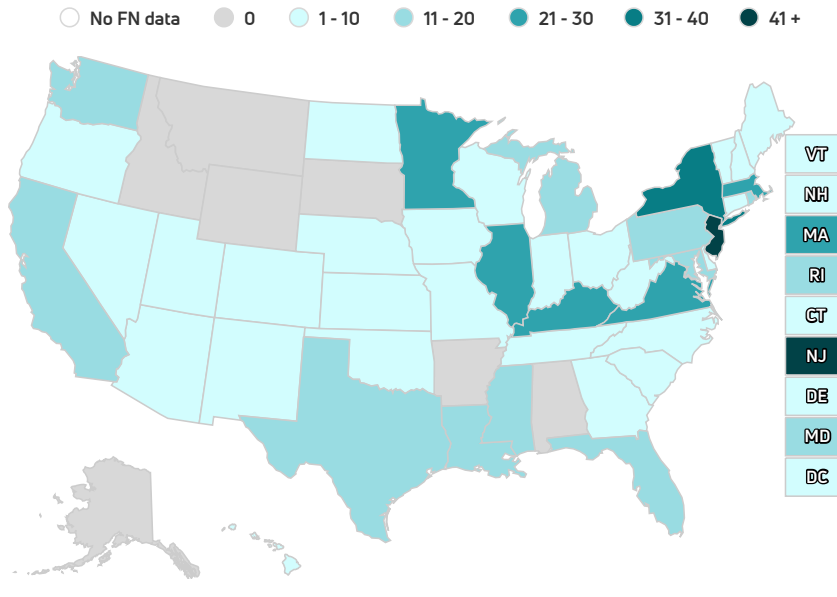


Medicaid Reform Legislation

US Policy Map

You are tracking **0 US-Federal Bills** and **0 US-Federal Regulations**. You're also following state data as detailed below.



Medicaid Reform Bills 456

OK SB 252

Title: Medicaid; excluding prescription drug services from certain provisions; directing certain program delivery model. Effective date.

Current Status: In Senate

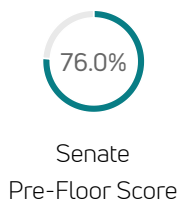
Introduction Date: 2025-02-03

Last Action Date: Authored by Senator Standridge. 2025-02-03

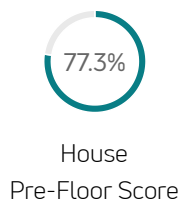
Location: US-OK

Medicaid Carve-Out

Floor Forecast Scores



N/A
Senate
Floor Score



N/A
House
Floor Score

NH LSR 2025-0984

Title: Prohibiting network exclusion for pharmacies that refuse to dispense a prescription of the PBM reimbursement that is below the pharmacy's acquisition cost.

Current Status: Status Currently Unavailable

Location: US-NH

CT SB 11

Title: AN ACT CONCERNING PRESCRIPTION DRUG ACCESS AND AFFORDABILITY.


Current Status: In Senate

Introduction Date: 2025-01-08

Last Action Date: Referred to Joint Committee on Human Services. 2025-01-08

Description: To increase access to affordable health care.

Location: US-CT


 Pharmacy Reimbur...


MA SD 85

Title: An Act to ensure access to prescription medications

Current Status: Status Currently Unavailable

Location: US-MA

 Appeal procedure

 Medicaid Reimburse...

VA HB 2209

Title: Department of Medical Assistance Services; state pharmacy benefits manager.

Current Status: In House

Introduction Date: 2025-01-07

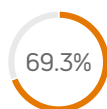
Last Action Date: Committee Referral Pending. 2025-01-07

Description: Department of Medical Assistance Services; state pharmacy benefits manager. Requires the Department of Medical Assistance Services by December 31, 2025, to select and contract with a third-party administrator to serve as the state pharmacy benefits manager to administer all pharmacy benefits for Medicaid recipients, including recipients enrolled in a managed care organization. The bill enumerates requirements for the Department's contract with the state pharmacy benefits manager and prevents the state pharmacy benefits manager from having a business conflict of interest with any Medicaid provider or vendor.

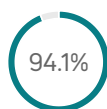
Location: US-VA

 Single PBM

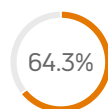
Floor Forecast Scores



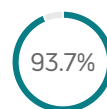
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

VA SB 875

Title: Department of Medical Assistance Services; state pharmacy benefits manager.

Current Status: In Senate

Introduction Date: 2025-01-03

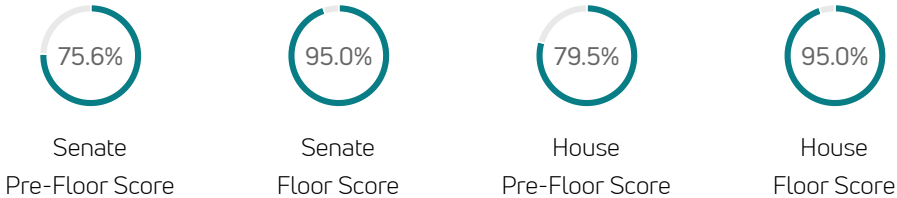
Last Action Date: Referred to Committee on Education and Health. 2025-01-03

Description: Department of Medical Assistance Services; state pharmacy benefits manager. Requires the Department of Medical Assistance Services by December 31, 2025, to select and contract with a third-party administrator to serve as the state pharmacy benefits manager to administer all pharmacy benefits for Medicaid recipients, including recipients enrolled in a managed care organization. The bill enumerates requirements for the Department's contract with the state pharmacy benefits manager and prevents the state pharmacy benefits manager from having a business conflict of interest with any Medicaid provider or vendor.

Location: US-VA

📁 Single PBM

Floor Forecast Scores



VA SB 800

Title: Budget Bill.

Current Status: In Senate

Introduction Date: 2024-12-18

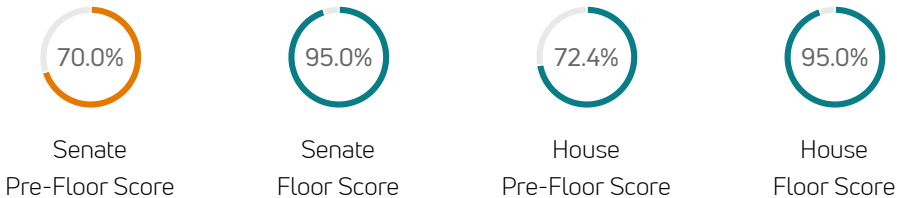
Last Action Date: Referred to Committee on Finance and Appropriations. 2024-12-18

Description: Budget Bill. Amends items of and adds items to Chapter 2 of the Acts of Assembly of 2024, Special Session I.

Location: US-VA

📁 Pharmacy Reimbur...

Floor Forecast Scores



VA HB 1600

Title: Budget Bill.

Current Status: In House

Introduction Date: 2024-12-18

Last Action Date: Referred to Committee on Appropriations. 2024-12-18

Description: Budget Bill. Amends items of and adds items to Chapter 2 of the Acts of Assembly of 2024, Special Session I.

Location: US-VA

📁 Pharmacy Reimbur...

Floor Forecast Scores



IL SB 2790

👍 Support

Title: Dhfs-Mco-Pbm-Contracts

Current Status: Sine Die - Failed

Introduction Date: 2024-01-17

Last Action Date: Added as Co-Sponsor Sen. Rachel Ventura. 2024-11-20

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Health 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 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 the 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.

Location: US-IL

Last Team Action: IL HB 4548 and SB 2790 discussion, Mar 07, 2024 at 2 PM - 3 PM (Attendee: Joel Kurzman)

📄 Transparency and ...

📄 Medicaid Reimburs...

📄 Spread pricing

VA HB 1348

Title: Pharmaceutical Services, Office of; establishes in Department of General Services, report.

Current Status: In House

Introduction Date: 2024-01-12

Last Action Date: Left in Appropriations. 2024-11-18

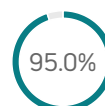
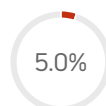
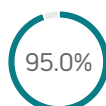
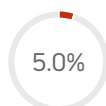
Description: Department of General Services; Office of Pharmaceutical Services; report. Establishes in the Department of General Services an Office of Pharmaceutical Services to develop and execute a plan to consolidate state agency prescription drug purchasing and pharmacy benefit management programs 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.

Location: US-VA

📄 State Employee Plan

📄 Medicaid Reimburs...

Floor Forecast Scores



House
Pre-Floor Score

House
Floor Score

Senate
Pre-Floor Score

Senate
Floor Score

NJ S 3538

High Priority

👍 Support

Title: Establishes "Equitable Drug Pricing and Patient Access Act."

Current Status: In Senate

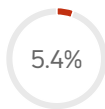
Introduction Date: 2024-09-12

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2024-09-12

Location: US-NJ

📁 Medicaid Reimburs...

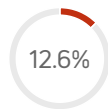
Floor Forecast Scores



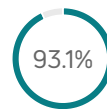
Senate
Pre-Floor Score



Senate
Floor Score



Assembly
Pre-Floor Score



Assembly
Floor Score

MN HF 3902

Title: Medical assistance dispensing fee increased.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-19

Last Action Date: Authors added Zeleznikar and Perryman. 2024-05-20

Location: US-MN

📁 cost to dispense

MA S 715

Title: An Act to ensure access to prescription medications

Current Status: In Senate

Introduction Date: 2023-02-16

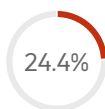
Last Action Date: Accompanied a study order, see H4634. 2024-05-09

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.

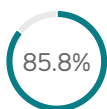
Location: US-MA

📁 Medicaid Reimburs...

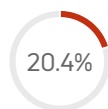
Floor Forecast Scores



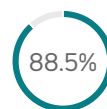
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

OH HB 505

Title: Enact the Community Pharmacy Protection Act

Current Status: Sine Die - Failed

Introduction Date: 2024-04-24

Last Action Date: Referred to committee Insurance. 2024-04-30

Description: To amend sections 3902.50, 5164.753, and 5167.243 and to enact sections 3902.75, 3902.76, 3959.151, 3959.25167.127, and 5167.128 of the Revised Code regarding insurer and Medicaid program accreditation requirements for pharmacists, impose drug cost reporting and payment requirements on pharmacy benefit managers, and to name this act the Community Pharmacy Protection Act.

Location: US-OH



NADAC+



Accreditation requi...



Protections from u...



cost to dispense

MN HF 4571

High Priority

👍 Support

Title: Health and human services supplemental budget bill.

Current Status: Sine Die - Failed

Introduction Date: 2024-03-04

Last Action Date: Committee report, to adopt as amended and re-refer to Ways and Means. 2024-04-26

Location: US-MN



cost to dispense

NE LB 204

High Priority

👍 Support

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

Current Status: Enacted

Introduction Date: 2023-01-09

Last Action Date: DeKay explanation of vote. 2024-04-18

Location: US-NE



Medicaid Reimburs...

NE LB 1376

Title: LB1376 - Appropriate funds to the Department of Health and Human Services for prescription reimbursements

Current Status: Failed

Introduction Date: 2024-01-17

Last Action Date: Indefinitely postponed. 2024-04-18

Location: US-NE

Last Team Action: NE support comments for LB 1376, Feb 12, 2024 at 9 AM - 10 AM (Attendee: Joel Kurzman)



Pharmacy Reimburs...

VA HB 30

High Priority

👍 Support

Title: Budget Bill.

Current Status: Failed

Introduction Date: 2023-12-20

Last Action Date: House: Failed to pass. 2024-04-17

Description: 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 the thirtieth day of June 2025 and the thirtieth day of June 2026.

Location: US-VA

Last Team Action: VA grassroots support to VPhA, Jan 31, 2024 at 3 PM - 4 PM (Attendee: Joel Kurzman)



Medicaid Carve-Out



Budget

KY SB 188

High Priority

Support

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

Current Status: Enacted

Introduction Date: 2024-02-08

Last Action Date: signed by Governor (Acts Ch. 104), 2024-04-05

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 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 incur 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 conform with certain pharmacy-related insurance laws; amend KRS 367.828 to establish certain requirements for health discount programs 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.

Location: US-KY



NADAC+



Retroactive claims ...



Reimbursement to ...



Provider networks



Retroactive Reimbu...



specialty pharmacy



specialty drug



PBM enforcement



Patient steering

MN HF 4916

Title: Commissioner of human services required to establish directed pharmacy dispensing payment to improve and maintain access to pharmaceutical services, and money appropriated.

Current Status: Sine Die - Failed

Introduction Date: 2024-03-13

Last Action Date: Author added Virnig, 2024-04-04

Location: US-MN



Pharmacy Reimbur...

MS HB 708

Title: Medicaid; expand eligibility under federal Affordable Care Act.

Current Status: Failed

Introduction Date: 2024-01-29

Last Action Date: Died In Committee. 2024-03-05

Description: An Act To Amend Section 43-13-115, Mississippi Code Of 1972, To Provide Medicaid Coverage For Individuals WI Under 65 Years Of Age, Are Not Pregnant, Are Not Entitled To Or Enrolled For Medicare Benefits And Whose Income Is Not I Than 133% Of The Federal Poverty Level, As Authorized Under The Federal Patient Protection And Affordable Care Act; And Related Purposes.

Location: US-MS



Medicaid Expansion

MS HB 538

Title: Medicaid; create Medicaid Commission to administer program and abolish Division of Medicaid.

Current Status: Failed

Introduction Date: 2024-01-24

Last Action Date: Died In Committee. 2024-03-05

Description: An Act To Amend Section 43-13-107, Mississippi Code Of 1972, To Create The Mississippi Medicaid Commission Administer The Medicaid Program; To Provide For The Membership And Appointment Of The Commission; To Provide That T Executive Director Of The Commission Shall Be Appointed By The Commission; To Abolish The Division Of Medicaid And Tra The Powers, Duties, Property And Employees Of The Division To The Medicaid Commission; To Amend Sections 43-13-103, 4 105, 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 43-13-14 Mississippi Code Of 1972, To Conform To The Preceding Provisions; To Extend The Date Of The Repealer On Sections 43-13- And 43-13-145; And For Related Purposes.

Location: US-MS

VA SB 30

High Priority

Support

Title: Budget Bill.

Current Status: Failed

Introduction Date: 2023-12-20

Last Action Date: House: Left in Appropriations. 2024-03-05

Description: Budget Bill. Provides for all appropriations of the Budget submitted by the Governor of Virginia in accordance v the provisions of 2.2-1509 of the Code of Virginia, and provides a portion of revenues for the two years ending respective the thirtieth day of June 2025 and the thirtieth day of June 2026.

Location: US-VA

Last Team Action: VA grassroots support to VPhA, Jan 31, 2024 at 3 PM - 4 PM (Attendee: Joel Kurzman)



Medicaid Carve-Out



Budget

NM HB 165

High Priority

Support

Title: PHARMACY PROVIDER REIMBURSEMENT

Current Status: Enacted

Introduction Date: 2024-01-18

Last Action Date: Signed by Governor - Chapter 35 - Mar. 1. 2024-03-01

Location: US-NM

Last Team Action: NM Senate Committee outreach - HB 165, Feb 13, 2024 at 9 AM - 10 AM (Attendee: Joel Kurzman)

KY HB 316

Title: AN ACT relating to the establishment of the Medicaid Oversight and Advisory Board of the Kentucky General Assembly declaring an emergency.

Current Status: Sine Die - Failed

Introduction Date: 2024-01-19

Last Action Date: to Committee on Committees (S). 2024-03-01

Description: 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 Kentucky 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.

Location: US-KY

Pharmacy Reimbur...

MN SF 3971

Title: Medical assistance dispensing fee increase

Current Status: Sine Die - Failed

Introduction Date: 2024-02-19

Last Action Date: Referred to Health and Human Services. 2024-02-19

Location: US-MN

cost to dispense

KY HB 530

Title: AN ACT relating to Medicaid managed care organizations.

Current Status: Sine Die - Failed

Introduction Date: 2024-02-14

Last Action Date: to Committee on Committees (H). 2024-02-14

Description: 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.

Location: US-KY

Provider networks

MD HB 880

Title: Pharmacy Benefits Administration - Maryland Medical Assistance Program and Pharmacy Benefits Managers

Current Status: Sine Die - Failed

Introduction Date: 2024-02-02

Last Action Date: Hearing 2/29 at 1:00 p.m.. 2024-02-09

Description: 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.

Location: US-MD

Last Team Action: MD support letters for hearings, Feb 27, 2024 at 11 AM - 12 PM (Attendee: Joel Kurzman)

MD SB 1021

Title: Pharmacy Benefits Administration - Maryland Medical Assistance Program and Pharmacy Benefits Managers

Current Status: Sine Die - Failed

Introduction Date: 2024-02-02

Last Action Date: Hearing 3/13 at 1:00 p.m.. 2024-02-06

Description: 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 requiring pharmacy benefits managers to include certain insurers, nonprofit health service plans, and health maintenance organizations.

Location: US-MD

WV HB 5244

Title: Relating to portable benefit plans

Current Status: Sine Die - Failed

Introduction Date: 2024-01-26

Last Action Date: Filed for introduction. 2024-01-26

Location: US-WV

NJ A 2491

Title: Requires all Medicaid managed care organizations to permit all pharmacies in State to dispense prescriptions for all covered medications.

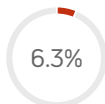
Current Status: In Assembly

Introduction Date: 2024-01-09

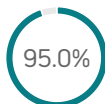
Last Action Date: Introduced, Referred to Assembly Health Committee. 2024-01-09

Location: US-NJ

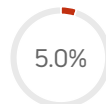
Floor Forecast Scores



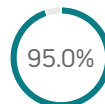
Assembly
Pre-Floor Score



Assembly
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

NJ A 3125

High Priority

Support

Title: Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system

Current Status: In Assembly

Introduction Date: 2024-01-09

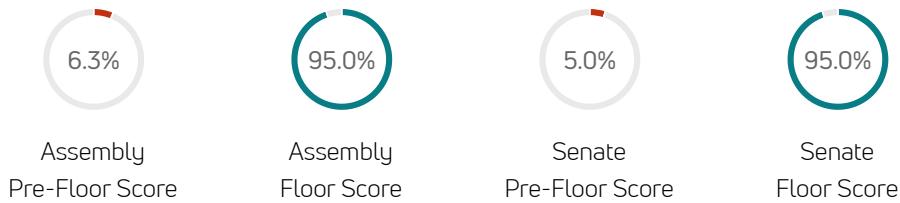
Last Action Date: Introduced, Referred to Assembly Aging and Human Services Committee. 2024-01-09

Location: US-NJ

Last Team Action: NJ Medicaid Carve-Out and Legislative Priorities, Jan 18, 2024 at 4 PM - 5 PM (Attendee: Joel Kurzman)

📁 Medicaid Carve-Out

Floor Forecast Scores



NJ S 2067 High Priority

Title: Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system

Current Status: In Senate

Introduction Date: 2024-01-09

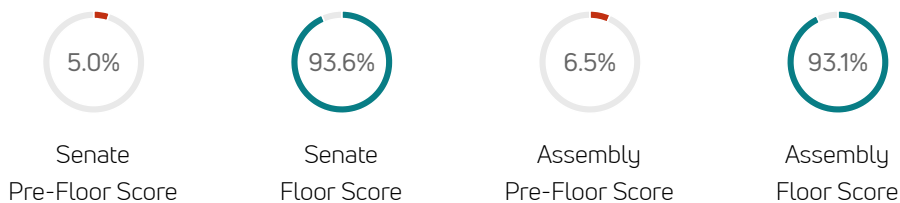
Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2024-01-09

Location: US-NJ

Last Team Action: NJ Medicaid Carve-Out and Legislative Priorities, Jan 18, 2024 at 4 PM - 5 PM (Attendee: Joel Kurzman)

📁 Medicaid Carve-Out

Floor Forecast Scores



NY A 5911

Title: Relates to pharmacy services provided by managed care providers; repealer

Current Status: Sine Die - Failed

Introduction Date: 2023-03-24

Last Action Date: REFERRED TO HEALTH. 2024-01-03

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.

Location: US-NY

📁 Medicaid Reimburs...

NY S 5136 👎 Oppose

Title: Relates to pharmacy services provided by managed care providers; repealer

Current Status: Sine Die - Failed


Introduction Date: 2023-02-23

Last Action Date: REFERRED TO HEALTH. 2024-01-03

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.

(NADAC); repeals related provisions.

Location: US-NY

 Medicaid Reimburs...

NY S 7051

Title: Relates to prescription drugs in Medicaid managed care programs; repealer

Current Status: Sine Die - Failed

Introduction Date: 2023-05-17

Last Action Date: REFERRED TO HEALTH. 2024-01-03

Description: Requires Medicaid managed care, and Child Health Plus plans to adopt the procedural protections of the Preferred Drug Program, including "prescriber prevails", for all drugs.

Location: US-NY

 Medicaid Carve-Out

 Pharmacy Reimburs...

 Prior authorization

NY S 3466 High Priority

Title: Provides for coverage for prescription drugs under Medicaid; repealer

Current Status: Sine Die - Failed

Introduction Date: 2023-01-31

Last Action Date: REFERRED TO HEALTH. 2024-01-03

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

Location: US-NY

 Medicaid Pharmac...

 Medicaid Carve-Out

MI HB 4276

Title: Human services: medical services; Medicaid managed care contract with pharmacy benefit manager; regulate, and reporting. Amends 1939 PA 280 (MCL 400.1 - 400.119b) by adding secs. 105i & 105j.

Current Status: Enacted

Introduction Date: 2023-03-14

Last Action Date: assigned PA 279'23. 2023-12-31

Location: US-MI

TX SB 17

Title: Relating to the development and implementation of the Live Well Texas program and the expansion of Medicaid eligib provide health benefit coverage to certain individuals; imposing penalties.

Current Status: Sine Die - Failed

Introduction Date: 2023-11-07

Last Action Date: Filed. 2023-11-07

Location: US-TX

NY A 7197

Title: Protects access to pharmacy services


Current Status: Sine Die - Failed

Introduction Date: 2023-05-12

Last Action Date: ENACTING CLAUSE STRICKEN. 2023-10-13

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 pharmacy

Location: US-NY

 Medicaid Reimburs...

NY S 3509 High Priority

Title: Protects access to pharmacy services


Current Status: Sine Die - Failed

Introduction Date: 2023-01-31

Last Action Date: RECOMMIT, ENACTING CLAUSE STRICKEN. 2023-08-11

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 pharmacy

Location: US-NY

 Medicaid Reimburs...

NJ S 3962

Title: Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system

Current Status: Sine Die - Failed

Introduction Date: 2023-06-15

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2023-06-15

Location: US-NJ

 Medicaid Carve-Out

OR SB 608

Title: Relating to prescription drugs; and declaring an emergency.


Current Status: Enacted

Introduction Date: 2023-01-09

Last Action Date: Effective date, June 7, 2023.. 2023-06-14

Description: Prohibits insurers offering policies or certificates of health insurance and pharmacy benefit managers from requiring a claim for reimbursement of prescription drug to include modifier or other indicator that drug is 340B drug.] Requires Oregon Health Authority to adopt dispensing fee to be paid to pharmacies and pharmacists dispensing prescription drugs to medical assistance recipients. Sets minimum dispensing fee at \$____.] Takes effect on 91st day following adjournment sine die.] Requires Oregon Health Authority, every three years, to conduct survey of retail pharmacies enrolled as providers in state medical assistance program regarding pharmacies' dispensing costs. Requires authority, if adjustments are needed, to request state amendment from Centers for Medicare and Medicaid Services to change professional dispensing fee paid to pharmacies participating in state medical assistance program. Declares emergency, effective on passage.

Location: US-OR

 cost to dispense

NJ A 5588

Title: Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system

Current Status: Sine Die - Failed

Introduction Date: 2023-06-08

Last Action Date: Introduced, Referred to Assembly Human Services Committee. 2023-06-08

Location: US-NJ

 Medicaid Carve-Out

IA HF 685

Title: 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 525, HSB 177.) Effective date: 07/01/2023.

Current Status: Enacted

Introduction Date: 2023-03-27

Last Action Date: Signed by Governor.. 2023-06-01

Location: US-IA

MN SF 2995


Title: Omnibus Health appropriations

Current Status: Enacted

Introduction Date: 2023-03-20

Last Action Date: Governor approval. 2023-05-24

Location: US-MN

 Medicaid Carve-Out

IL HB 23

Title: Medicaid-Pharmacy Services

Current Status: Sine Die - Failed


Introduction Date: 2022-12-05

Last Action Date: Rule 19(a) / Re-referred to Rules Committee. 2023-05-19

Description: 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 January 1, 2024 and to publish the report on the Department's website. Provides that any retail pharmacy that is enrolled a eligible retail pharmacy provider in the medical assistance program and is not sanctioned under investigation for fraud, was 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.

Location: US-IL

 Patient Protections

 Provider networks

IL HB 1029

Title: Medicaid-Pharmacy Services


Current Status: Sine Die - Failed

Introduction Date: 2022-12-19

Last Action Date: Rule 19(a) / Re-referred to Rules Committee. 2023-05-19

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Health 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 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.

Location: US-IL

 Medicaid Carve-Out

RI HB 5402

Title: An Act Relating To Human Services -- Medical Assistance (Requires The Auditor General To Oversee An Audit Of Medicaid Programs Administered By Managed Care Organizations And Submit A Report Of Such Findings Within Six (6) Months To The General Assembly And Eohhs.)


Current Status: Sine Die - Failed

Introduction Date: 2023-02-03

Last Action Date: Committee recommended measure be held for further study. 2023-05-16

Location: US-RI

 Transparency and ...

 Medicaid Carve-Out

RI HB 5474

Title: An Act Relating To Human Services -- Medical Assistance (Requires The Auditor General To Oversee An Audit Of Medicaid Programs Administered By Managed Care Organizations And Submit A Report Of Such Findings Within Six (6) Months To The General Assembly And Eohhs.)

Current Status: Sine Die - Failed

Introduction Date: 2023-02-08

Last Action Date: Committee recommended measure be held for further study. 2023-05-16

Location: US-RI

RI HB 5988

Title: An Act Relating To State Affairs And Government -- Office Of Health And Human Services (Prohibits The Executive Office Of Health And Human Services From Entering Into Managed Care Organization (Mco) Contracts That Permit Managed Care Organizations To Contract With Pharmacy Benefit Managers (Pbm).)

Current Status: Sine Die - Failed

Introduction Date: 2023-03-01

Last Action Date: Committee recommended measure be held for further study. 2023-05-16

Location: US-RI

RI HB 5646

Title: An Act Relating To Human Services -- Medical Assistance (Requires Eohhs Working With The Auditor General To Develop Plan Within Two (2) Years Of The Passage Of This Act To Transition To A Fee-For-Service State-Run Medicaid Program.)

Current Status: Sine Die - Failed

Introduction Date: 2023-02-15

Last Action Date: Committee postponed at request of sponsor (05/16/2023). 2023-05-13

Location: US-RI

 Medicaid Carve-Out

RI SB 572

Title: An Act Relating To Health And Safety -- Comprehensive Health Insurance Program (Establishes A Universal, Comprehensive, Affordable Single-Payer Health Care Insurance Program And Helps Control Health Care Costs, Which Would Be Referred To As, "The Rhode Island Comprehensive Health Insurance Program" (Richip).)

Current Status: Sine Die - Failed

Introduction Date: 2023-03-07

Last Action Date: Committee recommended measure be held for further study. 2023-05-11

Location: US-RI

CT SB 10

Title: AN ACT PROMOTING ACCESS TO AFFORDABLE PRESCRIPTION DRUGS, HEALTH CARE COVERAGE, TRANSPARENCY IN HEALTH CARE COSTS, HOME AND COMMUNITY-BASED SUPPORT FOR VULNERABLE PERSONS AND RIGHTS REGARDING GENDER IDENTITY AND EXPRESSION.

Current Status: Sine Die - Failed

Introduction Date: 2023-03-01

Last Action Date: File Number 735 (LCO). 2023-05-08

Description: To promote transparency in health care and prescription drug costs, expand access to affordable prescription drugs, integrate community health workers and social workers into delivery of health care and home and community-based services, expand the Covered Connecticut health care program, connect uninsured persons with coverage and protect rights regarding gender identity and expression.

Location: US-CT

 Maximum Fair Price

IN HB 1445

Title: Audit of Medicaid program prescription drug costs.

Current Status: Enacted

Introduction Date: 2023-01-17

Last Action Date: Signed by the Governor. 2023-05-04

Description: Amends the requirements for a physician to provide office based opioid treatment. Provides that the attorney general may issue a request for proposal to audit the prescription drug programs within the state employee health plan and Medicaid program. Provides that the attorney general may evaluate and determine whether to include specified metrics in the request for proposal. Provides that the audit look back period must be the previous five state fiscal years. Provides that the results of the audits must be provided to the interim study committee on public health, behavioral health, and human services before September 1, 2024. Provides that a practitioner is not required to obtain information about a patient from the Indiana scheduled prescription electronic collection and tracking program (INSPECT) data base or through the patient's integrated health record before prescribing certain medications if the patient is enrolled in a hospice program.

Location: US-IN

NY A 3006

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

Current Status: Enacted

Introduction Date: 2023-05-02

Last Action Date: SIGNED CHAP.56. 2023-05-03

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 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 bus 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 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 program 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 and in relation to the effectiveness thereof; extends aid for employment preparation education for certain persons age two 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 special apportionment for public pension accruals; extends the school years to which apportionment for salary expenses applies; provides for an accelerated schedule for certain apportionments payable to Mount Vernon city school district; provides for adjustments 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 university of New York and the city university of New York (Part B); removes the maximum award caps for the liberty partnerships program (Part D); utilizes reserves in the mortgage insurance fund for the neighborhood preservation program, the rural preservation program, the rural rental assistance program, and the New York state supportive housing program (Part Q); relates to providing for increased minimum wage requirements (Part S); expands eligibility for child care assistance; makes related provisions (Part U); extends provisions of law related to restructuring financing for residential school placements (Part V); extends certain provisions of law relating to the juvenile justice services close to home initiative (Part W); eliminates the requirement for combined education and other work/activity assignments; directs approval of certain education and vocational training activities up to two-year post secondary degree programs; provides for a disregard of earned income received by a recipient of public assistance derived from participating in a qualified work activity or training program; provides for a one-time disregard of earned income following job entry for up to six consecutive months under certain circumstances (Part X); provides reimbursement to victims of public assistance fraud to include additional benefits (Part Y); increases the standards of monthly need for aged, blind and disabled persons living in the community (Part Z); requires the state university of New York trustees and the city university of New York trustees to develop long-term plans to address the impact fluctuations in student enrollment have on the academic and financial sustainability of state-operated institutions and community colleges (Part AA); increases the rent subsidy payable to a foster child living independently (Part BB); extends certain provisions relating to the calculation of weekly employment insurance benefits for workers who are partially unemployed (Part CC); establishes a statewide presumptive eligibility standard for child care assistance (Part DD); makes certain part-time students enrolled at a public agricultural and technical college eligible to receive part-time tuition assistance program awards (Part EE); relates to conducting a study of public and private museums in New York state (Part FF); increases fees for assigned counsel; increases the amount in extraordinary circumstances that the court may provide for compensation in excess of three thousand dollars per investigative, expert or other service provider (Part GG); expands eligibility for the empire state child credit (Part HH); expands the scope of scholarships for the state university of New York maritime college (Part II); relates to the appointment of the western regional off-track betting board of directors (Part JJ); provides state matching contributions to the endowments of the four university centers of the state university of New York; provides for the repeal of certain provisions upon expiration thereof (Part KK); authorizes the department of corrections to

body scanners for employees at state correctional facilities, visitors, and incarcerated individuals (Part LL); relates to bus operation-related traffic restrictions and parking infractions; establishes a bus rapid transit demonstration program; extend effectiveness of certain provisions relating thereto; repeals certain provisions relating thereto (Part MM); directs the Metropolitan Transportation Authority to establish and implement a fare-free bus pilot program within the City of New York to understand certain impacts of fare-free bus routes (Part NN); relates to the utilization of funds in the Capital region off-track betting corporations capital acquisition funds (Part OO); provides for the administration of certain funds and accounts related to the 2023-2024 budget, authorizing certain payments and transfers; extends certain provisions of law; authorizes the issuance of certain bonds and notes (Part PP); advances renewable energy development; establishes the renewable energy access and community help program; provides funding to help prepare workers for employment in the renewable energy field (Part QQ); prohibits fossil-fuel equipment and building systems in certain new construction; provides exceptions for emergency power manufactured homes and certain commercial buildings; establishes decarbonization action plans for state-owned facilities (Part RR); extends certain provisions relating to the provision of renewable power and energy by the Power Authority of the state of New York (Part SS); creates the New York climate action fund; makes provisions related to climate action fund revenues and accounts; provides wage requirements and a job transition plan for certain climate risk-related and energy transition projects (Part TT); relates to collection of tax revenue on adult-use cannabis products; imposes penalties on retailers and distributors for unauthorized sale of adult-use cannabis products; provides for emergency relief following service of a notice of violation; imposes additional regulations to curb illegal cannabis retail establishments; permits removal of commercial tenants for unlicensed cannabis retail sale; authorizes investigators appointed by the cannabis control board to carry, possess, repair, or dispose of a firearm; makes related provisions (Part UU); relates to setting bail (Subpart A); relates to appearances for pretrial proceedings and arrests made without a warrant (Subpart B); requires the chief administrator of the courts to report on certain pretrial commitments to local correctional facilities (Subpart C) (Part VV).

Location: US-NY

NY S 4006

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

Current Status: Enacted

Introduction Date: 2023-05-02

Last Action Date: Substitute A 3006 action - SIGNED CHAP.56. 2023-05-03

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 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 bus 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 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 program 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 and in relation to the effectiveness thereof; extends aid for employment preparation education for certain persons age two 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 special apportionment for public pension accruals; extends the school years to which apportionment for salary expenses applies; provides for an accelerated schedule for certain apportionments payable to Mount Vernon city school district; provides for apportionments 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 university of New York and the city university of New York (Part B); removes the maximum award caps for the liberty partnerships program (Part D); utilizes reserves in the mortgage insurance fund for the neighborhood preservation program, the rural preservation program, the rural rental assistance program, and the New York state supportive housing program (Part Q); relates to providing for increa

minimum wage requirements (Part S); expands eligibility for child care assistance; makes related provisions (Part U); extends provisions of law related to restructuring financing for residential school placements (Part V); extends certain provisions of relating to the juvenile justice services close to home initiative (Part W); eliminates the requirement for combined education other work/activity assignments; directs approval of certain education and vocational training activities up to two-year post secondary degree programs; provides for a disregard of earned income received by a recipient of public assistance derived participating in a qualified work activity or training program; provides for a one-time disregard of earned income following job entry for up to six consecutive months under certain circumstances (Part X); provides reimbursement to victims of public assistance fraud to include additional benefits (Part Y); increases the standards of monthly need for aged, blind and disabled persons living in the community (Part Z); requires the state university of New York trustees and the city university of New York trustees to develop long-term plans to address the impact fluctuations in student enrollment have on the academic and financial sustainability of state-operated institutions and community colleges (Part AA); increases the rent subsidy payable to a foster child living independently (Part BB); extends certain provisions relating to the calculation of weekly employment insurance benefits for workers who are partially unemployed (Part CC); establishes a statewide presumptive eligibility standard for child care assistance (Part DD); makes certain part-time students enrolled at a public agricultural and technical college eligible to receive part-time tuition assistance program awards (Part EE); relates to conducting a study of public and private museums in New York state (Part FF); increases fees for assigned counsel; increases the amount in extraordinary circumstances that the court may provide for compensation in excess of three thousand dollars per investigative, expert or other service provider (Part GG); expands eligibility for the empire state child credit (Part HH); expands the scope of scholarships for the state university of New York maritime college (Part II); relates to the appointment of the western regional off-track betting board of directors (Part JJ); provides state matching contributions to the endowments of the four university centers of the state university of New York; provides for the repeal of certain provisions upon expiration thereof (Part KK); authorizes the department of corrections to use body scanners for employees at state correctional facilities, visitors, and incarcerated individuals (Part LL); relates to bus operation-related traffic restrictions and parking infractions; establishes a bus rapid transit demonstration program; extends effectiveness of certain provisions relating thereto; repeals certain provisions relating thereto (Part MM); directs the Metropolitan Transportation Authority to establish and implement a fare-free bus pilot program within the City of New York to understand certain impacts of fare-free bus routes (Part NN); relates to the utilization of funds in the Capital region off-track betting corporations capital acquisition funds (Part OO); provides for the administration of certain funds and accounts related to the 2023-2024 budget, authorizing certain payments and transfers; extends certain provisions of law; authorizes the issuance of certain bonds and notes (Part PP); advances renewable energy development; establishes the renewable energy access and community help program; provides funding to help prepare workers for employment in the renewable energy field (Part QQ); prohibits fossil-fuel equipment and building systems in certain new construction; provides exceptions for emergency power manufactured homes and certain commercial buildings; establishes decarbonization action plans for state-owned facilities (Part RR); extends certain provisions relating to the provision of renewable power and energy by the Power Authority of the state of New York (Part SS); creates the New York climate action fund; makes provisions related to climate action fund revenues and accounts; provides wage requirements and a job transition plan for certain climate risk-related and energy transition projects (Part TT); relates to collection of tax revenue on adult-use cannabis products; imposes penalties on retailers and distributors for unauthorized sale of adult-use cannabis products; provides for emergency relief following service of a notice of violation; and additional regulations to curb illegal cannabis retail establishments; permits removal of commercial tenants for unlicensed cannabis retail sale; authorizes investigators appointed by the cannabis control board to carry, possess, repair, or dispose of a firearm; makes related provisions (Part UU); relates to setting bail (Subpart A); relates to appearances for pretrial proceedings for arrests made without a warrant (Subpart B); requires the chief administrator of the courts to report on certain pretrial commitments to local correctional facilities (Subpart C) (Part VV).

Location: US-NY

NY A 3009

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

Current Status: Enacted

Introduction Date: 2023-05-01

Last Action Date: Substitute S 4009 action - SIGNED CHAP.59. 2023-05-03

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

production credit and the Empire state film post production credit; extends and increases such credits (Part D); provides for abatement of penalties for underpayment of estimated tax by a corporation (Part E); extends the deadline for applications for COVID-19 capital costs tax credit program (Part F); creates a child care creation and expansion tax credit for child care program 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 rehabilitated 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 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 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 U); permits the commissioner of taxation and finance to seek judicial review of decisions of the tax appeals tribunal (Part V); clarifies the deposit timeframe for moneys deposited by the commissioner of taxation and finance (Part W); relates to financing of the Belmont Park racetrack renovation and the membership of the franchise oversight board (Part X); extends certain provisions related to the simulcasting of horse races and taxes on pari-mutuel betting (Part BB); relates to the liability of a person who presents false claims for money or property to the state or a local government (Part DD); repeals provisions relating to the transferability of the investment tax credit (Part EE); relates to the amount of credits for cider, wine, and liquor under the alcoholic beverage production credit (Part FF); establishes a permanent rate for the metropolitan transportation business tax surcharge of thirty percent beginning on after January 1, 2024 (Part GG).

Location: US-NY

TX SB 1113

Title: Relating to prescription drug formularies applicable to the Medicaid managed care program.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-22

Last Action Date: Left pending in committee. 2023-04-26

Location: US-TX

TX HB 1293

Title: Relating to the reimbursement of prescription drugs under Medicaid and the child health plan program.

Current Status: Sine Die - Failed

Introduction Date: 2023-01-12

Last Action Date: Left pending in committee. 2023-04-25

Location: US-TX

 Medicaid Reimburs...

RI SB 109


Title: An Act Relating To Human Services -- Medical Assistance (Requires The Auditor General To Oversee An Audit Of Medicaid Programs Administered By Managed Care Organizations And Submit A Report Of Such Findings Within Six (6) Months To The General Assembly And Eohhs.)

Current Status: Sine Die - Failed

Introduction Date: 2023-02-01

Last Action Date: Committee recommended measure be held for further study. 2023-04-25

Location: US-RI

 Transparency and ...

 Medicaid Carve-Out

RI SB 108

Title: An Act Relating To Human Services -- Medical Assistance (Requires Eohhs Working With The Auditor General To Develop Plan Within Two (2) Years Of The Passage Of This Act To Transition To A Fee-For-Service State-Run Medicaid Program.)

Current Status: Sine Die - Failed

Introduction Date: 2023-02-01

Last Action Date: Committee recommended measure be held for further study. 2023-04-25

Location: US-RI

 Medicaid Carve-Out

MD HB 382

High Priority

Title: Maryland Department of Health and Prescription Drug Affordability Board - Managed Care Organizations and Prescription Drug Claims - Study

Current Status: Enacted


Introduction Date: 2023-01-26

Last Action Date: Approved by the Governor - Chapter 217. 2023-04-24

Description: Requiring the Maryland Department of Health and the Prescription Drug Affordability Board jointly to study certain information regarding the payment of prescription drug claims under the Maryland Medical Assistance Program during calendar years 2021 and 2022 and how to address certain inconsistencies; and requiring the Department and the Board to report the findings of the study to the Maryland Medicaid Administration and certain committees of the General Assembly by October 2023.

Location: US-MD

 NADAC+

 Medicaid Reimburs...

MN HF 1752

Title: Commissioner of human services directed to establish a prescription drug purchasing program, program authority and eligibility requirements specified, and report required.

Current Status: Sine Die - Failed

Introduction Date: 2023-02-15

Last Action Date: Author added Freiberg. 2023-04-11

Location: US-MN

 Medicaid Carve-Out

MO SB 474

Title: Extends the sunset on certain health care provider federal reimbursement allowances

Current Status: Sine Die - Failed

Introduction Date: 2023-01-09

Last Action Date: Second Read and Referred S Appropriations Committee. 2023-03-23

Location: US-MO

CT SB 1202

Title: AN ACT CONCERNING PRESCRIPTION DRUG AFFORDABILITY.


