



# 2022

## STATE WINS FOR COMMUNITY PHARMACY

### MEDICAID MANAGED CARE REFORM/PUBLICLY FUNDED PROGRAMS

#### Kentucky HB 1

Requires the state to issue reports on PBM performance in the Medicaid managed care program.

#### Kentucky SB 178

Requires the state to enter into a contract with an entity to monitor the PBMs serving the public employees' health benefit program.

#### Louisiana SB 83

Establishes the Council on Medicaid Pharmacy Reimbursement, which will review Medicaid reimbursement data and trends and recommend changes to cover the reasonable and appropriate costs of providing pharmacy services to Medicaid beneficiaries.

#### California

Effective Jan. 1, 2022, the California Medicaid pharmacy program transitioned (carved out) from managed care to fee for service. California estimates the carve out will save at least \$150 million a year.

#### Ohio

Effective Oct. 1, 2022, the Ohio Medicaid managed care program will have a single PBM administering the pharmacy benefit. This move will allow better state oversight of the Medicaid pharmacy program while continuing in managed care. Additionally, reimbursements will be more closely aligned with acquisition costs and include a professional dispensing fee.

#### Investigations

In 2022, Centene has reached settlements with New Hampshire, Ohio, and Washington to resolve claims that the MCO overcharged the states' Medicaid managed care programs for pharmacy benefit management services. This builds on similar settlements from 2021, bringing total number of settlements to 11.

### PBM REFORM

#### Florida HB 357

Permits a pharmacy to appeal the findings of a pharmacy audit; and creates penalties for PBMs that fail to register with the state.

#### Iowa HF 2384

Prohibits a PBM from collecting any form of remuneration from a network pharmacy; prohibits a PBM from reimbursing its affiliated pharmacies at higher rates than non-affiliated pharmacies; and prohibits a PBM from retroactively reducing a claim.

#### Kansas SB 28

Requires a PBM to obtain a license from the state; strengthens the state's authority to penalize PBMs that violate the law.

#### Michigan HB 4348

Requires PBMs to obtain a license from the state; establishes fair pharmacy audit and MAC transparency procedures; requires a PBM to disclose potential conflicts of interest to plan sponsors; requires a PBM to establish reasonable and adequate retail pharmacy networks; prohibits a PBM from conducting spread pricing; prohibits a PBM from discriminating against non-affiliated pharmacies; prohibits gag clauses and co-pay clawbacks; requires PBMs to file transparency reports; prohibits a PBM from establishing pharmacy accreditation standards that are more stringent than those required by the state; and protects a pharmacy's right to offer delivery services.

#### Nebraska LB 767

Requires PBMs to obtain a license from the state; establishes fair pharmacy audit and MAC transparency procedures; and prohibits gag clauses and co-pay clawbacks.

#### Oklahoma SB 737

Prohibits a PBM from engaging in spread pricing; prohibits a PBM from charging a pharmacy a network participation fee; requires a PBM to file drug pricing transparency reports with the state and plan sponsors; and strengthens the insurance commissioner's authority to penalize PBMs that violate the law.

#### Tennessee HB 2661

Prohibits a PBM from reimbursing a pharmacy in an amount that is below the drug's acquisition cost; requires a PBM to reimburse certain "low-volume" pharmacies a professional dispensing fee that equals the Medicaid dispensing fee; prohibits a PBM from steering patients to a particular pharmacy; and requires a PBM to allow a pharmacy into a preferred network if it is willing and able to meet the terms of participation.

## **PBM REFORM (CONT.)**

### **Vermont H.353**

Establishes that PBMs owe a fiduciary duty to plan sponsors; prohibits a PBM from imposing gag clauses; prohibits a PBM from reimbursing its affiliated pharmacies at higher rates than non-affiliated pharmacies; prohibits a PBM from imposing additional requirements above those required by the state for network participation; requires a PBM to permit a pharmacy to dispense all drugs that the PBM's affiliate is permitted to dispense; prohibits a PBM from steering patients to a particular pharmacy; and requires the state to study the need for additional PBM regulations.

### **West Virginia HB 4112**

Prohibits a PBM from steering patients to a particular pharmacy; and prohibits PBMs from creating arbitrary definitions of "specialty drug."

## **PREP AUTHORITIES**

### **Florida HB 1209**

Authorizes pharmacy technicians to administer vaccines listed on the CDC adult immunization schedule.

### **Pennsylvania HB 2676**

Authorizes pharmacists to independently administer COVID-19 and influenza vaccines to individuals 5 years of age and older; and extends vaccine authorities to pharmacy technicians under supervision.

### **Virginia SB 672**

Allows pharmacists to administer vaccines on the CDC immunization schedule to individuals 3 years and older.

### **Wyoming SF 24**

Authorizes the administration of immunizations by pharmacy technicians and pharmacy interns.

## **PROVIDER STATUS & PAYMENT FOR SERVICES**

### **Alaska HB 145**

Clarifies pharmacists' ability to provide services for general health and wellness outside of a collaborative practice agreement and recognizes pharmacists as providers.

### **Maryland HB 1219**

Includes pharmacists in the definition of "health care provider" and requires the state insurance commissioner to establish a workgroup to identify requirements necessary for the reimbursement for pharmacists within their scope of practice.

### **Oklahoma HB 2322**

Includes pharmacists in the definition of "essential community providers" and authorizes that pharmacists receive direct payment or reimbursement from the state Medicaid program for services at no rate less than other providers for the same service.

### **Maryland**

The State Insurance Commissioner established a workgroup to discuss the barriers to pharmacy reimbursement, the definition of "health care provider," and credentialing of pharmacists as medical care practitioners. A report on the commissioner's findings is due to the Maryland Senate Finance and Maryland House Health and Government Operations Committee on or before Dec. 31, 2022.

### **Nebraska**

The Nebraska Department of Health and Human Services will review state statute to expand immunization authority among pharmacy technicians under the supervision of a licensed provider.

## **EXPANDING SCOPE OF PRACTICE**

### **Illinois HB 4430**

Authorizes pharmacists to initiate, dispense and administer drugs, laboratory tests, assessments, referrals, and consultations for HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

### **Kansas HB 200**

Amends the Pharmacy Act of Kansas to include point-of-care-testing for and treatment of certain health conditions, such as flu, strep and UTIs.

### **Maryland HB 229**

Permits pharmacists to administer an "injectable medication for treatment of a sexually transmitted infection" that is not a biological product.

### **Maryland SB 62**

Allows pharmacists to prescribe and dispense FDA approved "nicotine replacement therapy medication."

### **South Carolina S 628**

Allows pharmacists to dispense self-administered and injectable hormonal contraception without a prescription. Pharmacists' services are covered by the state Medicaid program.

### **Wyoming SF 101**

Permits pharmacists to prescribe epinephrine auto-injectors and other opioid antagonists.