

Maine Prescription Drug Affordability Board

March 23rd, 2026

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 on Positionality & Finalization of Reports

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



Board Priorities Related to PBMs

- PBM related priorities from Board members:
 - **Enforcement of existing regulation in Maine**
 - Spread pricing
 - **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
 - **Independent pharmacy access & dispensing rules**
 - **Upfront DIR clawbacks in the commercial market** (similar to Medicare)
 - Reporting of DIR clawbacks to MHDO
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PBM Enforcement in Oklahoma

Pharmacy Benefit Managers Compliance and Enforcement Unit – Attorney General's Office

- Established in 2023 and committed to investigating and prosecuting violations of the Oklahoma [Patients Right to Pharmacy Choice Act](#) and the [Pharmacy Audit Integrity Act](#)
- 14 Total Full-Time OAG Employees Assigned to PBM Compliance & Enforcement

Examples of Enforcement Outcomes:

- [September 2025](#): The Oklahoma Attorney General secured a settlement exceeding \$32 million from CVS Caremark after determining that the PBM withheld rebates that should have been passed through to the state employee health plan from 2020 through 2024. Under the settlement, CVS Caremark agreed to remit more than \$32 million, with approximately \$27 million going directly to the plan
 - [December 2025](#): The Oklahoma Attorney General secured a settlement of more than \$5 million with CVS Caremark to resolve allegations that the PBM paid Oklahoma pharmacies less than what the medications actually cost. The money will repay pharmacies for 68,099 prescriptions filled between January 2024 and August 2025 where they were paid less than what the drugs cost them
 - [November 2025](#): The Oklahoma Attorney General issued a cease and desist letter to OptumRx following reports that the pharmacy benefit manager (PBM) attempted to engage in illegal, retroactive reimbursement claw backs from Oklahoma pharmacies
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Enforcement of Oversight Provisions

Legislation	Provisions	Enforcement
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.	<p>Authority: Bureau of Insurance PBMs subject to a fine of \$5,000 per day for any period of violation (failure to obtain license)</p> <ul style="list-style-type: none">• The superintendent may suspend, revoke or place on probation a PBM license under any of the following circumstances:<ul style="list-style-type: none">○ A. The PBM has engaged in fraudulent activity that constitutes a violation of state or federal law○ B. The superintendent has received consumer complaints that justify an action under this subsection to protect the safety and interests of consumers○ C. The PBM fails to pay the original issuance or renewal fee for the license○ D. The PBM fails to comply with a requirement set forth in this chapter

Enforcement of Out-of-Pocket Cost and Cost Sharing Provisions

Legislation	Provisions	Enforcement
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	<ul style="list-style-type: none">• Carriers must file a report annually with the superintendent demonstrating how the carrier has complied with this section• No specific language on disclosure clauses
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	<p>Chapter 56-C: Primarily enforced by the Bureau of Insurance through broad regulation of insurance carriers and PBMs, through mechanisms such as insurance regulation and administrative oversight. No explicit mechanisms are tied to this section.</p>

Enforcement of Transparency Provisions

Legislation	Provisions	Enforcement
<p>LD 1162, 2019</p>	<p>Requires Maine Health Data Organization submit an annual report on prescription drug pricing to the Committee on Health Coverage, Insurance and Financial Services (Read the 2025 report here)</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>---</p> <p><i>Duties carried out by MHDO</i></p>
<p>LD 2114, 2024 (Resolve)</p>	<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>---</p> <p><i>Duties carried out by BOI</i></p>

Enforcement of Transparency Provisions (cont.)