Current Status: Sine Die - Failed

Introduction Date: 2023-03-09

Last Action Date: Joint Favorable Change of Reference Insurance and Real Estate (HS). 2023-03-21

Description: To (1) require that certain prescription drugs purchased in the state not exceed upper payment limits set by Me pursuant to the federal Inflation Reduction Act, (2) establish a Prescription Drug Payment Evaluation Committee to recomm upper payment limits on not less than eight drugs based on such limits in other states or countries, and (3) require the Offic Health Strategy to monitor and make public the costliest prescription drugs.

Location: US-CT

 Maximum Fair Price

MD SB 895

Title: Pharmacy Benefits Administration - Maryland Medical Assistance Program and Pharmacy Benefits Managers

Current Status: Sine Die - Failed


Introduction Date: 2023-02-15

Last Action Date: Hearing canceled. 2023-03-20

Description: Altering the reimbursement levels for drug products that the Maryland Medical Assistance Program is require establish and that pharmacy benefits managers that contract with a pharmacy on behalf of a managed care organization ar required to reimburse the pharmacy; and altering the definition of "purchaser" for purposes of certain provisions of law regu pharmacy benefits managers to include certain insurers, nonprofit health services plans, and health maintenance organizat

Location: US-MD

 NADAC+

 Medicaid Reimburs...

TX HB 3226

Title: Relating to the development and implementation of the Live Well Texas program to provide health benefit coverage tc certain individuals; imposing penalties.

Current Status: Sine Die - Failed

Introduction Date: 2023-03-02

Last Action Date: Referred to Health Care Reform, Select. 2023-03-15

Location: US-TX

RI HB 5078

Title: An Act Relating To Insurance -- Control Of High Prescription Costs -- Regulation Of Pharmacy Benefit Managers (Reg Pbms Policies And Practices Relating To Accurate Costs And Pricing Reporting, Restricts Discriminatory Practices And Establishes Consumer Protections And Enforcement Of Penalties For Violations By The Office Of The Attorney General.)

Current Status: Sine Die - Failed

Introduction Date: 2023-01-12

Last Action Date: Committee recommended measure be held for further study. 2023-03-08

Location: US-RI

 Transparency and ...

 Medicaid Carve-Out

 Retroactive claims ...

 Patient steering

NM HB 451

Title: MEDICAID PRGM DISPENSING FEE REIMBURSEMENT

Current Status: Failed

Introduction Date: 2023-02-16

Last Action Date: Action Postponed Indefinitely. 2023-03-04

Location: US-NM



Medicaid Pharmac...



Protections from u...



Medicaid Reimburs...



Pharmacy Reimbur...

TX HB 652

Title: Relating to the development and implementation of the Live Well Texas program and the expansion of Medicaid eligib provide health benefit coverage to certain individuals; imposing penalties.

Current Status: Sine Die - Failed

Introduction Date: 2022-11-14

Last Action Date: Referred to Health Care Reform, Select. 2023-02-23

Location: US-TX

TX SB 195

Title: Relating to the development and implementation of the Live Well Texas program and the expansion of Medicaid eligib provide health benefit coverage to certain individuals; imposing penalties.

Current Status: Sine Die - Failed

Introduction Date: 2022-11-14

Last Action Date: Referred to Health & Human Services. 2023-02-15

Location: US-TX

MS HB 987

Title: Pharmacy Benefit Prompt Pay Act; revise various provisions of.

Current Status: Failed

Introduction Date: 2023-01-16

Last Action Date: Died In Committee. 2023-01-31

Description: An Act To Amend Section 73-21-153, Mississippi Code Of 1972, To Define New Terms Under The Pharmacy Bene Prompt Pay Act; To Create New Section 73-21-154, Mississippi Code Of 1972, To Prohibit Health Insurance Issuers And Pharr Benefit Managers From Certain Discriminatory Practices Relating To Entities Participating In The Federal 340B Drug Discou Program; To Amend Section 73-21-155, Mississippi Code Of 1972, To Prohibit Pharmacy Benefit Managers From Reimbursing Pharmacy Or Pharmacist For A Prescription Drug Or Pharmacist Service In A Net Amount Less Than The National Average I Acquisition Cost For The Prescription Drug Or Pharmacist Service In Effect At The Time The Drug Or Service Is Administerec Dispensed, Plus A Professional Dispensing Fee; To Amend Section 73-21-156, Mississippi Code Of 1972, To Require Pharmac Benefit Managers To Provide A Reasonable Administrative Appeal Procedure To Allow Pharmacies To Challenge A Reimbursement For A Specific Drug Or Drugs As Being Below The Reimbursement Rate Required By The Preceding Provisi Provide That If The Appeal Is Upheld, The Pharmacy Benefit Manager Shall Make The Change In The Payment To The Requi Reimbursement Rate; To Amend Sections 73-21-157 And 73-21-159, Mississippi Code Of 1972, To Provide For The Licensing / Regulation Of Pharmacy Services Administrative Organizations By The State Board Of Pharmacy; To Amend Section 73-21- Mississippi Code Of 1972, To Prohibit Pharmacies, Pharmacy Benefit Managers And Pharmacy Benefit Manager Affiliates Fr Ordering A Patient To Use An Affiliate Pharmacy Of Another Pharmacy Benefit Manager, Or Offering Or Implementing Plan Designs That Penalize A Patient When A Patient Chooses Not To Use An Affiliate Pharmacy Or The Affiliate Pharmacy Of An Pharmacy Benefit Manager, Or Interfering With The Patient'S Right To Choose The Patient'S Pharmacy Or Provider Of Choic Create New Section 73-21-162, Mississippi Code Of 1972, To Prohibit Pharmacy Benefit Managers And Pharmacy Benefit Ma Affiliates From Penalizing Or Retaliating Against A Pharmacist, Pharmacy Or Pharmacy Employee For Exercising Any Right Under This Act, Initiating Any Judicial Or Regulatory Actions, Or Appearing Before Any Governmental Agency, Legislative M Or Body Or Any Judicial Authority; To Amend Section 73-21-163, Mississippi Code Of 1972, To Authorize The Board Of Pharm To Bring Injunctive Actions And Impose Monetary Penalties On Pharmacy Services Administrative Organizations For

Noncompliance With The Pharmacy Benefit Prompt Pay Act; To Amend Sections 73-21-83 And 73-21-91, Mississippi Code C 1972, To Conform To The Preceding Provisions; And For Related Purposes.

Location: US-MS

 NADAC+

 PSAOs

MS HB 992

Title: Medicaid; bring forward services and managed care provisions.

Current Status: Failed

Introduction Date: 2023-01-16

Last Action Date: Died In Committee. 2023-01-31

Description: An Act To Bring Forward Section 43-13-117, Mississippi Code Of 1972, Which Provides The Services And Managed Care Provisions In The Medicaid Program, For The Purposes Of Possible Amendment; And For Related Purposes.

Location: US-MS

MS HB 1298

Title: Pharmacy benefit managers; require to use national average drug acquisition cost.

Current Status: Failed

Introduction Date: 2023-01-16

Last Action Date: Died In Committee. 2023-01-31

Description: An Act To Require Pharmacy Benefit Managers To Utilize And Adhere To The National Average Drug Acquisition Cost That Appears On The National Average Drug Acquisition Cost List When Determining The Ingredient Drug Product Component A Pharmacy'S Reimbursement For Drugs; To Prohibit A Pharmacy Benefit Manager From Paying Or Reimbursing A Pharmacist For The Ingredient Drug Product Component Of Pharmacist Services In An Amount That Is Less Than The National Average Drug Acquisition Cost; To Bring Forward Sections 73-21-156, 73-21-153, 73-21-155, 73-21-157, 73-21-159, 73-21-161, 73-21-163, 83-9-6 And 83-9-6.4, Mississippi Code Of 1972, Which Relate To The Pharmacy Benefit Prompt Pay Act And Accident And Sickness Health Insurance, For Purposes Of Possible Amendment; And For Related Purposes.

Location: US-MS

IL HB 4955

Title: Medicaid-Pharmacy Payments

Current Status: Failed

Introduction Date: 2022-01-25

Last Action Date: Session Sine Die. 2023-01-10

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that no appropriation may be expended to a managed care organization under contract with the Department of Healthcare and Family Services unless the managed care organization, and its pharmacy benefits manager, allows prescription drug benefits to be provided by special pharmacies that are certified in the Business Enterprise Program and accredited by at least 2 different accreditation entities to provide specialty pharmacy services on the same terms and conditions by any willing provider that is qualified for network participation and authorized to dispense prescription drugs. Prescription drug benefits include those that are managed both as a part of the overall healthcare benefits package, medical and pharmacy benefits that are integrated into one package through a managed care organization, and pharmacy benefits that are separately administered or subcontracted through a pharmacy benefits manager. Defines "specialty pharmacy". Effective July 1, 2022.

Location: US-IL

IL SB 142

 Monitor

Title: Medicaid-Exception To Rx Limit

Current Status: Failed

Introduction Date: 2021-02-09

Last Action Date: Session Sine Die. 2023-01-10

Summary: Regarding prior authorization in Medicaid

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that drugs prescribed to reside in the following facilities are not subject to prior approval as a result of the 4-prescription limit: (i) long-term care facilities as defined in the Nursing Home Care Act; (ii) community-integrated living arrangements as defined in the Community-Integrated Living Arrangements Licensure and Certification Act; (iii) supportive living facilities as defined in the Code; (iv) intermediate care facilities for persons with developmental disabilities as defined in the ID/DD Community Care Act; and (v) medically complex facilities for the developmentally disabled facilities as defined in the MC/DD Act.

Location: US-IL

 Prior authorization

IL SB 2420

 Support

Title: Medicaid-Mco-Pharmacy Fee


Current Status: Failed

Introduction Date: 2021-02-26

Last Action Date: Session Sine Die. 2023-01-10

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires all Medicaid managed care organizations to reimburse pharmacy provider dispensing fees and acquisition costs at no less than the amounts established under the fee-for-service program whether the Medicaid managed care organization directly reimburses pharmacy providers or contracts with a pharmacy benefit manager to reimburse pharmacy providers. Provides that the reimbursement requirement applies to all pharmacy services for persons receiving benefits under the Code including pharmacy services. Effective immediately.

Location: US-IL

 Medicaid Reimburs...

IL HB 3266

 Support

Title: Medicaid-Pharmacy Services

Current Status: Failed

Introduction Date: 2021-02-19

Last Action Date: Session Sine Die. 2023-01-10

Summary: Medicaid pharmacy carve out

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Health 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.

Location: US-IL

 Medicaid Carve-Out

IL HB 3244

👍 Support

Title: Medicaid-Mco-Pharmacy Fee

Current Status: Failed

Introduction Date: 2021-02-19

Last Action Date: Session Sine Die. 2023-01-10

Summary: MMC: establishes reimbursement FFS benchmarks

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires all Medicaid managed care organizations to reimburse pharmacy provider dispensing fees and acquisition costs at no less than the amounts established under the fee-for-service program whether the Medicaid managed care organization directly reimburses pharmacy providers or contracts with a pharmacy benefit manager to reimburse pharmacy providers. Provides that the reimbursement requirement applies to all pharmacy services for persons receiving benefits under the Code including pharmacy services. Effective immediately.

Location: US-IL

📁 Medicaid Reimburs...

IL SB 270

Title: Medicaid-Prescription Meds

Current Status: Failed

Introduction Date: 2021-02-17

Last Action Date: Session Sine Die. 2023-01-10

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that beginning July 1, 2021, all approved prescription medications that are recognized by a generally accepted standard medical reference as effective in the treatment of conditions specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association must be covered under both fee-for-service and managed care medical assistance programs for persons who are otherwise eligible for medical assistance and shall not be subject to any (i) utilization control, (ii) prior authorization mandate, or (iii) lifetime restriction limit mandate. Effective July 1, 2021.

Location: US-IL

IL HB 591

👍 Support

Title: Medicaid-Pharmacy Access

Current Status: Failed

Introduction Date: 2021-02-03

Last Action Date: Session Sine Die. 2023-01-10

Summary: Establishes AWP requirements.

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to permit medical assistance recipients, including those enrolled in managed care, to obtain pharmacy services from the pharmacy of their choice if the pharmacy is licensed under the Pharmacy Practice Act and accepts the professional dispensing fee for pharmacy services as determined by the Department. Provides that no managed care organization that contracts with the Department to provide services to recipients may restrict a recipient's access to pharmacy services to a selected group of pharmacies. Provides that if a managed care organization merges with or is acquired by another entity, the resulting entity may not restrict a recipient's access to pharmacy services to a selected group of pharmacies. Permits the Department to renegotiate with the resulting entity the terms of the managed care contract the Department had with the managed care organization prior to the merger or acquisition. Requires the Department to contract with an independent research organization to conduct a study and submit a report on those managed care organizations that are contracted to provide services to recipients. Requires the report to include an analysis of pharmacy access for medical assistance recipients with the aim of identifying "pharmacy deserts"; an analysis of the costs and benefits of having managed care organizations administer health care services, including pharmacy services, to recipients; and other matters. Prohibits the Department from entering into a contract with a managed care organization before the report has been received and analyzed by the Department and posted on its website. Effective immediately.

Location: US-IL

IL HB 450

👍 Support

Title: Medicaid-Pharmacy Payments

Current Status: Failed

Introduction Date: 2021-02-02

Last Action Date: Session Sine Die. 2023-01-10

Summary: Requires MCO/PBM to reimburse pharmacists for covered services that are within the pharmacist's scope of pra

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthc and Family Services and Medicaid managed care organizations may not deny reimbursement to a pharmacist for the provis a service or procedure within the scope of the pharmacist's license if the service or procedure: (1) would be covered by the Department or the Medicaid managed care organization if the service were provided by a physician; an advanced practice n or a physician assistant; and (2) is performed by the pharmacist in strict compliance with laws and rules related to the provi of the service or procedure and the pharmacist's license.

Location: US-IL

📁 Payment for Service

📁 Permanent Status

IL SB 969

Title: Health-Tech

Current Status: Failed

Introduction Date: 2021-02-25

Last Action Date: Session Sine Die. 2023-01-10

Description: Amends the Health Care Workplace Violence Prevention Act. Makes a technical change in a Section concerning short title.

Location: US-IL

IL SB 2196

Title: Finance-Audit Expense Fund

Current Status: Failed

Introduction Date: 2021-02-26

Last Action Date: Session Sine Die. 2023-01-10

Description: Amends the State Finance Act. Modifies a Section concerning moneys in the Audit Expense Fund to provide for transfer of moneys from specified funds into the Audit Expense Fund. Makes conforming changes. Effective immediately.

Location: US-IL

MA H 1

Title: An Act making appropriations for the Fiscal Year 2022 for the maintenance of the departments, boards, commissions, institutions, and certain activities of the Commonwealth, for interest, sinking fund, and serial bond requirements, and for cer permanent improvements

Current Status: Sine Die - Failed

Introduction Date: 2021-02-25

Last Action Date: No further action taken. 2023-01-03

Location: US-MA


NYS 431

Title: Provides for the synchronization of multiple prescriptions for recipients of medical assistance
Current Status: Enacted
Introduction Date: 2022-05-16
Last Action Date: Substitute A 187 action - APPROVAL MEMO.106. 2022-12-30
Description: Provides for the synchronization of multiple prescriptions for recipients of medical assistance.
Location: US-NY

 Medication synchr...

NY A 187

Title: Provides for the synchronization of multiple prescriptions for recipients of medical assistance
Current Status: Enacted
Introduction Date: 2022-05-16
Last Action Date: APPROVAL MEMO.106. 2022-12-30
Description: Provides for the synchronization of multiple prescriptions for recipients of medical assistance.
Location: US-NY

 Medication synchr...

CA SB 178

Title: Budget Act of 2022.
Current Status: Failed
Introduction Date: 2021-01-08
Last Action Date: From Assembly without further action.. 2022-11-30
Description: SB 178, as amended, Skinner. Budget Act of 2022. The Budget Act of 2022 made appropriations for the support of state government for the 2022–23 fiscal year. This bill would amend the Budget Act of 2022 by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.
Location: US-CA

CA AB 154

Title: Budget Act of 2022.
Current Status: Failed
Introduction Date: 2021-01-08
Last Action Date: Died on Senate inactive file.. 2022-11-30
Description: AB 154, as amended, Ting. Budget Act of 2022. This bill would make appropriations for the support of state government for the 2022–23 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.
Location: US-CA

MI SB 82

Title: Appropriations: omnibus; appropriations for multiple departments and branches; provide for fiscal year 2021-2022, and make supplemental appropriations for fiscal year 2020-2021. Creates appropriation act.
Current Status: Enacted
Introduction Date: 2021-02-02
Last Action Date: re-received from Senate with notice of nonconcurrency in House substitute (H-1). 2022-11-29
Location: US-MI

PA HB 1630

Title: An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in public assistance, prov for pharmacy benefits manager audit and obligations; and abrogating regulations.

Current Status: Enacted

Introduction Date: 2022-01-11

Last Action Date: Act No. 98 of 2022. 2022-10-28

Location: US-PA

PA SB 917

Title: An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in public assistance, prov for pharmacy benefits manager audit and obligations.

Current Status: Sine Die - Failed

Introduction Date: 2022-10-18

Last Action Date: First consideration. 2022-10-18

Location: US-PA

MI HB 5783

Title: Appropriations: omnibus; appropriations for 2022-2023 and 2021-2022; provide for. Creates appropriation act.

Current Status: Enacted

Introduction Date: 2022-02-23

Last Action Date: postponed for the day. 2022-09-28

Location: US-MI

MA H 1097

Title: An Act ensuring pharmacy access


Current Status: Sine Die - Failed


Introduction Date: 2021-03-29

Last Action Date: Accompanied a study order, see H4975. 2022-09-01

Description: By Miss Garry of Dracut, a petition (accompanied by bill, House, No. 1097) of Colleen M. Garry relative to the rig pharmacists to participate as preferred health care providers. Financial Services.

Location: US-MA

 Provider networks

 Payment for Service

MA S 2774

Title: An Act investing in the future of our health

Current Status: Sine Die - Failed

Introduction Date: 2022-03-17

Last Action Date: Ought NOT to pass (under Joint Rule 10) and placed in the Orders of the Day for the next session. 2022-08

Description: Senate, March 17, 2022 -- Message from His Excellency the Governor recommending legislation investing in th future of our health.

Location: US-MA

NC HB 103

Title: 2022 Appropriations Act.

Current Status: Enacted

Introduction Date: 2021-02-17

Last Action Date: Ch. SL 2022-74. 2022-07-11

Location: US-NC

PA HB 1420

Title: An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in general powers and duties of the Department of Public Welfare, providing for COVID-19 mental health public awareness campaign; in public assistance further providing for eligibility and for medical assistance payments for institutional care and providing for resident care and related costs and for pharmacy benefits manager audit and obligations; in the aged, further providing for LIFE program and providing for agency with choice; in children and youth, further providing for limits on reimbursements to counties; in nursing facility assessments, further providing for time periods; in managed care organization assessments, further providing for assessment amount; providing for innovative health care delivery models; abrogating regulations; and making a related repair

Current Status: Vetoed

Introduction Date: 2021-05-25

Last Action Date: Vetoed by the Governor. 2022-07-08

Location: US-PA

CA AB 178

Title: Budget Act of 2022.

Current Status: Enacted

Introduction Date: 2021-01-08

Last Action Date: Chaptered by Secretary of State - Chapter 45, Statutes of 2022.. 2022-06-30

Description: AB 178, Ting. Budget Act of 2022. The Budget Act of 2022 made appropriations for the support of state government for the 2022–23 fiscal year. This bill would amend the Budget Act of 2022 by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.

Location: US-CA

MO HB 3011

Title: APPROPRIATION BILL

Current Status: Enacted

Introduction Date: 2022-02-16

Last Action Date: Delivered to Secretary of State (G). 2022-06-30

Location: US-MO

NJ A 4425

Title: Prohibits SHBP, SEHBP, and Medicaid from denying coverage for maintenance medications for chronic conditions for covered persons solely because of change in health benefits plan or pharmacy benefits manager.

Current Status: Sine Die - Failed

Introduction Date: 2022-06-29

Last Action Date: Introduced, Referred to Assembly Financial Institutions and Insurance Committee. 2022-06-29

Location: US-NJ

 Patient Protections

CA SB 154

Title: Budget Act of 2022.

Current Status: Enacted

Introduction Date: 2021-01-08

Last Action Date: Chaptered by Secretary of State. Chapter 43, Statutes of 2022.. 2022-06-27

Description: SB 154, Skinner. Budget Act of 2022. This bill would make appropriations for the support of state government f 2022–23 fiscal year.This bill would declare that it is to take effect immediately as a Budget Bill.

Location: US-CA

RI SB 2473

Title: An Act Relating To Human Services -- Medical Assistance (Requires The Auditor General To Oversee An Audit Of Medi Programs Administered By Managed Care Organizations And Submit A Report Of Such Findings Within Six (6) Months To Th General Assembly And Eohhs.)

Current Status: Sine Die - Failed

Introduction Date: 2022-03-01

Last Action Date: Committee heard. 2022-06-14

Location: US-RI

 Transparency and ...

LA SB 83


Title: MEDICAID: Creates the Council on Medicaid Pharmacy Reimbursement. (8/1/22) (EN NO IMPACT See Note)

Current Status: Enacted

Introduction Date: 2022-02-25

Last Action Date: Effective date 8/1/2022.. 2022-06-10

Location: US-LA

 Pharmacy Reimbur...

NJ S 2826

Title: Allows reverse auctions for certain health benefits.

Current Status: Sine Die - Failed

Introduction Date: 2022-06-09

Last Action Date: Introduced in the Senate, Referred to Senate State Government, Wagering, Tourism & Historic Preservatio Committee. 2022-06-09

Location: US-NJ

 Reverse auction

OK HB 2322

Title: State Medicaid program; Ensuring Access to Medicaid Act; broadening certain definition; reimbursements; providers; pharmacists; effective date; emergency; contingent effectiveness.

Current Status: Enacted

Introduction Date: 2022-05-03

Last Action Date: Approved by Governor 05/26/2022. 2022-05-26

Location: US-OK

 Payment for Service

OK SB 1337

Title: State Medicaid program; directing Health Care Authority to enter into capitated contracts to transform Medicaid delivery system for certain Medicaid populations; modifying various provisions of the Ensuring Access to Medicaid Act; repealers. Effective date. Emergency. Conditional effect.

Current Status: Enacted

Introduction Date: 2022-05-05

Last Action Date: Approved by Governor 05/26/2022. 2022-05-26

Location: US-OK

MA S 4

Title: An Act making appropriations for the fiscal year 2023 for the maintenance of the departments, boards, commissions, institutions, and certain activiti...

Current Status: Sine Die - Failed

Introduction Date: 2022-05-10

Last Action Date: See H4701. 2022-05-26

Description: The Committee on Ways and Means, to whom was committed the House Bill making appropriations for the fiscal year 2023 for the maintenance of the departments, boards, commissions, institutions and certain activities of the Commonwealth for interest, sinking fund and serial bond requirements and for certain permanent improvements (House, No. 4701), reports recommending that the same ought to pass, with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 4.

Location: US-MA

MA S 2915

Title: An Act making appropriations for the fiscal year 2023 for the maintenance of the departments, boards, commissions, institutions, and certain activiti...

Current Status: Sine Die - Failed

Introduction Date: 2022-05-26

Last Action Date: See H4701. 2022-05-26

Location: US-MA

NY S 1026

Title: Relates to contracted network pharmacy use

Current Status: Sine Die - Failed


Introduction Date: 2022-05-23

Last Action Date: REFERRED TO LABOR. 2022-05-23

Summary: Companion to AB 1013) pertains to an employer or carrier contract for network pharmacy use for workers' compensation; addresses compounded medications. Section 1(5) states that the proposed change "will not apply to any non-resident, out-of-state pharmacies nor shall it apply to any compound medications that the claimant is prescribed. The employer or carrier will have the right to deny any charges that originate from non-resident, out-of-state pharmacies and deny any charges for non-FDA approved extemporaneous compound medications." <https://s3.amazonaws.com/fn-document-service/file-by-sha384/715443685aba19f29df2338a2b514609c0edc1e23990a21903db75d50e508467083ad6997602837c3fbe74b540c>

Description: Relates to contracted network pharmacy use.

Location: US-NY

 Pharmacy Compou...

IL HB 4595

 Monitor

Title: Ins-Drug Discount Program

Current Status: Enacted

Introduction Date: 2022-01-18

Last Action Date: Public Act 102-0778. 2022-05-13

Description: Amends the Illinois Insurance Code. Provides that a contract between a pharmacy benefit manager or third-party payer and a covered entity under Section 340B of the federal Public Health Service Act shall not contain specified provisions. Provides that a violation by a pharmacy benefit manager constitutes an unfair or deceptive act or practice in the business of insurance, and that a provision that violates the prohibition on certain provisions in a contract between a pharmacy benefit manager or a third-party payer and a 340B covered entity that is entered into, amended, or renewed after July 1, 2022 shall be void and unenforceable. Defines terms. Amends the Illinois Public Aid Code. In provisions concerning pharmacy payments, provides that no later than January 1, 2023, the Department of Healthcare and Family Services shall implement a mechanism for entities participating in the federal drug pricing program and their contracted pharmacies to submit quarterly retrospective utilization files containing the minimum fields necessary to accurately identify the drugs to the Department or its contractor for processing Medicaid drug rebate requests to Medicaid beneficiaries or Medicaid managed care organization enrollees. Provides that the Department or its contractor shall use the utilization files to remove 340B claims from the Department's Medicaid drug rebate requests and that the Department shall not require the entities or their contracted pharmacies to use any other method of billing code to identify 340B drugs billed to Medicaid or Medicaid managed care organizations. In provisions concerning pharmacy benefits, provides that a Medicaid managed care organization or pharmacy benefit manager administering or managing benefits on behalf of a Medicaid managed organization shall not include specified provisions in a contract with a covered entity or with any pharmacy owned by or contracted with the covered entity. Provides that a violation by a Medicaid managed care organization or its pharmacy benefit manager constitutes an unfair or deceptive act or practice in the business of insurance, and that a provision that violates the prohibition on certain provisions in a contract between a Medicaid managed care organization or its pharmacy benefit manager and a 340B covered entity entered into, amended, or renewed after July 1, 2022 shall be void and unenforceable. Effective July 1, 2022. Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that a contract between a pharmacy benefit manager or third-party payer and a 340B entity or 340B pharmacy shall not contain specified provisions. Provides that a violation by a pharmacy benefit manager constitutes an unfair or deceptive act or practice in the business of insurance, and that a provision that violates the prohibition on certain provisions in a contract between a pharmacy benefit manager or a third-party payer and a 340B entity that is entered into, amended, or renewed after July 1, 2022 shall be void and unenforceable. In provisions concerning pharmacy benefit managers, provides that the provisions apply to contracts entered into or renewed on or after July 1, 2022 (rather than July 1, 2020). Defines terms. Amends the Illinois Public Aid Code. In provisions concerning pharmacy benefits, provides that a Medicaid managed care organization or pharmacy benefit manager administering or managing benefits on behalf of a Medicaid managed organization shall not include specified provisions in a contract with a 340B entity or 340B pharmacy. Provides that a provision that violates the prohibition on certain provisions in a contract between a Medicaid managed care organization or its pharmacy benefit manager and a 340B entity entered into, amended, or renewed after July 1, 2022 shall be void and unenforceable. Effective July 1, 2022.

Location: US-IL

 340B

VT H 279

 Monitor

Title: An act relating to miscellaneous changes affecting the duties of the Department of Vermont Health Access

Current Status: Enacted

Introduction Date: 2021-02-17

Last Action Date: House message: Governor approved bill on [May 24, 2022]. 2022-05-12

Location: US-VT

RI HB 7758

Title: An Act Relating To Human Services -- Medical Assistance (Requires The Auditor General To Oversee Audits Of Medicaid Programs And Report Findings To The General Assembly And Eohhs And Requires A Plan From Eohhs To End Privatized Managed Care And Institute A State Run Plan.)

Current Status: Sine Die - Failed

Introduction Date: 2022-03-02

Last Action Date: Committee recommended measure be held for further study. 2022-05-12

Location: US-RI



Transparency and ...

MN SF 4410

Title: Omnibus health and human services policy and supplemental appropriations

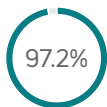
Current Status: Passed House

Introduction Date: 2022-03-31

Last Action Date: House conferees Liebling; Schultz; Gomez; Pinto; Albright. 2022-05-05

Location: US-MN

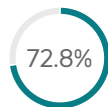
Floor Forecast Scores



Senate
Pre-Floor Score

N/A

Senate
Floor Score



House
Pre-Floor Score

N/A

House
Floor Score

NY S 9043

Title: Relates to coverage for prescription drugs under Medicaid; repealer

Current Status: Sine Die - Failed

Introduction Date: 2022-05-05

Last Action Date: REFERRED TO HEALTH. 2022-05-05

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

Location: US-NY

LA SB 296

Title: MEDICAID: Provides relative to reimbursement for pharmacist clinical services in Louisiana's Medicaid program. (gov : (EG INCREASE GF EX See Note)

Current Status: Sine Die - Failed

Introduction Date: 2022-03-03

Last Action Date: Read by title. Committee amendments read and adopted; ordered engrossed and recommitted to the Com on Finance.. 2022-04-28

Location: US-LA



Medicaid Pharmac...



Medicaid Reimburs...



Pharmacy Reimbur...



Payment for Service

NE LB 270

High Priority

Support

Title: LB270 - Adopt the Pharmacy Benefit Manager Regulation Act and require an audit under the Medical Assistance Act

Current Status: Failed

Introduction Date: 2021-01-12

Last Action Date: Indefinitely postponed. 2022-04-20

Location: US-NE

NE LB 413 Monitor

Title: LB413 - Require coverage of medications for substance use disorder treatment and addiction medicine services under Medical Assistance Act

Current Status: Failed

Introduction Date: 2021-01-14

Last Action Date: Indefinitely postponed. 2022-04-20

Location: US-NE

KY SB 178

Title: AN ACT relating to health and welfare and declaring an emergency.

Current Status: Enacted

Introduction Date: 2022-02-16

Last Action Date: signed by Governor (Acts Ch. 223). 2022-04-20

Description: Amend KRS 309.0834 to require the Kentucky Board of Alcohol and Drug Counselors to promulgate administrative regulations to exempt applicants for certification as clinical supervisors from meeting certain requirements for a limited amount of time if the applicants were licensed and approved on March 24, 2021; permits applicants granted certification to supervise immediately; requires applicants after the limited time period to meet all requirements for certification; EMERGENCY.

Location: US-KY

MO HB 3014

Title: APPROPRIATION BILL

Current Status: Enacted

Introduction Date: 2022-01-05

Last Action Date: Message Received from the Governor, pursuant to Article IV, Section 27. 2022-04-19

Location: US-MO

KY HB 1

Title: AN ACT relating to appropriations measures providing funding and establishing conditions for the operations, maintenance, support, and functioning of the government of the Commonwealth of Kentucky and its various officers, cabinets, departments, boards, commissions, institutions, subdivisions, agencies, and other state-supported activities.

Current Status: Enacted

Introduction Date: 2022-01-07

Last Action Date: delivered to Secretary of State (Acts Ch. 199). 2022-04-13

Description: The State/Executive Branch Budget: Detail Part I, Operating Budget; appropriate to General Government: 2021-2022: \$925,391,000, 2022-2023: \$2,450,394,100, 2023-2024: \$1,945,550,500; appropriate to the Economic Development Cabinet: 2021-2022: \$631,100, 2022-2023: \$42,311,100, 2023-2024: \$43,841,800; appropriate to the Department of Education: 2021-2022: \$4,038,300, 2022-2023: \$6,272,487,700, 2023-2024: \$6,338,219,700; appropriate to the Education and Workforce Development Cabinet: 2021-2022: \$4,302,200, 2022-2023: \$226,803,000, 2023-2024: \$228,602,800; appropriate to the Energy and Environment Cabinet: 2021-2022: \$7,288,800, 2022-2023: \$286,829,000, 2023-2024: \$293,691,700; appropriate to the Finance and Administration Cabinet: 2021-2022: \$144,212,800, 2022-2023: \$973,840,400, 2023-2024: \$983,730,600; appropriate to the Health and Family Services Cabinet: 2021-2022: \$829,642,400, 2022-2023: \$19,075,453,600, 2023-2024: \$19,366,023,400; appropriate to the Justice and Public Safety Cabinet: 2021-2022: \$29,301,600, 2022-2023: \$1,404,716,500, 2023-2024: \$1,426,598,900; appropriate to the Labor Cabinet: 2021-2022: \$4,206,200, 2022-2023: \$566,497,600, 2023-2024: \$566,497,600

\$546,164,200; appropriate to the Personnel Cabinet: 2021-2022: \$857,800, 2022-2023: \$160,656,600, 2023-2024: \$156,161,800; appropriate to Postsecondary Education: 2021-2022: \$1,067,800, 2022-2023: \$11,925,169,400, 2023-2024: \$16,130,308,100; appropriate to the Public Protection Cabinet: 2021-2022: \$4,857,700, 2022-2023: \$134,773,200, 2023-2024: \$136,708,300; appropriate to the Tourism, Arts and Heritage Cabinet: 2021-2022: \$25,708,200, 2022-2023: \$306,414,300, 2024: \$322,190,100; not included in the appropriation amounts are capital project amounts as follows: 2021-2022: \$4,739,000, 2022-2023: \$12,585,526,731, 2023-2024: \$905,877,600; detail Part II, Capital Projects Budget; detail Part III, General Provisional Budget; detail Part IV, State Salary/Compensation, Benefit, and Employment Policy; detail Part V, Funds Transfer; detail Part VI, General Fund Budget Reduction Plan; detail Part VII, General Fund Surplus Expenditure Plan; detail Part VIII, Road Fund Budget Reduction Plan; detail Part IX, Road Fund Surplus Expenditure Plan; detail Part X, Phase I Tobacco Settlement; and detail Part XI, Executive Branch Budget Summary; APPROPRIATION.

Location: US-KY

NYA 9006

Title: Enacts into law major components of legislation necessary to implement the state education, labor, housing and family assistance budget for the 2022-2023 state fiscal year

Current Status: Enacted

Introduction Date: 2022-04-08

Last Action Date: Substitute S 8006 action - SIGNED CHAP.56. 2022-04-09

Description: Enacts into law major components of legislation necessary to implement the state education, labor, housing and family assistance budget for the 2022-2023 state fiscal year; relates to school contracts for excellence; relates to foundation aid provides for maintenance of equity aid; requires every local educational agency receiving funding from the elementary and secondary school emergency relief fund allocated by the American rescue plan act of 2021 to post on its website a plan by school year of how such funds will be expended; provides for building aid regarding the New York state energy research and development authority P-12 schools clean green schools initiative; relates to transportation contract penalties; modifies the length of school sessions; relates to academic enhancement aid; relates to supplemental public excess cost aid; relates to tax aid; extends the statewide universal full-day pre-kindergarten program; relates to universal prekindergarten expansion relates to the lunch meal state subsidy; relates to certain provisions related to the 1994-95 state operations, aid to localities; capital projects and debt service budgets; relates to conditional appointment of school district, charter school or BOCES employees; relates to the provision of supplemental educational services, attendance at a safe public school and the suspension of pupils who bring a firearm to or possess a firearm at a school; relates to the implementation of the No Child Left Behind Act of 2001; extends authorization of the Roosevelt union free school district to finance deficits by the issuance of serial bonds; relates to contracts for the transportation of school children; provides for school bus driver training grants; provides for special apportionment for salary expenses; provides for special apportionment for public pension accruals; permits the city school district of the city of Rochester to make certain purchases from the board of cooperative educational services of the supervisory district serving its geographic region and extends such provisions; extends certain provisions relating to state aid to school districts and the appropriation of funds for the support of government; provides for set-asides from the state funds which school districts are receiving from the total foundation aid; provides for support of public libraries (Part A); relates to implementing zero-emission school buses in school districts (Subpart A); creates a zero-emission bus roadmap to identify actions needed to meet fleet sales and conversion targets (Subpart B) (Part B); relates to state appropriations for reimbursement of tuition credits (Part D); expands the part-time tuition assistance program awards to include certain workforce credential programs (Part E); relates to eligibility and conditions for tuition assistance program awards (Part F); sets tuition rates charged by institutions for recipients of an excelsior scholarship (Part G); includes certain apprenticeships as eligible for the New York state college choice tuition assistance program (Part H); relates to eligibility for child care assistance (Part L); extends the effectiveness of provisions relating to restructuring financing for residential school placements (Part M); extends certain funding for children and family services (Part N); provides that reimbursement for costs of social services districts for care provided to foster children in institutions, group residences, group homes, and agency operated boarding homes shall not be diminished (Part O); increases funding for the maintenance and operation of certain local veterans' service agencies (Part R); increases the standards of monthly need allowances for aged, blind and disabled persons (Part S); extends the authorization of the commissioner of social services with regards to the appointment of a temporary operator (Part T); relates to timeframes for determinations and adjustment criteria for public benefit recipients (Part U); utilizes reserves in the mortgage insurance fund for various housing purposes (Part Z); relates to providing language translation services (Part GG); waives approval and income limitations on retirees employed in a school district or board of cooperative educational services (Part HH); extends the initial effectiveness of certain provisions relating to weekly employment insurance benefits for workers who are partially unemployed (Part JJ); directs the office of temporary disability assistance to conduct a public outreach program informing the public about the availability of existing and new utility assistance

programs (Part KK); relates to the savings plan demonstration project in the city of New York; extends the effectiveness of c provisions of law relating to such project (Part LL); relates to mortgage repayment liens for public assistance beneficiaries (MM); requires the state university of New York and the city university of New York to report on the hiring of faculty pursuan any state funding appropriated for such purposes (Part NN); removes the existing two million dollar limit on the total annua of the Senator Patricia K. McGee nursing faculty scholarship program; removes the limit on the number of awards that may given for the New York state young farmers loan forgiveness incentive program (Part OO); establishes the veterans' service and the department of veterans' services; replaces all instances of the term "division of veterans services" with the term "department of veterans' services"; makes related conforming technical changes; repeals provisions relating to veterans' se and certain awards and medals (Part PP); creates a commission on ethics and lobbying in government (Part QQ); relates to gaming facility determinations and licensing (Part RR); enacts reforms related to public service performed during the COVID pandemic; provides for the rate of member contributions between April 1, 2022 and April 1, 2024 (Part SS); relates to providi reforms to Tier 5 and Tier 6 of the retirement system regarding vesting and eligibility for service retirement benefits (Part T relates to criminal justice reform; reduces the number of firearms sold as an element of criminal sale in the first and second degrees; provides that possession of three or more firearms is presumptive evidence of intent to sell (Subpart A); relates to appearance tickets issued to certain persons (Subpart B); relates to certain information the court must consider and take int account for securing an order (Subpart C); relates to certificates of compliance within the discovery process and remedies fr failure to comply with a discovery order (Subpart D); relates to the statute of limitations and jurisdiction for juvenile delinqu proceedings; provides for community based treatment referrals (Subpart E); relates to release for mental health assessmer evaluation and involuntary commitment pending release (Subpart F); relates to certain reports for pre-trial release and det requires such reports to contain information relating to whether the people requested that the court fix bail, the amount anc of bail requested by the people, the court's ruling on such request, the form of bail set by the court and the court's stated re for such ruling (Subpart G); extends Kendra's law; relates to assisted outpatient treatment orders (Subpart H) (Part UU); ena the private activity bond allocation act of 2022 (Part VV); permits videoconferencing and remote participation in public mee under certain circumstances (Part WW); relates to the minimum wage of home care aides (Part XX); confirms the intention c legislature that certain provisions related to the Bills stadium are public and governmental purposes of the county of Erie fo which real property tax exemption shall be allowed; provides a prohibition on relocation (Part YY); provides for health care ; mental health care workers bonuses (Part ZZ); expands Medicaid eligibility for seniors and disabled individuals; expands Medicaid savings program eligibility (Part AAA); permits the commissioner of health to submit a waiver that expands eligibil New York's basic health program and increases the federal poverty limit cap for basic health program eligibility from two hu to two hundred fifty percent; allows pregnant individuals to be eligible for the basic health program and maintain coverage basic health program for one year post pregnancy and to deem a child born to an individual covered under the basic health program to be eligible for medical assistance; relates to cost-sharing obligations for certain services and supports; provides the repeal of certain provisions upon the expiration thereof (Part BBB); includes expanded pre-natal and post-partum care a standard coverage when recommended by a physician or other health care practitioner (Part CCC); relates to the Child Heal Plus Program and the Child Health Plus rate setting authority (Part DDD); extends provisions of law relating to discovery compensation; relates to monies allocated to the chief administrator of the courts and the division of criminal justice service the purpose of completing certain reports (Part EEE); provides for the administration of certain funds and accounts related t 2022-2023 budget, authorizing certain payments and transfers (Part FFF).

