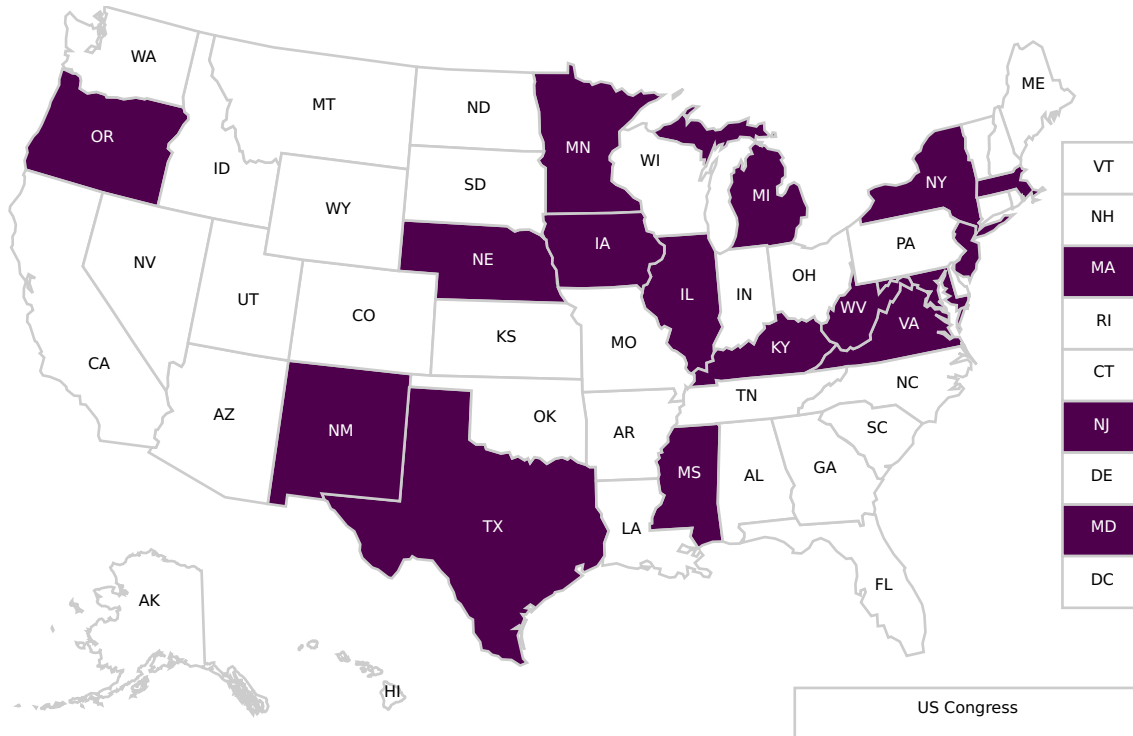


# Medicaid Reform Legislation

Last Updated: March 15, 2024

## Bills by State



## Bills by Issue

### Recently Updated Bills (6)

**Title**  
Dhfs-Mco-Pbm-Contracts

**Description**  
Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall not enter into a contract with a managed care organization that relies on a pharmacy benefit manager that does not do the following: (i) utilize a pharmacy reimbursement methodology of the lesser of national average drug acquisition cost plus a professional dispensing fee as determined by the Department, the wholesale acquisition cost plus a professional dispensing fee as determined by the Department, or the usual and customary charge by the pharmacy; (ii) reimburse for a legally valid claim at a rate not less than the rate in effect at the time the original claim adjudication was submitted at the point of sale; (iii) agree to move to a transparent pass-through pricing model, in which the pharmacy benefit manager discloses the administrative fee as a percentage of the professional dispensing costs to the Department; (iv) agree to not create new pharmacy administration fees and to not increase current fees more than the rate of inflation; and (v) agree to not terminate an existing contract with a pharmacy licensed under the Pharmacy Practice Act for the sole reason of the additional professional dispensing fee authorized under item (i). Requires each pharmacy benefit manager that receives reimbursement for medical services, either directly or through a Medicaid managed care health plan, to submit by January 15, 2026, and each January 15 thereafter, certain data and information to the Department for the previous fiscal year, including: (1) the total number of prescriptions that were dispensed; (2) the aggregate wholesale acquisition cost for each drug on its formulary; (3) the aggregate amount of rebates, discounts, and price concessions that the pharmacy benefit manager received for each drug on its formulary; (4) the aggregate amount of administrative fees that the pharmacy benefit manager received from all pharmaceutical manufacturers; and (5) any other information considered necessary by the Department. Requires the Department to submit such data and information to the General Assembly and to the Governor's Office of Management and Budget. Provides that such information is confidential and not subject to disclosure under the Freedom of Information Act.

**Primary Sponsors**  
Dave Koehler, Laura Murphy

**Introduction Date:** 2024-01-17

**Labels:** Medicaid Reimbursement Floor Spread pricing Transparency and Disclosure

Title

AN ACT relating to patient access to pharmacy benefits.