Legislation	Provisions	Enforcement
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	<p>Authority: Attorney General</p> <p>Violation of any provisions are subject to exclusive enforcement under the Maine Unfair Trade Practices Act. A violation is committed each time a prohibited act under this section occurs. Investigations of violations by PBMs may include a 3rd party that may possess evidence supporting such investigation.</p> <p>The AG can seek injunctions, restitution, and civil penalties.</p>

Enforcement of Spread Pricing Provisions

Legislation	Provisions	Enforcement
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	<p>Authority: Carrier administered appeals process</p> <p>A carrier or PBM must provide a reasonable administrative appeal procedure, including a right to appeal that is limited to 14 days following the initial claim, to allow contracted pharmacies to challenge maximum allowable costs for a specified drug. The carrier or pharmacy benefits manager shall respond to an appeal as follows:</p> <ul style="list-style-type: none">• A. If the appeal is upheld, the carrier or PBM must make the appropriate adjustment in the maximum allowable cost and permit the challenging pharmacy or pharmacist to reverse and rebill the claim in question• B. If the appeal is denied, the carrier or PBM must provide the challenging pharmacy the national drug code from national or regional wholesalers of a comparable prescription drug that may be purchased at or below the maximum allowable cost

Enforcement of Spread Pricing Provisions (cont.)

Legislation	Provisions	Enforcement
LD 1580 , 2025	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	Authority: Bureau of Insurance A carrier or PBM operating in the State must certify, annually, to the Superintendent that it has fully complied with the requirements of this section throughout the prior calendar year. The certification must be signed by the chief executive officer or chief financial officer of the carrier or PBM. A violation of this section is subject to enforcement by the superintendent pursuant to section 12-A (civil penalties).

Enforcement of Pharmacy Protection Provisions

Legislation	Provisions	Enforcement
LD 180, 2025	Prohibits a PBM from reimbursing a non-affiliated pharmacy in an amount less than the PBM would reimburse an affiliate pharmacy	Chapter 56-C : Primarily enforced by the Bureau of Insurance through broad regulation of insurance carriers and PBMs, through mechanisms such as insurance regulation and administrative oversight. No explicit mechanisms are tied to this section.
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 entitiesProhibits 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, claw backs, 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.	A violation of this chapter is subject to enforcement under the Maine Unfair Trade Practices Act, including any of the remedies provided for in that Act (such as restitution, injunctive relief, and civil penalties).





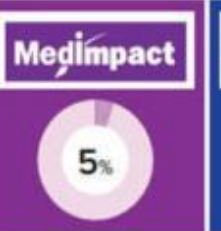

Enforcement of Pharmacy Protection Provisions (cont.)

Legislation	Provisions	Enforcement
LD 1928, 2020	Prohibits PBMs from retroactively reducing payment ("claw backs") to a pharmacy on a clean claim after the point of sale, except as the result of an audit or adjudication	Chapter 56-A : Primarily enforced by the Bureau of Insurance through broad regulation of insurance carriers and PBMs, through mechanisms such as insurance regulation, administrative oversight, and consumer complaint processes. No explicit mechanisms are tied to this section.



Vertical Consolidation

- A number of vertically integrated healthcare companies, including CVS Health, UnitedHealth Group, and Cigna, now control large segments of the PBM, insurance, and pharmacy markets. This consolidation has [raised concerns](#) that integrated control across the drug supply chain may reduce competition and influence drug pricing and formulary design.
 - The three largest PBMs (CVS Caremark, Express Scripts and OptumRx) process roughly 80% of all U.S. prescriptions, highlighting the high level of consolidation in the PBM market
 - Examples of work in other states to address vertical integration:
 - Arkansas passed a bill in 2025 to ban PBMs from owning or operating retail or mail-order pharmacies in the state. A federal court has preliminarily enjoined Arkansas Act 624
 - Arkansas is currently the only state to pass a full ownership ban, but multiple states, including Arizona, Indiana, New York, Vermont, Tennessee, Iowa, and Louisiana, have introduced or debated similar legislation targeting PBM-pharmacy vertical integration
 - Pennsylvania passed a bill in 2024 that prohibits PBMs from forcing patients to use mail-order or PBM-affiliated pharmacies
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Parent/Owner	CVS Health Corporation	The Cigna Group	UnitedHealth Group Inc.	Humana Inc.	MedImpact Holdings Inc.	19 BlueCross BlueShield plans
Drug Private Labeler	Cordavis Limited	Quallent Pharmaceuticals	NUVAILA			
Health Care Provider	MinuteClinic, Signify Health	Evernorth Care Group	Optum Health	CenterWell		
Pharmacy Benefit Manager						
"PBM GPO"/ Rebate Aggregator	Zinc Health Services	Ascent Health Services	Emisar Pharma Services	Ascent (via contract)	Prescient Holdings Group LLC	Ascent (minority owner)
Pharmacy - Retail	CVS Pharmacy					
Pharmacy - Mail Order	CVS Caremark Mail Service Pharmacy	Express Scripts Pharmacy	Optum Rx Mail Service Pharmacy	CenterWell Pharmacy	Birdi, Inc.	Express Scripts Pharmacy (via contract)
Pharmacy - Specialty	CVS Specialty Pharmacy	Accredo	Optum Specialty Pharmacy	CenterWell Specialty Pharmacy	Specialty by Birdi	Accredo (via contract)
Health Insurer	Aetna	Cigna Healthcare	UnitedHealthcare	Humana		19 BlueCross BlueShield plans