Location: US-NY

NYS 8006

Title: Enacts into law major components of legislation necessary to implement the state education, labor, housing and famil assistance budget for the 2022-2023 state fiscal year

Current Status: Enacted

Introduction Date: 2022-04-08

Last Action Date: SIGNED CHAP.56. 2022-04-09

Description: Enacts into law major components of legislation necessary to implement the state education, labor, housing ar family assistance budget for the 2022-2023 state fiscal year; relates to school contracts for excellence; relates to foundatic provides for maintenance of equity aid; requires every local educational agency receiving funding from the elementary and secondary school emergency relief fund allocated by the American rescue plan act of 2021 to post on its website a plan by school year of how such funds will be expended; provides for building aid regarding the New York state energy research an development authority P-12 schools clean green schools initiative; relates to transportation contract penalties; modifies the length of school sessions; relates to academic enhancement aid; relates to supplemental public excess cost aid; relates to t tax aid; extends the statewide universal full-day pre-kindergarten program; relates to universal prekindergarten expansion

relates to the lunch meal state subsidy; relates to certain provisions related to the 1994-95 state operations, aid to localities; capital projects and debt service budgets; relates to conditional appointment of school district, charter school or BOCES employees; relates to the provision of supplemental educational services, attendance at a safe public school and the suspension of pupils who bring a firearm to or possess a firearm at a school; relates to the implementation of the No Child Left Behind Act of 2001; extends authorization of the Roosevelt union free school district to finance deficits by the issuance of serial bonds; relates to contracts for the transportation of school children; provides for school bus driver training grants; provides for special apportionment for salary expenses; provides for special apportionment for public pension accruals; permits the city school district of the city of Rochester to make certain purchases from the board of cooperative educational services of the supervisory district serving its geographic region and extends such provisions; extends certain provisions relating to state aid to school districts and the appropriation of funds for the support of government; provides for set-asides from the state funds which school districts are receiving from the total foundation aid; provides for support of public libraries (Part A); relates to implementing zero-emission school buses in school districts (Subpart A); creates a zero-emission bus roadmap to identify actions needed to meet fleet sales and conversion targets (Subpart B) (Part B); relates to state appropriations for reimbursement of tuition credits (Part D); expands the part-time tuition assistance program awards to include certain workforce credential programs (Part E); relates to eligibility and conditions for tuition assistance program awards (Part F); sets tuition rates charged by institutions for recipients of an excelsior scholarship (Part G); includes certain apprenticeships as eligible for the New York state college choice tuition assistance program (Part H); relates to eligibility for child care assistance (Part L); extends the effectiveness of provisions relating to restructuring financing for residential school placements (Part M); extends certain funding for children and family services (Part N); provides that reimbursement for costs of social services districts for care provided to foster children in institutions, group residences, group homes, and agency operated boarding homes shall not be diminished (Part O); increases funding for the cost of maintenance and operation of certain local veterans' service agencies (Part R); increases the standards of monthly need allowances for aged, blind and disabled persons (Part S); extends the authorization of the commissioner of social services with regards to the appointment of a temporary operator (Part T); relates to timeframes for determinations and adjustment criteria for public benefit recipients (Part U); utilizes reserves in the mortgage insurance fund for various housing purposes (Part Z); relates to providing language translation services (Part GG); waives approval and income limitations on retirees employed in a school district or board of cooperative educational services (Part HH); extends the initial effectiveness of certain provisions relating to weekly employment insurance benefits for workers who are partially unemployed (Part JJ); directs the office of temporary disability assistance to conduct a public outreach program informing the public about the availability of existing and new utility assistance programs (Part KK); relates to the savings plan demonstration project in the city of New York; extends the effectiveness of certain provisions of law relating to such project (Part LL); relates to mortgage repayment liens for public assistance beneficiaries (Part MM); requires the state university of New York and the city university of New York to report on the hiring of faculty pursuant to any state funding appropriated for such purposes (Part NN); removes the existing two million dollar limit on the total annual amount of the Senator Patricia K. McGee nursing faculty scholarship program; removes the limit on the number of awards that may be given for the New York state young farmers loan forgiveness incentive program (Part OO); establishes the veterans' service center and the department of veterans' services; replaces all instances of the term "division of veterans services" with the term "department of veterans' services"; makes related conforming technical changes; repeals provisions relating to veterans' service awards and certain awards and medals (Part PP); creates a commission on ethics and lobbying in government (Part QQ); relates to gaming facility determinations and licensing (Part RR); enacts reforms related to public service performed during the COVID-19 pandemic; provides for the rate of member contributions between April 1, 2022 and April 1, 2024 (Part SS); relates to providing reforms to Tier 5 and Tier 6 of the retirement system regarding vesting and eligibility for service retirement benefits (Part TT); relates to criminal justice reform; reduces the number of firearms sold as an element of criminal sale in the first and second degrees; provides that possession of three or more firearms is presumptive evidence of intent to sell (Subpart A); relates to appearance tickets issued to certain persons (Subpart B); relates to certain information the court must consider and take into account for securing an order (Subpart C); relates to certificates of compliance within the discovery process and remedies for failure to comply with a discovery order (Subpart D); relates to the statute of limitations and jurisdiction for juvenile delinquency proceedings; provides for community based treatment referrals (Subpart E); relates to release for mental health assessment, evaluation and involuntary commitment pending release (Subpart F); relates to certain reports for pre-trial release and detention; requires such reports to contain information relating to whether the people requested that the court fix bail, the amount and form of bail requested by the people, the court's ruling on such request, the form of bail set by the court and the court's stated reasons for such ruling (Subpart G); extends Kendra's law; relates to assisted outpatient treatment orders (Subpart H) (Part UU); enacts the private activity bond allocation act of 2022 (Part VV); permits videoconferencing and remote participation in public meetings under certain circumstances (Part WW); relates to the minimum wage of home care aides (Part XX); confirms the intention of the legislature that certain provisions related to the Bills stadium are public and governmental purposes of the county of Erie for which real property tax exemption shall be allowed; provides a prohibition on relocation (Part YY); provides for health care and mental health care workers bonuses (Part ZZ); expands Medicaid eligibility for seniors and disabled individuals; expands Medicaid savings program eligibility (Part AAA); permits the commissioner of health to submit a waiver that expands eligibil

New York's basic health program and increases the federal poverty limit cap for basic health program eligibility from two hundred percent to two hundred fifty percent; allows pregnant individuals to be eligible for the basic health program and maintain coverage under the basic health program for one year post pregnancy and to deem a child born to an individual covered under the basic health program to be eligible for medical assistance; relates to cost-sharing obligations for certain services and supports; provides for the repeal of certain provisions upon the expiration thereof (Part BBB); includes expanded pre-natal and post-partum care and standard coverage when recommended by a physician or other health care practitioner (Part CCC); relates to the Child Health Plus Program and the Child Health Plus rate setting authority (Part DDD); extends provisions of law relating to discovery compensation; relates to monies allocated to the chief administrator of the courts and the division of criminal justice services for the purpose of completing certain reports (Part EEE); provides for the administration of certain funds and accounts related to the 2022-2023 budget, authorizing certain payments and transfers (Part FFF).

Location: US-NY

FL SB 1950

Title: Statewide Medicaid Managed Care Program

Current Status: Enacted

Introduction Date: 2022-01-10

Last Action Date: Chapter No. 2022-42. 2022-04-08

Description: Requiring, rather than authorizing, that the reimbursement method for provider service networks be on a prepayment basis; deleting a requirement that the Agency for Health Care Administration provide the opportunity for public feedback on certain waiver applications; revising requirements relating to the databook published by the agency consisting of Medicaid utilization and spending data; deleting procedures for plan procurements when no provider service networks submit bids; providing that cancer hospitals meeting certain criteria are statewide essential providers, etc.

Location: US-FL

LA SB 82

Title: MEDICAID: Provides relative to Medicaid reimbursement for pharmacy services. (8/1/22) (EG INCREASE GF EX See Note)


Current Status: Sine Die - Failed

Introduction Date: 2022-02-25

Last Action Date: Read by title. Ordered engrossed and recommitted to the Committee on Finance.. 2022-04-07

Location: US-LA

 Medicaid Pharmac...

 Pharmacy Reimbur...

MA S 2800

Title: Order relative to authorizing the joint committee on Health Care Financing to make an investigation and study of certain current Senate documents relative to health care financing

Current Status: Sine Die - Failed

Introduction Date: 2022-03-31

Last Action Date: Discharged to the committee on Senate Rules. 2022-04-04

Description: Senate, March 31, 2022 -- The committee on Health Care Financing, to whom was referred the petitions (accompanied by bill, Senate, No. 237) of Patrick M. O'Connor, Carol A. Doherty, Patrick Joseph Kearney, Michael D. Brady and other members of the General Court for legislation relative to maintaining independent authority over nursing licensure in the commonwealth; (accompanied by bill, Senate, No. 739) of Michael D. Brady for legislation relative to MassHealth rates; (accompanied by bill, Senate, No. 746) of Nick Collins for legislation to administer national standards to Medicaid medical necessity reviews; (accompanied by bill, Senate, No. 747) of Nick Collins for legislation relative to shared responsibility for health care oversight agencies; (accompanied by bill, Senate, No. 750) of Joanne M. Comerford, Michael D. Brady, Brendan P. Crighton, Smitty Pignatelli and other members of the General Court for legislation to improve access to dental care in the Commonwealth (accompanied by bill, Senate, No. 752) of Brendan P. Crighton and Adam J. Scanlon for legislation relative to the Community Hospital Reinvestment Trust Fund; (accompanied by bill, Senate, No. 758) of Julian Cyr and Eric P. Lesser for legislation to effectuate health care cost control; (accompanied by bill, Senate, No. 764) of Diana DiZoglio for legislation relative to maintain

of certification; (accompanied by bill, Senate, No. 767) of Ryan C. Fattman for legislation relative to fiduciary responsibility; (accompanied by bill, Senate, No. 772) of Adam G. Hinds for legislation to provide MassHealth benefits to emergency service personnel; (accompanied by bill, Senate, No. 775) of John F. Keenan and Elizabeth A. Malia for legislation to provide access patient protection services for MassHealth consumers; (accompanied by bill, Senate, No. 779) of John F. Keenan for legislation to utilize public health benefits by large employers; (accompanied by bill, Senate, No. 783) of John F. Keenan, James J. O'Day, Lindsay N. Sabadosa, Jack Patrick Lewis and other members of the General Court for legislation to ensure transparency for cost hospitals; (accompanied by bill, Senate, No. 787) of Jason M. Lewis for legislation to establish a public health option; (accompanied by bill, Senate, No. 796) of Jason M. Lewis for legislation relative to the calculation of reimbursement rates to disproportionate share hospitals; (accompanied by bill, Senate, No. 797) of Joan B. Lovely and Michael O. Moore for legislation relative to premium impact statements; (accompanied by bill, Senate, No. 802) of Mark C. Montigny for legislation to ensure timely health care cost reporting; (accompanied by bill, Senate, No. 805) of Michael O. Moore, Carol A. Doherty, Michael D. E. Harriette L. Chandler and others for legislation relative to hospital profit and fairness; (accompanied by bill, Senate, No. 810) of Marc R. Pacheco and Michael D. Brady for legislation to clarify and enhance privacy protections for electronic health records; (accompanied by bill, Senate, No. 813) of Michael F. Rush and Michael O. Moore for legislation relative to health care non-discrimination; (accompanied by bill, Senate, No. 814) of Bruce E. Tarr for legislation to empower patients and entrepreneurs with real transparency on cost; (accompanied by bill, Senate, No. 815) of Bruce E. Tarr for legislation to establish a healthcare insurance premium payment pool for working families; (accompanied by bill, Senate, No. 816) of Bruce E. Tarr for legislation relative to association health plans; (accompanied by bill, Senate, No. 817) of Bruce E. Tarr for legislation to ensure protection of physicians & hospitals that contract with Medicaid managed care organizations; (accompanied by bill, Senate, No. 819) of John C. Velis for legislation to address the financial sustainability of the Health Safety Net; and (accompanied by bill, Senate, No. 820) of John C. Velis for legislation relative to reimbursement rates for mental health beds; and the Senate Bills protecting public health and reducing health care costs (Senate, No. 577); relative to special education health care costs (Senate, No. 641); relative to prescription drug voice synthesizers (Senate, No. 658); providing coverage for hearing aids (Senate, No. 681); to reduce the cost of pharmacy benefits (Senate, No. 684); to help patients and reduce healthcare costs by ensuring patient adherence to medications (Senate, No. 696); relative to pediatric care appointments (Senate, No. 723); to ensure the wellbeing of health care professionals (Senate, No. 1479); ensuring access to a resident representative in long-term care facilities (Senate, No. 1482) relative to smoking cessation agents (Senate, No. 1490); and relative to an insulin patient assistance program (Senate, No. 2800) reports the accompanying Order (Senate, No. 2800).

Location: US-MA

KY SB 68

Title: AN ACT relating to pharmacy benefit claim verification and declaring an emergency.

Current Status: Sine Die - Failed

Introduction Date: 2022-01-10

Last Action Date: floor amendments (1) and (2) filed to Committee Substitute , floor amendment (3-title) filed to bill. 2022-01-10

Description: Create a new section of KRS Chapter 18A to require the secretary of the Finance and Administration Cabinet to contract with an independent entity to monitor all Public Employee Health Insurance Program pharmacy benefit claims; establish eligibility requirements for an entity seeking to contract with the cabinet to monitor pharmacy benefit claims; establish requirements for analyzing and monitoring claims; create a new section of KRS Chapter 205 to define terms; require the Department for Medicaid Services to contract with an independent entity to monitor all Medicaid pharmacy benefit claims; establish eligibility requirements for an entity seeking to contract with the department to monitor pharmacy benefit claims; establish requirements for analyzing and monitoring claims; EMERGENCY.

Location: US-KY

 Transparency and ...

AZ HB 2202

Title: Industrial commission; fee schedule; notice

Current Status: Enacted

Introduction Date: 2022-01-18

Last Action Date: Signed by Governor. 2022-03-24

Location: US-AZ

MN HF 4008

Medium Priority

👍 Support

Title: Pharmacist services equal coverage required, and medical assistance and MinnesotaCare requirements set for coverage and payment of pharmacy services.

Current Status: Sine Die - Failed

Introduction Date: 2022-03-03

Last Action Date: Committee report, to adopt as amended and re-refer to Health Finance and Policy. 2022-03-24

Location: US-MN

📁 Provider networks

📁 Payment for Service

WI SB 133

Title: Medical Assistance coverage of COVID-19 testing and vaccine administration by pharmacies. (FE)

Current Status: Failed

Introduction Date: 2021-02-24

Last Action Date: Failed to pass pursuant to Senate Joint Resolution 1. 2022-03-15

Summary: Requires Department of Health Services to ensure that vaccines against SARS-CoV-2 coronavirus and tests for COVID-19 that are otherwise covered and reimbursed under the Medical Assistance program are covered and reimbursed when administered by a pharmacy

Description: An Act to create 49.45 (39n) of the statutes;

Location: US-WI

📁 Payment for Service

📁 COVID-19

FL SB 742

High Priority

👍 Support

Title: Pharmacies and Pharmacy Benefit Managers

Current Status: Failed

Introduction Date: 2021-11-02

Last Action Date: Died in Banking and Insurance, companion bill(s) passed, see HB 357 (Ch. 2022-200). 2022-03-14

Description: Requiring that certain pharmacies be included in managed care plan pharmacy networks; requiring managed care plans to publish the Agency for Health Care Administration's preferred drug list, rather than any prescribed drug formulary; providing requirements for managed care plans using pharmacy benefit managers; requiring the Office of Insurance Regulation to examine pharmacy benefit managers under certain circumstances; authorizing the Office of Insurance Regulation to suspend or revoke a pharmacy benefit manager's registration or impose a fine for specified violations, etc.

Location: US-FL

FL SB 726

Title: Telehealth

Current Status: Failed

Introduction Date: 2021-11-02

Last Action Date: Died in Health Policy. 2022-03-14

Description: Prohibiting Medicaid managed care plans from using providers who exclusively provide services through telehealth to achieve network adequacy; prohibiting certain health insurance policies from denying coverage for covered services provided through telehealth under certain circumstances; requiring certain small employer benefit plans to comply with certain requirements for reimbursement of telehealth services; deleting requirements for contracts between certain health insurers and telehealth providers; prohibiting certain health maintenance organizations from denying coverage for covered services provided through telehealth under certain circumstances, etc.

Location: US-FL

FL HB 1087

Title: Insurance Coverage for Telehealth Services

Current Status: Failed

Introduction Date: 2022-01-03

Last Action Date: Died in Finance & Facilities Subcommittee. 2022-03-14

Description: Prohibits Medicaid managed care plans from using providers who provide services exclusively through telehealth to achieve network adequacy; prohibits certain health insurer & HMOs from denying coverage for covered services provided through telehealth; prohibits health insurers & HMOs from excluding covered services provided through telehealth from coverage; provides reimbursement requirements & cost-sharing limitations for health insurers & HMOs relating to telehealth services; prohibits health insurers & HMOs from requiring insureds & subscribers to receive services through telehealth; authorizes health insurers & HMOs to conduct utilization reviews; authorizes health insurers & HMOs to limit telehealth services to certain providers; removes requirements for contracts between certain health insurers or HMOs & telehealth providers; requires certain small employer benefit plans to comply with certain requirements for reimbursement of telehealth services.

Location: US-FL

FL HB 1165

Title: Medicaid Managed Care

Current Status: Failed

Introduction Date: 2022-01-04

Last Action Date: Died in Finance & Facilities Subcommittee. 2022-03-14

Description: Requires that rental & purchase of durable medical equipment & complex rehabilitation technology be reimbursed by AHCA, managed care plans, & subcontractors at specified amount; requires that Medicaid enrollees be allowed their choice of certain qualified providers; prohibits managed care plan from referring members to or entering into contract or arrangement with subcontractor under certain circumstances; requires such subcontractor to provide all services in compliance with contract arrangement & applicable federal waivers.

Location: US-FL

FL SB 1540

Title: Medicaid Managed Care

Current Status: Failed

Introduction Date: 2022-01-05

Last Action Date: Died in Health Policy. 2022-03-14

Description: Requiring that the rental and purchase of durable medical equipment and complex rehabilitation technology by providers of home health care services or medical supplies and appliances be reimbursed by the Agency for Health Care Administration, managed care plans, and subcontractors at a specified amount; requiring that Medicaid enrollees be allowed choice of certain qualified Medicaid providers; prohibiting a managed care plan from referring its members to a subcontractor for covered services if the subcontractor has an ownership interest or a profit-sharing arrangement with certain entities, etc.

Location: US-FL

GA HB 1351

Title: Community Health, Department of; pharmacy benefits management for Medicaid program; provide

Current Status: Sine Die - Failed

Introduction Date: 2022-02-15

Last Action Date: Senate Read and Referred. 2022-03-11

Description: A BILL to be entitled an Act to amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated relating to Medicaid assistance generally, so as to provide for pharmacy benefits management for the Medicaid program to

conducted by the Department of Community Health after a date certain; to provide for a cost calculation; to provide for submission of a waiver if necessary; to provide for related matters; to repeal conflicting laws; and for other purposes.

Location: US-GA

IA SSB 3158

Title: A bill for an act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, providing penalties, and including effective date and retroactive and other applicability date provisions.

Current Status: Sine Die - Failed

Introduction Date: 2022-03-09

Last Action Date: Subcommittee: Kraayenbrink, Bolkcom, and Lofgren.. 2022-03-09

Location: US-IA

FL HB 7047

Title: Medicaid Managed Care

Current Status: Sine Die - Failed

Introduction Date: 2022-01-31

Last Action Date: Laid on Table; companion bill(s) passed, see CS/CS/SB 1950 (Ch. 2022-42). 2022-03-07

Description: Requires AHCA to determine compliance with essential provider contracting requirements; requires AHCA to conduct single, statewide procurement & negotiate & select plans on regional basis; authorizes AHCA to select plans on statewide basis under certain circumstances; specifies procurement regions; revises provisions relating to dental plans & services; specifies certain cancer hospitals are statewide essential providers; prohibits AHCA from automatically enrolling recipients in managed care plans under certain circumstances.

Location: US-FL

MS SB 2658

Title: Mississippi Medicaid Program; make technical amendments to reimbursement and administration.

Current Status: Failed

Introduction Date: 2022-01-17

Last Action Date: Died In Committee. 2022-03-01

Description: An Act To Amend Section 43-13-117, Mississippi Code Of 1972, To Delete The Provision That Required The Division Of Medicaid'S Rates Of Reimbursement, Services, Charges And Fees To Not Be Increased, Decreased Or Otherwise Changed Unless They Are Authorized By An Amendment By The Legislature; To Require The Division To Report To The Chairmen Of The Senate And House Of Representatives Medicaid Committees At Least Thirty (30) Days Before The Division Notifies Providers That It Is Decreasing Or Changing Payments, Payment Methodology Or Rates Or Reimbursement To Providers Rendering Care Of Services Authorized Under This Section To Recipients; To Set Requirements For The Reimbursement Of Durable Medical Equipment, Including Noninvasive Ventilators Or Ventilation Treatments Properly Ordered And Being Used In An Appropriate Care Setting To Require Reimbursement To Durable Medical Equipment Suppliers For Home Use Of Noninvasive And Invasive Ventilators To Be On A Continuous Monthly Payment Basis For The Duration Of Medical Need Throughout A Patient'S Valid Prescription Period; To Require The Division Of Medicaid To Establish A Medicare Upper Payment Limits Program Or Another Allowable Delivery System Authorized By Federal Law For Emergency Ambulance Transportation Providers; To Provide For The Formula That The Division Shall Use For Calculating Ambulance Service Access Payment Amounts; To Require The Division To Evaluate The Feasibility Of Using A Single Vendor To Administer Dental Benefits Provided Under A Managed Care Delivery System; To Provide That The Division Of Medicaid Shall Reimburse For Outpatient Hospital Services Provided To Eligible Medicaid Beneficiaries Under Title 43 Of 21 By Border City University-Affiliated Pediatric Teaching Hospitals; And For Related Purposes.

Location: US-MS

MI HB 5841

Title: Appropriations: other; executive recommendation; provide for omnibus bill. Creates appropriation act.
Current Status: Sine Die - Failed
Introduction Date: 2022-02-24
Last Action Date: bill electronically reproduced 02/24/2022. 2022-03-01
Location: US-MI

MI SB 923

Title: Appropriations: other; executive recommendation; provide for omnibus bill. Creates appropriation act.
Current Status: Sine Die - Failed
Introduction Date: 2022-02-24
Last Action Date: REFERRED TO COMMITTEE ON APPROPRIATIONS. 2022-02-24
Location: US-MI

WA HB 1959 Monitor

Title: Concerning managed health care system rate review.
Current Status: Sine Die - Failed
Introduction Date: 2022-01-12
Last Action Date: Returned to Rules Committee for second reading.. 2022-02-22
Location: US-WA

NY A 7200

Title: Relates to coverage for prescription drugs under Medicaid; repealer
Current Status: Sine Die - Failed
Introduction Date: 2021-04-29
Last Action Date: PRINT NUMBER 7200A. 2022-02-16
Description: Provides that prescription drugs eligible for reimbursement shall be provided and paid for under the preferred program and the clinical drug review program; restores pharmacy benefits under Medicaid managed care.
Location: US-NY

ME LD 1701 (HP 1264)

Title: An Act To Establish a Managed Care Program for MaineCare Services
Current Status: Failed
Introduction Date: 2021-05-11
Last Action Date: Pursuant to Joint Rule 310.3 Placed in Legislative Files (DEAD). 2022-02-10
Location: US-ME

VA HB 584

Title: Employee health insurance; pharmacy benefits, reverse auction process.
Current Status: Sine Die - Failed
Introduction Date: 2022-01-11
Last Action Date: House: Stricken from docket by Appropriations (22-Y 0-N). 2022-02-09
Description: Department of Human Resource Management; employee health insurance; pharmacy benefits; reverse auction process. Directs the Department of Human Resource Management to utilize a reverse auction process to award pharmacy manager contracts for pharmacy benefits offered under the state employee health insurance plan.
Location: US-VA

 Reverse auction

AZ SB 1680

Title: Prescription drugs; upper payment limit

Current Status: Sine Die - Failed

Introduction Date: 2022-02-02

Last Action Date: Senate Second Reading. 2022-02-03

Location: US-AZ

CA AB 671

Title: Medi-Cal: pharmacy benefits.

Current Status: Failed

Introduction Date: 2021-02-12

Last Action Date: Died on inactive file.. 2022-02-01

Description: AB 671, as amended, Wood. Medi-Cal: pharmacy benefits. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified low-income persons pursuant to a schedule of benefits, which includes pharmacy benefits, through various health care delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the department to contract with a vendor for the purposes of surveying drug price information, collecting data from providers, wholesalers, or drug manufacturers, and calculating a proposed actual acquisition cost. Existing law authorizes the department to establish a list of maximum allowable ingredient cost for generically equivalent drugs, and to establish the actual acquisition cost based on 3 specified factors, including the volume weighted actual acquisition cost adjusted by the department to verify that the actual acquisition cost represents the average purchase price paid by retail pharmacies in California, or the proposed actual acquisition cost as calculated by a vendor, as specified. Existing law requires the department to establish a fee schedule for the list of pharmacist services. Existing law specifies the pharmacist services that are provided to a Medi-Cal beneficiary. This bill would require the department to provide a disease management or similar payment to a pharmacy that the department has contracted with to dispense a specialty drug to Medi-Cal beneficiaries in an amount necessary to ensure beneficiary access, as determined by the department based on the results of the survey completed during the 2020 calendar year.

Location: US-CA

MS HB 317

Title: Medicaid; require managed care organizations to use certain level of care guidelines in determining medical necessity

Current Status: Failed

Introduction Date: 2022-01-04

Last Action Date: Died In Committee. 2022-02-01

Description: An Act To Amend Section 43-13-117, Mississippi Code Of 1972, To Require Managed Care Organizations Under A Managed Care Program Implemented By The Division Of Medicaid To Use A Clear Set Of Level Of Care Guidelines In The Determination Of Medical Necessity And In All Utilization Management Practices That Are Consistent With Widely Accepted Professional Standards Of Care; To Prohibit Those Organizations From Using Any Additional Criteria That Would Result In Denial Of Care That Would Be Determined Appropriate And, Therefore, Medically Necessary By The Guidelines And Certain Specific Principles; And For Related Purposes.

Location: US-MS

MS HB 785

Title: Medicaid; remove provision that freezes provider reimbursement rates unless authorized by legislative amendment.

Current Status: Failed

Introduction Date: 2022-01-17

Last Action Date: Died In Committee. 2022-02-01

Description: An Act To Amend Section 43-13-117, Mississippi Code Of 1972, To Remove From The Medicaid Services Section Provision That Prohibits The Division Of Medicaid From Making Any Changes To The Rates Of Reimbursement To Medicaid Providers Without An Amendment To This Section By The Legislature; And For Related Purposes.

Location: US-MS

NJ S 1076

Title: Requires all Medicaid managed care organization to permit all pharmacies in State to dispense prescriptions for all co medications.

Current Status: Sine Die - Failed

Introduction Date: 2022-01-31

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2023-01-31

Location: US-NJ

NJ S 1030

Title: Permits certain managed care organizations to consider cost-effectiveness when placing prescription drug on formulary.

Current Status: Sine Die - Failed

Introduction Date: 2022-01-31

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2023-01-31

Location: US-NJ

HI SB 2874

Title: Relating To Reverse Auction Procurement.

Current Status: Sine Die - Failed

Introduction Date: 2022-01-21

Last Action Date: Referred to LCA, WAM/JDC.. 2022-01-24

Description: Requires the Hawaii Employer-Union Health Benefits Trust Fund Board of Trustees to conduct a comprehensive study related to the feasibility, administrative processes and requirements, and potential cost-savings that could be realized if the State utilized an automated reverse auction method for the procurement of a pharmacy benefit manager to administer prescription drug benefits for state employees, dependents, and retirees. Requires a report to the legislature.

Location: US-HI

WA HB 1093

Title: Making 2019-2021 fiscal biennium second supplemental operating appropriations.

Current Status: Sine Die - Failed

Introduction Date: 2022-01-10

Last Action Date: By resolution, reintroduced and retained in present status.. 2022-01-10

Location: US-WA

WA SB 5091

Title: Making 2019-2021 fiscal biennium second supplemental operating appropriations.

Current Status: Sine Die - Failed

Introduction Date: 2022-01-10

Last Action Date: By resolution, reintroduced and retained in present status.. 2022-01-10

Location: US-WA

NY A 1671

Title: Relates to temporarily exempting covered entities under the federal 340B program and comprehensive HIV special needs plans

Current Status: Sine Die - Failed

Introduction Date: 2021-01-11

Last Action Date: REFERRED TO WAYS AND MEANS. 2022-01-05

Summary: Keeps 340B and certain HIV treatment providers in FFS.

Description: Relates to temporarily exempting covered entities under the federal 340B program and comprehensive HIV special needs plans.

Location: US-NY

NY S 2520

Title: Temporarily exempts covered entities under the federal 340B program and comprehensive HIV special needs plans

Current Status: Sine Die - Failed

Introduction Date: 2021-01-21

Last Action Date: REFERRED TO HEALTH. 2022-01-05

Description: Relates to temporarily exempting covered entities under the federal 340B program and comprehensive HIV special needs plans.

Location: US-NY

 340B

NY S 5401

Title: Relates to the pricing of single source brand-name maintenance medication for which there is no National Average Drug Acquisition Cost pricing

Current Status: Sine Die - Failed

Introduction Date: 2021-03-04

Last Action Date: REFERRED TO HEALTH. 2022-01-05

Description: Provides that the price of single source brand-name maintenance medication for which there is no National Average Drug Acquisition Cost pricing shall be the wholesale acquisition cost.

Location: US-NY

 NADAC+

 Pharmacy Reimbur...

NY A 6605

Title: Relates to the pricing of single source brand-name maintenance medication for which there is no National Average Drug Acquisition Cost pricing

Current Status: Sine Die - Failed

Introduction Date: 2021-03-19

Last Action Date: REFERRED TO WAYS AND MEANS. 2022-01-05

Description: Provides that the price of single source brand-name maintenance medication for which there is no National Average Drug Acquisition Cost pricing shall be the wholesale acquisition cost.

Location: US-NY

 NADAC+

NY S 6763

Title: Determines the amount paid to a pharmacy for certain high cost drugs

Current Status: Sine Die - Failed

Introduction Date: 2021-05-14

Last Action Date: REFERRED TO HEALTH. 2022-01-05

Description: Requires the amount paid to a pharmacy for certain high cost drugs be no more than 2.5% of the total cost of a drug plus any dispensing fees.

Location: US-NY

KY HB 183

Title: AN ACT relating to coverage for injectable epinephrine devices.

Current Status: Sine Die - Failed

Introduction Date: 2022-01-04

Last Action Date: to Committee on Committees (H). 2022-01-04

Description: Create a new section of Subtitle 17A of KRS Chapter 304 to require health benefit plans to cover injectable epinephrine devices for persons 18 years of age and under; provide that the coverage shall not be subject to cost-sharing requirements; amend KRS 205.522, 205.6485, 18A.225, and 164.2871 to require Medicaid, KCHIP, the state employee health and self-insured employer group health plans offered by the governing board of a state postsecondary education institution to comply with the 18-and-under injectable epinephrine device coverage requirement; EFFECTIVE January 1, 2023.

Location: US-KY

NY S 3566

 Monitor

Title: Relates to the purchase of prescription drugs

Current Status: Enacted

Introduction Date: 2021-06-08

Last Action Date: SIGNED CHAP.827. 2021-12-31

Summary: Modifies existing mandatory mail-order provisions.

Description: Relates to the purchase of prescription drugs by pharmacies; establishes the same reimbursement amount shall be provided to all pharmacies.

Location: US-NY

 Mail-order

IA HSB 224

 Support

Title: A bill for an act relating to participating network provider pharmacies and pharmacists under Medicaid managed care. (HF 767.)

Current Status: Sine Die - Failed

Introduction Date: 2021-02-17

Last Action Date: ***** END OF 2021 ACTIONS *****. 2021-12-31

Summary: AWP in MMC

Location: US-IA

 Provider networks

IA HF 767

Title: A bill for an act relating to participating network provider pharmacies and pharmacists under Medicaid managed care. (Formerly HSB 224.)

Current Status: Sine Die - Failed

Introduction Date: 2021-03-05

Last Action Date: ***** END OF 2021 ACTIONS *****. 2021-12-31

Location: US-IA

IA SF 606

Title: A bill for an act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, providing penalties, and including effective date and retroactive and other applicability date provisions.(Formerly SSB 1267.)

Current Status: Sine Die - Failed

Introduction Date: 2021-04-21

Last Action Date: ***** END OF 2021 ACTIONS *****. 2021-12-31

Location: US-IA

NY S 6603

High Priority

 Support

Title: Protects access to pharmacy services

Current Status: Vetoed

Introduction Date: 2021-06-10

Last Action Date: VETOED MEMO.85. 2021-12-29

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 pharmacy

Location: US-NY

Last Team Action: Sent letter of support, May 18, 2021 at 1 PM - 2 PM (Attendee: Anne Cassidy)



Medicaid Reimburs...

NY A 7598

High Priority

 Support

Title: Protects access to pharmacy services

Current Status: Vetoed

Introduction Date: 2021-06-10

Last Action Date: Substitute S 6603 action - VETOED MEMO.85. 2021-12-29

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 pharmacy

Location: US-NY

Last Team Action: NCPA sent letter of support, May 19, 2021 at 1 PM - 2 PM (Attendee: Anne Cassidy)



Medicaid Reimburs...

PA SB 668

Title: An Act amending the act of August 26, 1971 (P.L.351, No.91), known as the State Lottery Law, in pharmaceutical assistance for the elderly, further providing for the Pharmaceutical Assistance Contract for the Elderly Needs Enhancement Tier, for part of the department and for coordination of benefits.

Current Status: Sine Die - Failed

Introduction Date: 2021-06-08

Last Action Date: Laid on the table. 2021-12-14

Location: US-PA

DC B 24-0285

Title: Fiscal Year 2022 Budget Support Act of 2021

Current Status: Enacted

Introduction Date: 2021-05-27

Last Action Date: Law L24-0045, Effective from Nov 13, 2021 Published in DC Register Vol 68 and Page 012567. 2021-12-03

Location: US-DC

NJ S 249

Title: Requires pharmacy benefits manager providing services within Medicaid program to disclose certain information to D

Current Status: Enacted

Introduction Date: 2020-01-14

Last Action Date: Approved P.L.2021, c.257.. 2021-11-08

Location: US-NJ

 Transparency and ...

DC B 24-0382

Title: Contracts with Managed Care Organizations for the Provision of Health 21 Care Services to District Residents Emerge Approval and Authorization Act of 2021

Current Status: Enacted

Introduction Date: 2021-10-01

Last Action Date: Act A24-0177 Published in DC Register Vol 68 and Page 010690, Expires on Dec 30, 2021. 2021-10-15

Location: US-DC

CA AB 1064

 Support

Title: Pharmacy practice: vaccines: independent initiation and administration.

Current Status: Enacted

Introduction Date: 2021-02-18

Last Action Date: Chaptered by Secretary of State - Chapter 655, Statutes of 2021.. 2021-10-08

Summary: permits pharmacists to independently initiate and administer any FDA approved vaccines for persons 3 years if and older


Description: AB 1064, Fong. Pharmacy practice: vaccines: independent initiation and administration. Existing law, the Pharr Law, establishes the California State Board of Pharmacy within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensing and regulation of pharmacists. A violation of the Pharmacy Law is a crime. Existing law authorizes a pharmacist to administer immunizations pursuant to a protocol with the prescriber. Existing law provides additional authority for the pharmacist to independently initiate and administer any COVID-19 vaccines approved or authorized by the federal Food and Drug Administration (FDA), or vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP), in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) for persons 3 years of age and older. This bill would recast this provision to instead authorize a pharmacist to independently initiate and administer any vaccine that has been approved or authorized by the FDA and received an ACIP individual vaccine recommendation published by the CDC for persons 3 years of age and older.

Location: US-CA

 NADAC+

 COVID-19 Vaccine

 Permanent Status

 Vaccine Authority

CT HB 6687

Title: AN ACT CONCERNING MEDICAL ASSISTANCE FOR CHILDREN AND ADULTS WITHOUT HEALTH CARE COVERAGE.

Current Status: Enacted

Introduction Date: 2021-06-06

Last Action Date: Signed by the Governor. 2021-07-12

Location: US-CT

CO HB 21-1275

Title: Medicaid Reimbursement For Services By Pharmacists


Current Status: Enacted

Introduction Date: 2021-04-15

Last Action Date: Governor Signed. 2021-07-07

Description: Under the act, a pharmacist is eligible for reimbursement under the medical assistance program for certain medically necessary pharmacist services, as described in the act, that are not duplicative of other pharmacist services or programs reimbursed under the medical assistance program. The department of health care policy and financing shall include services reimbursed pursuant to the act in the review of provider rates for the medical assistance program. Further, the act allows a pharmacist or pharmacy that dispenses or administers extended-release injectable medications for the treatment of mental health or substance use disorders to seek reimbursement for those medications under the medical assistance program as either a pharmacy benefit or as a medical benefit. The act requires that costs associated with services provided by clinical pharmacists through a federally qualified health center (FQHC) be considered allowable costs for the purpose of the FQHC's cost report and be included in the calculation of the reimbursement rate for a patient visit at an FQHC. The act appropriates \$372,554 to the department of health care policy and financing from the general fund and the healthcare affordability and sustainability fee fund to implement the act. (Note: This summary applies to this bill as enacted.)

Location: US-CO

 Payment for Service

NJ S 887

 Monitor

Title: Requires DHS to contract with third party entity to apply risk reduction model to Medicaid prescription drug services.*

Current Status: Enacted

Introduction Date: 2020-01-27

Last Action Date: Approved P.L.2021, c.151.. 2021-07-02

Location: US-NJ

 Medicaid Carve-Out

NC SB 594

Title: Medicaid Admin. Changes & Tech. Corrections.

Current Status: Enacted

Introduction Date: 2021-04-06

Last Action Date: Ch. SL 2021-62. 2021-06-29

Location: US-NC

OR SB 457

Title: Relating to the scope of services paid for by medical assistance.

Current Status: Failed

Introduction Date: 2021-01-11

Last Action Date: In committee upon adjournment.. 2021-06-26

Description: Modifies required coverage of prescription drugs in medical assistance program. Modifies membership require and duties of Pharmacy and Therapeutics Committee and Health Evidence Review Commission and advisory committees appointed for committee and commission. Reduces term of committee members from four years to two years. Modifies time for Pharmacy and Therapeutics Committee to make recommendation and for Oregon Health Authority to act on recommend Requires decision approving, disapproving or modifying recommendation of committee to be adopted by rule.

Location: US-OR

OR HB 2080

Title: Relating to pharmaceuticals.

Current Status: Failed

Introduction Date: 2021-01-11

Last Action Date: In committee upon adjournment.. 2021-06-26

Description: Establishes Office of Pharmaceutical Purchasing in Oregon Health Authority and specifies duties. Requires offi administer multistate prescription drug purchasing consortium. Authorizes Oregon Health Authority to require prior authori for drugs under specified conditions.

Location: US-OR

IL HB 1739

Title: Sexual Assault Evidence Track

Current Status: Enacted

Introduction Date: 2021-02-11

Last Action Date: Public Act 102-0022. 2021-06-25

Description: Amends the Sexual Assault Evidence Submission Act. Provides that health care providers or local law enforcer must notify victims about the tracking system after an Illinois Sexual Assault Evidence Collection Kit has been analyzed. Amends the Hospital Licensing Act. Provides that a hospital licensed under this Act must comply with the requirements concerning t sexual assault evidence tracking system under the Sexual Assault Evidence Submission Act. Replaces everything after the enacting clause. Amends the Sexual Assault Evidence Submission Act. Provides that the Illinois State Police may, rather the shall, develop rules to implement a sexual assault evidence tracking system. Amends the Sexual Assault Incident Procedur Adds a requirement that at the time of first contact with the victim, law enforcement shall notify victims about the Illinois St: Police sexual assault evidence tracking system. Provides that upon the request of the victim who has consented to the rele: sexual assault evidence for testing, the law enforcement agency having jurisdiction shall notify the victim about the Illinois Police sexual assault evidence tracking system. Makes other changes. Provides that a health care provider must provide information to victims about the tracking system at the time when information pertaining to the collection of sexual assault evidence is provided. Provides that using the contact information provided, a local law enforcement agency must take reasc steps to notify victims about the tracking system after sexual assault evidence has been collected. Replaces everything afte enacting clause. Reinserts the provisions of the bill as engrossed, with the following changes: Amends the Sexual Assault Survivors Emergency Treatment Act. In a provision concerning the minimum requirements for medical forensic services pro to sexual assault survivors by hospitals and approved pediatric health care facilities, provides that a treatment hospital, a treatment hospital with approved pediatric transfer, or an approved pediatric health care facility shall provide written inform regarding the Illinois State Police sexual assault evidence tracking system. Makes a conforming change in a provision conce minimum requirements for medical forensic services provided to sexual assault survivors by hospitals, approved pediatric h care facilities, and approved federally qualified health centers. Further amends the Sexual Assault Incident Procedure Act. Replaces the contents of a provision concerning victim notification with a provision providing that when evidence is collecte from a sexual assault survivor, the health care provider or law enforcement officer who collects the evidence must notify a v about the tracking system. Effective immediately. In a provision concerning victim notification, replaces a reference to evide with a reference to the Illinois State Police Sexual Assault Evidence Collection Kit. In the same provision, provides that the notification requirement is satisfied by providing the victim information regarding the Sexual Assault Evidence Tracking Sys and the victim's unique log-in information contained within the sexual assault evidence kit or generated by the sexual assal evidence tracking system. Replaces everything after the enacting clause. Amends the Sexual Assault Survivors Emergency Treatment Act. Makes changes to effective and repeal dates. Amends the Code of Criminal Procedure of 1963. Provides that

prosecution of any violent crime as defined in the Rights of Crime Victims and Witnesses Act, the court may set any conditions just and appropriate on the taking of testimony of a victim who is a child under the age of 18 years or a moderately, severely or profoundly intellectually disabled person or a person affected by a developmental disability, involving the use of a facility in any proceeding involving that offense. Amends the Rights of Crime Victims and Witnesses Act. Provides that the office of State's Attorney shall consult with the crime victim regarding the State's Attorney's decision not to charge an offense and that the victim has the right to have an attorney, advocate, and other support person of the victim's choice attend this consultation with them. Provides that the office of the State's Attorney shall give the crime victim timely notice of any decision not to pursue charges and consider the safety of the victim when deciding how to give such notice. Provides that no later than January 1, 2021, the Office of the Attorney General shall: (1) designate an administrative authority within the Office of the Attorney General to receive and investigate complaints relating to the provision or violation of the rights of a crime victim; (2) create and administer a course of training for employees and offices of the State of Illinois that fail to comply with provisions of Illinois law pertaining to the treatment of crime victims; and (3) have the authority to make recommendations to employees and offices of the State of Illinois to respond more effectively to the needs of crime victims, including regarding the violation of the rights of a crime victim. Provides for penalties for violations of victim's rights by certain offices and employees. Provides that a prosecuting attorney who seeks to subpoena information or records concerning the victim that are confidential or privileged by law must first request the written consent of the crime victim. Amends the Sexual Assault Evidence Submission Act. In a provision concerning the sexual assault evidence tracking system, provides that the Illinois State Police may (rather than shall) develop rules to implement the sexual assault evidence tracking system. Amends the Sexual Assault Incident Procedure Act. Provides for victim notification under specified circumstances in various provisions. Makes other changes. Effective immediately.

