

SB 477-FN - AS INTRODUCED

2026 SESSION

26-2036

05/06

SENATE BILL **477-FN**

AN ACT relative to increasing transparency in the 340B Drug Pricing Program.

SPONSORS: Sen. McGough, Dist 11; Sen. Gannon, Dist 23; Sen. Pearl, Dist 17; Sen. Birdsell, Dist 19; Sen. Innis, Dist 7; Rep. Miles, Hills. 12; Rep. W. MacDonald, Rock. 16; Rep. Ammon, Hills. 42; Rep. Cole, Hills. 26; Rep. Kuttab, Rock. 17

COMMITTEE: Health and Human Services

ANALYSIS

This bill establishes certain reporting requirements for the department of health and human services, hospitals, and other covered entities participating in the 340B Drug Pricing Program. The bill also directs the department to require claim-level 340B identifiers across fee-for-service and managed care organization claims and implement exclusion rules to prevent duplicate discounts, consistent with GAO/CMS guidance.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty-Six

AN ACT relative to increasing transparency in the 340B Drug Pricing Program.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Short Title. This act shall be known as the "Sunshine in Savings Act".

2 2 New Subdivision; 340B Drug Pricing Program; Reporting and Claims Identification. Amend
3 RSA 126-A by inserting after section 106 the following new subdivision:

4 340B Drug Pricing Program; Reporting and Claims Identification

5 126-A:107 Definitions. In this subdivision:

6 I. "340B covered entity" has the same meaning as in 42 U.S.C. section 256b(a)(4).

7 II. "340B drug" means a covered outpatient drug as defined under section 1396r-8(k)(2) and
8 (3) of Title 42 of the United States Code.

9 III. "Net 340B savings" means aggregate third-party reimbursement, plus patient payment,
10 minus the aggregate acquisition cost and any dispensing or administrative fees.

11 IV. "Other item and service" means any health care item or service that is not a covered
12 drug and that is furnished to a patient of a non-profit hospital by the non-profit hospital, a practice
13 location of the non-profit hospital, or a pharmacy with which the non-profit hospital contracts.

14 V. "Patient" means an individual who is or has been admitted or registered to receive health
15 care items or services from a non-profit hospital and who, in connection with a hospital visit, is
16 furnished, dispensed, or administered a covered drug or other item and service from the non-profit
17 hospital, a practice location of the non-profit hospital, or a pharmacy with which the non-profit
18 hospital contract.

19 VI. "Practice location" means any clinic, department, or off-site facility that is an integral
20 part of a non-profit hospital. A clinic, department, or off-site facility is an integral part of a non-profit
21 hospital if it is listed and reimbursable on the non-profit hospital's Medicare cost report.

22 126-A:108 Annual Public Report; 340B Covered Entities.

23 I. By April 1 each year, each 340B covered entity shall file with the department of health
24 and human services a report for the prior fiscal year in a manner and form as specified by the
25 department:

26 (a) For the hospital and each practice location of the hospital and pharmacy that the
27 non-profit hospital contracts with, the number of patients who are dispensed or administered
28 covered drugs (and their percentage, out of all patients treated by the hospital, practice location or
29 pharmacy, as the case may be), delineated by form of insurance coverage or payor type, including but
30 not limited to Medicare, Medicaid and other payers.

1 (b) The following information reported separately for the hospital, each practice location
2 of the hospital and each pharmacy that the hospital contracts with, as applicable:

3 (1) The total acquisition cost for all covered drugs furnished to patients;

4 (2) The total reimbursement for all covered drugs furnished to patients;

5 (3) The total acquisition cost for other items and services furnished to patients; and

6 (4) The total reimbursement for other items and services furnished to patients.

7 (c) The total net revenue received by the hospital, each practice location of the hospital,
8 and each pharmacy that the hospital contracts with, for all covered drugs administered or dispensed
9 to patients. For purposes of this report, "total net revenue" means the total revenues received by the
10 hospital, practice location of the hospital, or pharmacy that the hospital contracts with, whether
11 from payers or patients, for covered drugs purchased minus the total acquisition cost of such covered
12 drugs. The hospital shall separately report the net revenues for the hospital, for each practice
13 location of the hospital, and each pharmacy that the hospital contracts with.

14 (d) With respect to such hospital, practice location of the hospital, and pharmacy that
15 the hospital contracts with, the total costs of purchasing covered drugs or other items and services to
16 patients at the hospital, each practice location of the hospital, and each pharmacy that the hospital
17 contracts with, and the total costs incurred for charity care furnished to patients at the hospital,
18 each practice location of the hospital, and each pharmacy that the hospital contracts with. For
19 purposes of this report, "charity care" shall have the meaning ascribed to it in line 23 of worksheet
20 S-10 to the Medicare cost report or in any successor form, provided that a children's hospital that
21 does not file a Medicare cost report is exempted from this reporting requirement.

22 (e) With respect to such hospital, any contract the hospital has entered into with a state
23 or local government entity with respect to the provision of health care services to lower income
24 individuals who are uninsured or may be under-insured.

25 (f) Any other information specified by the department.

26 (g) A signed attestation from the chief executive officer or chief financial officer of the
27 hospital, certifying the accurateness and completeness of the report, including there is of no
28 diversion/duplicate discounts identified via audit.

29 II. The department shall publish the information under paragraph I in an annual, de-
30 identified statewide dashboard with hospital-level summaries.

31 126-A:109 Medicaid Claim Identification. The department shall require claim-level 340B
32 identifiers across fee-for-service and managed care organization claims and implement exclusion
33 rules to prevent duplicate discounts, consistent with GAO/CMS guidance. The department shall
34 publish an annual integrity report regarding such data collection practices on the department's
35 website.

36 126-A:110 Rural Patient Benefit Plan. Beginning April 1, 2027 and annually thereafter,
37 hospitals that report more than \$2,000,000 in net 340B savings shall file with the department a

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1 rural patient benefit plan describing targeted investments in rural services within the hospital
2 service area with measurable metrics.

3 126-A:111 Patient Transparency. Hospitals shall post a plain-language 340B patient notice and
4 charity-care policy on their websites and at points of service.

5 126-A:112 Confidentiality. Reports created pursuant to this subdivision shall be based on
6 aggregated data and shall not include ceiling prices, unit rebate amounts, or drug-specific
7 proprietary pricing.

8 126-A:113 Rulemaking; Compliance; Enforcement.

9 I. The department may adopt rules under RSA 541-A regarding the requirements of this
10 subdivision.

11 II. Material non-filing or false filing constitutes an unfair or deceptive act under RSA 358-A
12 and any right or remedy under RSA 358-A may be used to enforce this subdivision.

13 126-A:114 Severability. If any section, provision, or portion of this subdivision, including any
14 condition or prerequisite to any action or determination thereunder, is for any reason held to be
15 illegal or invalid, this illegality or invalidity shall not affect the remainder thereof or any other
16 section, provision, or portion of this subdivision, including any condition or prerequisite to any action
17 or determination thereunder, which shall be construed and enforced and applied as if such illegal or
18 invalid portion were not contained therein.

19 3 Effective Date. This act shall take effect January 1, 2027.

LBA
26-2036
11/18/25

**SB 477-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to increasing transparency in the 340B Drug Pricing Program.

FISCAL IMPACT:

Due to time constraints, the Office of Legislative Budget Assistant is unable to provide a fiscal note for this bill at this time. When completed, the fiscal note will be forwarded to the Senate Clerk's Office.

AGENCIES CONTACTED:

Departments of Insurance and Health and Human Services