Vertical Consolidation

Federal Trade Commission, *Pharmacy Benefit Managers: The Powerful Middlemen Inflating Drug Costs and Squeezing Main Street Pharmacies*, PBMs: Ownership and Vertical Integration. July 2024.



DIR Clawbacks

- DIR (Direct and Indirect Remuneration) fees are retroactive payments that PBMs collect from pharmacies after prescriptions are filled, often months later. These “claw backs” can significantly reduce pharmacy reimbursement, create uncertainty for independent pharmacies, and obscure the true cost of medications for patients and insurers. PBMs typically justify DIR claw backs as performance-based adjustments and risk management tools
 - Maine prohibits PBMs from retroactively reducing payment ("claw backs") to a pharmacy on a clean claim after the point of sale, except as the result of an audit or adjudication. This is the most common state-based approach to addressing the issue.
 - While Maine doesn't publish a stand-alone DIR claw back report for the public, PBM reporting requirements and data access/audit rights give plan sponsors and state entities visibility into PBM financial flows that could include claw back activity
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Independent Pharmacy Access

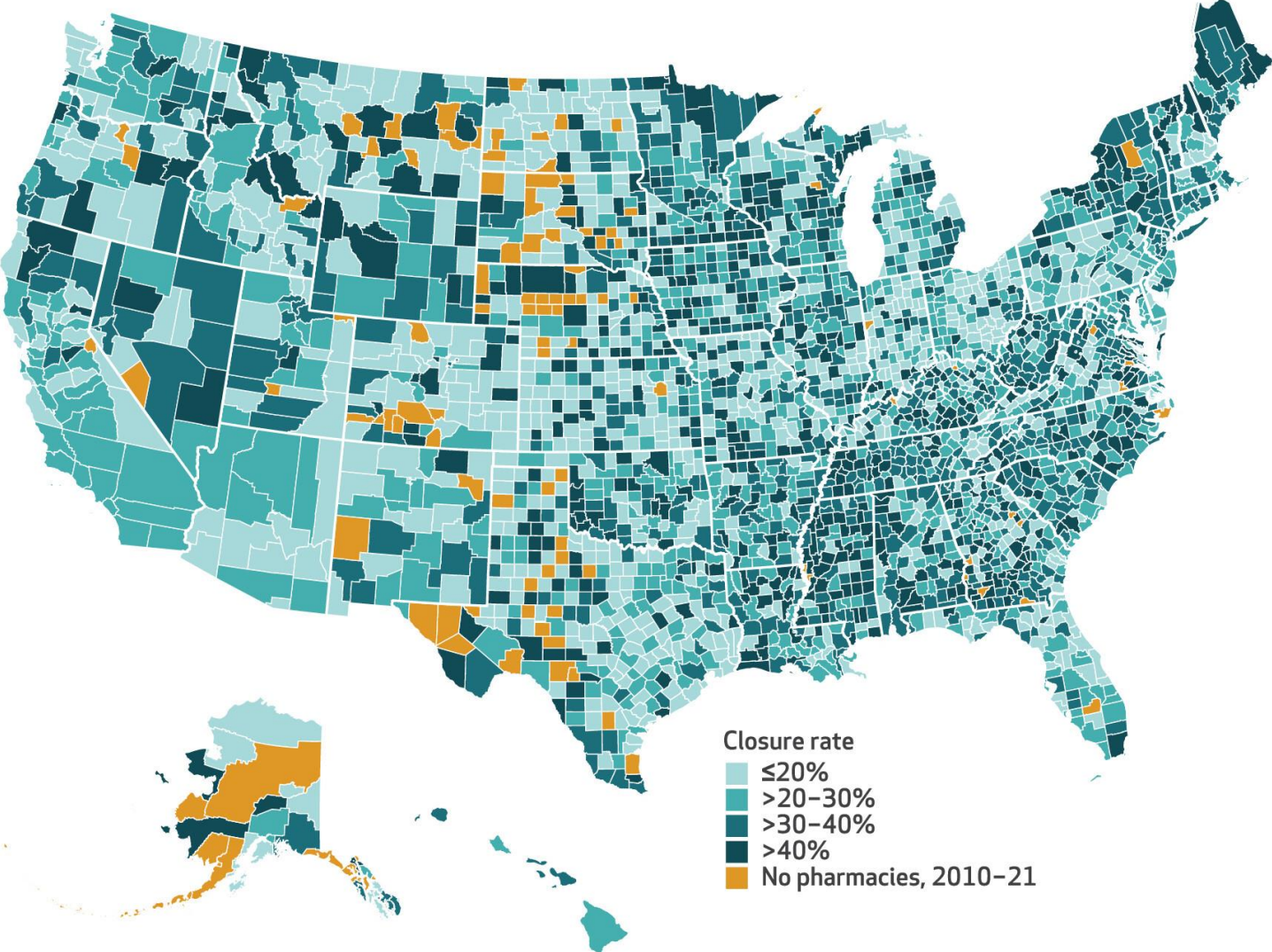
- In Maine, independent pharmacies have faced high closure rates, particularly in rural areas, creating “pharmacy deserts” where residents must travel long distances for medications. Many closures are [linked to](#) low reimbursement and retroactive PBM fees, which squeeze margins and make it difficult for independent pharmacies to remain viable