Location: US-IL

FL HB 1057

 Monitor

Title: Agency for Health Care Administration

Current Status: Enacted

Introduction Date: 2021-02-17

Last Action Date: Chapter No. 2021-151. 2021-06-23

Description: Removes certain reporting requirements applicable to AHCA, certain requirements for Medicaid Pharmaceutical Therapeutics Committee, & provisions relating to agency's implementation of prescribed-drug spending-control program & Transplant Advisory Council.

Location: US-FL

IA HF 891

Title: A bill for an act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, providing penalties, and including effective date and retroactive and other applicability date provisions. Effective date: Enactment, 07/01/2021. Applicability date: 07/01/2020.

Current Status: Enacted

Introduction Date: 2021-04-28

Last Action Date: Explanation of vote.. 2021-06-22

Location: US-IA

NJ A 1259

Title: Requires pharmacy benefits manager providing services within Medicaid program to disclose certain information to D

Current Status: Sine Die - Failed

Introduction Date: 2020-01-14

Last Action Date: Substituted by S249 (1R). 2021-06-21

Location: US-NJ

 Transparency and ...

TX HB 2658

Title: Relating to the Medicaid program, including the administration and operation of the Medicaid managed care program.

Current Status: Enacted

Introduction Date: 2021-03-02

Last Action Date: Effective on 9/1/21. 2021-06-16

Location: US-TX

MI HB 5006

Title: Human services: medical services; Medicaid contract with pharmacy benefit management; prohibit under certain circumstances. Amends 1939 PA 280 (MCL 400.1 - 400.119b) by adding secs. 105i & 105j.

Current Status: Sine Die - Failed

Introduction Date: 2021-06-15

Last Action Date: bill electronically reproduced 06/15/2021. 2021-06-16

Location: US-MI

TX HB 18

Title: Relating to establishment of the prescription drug savings program for certain uninsured individuals.

Current Status: Enacted

Introduction Date: 2021-03-11

Last Action Date: Effective on 9/1/21. 2021-06-15

Location: US-TX

NV SB 420

Title: Revises provisions relating to health insurance. (BDR 57-251)

Current Status: Enacted

Introduction Date: 2021-04-28

Last Action Date: Chapter 537.. 2021-06-11

Description: AN ACT relating to insurance; providing for the establishment of a public health benefit plan; prescribing certain goals and requirements relating to the plan; requiring certain health carriers to participate in a competitive bidding process administer the plan; requiring certain providers of health care to participate in the plan; exempting rules and policies govern the plan from certain requirements; requiring the Executive Director of the Silver State Health Insurance Exchange to apply federal waiver to allow certain policies to be offered on the Exchange; requiring certain persons to report the abuse and neglect of older persons, vulnerable persons and children; requiring the State Plan for Medicaid to include coverage for the service: community health worker and doula services; revising provisions relating to coverage of services for pregnant women under Medicaid; requiring the establishment of a statewide Medicaid managed care program if money is available; revising requirements relating to health insurance coverage of enteral formulas; making appropriations; and providing other matters properly relating thereto.

Location: US-NV

LA HB 1

Title: APPROPRIATIONS: Provides for the ordinary operating expenses of state government for Fiscal Year 2021-2022

Current Status: Enacted

Introduction Date: 2021-03-31

Last Action Date: Veto message from the Governor received and read.. 2021-06-10

Location: US-LA

OH HB 336

Title: Regards health plan issuers, Medicaid, pharmacies, cancer drugs

Current Status: In House

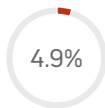
Introduction Date: 2021-06-07

Last Action Date: Referred to committee Insurance. 2021-06-10

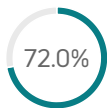
Description: To amend sections 3901.81, 3901.811, 3902.50, 3902.60, and 3902.70 and to enact sections 3902.72, 3902.73, 3902.74, 3902.75, 3902.76, 3902.77, 4729.66, 5167.124, 5167.125, 5167.126, 5167.127, and 5167.128 of the Revised Code to impose requirements relating to health plan issuers, Medicaid, pharmacies, and cancer drugs.

Location: US-OH

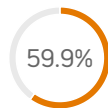
Floor Forecast Scores



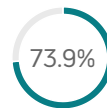
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

LA SB 180

Title: PROCUREMENT CODE: Provides relative to state procurement of certain services by use of reverse auction technology (8/1/21) (EN SEE FISC NOTE GF EX See Note)

Current Status: Enacted

Introduction Date: 2021-04-01

Last Action Date: Effective date 8/1/2021.. 2021-06-04

Location: US-LA

NV AB 494

Title: Makes various changes regarding state financial administration and makes appropriations for the support of the civil government of the State. (BDR S-1170)


Current Status: Enacted

Introduction Date: 2021-05-26

Last Action Date: Approved by the Governor. Chapter 310.. 2021-06-03

Description: AN ACT relating to state financial administration; making appropriations from the State General Fund and the State Highway Fund for the support of the civil government of the State of Nevada for the 2021-2023 biennium; providing for the the money so appropriated; making various other changes relating to the financial administration of the State; and providing for other matters properly relating thereto.

Location: US-NV

 specialty pharmacy

MD HB 607

 Support

Title: Judges' Retirement System - Retiree Health Benefits - Mandatory Retirement

Current Status: Enacted


Introduction Date: 2021-01-20

Last Action Date: Enacted under Article II, Section 17© of the Maryland Constitution - Chapter 721. 2021-05-30

Summary: Requiring FFS reimbursement rates in MMC

Description: Establishing the eligibility for State retiree health benefits for a retiree of the Judges' Retirement System and the retiree's spouse and dependent children when a retiree of the Judges' Retirement System retired at a mandatory retirement with less than 5 years of creditable service; and providing for the calculation of a certain State subsidy.

Location: US-MD

 Medicaid Reimburs...

MA S 2465

Title: An Act making appropriations for the fiscal year 2022 for the maintenance of the departments, boards, commissions, institutions and certain activitie...

Current Status: Sine Die - Failed

Introduction Date: 2021-05-27

Last Action Date: See H4001. 2021-05-27

Description: Senate, May 25, 2021 – Text of the Senate amendment to the House Bill making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth, interest, sinking fund and serial bond requirements and for certain permanent improvements (House, No. 4001) (being the text as amended by the Senate, No. 3, printed as amended).

Location: US-MA

MN HF 2128

Title: Omnibus health and human services policy and finance bill.

Current Status: Enacted

Introduction Date: 2021-03-11

Last Action Date: Governor's action Approval. 2021-05-25

Location: US-MN

VT H 439

Title: An act relating to making appropriations for the support of government

Current Status: Enacted

Introduction Date: 2021-03-31

Last Action Date: House message: Governor approved bill on [June 8, 2021]. 2021-05-21

Location: US-VT

 340B

MN HF 2644

Title: Dispensing fee increased for prescription drugs in the medical assistance program.

Current Status: Sine Die - Failed

Introduction Date: 2021-05-15

Last Action Date: Introduction and first reading, referred to Health Finance and Policy. 2021-05-15

Location: US-MN

 Pharmacy Reimburs...

MO SB 212

Title: Modifies provisions relating to the Department of Corrections, the Division of Probation and Parole, and the Parole Board

Current Status: Sine Die - Failed

Introduction Date: 2021-01-06

Last Action Date: H Informal Calendar Senate Bills for Third Reading w/HCS. 2021-05-14

Location: US-MO

DC B 24-0176

Title: Contract No. DCCB-2021-F-0008 with Motley Rice, LLC Approval and Payment Authorization Emergency Act of 2021

Current Status: Enacted

Introduction Date: 2021-03-31

Last Action Date: Act A24-0063 Published in DC Register Vol 68 and Page 004899, Expires on Aug 03, 2021. 2021-05-07

Location: US-DC

MA H 4000

Title: An Act making appropriations for the fiscal year 2022 for the maintenance of the departments, boards, commissions, institutions and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements

Current Status: Sine Die - Failed

Introduction Date: 2021-04-15

Last Action Date: Published as amended, see H4001. 2021-05-03

Location: US-MA

FL SB 1306

 Support

Title: Medicaid Pharmacy Benefit Savings

Current Status: Failed

Introduction Date: 2021-02-15

Last Action Date: Died in Health Policy. 2021-04-30

Summary: Requiring single PBM in MMC program.

Description: Citing this act as the "Medicaid Pharmacy Benefit Savings Optimization Act"; requiring the Agency for Health Care Administration to select a single pharmacy benefit administrator through a competitive procurement process to administer pharmacy benefits for Medicaid recipients enrolled in managed care plans; requiring the agency to complete the procurement process and select the pharmacy benefit administrator by a specified date; prohibiting managed care organizations from providing pharmacy benefits for their enrolled members, etc.

Location: US-FL

FL HB 1043

 Support

Title: Medicaid Pharmacy Benefit Savings

Current Status: Failed

Introduction Date: 2021-02-16

Last Action Date: Died in Finance & Facilities Subcommittee. 2021-04-30

Summary: Single PBM for MMC

Description: Requires AHCA to select single pharmacy benefit administrator through competitive procurement process by specified date; provides contract requirements; requires agency to calculate amount equal to specified percentage of managed care organization's net underwriting gain for certain contract year & reduce organization's contract term payment by such amount.

Location: US-FL

 Single PBM

MN SF 2360

Title: Omnibus health and human services policy and finance bill
Current Status: Sine Die - Failed
Introduction Date: 2021-04-06
Last Action Date: Rule 45-amend, subst. General Orders HF2128. 2021-04-28
Location: US-MN

CT HB 6446 Monitor

Title: AN ACT CONCERNING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES.
Current Status: Sine Die - Failed
Introduction Date: 2021-02-11
Last Action Date: Referred by House to Committee on Appropriations. 2021-04-26
Summary: Budget
Description: To implement the Governor's budget recommendations for human services.
Location: US-CT

FL SB 1292 Monitor

Title: Medicaid
Current Status: Sine Die - Failed
Introduction Date: 2021-02-15
Last Action Date: Laid on Table, companion bill(s) passed, see CS/HB 1057 (Ch. 2021-151) -SJ 720. 2021-04-26
Description: Deleting a requirement for the Agency for Health Care Administration to submit an annual report to the Legislature on the operation of the pharmaceutical expense assistance program; revising the method for determining prescribed drug provider reimbursements; requiring the agency to establish certain procedures related to prior authorization requests rather than prior consultation requests; revising the definitions of the terms "medical necessity" and "medically necessary" to provide an exception for behavior analysis services determinations, etc.
Location: US-FL

DC B 24-0115

Title: Department of Health Care Finance Support Act of 2021
Current Status: Sine Die - Failed
Introduction Date: 2021-02-26
Last Action Date: Public Hearing on B24-0115. 2021-04-21
Description: BILL SUMMARY - As introduced, Bill 24-115 would allow certain solicitations with respect to the Department of Health Care Finance issued on or before August 20, 2020 to be deemed to have been accepted by the District when the District receives the last best and final offer from the offeror of a subcontracting plan.
Location: US-DC

MN HF 2327

Title: Commissioner of management and budget required to use reverse auction for pharmacy benefit manager procurement and administer the State Employees Group Insurance Program prescription drug benefit.
Current Status: Sine Die - Failed
Introduction Date: 2021-03-22
Last Action Date: Author added Bahner. 2021-04-17
Location: US-MN

 Reverse auction

OH SB 263

Title: Prohibit pharmacy benefit managers acting on certain reimbursals

Current Status: Enacted

Introduction Date: 2020-01-27

Last Action Date: Effective 4/12/21. 2021-04-12

Description: To amend sections 5164.751 and 5167.01 and to enact sections 3902.50, 3902.51, 4729.49, and 5167.123 of the Revised Code to prohibit a pharmacy benefit manager from taking certain actions with respect to reimbursements made to care providers that participate in the federal 340B Drug Pricing Program.

Location: US-OH

ND HB 1233

 Support

Title: Relating to public employees retirement system prescription drug coverage performance audits.

Current Status: Sine Die - Failed

Introduction Date: 2021-01-11

Last Action Date: Motion to reconsider failed. 2021-04-12

Summary: Provides for the public employees retirement system to contract for an audit of pharmacy benefit managers provide contract services for the state uniform group health insurance program

Description: A BILL for an Act to amend and reenact section 54-52.1-04.16 of the North Dakota Century 2 Code, relating to public employees retirement system prescription drug coverage performance audits.

Location: US-ND

LA HB 485

Title: MEDICAID MANAGED CARE: Establishes the Medicaid Managed Care Authority as a policymaking and oversight body for the Medicaid managed care program (OR INCREASE GF EX See Note)

Current Status: Sine Die - Failed

Introduction Date: 2021-04-02

Last Action Date: Read by title, under the rules, referred to the Committee on Health and Welfare.. 2021-04-12

Location: US-LA

MN SF 2372

Title: Medical assistance program prescription drug dispensing fee increase

Current Status: Sine Die - Failed

Introduction Date: 2021-04-07

Last Action Date: Author added Nelson. 2021-04-08

Location: US-MN

MN HF 19

Title: Direct injectable drugs reimbursement provisions under medical assistance modified.

Current Status: Sine Die - Failed

Introduction Date: 2021-01-07

Last Action Date: Author added Bierman. 2021-04-06

Location: US-MN



Compensation for ...

NY S 6081

Title: Provides for emergency appropriation for the period April 1, 2021 through April 8, 2021

Current Status: Enacted

Introduction Date: 2021-04-06

Last Action Date: SIGNED CHAP.101. 2021-04-06

Description: Provides for emergency appropriation for the period April 1, 2021 through April 8, 2021.

Location: US-NY

KY SB 162

Title: AN ACT relating to state government.

Current Status: Enacted

Introduction Date: 2021-02-03

Last Action Date: signed by Governor (Acts Ch. 185). 2021-04-05

Description: Amend KRS 14.025 to abolish the Division of Administration and the Division of Business Filings in the Office of Secretary of State; create the Office of Administration, Office of Business Services, and Office of Elections, and describe the of the offices; amend KRS 355.9-513A to conform; confirm Secretary of State Executive Order 2020-02.

Location: US-KY

IN SB 143

👍 Support

Title: Pharmacy benefit managers.

Current Status: Sine Die - Failed

Introduction Date: 2021-01-04

Last Action Date: Committee report: amend do pass, adopted. 2021-04-01

Summary: Requires the auditor of state to conduct an audit of prescription drug cost sharing for the Medicaid program ever three state fiscal years. Adds requirements of pharmacy benefit managers when denying an appeal of the maximum allowable cost pricing of a prescription drug. Requires the department of insurance to develop a process for complaints regarding pharmacy benefit managers, including: (1) denied appeals of maximum allowable cost pricing; and (2) unfair, unjust, or unlawful contract provisions. Allows a pharmacy or pharmacist to decline to provide pharmacist services to a covered individual if the acquisition cost to the pharmacy or pharmacist would exceed the amount received for the pharmacist services.

Description: Allows a public employer and a self-funded health plan to use a reverse auction to procure the services of a pharmacy benefit manager. Requires an audit of prescription drug cost sharing for the state Medicaid program once every three state fiscal years. Requires a pharmacy benefit manager to: (1) perform its contractual duties in good faith and in observance of reasonable commercial standards of fair dealing; and (2) notify a health plan in writing if any activity, policy, or practice of the pharmacy benefit manager presents a conflict of interest. Adds requirements of pharmacy benefit managers when denying an appeal of the maximum allowable cost pricing of a prescription drug. Requires the department of insurance (department) to develop a process for complaints regarding pharmacy benefit managers. Requires a pharmacy benefit manager to provide the department with certain information within 20 business days after the date of a complaint. Prohibits a pharmacy benefit manager from requiring a pharmacy to obtain a signature from an individual for a prescription or immunization during a public health emergency. Requires the legislative services agency to conduct a study of market concentration in Indiana of: (1) the health insurance industry; (2) the hospital industry; (3) the professions of licensed health care practitioners; (4) the retail pharmacy industry; (5) the pharmacy benefit manager industry; and (6) the pharmacy services administrative organization industry, including its relationship to pharmaceutical wholesalers. Requires the legislative services agency to present the findings of the study not later than September 1, 2022.

Location: US-IN



Transparency and ...



Medicaid Pharmac...



Pharmacy Reimbur...



Decline to dispense

FL SPB 2500

Title: Appropriations

Current Status: Sine Die - Failed

Introduction Date: 2021-03-26

Last Action Date: Submitted as Committee Bill and Reported Favorably by Appropriations; YEAS 20 NAYS 0. 2021-03-31

Description: Providing moneys for the annual period beginning July 1, 2021, and ending June 30, 2022, and supplemental appropriations for the period ending June 30, 2021, to pay salaries, and other expenses, capital outlay - buildings, and other improvements, and for other specified purposes of the various agencies of state government, etc.

Location: US-FL

KY HB 177

Title: AN ACT relating to pharmacy benefits in the Medicaid program and declaring an emergency.

Current Status: Sine Die - Failed

Introduction Date: 2021-01-06

Last Action Date: recommitted to Appropriations & Revenue (H). 2021-03-30

Description: Amend KRS 205.5514 to require the Department for Medicaid Services to establish and implement a preferred list, reimbursement methodologies, and dispensing fees for Medicaid managed care organizations and the state pharmacy benefit manager within 30 days after the effective date of this Act; amend KRS 205.5518 to require Medicaid managed care organizations and pharmacy benefit managers to use reimbursement methodologies and dispensing fees established by the department for all Medicaid pharmacy benefit claims submitted on or after January 1, 2021; EMERGENCY.

Location: US-KY

KY HB 192

Title: AN ACT relating to appropriations measures providing funding and establishing conditions for the operations, maintenance, support, and functioning of the government of the Commonwealth of Kentucky and its various officers, cabinets, departmental boards, commissions, institutions, subdivisions, agencies, and other state-supported activities.

Current Status: Enacted

Introduction Date: 2021-01-07

Last Action Date: delivered to Secretary of State (Acts Ch. 169). 2021-03-30

Description: The State/Executive Branch Budget: Detail Part I, Operating Budget; appropriate to General Government: 2020-2021: \$2,232,159,200, 2021-2022: \$1,799,151,900; appropriate to the Economic Development Cabinet: 2020-2021: \$30,692,000, 2021-2022: \$32,698,000; appropriate to the Department of Education: 2020-2021: \$5,087,565,600, 2021-2022: \$5,236,333,800; appropriate to the Education and Workforce Development Cabinet: 2020-2021: \$224,230,300, 2021-2022: \$226,419,100; appropriate to the Energy and Environment Cabinet: 2020-2021: \$301,178,900, 2021-2022: \$276,053,300; appropriate to the Finance and Administration Cabinet: 2020-2021: \$992,598,800, 2021-2022: \$1,025,343,600; appropriate to the Health and Family Services Cabinet: 2020-2021: \$16,559,398,900, 2021-2022: \$16,709,573,800; appropriate to the Justice and Public Safety Cabinet: 2020-2021: \$1,270,439,200, 2021-2022: \$1,293,490,400; appropriate to the Labor Cabinet: 2020-2021: \$1,642,204,900, 2021-2022: \$761,756,600; appropriate to the Personnel Cabinet: 2020-2021: \$63,150,200, 2021-2022: \$90,780,200; appropriate to Postsecondary Education: 2020-2021: \$8,533,377,500, 2021-2022: \$8,938,898,700; appropriate to the Public Protection Cabinet: 2020-2021: \$167,314,500, 2021-2022: \$125,746,600; appropriate to the Tourism, Arts and Heritage Cabinet: 2020-2021: \$269,047,600, 2021-2022: \$274,838,800; appropriate to the Budget Reserve Trust Fund: 2021-2022: \$100,000,000; not included in the appropriation amounts are capital project amounts as follows: 2020-2021: \$8,538,931,500, 2021-2022: \$807,761,600; detail Part II, Capital Projects Budget; detail Part III, General Provisions; detail Part IV, State Salary/Compensation, Benefit, and Employment Policy; detail Part V, Funds Transfer; detail Part VI, General Fund Budget Reduction Plan; detail Part VII, General Fund Surplus Expenditure Plan; detail Part VIII, Road Fund Budget Reduction Plan; detail Part IX, Road Fund Surplus Expenditure Plan; detail Part X, Phase I Tobacco Settlement; and detail Part XI, Executive Branch Budget Summary; APPROPRIATION.

Location: US-KY

Title: Maryland Medical Assistance Program and Managed Care Organizations That Use Pharmacy Benefits Managers - Reimbursement Requirements

Current Status: Sine Die - Failed


Introduction Date: 2021-01-20

Last Action Date: Withdrawn by Sponsor. 2021-03-24

Summary: Requiring FFS reimbursement rates in MMC

Description: Requiring the Maryland Medical Assistance Program to establish reimbursement levels, rather than maximum reimbursement levels, for drug products for which there is a certain generic equivalent; requiring that certain minimum reimbursement levels be at least equal to the National Average Drug Acquisition Cost of the generic product plus the fee-for-service professional dispensing fee determined by the Maryland Department of Health in accordance with the most recent State cost-of-dispensing survey; etc.

Location: US-MD

 Medicaid Reimburs...

TX HB 3441

Title: Relating to timely claims payments in the Medicaid managed care program.

Current Status: Sine Die - Failed

Introduction Date: 2021-03-10

Last Action Date: Referred to Human Services. 2021-03-22

Location: US-TX

 Prompt pay

KY HB 48

Title: AN ACT relating to reimbursement for pharmacist services.

Current Status: Enacted


Introduction Date: 2021-01-05

Last Action Date: signed by Governor (Acts Ch. 30). 2021-03-18

Summary: Any insurer must reimburse a pharmacist for service or procedure at a rate not less than that provided to other nonphysician practitioners if within the scope of practice of pharmacy and would otherwise be covered under the policy, plan or contract if the service or procedure were provided by a physician, ANP, or PA

Description: Create a new section of Subtitle 12 of KRS Chapter 304 to establish certain insurance practices relating to the reimbursement of pharmacists; amend KRS 304.14-135 to establish a clean claim form for the reimbursement of certain pharmacist services or procedures; amend KRS 304.17A-844 and 304.17B-011 to conform; amend KRS 18A.225 to require that state employee health plan to comply with pharmacist reimbursement requirements; amend KRS 342.020 to require worker compensation employers, insurers, and payment obligors to comply with pharmacist reimbursement requirements.

Location: US-KY

 Payment for Service

VA SB 1227

 Support

Title: Hormonal contraceptives; payment of medical assistance for 12-month supply.

Current Status: Enacted


Introduction Date: 2021-01-11

Last Action Date: Governor: Acts of Assembly Chapter text (CHAP0245). 2021-03-18

Description: State plan for medical assistance; payment of medical assistance; 12-month supply of hormonal contraceptive Directs the Board of Medical Assistance Services to include in the state plan for medical assistance a provision for the payment of medical assistance for the dispensing or furnishing of up to a 12-month supply of hormonal contraceptives at one time for Medicaid and Family Access to Medical Insurance Security (FAMIS) enrollees. The bill prohibits the Department of Medical

Assistance Services from imposing any utilization controls or other forms of medical management limiting the supply of hormonal contraceptives that may be dispensed or furnished to an amount less than a 12-month supply. The bill provides that the bill shall not be construed to (i) require a provider to prescribe, dispense, or furnish a 12-month supply of self-administered hormonal contraceptives at one time or (ii) exclude coverage for hormonal contraceptives as prescribed by a prescriber, acting within his scope of practice, for reasons other than contraceptive purposes.

Location: US-VA

 Birth Control

TX HB 2981 👁 Monitor

Title: Relating to establishment of the prescription drug savings program for certain uninsured individuals.

Current Status: Sine Die - Failed

Introduction Date: 2021-03-05

Last Action Date: Referred to Insurance. 2021-03-18

Location: US-TX

MN SF 982 👎 Oppose

Title: Human services miscellaneous provisions governing children and family services, community supports, direct care and treatment, health care, human services licensing, background studies, and chemical and mental health services modification; budget forecast adjustments; funds transfers


Current Status: Sine Die - Failed

Introduction Date: 2021-02-15

Last Action Date: Withdrawn and re-referred to Health and Human Services Finance and Policy. 2021-03-15

Summary: Lowers the professional dispensing fee in the fee-for-service program.

Location: US-MN

 Pharmacy Reimbur...

MI HB 4373

Title: Appropriations: other; executive recommendation; provide for omnibus bill. Creates appropriation act.

Current Status: Sine Die - Failed

Introduction Date: 2021-02-25

Last Action Date: bill electronically reproduced 02/25/2021. 2021-03-02

Location: US-MI

TX HB 939

Title: Relating to required access to care and provider network provisions in a contract between the Health and Human Services Commission and a Medicaid managed care organization.

Current Status: Sine Die - Failed

Introduction Date: 2021-01-04

Last Action Date: Referred to Human Services. 2021-03-01

Location: US-TX

MN HF 8 👁 Monitor

Title: Commissioner of human services directed to establish prescription drug purchasing program, and program authority and eligibility requirements specified.

Current Status: Sine Die - Failed

Introduction Date: 2021-01-07

Last Action Date: Author added Carlson. 2021-03-01

Summary: Establishes a state prescription drug purchasing program.

Location: US-MN

KY HB 222

👍 Support

Title: AN ACT relating to pharmacy benefits in the Medicaid program and declaring an emergency.

Current Status: Sine Die - Failed

Introduction Date: 2021-01-07

Last Action Date: to Health & Welfare (S). 2021-03-01

Summary: Requires the state to hire an entity to oversee the Medicaid PBM

Description: Create a new section of KRS 205.510 to 205.560 to define terms; require the Department for Medicaid Service contract with an independent entity to monitor all Medicaid pharmacy benefit claims; establish eligibility requirements for a entity seeking to contract with the department to monitor pharmacy benefit claims; establish requirements for analyzing ar monitoring claims; EMERGENCY.

Location: US-KY

📄 Transparency and ...

MO HB 1146

👍 Support

Title: Creates provisions relating to payments for prescription drugs

Current Status: Sine Die - Failed

Introduction Date: 2021-02-17

Last Action Date: Referred: Health and Mental Health Policy(H). 2021-03-01

Summary: Regarding PBM drug pricing disclosures and affiliate reimbursements

Location: US-MO

📄 Transparency and ...

📄 Pharmacy Reimbur...

TX HB 1

Title: General Appropriations Bill.

Current Status: Sine Die - Failed

Introduction Date: 2021-02-26

Last Action Date: Referred to Appropriations. 2021-03-01

Location: US-TX

MI SB 187

Title: Appropriations: other; executive recommendation; provide for omnibus bill. Creates appropriation act.

Current Status: Sine Die - Failed

Introduction Date: 2021-02-25

Last Action Date: REFERRED TO COMMITTEE ON APPROPRIATIONS. 2021-02-25

Location: US-MI

RI HB 5081

👁 Monitor

Title: An Act Relating To Health And Safety -- Establishing The Rhode Island Rare Disease Medication Accessibility, Affordability And Reinsurance Act (Provides For Establishment Of The Rare Disease Medication Reinsurance Program To Be Funded By Insurer Contributions That Would Be Administered By The Secretary Of Health And Human Services Based On Recommendations From A 15 Member Advisory Council.)

Current Status: Sine Die - Failed

Introduction Date: 2021-01-22

Last Action Date: Committee recommended measure be held for further study. 2021-02-23

Summary: Establishes a rare disease medication accessibility commission.

Location: US-RI

 Drug Pricing

MN HF 1483

 Monitor

Title: Medical assistance pharmacy providers restricted to in-state pharmacies.

Current Status: Sine Die - Failed

Introduction Date: 2021-02-22

Last Action Date: Introduction and first reading, referred to Health Finance and Policy. 2021-02-22

Summary: Requires pharmacy providers in Medicaid program to be in-state.

Location: US-MN

MN SF 999

 Support

Title: Medical assistance pharmacy providers restriction to in-state pharmacies use

Current Status: Sine Die - Failed

Introduction Date: 2021-02-15

Last Action Date: Referred to Health and Human Services Finance and Policy. 2021-02-15

Summary: Limiting use of out-of-state pharmacies for Medicaid program.

Location: US-MN

MN HF 1040

 Oppose

Title: Children and family services, community supports, direct care and treatment, health care, human services licensing and background studies, and chemical and mental health service provisions modified; forecast adjustments made; reports require money transferred; technical and conforming changes made; and money appropriated.

Current Status: Sine Die - Failed

Introduction Date: 2021-02-11

Last Action Date: Introduction and first reading, referred to Human Services Finance and Policy. 2021-02-11

Summary: Lowers Medicaid PDF from \$10.48 to \$9.91

Location: US-MN

 Medicaid Pharmac...

 Pharmacy Reimbur...

VA HB 1922

Title: Medical assistance; coverage for reproductive health services.

Current Status: Failed

Introduction Date: 2021-01-10

Last Action Date: House: Left in Labor and Commerce. 2021-02-05

Description: Medical assistance; coverage for reproductive health services. Directs the Board of Medical Assistance Service include in the state plan for medical assistance services a provision for the payment of medical assistance for medically necessary reproductive health care services for eligible individuals and provides that medical benefits required to be provided

individuals eligible for medical assistance under the Family Access to Medical Insurance Security (FAMIS) Plan shall include reproductive health care services for which the payment of medical assistance is required under the state plan for medical assistance. The bill directs the Board of Medical Assistance Services to adopt emergency regulations to implement the provisions of the bill. The bill also requires health benefit plans to cover the costs of specified health care services, drugs, devices, procedures and procedures related to reproductive health. The health benefit plan requirements become effective when a plan is delivered for delivery, reissued, or extended in the Commonwealth on and after January 1, 2022, or at any time thereafter when the term of the health benefit plan is changed or any premium adjustment is made.

Location: US-VA

NJ A 4528 👁 Monitor

Title: Revises certain aspects of the State procurement process and permits auction or reverse auction procedures.

Current Status: Enacted

Introduction Date: 2020-08-10

Last Action Date: Approved P.L.2021, c.4.. 2021-01-29

Summary: Regarding reverse auctions

Location: US-NJ

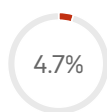
MO HB 14

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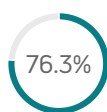
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Location: US-MO

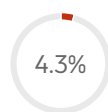
Floor Forecast Scores



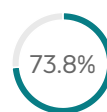
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

VA SB 1416

Title: DMAS; remote patient monitoring, rural and underserved populations.

Current Status: Sine Die - Failed

Introduction Date: 2021-01-13

Last Action Date: Senate: Incorporated by Education and Health (SB1338-Barker) (14-Y 0-N). 2021-01-21

Description: Department of Medical Assistance Services; remote patient monitoring; rural and underserved populations. Amend the State Plan for Medical Assistance Services to require the payment of medical assistance for remote patient monitoring services for rural and underserved populations, with the home as an eligible telemedicine originating site. The bill requires the Department of Medical Assistance Services to prepare and submit to the Centers for Medicare and Medicaid Services an application for such waiver or waivers as may be necessary to implement the provisions of the bill. The bill also requires the Department to report to the Governor and the General Assembly on the status of such application or applications by October 2021. This bill was incorporated into SB 1338.

Location: US-VA

IL HB 1442 🔥 High Priority 👍 Support

Title: Ins Code-Birth Control

Current Status: Failed

Introduction Date: 2019-01-28

Last Action Date: Session Sine Die. 2021-01-13

Summary: This bill changes the definition of the practice of pharmacy to allow a pharmacist to dispense a 12-month supply hormonal contraceptives to a patient pursuant to a standing order. It also requires pharmacists to complete an ACPE-accred training program prior to dispensing under the standing order. This bill requires certain health insurance plans to provide coverage for patient care services provided by a pharmacist for hormonal contraceptives assessment and consultation. It requires the state Medicaid program (both FFS and managed care) to cover these services at a rate of reimbursement of 85% the physician fee schedule.

Description: Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Director of Public Health, if a physician licensed to practice medicine in all its branches in Illinois, shall establish a standing order complete with the issuance of a prescription for a hormonal contraceptive in accordance with the requirements of the provisions. Provides that if the Director is not a physician licensed to practice medicine in all its branches in Illinois, the Medical Director of the Department of Public Health shall establish the standing order. Amends the Illinois Insurance Code. Requires a group or individual policy of accident and health insurance or managed care plan to provide coverage for patient care services provided by a pharmacist. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, and the School Code. Amends the Pharmacy Practice Act. Provides that the definition of "practice of pharmacy" includes the dispensing of hormonal contraceptives pursuant to the standing order under provisions of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Amends the Illinois Public Accountancy Code. Requires the medical assistance program to cover patient care services provided by a pharmacist for hormonal contraceptives assessment and consultation. Effective January 1, 2020.

Location: US-IL



Compensation for ...



Scope of Practice



Birth Control

IL HB 3811

Support

Title: Ins Code-Birth Control

Current Status: Failed

Introduction Date: 2019-03-18

Last Action Date: Session Sine Die. 2021-01-13

Summary: This bill provides that a pharmacist may dispense a 12-month supply of hormonal contraceptives to a patient who is age 17 or older pursuant to a standing order. It also requires a group or individual policy of accident and health insurance or managed care plan to provide coverage for patient care services for hormonal contraceptives provided by a pharmacist.

Description: Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Director of Public Health, if a physician licensed to practice medicine in all its branches in Illinois, shall establish a standing order complete with the issuance of a prescription for a hormonal contraceptive in accordance with the requirements of the provisions. Provides that if the Director is not a physician licensed to practice medicine in all its branches in Illinois, the Medical Director of the Department of Public Health shall establish the standing order. Provides that a pharmacist may dispense a 12-month supply of hormonal contraceptives to a patient who is age 17 or older. Amends the Illinois Insurance Code. Requires a group or individual policy of accident and health insurance or managed care plan to provide coverage for patient care services provided by a pharmacist. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, and the School Code. Amends the Pharmacy Practice Act. Provides that the definition of "practice of pharmacy" includes the dispensing of hormonal contraceptives pursuant to the standing order under provisions of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Amends the Illinois Public Accountancy Code. Requires the medical assistance program to cover patient care services provided by a pharmacist for hormonal contraceptives assessment and consultation for patients who are age 17 or older. Effective January 1, 2020.

Location: US-IL



Compensation for ...



Scope of Practice



Birth Control

IL HB 4394

Title: Abortion-Variou


Current Status: Failed

Introduction Date: 2020-01-29

Last Action Date: Session Sine Die. 2021-01-13

Description: Amends the State Employees Group Insurance Act of 1971, the Illinois Public Aid Code, and the Problem Pregnant Health Services and Care Act. Restores the provisions that were amended by Public Act 100-538 to the form in which they existed before their amendment by Public Act 100-538.

Location: US-IL

 Opioid Regulation

IL HB 4443

Title: Cybersecurity-Information Tech

Current Status: Failed

Introduction Date: 2020-01-31

Last Action Date: Session Sine Die. 2021-01-13

Description: Amends the Freedom of Information Act. Modifies the exemptions from inspection and copying concerning cybersecurity vulnerabilities. Amends the Department of Innovation and Technology Act. Authorizes the Department of Innovation and Technology to accept grants and donations. Creates the Technology, Education, and Cybersecurity Fund as a special fund in the State treasury to be used by the Department of Innovation and Technology to promote and effectuate information technology activities. Requires a local government official or employee to be chosen to act as the primary point of contact for local cybersecurity issues. Amends the Illinois Information Security Improvement Act. Requires the Secretary of Innovation and Technology to establish a cybersecurity liaison program to advise and assist units of local government and school districts concerning specified cybersecurity issues. Provides for cybersecurity training for employees of counties, municipalities, and school districts. Amends the Illinois Procurement Code. Provides that State agencies are prohibited from purchasing products that, due to cybersecurity risks, are prohibited for purchase by federal agencies pursuant to a United States Department of Homeland Security Binding Operational Directive. Amends the State Finance Act to provide for the Technology, Education, and Cybersecurity Fund.

Location: US-IL

 Transparency and ...

IL HB 4789

Title: Ins-Health Care For Veterans

Current Status: Failed

Introduction Date: 2020-02-10

Last Action Date: Session Sine Die. 2021-01-13

Description: Amends the State Employees Group Insurance Act of 1971, the Counties Code, and the Illinois Municipal Code. Provides that the program of health benefits for persons in the service of the State, a self-insuring county, or a self-insuring municipality may not deny a claim from a medical facility operated by the Veterans Health Administration of the U.S. Department of Veterans Affairs on the basis that the medical facility is an out-of-network provider and may not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on a claim from a medical facility operated by the Veterans Health Administration of the U.S. Department of Veterans Affairs unless cost sharing is applied to such a claim from an in-network provider. Amends the Network Adequacy and Transparency Act. Provides that an insurer providing a network plan may not deny a claim from a medical facility operated by the Veterans Health Administration on the basis that the medical facility is a non-preferred provider and may not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on a claim from a medical facility operated by the Veterans Health Administration unless cost sharing is applied to such a claim from a preferred provider. Defines "Veterans Health Administration".

Location: US-IL

IL SB 3543

Title: Medicaid-Mco-Pharmacy Fee

Current Status: Failed


Introduction Date: 2020-02-14

Last Action Date: Session Sine Die. 2021-01-13

Summary: Reimbursement to pharmacy must not be less than the dispensing fees and acquisition costs under the fee-for-service program

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires all Medicaid managed care organizations to reimburse pharmacy provider dispensing fees and acquisition costs at no less than the amounts established under the fee-for-service program whether the Medicaid managed care organization directly reimburses pharmacy providers or contracts with a pharmacy benefit manager to reimburse pharmacy providers. Provides that the reimbursement requirement applies to all pharmacy services for persons receiving benefits under the Code including pharmacy services. Effective immediately.

Location: US-IL

 Medicaid Reimburs...

IL HB 5764

Title: First 2020 General Revisory

Current Status: Failed

Introduction Date: 2020-03-13

Last Action Date: Session Sine Die. 2021-01-13

Description: Creates the First 2020 General Revisory Act. Combines multiple versions of Sections amended by more than one Public Act. Renumbers Sections of various Acts to eliminate duplication. Corrects obsolete cross-references and technical errors. Makes stylistic changes. Effective immediately.

Location: US-IL

IN HB 1141

Title: Transportation for Medicaid presumptive eligible.

Current Status: Sine Die - Failed

Introduction Date: 2021-01-07

Last Action Date: First reading: referred to Committee on Public Health. 2021-01-07

Description: Requires coverage for nonemergency medical transportation of individuals who have been deemed presumptively eligible for Medicaid during the time in which the individual is deemed presumptively eligible for Medicaid. Requires the office of the secretary of family and social services to apply for any Medicaid state plan amendment or waiver necessary to provide the coverage.

Location: US-IN

MA H 3551

Title: An Act to promote transparency and cost control of pharmaceutical drug prices

Current Status: Sine Die - Failed

Introduction Date: 2019-01-22

Last Action Date: No further action taken. 2021-01-05

Description: By Mr. Tosado of Springfield, a petition (accompanied by bill, House, No. 3551) of José F. Tosado and others for legislation to promote transparency and cost control of pharmaceutical drug prices. Elder Affairs.

Location: US-MA

MA H 4134

Title: An Act to improve health care by investing in VALUE

Current Status: Sine Die - Failed

Introduction Date: 2019-10-24

Last Action Date: No further action taken. 2021-01-05

Location: US-MA

MA HD 4712

Title: An Act prohibiting spread pricing

Current Status: Sine Die - Failed

Introduction Date: 2020-01-02

Last Action Date: No further action taken. 2021-01-05

Description: By Mr. Markey of Dartmouth (by request), a petition (subject to Joint Rule 12) of Shane Rose for legislation to p spread pricing of prescription drugs. Financial Services.

Location: US-MA

 Transparency and ...

MA H 2

Title: An Act making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissions, institutions, and certain activities of the commonwealth, for interest, sinking fund, and serial bond requirements, and for cert permanent improvements

Current Status: Sine Die - Failed

Introduction Date: 2020-01-23

Last Action Date: No further action taken. 2021-01-05

Location: US-MA

MA H 5164

Title: An Act making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth, for interest, sinking fund and serial bond requirements and for certa permanent improvements

Current Status: Enacted

Introduction Date: 2020-12-04

Last Action Date: Item 7028-0031 passed over veto - see Roll Call #453 (Yeas 39 to Nays 0). 2021-01-05

Description: The committee of conference on the disagreeing votes of the two branches with reference to the Senate amend of the House Bill making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissio institutions and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements and for certa permanent improvements (House, No. 5151), reports, in part, recommending passage of the accompanying bill (House, No. 5

Location: US-MA

KY HB 117

Title: AN ACT relating to coverage for the mailing or delivery of covered prescription drugs.