Description

Create new sections of Subtitle 17A of KRS Chapter 304 to define terms for pharmacy-related insurance practices; require insurers, pharmacy benefit managers, and other pharmacy benefits administrators to establish reasonably adequate and accessible pharmacy networks; require the filing of an annual report; require the insurance commissioner to review pharmacy networks; provide that information and data acquired by the Department of Insurance shall be considered proprietary and not subject to disclosure under KRS 61.870 to 61.884 relating to open records; establish requirements for certain contracts between a pharmacy or pharmacist and an insurer, a pharmacy benefit manager, or any other pharmacy benefits administrator; establish prohibited conduct and requirements for certain pharmacy-related insurance practices; establish a complaint process for insureds, pharmacies, and pharmacists impacted by a violation of certain pharmacy-related insurance laws; create a new section of Subtitle 99 of KRS Chapter 304 to authorize the insurance commissioner to order reimbursement to persons who incurred a monetary loss as a result of a violation of certain pharmacy-related insurance laws; amend KRS 304.9-053 to require certain filings; amend KRS 304.9-054 to establish requirements for pharmacy benefit manager licensure; amend KRS 304.9-055 to permit the insurance commissioner to promulgate administrative regulations relating to pharmacy benefit managers; amend KRS 304.14-120 to require the insurance commissioner to review certain health plans; amend KRS 304.17A-712 to conform; amend KRS 304.17C-125 to apply certain pharmacy-related insurance laws to limited health service benefit plans, including limited health service contracts; amend KRS 304.38A-115 to apply certain pharmacy-related insurance laws to limited health service organizations; create a new section of KRS Chapter 18A to require the state employee health plan and state agencies to comply with certain pharmacy-related insurance laws; amend KRS 367.828 to establish certain requirements for health discount plans relating to prescription drugs; make technical corrections; repeal KRS 304.38A-120, relating to assignment of certain benefits under limited health service organization plans, to consolidate provisions; apply various sections to contracts issued or renewed on or after January 1, 2025; require the insurance commissioner to promulgate administrative regulations to implement this Act on or before January 1, 2025; EFFECTIVE, in part, January 1, 2025.

Primary Sponsors

Max Wise, Steve Meredith, Karen Berg, Matt Deneen, Don Douglas, Greg Elkins, Shelley Frommeyer, Rick Girdler, Jimmy Higdon, Jason Howell, Robby Mills, Gerald Neal, Brandon Storm, Reggie Thomas, Lindsey Tichenor, Robin Webb, Steve West, Phillip Wheeler, Mike Wilson, David Yates

Introduction Date:

2024-02-08

- Labels:
- NADAC+

Patient steering

PBM enforcement

Provider networks

Reimbursement to PBM-owned pharmacies

Retroactive claims adjustments

Retroactive Reimbursement Adjustments

specialty drug

specialty pharmacy

State  
**MA**

Bill Number  
**S 715**

Last Action  
**Bill Reported Favorably By Committee  
And Referred To The Committee On  
Health Care Financing 2024 03 14**

Status  
**In Senate**

Position  
**None**

Priority  
**None**

FN Outlook

67.8%95.0%

**Title**  
An Act to ensure access to prescription medications

**Introduction Date:** 2023-02-16

**Description**  
By Mr. Tarr, a petition (accompanied by bill, Senate, No. 715) of Bruce E. Tarr for legislation to ensure access to prescription medications. Financial Services.

**Labels:** Medicaid Reimbursement Floor

**Primary Sponsors**  
Bruce Tarr

State  
**NE**

Bill Number  
**LB 204**

Last Action  
**Placed On Final Reading 2024 03 12**

Status  
**In Legislature**

Position  
**Support**

Priority  
**High**

FN Outlook

88.1%0.0%

**Title**  
LB204 - Provide for reimbursement for pharmacy dispensing fees under the medical assistance program

**Introduction Date:** 2023-01-09

**Description**

**Labels:** Medicaid Reimbursement Floor

**Primary Sponsors**  
Merv Riepe

State  
**OR**

Bill Number  
**HB 4149**

Last Action  
**Speaker Signed 2024 03 13**

Status  
**Passed Senate**

Position  
**Support**

Priority  
**High**

FN Outlook

95.0%95.0%

**Title**  
Relating to pharmacy benefits; creating new provisions; amending ORS 192.355, 646A.694, 735.530, 735.532, 735.533, 735.534, 735.536, 735.537, 735.540, 735.542 and 743A.062; and declaring an emergency.

**Introduction Date:** 2024-02-05

**Description**  
Digest: The Act requires PBMs to be licensed and changes the definition of a PBM. The Act changes the way PBMs can audit drug stores. The Act requires PBMs to report certain information each year to DCBS. The Act makes changes to the way 340B drugs are covered by insurance. The Act protects certain information that is provided to or developed by the OPDP from being released to the public. (Flesch Readability Score: 65.3). Requires pharmacy benefit managers to be licensed by the Department of Consumer and Business Services beginning January 1, 2025. Modifies the definition of "pharmacy benefit manager" and imposes new requirements on pharmacy benefit managers. Restricts audits of pharmacy claims for reimbursement. Requires pharmacy benefit managers to report specified information to the department on an annual basis. Imposes new requirements with respect to the insurance coverage of 340B drugs. Protects from public disclosure certain information provided to or developed by the Oregon Prescription Drug Program. Declares an emergency, effective on passage.

