

BILL SUMMARY
2nd Session of the 60th Legislature

Bill No.:	HB4457
Version:	POLREC-AMD1
Request Number:	
Author:	Rep. Newton
Date:	3/3/2026
Impact:	See Analysis Below

Research Analysis

The amendment to the policy committee recommendation for HB 4457 clarifies that pharmacy benefit managers are prohibited from implementing a policy that prevents a specialty provider from reducing unnecessary treatment delays and removes minimizing patient burden from this language.

HB 4457 provides that a pharmacy benefits manager must not do the following:

- Restrict, limit, or prohibit a covered person from obtaining a specialty medication from a medically integrated pharmacy affiliated with the covered person's specialty provider provided the pharmacy is in good standing;
- Require a covered person obtain a specialty medication exclusively through a pharmacy associated with the pharmacy benefits manager when the person's treating specialty provider has a pharmacy that can dispense the medication;
- Discriminate against or disadvantage a medically integrated pharmacy in the terms and conditions of network participation;
- Impose additional administrative requirements on a medically integrated pharmacy more than on other network pharmacies dispensing specialty medications;
- Deny, reduce, or delay reimbursement for a specialty medication because it is being dispensed by a medically integrated pharmacy;
- Require a specialty provider or covered person to transfer a valid prescription to another pharmacy as a condition for coverage or reimbursement;
- Impose differential cost sharing based solely on the pharmacy where specialty medication is obtained;
- Engage in patient steering that directs patients away from a medically integrated pharmacy to one associated with a PBM; and
- Implement any practice that has the effect of preventing a specialty provider from dispensing medications necessary to ensure continuity of care or reducing unnecessary treatment delays.

A PBM must offer a medically integrated pharmacy the same opportunity to participate in specialty pharmacy networks that is offered to any other pharmacy and any offers to medically integrated pharmacies must not be less favorable to those offered to pharmacies associated with PBMs. When a specialty provider is actively managing a covered person's treatment plan, the PBM must permit the person to obtain specialty medications from the specialty provider's medically integrated pharmacy. Nothing in this measure will require a PBM to cover a drug that is otherwise not covered. A violation of this section will be subject to Attorney General enforcement and the Attorney General must make rules as necessary.

Prepared By: Suzie Nahach, House Research Staff

Fiscal Analysis

HB 4457 provides the requirements for pharmacy benefits managers (PBMs) and directs the Attorney General (AG) to promulgate rules as necessary to enforce.

According to the Office of the AG, the agency will likely need to purchase a subscription to Medi-Span or First Data Bank due to the emphasis on specialty drugs. This subscription is estimated to cost approximately \$20,000. The Office of the AG confirmed the agency will be able to absorb this cost with existing funds; therefore, the measure is not expected to directly impact the state budget.

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Other Considerations

None.