Current Status: Sine Die - Failed

Introduction Date: 2021-01-05

Last Action Date: to Committee on Committees (H). 2021-01-05

Description: Create a new section of Subtitle 17A of KRS Chapter 304 to require health benefit plans that provide benefits fc prescription drugs to include coverage for the mailing or delivery of covered prescription drugs to insureds; provide that the coverage shall not be subject to higher copayments, fees, or other cost-sharing requirements; amend KRS 205.522, KRS 205.6485, and KRS 18A.225 to require Medicaid managed care organizations, the Kentucky Children's Health Insurance Prc and the state employee health plan to comply with prescription drug delivery coverage requirements; provide that Sections 4 shall take effect on January 1, 2022; provide that Sections 2 and 3 shall be implemented by the Cabinet for Health and Fai Services or the Department for Medicaid Services on or before January 1, 2022, except when a federal waiver or authorizati deemed necessary.

Location: US-KY

 Mail-order

MA SD 2863

Title: An Act relative to healthcare consumer health options and increased care efficiency

Current Status: Sine Die - Failed

Introduction Date: 2020-03-12

Last Action Date: Ought NOT to pass (under Joint Rule 10) and placed in the Orders of the Day for the next session. 2020-12

Description: By Mr. Tarr, a petition (accompanied by bill, Senate, No. 2776) (subject to Joint Rule 12) of Bruce E. Tarr, Ryan C. Fattman, Patrick M. O'Connor and Dean A. Tran for legislation relative to healthcare consumer health options and increased efficiency. Health Care Financing.

Location: US-MA

MO HB 14

Title: No Title

Current Status: Enacted

Introduction Date: 2020-11-05

Last Action Date: Delivered to Secretary of State (G). 2020-12-11

Location: US-MO

VA HB 526

Title: Reproductive health services; health benefit plans to cover the costs of specified services, etc.

Current Status: Failed

Introduction Date: 2020-01-05

Last Action Date: House: Left in Health, Welfare and Institutions. 2020-12-04

Description: Coverage for reproductive health services. Requires health benefit plans to cover the costs of specified health services, drugs, devices, products, and procedures related to reproductive health, including (i) well-woman preventive visits counseling for sexually transmitted infections; (iii) screening for certain conditions; (iv) folic acid supplements; (v) breastfeeding support, counseling, and supplies; (vi) breast cancer chemoprevention counseling; (vii) contraceptive drugs, devices, or products; (viii) voluntary sterilization; and (ix) any additional preventive services for women that must be covered without cost sharing under federal law as of January 1, 2019. The mandated coverage does not include abortion services other than when performed when the life of the mother is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself, or when the pregnancy is the result of an alleged act of rape or incest. The measure provides an exemption for plans sold to religious employers. Carriers are prohibited from excluding a covered person from participating in, being denied the benefits of, or otherwise being subjected to discrimination in the coverage or payment for reproductive health services, and a violation constitutes an unfair trade practice. The health benefit plan requirements become effective when a plan is delivered, issued for delivery, reissued, or extended in the Commonwealth or after January 1, 2021, or at any time thereafter when any term of the health benefit plan is changed or any premium adjustment is made.

Location: US-VA

OH HB 482

Title: Prohibit pharmacy benefit managers acting on certain reimbursements

Current Status: Sine Die - Failed

Introduction Date: 2020-01-27

Last Action Date: Reported - Substitute Health. 2020-12-02

Description: To amend sections 5164.751 and 5167.01 and to enact sections 3902.50, 3902.51, 4729.49, and 5167.123 of the Revised Code to prohibit a pharmacy benefit manager from taking certain actions with respect to reimbursements made to care providers that participate in the federal 340B Drug Pricing Program.

Location: US-OH

CA SB 102

Title: Public health omnibus.

Current Status: Sine Die - Failed

Introduction Date: 2019-01-10

Last Action Date: From Assembly without further action.. 2020-11-30

Description: SB 102, as amended, Committee on Budget and Fiscal Review. Public health omnibus. (1) Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacts various health care coverage market reforms that took effect on January 1, 2014. Among other things, PPACA requires each state to establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers. Existing state law establishes the California Health Benefit Exchange (the Exchange) within state government, known as Covered California, specifies the powers and duties of the board governing the Exchange, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. Existing law prohibits a member of the board from being employed by, or acting as a consultant to, a member of the board of directors of, affiliated with, or otherwise a representative of, a carrier or other insurance agent or broker, a health care provider, or a health care facility or health clinic while serving on the board or on the staff of the Exchange and from receiving compensation for service on the board, except as specified. This bill would create an exception to that prohibition by authorizing a member of the board or of the staff of the Exchange to perform volunteer services under specified conditions, including that the member or staff does not receive compensation, as described, for rendering services and does not have an ownership interest in the entity, facility, clinic, or provider group. (2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law, the Information Practices Act of 1977, regulates the collection and disclosure of personal information regarding individuals by state agencies, except as specified. Under existing law, a person who willfully requests or obtains a record containing personal information from an agency under false pretenses or a person who intentionally discloses medical, psychiatric, or psychological information held by an agency is guilty of a misdemeanor. Existing law states the intent of the Legislature to establish the Health Care Cost Transparency Database to collect information on the cost of health care, and requires the Office of Statewide Health Planning and Development to convene a review committee to advise the office on the establishment and implementation of the database. Existing law requires, subject to appropriation, the office to establish, implement, and administer the database by July 1, 2023. Existing law requires certain health care entities, including a health care service plan, to provide specified information to the office for collection in the database. This bill would delete those provisions relative to the Health Care Cost Transparency Database and would instead require the office to establish the Health Care Payments Data Program to implement and administer the Health Care Payments Data System, which would include health care data submitted by health care service plans, health insurers, a city or county that offers self-insured or multiemployer-insured plans, and other specified mandatory and voluntary submitters. The bill would require the Department of Managed Health Care and the Department of Insurance to take appropriate action to bring a plan or insurer into compliance if the office notifies the appropriate department of a plan or insurer's failure to submit required data. Because a willful violation of these provisions by a health care service plan would be a crime, and because a city or county that offers self-insured or multiemployer-insured plans would be required to submit health care data to the office, the bill would impose a state-mandated local program. The bill would exempt multiple employer welfare arrangements, as defined, that are regulated pursuant to specified provisions of the Insurance Code from these requirements. The bill would also make a health insurer that fails to comply with the data submission requirements subject to certain civil penalties, as specified. This bill would require the office to use the above-described data to produce publicly available information, including data products, summaries, analyses, studies, and other reports, to support efforts that include improving public health, reducing disparities, and reducing health care costs. The bill would also require the office to submit a report to the Legislature, on or before March 1, 2024, that includes, among other things, claims data reported by mandatory and voluntary submitters. The bill would protect the confidentiality of personally identifiable data submitted to the system and would exempt it from disclosure, but would authorize controlled access to that nonpublic data by outside data analysts, researchers, and other qualified applicants if the data and requesters meet specified criteria. The bill would require any person accessing nonpublic data to sign a data use agreement subject to the penalties of the Information Practices Act of 1977. Because a willful violation of a data use agreement would be a crime, the bill would impose a state-mandated local program. The bill would authorize the office to establish pricing mechanisms for data products, custom reports, and the use of nonpublic data.

and would require revenues from those activities to be deposited into the Health Care Payments Data Fund, for use by the c upon appropriation by the Legislature. The bill would require the office to establish a Health Care Payments Data Program advisory committee with specified membership to assist and advise the director of the office in formulating program policies regarding data collection, management, use, and access, and development of public information to meet the goals of the pr The bill would also require the office to establish a data release committee with specified membership to make recommend about applications seeking either program data with direct personal identifiers or the transmission of standardized datasets except for data requests from other state agencies.(3) Existing law establishes the State Department of Public Health within California Health and Human Services Agency.Existing law authorizes the Director of Public Health to establish and admini program within the department's Office of AIDS to subsidize certain costs of medications for the prevention of human immunodeficiency virus (HIV) infection and other related medical services to residents of California who are at least 18 year age, who are HIV negative, and who meet specified other requirements. Existing law also authorizes the program to subsidi without regard to eligibility and for the prevention of HIV infection, up to 14 days of pre-exposure prophylaxis (PrEP) and po exposure prophylaxis (PEP) medications and up to 28 days of PEP medications for a victim of sexual assault.This bill instead would authorize the program to subsidize up to 30 days of PrEP and PEP medications for the prevention of HIV infection, wi regard to whether the person was a victim of sexual assault.Existing law requires, to the extent that funds are appropriated these purposes, the State Public Health Officer to establish a program to provide drug treatments to persons infected with I Existing law requires the department to establish uniform standards of financial eligibility for the drugs under the program. Existing law requires the department to disclose to the Franchise Tax Board identifying information regarding an applicant f recipient of, services under the program for the purpose of verifying the accuracy of the applicant's or recipient's adjusted g income reported on the application for the program, and requires the Franchise Tax Board to inform the department of the applicant's federal and state adjusted gross income and other specified income. Existing law also makes this information a confidential public record, as defined. Existing law makes a person who willfully, maliciously, or negligently discloses the c of a confidential public health record to a third party, except pursuant to a written authorization, or as otherwise authorized law, that results in economic, bodily, or psychological harm to the person whose confidential public health record was discl guilty of a misdemeanor, punishable by imprisonment in a county jail for a period not to exceed one year, or a fine not to exc \$25,000, or both.This bill would require the department to verify, and the Franchise Tax Board to report to the department, I modified adjusted gross income, rather than the adjusted gross income, of the applicant or recipient. The bill would also req the Franchise Tax Board to inform the department of income received by the taxpayer household and the family size of the taxpayer household. By expanding the scope of the information contained in a confidential public record, the bill would exp the scope of a crime, thereby imposing a state-mandated local program.Existing law requires the department to develop an review plans and participate in a program for the prevention and control of sexually transmitted diseases. Existing law requ the department, contingent upon appropriation in the annual Budget Act, to allocate grants to local health jurisdictions for sexually transmitted disease, HIV, and hepatitis C virus control and prevention activities. Existing law suspends those progr as of December 31, 2021, unless projected General Fund revenues exceed the projected annual General Fund expenditures i 2021-22 and 2022-23 fiscal years by a specified amount.This bill would repeal the contingent suspension of those program (4) Existing law requires the department to implement and administer a residential lead-based paint hazard reduction progr Existing law requires specified persons engaged in lead construction work to have a certificate issued by the department. E: law authorizes the department to establish fees for accreditation, certification, and licensing in connection with the program deposit in the Lead-Related Construction Fund. Moneys in the fund are available upon appropriation. Existing law requires I department to prepare a report, as specified, by February 1 of any year in which the department raises or establishes new o additional fees, including the fees described above, to make that report and the list of fees available to the Budget Committe the Legislature, and to post the report and the list of fees on the department's internet website. Existing law, the Administra Procedure Act, sets forth the requirements for the adoption, publication, review, and implementation of regulations by state agencies, and for review of those regulatory actions by the Office of Administrative Law.This bill would make those adjustm and modifications of fees and the publication of the final fee list exempt from the Administrative Procedure Act, and would ir only require that the revised list of fees be filed with the Secretary of State and printed in the California Code of Regulations (5) Existing federal law, the Patient Protection and Affordable Care Act (PPACA), establishes annual limits on health care deductibles and defines bronze, silver, gold, and platinum levels of coverage for the nongrandfathered individual and small markets. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and the regulation of health insurers by the Department of Insurance. Existing law authorizes the actuarial val a nongrandfathered bronze level high deductible health plan or health insurance policy to range from plus 4% to minus 2% bill would instead authorize the actuarial value for a nongrandfathered bronze level health plan or health insurance policy t either covers and pays for at least one major service, other than preventive services, before the deductible or meets the requirements to be a high deductible health plan to range from plus 5% to minus 2%.(6) Existing law provides for the Medi- program, which is administered by the State Department of Health Care Services, under which qualified low-income individ receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provision:

purposes of administering the Medi-Cal program, existing law vests the Director of Health Care Services with those powers and duties necessary to conform to requirements for securing federal approval of a state plan. Existing federal law authorizes the Secretary of California Health and Human Services to waive provisions of federal Medicaid law under specified circumstances including when the secretary finds that the waiver would be cost effective and efficient. Existing state law requires the department to seek a variety of waivers of federal law, such as the Medi-Cal 2020 Demonstration Project, which is scheduled to expire on December 31, 2020. Pursuant to existing law, the President, under the National Emergencies Act, and the Governor, under the California Emergency Services Act, declared a national emergency and a state of emergency, respectively, in response to the novel coronavirus, known as COVID-19. For the duration of the COVID-19 emergency period, this bill would require the department to implement any federal Medicaid program waiver or flexibility approved by the federal Centers for Medicare & Medicaid Services related to that emergency and to exercise its option under prescribed law to extend medical assistance to uninsured individuals, as specified, for the duration of that emergency period. The bill would authorize the department to extend medical assistance afforded to uninsured individuals to include COVID-19-related treatment services that are otherwise covered for full-scope Medi-Cal beneficiaries, and, if federal financial participation is unavailable, would authorize the department to implement that provision on a state-only funding basis, subject to an appropriation by the Legislature. The bill would require the department to maximize federal financial participation for Medi-Cal expenditures for the COVID-19 public health emergency to comply with any federal requirements and conditions for receipt of that federal financial participation, and, subject to Department of Finance approval, to seek any federal approvals to implement those provisions or to maintain sufficient access to covered Medi-Cal benefits during this emergency period. Due to the impact of the COVID-19 public health emergency on the Medi-Cal program, this bill would authorize the department to seek federal approvals for temporary extensions of the Medi-Cal 2020 Demonstration Project, and would require the department to consult with affected stakeholder entities before seeking an extension. Existing law provides for the suspension of Medi-Cal benefits to an inmate of a public institution, and requires county welfare departments to notify the department within 10 days of receiving information that an individual who is receiving Medi-Cal is or will be an inmate of a public institution. Existing law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits. Existing federal law, the SUPPORT for Patients and Communities Act, prohibits a state from terminating Medi-Cal eligibility for an eligible juvenile if they are an inmate of a public institution, authorizes the suspension of Medicaid benefits to that eligible juvenile, and requires a state to conduct a redetermination of Medicaid eligibility or process an application for medical assistance under the Medicaid program for an eligible juvenile who is an inmate of a public institution. This bill would conform the suspension of benefits for juveniles, as defined, under state law with those federal provisions. The bill would require the department, in consultation with stakeholders including the County Welfare Directors Association of California, to develop and implement a redetermination of eligibility, to the extent required by federal law, for juveniles, as defined, whose eligibility is suspended. Because counties are required to make Medi-Cal eligibility determinations, and the bill would expand Medi-Cal determinations of eligibility for eligible juveniles of public institutions, the bill would impose a state-mandated local program. Existing law requires the Director of Health Care Services to annually review the reimbursement levels for physician and dental services under the Medi-Cal program, and to periodically revise the rates of reimbursement to physicians and dentists to ensure the reasonable access of Medi-Cal beneficiaries to physician and dental services. Existing law requires that the annual review, as it relates to rates for physician services, take into account specified factors, including physician reimbursement levels set forth by Blue Shield of California and other third-party payers, and procedures reflected by the current Relative Value Studies (RVS). This bill would instead require the director to periodically review those reimbursement levels under the Medi-Cal fee-for-service delivery system, and to periodically revise those rates to the extent they deem necessary to comply with federal Medicaid program requirements on reasonable access to those services for Medi-Cal beneficiaries. The bill would limit the periodic review, as it relates to physician services, to the requirements specified in the department's federally approved access monitoring plan, or any successor methodology for monitoring reasonable access to Medi-Cal services, and to take into account specified factors. The bill would delete the above specified factors regarding Blue Shield, third-party payers, and RVS. Existing law establishes the Drug Medi-Cal Treatment Program (Drug Medi-Cal), under which the department is authorized to enter into contracts with each county, or enter into contracts directly with certified providers, for the provision of alcohol and drug use treatment services, including substance use disorder services, narcotic treatment program services, and naltrexone services, to Medi-Cal beneficiaries. Existing federal law requires, from October 1, 2020, to September 30, 2025, inclusive, medication-assisted treatment, as defined, to be a covered health care service under a state Medicaid program. This bill would, subject to federal approval and the availability of federal financial participation, expand narcotic treatment program services to include medication-assisted treatment under Drug Medi-Cal, and would make conforming changes. The bill would authorize the department to implement provisions on services, reimbursement, and audits related to Drug Medi-Cal by various means, including bulletins, and would require the department to, on or before July 1, 2023, to subsequently adopt regulations. Existing law requires the department to establish a 3-year pilot program in specified counties to provide medically tailored meals, as defined, to Medi-Cal participants with specified health conditions, including cancer and renal disease. Existing law requires the department to evaluate, at the conclusion of the program, the impact

pilot program on specified matters related to participants, including hospital readmission and emergency room utilization rates and to send, on or before January 1, 2021, or within 12 months after the end of the program, a report on the evaluation to the Legislature. Existing law makes these provisions inoperative on the earlier of January 1, 2021, or 6 months following the end of the program. This bill would extend the duration of the pilot program to 4 years, delete the January 1, 2021, due date for the report and make related, conforming, and technical changes. The bill would also make these provisions inoperative on the earlier of the date the department submits its report to the Legislature or 12 months after the end of the program. Existing law, until July 1, 2021, and only to the extent that federal participation is available, requires the department to establish and administer the Medi-Cal Electronic Health Records Incentive Program to provide federal incentive payments to Medi-Cal providers for the implementation and use of electronic health records systems. This bill would recast that program as the Medi-Cal Promoting Interoperability Program and would extend its operation until January 1, 2024.(7) Existing law establishes the State Department of State Hospitals within the California Health and Human Services Agency and provides the department with jurisdiction over specified facilities for the care and treatment of persons with mental health disorders. Existing law requires the Director of State Hospitals to appoint and define the duties of specified officers, including the clinical director and hospital administrator of each state hospital. Existing law requires a hospital administrator to be a college graduate, as specified. Existing law authorizes, until September 2020, the State Department of State Hospitals to house up to 1,530 patients at Patton State Hospital. This bill would, among other things, eliminate the clinical director position and instead require the Governor, upon the recommendation of the Director of State Hospitals, to appoint one medical director for the department and one medical director for each state hospital. The bill would include any other hospital employee appointed and deemed by the Director of State Hospitals to be an office administrator would require a hospital administrator to be selected based on their overall knowledge of the hospital and the operation of administrative, business, and life-support functions. This bill would extend the date the State Department of State Hospitals house up to 1,530 patients at Patton State Hospital to September 2030.(8) Existing law authorizes the Department of Health Services to enter into contracts with drug manufacturers, based on the manufacturer's best price for purposes of the Medi-Cal program, under which qualified low-income individuals receive health care services. Under existing law, "best price" is defined to mean the negotiated price, or the manufacturer's lowest available price, to any specified entity within the United States. This bill instead defines "best price" to mean the negotiated price for any specified entity, including entities both within and outside the United States. Existing law authorizes the department, among other things, to enter into contracts with certain drug manufacturers that provide for state rebates for drugs covered under the Medi-Cal program. Under existing law, the department is entitled to various drug rebates, including federal rebates in accordance with certain conditions. This bill authorizes the department, upon approval by the Department of Finance, to seek the necessary federal approvals to establish and administer a drug rebate program to collect rebate payments from drug manufacturers for drugs furnished to selected populations of California residents who are ineligible for full-scope Medi-Cal.(9) Existing law limits prescribed drugs under the Medi-Cal program to not more than 6 drugs per month, unless prior authorization is obtained, and except under specified circumstances. This bill repeals that provision.(10) Existing law requires Medi-Cal beneficiaries to make set copayments for specified services, including a \$1 copayment for a drug prescription or refill, and prohibits the department from reducing the provider reimbursement as a result of the copayment. This bill would repeal the copayment requirement for a drug prescription or refill.(11) Existing law governs the licensing of clinics, excluding, among others, a clinic operated by a city or county or conducted, or maintained as an outpatient department of a hospital. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law requires the United States Secretary of Health and Human Services to enter into an agreement with each manufacturer of covered drugs that are not subject to a rebate under an agreement between the state Medicaid program and the manufacturer under which the amount required to be paid to the manufacturer for covered drugs purchased by a covered entity does not exceed an amount equal to the average manufacturer price for the drug under the federal Medicaid program in the preceding calendar quarter, reduced by the rebate received pursuant to the Medicaid agreement. This program is commonly referred to as the 340B Drug Pricing program or 340B program. This bill would require the State Department of Health Care Services, subject to an appropriation by the Legislature, to establish, implement, and maintain a supplemental payment pool for nonhospital 340B community clinics, which include licensed clinics and clinics operated by a city, county, city and county, or hospital authority as specified. The bill would require the department, beginning January 1, 2021, to make available fee-for-service-based supplemental payments from the pool, subject to an appropriation by the Legislature. The bill would require the department, on or before July 15, 2020, to establish a stakeholder process to develop and implement the methodology for distribution of supplemental pool payments to qualifying nonhospital 340B community clinics, which would be finalized no later than October 1, 2020. The bill would require the department to implement these provisions only to the extent that any necessary federal approvals have been obtained, and federal financial participation is available and is not otherwise jeopardized.(12) The federal Medicaid program prohibits payment to a state for medical assistance furnished to a person who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Existing law extends eligibility for full-scope Medi-Cal benefits to individuals under 25 years of age who are otherwise eligible for those benefits but for their

immigration status. Existing law requires the department to claim federal financial participation to the extent that the department determines it is available, and requires the department to use state funds to the extent that federal financial participation is available, to implement full-scope Medi-Cal for those who are otherwise eligible but for their immigration status. This bill would provide that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, as specified, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing three fiscal years that exceeds the cost of providing those individuals full scope Medi-Cal benefits.(13) Under existing law, health care services are provided under the Medi-Cal program pursuant to a schedule of benefits, and those benefits are provided to beneficiaries through various health care delivery systems including fee-for-service and managed care. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with Medi-Cal managed care plans. Existing law requires the department to pay capitation rates to health plans participating in the Medi-Cal managed care program using actuarial methods and authorizes the department to establish health-plan and county-specific rates, as specified. Pursuant to existing law, the President, under the National Emergencies Act, and the Governor, under the California Emergency Services Act, declared a national emergency and a state of emergency, respectively, in response to the novel coronavirus, known as COVID-19. To account for the impacts of the COVID-19 public health emergency on Medi-Cal managed care capitation rates, this bill would require the department to develop and pay capitation rates and capitation rate increments for Medi-Cal managed care plan contracts, including developing and implementing a risk corridor. The bill would require the department to reduce applicable capitation increments by up to 1.5% for capitation rates associated with the period of July 1, 2019, to December 31, 2020, inclusive, and apply this reduction to rating periods starting on or after January 1, 2021, as prescribed. The bill would require the department to evaluate the impact of the COVID-19 public health emergency on capitation rates, and to make any adjustments to ensure capitation rates are actuarially appropriate. This bill would authorize the department, in consultation with the Department of Finance, to modify the prescribed payment methodologies and related requirements or modify any application of those provisions to Medi-Cal managed care plans, certain capitation rate increments, certain Medi-Cal managed care enrollee categories and subcategories of aid, or certain categories or subcategories of medical assistance provided under those contracts if the department determines the modification is necessary to meet federal requirements, to obtain or maintain federal approval or to maximize federal financial participation.(14) Existing law, the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016, or Proposition 56, which was approved by voters at the November 8, 2016, statewide general election, increases taxes imposed on distributors of cigarettes and tobacco products and allocates a specified percentage of those revenues to the department to increase funding for the Medi-Cal program, in a manner that, among other things, ensures timely access, limits specific geographic shortages of services, or ensures quality care. Existing law establishes the Healthcare Treatment Fund for this purpose. Existing law requires the Department of Health Care Services to develop, using moneys appropriated in the Budget Act for this purpose from the Healthcare Treatment Fund, value-based payment (VBP) programs that require designated Medi-Cal managed care plans to make incentive payments to qualified network providers in behavioral health integration, prenatal and postpartum care, and chronic disease management for specified purposes and to implement the VBP programs for a period shorter than 3 fiscal years, as specified. Existing law requires these payments to be suspended on December 31, 2021. This bill would suspend the authority for the State Department of Health Care Services to make value-based payments pursuant to the act after July 1, 2021, unless one of two specified conditions applies.(15) This bill would reappropriate \$1,430,000 to support the Medically Tailored Meals Pilot Program, as specified.(16) The bill would provide that its provisions are severable.(17) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason. With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.(18) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect.(19) This bill would declare that it is to take effect immediately.

Location: US-CA

CA AB 1131

Title: Medi-Cal: comprehensive medication management.

Current Status: Sine Die - Failed

Introduction Date: 2019-02-21

Last Action Date: From Senate committee without further action.. 2020-11-30

Description: AB 1131, as amended, Gloria. Medi-Cal: comprehensive medication management. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, which includes outpatient prescription drugs, subject to utilization controls and the Medi-Cal list of contract drugs. This bill would provide that comprehensive medication management (CMM) services, as defined, are covered under the Medi-Cal program, and would require CMM services to include, among other specified functions, the development of a care plan in collaboration with the beneficiary and the beneficiary's health care providers to address identified medication therapy problems. The bill would require CMM services offered to a beneficiary who is referred by a physician and surgeon as having a medical condition that could benefit from the provision of CMM services and who meets one or more of specified criteria, including being prescribed 8 or more prescription drugs or biologics, collectively by multiple prescribers, to treat or prevent 2 or more chronic medical conditions. The bill would require the department to establish reimbursement rates and rate billing codes for CMM services provided by a licensed pharmacist. The bill would require a pharmacist who initiates, adjusts, or discontinues medication in the course of providing services to do so pursuant to established policies, procedures, or protocols described in existing provisions regulating pharmacists.

Location: US-CA

CA AB 1917

Title: Budget Act of 2020.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-10

Last Action Date: From committee without further action.. 2020-11-30

Description: AB 1917, as introduced, Ting. Budget Act of 2020. This bill would make appropriations for the support of state government for the 2020–21 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

Location: US-CA

CA SB 808

Title: Budget Act of 2020.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-10

Last Action Date: From committee without further action.. 2020-11-30

Description: SB 808, as amended, Mitchell. Budget Act of 2020. This bill would make appropriations for the support of state government for the 2020–21 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

Location: US-CA

CA AB 2144

Title: Health care coverage: step therapy.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-10

Last Action Date: From committee without further action.. 2020-11-30

Description: AB 2144, as amended, Arambula. Health care coverage: step therapy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurance by the Department of Insurance. Existing law authorizes a health insurer to require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition, and authorizes a health care service plan to utilize step therapy consistent with Knox-Keene. Under existing law, if a health care service plan, health insurer, or contracted physician group fails to respond to a completed prior authorization request from a prescribing provider within a specified timeframe, the prior authorization request is deemed to have been granted. This bill would clarify that a health care service plan may require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition. The bill would require a health

care service plan or health insurer to expeditiously grant a step therapy exception if specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals. The bill would require a health care service plan, health insurer, utilization review organization to annually report specified information about their step therapy exception requests and prior authorization requests to the Department of Managed Health Care or the Department of Insurance, as appropriate. The bill would require a prior authorization request or step therapy exception request to be deemed to have been granted if a health care service plan, health insurer, or contracted physician group fails to send an approval or denial within a specified timeframe. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Location: US-CA

CA AB 2983

Title: Pharmacies: automatic refills.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-21

Last Action Date: From Senate committee without further action.. 2020-11-30

Description: AB 2983, as amended, Holden. Pharmacies: automatic refills. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy, and makes a willful violation of those provisions a misdemeanor. Existing law prohibits a prescription for any dangerous drug or dangerous device to be refilled except upon authorization of the prescriber. This bill would, commencing January 1, 2022, prohibit a pharmacy from using an automated computer system to contact a prescriber to authorize a prescription for any dangerous drug or device to be refilled for more than a 30-day supply unless the prescriber or patient has authorized the pharmacy to do so. The bill would prohibit a pharmacy from requesting more than the number of refills authorized in the original prescription. The bill would exempt certain pharmacies owned or operated by a nonprofit health care service plan, as specified, and "correctional pharmacies" as defined in existing law. Because the bill would expand the scope of a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Location: US-CA

DC B 23-0971

Title: Modifications to Exercise Option Year Four (4) of Contract No. CW46185 with Ramsell Corporation Approval and Payment Authorization Emergency Act of 2020

Current Status: Enacted

Introduction Date: 2020-10-07

Last Action Date: Act A23-0481 Published in DC Register Vol 67 and Page 13856, Expires on Feb 13, 2021. 2020-11-27

Location: US-DC

PA HB 941

Title: An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in public assistance, further providing for medical assistance pharmacy services and providing for prescription drug pricing study.

Current Status: Enacted

Introduction Date: 2019-06-11

Last Action Date: Approved by the Governor. 2020-11-25

Summary: Addresses the inclusion of any willing provider, patient steering, pharmacy PBM contract no-nos

Location: US-PA

MA S 2955

Title: An Act making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissions, institutions and certain activities...

Current Status: Sine Die - Failed

Introduction Date: 2020-11-23

Last Action Date: See H5151. 2020-11-23

Description: Senate, November 18, 2020 – Text of the Senate amendment to the House Bill making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth for interest, sinking fund and serial bond requirements and for certain permanent improvements (House, No. 5151) (being the bill of Senate, No. 4, printed as amended).

Location: US-MA

NJ A 5029

Title: "New Jersey Public Option Health Care Act."

Current Status: Sine Die - Failed

Introduction Date: 2020-11-19

Last Action Date: Introduced, Referred to Assembly Financial Institutions and Insurance Committee. 2020-11-19

Location: US-NJ

MA S 4

Title: An Act making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissions, institutions and certain activities...

Current Status: Sine Die - Failed

Introduction Date: 2020-11-16

Last Action Date: See H5151. 2020-11-18

Description: The Committee on Ways and Means, to whom was committed the House Bill making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissions, institutions and certain activities of the Commonwealth for interest, sinking fund and serial bond requirements and for certain permanent improvements (House, No. 5151), reports recommending that the same ought to pass, with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 4.

Location: US-MA

OH HB 779

Title: Regards pharmacy benefit managers

Current Status: Sine Die - Failed

Introduction Date: 2020-10-26

Last Action Date: Refer to Committee Health. 2020-11-17

Description: To amend sections 3959.01, 3959.04, 3959.05, 3959.11, 3959.12, 3959.15, 3959.16, and 3959.20 and to enact sections 3959.21 of the Revised Code regarding pharmacy benefit managers.

Location: US-OH

MA H 5150

Title: An Act making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements

Current Status: Sine Die - Failed

Introduction Date: 2020-11-05

Last Action Date: See H5151. 2020-11-12

Location: US-MA

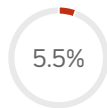
MO HB 2011

Title: APPROPRIATIONS BILL

Current Status: Status Currently Unavailable

Location: US-MO

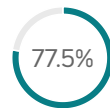
Floor Forecast Scores



House
Pre-Floor Score

N/A

House
Floor Score



Senate
Pre-Floor Score

N/A

Senate
Floor Score

VA SB 5080

Title: Telemedicine services; originating site.

Current Status: Enacted

Introduction Date: 2020-08-17

Last Action Date: Governor: Acts of Assembly Chapter text (CHAP0053). 2020-11-09

Description: Telemedicine services; originating site. Directs the Board of Medical Assistance Services to amend the state plan for medical assistance services to provide for payment of medical assistance for medically necessary health care services provided through telemedicine services, regardless of the originating site or whether the patient is accompanied by a health care provider at the time such services are provided. "Originating site" is defined in the bill as any location where the patient is located, including any medical care facility or office of a health care provider, the home of the patient, the patient's place of employment or any public or private primary or secondary school or postsecondary institution of higher education at which the person to whom services are provided is located. The bill also requires each (i) insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; (ii) health maintenance organization providing individual or group accident and sickness subscription contracts; and (iii) health maintenance organization providing a health care plan for health care services to provide coverage for telemedicine services regardless of the originating site and whether the patient is accompanied by a health care provider at the time such services are provided. The bill also provides that no health care provider who provides health care services via telemedicine services shall be required to use proprietary technology or applications to be reimbursed for providing telemedicine services, and requires the Department of Medical Assistance Services to continue to reimburse health care providers for Medicaid-covered services delivered via audio-only equipment and by telemedicine services until July 1, 2021. This bill incorporates SB 5087 and is identical to HB 5046.

Location: US-VA

VA HB 5046

Title: Telemedicine services; originating site.

Current Status: Enacted

Introduction Date: 2020-08-17

Last Action Date: Governor: Acts of Assembly Chapter text (CHAP0044). 2020-11-09

Description: Telemedicine services; originating site. Directs the Board of Medical Assistance Services to amend the state plan for medical assistance services to provide for payment of medical assistance for medically necessary health care services provided through telemedicine services, regardless of the originating site or whether the patient is accompanied by a health care provider at the time such services are provided. "Originating site" is defined in the bill as any location where the patient is located, including any medical care facility or office of a health care provider, the home of the patient, the patient's place of employment or any public or private primary or secondary school or postsecondary institution of higher education at which the person to whom services are provided is located. The bill also requires each (i) insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis;

corporation providing individual or group accident and sickness subscription contracts; and (iii) health maintenance organization providing a health care plan for health care services to provide coverage for telemedicine services regardless of the original site and whether the patient is accompanied by a health care provider at the time such services are provided. The bill also provides that no health care provider who provides health care services via telemedicine services shall be required to use proprietary technology or applications to be reimbursed for providing telemedicine services, and requires the Department of Medical Assistance Services to continue to reimburse health care providers for Medicaid-covered services delivered via audio only equipment and by telemedicine services until July 1, 2021. This bill is identical to SB 5080.

Location: US-VA

MA HD 2

Title: An Act making appropriations for the fiscal year 2021 for the maintenance of the departments, boards, commissions, institutions, and certain activities of the commonwealth, for interest, sinking fund, and serial bond requirements, and for certain permanent improvements

Current Status: Sine Die - Failed

Introduction Date: 2020-01-23

Last Action Date: Reported, in part, H5150. 2020-11-05

Location: US-MA

NJ S 2838

Title: Revises certain aspects of the State procurement process and permits auction or reverse auction procedures.

Current Status: Sine Die - Failed

Introduction Date: 2020-08-17

Last Action Date: Substituted by A4528 (1R). 2020-10-29

Location: US-NJ

 Reverse auction

NYS 7245

Title: Relates to contracted network pharmacy use

Current Status: Sine Die - Failed


Introduction Date: 2020-01-14

Last Action Date: PRINT NUMBER 7245A. 2020-10-16

Summary: In relation to compounding: Amends the workers' compensation law relating to contract pharmacy use. Amendment allows a claimant to obtain prescribed medicines at the pharmacy or pharmacies of their choice so long as the medications related to the claimant's work injury. The requirement, however, does not apply to resident, in-state pharmacies that are contracted with the network pharmacy that the employer or carrier designates as their preferred network pharmacy. It also does not apply to non-resident, out-of-state pharmacies and compounded medications prescribed. Allows the employer or carrier to deny any charges that originate from non-resident, out-of-state pharmacies and deny charges for non-FDA approved extemporaneous compound medications. <https://s3.amazonaws.com/fn-document-service/file-by-sha384/dfec2542d8babfc042b5cb55e930298d6f81211aad6228f4963b940c5fd7cb4cccab7078aa674ce62beb227ea586>

Description: Relates to contracted network pharmacy use.

Location: US-NY

 Provider networks

MA HD 5317

Title: A report of the Secretary of the Commonwealth (under Section 6A(e) of Chapter 66 of the General Laws) submitting an annual report relative to public records requests received by agencies in the calendar year 2019

Current Status: Sine Die - Failed
Introduction Date: 2020-10-08
Last Action Date: Placed on file. 2020-10-08
Location: US-MA

MI HB 5396

Title: Appropriations: omnibus; appropriations for fiscal year 2020-2021; provide for. Creates appropriation act.
Current Status: Enacted
Introduction Date: 2020-01-23
Last Action Date: assigned PA 166'20 with immediate effect. 2020-09-30
Location: US-MI

CA AB 2100

Title: Medi-Cal: pharmacy benefits.

Current Status: Vetoed

Introduction Date: 2020-02-05

Last Action Date: Vetoed by Governor.. 2020-09-29

Description: AB 2100, Wood. Medi-Cal: pharmacy benefits. (1) Existing law establishes the Medi-Cal program, administered State Department of Health Care Services and under which health care services are provided to qualified low-income persons pursuant to a schedule of benefits, which includes pharmacy benefits, through various health care delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with a managed care plan. Existing law generally requires Medi-Cal managed care plan contractors to be licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975. The Knox-Keene Health Care Service Plan Act provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Under this act, a health care service plan is required to provide an external, independent review process, which meets prescribed standards, to examine the plan's coverage decisions on experimental or investigational therapies for an enrollee who meets specified criteria, including that the enrollee was denied coverage by the plan for a drug, device, procedure, or other therapy recommended or requested. Existing law requires the Department of Managed Health Care to establish the Independent Medical Review System, which generally serves to address grievances involving disputed health care services. By executive order, the Governor directed the department to transition pharmacy services for Medi-Cal managed care to a fee-for-service benefit by January 1, 2021. Existing law requires the department to convene an advisory group to receive feedback on the changes, modifications, and operational timeframes on the implementation of pharmacy benefits offered in the Medi-Cal program, and to provide regular updates on the pharmacy transition, including a description of changes in the division of responsibilities between the department and managed care plans relating to the transition of the outpatient pharmacy benefit from fee-for-service. This bill would require the department to establish the Independent Prescription Drug Medical Review System (IPDMRS), commencing on January 1, 2021, which generally models the above-described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary grievance involving a disputed health care service is eligible for review under the IPDMRS, and would define "disputed health care service" as any outpatient prescription drug or service for coverage and payment by the Medi-Cal program that has been denied, modified, or delayed by a decision of the department or by one of its contracting fiscal intermediaries for the administration of the prescription drug benefit if that entity makes a decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information from the IPDMRS to be included in specified material, including the "my Medi-Cal: How to Get the Health Care You Need" publication on the department's internet website, and various documents prepared by Medi-Cal managed care plans, including plan member handbooks, beneficiary evidence coverage forms, and letters of denial or notice of adverse benefits. The bill would authorize a beneficiary to apply to the department for an Independent Prescription Drug Medical Review (IPDMR) of a decision involving a disputed health care service within 6 months of receipt of the notice of adverse action, and would prohibit a beneficiary from paying any application or processing fee. The bill would require the department to provide a beneficiary with an application and an addressed envelope, which the beneficiary may return to initiate an IPDMR, as part of the department's notification to the beneficiary on a disposition of the beneficiary's grievance involving a disputed health care service, and would require the notification to include specified information, such as a statement indicating the beneficiary's consent to obtain necessary medical records from the Medi-Cal managed care plan and the beneficiary's providers. Upon notice from the department that the beneficiary has

applied for an IPDMR, the bill would require the department and its contracting fiscal intermediaries for the administration of the prescription drug benefit to provide to the IPDMR organization designated by the department specified information, including a copy of any outpatient drugs dispensed to the Medi-Cal beneficiary, for purposes of the IPDMR organization's evaluation of the request. This bill would require the department to contract with one or more IPDMR organizations to conduct IPDMRs, and to require those organizations to be independent of any Medi-Cal managed care plan or the department's contracting fiscal intermediary for the administration of the prescription drug benefit in California. The bill would also authorize the department to enter into an intra-agency agreement with the Department of Managed Health Care to perform some or all of the department's duties, as specified. The bill would impose various requirements on the IPDMR organization, including that the organization is not affiliated with or a subsidiary of a pharmaceutical manufacturer and that the organization submit to the department specified information, such as the name of any stockholder and owner of more than 5% of any stock or options, if a publicly held organization. The bill would require the medical professional reviewer or reviewers selected to conduct the IPDMR by the organization to perform specified duties, including reviewing pertinent medical records of the beneficiary. The bill would require the IPDMR organization to complete its review and make a written determination within 30 days of receipt of the application, review and supporting documentation, or less time as prescribed by the director, and to provide specified information, such as analyses and determinations of the medical professionals reviewing the case, to identified individuals, including the director and the beneficiary. The bill would require the director to immediately adopt the determination of the IPDMR organization, promptly issue a written decision to the parties, and implement that decision. The bill would provide that the director's decision to adopt the determination of an IPDMR organization be made publicly available, as prescribed, including in a searchable database on the department's internet website. The bill would require the director to perform an annual audit of IPDMR cases for education and determination of whether any denials, modifications, or delays in the coverage of outpatient prescription drugs necessitate an evaluation of the department's coverage policies. The bill would require the department to establish a reasonable, per-case reimbursement schedule to pay the costs of IPDMR organization review. The bill would require the department to provide an external, independent review process to examine itself and contracting fiscal intermediaries on experimental or investigational outpatient prescription drugs for specified individuals, including a beneficiary who has a life-threatening or seriously debilitating condition, and would provide that a disputed health care service involving experimental or investigational therapies is subject to the above-specified review process, including additional identified criteria. This bill would require the department to permit a Medi-Cal beneficiary to continue use of a drug that was covered by a Medi-Cal managed care plan and is part of a prescribed therapy in effect for the beneficiary immediately before the date of receipt of coverage through the department, irrespective of whether the drug is on the Medi-Cal contract drug list, for a prescribed period of time. (2) Existing law authorizes the department to contract with a vendor for the purposes of surveying drug price information, collecting data from providers, wholesalers, drug manufacturers, and calculating a proposed actual acquisition cost. Existing law authorizes the department to establish a schedule of maximum allowable ingredient cost for generically equivalent drugs, and to establish the actual acquisition cost based on specified factors, including the volume weighted actual acquisition cost adjusted by the department to verify that the actual acquisition cost represents the average purchase price paid by retail pharmacies in California, or the proposed actual acquisition cost as calculated by a vendor, as specified. Existing law requires the department to establish a fee schedule for the list of pharmacist services. Existing law specifies the pharmacist services that may be provided to a Medi-Cal beneficiary. This bill would authorize the department to provide a disease management or similar payment to a pharmacy that the department has contracted with to dispense a specialty drug to Medi-Cal beneficiaries in an amount necessary to ensure beneficiary access determined by the department based on the results of the survey completed during the 2020 calendar year. (3) Existing law requires the department to prepare and submit assumptions and estimates, as prescribed, relating to the Medi-Cal program to the Department of Finance on a semiannual basis. Existing law requires the department to include in the Governor's proposed budget the fiscal assumptions for the transition of the outpatient pharmacy benefit to a fee-for-service benefit. This bill would require the department to include specified information in the Medi-Cal program assumptions and estimates, such as the percentage of pharmacies actively billing the Medi-Cal program for outpatient prescription drugs and the average expenditure and net expenditure for outpatient prescription drugs per Medi-Cal beneficiary.