**Labels:** Any willing providerAppeal procedureFair Pharmacy AuditsMedicaid Reimbursement FloorPBM enforcementPSAOsRegistration/Licensureretaliationspread pricingTransparency and Disclosure

**Primary Sponsors**  
Nancy Nathanson, Christine Goodwin, Rob Nosse, Greg Smith, Sara Blouin, James Manning, Deb Patterson, Levy

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook
VA	HB 30	House Vote Adoption 62 Y 37 N 2024 03 09	Passed Senate	Support	High	95.0%95.0%
<b>Title</b> Budget Bill.			<b>Introduction Date:</b> 2023-12-20			
<b>Description</b> Budget Bill. Provides for all appropriations of the Budget submitted by the Governor of Virginia in accordance with the provisions of 💎 2.2-1509 of the Code of Virginia, and provides a portion of revenues for the two years ending respectively on the thirtieth day of June 2025 and the thirtieth day of June 2026.			<b>Labels:</b> <div>Budget</div> <div>Medicaid Carve-Out</div>			
<b>Primary Sponsors</b> Luke Torian						

Medicaid Reform (43)

State	Bill Number	Last Action	Status	Position	Priority
IA	HF 685	Signed By Governor 2023 06 01	Enacted	None	None
<b>Title</b> A bill for an act relating to health care services and financing, including nursing facility licensing and financing and the Medicaid program including third-party recovery and taxation of Medicaid managed care organization premiums. (Formerly HF 525, HSB 177.) Effective date: 07/01/2023.			<b>Introduction Date:</b> 2023-03-27		
<b>Primary Sponsors</b> House Ways and Means Committee					

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook
IL	HB 23	Rule 19 A Re Referred To Rules Committee 2023 05 19	In House	None	None	<div>0.1%100.0%</div>
<b>Title</b> Medicaid-Pharmacy Services			<b>Introduction Date:</b> 2022-12-05			
<b>Description</b> Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to conduct a study on managed care pharmacy access standards. Provides that the study shall review the current access standards, with a focus on disproportionately impacted areas. Requires the Department to seek input from consumers of pharmacy services. Requires the Department to report its findings to the Governor and the General Assembly by January 1, 2024 and to publish the report on the Department's website. Provides that any retail pharmacy that is enrolled as an eligible retail pharmacy provider in the medical assistance program and is not sanctioned under investigation for fraud, waste, or abuse shall provide retail pharmacy services to any medical assistance recipient who resides in the same zip code as the pharmacy, regardless of whether the retail pharmacy is contracted to provide pharmacy services for the managed care organization that the recipient is enrolled with. Requires the managed care organization to pay the retail pharmacy the managed care organization's standard contractual rate. Effective immediately.			<b>Labels:</b> <div>Patient Protections</div> <div>Provider networks</div>			
<b>Primary Sponsors</b> La Shawn Ford						

**Title**  
Medicaid-Pharmacy Services

**Introduction Date:** 2022-12-19

**Labels:** Medicaid Carve-Out

**Description**

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall transition pharmacy services for managed care enrollees from the State's managed care medical assistance program back to the State's traditional fee-for-service program, thereby assuming direct responsibility for all pharmacy services provided under the Article. Provides that the transition back to a fee-for-service reimbursement model for pharmacy services shall be implemented by the Department upon the expiration of any managed care contracts the Department has with managed care organizations on the effective date of the amendatory Act. Provides that, to ensure managed care enrollees do not experience an interruption in pharmacy services during the transition from managed care to fee-for-service coverage, the Department must, at a minimum, do the following: add an additional pharmacist to its staff; stress-test its existing claims processing system; increase its capacity for prior authorizations; and educate the public and its help desk staff about the change in coverage for pharmacy services. Grants the Department rulemaking authority. Repeals a provision that permits the Department to enter into a contract with a third party on a fee-for-service reimbursement model for the purpose of administering pharmacy benefits for recipients not enrolled in a Medicaid managed care organization. Effective immediately.

**Primary Sponsors**  
Mary Flowers

**Title**  
Dhfs-Mco-Pbm-Contracts

**Description**  
Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall not enter into a contract with a managed care organization that relies on a pharmacy benefit manager that does not do the following: (i) utilize a pharmacy reimbursement methodology of the lesser of national average drug acquisition cost plus a professional dispensing fee as determined by the Department, the wholesale acquisition cost plus a professional dispensing fee as determined by the Department, or the usual and customary charge by the pharmacy; (ii) reimburse for a legally valid claim at a rate not less than the rate in effect at the time the original claim adjudication was submitted at the point of sale; (iii) agree to move to a transparent pass-through pricing model, in which the pharmacy benefit manager discloses the administrative fee as a percentage of the professional dispensing costs to the Department; (iv) agree to not create new pharmacy administration fees and to not increase current fees more than the rate of inflation; and (v) agree to not terminate an existing contract with a pharmacy licensed under the Pharmacy Practice Act for the sole reason of the additional professional dispensing fee authorized under item (i). Requires each pharmacy benefit manager that receives reimbursement for medical services, either directly or through a Medicaid managed care health plan, to submit by January 15, 2026, and each January 15 thereafter, certain data and information to the Department for the previous fiscal year, including: (1) the total number of prescriptions that were dispensed; (2) the aggregate wholesale acquisition cost for each drug on its formulary; (3) the aggregate amount of rebates, discounts, and price concessions that the pharmacy benefit manager received for each drug on its formulary; (4) the aggregate amount of administrative fees that the pharmacy benefit manager received from all pharmaceutical manufacturers; and (5) any other information considered necessary by the Department. Requires the Department to submit such data and information to the General Assembly and to the Governor's Office of Management and Budget. Provides that such information is confidential and not subject to disclosure under the Freedom of Information Act.

