spread pricing
 - **Independent pharmacy access & dispensing rules**
 - **Upfront DIR clawbacks in the commercial market** (similar to Medicare)
 - Reporting of DIR clawbacks to MHDO
 - Content for next meeting
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