Location: US-CA

NJ S 2021

Title: Appropriates \$32,711,205,000 in State funds and \$13,856,161,239 in federal funds for the State budget for fiscal year 2021.

Current Status: Enacted

Introduction Date: 2020-09-21

Last Action Date: Approved P.L.2020, c.97.. 2020-09-29

Location: US-NJ

VT H 969

Title: (Act 154) An act relating to making appropriations for the support of government

Current Status: Enacted

Introduction Date: 2020-09-15

Last Action Date: House message: Governor approved bill on October 2, 2020. 2020-09-25

Location: US-VT

NJ A 4720

Title: Appropriates \$32,711,205,000 in State funds and \$13,856,161,239 in federal funds for the State budget for fiscal year : 2021.

Current Status: Sine Die - Failed

Introduction Date: 2020-09-21

Last Action Date: Substituted by S2021. 2020-09-24

Location: US-NJ

NH SB 689

Title: relative to the pharmacy anti-steering law.

Current Status: Failed

Introduction Date: 2020-01-14

Last Action Date: Died on Table. 2020-09-23

Location: US-NH



Patient Protections



Provider networks



Mail-order

OH HB 11

Title: Regards tobacco cessation and prenatal initiatives

Current Status: Enacted

Introduction Date: 2019-05-16

Last Action Date: Effective 9/18/20Appropriations effective 06/19/2020. 2020-09-18

Description: To amend sections 5162.20 and 5167.12; to amend, for the purpose of adopting a new section number as indicated in parentheses, section 5164.10 (5164.16); and to enact new section 5164.10 and sections 124.825, 3701.614, 3701.615, and 5164.16 of the Revised Code; and to amend Section 333.10 of H.B. 166 of the 133rd General Assembly to address tobacco cessation and prenatal initiatives and to make an appropriation.

Location: US-OH

NY A 10960

Title: Relates to temporarily exempting covered entities under the federal 340B program and comprehensive HIV special needs plans

Current Status: Sine Die - Failed

Introduction Date: 2020-09-09

Last Action Date: REFERRED TO HEALTH. 2020-09-09

Description: Relates to temporarily exempting covered entities under the federal 340B program and comprehensive HIV special needs plans.

Location: US-NY

NYS 8948

Title: Relates to temporarily exempting covered entities under the federal 340B program and comprehensive HIV special needs plans

Current Status: Sine Die - Failed

Introduction Date: 2020-08-31

Last Action Date: REFERRED TO RULES. 2020-08-31

Description: Relates to temporarily exempting covered entities under the federal 340B program and comprehensive HIV special needs plans.

Location: US-NY

VA SB 5087

Title: Telemedicine services; originating site.

Current Status: Sine Die - Failed

Introduction Date: 2020-08-17

Last Action Date: Senate: Incorporated by Education and Health (SB5080-Barker) (15-Y 0-N). 2020-08-19

Description: Telemedicine services; originating site. Directs the Board of Medical Assistance Services to amend the state plan for medical assistance services to provide for payment of medical assistance for medically necessary health care services provided through telemedicine services, regardless of the originating site or whether the patient is accompanied by a health care provider at the time such services are provided. "Originating site" is defined in the bill as any location where the patient is located, including any medical care facility or office of a health care provider, the home of the patient, the patient's place of employment or any public or private primary or secondary school or postsecondary institution of higher education at which the person to whom services are provided is located. The bill also requires each (i) insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; (ii) health maintenance organization providing individual or group accident and sickness subscription contracts; and (iii) health maintenance organization providing a health care plan for health care services to provide coverage for telemedicine services regardless of the originating site and whether the patient is accompanied by a health care provider at the time such services are provided. The bill also provides that no health care provider who provides health care services via telemedicine services shall be required to use proprietary technology or applications to be reimbursed for providing telemedicine services, and require the Department of Medical Assistance Services to continue to reimburse health care providers for Medicaid-covered services delivered via audio-only equipment and by telemedicine services until July 1, 2021.

Location: US-VA

NE LB 1052

Title: Provide certain authorization for pharmacists, change provisions relating to certain drugs, and provide requirements for assisted-living facilities and certain nursing facilities

Current Status: Enacted

Introduction Date: 2020-01-16

Last Action Date: Provisions/portions of LB887 amended into LB1052 by AM2645. 2020-08-18

Location: US-NE

NE LB 1196

Title: Adopt the Pharmacy Benefit Manager Regulation Act and require an audit under the Medical Assistance Act

Current Status: Failed

Introduction Date: 2020-01-23

Last Action Date: Indefinitely postponed. 2020-08-13

Location: US-NE

GA HB 991

Title: Healthcare Transparency and Accountability Act; enact

Current Status: Enacted

Introduction Date: 2020-02-24

Last Action Date: House Date Signed by Governor. 2020-08-05

Description: A BILL to be entitled an Act to amend Title 31 of the Official Code of Georgia Annotated, relating to health, so as provide for transparency relating to state healthcare plans and its contractors; to provide for a short title; to provide for definitions; to provide for an oversight committee; to provide for its members and powers; to provide for information from st contractors and others to the oversight committee regarding state healthcare plans; to provide for confidentiality of certain records; to provide for penalties; to provide for related matters; to repeal conflicting laws; and for other purposes.

Location: US-GA

DE HB 345

Title: AN ACT EXTENDING CERTAIN LEGISLATIVE TASK FORCES AND COMMITTEES.

Current Status: Enacted

Introduction Date: 2020-06-12

Last Action Date: Signed by Governor. 2020-07-23

Description: Due to the public health emergency caused by COVID-19, several legislative task forces and committees have i been able to fulfill the reporting requirements of the task force's or committee's enabling legislation and need additional tim complete the necessary work to prepare a report. This Act extends the following legislative task forces and committees: (1) Pharmacy Reimbursement Task Force. (2) The Local Service Functions Task Force. (3) The Division of Developmental Disabi Services Task Force. (4) The Department of Health and Social Services Reorganization Committee. (5) The Non-Acute Patier Medical Guardianship Task Force. (6) The task force created to study volunteer firefighter recruitment and retention. (7) The Violence Prevention Task Force.

Location: US-DE

FL HB 731

Title: Agency for Health Care Administration

Current Status: Enacted

Introduction Date: 2019-11-21

Last Action Date: Chapter No. 2020-156; companion bill(s) passed, see CS/CS/CS/HB 713 (Ch. 2020-133). 2020-07-01

Description: Revises certain duties of AHCA relating to reporting, oversight, licensure inspections, issuance of licenses, & Medicaid fraud investigations; removes annual assessment on health care entities; removes provisions relating to multipha testing centers.

Location: US-FL

IA HF 2643

Title: A bill for an act relating to state and local finances by making appropriations, providing for legal and regulatory responsibilities, providing for other properly related matters, and including effective date and retroactive applicability provis (Formerly HSB 710.) Effective date: 06/30/2020, 07/01/2020. Applicability date: 06/01/2020, 03/18/2020, 06/17/2020, 06/30/2020, 07/01/2019, 07/01/2020, 06/26/2020.

Current Status: Enacted

Introduction Date: 2020-06-10

Last Action Date: Item vetoed, signed by Governor. 2020-06-30

CA AB 80

Title: Public health omnibus.

Current Status: Enacted

Introduction Date: 2018-12-03

Last Action Date: Chaptered by Secretary of State - Chapter 12, Statutes of 2020.. 2020-06-29

Description: AB 80, Committee on Budget. Public health omnibus. (1) Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacts various health care coverage market reforms that took effect January 1, 2014. Among other things, PPACA requires each state to establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers. Existing state law establishes the California Health Benefit Exchange (the Exchange) within state government, known as Covered California, specifies the powers and duties of the board governing the Exchange, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. Existing law prohibits a member of the board from being employed by, a consultant to, a member of the board of directors of, affiliated with, or otherwise a representative of, a carrier or other insurer, an agent or broker, a health care provider, or a health care facility or health clinic while serving on the board or on the staff of the Exchange and from receiving compensation for service on the board, except as specified. This bill would create an exception to that prohibition by authorizing a member of the board or of the staff of the Exchange to perform volunteer services under specified conditions, including that the member or staff does not receive compensation, as described, for rendering services and does not have a ownership interest in the entity, facility, clinic, or provider group. (2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law, the Information Practices Act of 1977, regulates the collection and disclosure of personal information regarding individuals by state agencies, except as specified. Under existing law, a person who willfully requests or obtains a record containing personal information from an agency under false pretenses or a person who intentionally discloses medical, psychiatric, or psychological information held by an agency is guilty of a misdemeanor. Existing law states the intent of the Legislature to establish the Health Care Cost Transparency Database to collect information on the cost of health care, and requires the Office of Statewide Health Planning and Development to convene a review committee to advise the office on the establishment and implementation of the database. Existing law requires, subject to appropriation, the office to establish, implement, and administer the database by July 1, 2023. Existing law requires certain health care entities, including a health care service plan, to provide specified information to the office for collection in the database. This bill would delete those provisions relative to the Health Care Cost Transparency Database and would instead require the office to establish the Health Care Payments Data Program to implement and administer the Health Care Payments Data System, which would include health care data submitted by health care service plans, health insurers, a city or county that offers self-insured or multiemployer-insured plans, and other specified mandatory and voluntary submitters. The bill would require the Department of Managed Health Care and the Department of Insurance to take appropriate action to bring a plan or insurer into compliance if the office notifies the appropriate department of a plan or insurer's failure to submit required data. Because a willful violation of these provisions by a health care service plan would be a crime, and because a city or county that offers self-insured or multiemployer-insured plans would be required to submit health care data to the office, the bill would impose a state-mandated local program. The bill would exempt multiple employer welfare arrangements, as defined, that are regulated pursuant to specified provisions of the Insurance Code from these requirements. The bill would also make a health insurer that fails to comply with the data submission requirements subject to certain civil penalties, as specified. This bill would require the office to use the above-described data to produce publicly available information, including data products, summaries, analyses, studies, and other reports, to support activities that include improving public health, reducing disparities, and reducing health care costs. The bill would also require the office to submit a report to the Legislature, on or before March 1, 2024, that includes, among other things, claims data reported by mandatory and voluntary submitters. The bill would protect the confidentiality of personally identifiable data submitted to the system and would exempt it from disclosure, but would authorize controlled access to that nonpublic data by outside data analysts, researchers, and other qualified applicants if the data and requesters meet specified criteria. The bill would require a person accessing nonpublic data to sign a data use agreement subject to the penalties of the Information Practices Act of 1977. Because a willful violation of a data use agreement would be a crime, the bill would impose a state-mandated local program. The bill would authorize the office to establish pricing mechanisms for data products, custom reports, and the use of nonpublic data and would require revenues from those activities to be deposited into the Health Care Payments Data Fund, for use by the office upon appropriation by the Legislature. The bill would require the office to establish a Health Care Payments Data Program advisory committee with specified membership to assist and advise the director of the office in formulating program policies.

regarding data collection, management, use, and access, and development of public information to meet the goals of the pro
The bill would also require the office to establish a data release committee with specified membership to make recommend
about applications seeking either program data with direct personal identifiers or the transmission of standardized datasets
except for data requests from other state agencies.(3) Existing law establishes the State Department of Public Health withir
California Health and Human Services Agency.Existing law authorizes the Director of Public Health to establish and admini
program within the department's Office of AIDS to subsidize certain costs of medications for the prevention of human
immunodeficiency virus (HIV) infection and other related medical services to residents of California who are at least 18 year
age, who are HIV negative, and who meet specified other requirements. Existing law also authorizes the program to subsidi
without regard to eligibility and for the prevention of HIV infection, up to 14 days of pre-exposure prophylaxis (PrEP) and po
exposure prophylaxis (PEP) medications and up to 28 days of PEP medications for a victim of sexual assault.This bill instea
would authorize the program to subsidize up to 30 days of PrEP and PEP medications for the prevention of HIV infection, wi
regard to whether the person was a victim of sexual assault.Existing law requires, to the extent that funds are appropriated
these purposes, the State Public Health Officer to establish a program to provide drug treatments to persons infected with I
Existing law requires the department to establish uniform standards of financial eligibility for the drugs under the program.
Existing law requires the department to disclose to the Franchise Tax Board identifying information regarding an applicant f
recipient of, services under the program for the purpose of verifying the accuracy of the applicant's or recipient's adjusted g
income reported on the application for the program, and requires the Franchise Tax Board to inform the department of the
applicant's federal and state adjusted gross income and other specified income. Existing law also makes this information a
confidential public record, as defined. Existing law makes a person who willfully, maliciously, or negligently discloses the cr
of a confidential public health record to a third party, except pursuant to a written authorization, or as otherwise authorized
law, that results in economic, bodily, or psychological harm to the person whose confidential public health record was discl
guilty of a misdemeanor, punishable by imprisonment in a county jail for a period not to exceed one year, or a fine not to exc
\$25,000, or both.This bill would require the department to verify, and the Franchise Tax Board to report to the department, I
modified adjusted gross income, rather than the adjusted gross income, of the applicant or recipient. The bill would also req
the Franchise Tax Board to inform the department of income received by the taxpayer household and the family size of the
taxpayer household. By expanding the scope of the information contained in a confidential public record, the bill would exp
the scope of a crime, thereby imposing a state-mandated local program.Existing law requires the department to develop an
review plans and participate in a program for the prevention and control of sexually transmitted diseases. Existing law requ
the department, contingent upon appropriation in the annual Budget Act, to allocate grants to local health jurisdictions for
sexually transmitted disease, HIV, and hepatitis C virus control and prevention activities. Existing law suspends those progr
as of December 31, 2021, unless projected General Fund revenues exceed the projected annual General Fund expenditures i
2021-22 and 2022-23 fiscal years by a specified amount.This bill would repeal the contingent suspension of those program
(4) Existing law requires the department to implement and administer a residential lead-based paint hazard reduction progr
Existing law requires specified persons engaged in lead construction work to have a certificate issued by the department. E
law authorizes the department to establish fees for accreditation, certification, and licensing in connection with the program
deposit in the Lead-Related Construction Fund. Moneys in the fund are available upon appropriation. Existing law requires I
department to prepare a report, as specified, by February 1 of any year in which the department raises or establishes new o
additional fees, including the fees described above, to make that report and the list of fees available to the Budget Committe
the Legislature, and to post the report and the list of fees on the department's internet website. Existing law, the Administra
Procedure Act, sets forth the requirements for the adoption, publication, review, and implementation of regulations by state
agencies, and for review of those regulatory actions by the Office of Administrative Law.This bill would make those adjustm
and modifications of fees and the publication of the final fee list exempt from the Administrative Procedure Act, and would ir
only require that the revised list of fees be filed with the Secretary of State and printed in the California Code of Regulations
(5) Existing federal law, the Patient Protection and Affordable Care Act (PPACA), establishes annual limits on health care
deductibles and defines bronze, silver, gold, and platinum levels of coverage for the nongrandfathered individual and small
markets. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed
Health Care and the regulation of health insurers by the Department of Insurance. Existing law authorizes the actuarial valu
a nongrandfathered bronze level high deductible health plan or health insurance policy to range from plus 4% to minus 2%
bill would instead authorize the actuarial value for a nongrandfathered bronze level health plan or health insurance policy t
either covers and pays for at least one major service, other than preventive services, before the deductible or meets the
requirements to be a high deductible health plan to range from plus 5% to minus 2%.(6) Existing law provides for the Medi-
program, which is administered by the State Department of Health Care Services, under which qualified low-income individ
receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provision
purposes of administering the Medi-Cal program, existing law vests the Director of Health Care Services with those powers
duties necessary to conform to requirements for securing federal approval of a state plan. Existing federal law authorizes th
Secretary of California Health and Human Services to waive provisions of federal Medicaid law under specified circumstanc

including when the secretary finds that the waiver would be cost effective and efficient. Existing state law requires the department to seek a variety of waivers of federal law, such as the Medi-Cal 2020 Demonstration Project, which is scheduled to expire on December 31, 2020. Pursuant to existing law, the President, under the National Emergencies Act, and the Governor, under the California Emergency Services Act, declared a national emergency and a state of emergency, respectively, in response to the novel coronavirus, known as COVID-19. For the duration of the COVID-19 emergency period, this bill would require the department to implement any federal Medicaid program waiver or flexibility approved by the federal Centers for Medicare & Medicaid Services related to that emergency and to exercise its option under prescribed law to extend medical assistance to uninsured individuals, as specified, for the duration of that emergency period. The bill would authorize the department to extend medical assistance afforded to uninsured individuals to include COVID-19-related treatment services that are otherwise covered for full-scope Medi-Cal beneficiaries, and, if federal financial participation is unavailable, would authorize the department to implement that provision on a state-only funding basis, subject to an appropriation by the Legislature. The bill would require the department to maximize federal financial participation for Medi-Cal expenditures for the COVID-19 public health emergency to comply with any federal requirements and conditions for receipt of that federal financial participation, and, subject to Department of Finance approval, to seek any federal approvals to implement those provisions or to maintain sufficient access to covered Medi-Cal benefits during this emergency period. Due to the impact of the COVID-19 public health emergency on the Medi-Cal program, this bill would authorize the department to seek federal approvals for temporary extensions of the Medi-Cal 2020 Demonstration Project, and would require the department to consult with affected stakeholder entities before seeking an extension. Existing law provides for the suspension of Medi-Cal benefits to an inmate of a public institution, and requires county welfare departments to notify the department within 10 days of receiving information that an individual who is receiving Medi-Cal is or will be an inmate of a public institution. Existing law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits. Existing federal law, the SUPPORT for Patients and Communities Act, prohibits a state from terminating Medi-Cal eligibility for an eligible juvenile if they are an inmate of a public institution, authorizes the suspension of Medicaid benefits to that eligible juvenile, and requires a state to conduct a redetermination of Medicaid eligibility or process an application for medical assistance under the Medicaid program for an eligible juvenile who is an inmate of a public institution. This bill would conform the suspension of benefits for juveniles, as defined, under state law with those federal provisions. The bill would require the department, in consultation with stakeholders including the County Welfare Directors Association of California, to develop and implement a redetermination of eligibility, to the extent required by federal law, for juveniles, as defined, whose eligibility is suspended. Because counties are required to make Medi-Cal eligibility determinations, and the bill would expand Medi-Cal determinations of eligibility for eligible juveniles of public institutions, the bill would impose a state-mandated local program. Existing law requires the Director of Health Care Services to annually review the reimbursement levels for physician and dental services under the Medi-Cal program, and to periodically revise the rates of reimbursement to physicians and dentists to ensure the reasonable access of Medi-Cal beneficiaries to physician and dental services. Existing law requires that the annual review, as it relates to rates for physician services, take account specified factors, including physician reimbursement levels set forth by Blue Shield of California and other third-party payers, and procedures reflected by the current Relative Value Studies (RVS). This bill would instead require the director to periodically review those reimbursement levels under the Medi-Cal fee-for-service delivery system, and to periodically revise those rates to the extent they deem necessary to comply with federal Medicaid program requirements on reasonable access to those services for Medi-Cal beneficiaries. The bill would limit the periodic review, as it relates to physician services, to requirements specified in the department's federally approved access monitoring plan, or any successor methodology for monitoring reasonable access to Medi-Cal services, and to take into account specified factors. The bill would delete the above specified factors regarding Blue Shield, third-party payers, and RVS. Existing law establishes the Drug Medi-Cal Treatment Program (Drug Medi-Cal), under which the department is authorized to enter into contracts with each county, or enter into contracts directly with certified providers, for the provision of alcohol and drug use treatment services, including substance use disorder services, narcotic treatment program services, and naltrexone services, to Medi-Cal beneficiaries. Existing federal law requires, from October 1, 2020, to September 30, 2025, inclusive, medication-assisted treatment, as defined, to be a covered health care service under a state Medicaid program. This bill would, subject to federal approval and the availability of federal financial participation, expand narcotic treatment program services to include medication-assisted treatment under Drug Medi-Cal, and would make conforming changes. The bill would authorize the department to implement provisions on services, reimbursement, and audits related to Drug Medi-Cal by various means, including bulletins, and would require the department to, on or before July 1, 2023, to subsequently adopt regulations. Existing law requires the department to establish a 3-year pilot program in specified counties to provide medically tailored meals, as defined, to Medi-Cal participants with specified health conditions, such as cancer and renal disease. Existing law requires the department to evaluate, at the conclusion of the program, the impact of the pilot program on specified matters related to participants, including hospital readmission and emergency room utilization rates, and to send, on or before January 1, 2021, or within 12 months after the end of the program, a report on the evaluation to the Legislature. Existing law makes these provisions inoperative on the earlier of January 1, 2021, or 6 months following the end

the program. This bill would extend the duration of the pilot program to 4 years, delete the January 1, 2021, due date for the report and make related, conforming, and technical changes. The bill would also make these provisions inoperative on the earlier date the department submits its report to the Legislature or 12 months after the end of the program. Existing law, until July 1, 2021, and only to the extent that federal participation is available, requires the department to establish and administer the Medi-Cal Electronic Health Records Incentive Program to provide federal incentive payments to Medi-Cal providers for the implementation and use of electronic health records systems. This bill would recast that program as the Medi-Cal Promoting Interoperability Program and would extend its operation until January 1, 2024. (7) Existing law establishes the State Department of State Hospitals within the California Health and Human Services Agency and provides the department with jurisdiction over specified facilities for the care and treatment of persons with mental health disorders. Existing law requires the Director of State Hospitals to appoint and define the duties of specified officers, including the clinical director and hospital administrator of each state hospital. Existing law requires a hospital administrator to be a college graduate, as specified. Existing law authorizes, until September 2020, the State Department of State Hospitals to house up to 1,530 patients at Patton State Hospital. This bill would, among other things, eliminate the clinical director position and instead require the Governor, upon the recommendation of the Director of State Hospitals, to appoint one medical director for the department and one medical director for each state hospital. The bill would include any other hospital employee appointed and deemed by the Director of State Hospitals to be an office administrator would require a hospital administrator to be selected based on their overall knowledge of the hospital and the operation of administrative, business, and life-support functions. This bill would extend the date the State Department of State Hospitals house up to 1,530 patients at Patton State Hospital to September 2030. (8) Existing law authorizes the Department of Health Services to enter into contracts with drug manufacturers, based on the manufacturer's best price for purposes of the Medi-Cal program, under which qualified low-income individuals receive health care services. Under existing law, "best price" is defined to mean the negotiated price, or the manufacturer's lowest available price, to any specified entity within the United States. This bill instead defines "best price" to mean the negotiated price for any specified entity, including entities both within and outside the United States. Existing law authorizes the department, among other things, to enter into contracts with certain drug manufacturers that provide for state rebates for drugs covered under the Medi-Cal program. Under existing law, the department is entitled to various drug rebates, including federal rebates in accordance with certain conditions. This bill authorizes the department, upon approval by the Department of Finance, to seek the necessary federal approvals to establish and administer a drug rebate program to collect rebate payments from drug manufacturers for drugs furnished to selected populations of California residents who are ineligible for full-scope Medi-Cal. (9) Existing law limits prescribed drugs under the Medi-Cal program to not more than 6 drugs per month, unless prior authorization is obtained, and except under specified circumstances. This bill repeals that provision. (10) Existing law requires Medi-Cal beneficiaries to make set copayments for specified services, including a \$1 copayment for a drug prescription or refill, and prohibits the department from reducing the provider reimbursement as a result of the copayment. This bill would repeal the copayment requirement for a drug prescription or refill. (11) Existing law governs the licensing of clinics, excluding, among others, a clinic operated by a city or county or conducted, or maintained as an outpatient department of a hospital. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law requires the United States Secretary of Health and Human Services to enter into an agreement with each manufacturer of covered drugs that are not subject to a rebate under an agreement between the state Medicaid program and the manufacturer under which the amount required to be paid to the manufacturer for covered drugs purchased by a covered entity does not exceed an amount equal to the average manufacturer price for the drug under the federal Medicaid program in the preceding calendar quarter, reduced by the rebate received pursuant to the Medicaid agreement. This program is commonly referred to as the 340B Drug Pricing program or 340B program. This bill would require the State Department of Health Care Services, subject to an appropriation by the Legislature, to establish, implement, and maintain a supplemental payment pool for nonhospital 340B community clinics, which include licensed clinics and clinics operated by a city, county, city and county, or hospital authority as specified. The bill would require the department, beginning January 1, 2021, to make available fee-for-service-based supplemental payments from the pool, subject to an appropriation by the Legislature. The bill would require the department, on or before July 15, 2020, to establish a stakeholder process to develop and implement the methodology for distribution of supplemental pool payments to qualifying nonhospital 340B community clinics, which would be finalized no later than October 1, 2020. The bill would require the department to implement these provisions only to the extent that any necessary federal approvals have been obtained, and federal financial participation is available and is not otherwise jeopardized. (12) The federal Medicaid program prohibits payment to a state for medical assistance furnished to a person who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Existing law extends eligibility for full-scope Medi-Cal benefits to individuals under 25 years of age who are otherwise eligible for those benefits but for their immigration status. Existing law requires the department to claim federal financial participation to the extent that the department determines it is available, and requires the department to use state funds to the extent that federal financial participation is available, to implement full-scope Medi-Cal for those who are otherwise eligible but for their immigration status. This bill would

provide that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, as specified, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing three fiscal years that exceeds the cost of providing those individuals full scope Medi-Cal benefits.(13) Under existing law, health care services are provided under the Medi-Cal program pursuant to a schedule of benefits, and those benefits are provided to beneficiaries through various health care delivery systems including fee-for-service and managed care. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with Medi-Cal managed care plans. Existing law requires the department to pay capitation rates to health plans participating in the Medi-Cal managed care program using actuarial methods and authorizes the department to establish health-plan and county-specific rates, as specified. Pursuant to existing law, the President, under the National Emergencies Act, and the Governor, under the California Emergency Services Act, declared a national emergency and a state of emergency, respectively, in response to the novel coronavirus, known as COVID-19. To address the impacts of the COVID-19 public health emergency on Medi-Cal managed care capitation rates, this bill would require the department to develop and pay capitation rates and capitation rate increments for Medi-Cal managed care plan contracts, including developing and implementing a risk corridor. The bill would require the department to reduce applicable capitation increments by up to 1.5% for capitation rates associated with the period of July 1, 2019, to December 31, 2020, inclusive, and apply this reduction to rating periods starting on or after January 1, 2021, as prescribed. The bill would require the department to evaluate the impact of the COVID-19 public health emergency on capitation rates, and to make any adjustments to ensure capitation rates are actuarially appropriate. This bill would authorize the department, in consultation with the Department of Finance, to modify the prescribed payment methodologies and related requirements or modify any application of those provisions to Medi-Cal managed care plans, certain capitation rate increments, certain Medi-Cal managed care enrollee categories and subcategories of aid, or certain categories or subcategories of medical assistance provided under those contracts if the department determines the modification is necessary to meet federal requirements, to obtain or maintain federal approval or to maximize federal financial participation.(14) Existing law, the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016, or Proposition 56, which was approved by voters at the November 8, 2016, statewide general election, increase taxes imposed on distributors of cigarettes and tobacco products and allocates a specified percentage of those revenues to the department to increase funding for the Medi-Cal program, in a manner that, among other things, ensures timely access, limits specific geographic shortages of services, or ensures quality care. Existing law establishes the Healthcare Treatment Fund for this purpose. Existing law requires the Department of Health Care Services to develop, using moneys appropriated in the Budget Act for this purpose from the Healthcare Treatment Fund, value-based payment (VBP) programs that require designated Medi-Cal managed care plans to make incentive payments to qualified network providers in behavioral health integration, prenatal and postpartum care, and chronic disease management for specified purposes and to implement the VBP programs for a period shorter than 3 fiscal years, as specified. Existing law requires these payments to be suspended on December 31, 2021. This bill would suspend the authority for the State Department of Health Care Services to make value-based payments pursuant to the act after July 1, 2021, unless one of two specified conditions applies.(15) This bill would reappropriate \$1,430,000 to support the Medically Tailored Meals Pilot Program, as specified.(16) The bill would provide that its provisions are severable.(17) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason. With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.(18) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect.(19) This bill would declare that it is to take effect immediately, and the bill providing for appropriations related to the Budget Bill.

Location: US-CA

FL HB 945

Title: Children's Mental Health

Current Status: Enacted

Introduction Date: 2019-12-13

Last Action Date: Chapter No. 2020-107. 2020-06-29

Description: Requires DCF & AHCA to identify children & adolescents who use crisis stabilization services & to meet behavioral health needs of such children & adolescents; requires development of plans promoting coordinated system of care for certain

services; requires testing of provider network databases maintained by Medicaid managed care plans; requires verification of certain strategies & outreach before student is removed from school, school transportation, or school-sponsored activity specified circumstances; provides exception; requires DCF & AHCA to assess quality of care provided in crisis stabilization u

Location: US-FL

 Mail-order

MA HD 4547

Title: An Act to improve health care by investing in VALUE

Current Status: Sine Die - Failed

Introduction Date: 2019-10-24

Last Action Date: Reporting date extended to Thursday December 31, 2020, pending concurrence. 2020-06-22

Location: US-MA

RI HB 8078

Title: An Act Relating To Health And Safety -- Establishing The Rhode Island Rare Disease Medication Accessibility, Affordability And Reinsurance Act (Establishes Rare Disease Mediation Reinsurance Program.)

Current Status: Sine Die - Failed

Introduction Date: 2020-06-19

Last Action Date: Introduced, referred to House Corporations. 2020-06-19

Location: US-RI

TN HB 1890

Title: Pharmacy, Pharmacists - As introduced, prohibits a pharmacy benefit manager and certain other third parties from taking certain actions against entities and pharmacies participating in the federal 340B drug discount program; creates a private cause of action against violators. - Amends TCA Title 4; Title 56 and Title 71.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-27

Last Action Date: Reset on Final cal. of Calendar & Rules Committee. 2020-06-17

Location: US-TN

 340B

CO HB 20-1092

Title: Reimbursement To Federally Qualified Health Centers

Current Status: Sine Die - Failed

Introduction Date: 2020-01-13

Last Action Date: House Committee on Appropriations Lay Over Unamended - Amendment(s) Failed. 2020-06-16

Description: The bill requires the department of health care policy and financing to reimburse federally qualified health centers (FQHCs) for telemedicine services and clinical pharmacy services provided to medicaid recipients.(Note: This summary applies this bill as introduced.)

Location: US-CO

TN SB 1942

Title: Pharmacy, Pharmacists - As introduced, prohibits a pharmacy benefit manager and certain other third parties from taking certain actions against entities and pharmacies participating in the federal 340B drug discount program; creates a private cause of

of action against violators. - Amends TCA Title 4; Title 56 and Title 71.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-29

Last Action Date: Deferred to Summer Study. 2020-06-09

Location: US-TN

 340B

KS HB 2597

Title: Substitute for HB 2597 by Committee on Appropriations - Appropriations for FY 2020, 2021 and 2022 for various state agencies.

Current Status: Failed

Introduction Date: 2020-02-07

Last Action Date: Died on Calendar. 2020-06-09

Location: US-KS

KS HB 2711

Title: Expanding medical assistance eligibility and implementing a health insurance plan reinsurance program.

Current Status: Failed

Introduction Date: 2020-02-14

Last Action Date: Died in Committee. 2020-06-09

Location: US-KS

IL SB 557

Title: Sexual Assault Survivors

Current Status: Enacted

Introduction Date: 2019-01-31

Last Action Date: Public Act 101-0634. 2020-06-05

Description: Amends the Uniform Act for the Extradition of Persons of Unsound Mind. Makes a technical change in a Section concerning the short title. Replaces everything after the enacting clause. Creates the Carpet Stewardship Act. Provides that carpet sold in this State, producers shall, through a clearinghouse, implement and finance a statewide carpet stewardship program that manages the product by reducing the product's waste generation, promotes its reuse and recycling, and provides for negotiation and execution of agreements to collect, transport, process, and market the product for end-of-life recycling and reuse. Provides that the Illinois Environmental Protection Agency must approve the carpet stewardship plan for the plan to be valid. Establishes requirements for review of the plan, carpet stewardship assessments, requirements for producers, retailers and distributors of carpet. Requires the clearinghouse to submit annual reports to the Agency and pay specified administrative fees. Provides enforcement provisions for the Act. Establishes requirements for State procurement of carpet in the future. Effective immediately. Replaces everything after the enacting clause. Amends the Environmental Protection Act. Provides for phasing out of ethylene oxide emissions by specified entities. Provides that, prior to issuing specified permits, the Environmental Protection Agency shall require submission of documentation demonstrating that the permit applicant is in compliance with the rules governing the storage of ethylene oxide. Requires all permits issued by the Agency to grant the Agency the authority to monitor them to change storage limitations, modify storage practices or equipment requirements, and grant the Agency the right to conduct unannounced inspections. Requires the Agency to conduct at least one unannounced inspection annually of the ethylene oxide storage system for each permit holder. Provides that owners or operators of ethylene oxide sterilization sources or ethylene oxide emissions sources shall provide the Agency with specified materials within 10 business days after receiving the Agency's conditional acceptance or denials of their plans. Requires entities conducting ethylene oxide sterilization operations to submit a letter to the Agency. Requires the submission or resubmission of a risk management plan to the Agency by specified dates. Requires the Agency to submit and make publicly available a report on or before June 30, 2021. Provides that if multiple applicants request to emit ethylene oxide in a collective sum that is greater than the annual collective maximum regional emissions, the Agency shall prioritize applicants seeking to provide medical services. Contains other provisions. Effective

immediately. Replaces everything after the enacting clause. Amends the Sexual Assault Survivors Emergency Treatment Act. Provides that an approved federally qualified health center may provide medical forensic services to all sexual assault survivors 13 years old or older who present for medical forensic services in relation to injuries or trauma resulting from a sexual assault during the duration, and 90 days thereafter, of a proclamation issued by the Governor declaring a disaster, or a successive proclamation regarding the same disaster, in all 102 counties due to a public health emergency. Provides that under specific circumstances a federally qualified health center's statewide sexual assault treatment plan must include a procedure for when a sexual assault survivor in need of such medical or surgical services receives the services at the treatment hospital. Requires approved federally qualified health center to post specified signage at each public entrance to its facility if it is not open 24 a day, 7 days a week. Provides that the changes made by this amendatory Act are repealed on June 30, 2021 and that the unamended versions of the amended sections take effect on and after July 1, 2021. Makes other changes. Effective immediately.

Location: US-IL

KS SB 252

Title: Expanding medical assistance eligibility and implementing a health insurance plan reinsurance program.

Current Status: Failed

Introduction Date: 2020-01-09

Last Action Date: Died in Committee. 2020-06-02

Location: US-KS

NH HB 1600

Title: (New Title) relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.

Current Status: Sine Die - Failed

Introduction Date: 2019-12-04

Last Action Date: Committee Report: Inexpedient to Legislate (Vote 22-0; CC) HC 23 P. 4. 2020-06-01

Summary: Recognizes pharmacist as health care providers and includes distinct reimbursement rates for contraceptive counseling services. Allows a pharmacist to dispense smoking cessation therapy via a CPA and standing order authored by physician or nurse practitioner.

Location: US-NH



Compensation for ...



Scope of Practice



Standing Order



CPA

NY A 8117

Title: Relates to contracted network pharmacy use

Current Status: Sine Die - Failed

Introduction Date: 2019-06-03

Last Action Date: PRINT NUMBER 8117A. 2020-05-28

Summary: pertains to employer or carrier contracted network pharmacies for workers' compensation. Although the an employer or carrier may contract with a network pharmacy and encourage claimants to use it exclusively, claimants may obtain prescription medicines at the pharmacy or pharmacies of their choice so long as the pharmacy is registered as a resident, in-state pharmacy. Does not apply to any non-resident, out-of-state pharmacies nor to any compound medications that the claimant is prescribed. The employer or carrier may refuse the charges that originate from non-resident, out-of-state pharmacies and deny any charges for non-FDA approved extemporaneous compound medications. <https://s3.amazonaws.com/fn-document-service/file-by-sha384/b9cdd0d0e8cfb291ae2f79868b470f8d98a608649c114555e84ac81d83ec509c0eca8b8a4b1e571368c057d2d7ct>

Description: Relates to contracted network pharmacy use.

Location: US-NY

LA HB 105


Title: APPROPRIATIONS: Provides for the ordinary operating expenses of state government for Fiscal Year 2020-2021

Current Status: Sine Die - Failed

Introduction Date: 2020-02-26

Last Action Date: Received in the Senate; read by title Rules suspended. Read second time by title and referred to the Com on Finance.. 2020-05-26

Location: US-LA

 Transparency and ...

VA HB 30

Title: Budget Bill.

Current Status: Enacted

Introduction Date: 2019-12-17

Last Action Date: Governor: Acts of Assembly Chapter text (CHAP1289). 2020-05-21

Description: Budget Bill. Provides for all appropriations of the Budget submitted by the Governor of Virginia in accordance with the provisions of § 2.2-1509, Code of Virginia, and provides a portion of revenues for the two years ending respectively on the thirtieth day of June 2021, and the thirtieth day of June 2022.

Location: US-VA

MD HB 1150

Title: State Health and Welfare Benefits Program - Maryland Competitive Pharmacy Benefits Manager Marketplace Act

Current Status: Enacted

Introduction Date: 2020-02-06

Last Action Date: Enacted under Article II, Section 17© of the Maryland Constitution - Chapter 434. 2020-05-08

Description: Requiring the Department of Budget and Management to use a reverse auction, as provided for in certain provisions of law established by the Act, to select a pharmacy benefits manager or other entity to administer the State Rx Program; requiring the Department to procure a certain platform and associated services in a certain manner a certain period of time the reverse auction is scheduled to be completed; requiring the Department to consult with certain other Departments in conducting a certain procurement; etc.

Location: US-MD

KY HB 352

Title: AN ACT relating to appropriations measures providing funding and establishing conditions for the operations, maintenance, support, and functioning of the government of the Commonwealth of Kentucky and its various officers, cabinets, departments, boards, commissions, institutions, subdivisions, agencies, and other state-supported activities.

Current Status: Vetoed

Introduction Date: 2020-01-28

Last Action Date: delivered to Secretary of State (Acts Ch. 92). 2020-04-15

Description: The State/Executive Branch Budget: Detail Part I, Operating Budget; appropriate to General Government: 2019-2020: \$21,535,000, 2020-2021: \$1,793,871,500, 2021-2022: \$1,813,688,900; appropriate to the Economic Development Cabinet: 2020-2021: \$33,195,900, 2021-2022: \$36,055,300; appropriate to the Department of Education: 2020-2021: \$5,183,508,800, 2021-2022: \$5,228,565,200; appropriate to the Education and Workforce Development Cabinet: 2020-2021: \$615,595,100, 2022: \$617,246,200; appropriate to the Energy and Environment Cabinet: 2019-2020: \$700,000, 2020-2021: \$272,541,300, 2021-2022: \$253,649,300; appropriate to the Finance and Administration Cabinet: 2019-2020: \$2,800,000, 2020-2021: \$1,000,424,300, 2021-2022: \$972,192,200; appropriate to the Health and Family Services Cabinet: 2020-2021: \$15,007,584, 2021-2022: \$15,285,043,300; appropriate to the Justice and Public Safety Cabinet: 2019-2020: \$17,216,900, 2020-2021: \$1,345,687,300, 2021-2022: \$1,369,130,400; appropriate to the Labor Cabinet: 2020-2021: \$202,693,700, 2021-2022: \$204,407,600; appropriate to the Personnel Cabinet: 2020-2021: \$64,171,200, 2021-2022: \$64,610,500; appropriate to Postsecondary Education: 2019-2020: \$497,400, 2020-2021: \$8,536,480,700, 2021-2022: \$8,930,169,100; appropriate to Public Protection Cabinet: 2020-2021: \$129,067,100, 2021-2022: \$129,301,700; appropriate to the Tourism, Arts and Heritage

Cabinet: 2019-2020: \$2,700,000, 2020-2021: \$275,773,400, 2021-2022: \$281,291,000; appropriate to the Budget Reserve Fund: 2020-2021: \$10,000,000, 2021-2022: \$0; not included in the appropriation amounts are capital project amounts as follows: 2019-2020: \$7,500,000, 2020-2021: \$6,537,358,500, 2021-2022: \$249,695,600; detail Part II, Capital Projects Budget; detail Part III, General Provisions; detail Part IV, State Salary/Compensation, Benefit, and Employment Policy; detail Part V, Transfer; detail Part VI, General Fund Budget Reduction Plan; detail Part VII, General Fund Surplus Expenditure Plan; detail Part VIII, Road Fund Budget Reduction Plan; detail Part IX, Road Fund Surplus Expenditure Plan; detail Part X, Phase I Tobacco Settlement; and detail Part XI, Executive Branch Budget Summary.

Location: US-KY

VA SB 568

Title: Medical assistance services; managed care organization contracts with pharmacy benefits managers.

Current Status: Enacted

Introduction Date: 2020-01-07

Last Action Date: Governor: Acts of Assembly Chapter text (CHAP1083). 2020-04-10

Description: Medical assistance services; managed care organization contracts with pharmacy benefits managers; spread pricing. Requires the Department of Medical Assistance Services to require a managed care organization with which the Department enters into an agreement for the delivery of medical assistance services to include in any agreement between a managed care organization and a pharmacy benefits manager provisions prohibiting the pharmacy benefits manager or a representative of the pharmacy benefits manager from conducting spread pricing with regard to the managed care organization's managed care plans. The bill defines "spread pricing" as the model of prescription drug pricing in which the pharmacy benefits manager charges a managed care plan a contracted price for prescription drugs, and the contracted price for the prescription drugs differs from the amount the pharmacy benefits manager directly or indirectly pays the pharmacist or pharmacy for pharmacist services. The bill applies to agreements entered into, amended, extended, or renewed on or after July 1, 2020. This bill is identical to HB 1291.