**Primary Sponsors**  
Dave Koehler, Laura Murphy

**Introduction Date:** 2024-01-17

**Labels:** Medicaid Reimbursement Floor Spread pricing Transparency and Disclosure

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook
KY	HB 316	To Committee On Committees S 2024 03 01	In Senate	None	None	95.0%   95.0%
<b>Title</b> AN ACT relating to the establishment of the Medicaid Oversight and Advisory Board of the Kentucky General Assembly and declaring an emergency.			<b>Introduction Date:</b> 2024-01-19			
<b>Description</b> Create new sections of KRS Chapter 7A to define terms; establish the Medicaid Oversight and Advisory Board of the Kentucky General Assembly to review, analyze, study, evaluate, provide legislative oversight, and make recommendations to the General Assembly regarding any aspect of the Kentucky Medicaid Program; establish board membership, authority, and duties; amend KRS 7A.010, 7A.140, 7A.150, and 7A.180 to conform; EMERGENCY.			<b>Labels:</b> Pharmacy Reimbursements			
<b>Primary Sponsors</b> Jason Petrie, Kim Poore Moser						

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook
KY	HB 530	To Committee On Committees H 2024 02 14	In House	None	None	91.5%   95.0%
<b>Title</b> AN ACT relating to Medicaid managed care organizations.			<b>Introduction Date:</b> 2024-02-14			
<b>Description</b> Amend KRS 304.17A-515 to require the commissioner of the Department of Insurance to examine and review each Medicaid managed care organization's compliance with network access requirements at the same frequency and in the same manner as any other managed care organization; require findings to be reported to the Department for Medicaid Services.			<b>Labels:</b> Provider networks			
<b>Primary Sponsors</b> Deanna Frazier Gordon						



**Title**  
AN ACT relating to patient access to pharmacy benefits.

**Description**  
Create new sections of Subtitle 17A of KRS Chapter 304 to define terms for pharmacy-related insurance practices; require insurers, pharmacy benefit managers, and other pharmacy benefits administrators to establish reasonably adequate and accessible pharmacy networks; require the filing of an annual report; require the insurance commissioner to review pharmacy networks; provide that information and data acquired by the Department of Insurance shall be considered proprietary and not subject to disclosure under KRS 61.870 to 61.884 relating to open records; establish requirements for certain contracts between a pharmacy or pharmacist and an insurer, a pharmacy benefit manager, or any other pharmacy benefits administrator; establish prohibited conduct and requirements for certain pharmacy-related insurance practices; establish a complaint process for insureds, pharmacies, and pharmacists impacted by a violation of certain pharmacy-related insurance laws; create a new section of Subtitle 99 of KRS Chapter 304 to authorize the insurance commissioner to order reimbursement to persons who incurred a monetary loss as a result of a violation of certain pharmacy-related insurance laws; amend KRS 304.9-053 to require certain filings; amend KRS 304.9-054 to establish requirements for pharmacy benefit manager licensure; amend KRS 304.9-055 to permit the insurance commissioner to promulgate administrative regulations relating to pharmacy benefit managers; amend KRS 304.14-120 to require the insurance commissioner to review certain health plans; amend KRS 304.17A-712 to conform; amend KRS 304.17C-125 to apply certain pharmacy-related insurance laws to limited health service benefit plans, including limited health service contracts; amend KRS 304.38A-115 to apply certain pharmacy-related insurance laws to limited health service organizations; create a new section of KRS Chapter 18A to require the state employee health plan and state agencies to comply with certain pharmacy-related insurance laws; amend KRS 367.828 to establish certain requirements for health discount plans relating to prescription drugs; make technical corrections; repeal KRS 304.38A-120, relating to assignment of certain benefits under limited health service organization plans, to consolidate provisions; apply various sections to contracts issued or renewed on or after January 1, 2025; require the insurance commissioner to promulgate administrative regulations to implement this Act on or before January 1, 2025; EFFECTIVE, in part, January 1, 2025.

**Primary Sponsors**  
Max Wise, Steve Meredith, Karen Berg, Matt Deneen, Don Douglas, Greg Elkins, Shelley Frommeyer, Rick Girdler, Jimmy Higdon, Jason Howell, Robby Mills, Gerald Neal, Brandon Storm, Reggie Thomas, Lindsey Tichenor, Robin Webb, Steve West, Phillip Wheeler, Mike Wilson, David Yates

**Introduction Date:** 2024-02-08

- Labels:** NADAC+ Patient steering PBM enforcement Provider networks Reimbursement to PBM-owned pharmacies Retroactive claims adjustments Retroactive Reimbursement Adjustments specialty drug specialty pharmacy

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook
MA	S 715	Bill Reported Favorably By Committee And Referred To The Committee On Health Care Financing 2024 03 14	In Senate	None	None	67.8% 95.0%
<b>Title</b> An Act to ensure access to prescription medications			<b>Introduction Date:</b> 2023-02-16			
<b>Description</b> By Mr. Tarr, a petition (accompanied by bill, Senate, No. 715) of Bruce E. Tarr for legislation to ensure access to prescription medications. Financial Services.			<b>Labels:</b> Medicaid Reimbursement Floor			
<b>Primary Sponsors</b> Bruce Tarr						

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook
MD	HB 880	Hearing 2 29 At 1 00 P M 2024 02 09	In House	None	None	74.6% 95.0%
<b>Title</b> Pharmacy Benefits Administration - Maryland Medical Assistance Program and Pharmacy Benefits Managers			<b>Introduction Date:</b> 2024-02-02			
<b>Description</b> Altering the reimbursement levels for drug products that the Maryland Medical Assistance Program is required to establish and that pharmacy benefits managers that contract with a pharmacy on behalf of a managed care organization are required to reimburse the pharmacy; and altering the definition of "purchaser" for purposes of certain provisions of law regulating pharmacy benefits managers to include certain insurers, nonprofit health service plans, and health maintenance organizations.			<b>Labels:</b> Medicaid Reimbursement Floor			
<b>Primary Sponsors</b> Steve Johnson, Andre Johnson						