 - Examples from other states
 - Several states, including Kentucky, Iowa, and Alabama, have enacted laws requiring PBMs to reimburse pharmacies (or independent pharmacies specifically) at rates tied to actual acquisition costs (such as NADAC or Medicaid-equivalent rates) plus a professional dispensing fee, and prohibiting spread pricing and retroactive claw backs that erode pharmacy margins
 - In Maine, LD 180, passed in 2025 prohibits a PBM from reimbursing a non-affiliated pharmacy in an amount less than the PBM would reimburse an affiliate pharmacy
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Rural Pharmacy Closures in Maine

- [Between 2010 and 2021](#), all but one Maine county experienced pharmacy closure rates of above 20%, and many of our more rural counties saw **closure rates approaching 40%**
 - The national average of closures during this time period was 29.4%
 - A *Maine Monitor* [analysis](#) of state pharmacy licensing data from 2023 found that **a tenth of Maine pharmacies closed between 2013 and 2024**
 - A 2021 analysis by researchers at [GoodRx](#) found that in every Maine county except Cumberland, York and Sagadahoc, **at least a third of residents live more than a 15-minute drive from the closest pharmacy**
 - In Washington County, 84% of residents live over 15 minutes from the closest pharmacy
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Pharmacy closure rates in the US, by county, 2010–21