Location: US-VA

Last Team Action: Virginia: bill review for VPhA., Jan 13, 2020 at 10 AM - 11 AM (Attendee: Matt Magner)

VA HB 1291

Title: Medical assistance services; managed care organization contracts with pharmacy benefits managers.

Current Status: Enacted


Introduction Date: 2020-01-08

Last Action Date: Governor: Acts of Assembly Chapter text (CHAP1082). 2020-04-10

Description: Medical assistance services; managed care organization contracts with pharmacy benefits managers; spread pricing. Requires the Department of Medical Assistance Services to require a managed care organization with which the Department enters into an agreement for the delivery of medical assistance services to include in any agreement between a managed care organization and a pharmacy benefits manager provisions prohibiting the pharmacy benefits manager or a representative of the pharmacy benefits manager from conducting spread pricing with regard to the managed care organization's managed care plans. The bill defines "spread pricing" as the model of prescription drug pricing in which the pharmacy benefits manager charges a managed care plan a contracted price for prescription drugs, and the contracted price for the prescription drugs differs from the amount the pharmacy benefits manager directly or indirectly pays the pharmacist or pharmacy for pharmacist services. The bill applies to agreements entered into, amended, extended, or renewed on or after July 1, 2020. This bill is identical to SB 568.

Location: US-VA

 Transparency and ...

 Drug Pricing

KS HB 2168

Title: Increasing the rate and expanding the base of the hospital provider assessment and extending the quality care assessment imposed on skilled nursing care facilities.

Current Status: Enacted

Introduction Date: 2019-02-06

Last Action Date: Approved by Governor on Thursday, April 2, 2020. 2020-04-03

Location: US-KS

WA SB 6168

Title: Making 2019-2021 fiscal biennium supplemental operating appropriations.

Current Status: Enacted

Introduction Date: 2020-01-08

Last Action Date: Effective date 4/3/2020.. 2020-04-03

Location: US-WA

NY A 9506

Title: Enacts into law major components of legislation necessary to implement the state education, labor, housing and family assistance budget for the 2020-2021 state fiscal year

Current Status: Enacted

Introduction Date: 2020-01-22

Last Action Date: Substitute S 7506 action - SIGNED CHAP.56. 2020-04-03

Summary: Bans sale of tobacco products in the pharmacy

Description: Enacts into law major components of legislation necessary to implement the state education, labor, housing and family assistance budget for the 2020-2021 state fiscal year; relates to contracts for excellence and the apportionment of moneys; relates to the statewide universal full-day pre-kindergarten program; relates to conditions under which districts are entitled to apportionment; relates to courses of instruction in patriotism and citizenship and in certain historic documents; relates to instruction in the Holocaust in certain schools; relates to moneys apportioned to school districts for commercial gaming grants; relates to the universal pre-kindergarten program; relates to funding a program for work force education conducted by the consortium for worker education in New York city, in relation to reimbursements for the 2020-2021 school year; relates to funding a program for work force education conducted by the consortium for worker education in New York city, in relation to withholding a portion of employment preparation education aid; relates to certain provisions related to the 1994-95 state operations, aid to localities, capital projects and debt service budgets; relates to conditional appointment of school district, charter school or BOCES employees; relates to the provision of supplemental educational services, attendance at a safe public school and the suspension of pupils who bring a firearm to or possess a firearm at a school; relates to implementation of the Child Left Behind Act of 2001; relates to the support of education; relates to school bus driver training; relates to special apportionment for salary expenses and public pension accruals; relates to authorizing the city school district of the city of Rochester to purchase certain services; relates to suballocations of appropriations; relates to authorizing the Roosevelt union free school district to finance deficits by the issuance of serial bonds; in relation to certain apportionments; relates to supplementary funding for dedicated programs for public school students in the East Ramapo central school district; authorizes deficit financing and an advance of aid payments for the Wyandanch union free school district, in relation to the issuance of bonds; and relates to the support of public libraries (Part A); relates to establishing the Syracuse Comprehensive Education Workforce Training Center focusing on Science, Technology, Engineering, Arts, and Math to provide instruction to students in Onondaga, Cortland and Madison county BOCES and the central New York region in the areas of science, technology, engineering, arts and mathematics (Part B); directs the commissioner of education to appoint a monitor for the Rochester city school district, establishing the powers and duties of such monitor and certain other officers and relating to the apportionment of aid to such school district (Part C); relates to predictable tuition allowing annual tuition increase for certain SUNY schools (Part D); relates to utilizing reserves in the mortgage insurance fund for various housing purposes (Part H); authorizes a payment offset for rent administration costs (Part I); relates to requirements for sick leave (Part J); relates to increasing the standard of monthly need for aged, blind and disabled persons living in the community (Part K); relates to judgments of parentage of children conceived through assisted reproduction or pursuant to surrogacy agreements; relates to restricting genetic surrogate parent contracts; relates to voluntary acknowledgments of parentage, gestational surrogacy and regulations concerning ova donation; relates to the regulation of surrogacy programs; relates to inheritance by children after the death of an intended parent; relates to legitimacy of children born by artificial insemination (Part L); relates to restructuring financing for residential school placements (Part N); relates to establishing the curing Alzheimer's health consortium (Part P); relates to the foster youth success initiative (Part Q); relates to the standard of proof for unfounded and indicated reports of child abuse and maltreatment; relates to the admissibility of reports of child abuse and maltreatment (Part R); relates to increasing the annual amount of l

made to an agricultural producer from the housing development fund (Part S); relates to increasing the bonding authority of New York city housing development corporation (Part T); relates to the date when the local legislative body of a city having population of one million or more may determine the continuation of the emergency (Part U); relates to photo identification (Part V); relates to state support for the local enforcement of past-due property taxes (Part W); relates to the employer compensation expense tax (Part X); amends the New York Health Care Reform Act of 1996, in relation to extending certain provisions relating thereto; relates to health care initiative pool distributions; amends the New York Health Care Reform Act 2000, in relation to extending the effectiveness of provisions thereof; eliminates programs that do not support the department health's core mission; relates to payments for uncompensated care to certain voluntary non-profit diagnostic and treatment centers; relates to the distribution pool allocations and graduate medical education; relates to the assessments on covered relates to tobacco control and insurance initiatives pool distributions; relates to malpractice and professional medical conduct relates to enacting major components necessary to implement the state fiscal plan for the 2003-04 state fiscal year, in relation to the deposit of certain funds; extends payment provisions for general hospitals; extends payment provisions for certain medical assistance rates for certified home health agencies; extends payment provisions for certain personal care services medical assistance rates; relates to payments from the New York state medical indemnity fund; repeals certain provisions of the public health law relating to funding for certain programs (Part Y); relates to limiting the availability of enhanced quality of adult literacy program ("EQUAL") grants (Part Z); relates to transferring responsibility for the autism awareness and research fund to the state for people with developmental disabilities; relates to transferring responsibility for the comprehensive care centers for eating disorders to the office of mental health; repeals certain provisions relating to funding for certain programs (Part AA); relates to electronic prescriptions; relates to limiting the method of payment for prescription drugs under the medical assistance program; relates to continuing nursing home upper payment limit payments; relates to encouraging comprehensive health services; relates to allowing the use of funds of the office of professional medical conduct for activities of the patient health information and quality improvement act of 2000; relates to the statewide health information network of New York and the statewide planning and research cooperative system and general powers and duties; relates to reimbursement to participating provider pharmacies and prescription drug coverage; relates to issuance of certificates of authority to accountable care organizations; authorizes the commissioner of health to apply federally established consumer price index penalties for generic drugs, authorizes the commissioner of health to impose penalties on managed care plans for reporting late or incorrect encounter data; relates to supplemental rebates; relates to waiver of certain regulations; relates to rates for residential health care facilities; relates to medical reimbursement and welfare reform; relates to adjustments of rates; relates to the New York state health insurance continuation assistance demonstration project; relates to immunizing agents to be administered to adults by pharmacists; authorizes a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents; authorizes pharmacists to perform collaborative drug therapy management with physicians in certain settings (Part BB); relates to the state's schedules of controlled substances (Part CC); relates to the state's modernization of environmental health fee schedule (Part DD); relates to the sale of tobacco products and vapor products (Part EE); relates to the renaming of the Physically Handicapped Children's Program (Part FF); creates a single preferred-drug list for medication assisted treatment; relates to supplemental rebates; establishes payments for medical assistance; relates to medical assistance eligibility of certain persons and provides managed medical care demonstration programs (Part GG); expands telehealth services (Part HH); establishes a pilot program for the purposes of promoting social determinant of health interventions (Part II); provides for the administration of certain funds and accounts related to the 2020-2021 budget, authorizes certain payments and transfers; relates to the administration of certain funds and accounts; relates to the financing of the correctional facilities improvement fund and the youth facility improvement fund, in relation to the issuance of certain bonds or notes; relates to providing for the administration of certain funds and accounts related to the 2005-2006 budget, in relation to the issuance of certain bonds or notes; relates to the issuance of certain bonds or notes; provides for the administration of certain funds and accounts related to the 2002-2003 budget, in relation to the issuance of certain bonds or notes; amends the New York state medical care facilities finance agency act, in relation to the issuance of certain bonds or notes; amends the New York state urban development corporation act, in relation to the issuance of certain bonds or notes; relates to the establishment of the dedicated highway and bridge trust fund, in relation to the issuance of certain bonds or notes; relates to housing program bonds and notes; authorizes the dormitory authority of the state of New York and the urban development corporation to enter into line of credit facilities, and relates to state-supported debt issued during 2021 fiscal year; relates to payments of bonds; relates to an action related to a bond; establishes the public health emergency charitable gifts trust fund (Part JJ); relates to the designation of statewide general hospital quality and sole community provider for the reduction of capital related inpatient expenses (Part KK); relates to reimbursement of transportation costs; relates to supplemental transportation payments; relates to reimbursement of emergency transportation services; manages Medicaid transportation services using the contracted transportation managers for transportation provided to enrollees of managed care term care plans; transitions to a Medicaid transportation broker; relates to reimbursement of emergency medical transportation services (Part LL); relates to changing the authorization requirements for personal care services; relates to integrated Medicaid managed care products for dual-eligibles; in relation to licensed home care service agency contracting; relates to fair hearings within Fully Integrated Duals Advantage program; relates to integrated fair hearing and appeals processes; relates to the hospice

worker recruitment and retention program; relates to licensed home care services agencies; directs the department of health to contract with an independent assessor to conduct community health assessments; relates to health homes and penalties for managed care providers, in relation to the effectiveness of certain contracts; relates to the medicaid eligibility look-back period and to the community spouse resource amount; relates to authorizations for personal care services; directs the department of health to establish or procure the services of an independent panel of clinical professionals and to develop and implement a uniform task-based assessment tool; relates to managed long term care plans program oversight and administration (Part LL); relates to discontinuing return of equity payments to for-profit nursing homes (Part NN); relates to wage parity enforcement (Part OO); relates to improving access to private duty nursing services for medically fragile children, removing limitations on alternative rehabilitative services and establishing pilot programs promoting the use of alternative treatments for individuals suffering from chronic lower back pain and diabetes and chronic disease self-management (Part PP); relates to managed care encounter data (Part QQ); relates to authorizing providing relocation and employment assistance credits (Part RR); relates to abatement of tax payments for certain industrial and commercial properties in a city of one million or more persons (Part SS); relates to omitting a candidate for the office of president of the United States from the primary ballot (Part TT); relates to sentencing orders and pretrial proceedings (Part UU); relates to transit crimes and prohibition orders relating to such crimes (Part VV); amends the Hudson river park act, in relation to Pier 76 (Part WW); relates to prescription drug pricing and creating a drug accountability board (Part XX); relates to claims payment timeframes and payment of interest, payment and billing for out-of-network hospital emergency services, claims payment performance and creation of a workgroup to study health care administrative simplification; relates to claims for medical debt; relates to provisional credentialing of physicians, relates to preventing recoupment of COVID-19 related inpatient and emergency services claims (Part YY); relates to certain Medicaid management (Part ZZ); relates to malpractice and professional medical conduct; extends certain provisions concerning the hospital excess liability pool; amends the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part AAA); relates to known and projected department of health state fund Medicaid expenditures, in relation to extending the Medicaid global cap (Part CCC); relates to capping cost sharing for insulin (Part DDD); relates to the New York State Bridge Authority (Part EEE); relates to extending and enhancing the Medicaid drug cap and to reduce unnecessary pharmacy benefit manager costs to the Medicaid program; directs the department of health to remove the pharmacy benefit from the managed care benefit package and to provide the pharmacy benefit under the fee for service program; relates to participation and membership in a demonstration period (Part FFF); relates to enacting the emergency or disaster treatment protection act (Part GGG); relates to automatic discovery (Part HHH); relates to establishing a period of probable usefulness for airport construction and improvement of the Ithaca Tompkins International Airport (Part III); validates certain acts of the Mahopac Central school district with regard to capital improvement projects (Part JJJ); relates to managed care encounter data, authorizes electronic notifications, establishes regional demonstration projects (Part KKK); relates to the operation and administration of the legislature, in relation to extending such provisions (Part LLL).

Location: US-NY

NY S 7506

Title: Enacts into law major components of legislation necessary to implement the state education, labor, housing and family assistance budget for the 2020-2021 state fiscal year

Current Status: Enacted

Introduction Date: 2020-01-22

Last Action Date: SIGNED CHAP.56. 2020-04-03

Description: Enacts into law major components of legislation necessary to implement the state education, labor, housing and family assistance budget for the 2020-2021 state fiscal year; relates to contracts for excellence and the apportionment of public moneys; relates to the statewide universal full-day pre-kindergarten program; relates to conditions under which districts are entitled to apportionment; relates to courses of instruction in patriotism and citizenship and in certain historic documents; relates to instruction in the Holocaust in certain schools; relates to moneys apportioned to school districts for commercial gaming grants; relates to the universal pre-kindergarten program; relates to funding a program for work force education conducted by the consortium for worker education in New York city, in relation to reimbursements for the 2020-2021 school year; relates to funding a program for work force education conducted by the consortium for worker education in New York city, in relation to withholding a portion of employment preparation education aid; relates to certain provisions related to the 1994-95 state operations, aid to localities, capital projects and debt service budgets; relates to conditional appointment of school district, charter school or BOCES employees; relates to the provision of supplemental educational services, attendance at a safe public school and the suspension of pupils who bring a firearm to or possess a firearm at a school; relates to implementation of the Child Left Behind Act of 2001; relates to the support of education; relates to school bus driver training; relates to special

apportionment for salary expenses and public pension accruals; relates to authorizing the city school district of the city of Rochester to purchase certain services; relates to suballocations of appropriations; relates to authorizing the Roosevelt uni free school district to finance deficits by the issuance of serial bonds; in relation to certain apportionments; relates to supplementary funding for dedicated programs for public school students in the East Ramapo central school district; autho deficit financing and an advance of aid payments for the Wyandanch union free school district, in relation to the issuance of bonds; and relates to the support of public libraries (Part A); relates to establishing the Syracuse Comprehensive Education Workforce Training Center focusing on Science, Technology, Engineering, Arts, and Math to provide instruction to students i Onondaga, Cortland and Madison county BOCES and the central New York region in the areas of science, technology, engineering, arts and mathematics (Part B); 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managed medical care demonstration programs (Part GG); expands telehealth services (Part HH); establishes a pilot program for the purposes of promoting social determinant of health interventions (Part II); provides for the administration of certain funds and accounts related to the 2020-2021 budget, authorizes certain payments and transfers; relates to the administration of certain funds and accounts; relates to the financing of the correctional facilities improvement fund and the youth facility improvement fund, in relation to the issuance of certain bonds or notes; relates to providing for the administration of certain funds and accounts related to the 2005-2006 budget, in relation to the issuance of certain bonds or notes; relates to the issuance of certain bonds or notes; provides for the administration of certain funds and accounts related to the 2002-2003 budget, in relation to the issuance of certain bonds or notes; amends the New York state medical care facilities finance agency act, in relation to the issuance of certain bonds or notes; amends the New York state urban development corporation act, in relation to the issuance of certain bonds or notes; relates to the establishment of the dedicated highway and bridge trust fund, in relation to the issuance of certain bonds or notes; relates to housing program bonds and notes; authorizes the dormitory authority of the state of New York and the urban development corporation to enter into line of credit facilities, and relates to state-supported debt issued during the 2021 fiscal year; relates to payments of bonds; relates to an action related to a bond; establishes the public health emergency charitable gifts trust fund (Part JJ); relates to the designation of statewide general hospital quality and sole community provider for the reduction of capital related inpatient expenses (Part KK); relates to reimbursement of transportation costs; relates to supplemental transportation payments; relates to reimbursement of emergency transportation services; manages Medicaid transportation services using the contracted transportation managers for transportation provided to enrollees of managed care term care plans; transitions to a Medicaid transportation broker; relates to reimbursement of emergency medical transportation services (Part LL); relates to changing the authorization requirements for personal care services; relates to integrated Medicaid managed care products for dual-eligibles; in relation to licensed home care service agency contracting; relates to fair hearings within the Fully Integrated Duals Advantage program; relates to integrated fair hearing and appeals processes; relates to the hospice worker recruitment and retention program; relates to licensed home care services agencies; directs the department of health to contract with an independent assessor to conduct community health assessments; relates to health homes and penalties for managed care providers, in relation to the effectiveness of certain contracts; relates to the Medicaid eligibility look-back period and to the community spouse resource amount; relates to authorizations for personal care services; directs the department of health to establish or procure the services of an independent panel of clinical professionals and to develop and implement a uniform task-based assessment tool; relates to managed long term care plans program oversight and administration (Part I); relates to discontinuing return of equity payments to for-profit nursing homes (Part NN); relates to wage parity enforcement (Part OO); relates to improving access to private duty nursing services for medically fragile children, removing limitations on alternative rehabilitative services and establishing pilot programs promoting the use of alternative treatments for individuals suffering from chronic lower back pain and diabetes and chronic disease self-management (Part PP); relates to managed care encounter data (Part QQ); relates to authorizing providing relocation and employment assistance credits (Part RR); relates to abatement of tax payments for certain industrial and commercial properties in a city of one million or more persons (Part SS); relates to omitting a candidate for the office of president of the United States from the primary ballot (Part TT); relates to pretrial orders and pretrial proceedings (Part UU); relates to transit crimes and prohibition orders relating to such crimes (Part VV); amends the Hudson river park act, in relation to Pier 76 (Part WW); relates to prescription drug pricing and creating a drug accountability board (Part XX); relates to claims payment timeframes and payment of interest, payment and billing for out-of-network hospital emergency services, claims payment performance and creation of a workgroup to study health care administrative simplification; relates to claims for medical debt; relates to provisional credentialing of physicians, relates to preventing recoupment of COVID-19 related inpatient and emergency services claims (Part YY); relates to certain Medicaid management (Part ZZ); relates to malpractice and professional medical conduct; extends certain provisions concerning the hospital excess liability pool; amends the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part AAA); relates to known and projected department of health state fund Medicaid expenditures, in relation to extending the Medicaid global cap (Part CCC); relates to capping cost sharing for insulin (Part DDD); relates to the New York State Bridge Authority (Part EEE); relates to extending and enhancing the Medicaid drug cap and to reduce unnecessary pharmacy benefit manager costs to the Medicaid program; directs the department of health to remove the pharmacy benefit from the managed care benefit package and to provide the pharmacy benefit under the fee for service program; relates to participation and membership in a demonstration period (Part FFF); relates to enacting the emergency or disaster treatment protection act (Part GGG); relates to automatic discovery (Part HHH); relates to establishing a period of probable usefulness for airport construction and improvement of the Ithaca Tompkins International Airport (Part III); validates certain acts of the Mahopac Central school district with regard to capital improvement projects (Part JJJ); relates to managed care encounter data, authorizes electronic notifications, establishes regional demonstration projects (Part KKK); relates to the operation and administration of the legislature, in relation to extending such provisions (Part LLL).

Location: US-NY

WA SB 6397

Title: Concerning nonparticipating providers.

Current Status: Enacted

Introduction Date: 2020-01-16

Last Action Date: Effective date 6/11/2020.. 2020-03-31

Summary: Provider reimbursement methods within the medical billing processes that incentivize pharmacists in Washington state to provide comprehensive medication management services consistent with the findings and goals established in RCV 74.09.5223

Location: US-WA

UT HB 2

Title: New Fiscal Year Supplemental Appropriations Act

Current Status: Enacted

Introduction Date: 2020-03-09

Last Action Date: Governor Signed. 2020-03-31

Location: US-UT

IN HB 1004

Title: Health matters.

Current Status: Enacted

Introduction Date: 2020-01-06

Last Action Date: Public Law 93. 2020-03-30

Description: States that the office of the secretary of family and social services and a managed care organization may not prohibit a provider from participating in another insurance network. Defines "weighted average negotiated charge" and requires the weighted average negotiated charge per service per provider type for Medicaid to be reported by hospitals and ambulatory outpatient surgical centers. Requires certain health care providers, beginning July 1, 2021, to provide a good faith estimate to individuals of the price for nonemergency health care services to be provided to the individual by the health care provider and sets forth requirements. Allows an individual to request a good faith estimate from a health care provider for the total price of nonemergency services that have been ordered, scheduled, or referred, and requires the health care provider to provide the good faith estimate. Sets forth requirements for the good faith estimate. Provides that an out-of-network practitioner who provides health care services to a covered individual in an in-network facility may not charge more for the health care services provided to a covered individual than allowed according to the rate or amount of compensation established by the covered individual's network plan unless: (1) at least five days before the health care services are scheduled to be provided, the covered individual provided a statement that: (A) informs the covered individual that the facility or practitioner intends to charge more than allowed under the network plan; and (B) sets forth an estimate of the charge; and (2) the covered individual signs the statement, signifying the covered individual's consent to the charge. Sets forth notice requirements. Sets forth provisions that a physician noncompete agreement must include in order to be enforceable. Provides for information and notification that an employer must give to a physician who leaves the employment of the provider. Allows an individual to request from a health carrier a good faith estimate of the amount of the cost of nonemergency health care services that the health carrier will pay for or reimburse and the applicable benefit limitations of the nonemergency health care service. Sets forth requirements of a good faith estimate by the health carrier and sets penalties for violations.

Location: US-IN

 PBM contracts

IN HB 1207

Title: Pharmacy matters.

Current Status: Enacted

Introduction Date: 2020-01-16

Last Action Date: Public Law 114. 2020-03-30

Description: Provides that a state employee plan, a health maintenance organization, an insurer, or a pharmacy benefits manager (health plan provider) may not require a pharmacy or pharmacist to collect a higher copayment for a prescription drug from a covered individual than the health plan provider allows the pharmacy or pharmacist to retain. Allows a pharmacist who meets certain requirements to dispense auto-injectable epinephrine by standing order to a person who: (1) has completed a course of auto-injectable epinephrine; and (2) is an individual in a position to assist an individual who is at risk of experiencing anaphylaxis. Allows a person to administer auto-injectable epinephrine to an individual who is experiencing anaphylaxis if certain conditions are met. Requires the state department of health (state department) to issue a statewide standing order authorizing the dispensing of auto-injectable epinephrine. Authorizes the state health commissioner to issue a statewide standing order authorizing the dispensing of auto-injectable epinephrine. Extends certain immunities to the state department, the state health commissioner, and certain designated public health authorities. Requires the state department to approve courses concerning administration of auto-injectable epinephrine. Requires a person to have successfully completed the course to be immune from civil liability. Adds exceptions to the requirement that controlled substance prescriptions be in an electronic format. Provides the board of pharmacy, in consultation with the medical licensing board, may adopt emergency rules. Adds advanced practice registered nurses and physician assistants to the list of out-of-state providers whose prescriptions a pharmacist has a duty to honor. Allows a prescription for a patient to be transferred electronically or by facsimile by a pharmacy to another pharmacy if the pharmacies do not share a common data base. Allows a licensed pharmacy technician to transfer the prescription. Allows a pharmacist to substitute a therapeutic alternative for epinephrine products for a patient and to prescribe sterile water for injection with a prescription drug. Allows a pharmacy technician to administer an influenza immunization to an individual under a drug order or prescription, subject to rules adopted by the board of pharmacy. Provides that aggregated information compiled from annual reports of pharmacy benefit managers to the insurance commissioner is not confidential except for information that reveals a specific pharmacy benefit manager's proprietary information. Requires: (1) a state employee health plan; and (2) an insurer-provided health plan that complies with the federal Affordable Care Act; to establish a procedure under which the amount paid by a covered individual for a covered prescription drug purchased outside of the health plan will offset the covered individual's deductible. Requires an insurer, when removing a prescription drug from the insurer's formulary or changing the sharing requirements applying to the prescription drug, to give an insured for whom the drug has been prescribed 60 days of the insurer's action and provide an appeal process through which the insured may request an extension of coverage for that drug through the end of the insured's plan year.

Location: US-IN

 Patient Protections

UT HB 8

Title: State Agency Fees and Internal Service Fund Rate Authorization and Appropriations

Current Status: Enacted

Introduction Date: 2020-01-28

Last Action Date: Governor Signed. 2020-03-30

Location: US-UT

KY SB 50

Title: AN ACT relating to pharmacy benefits in the Medicaid program and declaring an emergency.

Current Status: Enacted

Introduction Date: 2020-01-28

Last Action Date: signed by Governor (Acts ch. 70). 2020-03-27

Description: Amend KRS 205.647 to require the Department for Medicaid Services to establish and directly administer an outpatient pharmacy benefit program for all Medicaid beneficiaries; permit the department to contract with a third-party administrator on a fee-for-service reimbursement basis; require a third-party administrator to utilize the outpatient pharmacy benefit program established by the department; exempt outpatient pharmacy services provided by a health care facility that is registered as a covered entity pursuant to 42 U.S.C. sec. 256b from the provisions of this section; EMERGENCY; effective July 1, 2020.

Location: US-KY

OK HB 3558

Title: Prisons and reformatories; deleting exception to certain reimbursement requirements; effective date.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-03

Last Action Date: Second Reading referred to Public Safety. 2020-03-16

Location: US-OK

FL SB 696

Title: Prescription Drug Coverage

Current Status: Failed

Introduction Date: 2019-10-29

Last Action Date: Died in Banking and Insurance. 2020-03-14

Description: Requiring individual and group health insurers to provide notice of prescription drug formulary changes to current and prospective insureds and the insureds' treating physicians; specifying requirements for a notice of medical necessity submitted by the treating physician; requiring insurers to apply certain reductions in out-of-pocket expenses for prescription drugs toward an insured's cost-sharing obligation; requiring health maintenance organizations to provide notice of prescription drug formulary changes to current and prospective subscribers and the subscribers' treating physicians, etc.

Location: US-FL

FL HB 561

Title: Prescription Drug Coverage

Current Status: Failed

Introduction Date: 2019-11-06

Last Action Date: Died in Health Market Reform Subcommittee. 2020-03-14

Description: Requires individual & group health insurers & HMOs to provide notice of prescription drug formulary changes; specifies requirements for notice of medical necessity submitted by treating physicians; specifies coverage requirement & restrictions on coverage modification by insurers & HMOs receiving such notice; requires insurers & HMOs to maintain record of formulary changes; requires small employer carriers to comply with requirements for prescription drug formulary changes; requires insurers & HMOs to apply reductions in out-of-pocket expenses for prescription drugs toward cost-sharing obligation.

Location: US-FL

FL SB 1374

Title: Regional Perinatal Intensive Care Centers

Current Status: Failed

Introduction Date: 2020-01-03

Last Action Date: Died in Appropriations Subcommittee on Health and Human Services. 2020-03-14

Summary: Might cover prenatal vitamins dispensed via pharmacy services.. (pending)

Description: Authorizing the Department of Health to designate regional perinatal intensive care centers; providing that designation by the department is required for participation in the regional perinatal intensive care centers program; specifying standards that must be included in department rules relating to the designation, development, and operation of a regional perinatal intensive care center; specifying reimbursement parameters for certain services provided in a regional perinatal intensive care center setting, etc.

Location: US-FL

VT H 728

Title: An act relating to the miscellaneous changes affecting the duties of the Department of Vermont Health Access

Current Status: Sine Die - Failed

Introduction Date: 2020-01-15

Last Action Date: Read 1st time & referred to Committee on Health and Welfare. 2020-03-13

Location: US-VT

WA HB 2710

Title: Modifying the uses, disclosure, and requirement dates of prescription drug price transparency data.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-20

Last Action Date: By resolution, returned to House Rules Committee for third reading.. 2020-03-12

Location: US-WA

 Transparency and ...

WA SB 6113


Title: Creating a central insulin purchasing program.

Current Status: Sine Die - Failed

Introduction Date: 2019-12-24

Last Action Date: Returned to Senate Rules 3.. 2020-03-12

Location: US-WA

 Drug Pricing

WA HB 2036

Title: Concerning health system transparency.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-13

Last Action Date: By resolution, returned to House Rules Committee for third reading.. 2020-03-12

Location: US-WA

DE HB 287

Title: AN ACT TO AMEND TITLE 29 OF THE DELAWARE CODE RELATING TO PHARMACEUTICAL PURCHASING.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-29


Last Action Date: Substituted in House by HS 1 for HB 287. 2020-03-12

Description: This Act implements recommendations of the Interagency Pharmaceuticals Purchasing Study Group created by House Concurrent Resolution No. 35. First, this Act creates the Interagency Pharmaceutical Purchasing Collaborative ("Collaborative") to leverage the total volume of State pharmaceutical purchases to negotiate lower prices. The Collaborative must conduct a data analysis of current pharmaceutical purchasing prices paid by State agencies to create a data analytic profile. After building the data analytic profile, the Collaborative must build a market database by assessing the value, as determined by cost and patient outcome, of individual drugs and calculating the volume of individual drug purchases by all State agencies. The Collaborative must use the market database to identify opportunities to leverage the total volume of State pharmaceutical purchases to negotiate lower prices which may include a group purchasing agreement or a consortium with other states. Section 1 of this Act requires that State agency contracts to purchase pharmaceuticals must contain specific transparency provisions. Title

transparency provisions will allow the State to monitor and control the cost of pharmaceutical purchases. Finally, this Act provides that information received or generated by the Collaborative or under contract transparency provisions is not public information under the Freedom of Information Act. However, the Collaborative must provide an annual report that summarizes the Collaborative's work.

Location: US-DE

 Transparency and ...

 Drug Pricing

DE HB 287-1

Title: Substitute 1: AN ACT TO AMEND TITLE 29 OF THE DELAWARE CODE RELATING TO PHARMACEUTICAL PURCHASING


Current Status: Sine Die - Failed

Introduction Date: 2020-03-12

Last Action Date: Adopted in lieu of the original bill HB 287, and Assigned to Health & Human Development Committee in Hc 2020-03-12

Description: This Act implements recommendations of the Interagency Pharmaceuticals Purchasing Study Group created by House Concurrent Resolution No. 35. First, this Act creates the Interagency Pharmaceutical Purchasing Collaborative ("Collaborative") to leverage the total volume of State pharmaceutical purchases to negotiate lower prices. The Collaborative must conduct a data analysis of current pharmaceutical purchasing prices paid by State agencies to create a data analytic profile. After building the data analytic profile, the Collaborative must build a market database by assessing the value, as determined by cost and patient outcome, of individual drugs and calculating the volume of individual drug purchases by all State agencies. The Collaborative must use the market database to identify opportunities to leverage the total volume of State pharmaceutical purchases to negotiate lower prices which may include a group purchasing agreement or a consortium with other states. Second, this Act requires that State agency contracts to purchase pharmaceuticals must contain specific transparency provisions. Third, transparency provisions will allow the State to monitor and control the cost of pharmaceutical purchases. Finally, this Act provides that information received or generated by the Collaborative or under contract transparency provisions is not public information under the Freedom of Information Act. However, the Collaborative must provide an annual report that summarizes the Collaborative's work. House Substitute No. 1 for House Bill No. 287 differs from House Bill No. 287 as follows: 1. In § 631(2)a. of Title 29, requires the Interagency Pharmaceutical Purchasing Collaborative to assess the value of individual drugs using evidence-based cost and patient outcomes instead of by the simple cost and patient outcomes. 2. Changes "pharmacy benefit manager" to "wholesaler" in § 6937(a)(1) of Title 29, because the acquisition cost is negotiated between a wholesaler and manufacturer not between a pharmacy benefit manager and manufacturer. 3. Requires the Secretary of the Department of Health and Social Services to provide and purchase the data analytics required under § 6317A(e)(1) of Title 29 by March 31, 2021.

Location: US-DE

 Drug Pricing

MO SB 971

Title: Enacts provisions relating to payments for prescription drugs

Current Status: Sine Die - Failed

Introduction Date: 2020-02-04

Last Action Date: Hearing Conducted S Seniors, Families and Children Committee. 2020-03-11

Summary: Transparency and disclosure Patient protections Reimburse at least drug acquisition cost Fiduciary duty to plan sponsor

Location: US-MO

GA HB 1128

Title: Insurance; pharmacy benefits managers; revise provisions relating to rules and regulations

Current Status: Sine Die - Failed

Introduction Date: 2020-03-09


Last Action Date: House Second Readers. 2020-03-10


Summary: Authorizes commission to examine or audit books and records of PBM to determine compliance with labels above
Description: A BILL to be entitled an Act to amend Chapter 64 of Title 33 of the O.C.G.A., relating to regulation and licensure pharmacy benefits managers, so as to revise provisions relating to rules and regulations; to provide for audits; to revise provisions relating to reimbursement requirements; to require reasonably adequate and accessible pharmacy benefits management networks; to provide for a fiduciary duty by pharmacy benefits managers; to provide for protections for 340B entities; to provide for definitions; to amend Part 1 of Article 1 of Chapter 18 of Title 45 of the O.C.G.A., relating to the state employees' health insurance plan, so as to require that all contracts for pharmacy benefits management under the state health benefit plan include collection of data on pharmacy claims; to provide for related matters; to provide for an effective date and applicability; to resolve conflicting laws; and for other purposes.

Location: US-GA

 Patient Protections

 NADAC+

 Provider networks

 Pharmacy Reimbur...

 340B

 Fiduciary duty

LA SB 160

Title: WORKERS' COMPENSATION: Provides for the creation of a workers' compensation pharmacy formulary. (8/1/20)

Current Status: Sine Die - Failed

Introduction Date: 2020-02-25

Last Action Date: Introduced in the Senate; read by title. Rules suspended. Read second time and referred to the Committee on Labor and Industrial Relations.. 2020-03-09

Location: US-LA

LA HB 321

Title: MEDICAID MANAGED CARE: Establishes a minimum generic dispensing rate requirement in Medicaid managed care (SEE FISC NOTE SG RV)

Current Status: Sine Die - Failed

Introduction Date: 2020-02-27

Last Action Date: Read by title, under the rules, referred to the Committee on Health and Welfare.. 2020-03-09

Location: US-LA

OR HB 4147

Title: Relating to prescription drugs; declaring an emergency.

Current Status: Failed


Introduction Date: 2020-02-03

Last Action Date: In committee upon adjournment.. 2020-03-08

Description: Requires Oregon Health Authority to design program to import wholesale prescription drugs from Canada. Requires Oregon Health Authority to design program to import wholesale prescription drugs from Canada. Specifies conditions and requirements. If authority estimates program would produce substantial cost savings for Oregon consumers, requires authority to seek federal approval and, with federal approval, to implement program. Authorizes administrator of Oregon Prescription Program to contract with pharmacy benefit manager and to establish state-managed wholesale or retail drug distribution or dispensing system. Modifies duties of Task Force on the Fair Pricing of Prescription Drugs and extends sunset on task force. Declares emergency, effective on passage.

Location: US-OR

 Drug Importation

 Drug Pricing

CT SB 194

Title: AN ACT CONCERNING OBSOLETE REFERENCES RELATING TO THE DEPARTMENT OF SOCIAL SERVICES IN THE GENERAL STATUTES.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-20

Last Action Date: Filed with Legislative Commissioners' Office (LCO). 2020-03-06

Description: To revise certain provisions in the general statutes containing obsolete references to the Department of Social Services.

Location: US-CT

GA HB 947

Title: Community Health, Department of; engage an actuary to conduct a study of the fiscal impact of carving out pharmacy benefits from the state's current Medicaid care management organizations; require

Current Status: Sine Die - Failed

Introduction Date: 2020-02-20

Last Action Date: Senate Read and Referred. 2020-03-05

Description: A BILL to be entitled an Act to amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated relating to Medicaid generally, so as to require the Department of Community Health to engage an actuary to conduct an actuarial study of the fiscal impact of carving out pharmacy benefits from the state's current Medicaid care management organizations; to provide for actions based on the results of the actuarial study; to provide for submission of a waiver if necessary; to provide for related matters; to provide for legislative findings; to repeal conflicting laws; and for other purposes.

Location: US-GA



Medicaid Carve-Out

KY HB 608

Title: AN ACT relating to pharmacy benefit managers.

Current Status: Sine Die - Failed

Introduction Date: 2020-03-02

Last Action Date: to Health and Family Services (H). 2020-03-04

Description: Amend KRS 205.647 to require the Department for Medicaid Services to set or create pharmacy benefit reimbursement rates.

Location: US-KY



Medicaid Reimburs...

KY HB 609

Title: AN ACT relating to pharmacy benefit managers.

Current Status: Sine Die - Failed

Introduction Date: 2020-03-02

Last Action Date: to Health and Family Services (H). 2020-03-04

Description: Amend KRS 205.647 to permit the Department for Medicaid Services to deny a contract between a pharmacy benefit manager and a pharmacy or an entity which contracts on behalf of a pharmacy.

Location: US-KY

MS SB 2218

Title: Office of Medicaid Inspector General; create.

Current Status: Failed

Introduction Date: 2020-01-31

Last Action Date: Died In Committee. 2020-03-03

Description: An Act To Create A New Office Of Medicaid Inspector General As A Subagency Independent Of, But Housed With The Division Of Medicaid; To Provide For A Medicaid Inspector General To Be Appointed By The Governor; To Require The Executive Director Of The Mississippi Division Of Medicaid And The Medicaid Inspector General To Develop A Transition Plan For Implementation Of The New Office Of The Medicaid Inspector General, Including The Transfer Of The Functions Of The Office Of Program Integrity, Office Of Third-Party Recovery And Office Of Appeals In The Division Of Medicaid To The Office Of The Medicaid Inspector General; To Impose Duties Upon The Office Of Medicaid Inspector General To Prevent And Detect Fraud, Waste And Abuse Within The Medicaid Program Operated By The Division Of Medicaid; To Authorize The Medicaid Inspector General To Investigate Fraud, Waste And Abuse And Seek Administrative And Civil Recovery From Providers And Recipients Including Treble Damages; To Require The Medicaid Inspector General To Submit An Annual Report To The Governor, The Lieutenant Governor, The Speaker Of The House Of Representatives, The Joint Legislative Committee On Performance Evaluation And Expenditure Review, The State Auditor, And The Attorney General Summarizing The Activities Of The Office Of The Medicaid Inspector General During The Preceding Fiscal Year; To Require The Division Of Medicaid To Consult With The Office Of Medicaid Inspector General To Develop, Test, Recommend And Implement Methods To Strengthen The Capability Of The Medicaid Management Information System To Detect And Control Fraud, Waste And Abuse; To Require Certain Providers Of Medicaid Program Benefits, Services Or Items To Implement A Compliance Program; To Authorize The Medicaid Inspector General To Render Advisory Opinions Upon Request From Providers Or Insurers Participating In The Medicaid Program; To Amend Sections 43-13-118, 43-13-120, 43-13-121, 43-13-125, 43-13-126, 43-13-127, 43-13-221, 43-13-223, 43-13-225, 43-13-301, 43-13-303, 43-13-305, 43-13-307, 43-13-311, 43-13-313, 43-13-315, And 43-13-317, Mississippi Code Of 1972, To Conform To The Preceding Provisions; To Amend Section 25-3-39, Mississippi Code Of 1972, To Require The Governor To Fix The Annual Salary Of The Medicaid Inspector General At A Level No Greater Than One Hundred Fifty Percent (150%) Of The Salary Fixed For The Governor And To Exempt The Medicaid Inspector General From The Rule Prohibiting Any Public Officer, Employee Or Administrator From Being Paid A Salary In Excess Of The Salary Of The Agency Head In Which The Public Officer, Employee Or Administrator Is Employed; To Amend Section 27-104-7, Mississippi Code Of 1972, To Exempt Personal Services Contracts Entered Into By The Mississippi Division Of Medicaid That Would Be Useful In Establishing And Operating The Office Of Medicaid Inspector General Well As Personal Services Contracts Entered Into By The Office Of Medicaid Inspector General From The State Public Procurement Review Board Rules And Regulations; To Amend Section 25-9-127, Mississippi Code Of 1972, To Exempt The Office Of Medicaid Inspector General From The State Personnel Board Rules, Regulations And Procedures; And For Related Purposes.

Location: US-MS

 Transparency and ...

MS HB 542

Title: Contraceptives; require insurers, Medicaid and the State Health Plan to cover without cost sharing.