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook
MD	SB 1021	Hearing 3 13 At 1 00 P M 2024 02 06	In Senate	None	None	93.4% 95.0%
<b>Title</b> Pharmacy Benefits Administration - Maryland Medical Assistance Program and Pharmacy Benefits Managers			<b>Introduction Date:</b> 2024-02-02			
<b>Description</b> Altering the reimbursement levels for drug products that the Maryland Medical Assistance Program is required to establish and that pharmacy benefits managers that contract with a pharmacy on behalf of a managed care organization are required to reimburse the pharmacy; and altering the definition of "purchaser" for purposes of certain provisions of law regulating pharmacy benefits managers to include certain insurers, nonprofit health service plans, and health maintenance organizations.			<b>Labels:</b> Medicaid Reimbursement Floor			
<b>Primary Sponsors</b> Alonzo Washington						



State	Bill Number	Last Action	Status	Position	Priority
MS	HB 538	Died In Committee 2024 03 05	Failed	None	None
<b>Title</b> Medicaid; create Medicaid Commission to administer program and abolish Division of Medicaid.			<b>Introduction Date:</b> 2024-01-24		
<b>Description</b> An Act To Amend Section 43-13-107, Mississippi Code Of 1972, To Create The Mississippi Medicaid Commission To Administer The Medicaid Program; To Provide For The Membership And Appointment Of The Commission; To Provide That The Executive Director Of The Commission Shall Be Appointed By The Commission; To Abolish The Division Of Medicaid And Transfer The Powers, Duties, Property And Employees Of The Division To The Medicaid Commission; To Amend Sections 43-13-103, 43-13-105, 43-13-109, 43-13-113, 43-13-115, 43-13-116, 43-13-117, 43-13-120, 43-13-121, 43-13-123, 43-13-125, 43-13-139 And 43-13-145, Mississippi Code Of 1972, To Conform To The Preceding Provisions; To Extend The Date Of The Repealer On Sections 43-13-117 And 43-13-145; And For Related Purposes.					
<b>Primary Sponsors</b> Rob Johnson					

State	Bill Number	Last Action	Status	Position	Priority
MS	HB 708	Died In Committee 2024 03 05	Failed	None	None
<b>Title</b> Medicaid; expand eligibility under federal Affordable Care Act.			<b>Introduction Date:</b> 2024-01-29		
<b>Description</b> An Act To Amend Section 43-13-115, Mississippi Code Of 1972, To Provide Medicaid Coverage For Individuals Who Are Under 65 Years Of Age, Are Not Pregnant, Are Not Entitled To Or Enrolled For Medicare Benefits And Whose Income Is Not More Than 133% Of The Federal Poverty Level, As Authorized Under The Federal Patient Protection And Affordable Care Act; And For Related Purposes.			<b>Labels:</b> <div>Medicaid Expansion</div>		
<b>Primary Sponsors</b> Rob Johnson					

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook
NE	LB 204	Placed On Final Reading 2024 03 12	In Legislature	Support	High	88.1% 0.0%
<b>Title</b> LB204 - Provide for reimbursement for pharmacy dispensing fees under the medical assistance program			<b>Introduction Date:</b> 2023-01-09			
<b>Primary Sponsors</b> Merv Riepe			<b>Labels:</b> <div>Medicaid Reimbursement Floor</div>			

State <b>NE</b>	Bill Number <b>LB 1376</b>	Last Action <b>Notice Of Hearing For February 13 2024 2024 01 24</b>	Status <b>In Legislature</b>	Position <b>None</b>	Priority <b>None</b>	FN Outlook 6.5% 0.0%
<b>Title</b> LB1376 - Appropriate funds to the Department of Health and Human Services for prescription reimbursements			<b>Introduction Date:</b> 2024-01-17			<b>Labels:</b> Pharmacy Reimbursements
<b>Primary Sponsors</b> Merv Riepe						
State <b>NJ</b>	Bill Number <b>A 2491</b>	Last Action <b>Introduced Referred To Assembly Health Committee 2024 01 09</b>	Status <b>In Assembly</b>	Position <b>None</b>	Priority <b>None</b>	FN Outlook 26.9% 95.0%
<b>Title</b> Requires all Medicaid managed care organizations to permit all pharmacies in State to dispense prescriptions for all covered medications.			<b>Introduction Date:</b> 2024-01-09			<b>Labels:</b> Any willing provider
<b>Primary Sponsors</b> John Allen						
State <b>NJ</b>	Bill Number <b>A 3125</b>	Last Action <b>Introduced Referred To Assembly Aging And Human Services Committee 2024 01 09</b>	Status <b>In Assembly</b>	Position <b>Support</b>	Priority <b>High</b>	FN Outlook 10.9% 95.0%
<b>Title</b> Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system.			<b>Introduction Date:</b> 2024-01-09			<b>Labels:</b> Medicaid Carve-Out
<b>Primary Sponsors</b> Craig Coughlin						
State <b>NJ</b>	Bill Number <b>S 2067</b>	Last Action <b>Introduced In The Senate Referred To Senate Health Human Services And Senior Citizens Committee 2024 01 09</b>	Status <b>In Senate</b>	Position <b>None</b>	Priority <b>High</b>	FN Outlook 28.6% 95.0%
<b>Title</b> Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system.			<b>Introduction Date:</b> 2024-01-09			<b>Labels:</b> Medicaid Carve-Out
<b>Primary Sponsors</b> Vin Gopal, Linda Greenstein						
State <b>NM</b>	Bill Number <b>HB 165</b>	Last Action <b>Signed By Governor Chapter 35 Mar 1 2024 03 01</b>	Status <b>Enacted</b>	Position <b>Support</b>	Priority <b>High</b>	
<b>Title</b> PHARMACY PROVIDER REIMBURSEMENT			<b>Introduction Date:</b> 2024-01-18			<b>Labels:</b> cost to dispense Medicaid Reimbursement Floor
<b>Primary Sponsors</b> Missy Armstrong, Tara Jaramillo, Pete Campos, Crystal R. Diamond						