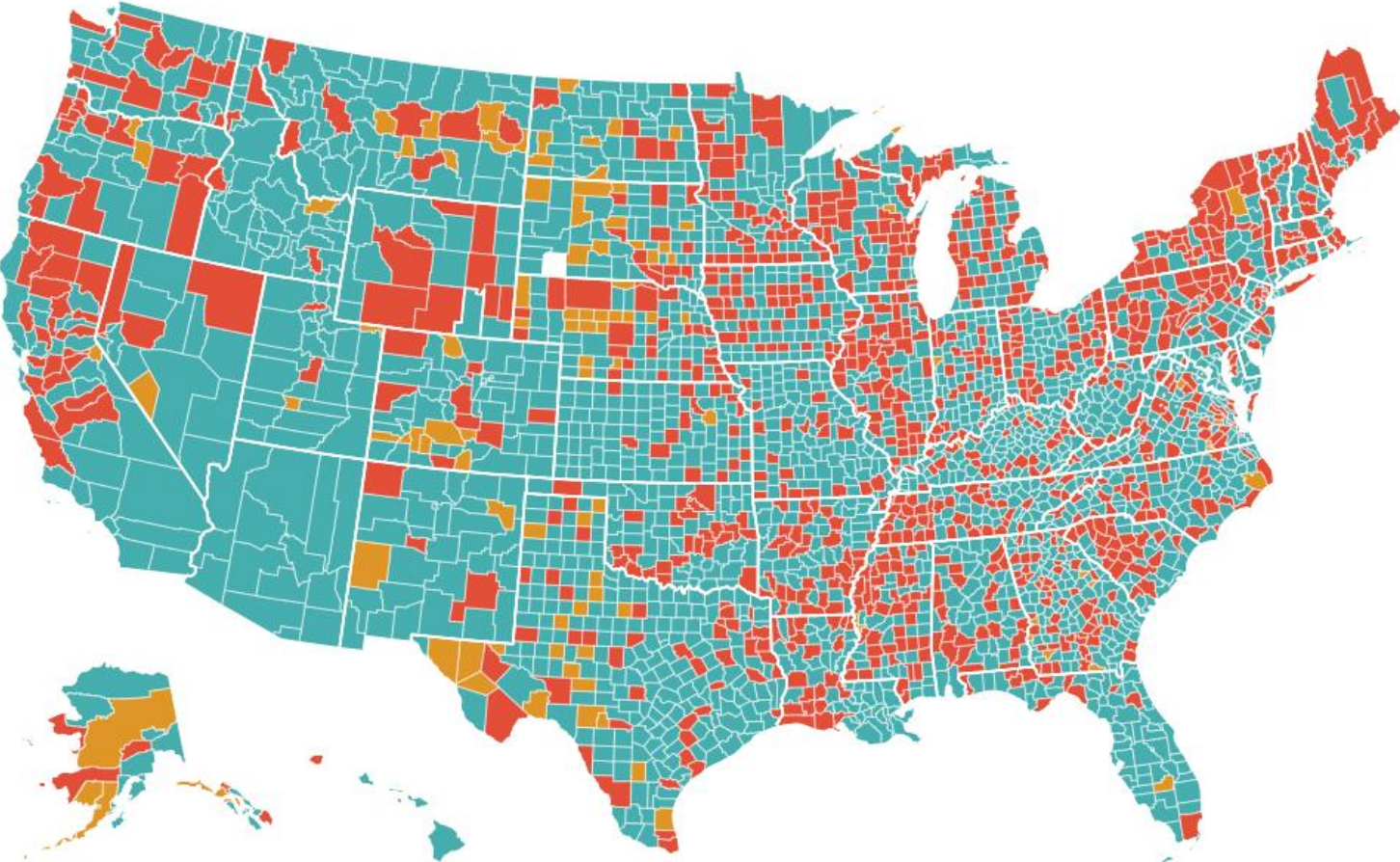


Closure Rates by County Nationwide

“More US Pharmacies Closed Than Opened In 2018–21; Independent Pharmacies, Those In Black, Latinx Communities Most At Risk,” Health Affairs, December 2024. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2024.00192>

Changes in the number of US pharmacies by county, 2010-2021

- Net loss
- No pharmacies 2010-21
- Stable or increase



Pharmacy Closures by County Nationwide

“More US Pharmacies Closed Than Opened In 2018–21; Independent Pharmacies, Those In Black, Latinx Communities Most At Risk,” Health Affairs, December 2024. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2024.00192>