**Title**

Enacts into law major components of legislation necessary to implement the state education, labor, housing and family assistance budget for the 2023-2024 state fiscal year

**Introduction Date:** 2023-05-02

**Description**

Enacts into law major components of legislation necessary to implement the state education, labor, housing and family assistance budget for the 2023-2024 state fiscal year; relates to contracts for excellence; relates to maintenance of equity aid; provides a state subsidy for the federal community eligibility provision program; relates to the number of charters issued; relates to actual valuation; relates to average daily attendance; relates to supplemental public excess cost aid; relates to building aid for metal detectors, and safety devices for electrically operated partitions, room dividers and doors; relates to academic enhancement aid; relates to high tax aid; relates to prospective prekindergarten enrollment reporting; provides for guidance on utilizing building aid to support-district operated universal prekindergarten programs; extends provisions of the statewide universal full-day pre-kindergarten program; increases aid for certain transportation costs; requires zero emission bus progress reporting; relates to funding a program for work force education conducted by the consortium for worker education in New York city, in relation to reimbursement for the 2022-2023 school year, withholding a portion of employment preparation education aid and in relation to the effectiveness thereof; extends aid for employment preparation education for certain persons age twenty-one and older; relates to conditional appointment of school district, charter school or BOCES employees, in relation to the effectiveness thereof; directs the commissioner of education to appoint a monitor for the Rochester city school district; establishes the powers and duties of such monitor and certain other officers; relates to the apportionment of aid to such school district, in relation to the effectiveness thereof; relates to the support of education, in relation to the effectiveness thereof; directs the education department to conduct a comprehensive study of alternative tuition rate-setting methodologies for approved providers operating school age programs receiving funding; provides for special apportionment for salary expenses; provides for special apportionment for public pension accruals; extends the school years to which apportionment for salary expenses apply; provides for an accelerated schedule for certain apportionments payable to Mount Vernon city school district; provides for set-asides from the state funds which certain districts are receiving from the total foundation aid; provides for support of public libraries; relates to the financial stability of the Rochester city school district, in relation to the effectiveness thereof; provides for the repeal of certain provisions upon expiration thereof (Part A); relates to tuition authorization at the state universit... (click bill link to see more).

**Primary Sponsors**

Joint 2016 General Budget Conference Committee

**Title**

Enacts into law major components of legislation which are necessary to implement the state fiscal plan for the 2023-2024 state fiscal year

**Introduction Date:** 2023-05-01

**Description**

Enacts into law major components of legislation which are necessary to implement the state fiscal plan for the 2023-2024 state fiscal year; provides the authority to abate interest for taxpayers impacted by declared disasters (Part A); clarifies the definition of limited partner for the purposes of the metropolitan commuter transportation mobility tax (Part B); makes the investment tax credit refundable for eligible farmers for five years (Part C); amends provisions of the Empire state film production credit and the Empire state film post production credit; extends and increases such credits (Part D); provides for the abatement of penalties for underpayment of estimated tax by a corporation (Part E); extends the deadline for applications for the COVID-19 capital costs tax credit program (Part F); creates a child care creation and expansion tax credit for child care programs made available to employees by a business directly or through a third party (Part G); relates to extending a tax credit for certain businesses engaged in biotechnologies (Part H); extends the current corporate tax rates (Subpart A); extends the rehabilitation of historic properties tax credit (Subpart B); extends the empire state commercial production tax credit for five years (Subpart C); extends provisions of law relating to the grade No. 6 heating oil conversion tax credit (Subpart D); relates to the New York city musical and theatrical production tax credit (Subpart E)(Part I); makes technical corrections to the credit for companies who provide transportation to individuals with disabilities (Subpart A); relates to the eligibility for the brownfield redevelopment tax credit (Subpart B); relates to the pass-through entity tax and city pass-through entity tax (Subpart C)(Part J); simplifies certain senior citizen real property tax exemptions (Part K); extends provisions of law relating to oil and gas charges (Part L); provides for the adoption and use of solar and wind energy system appraisal model for purposes of real property taxation (Part N); eliminates the congestion surcharge registration requirements (Part P); provides for the payment of tax on increased quantities of motor fuel and Diesel fuel on which the taxes pursuant to articles 12-a, 13-a and 28 were not previously paid (Part Q); extends the sales tax exemption for certain sales made through vending machines (Part R); increases the rate of taxes on cigarettes (Part S); relates to the revocation of certain certificates and civil penalties for refusal of a cigarette and tobacco inspection (Part T); relates to extending the tax rate reduction under the New York state real estate transfer tax and the New York city real property transfer tax for conveyances of real property to existing real estate investment funds (Part ... (click bill link to see more).

**Primary Sponsors**

Joint 2016 General Budget Conference Committee

State <b>NY</b>	Bill Number <b>A 5911</b>	Last Action <b>Referred To Health 2024 01 03</b>	Status <b>In Assembly</b>	Position <b>None</b>	Priority <b>None</b>	FN Outlook 5.0% 95.0%
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#### Title

Relates to pharmacy services provided by managed care providers; repealer

**Introduction Date:** 2023-03-24

**Labels:** Medicaid Reimbursement Floor

#### Description

Relates to pharmacy services provided by managed care providers; requires pharmacy benefit managers and managed care providers to reimburse retail pharmacies for each outpatient drug, at the National Average Drug Acquisition Cost (NADAC); repeals related provisions.

#### Primary Sponsors

Amy Paulin

State <b>NY</b>	Bill Number <b>A 7197</b>	Last Action <b>Enacting Clause Stricken 2023 10 13</b>	Status <b>In Assembly</b>	Position <b>None</b>	Priority <b>None</b>	FN Outlook 5.0% 95.0%
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#### Title

Protects access to pharmacy services

**Introduction Date:** 2023-05-12

**Labels:** Medicaid Reimbursement Floor

#### Description

Requires Medicaid managed care plans to reimburse retail pharmacies in an amount equal to the fee-for-service rate; allows retail pharmacies the opportunity to participate in another provider's network under the medical assistance program; prohibits pharmacy benefit managers from limiting an individual's option to receive medications from non-mail order pharmacies.

#### Primary Sponsors

Jeffrey Dinowitz

State <b>NY</b>	Bill Number <b>S 3466</b>	Last Action <b>Referred To Health 2024 01 03</b>	Status <b>In Senate</b>	Position <b>None</b>	Priority <b>High</b>	FN Outlook 5.0% 95.0%
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#### Title

Provides for coverage for prescription drugs under Medicaid; repealer

**Introduction Date:** 2023-01-31

**Labels:** Medicaid Carve-Out

Medicaid Pharmacy Benefits

#### Description

Provides that prescription drugs eligible for reimbursement shall be provided and paid for under the preferred drug program and the clinical drug review program; restores pharmacy benefits under Medicaid managed care.

#### Primary Sponsors

Gustavo Rivera



State	Bill Number	Last Action	Status	Position	Priority	FN Outlook
NY	S 3509	Recommit Enacting Clause Stricken 2023 08 11	In Senate	None	High	<div>5.0%95.0%</div>
<hr/>						
<b>Title</b> Protects access to pharmacy services			<b>Introduction Date:</b> 2023-01-31			
<b>Description</b> Requires Medicaid managed care plans to reimburse retail pharmacies in an amount equal to the fee-for-service rate; allows retail pharmacies the opportunity to participate in another provider's network under the medical assistance program; prohibits pharmacy benefit managers from limiting an individual's option to receive medications from non-mail order pharmacies.			<b>Labels:</b> <div>Medicaid Reimbursement Floor</div>			
<b>Primary Sponsors</b> James Skoufis						

**Title**

(ELFA) Enacts into law major components of legislation necessary to implement the state education, labor, housing and family assistance budget for the 2023-2024 state fiscal year

**Introduction Date:** 2023-05-02

**Description**

Enacts into law major components of legislation necessary to implement the state education, labor, housing and family assistance budget for the 2023-2024 state fiscal year; relates to contracts for excellence; relates to maintenance of equity aid; provides a state subsidy for the federal community eligibility provision program; relates to the number of charters issued; relates to actual valuation; relates to average daily attendance; relates to supplemental public excess cost aid; relates to building aid for metal detectors, and safety devices for electrically operated partitions, room dividers and doors; relates to academic enhancement aid; relates to high tax aid; relates to prospective prekindergarten enrollment reporting; provides for guidance on utilizing building aid to support-district operated universal prekindergarten programs; extends provisions of the statewide universal full-day pre-kindergarten program; increases aid for certain transportation costs; requires zero emission bus progress reporting; relates to funding a program for work force education conducted by the consortium for worker education in New York city, in relation to reimbursement for the 2022-2023 school year, withholding a portion of employment preparation education aid and in relation to the effectiveness thereof; extends aid for employment preparation education for certain persons age twenty-one and older; relates to conditional appointment of school district, charter school or BOCES employees, in relation to the effectiveness thereof; directs the commissioner of education to appoint a monitor for the Rochester city school district; establishes the powers and duties of such monitor and certain other officers; relates to the apportionment of aid to such school district, in relation to the effectiveness thereof; relates to the support of education, in relation to the effectiveness thereof; directs the education department to conduct a comprehensive study of alternative tuition rate-setting methodologies for approved providers operating school age programs receiving funding; provides for special apportionment for salary expenses; provides for special apportionment for public pension accruals; extends the school years to which apportionment for salary expenses apply; provides for an accelerated schedule for certain apportionments payable to Mount Vernon city school district; provides for set-asides from the state funds which certain districts are receiving from the total foundation aid; provides for support of public libraries; relates to the financial stability of the Rochester city school district, in relation to the effectiveness thereof; provides for the repeal of certain provisions upon expiration thereof (Part A); relates to tuition authorization at the state universit... (click bill link to see more).

**Primary Sponsors**

Senate Budget and Revenue Committee



State	Bill Number	Last Action	Status	Position	Priority
<b>TX</b>	<b>HB 652</b>	<b>Referred To Health Care Reform Select 2023 02 23</b>	<b>Failed sine die</b>	<b>None</b>	<b>None</b>
<b>Title</b> Relating to the development and implementation of the Live Well Texas program and the expansion of Medicaid eligibility to provide health benefit coverage to certain individuals; imposing penalties.			<b>Introduction Date:</b> 2022-11-14		
<b>Primary Sponsors</b> Julie Johnson					

State	Bill Number	Last Action	Status	Position	Priority
<b>TX</b>	<b>HB 1293</b>	<b>Left Pending In Committee 2023 04 25</b>	<b>Failed sine die</b>	<b>None</b>	<b>None</b>
<b>Title</b> Relating to the reimbursement of prescription drugs under Medicaid and the child health plan program.			<b>Introduction Date:</b> 2023-01-12		
<b>Primary Sponsors</b> Toni Rose			<b>Labels:</b> <span>Medicaid Reimbursement Floor</span>		

State	Bill Number	Last Action	Status	Position	Priority
<b>TX</b>	<b>HB 3226</b>	<b>Referred To Health Care Reform Select 2023 03 15</b>	<b>Failed sine die</b>	<b>None</b>	<b>None</b>
<b>Title</b> Relating to the development and implementation of the Live Well Texas program to provide health benefit coverage to certain individuals; imposing penalties.			<b>Introduction Date:</b> 2023-03-02		
<b>Primary Sponsors</b> Steve Allison					

State	Bill Number	Last Action	Status	Position	Priority
<b>TX</b>	<b>SB 17</b>	<b>Filed 2023 11 07</b>	<b>Failed sine die</b>	<b>None</b>	<b>None</b>
<b>Title</b> Relating to the development and implementation of the Live Well Texas program and the expansion of Medicaid eligibility to provide health benefit coverage to certain individuals; imposing penalties.			<b>Introduction Date:</b> 2023-11-07		
<b>Primary Sponsors</b> Nathan Johnson					

State	Bill Number	Last Action	Status	Position	Priority
<b>TX</b>	<b>SB 195</b>	<b>Referred To Health Human Services 2023 02 15</b>	<b>Failed sine die</b>	<b>None</b>	<b>None</b>
<b>Title</b> Relating to the development and implementation of the Live Well Texas program and the expansion of Medicaid eligibility to provide health benefit coverage to certain individuals; imposing penalties.			<b>Introduction Date:</b> 2022-11-14		
<b>Primary Sponsors</b> Nathan Johnson, Cesar Blanco					

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook	
TX	SB 1113	Left Pending In Committee 2023 04 26	Failed sine die	None	None		
<b>Title</b> Relating to prescription drug formularies applicable to the Medicaid managed care program.			<b>Introduction Date:</b> 2023-02-22				
<b>Primary Sponsors</b> Bryan Hughes							

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook	
VA	HB 30	House Vote Adoption 62 Y 37 N 2024 03 09	Passed Senate	Support	High	95.0%	95.0%
<b>Title</b> Budget Bill.			<b>Introduction Date:</b> 2023-12-20				
<b>Description</b> Budget Bill. Provides for all appropriations of the Budget submitted by the Governor of Virginia in accordance with the provisions of <a href="#">§ 2.2-1509</a> of the Code of Virginia, and provides a portion of revenues for the two years ending respectively on the thirtieth day of June 2025 and the thirtieth day of June 2026.			<b>Labels:</b> <span>Budget</span> <span>Medicaid Carve-Out</span>				
<b>Primary Sponsors</b> Luke Torian							

State	Bill Number	Last Action	Status	Position	Priority	FN Outlook	
VA	HB 1348	House Continued To 2025 In Appropriations By Voice Vote 2024 02 09	In House	None	None	5.0%	95.0%
<b>Title</b> Pharmaceutical Services, Office of; establishes in Department of General Services, report.			<b>Introduction Date:</b> 2024-01-12				
<b>Description</b> Department of General Services; Office of Pharmaceutical Services; report. Establishes in the Department of General Services an Office of Pharmaceutical Services to develop and execute a plan to consolidate state agency prescription drug purchasing and pharmacy benefit management programs to increase efficiency in prescription drug purchasing and constrain spending on prescription drugs. The bill directs the Department to provide to the Governor and the General Assembly an interim report on the development of the plan by November 1, 2024, and a final report on the plan by November 1, 2025.			<b>Labels:</b> <span>Medicaid Reimbursement Floor</span> <span>State Employee Plan</span>				
<b>Primary Sponsors</b> Destiny Bolling							

State	Bill Number	Last Action	Status	Position	Priority
VA	SB 30	House Left In Appropriations 2024 03 05	Failed	Support	High
<b>Title</b> Budget Bill.			<b>Introduction Date:</b> 2023-12-20		
<b>Description</b> Budget Bill. Provides for all appropriations of the Budget submitted by the Governor of Virginia in accordance with the provisions of 2.2-1509 of the Code of Virginia, and provides a portion of revenues for the two years ending respectively on the thirtieth day of June 2025 and the thirtieth day of June 2026.			<b>Labels:</b> <span>Budget</span> <span>Medicaid Carve-Out</span>		
<b>Primary Sponsors</b> Louise Lucas					

State	Bill Number	Last Action	Status	Position	Priority
WV	HB 5244	Filed For Introduction 2024 01 26	Failed sine die	None	None
<b>Title</b> Relating to portable benefit plans			<b>Introduction Date:</b> 2024-01-26		
<b>Primary Sponsors</b> Kayla Young			<b>Labels:</b> <span>State Employee Plan</span>		

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