Current Status: Failed

Introduction Date: 2020-02-05

Last Action Date: Died In Committee. 2020-03-03

Description: An Act To Provide That Certain Insurance Policies And Contracts Shall Provide Coverage For Fda-Approved Contraceptive Drugs, Devices And Other Products, For Emergency Contraception Available Over-The-Counter, For Prescription Contraceptives Intended To Last For Not More Than A Three-Month Period For The First Time The Prescription Contraceptive Is Dispensed To The Covered Person And For Not More Than A Twelve-Month Period For Any Later Dispensing Of The Same Prescription, For Voluntary Female Sterilization Procedures, For Patient Education And Counseling On Contraception, And For Follow-Up Services Related To The Drugs, Devices, Products And Procedures Covered Under This Act; To Provide That The Coverage Provided Under This Act Shall Not Be Subject To Any Deductible, Coinsurance, Copayment Or Any Other Cost-Sharing Requirement; To Authorize An Exemption From This Act For Policies And Contracts Purchased By An Employer That Is A Church Or Qualified Church-Controlled Organization At The Request Of The Employer; To Amend Section 25-15-9, Mississippi Code Of 1972, To Require The State And School Employees Health Insurance Plan To Cover The Services And Contraceptive Methods Provided For In The Preceding Provisions; To Create New Section 43-13-117.3, Mississippi Code Of 1972, To Provide For Medicaid Coverage For The Services And Contraceptive Methods Provided For In The Preceding Provisions; To Amend Section 43-13-117.3, Mississippi Code Of 1972, To Conform To The Preceding Provision; And For Related Purposes.

Location: US-MS

IA SSB 3194


Title: A bill for an act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, providing penalties, and including effective date and retroactive and other applicability date provisions.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-27

Last Action Date: Subcommittee: Breitbach, Bolkcom, and Kraayenbrink.. 2020-03-02

Location: US-IA

 Medicaid Reimburs...

WA HB 2325

Title: Making 2019-2021 fiscal biennium supplemental operating appropriations.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-08

Last Action Date: Referred to Rules 2 Review.. 2020-02-28

Location: US-WA

CT HB 5015

Title: AN ACT CONCERNING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-06

Last Action Date: Public Hearing 03/05. 2020-02-28

Description: To implement the Governor's budget recommendations.

Location: US-CT

MN SF 2767

Title: Injectable drugs reimbursement provisions modification

Current Status: Sine Die - Failed

Introduction Date: 2019-04-01

Last Action Date: Author added Rosen. 2020-02-27

Location: US-MN

MI HB 5554

Title: Appropriations; other; executive recommendation; provide for omnibus bill. Creates appropriation act.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-26

Last Action Date: bill electronically reproduced 02/27/2020. 2020-02-27

Location: US-MI

MI SB 802

Title: Appropriations: other; executive recommendation; provide for omnibus bill. Creates appropriation act.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-26

Last Action Date: REFERRED TO COMMITTEE ON APPROPRIATIONS. 2020-02-26

Location: US-MI

GA SB 427

Title: Medicaid; actuarial study of the fiscal impact of carving out pharmacy benefits; Department of Community Health; rec


Current Status: Sine Die - Failed

Introduction Date: 2020-02-25

Last Action Date: Senate Read and Referred. 2020-02-25

Description: A BILL to be entitled an Act to amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated relating to Medicaid generally, so as to require the Department of Community Health to engage an actuary to conduct an actuarial study of the fiscal impact of carving out pharmacy benefits from the state's current Medicaid care management organizations; to provide for actions based on the results of the actuarial study; to provide for submission of a waiver if necessary; to provide for related matters; to provide for legislative findings; to repeal conflicting laws; and for other purpos

Location: US-GA

 Medicaid Carve-Out

OK SB 1517

Title: Oklahoma Health Care Authority; modifying provisions related to Medicaid Drug Utilization Review Board. Effective da

Current Status: Sine Die - Failed

Introduction Date: 2020-02-03

Last Action Date: Motion expired. 2020-02-24

Location: US-OK

OK SB 1901

Title: Oklahoma Employee Insurance and Benefits Act; requiring Board and Health Care Authority to collaborate for certain purpose. Effective date.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-03

Last Action Date: Referred to Appropriations. 2020-02-24

Location: US-OK

KY SB 196

Title: AN ACT relating to state employee health insurance.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-21

Last Action Date: to State & Local Government (S). 2020-02-24

Description: Amend various sections of KRS Chapter 225 to permit, rather than mandate, the procurement of specific provid types for employee health insurance, delete reference to the Kentucky Kare standard, delete language relating to the Advis Committee of State Health Insurance Subscribers, specify that no provision of Chapter 304 shall apply to the public employ health insurance program except as specified, and delete references to regional contracts for state employee health insuram amend KRS 18A.2254 to add health savings accounts as a waiver funding option, delete prohibition against using trust fund receipts earned in prior plan years in subsequent plan years, establish a solvency reserve for the trust fund, and delete refe to the Advisory Committee of State Health Insurance Subscribers; amend KRS 18A.226 to delete reference to the Advisory Committee of State Health Insurance Subscribers, add an employee of the Kentucky Retirement System, an employee of th Teachers' Retirement System, and a representative of any quasi-governmental group with 20 or more employees to the Grc Health Insurance Board, and allow the Group Health Insurance Board to provide reports and information upon request; rep KRS18A.2255 relating to the Advisory Committee of State Health Insurance Subscribers.

Location: US-KY

NJ S 1876

Title: Prohibits SHBP, SEHBP, and Medicaid from denying coverage for maintenance medications for chronic conditions for covered persons solely because of change in health benefits plan or pharmacy benefits manager.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-24

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2020-02-24

Location: US-NJ

IL HB 4444

Title: Cybersecurity-Information Tech

Current Status: Sine Die - Failed

Introduction Date: 2020-01-31

Last Action Date: Tabled. 2020-02-18

Description: Amends the Freedom of Information Act. Modifies the exemptions from inspection and copying concerning cybersecurity vulnerabilities. Amends the Department of Innovation and Technology Act. Authorizes the Department of Innovation and Technology to accept grants and donations. Creates the Technology, Education, and Cybersecurity Fund as a special fund in the State treasury to be used by the Department of Innovation and Technology to promote and effectuate information technology activities. Requires a local government official or employee to be chosen to act as the primary point contact for local cybersecurity issues. Amends the Illinois Information Security Improvement Act. Requires the Secretary of Innovation and Technology to establish a cybersecurity liaison program to advise and assist units of local government and school districts concerning specified cybersecurity issues. Provides for cybersecurity training for employees of counties, municipalities, and school districts. Amends the Illinois Procurement Code. Provides that State agencies are prohibited from purchasing products that, due to cybersecurity risks, are prohibited for purchase by federal agencies pursuant to a United States Department of Homeland Security Binding Operational Directive. Amends the State Finance Act to provide for the Technology, Education, and Cybersecurity Fund.

Location: US-IL

IA SSB 3189

Title: A bill for an act relating to participating pharmacy and pharmacist network providers under Medicaid managed care.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-18

Last Action Date: Subcommittee: Greene, Johnson, and Quirnbach.. 2020-02-18

Summary: This bill requires a Medicaid managed care organization (MCO) to accept as a participating network provider any licensed pharmacy or pharmacist located within the geographic service area of the MCO if the licensed pharmacy or pharmacist consents to participation, meets and agrees to the conditions for participation in the Medicaid program as established by the department of human services (DHS), complies with the applicable provisions of Code chapter 155A (pharmacy), and accepts reimbursement at the prevailing Medicaid reimbursement rate.

Location: US-IA

 Provider networks

NJ A 2655


Title: Provides Medicaid and certain insurers access to Prescription Monitoring Program.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-13

Last Action Date: Introduced, Referred to Assembly Health Committee. 2020-02-13

Location: US-NJ

 Prescription Drug ...

NJ S 1765

Title: Requires pharmacy benefits manager providing services within Medicaid program to implement pass-through pricing model and to disclose certain information to DHS and managed care organizations.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-13

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2020-02-13

Location: US-NJ

 PBM contracts

NJ S 1775

Title: Requires Medicaid preferred drug lists to provide for coverage of buprenorphine for treatment of chronic pain.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-13

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2020-02-13

Location: US-NJ

VA HB 1456

Title: Medical assistance services; managed care organization contracts with pharmacy providers.

Current Status: Failed

Introduction Date: 2020-01-08

Last Action Date: House: Left in Health, Welfare and Institutions. 2020-02-11

Description: Medical assistance services; managed care organization contracts with pharmacy providers; recoupment of direct and indirect remuneration fees. Requires the Department of Medical Assistance Services to require a managed care organization with which the Department enters into an agreement for the delivery of medical assistance services to include in any agreement between the managed care organization and an intermediary a provision prohibiting the intermediary from recouping direct and indirect remuneration fees with respect to a prescription.

Location: US-VA

KY HB 400

Title: AN ACT relating to pharmacy referral practices.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-07

Last Action Date: to Banking & Insurance (H). 2020-02-10

Description: Create a new section of KRS 304.17A-165 to 304.17A-166 to define "insurer," "pharmacy affiliate," "pharmacy benefit manager," "pharmacy or pharmacist services," and "referral to a pharmacy affiliate"; require insurers, pharmacy benefit managers, and other administrators of pharmacy benefits to file an annual disclosure statement with the insurance commissioner that identifies pharmacy affiliates; prohibit insurers, pharmacy benefit managers, and other administrators of pharmacy benefits from transferring or sharing certain Kentucky pharmacy records with a pharmacy affiliate for any commercial purpose; prohibit insurers, pharmacy benefit managers, and other administrators of pharmacy benefits from making certain referrals to a pharmacy affiliate; establish exceptions to prohibitions established in section; require Cabinet for Health and Family Services

take any steps necessary to effectuate legislation; amend KRS 304.9-440 to subject pharmacy benefit managers to licensure sanctions for violating provisions of legislation; create a new section of KRS Chapter 315 to define "affiliate" and "affiliate ref prohibit pharmacies holding a permit provided for under the chapter from transferring or sharing certain Kentucky pharmacy records with an affiliate for any commercial purpose; prohibit pharmacies holding a permit provided for under the chapter from presenting, causing to be presented, or collecting payment on a claim or bill for pharmacy or pharmacist services that the pharmacy knows or should know were furnished pursuant to an affiliate referral; establish exceptions to prohibitions established in section; amend KRS 205.522 to require the Department for Medicaid Services and any managed care organization contract to provide Medicaid benefits to comply with applicable provisions; amend KRS 18A.2259 and 18A.225 to require the state employee health plan to comply; state that provisions of contracts issued, delivered, entered, renewed, extended, or amended or after the effective date of Act that are contrary to Act shall be unenforceable and void; state that provisions of this Act shall be severable; EFFECTIVE January 1, 2021.

Location: US-KY

 Patient Protections

MD HB 756

Title: Maryland Medical Assistance Program and Managed Care Organizations That Use Pharmacy Benefits Managers - Reimbursement Requirements

Current Status: Sine Die - Failed

Introduction Date: 2020-01-31

Last Action Date: Hearing 2/27 at 1:00 p.m.. 2020-02-06

Summary: Requires NADAC plus dispensing fee to be applied as a minimum to drug reimbursements

Description: Requiring the Maryland Medical Assistance Program to establish reimbursement levels, rather than maximum reimbursement levels, for drug products for which there is a certain generic equivalent; requiring that certain minimum reimbursement levels be at least equal to the National Average Drug Acquisition Cost of the generic product plus the fee-for-service professional dispensing fee determined by the Maryland Department of Health in accordance with the most recent State cost-of-dispensing survey; etc.

Location: US-MD

FL SPB 2502

Title: Implementing the 2020-2021 General Appropriations Act

Current Status: Sine Die - Failed

Introduction Date: 2020-02-06

Last Action Date: Placed on Special Order Calendar, 02/12/20. 2020-02-06

Description: Incorporating by reference certain calculations of the Florida Education Finance Program; suspending the Florida Best and Brightest Teacher and Principal Allocation for the 2020-2021 fiscal year; creating the Teacher Salary Increase Allocation; specifying the source of charter school capital outlay funding; establishing the Florida Institute of Politics at the Florida State University; extending for 1 fiscal year a provision requiring the Agency for Health Care Administration to make payments to Medicaid-covered services, etc.

Location: US-FL

PA SB 825

Title: An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in medical assistance, providing for financial disclosures for pharmacy services, for medical assistance reimbursement for pharmacies, for medical assistance reimbursement for specialty drugs, for pharmacy benefit manager networks, for cost transparency, for pharmacy benefit manager reimbursement, for pay for performance program and for audits and limitations.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-06

Last Action Date: Referred to HEALTH AND HUMAN SERVICES. 2020-02-06

Location: US-PA

WA HB 2616

Title: Concerning nonparticipating providers.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-16

Last Action Date: Referred to Rules 2 Review.. 2020-02-05

Location: US-WA

NY A 7196

Title: Enacts the manufacturer disclosure and transparency act

Current Status: Sine Die - Failed

Introduction Date: 2019-04-12

Last Action Date: PRINT NUMBER 7196A. 2020-02-05

Description: Enacts the manufacturer disclosure and transparency act requiring prescription drug manufacturers to notify t attorney general of arrangements between pharmaceutical manufacturers resulting in the delay of the introduction of gene medications.

Location: US-NY

NY S 5169

Title: Enacts the manufacturer disclosure and transparency act

Current Status: Sine Die - Failed

Introduction Date: 2019-04-12

Last Action Date: PRINT NUMBER 5169A. 2020-02-05

Description: Enacts the manufacturer disclosure and transparency act requiring prescription drug manufacturers to notify t attorney general of arrangements between pharmaceutical manufacturers resulting in the delay of the introduction of gene medications.

Location: US-NY

PA HB 945

Title: An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in public assistance, prov for use of pharmacy benefits manager by medical assistance managed care organization.

Current Status: Sine Die - Failed

Introduction Date: 2019-11-19

Last Action Date: Laid on the table. 2020-02-04

Location: US-PA

CA SB 446

High Priority

Support

Title: Medi-Cal: hypertension medication management services.

Current Status: Sine Die - Failed

Introduction Date: 2019-02-21


Last Action Date: Returned to Secretary of Senate pursuant to Joint Rule 56.. 2020-02-03

Summary: This bill provides that hypertension medication management services are a covered pharmacist service under th Medi-Cal program, as specified.

Description: SB 446, as amended, Stone. Medi-Cal: hypertension medication management services. Existing law provides fr Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-incor

individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides for a schedule of benefits under the Medi-Cal program, which includes pharmacist services subject to approval by the federal Centers for Medicare and Medicaid Services. Under existing law, covered pharmacist services include, but are not limited to, furnishing travel medications, initiating and administering immunizations, providing tobacco cessation counseling, and furnishing nicotine replacement therapy. This bill would additionally provide that hypertension medication management services are a covered pharmacist service under the Medi-Cal program, as specified.

Location: US-CA

 Compensation for ...

CA SB 642

Title: Pharmacy benefit management: Prescription Acquisition and Adjudication Agency.

Current Status: Sine Die - Failed

Introduction Date: 2019-02-22

Last Action Date: Returned to Secretary of Senate pursuant to Joint Rule 56.. 2020-02-03

Description: SB 642, as amended, Stone. Pharmacy benefit management: Prescription Acquisition and Adjudication Agency Existing law provides for the regulation of health care service plans by the Department of Managed Health Care. A willful violation of those provisions is a crime. Existing law, on and after January 1, 2020, prohibits a health care service plan from including in a contract with a pharmacy provider or its contracting agent a provision that prohibits the provider from informing a patient of a less costly alternative to a prescribed medication. Existing law requires a health care service plan that contracts with a pharmacy benefit manager for management of any or all of its prescription drug coverage to require the pharmacy benefit manager to comply with specified provisions, register with the department pursuant to those provisions, and exercise good and fair dealing in the performance of its contractual duties to a health care service plan. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would, on and after July 1, 2021, prohibit a health care service plan or health insurer from entering into, renewing, or extending a contract for pharmacy benefit manager services, as defined. Because a violation of this prohibition by a health care service plan would be a crime, this bill would impose a state-mandated local program. This bill would create the Prescription Acquisition and Adjudication Agency, and would create an advisory board for the agency, as specified. The bill would require a division of the agency to offer pharmacy benefit manager services to health care service plans and health insurers, including adjudicated claim processing, negotiations for pharmaceutical discounts, and the creation of formularies for each plan or insurer, as specified. This bill would additionally require a separate division of the agency to negotiate with pharmaceutical manufacturers for discounts and rebates for those plans or insurers, and would require the agency to develop a closed bidding process for those negotiations. The bill would require an agreement between the agency and a health care service plan or health insurer to include provisions granting 10% of any rebate or of the difference between the market value and the price negotiated by the agency, or 100% of the rebate or difference if the agreement is with a Medi-Cal managed care plan, to be paid to the agency, and deposited in to the Pharmaceutical Discount Fund, and would make those amounts available, upon appropriation by the Legislature, to the agency to fund its costs or for other programs to lower health care costs in the state. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason. By authorizing the agency, in its agreements with health care service plans or health insurers, to receive more than the reasonable costs of its services, this bill would include a change in state statute that would result in a taxpayer paying a higher tax within the meaning of Section 3 of Article XIII A of the California Constitution, and thus would require for passage the approval of 2/3 of the membership of each house of the Legislature.

Location: US-CA

NJ A 2330

Title: Requires Medicaid preferred drug lists to provide for coverage of buprenorphine for treatment of chronic pain.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-03

Last Action Date: Introduced, Referred to Assembly Health Committee. 2020-02-03

Location: US-NJ

 Preferred Drug Lists

NJ S 1210

Title: Requires pharmacy benefits manager under contract with SHBP and SEHBP to report price paid to pharmacy and amount charged to SHBP and SEHBP.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-03

Last Action Date: Introduced in the Senate, Referred to Senate State Government, Wagering, Tourism & Historic Preservation Committee. 2020-02-03

Location: US-NJ

 Transparency and ...

NJ S 1253

Title: Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system.

Current Status: Sine Die - Failed

Introduction Date: 2020-02-03

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2020-03

Location: US-NJ

 Medicaid Carve-Out

NJ S 1089

Title: Requires all Medicaid managed care organization to permit all pharmacies in State to dispense prescriptions for all covered medications.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-30

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2020-01-30

Location: US-NJ

 Provider networks

NM SB 189

Title: GENERAL APPROPRIATION ACT OF 2020

Current Status: Failed

Introduction Date: 2020-01-28

Last Action Date: Action Postponed Indefinitely. 2020-01-29

Location: US-NM

NY A 9012

Title: Provides for the synchronization of multiple prescriptions for recipients of medical assistance

Current Status: Sine Die - Failed


Introduction Date: 2020-01-10

Last Action Date: REPORTED REFERRED TO WAYS AND MEANS. 2020-01-28

Description: Provides for the synchronization of multiple prescriptions for recipients of medical assistance.

Location: US-NY

 Patient Protections

 Medication synchr...

VT H 785

Title: An act relating to Green Mountain Care Board authority over prescription drug costs

Current Status: Sine Die - Failed

Introduction Date: 2020-01-21

Last Action Date: Read First Time and Referred to the Committee on Health Care. 2020-01-21

Location: US-VT

NJ A 994

Title: Prohibits SHBP, SEHBP, and Medicaid from denying coverage for maintenance medications for chronic conditions for covered persons solely because of change in health benefits plan or pharmacy benefits manager.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-14

Last Action Date: Introduced, Referred to Assembly Financial Institutions and Insurance Committee. 2020-01-14

Location: US-NJ

 Patient Protections

NJ A 1028

Title: Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system

Current Status: Sine Die - Failed

Introduction Date: 2020-01-14

Last Action Date: Introduced, Referred to Assembly Human Services Committee. 2020-01-14

Summary: Carves out prescription drug services to be administered by the Division of Medical Assistance and Health Service of the Department of Human Service under a fee-for-service delivery system using NADAC or wholesale acquisition cost in absence of the latter

Location: US-NJ

 Medicaid Carve-Out

NJ A 1258

Title: Requires pharmacy benefits manager under contract with SHBP and SEHBP to report price paid to pharmacy and amount charged to SHBP and SEHBP.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-14

Last Action Date: Introduced, Referred to Assembly State and Local Government Committee. 2020-01-14

Location: US-NJ

 Transparency and ...

NJ A 2181

Title: Requires all Medicaid managed care organization to permit all pharmacies in State to dispense prescriptions for all co medications.


Current Status: Sine Die - Failed

Introduction Date: 2020-01-14

Last Action Date: Introduced, Referred to Assembly Health Committee. 2020-01-14

Location: US-NJ

 Patient Protections

 Provider networks

NJ S 235

Title: Permits certain managed care organizations to consider cost-effectiveness when placing prescription drug on formu

Current Status: Sine Die - Failed

Introduction Date: 2020-01-14

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 20214

Location: US-NJ

WA HB 1108

Medium Priority

 Support

Title: Making 2017-2019 biennium second supplemental operating appropriations.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-13

Last Action Date: By resolution, reintroduced and retained in present status.. 2020-01-13

Summary: This bill requires managed care organizations to report prescription drug-specific information to the state, includ the actual amounts paid to pharmacies for dispensed drugs, the cost invoiced to the health plan (state), and individual rebat collected for prescription drugs dispensed. It also requires managed care organizations to use a state-established preferrec list (PDL). The Senate companion bill is S 5154. (Budget Bill)

Location: US-WA

 Transparency and ...

WA SB 5154

Medium Priority

 Support

Title: Making 2017-2019 biennium second supplemental operating appropriations.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-13

Last Action Date: By resolution, reintroduced and retained in present status.. 2020-01-13

Summary: This bill requires managed care organizations to report prescription drug-specific information to the state, includ the actual amounts paid to pharmacies for dispensed drugs, the cost invoiced to the health plan (state), and individual rebat collected for prescription drugs dispensed. It also requires managed care organizations to use a state-established preferrec list (PDL). The House companion bill is HB 1108. (Budget Bill)

Location: US-WA

 Transparency and ...

VT S 246

Title: An act relating to Green Mountain Care Board authority over prescription drug costs

Current Status: Sine Die - Failed

Introduction Date: 2020-01-09

Last Action Date: Read 1st time & referred to Committee on Health and Welfare. 2020-01-09

Location: US-VT

KY SJR 5

Title: A JOINT RESOLUTION directing the Cabinet for Health and Family Services to create a task force to study prescription transparency and affordability.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-07

Last Action Date: to Health & Welfare (S). 2020-01-08

Description: Direct the Cabinet for Health and Family Services to create a task force to study prescription drug transparency and affordability.

Location: US-KY

 Transparency and ...

KY HB 82

Title: AN ACT relating to health care to provide for an all-payer claims database and making an appropriation therefor.

Current Status: Sine Die - Failed

Introduction Date: 2020-01-07

Last Action Date: to Banking & Insurance (H). 2020-01-07

Description: Create a new section of Subtitle 17A of KRS Chapter 304 to require the commissioner of the Department of Insurance to establish an advisory committee to make recommendations regarding the creation of a Kentucky all-payer claims database; establish the Kentucky all-payer claims database fund; APPROPRIATION.

Location: US-KY

OH HB 443

Title: Regards mental health/substance use disorder benefit parity

Current Status: Sine Die - Failed

Introduction Date: 2019-12-09

Last Action Date: Refer to Committee Health. 2019-12-11

Description: To amend sections 1739.05, 1751.01, 1751.92, 3901.83, 3902.30, 3922.01, 3923.51, 3923.87, 3959.20, 4723.94, 4731.2910, 4766.01, and 5168.75; to enact sections 3901.57, 3902.50, 3902.51, 5162.137, and 5167.47; and to repeal sections 3923.27, 3923.28, 3923.281, 3923.282, 3923.29, and 3923.30 of the Revised Code regarding mental health and substance disorder benefit parity.

Location: US-OH

NJ A 6006

Title: Prohibits SHBP, SEHBP, and Medicaid from denying coverage for maintenance medications for chronic conditions for covered persons solely because of change in health benefits plan or pharmacy benefits manager.

Current Status: Sine Die - Failed

Introduction Date: 2019-11-25

Last Action Date: Introduced, Referred to Assembly Financial Institutions and Insurance Committee. 2019-11-25

Location: US-NJ

NJ S 4210

Title: Requires pharmacy benefits manager under contract with SHBP and SEHBP to report price paid to pharmacy and amount charged to SHBP and SEHBP.

Current Status: Sine Die - Failed

Introduction Date: 2019-11-14

Last Action Date: Introduced in the Senate, Referred to Senate State Government, Wagering, Tourism & Historic Preservation Committee. 2019-11-14

Location: US-NJ

 PBM contracts

OH HB 396

Title: Impose requirements on pharmacy benefit managers

Current Status: Sine Die - Failed

Introduction Date: 2019-11-05

Last Action Date: Refer to Committee Health. 2019-11-12

Description: To amend section 3959.01 and to enact sections 3959.30, 3959.31, 3959.32, and 5167.122 of the Revised Code impose requirements on pharmacy benefit managers.

Location: US-OH

MA HD 4524

Title: The annual report of the Group Insurance Commission (under Section 21 of Chapter 32A of the General Laws) relative vendor quality improvement initiative of said commission for the fiscal year 2019

Current Status: Sine Die - Failed

Introduction Date: 2019-10-28

Last Action Date: Placed on file. 2019-10-28

Location: US-MA

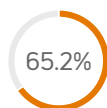
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Title: Relative to contracts for the services of a pharmacy benefits manager.

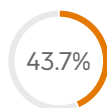
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Location: US-NH

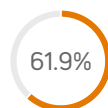
Floor Forecast Scores



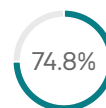
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MA SD 2577

Title: FY2019 GIC Vender Quality Annual Report

Current Status: Sine Die - Failed

Introduction Date: 2019-09-30

Last Action Date: Placed on file SJ 778.. 2019-09-30

Description: Report of the Group Insurance Commission, (pursuant to Chapter 32A, Section 21 of the Massachusetts General Laws) submitting it's FY2019 GIC Vender Quality Annual Report

Location: US-MA

MA H 4000

Title: An Act making appropriations for the fiscal year 2020 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements

Current Status: Enacted

Introduction Date: 2019-07-22

Last Action Date: Item 1595-6368 passed over veto - see Roll Call #97 [YEAS 33 - NAYS 6]. 2019-09-26

Description: The committee of conference on the disagreeing votes of the two branches with reference to the Senate amendment of the House Bill making appropriations for the fiscal year 2020 for the maintenance of the departments, boards, commissions, institutions and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements (House, No. 3801), reports, in part, recommending passage of the accompanying bill (House, No. 4000)

Location: US-MA

 Transparency and ...

MI HB 4235

Title: Appropriations; zero budget; department of health and human services; provide for fiscal year 2019-2020. Creates appropriation act.

Current Status: Sine Die - Failed

Introduction Date: 2019-02-26

Last Action Date: REASSIGNED TO COMMITTEE ON APPROPRIATIONS. 2019-08-29

Location: US-MI

PA SB 829

Title: An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in public assistance, providing for pharmacy benefits manager audit and obligations.

Current Status: Sine Die - Failed

Introduction Date: 2019-08-15

Last Action Date: Referred to HEALTH AND HUMAN SERVICES. 2019-08-15

Location: US-PA

 Transparency and ...

OH HB 166

Title: Creates FY 2020-2021 operating budget

Current Status: Enacted

Introduction Date: 2019-03-25

Last Action Date: Effective 7/18/19 Operating appropriations and tax levy generally effective July 18, 2019. Other provisions generally effective October 17, 2019. Some provisions subject to special effective dates.. 2019-07-18

Description: To amend sections 9.54, 101.38, 102.02, 102.021, 103.41, 103.416, 107.036, 109.572, 111.15, 111.28, 113.55, 113.56, 117.11, 117.13, 117.14, 120.04, 120.06, 120.08, 120.18, 120.28, 120.33, 120.34, 120.35, 120.52, 120.521, 120.53, 121.083, 121.22, 121.3, 121.93, 122.075, 122.121, 122.171, 122.175, 122.85, 122.86, 123.21, 124.132, 124.82, 124.824, 125.01, 125.14, 125.18, 125.25, 125.66, 125.661, 126.48, 128.021, 131.02, 131.35, 131.44, 141.04, 141.16, 147.591, 149.11, 149.43, 153.02, 166.01, 169.06, 173.04, 173.27, 173.173.391, 174.02, 177.02, 183.18, 183.33, 307.622, 311.42, 317.32, 317.321, 319.302, 319.63, 321.24, 323.131, 323.151, 323.155, 341.349.01, 349.03, 349.07, 351.021, 503.56, 505.37, 505.371, 701.10, 711.131, 715.014, 718.01, 718.80, 718.83, 718.85, 718.90, 753.1755.16, 905.31, 929.04, 939.02, 939.04, 940.01, 940.02, 940.06, 956.01, 956.031, 956.051, 956.20, 991.02, 1321.73, 1346.04,

1347.08, 1349.43, 1501.31, 1501.32, 1501.33, 1501.34, 1501.35, 1505.09, 1509.28, 1509.31, 1509.36, 1509.50, 1521.01, 1521.03, 1521.06, 1521.062, 1521.063, 1521.16, 1521.99, 1522.10, 1522.101, 1522.11, 1522.12, 1522.13, 1522.14, 1522.15, 1522.19, 1522.20, 1522.21, 1533.10, 1533.11, 1533.111, 1533.112, 1533.32, 1533.321, 1561.011, 1711.52, 1711.53, 1724.05, 1726.11, 1739.05, 1751.77, 1901.123, 1901.124, 1907.143, 1907.24, 2151.23, 2151.233, 2151.234, 2151.235, 2151.236, 2151.353, 2151.3516, 2151.3532, 2151.421, 2151.424, 2151.86, 2151.87, 2301.32, 2303.201, 2305.231, 2305.41, 2317.54, 2925.01, 2927.02, 2927.022, 2929.13, 2929.15, 2929.34, 2941.51, 2951.01, 3105.011, 3107.14, 3109.061, 3119.023, 3119.05, 3119.23, 3119.27, 3119.29, 3119.30, 3119.302, 3119.31, 3119.32, 3125.25, 3301.07, 3301.0710, 3301.0711, 3301.0712, 3301.0714, 3301.52, 3301.53, 3301.68, 3302.01, 3302.03, 3302.061, 3302.18, 3310.02, 3310.032, 3310.035, 3310.08, 3310.16, 3311.78, 3311.79, 3312.01, 3313.411, 3313.5315, 3313.603, 3313.608, 3313.61, 3313.611, 3313.612, 3313.618, 3313.6110, 3313.813, 3313.843, 3313.978, 3314.016, 3314.017, 3314.02, 3314.03, 3314.06, 3314.08, 3314.18, 3314.19, 3314.21, 3314.35, 3314.351, 3317.016, 3317.02, 3317.022, 3317.023, 3317.028, 3317.03, 3317.06, 3317.13, 3317.141, 3317.15, 3317.25, 3317.40, 3318.036, 3318.05, 3318.051, 3318.06, 3318.061, 3318.062, 3318.063, 3318.36, 3318.361, 3319.26, 3319.27, 3319.283, 3321.191, 3326.031, 3326.11, 3326.13, 3326.31, 3326.32, 3326.33, 3326.34, 3326.36, 3326.37, 3326.41, 3327.10, 3333.26, 3333.59, 3333.61, 3333.62, 3333.65, 3333.66, 3345.48, 3345.57, 3353.07, 3358.02, 3358.06, 3501.01, 3501.05, 3501.22, 3513.01, 3513.12, 3517.01, 3517.10, 3517.102, 3517.1012, 3517.11, 3517.13, 3517.153, 3517.23, 3517.99, 3517.992, 3701.044, 3701.139, 3701.144, 3701.24, 3701.262, 3701.351, 3701.36, 3701.501, 3701.571, 3701.601, 3701.611, 3701.612, 3701.68, 3701.99, 3702.12, 3702.13, 3702.30, 3702.52, 3702.57, 3702.593, 3702.60, 3702.967, 3704.01, 3704.111, 3704.14, 3705.07, 3705.09, 3705.10, 3706.25, 3706.29, 3710.01, 3710.04, 3710.05, 3710.051, 3710.06, 3710.07, 3710.08, 3710.12, 3711.02, 3713.022, 3713.03, 3715.021, 3717.22, 3721.13, 3734.01, 3734.57, 3734.901, 3735.31, 3735.33, 3735.40, 3735.41, 3735.661, 3742.03, 3742.04, 3742.32, 3742.40, 3743.75, 3745.11, 3769.07, 3772.19, 3781.06, 3781.061, 3781.10, 3781.1010, 3798.01, 3798.07, 3798.10, 3901.3814, 3953.231, 3959.01, 3959.12, 4109.05, 4109.99, 4111.03, 4141.35, 4141.50, 4301.43, 4303.181, 4313.02, 4501.10, 4501.4503.038, 4503.29, 4503.515, 4505.11, 4506.03, 4507.12, 4509.70, 4549.65, 4701.16, 4705.10, 4712.02, 4713.14, 4713.16, 4713.42, 4715.22, 4715.52, 4717.03, 4717.05, 4717.07, 4717.41, 4723.06, 4723.08, 4723.28, 4727.03, 4728.03, 4729.514, 4729.57, 4729.65, 4729.80, 4729.86, 4730.02, 4730.10, 4730.12, 4730.14, 4730.19, 4730.25, 4730.28, 4730.43, 4730.49, 4731.04, 4731.07, 4731.14, 4731.15, 4731.155, 4731.17, 4731.171, 4731.19, 4731.222, 4731.228, 4731.229, 4731.281, 4731.282, 4731.291, 4731.294, 4731.299, 4731.56, 4731.572, 4731.573, 4734.281, 4735.023, 4735.052, 4735.06, 4735.09, 4735.12, 4735.13, 4735.18, 4735.182, 4735.27, 4735.28, 4737.045, 4743.02, 4745.04, 4751.01, 4751.03, 4751.041, 4751.043, 4751.044, 4751.05, 4751.07, 4751.08, 4751.10, 4751.11, 4751.12, 4751.14, 4751.99, 4757.10, 4757.13, 4757.18, 4757.22, 4757.23, 4757.32, 4759.02, 4759.06, 4759.062, 4760.02, 4760.03, 4760.031, 4760.032, 4760.04, 4760.05, 4760.06, 4760.13, 4760.131, 4760.132, 4760.133, 4760.15, 4760.16, 4760.18, 4761.05, 4761.06, 4762.02, 4762.03, 4762.031, 4762.04, 4762.05, 4762.06, 4762.08, 4762.09, 4762.13, 4762.131, 4762.132, 4762.14, 4762.15, 4762.16, 4762.18, 4762.22, 4763.16, 4766.17, 4768.09, 4773.01, 4773.02, 4773.03, 4773.08, 4774.02, 4774.03, 4774.031, 4774.04, 4774.05, 4774.06, 4774.09, 4774.11, 4774.13, 4774.131, 4774.132, 4774.14, 4774.15, 4774.16, 4774.18, 4776.01, 4776.20, 4778.03, 4778.05, 4778.06, 4778.07, 4779.02, 4779.08, 4906.10, 4928.02, 4928.143, 4930.05, 4937.05, 5101.061, 5101.141, 5101.1411, 5101.1412, 5101.1414, 5101.56, 5101.83, 5101.85, 5101.851, 5101.853, 5103.02, 5103.0328, 5103.13, 5103.30, 5104.01, 5104.013, 5104.015, 5104.016, 5104.02, 5104.021, 5104.03, 5104.04, 5104.042, 5104.09, 5104.12, 5104.22, 5104.29, 5104.30, 5104.31, 5104.32, 5104.34, 5104.38, 5104.41, 5104.99, 5119.185, 5119.19, 5119.44, 5120.10, 5120.112, 5122.43, 5123.01, 5123.023, 5123.044, 5123.046, 5123.0414, 5123.0419, 5123.081, 5123.092, 5123.166, 5124.15, 5124.24, 5126.01, 5126.042, 5126.046, 5126.054, 5126.055, 5126.056, 5126.15, 5139.87, 5145.162, 5149.38, 5160.01, 5160.48, 5162.01, 5162.12, 5162.364, 5162.52, 5164.01, 5164.342, 5164.36, 5164.38, 5164.7510, 5165.15, 5165.152, 5165.21, 5165.25, 5165.361, 5166.01, 5166.04, 5166.22, 5167.01, 5167.03, 5167.04, 5167.10, 5167.11, 5167.12, 5167.121, 5167.13, 5167.14, 5167.17, 5167.171, 5167.172, 5167.18, 5167.20, 5167.201, 5167.26, 5167.41, 5168.03, 5168.05, 5168.06, 5168.07, 5168.08, 5168.60, 5168.61, 5168.63, 5168.63, 5168.75, 5501.20, 5502.63, 5513.06, 5525.03, 5534.152, 5537.07, 5537.13, 5537.17, 5703.05, 5703.21, 5705.21, 5705.222, 5709.084, 5709.17, 5709.40, 5709.41, 5709.73, 5709.78, 5713.08, 5715.27, 5726.04, 5726.98, 5727.75, 5733.98, 5739.01, 5739.011, 5739.02, 5739.021, 5739.023, 5739.026, 5739.03, 5739.05, 5739.09, 5739.101, 5741.01, 5741.04, 5741.05, 5741.11, 5741.17, 5743.01, 5743.025, 5743.03, 5743.14, 5743.20, 5743.41, 5743.44, 5743.51, 5743.52, 5743.53, 5743.54, 5743.55, 5743.56, 5743.60, 5743.61, 5743.62, 5743.63, 5743.64, 5743.66, 5745.05, 5747.01, 5747.02, 5747.022, 5747.025, 5747.03, 5747.04, 5747.054, 5747.055, 5747.06, 5747.08, 5747.10, 5747.11, 5747.50, 5747.98, 5748.01, 5751.01, 5751.02, 5751.98, 5903.12, 5910.01, 5910.02, 5910.031, 5910.032, 5910.04, 5910.05, 5910.06, 5910.07, 5910.08, 5919.34, 6111.03, 6119.06, 6119.09, and 6119.091; amend, for the purpose of adopting new section numbers as indicated in parentheses, sections 115.56 (117.115), 125.66 (113.61), 125.661 (113.61), 1501.31 (1521.21), 1501.32 (1521.22), 1501.33 (1521.23), 1501.34 (1521.29), 1501.35 (1521.231), 1522.19 (1522.30), 3715.08 (3719.064), 4751.03 (4751.02), 4751.041 (4751.151), 4751.042 (4751.021), 4751.043 (4751.381), 4751.044 (4751.26), 4751.05 (4751.15), 4751.06 (4751.20), 4751.07 (4751.24), 4751.08 (4751.201), 4751.10 (4751.32), 4751.11 (4751.33), 4751.12 (4751.35), 4751.13 (4751.36), 4751.14 (4751.03), 5101.853 (5101.855), and 5167.121 (5167.051); to enact new sections 1522.19, 4751.04, 4751.10, 5101.37, and 5168.62, and sections 9.242, 113.62, 117.131, 120.041, 121.374, 121.95, 122.26, 122.84, 124.91, 125.95, 126.60, 131.51, 195.01, 195.02, 323.16, 323.18, 339.10, 503.58, 513.172, 715.015, 718.131, 901.172, 936.01, 936.02, 936.03, 936.04, 936.05, 936.06, 936.07, 936.08, 936.09, 936.10, 936.11, 936.12, 936.13, 936.99, 1181.23, 1349.05, 1521.24, 1521.25, 1521.26, 1521.27, 1521.28, 1521.30, 1521.31, 1521.32, 1521.33, 1521.34, 1521.35, 1521.36, 1521.40, 1522.121, 1522.122, 1522.123, 1522.124, 1522.125, 1522.23,

1522.24, 1522.25, 1711.532, 1751.92, 2151.45, 2151.451, 2151.452, 2151.453, 2151.454, 2151.455, 2151.90, 2151.901, 2151.902, 2151.904, 2151.906, 2151.907, 2151.908, 2151.909, 2151.9010, 2151.9011, 2305.011, 2927.024, 3107.035, 3311.242, 3313.5316, 3313.6024, 3313.617, 3313.6114, 3313.818, 3314.0211, 3314.088, 3314.353, 3314.354, 3317.0219, 3317.163, 3317.26, 3317.28, 3317.33, 3318.037, 3326.42, 3327.015, 3333.052, 3333.167, 3358.11, 3701.049, 3707.70, 3707.71, 3707.72, 3707.73, 3707.74, 3707.75, 3707.76, 3707.77, 3721.026, 3723.081, 3727.462, 3727.49, 3738.01, 3738.02, 3738.03, 3738.04, 3738.05, 3738.06, 3738.07, 3738.08, 3738.09, 3742.50, 3781.40, 3799.01, 3901.95, 3902.30, 3902.31, 3902.50, 3902.51, 3902.52, 3923.87, 3959.20, 3962.011, 3962.02, 3962.03, 3962.04, 3962.05, 3962.06, 3962.07, 3962.08, 3962.081, 3962.09, 3962.10, 3962.11, 3962.12, 3962.13, 3962.14, 3962.15, 4109.22, 4516.01, 4516.02, 4516.03, 4516.04, 4516.05, 4516.06, 4516.07, 4516.08, 4516.09, 4516.10, 4516.11, 4516.12, 4516.13, 4723.94, 4729.48, 4729.801, 4731.2910, 4735.143, 4751.101, 4751.102, 4751.202, 4751.21, 4751.22, 4751.25, 4751.30, 4751.31, 4751.37, 4751.38, 4751.40, 4751.41, 4751.45, 4757.25, 4759.063, 4760.061, 4761.061, 4762.061, 4773.061, 4774.061, 4778.071, 4779.40, 4929.18, 5101.1415, 5101.854, 5101.856, 5103.037, 5103.0310, 5103.181, 5104.211, 5119.39, 5123.01, 5123.1612, 5123.193, 5123.691, 5124.26, 5126.047, 5126.053, 5162.137, 5162.138, 5162.139, 5162.1310, 5162.72, 5164.65, 5164.71, 5164.912, 5165.26, 5166.09, 5166.43, 5166.50, 5167.05, 5167.101, 5167.102, 5167.103, 5167.105, 5167.106, 5167.107, 5167.22, 5167.24, 5167.241, 5167.242, 5167.243, 5167.244, 5167.245, 5167.246, 5167.29, 5167.35, 5167.36, 5501.91, 5703.263, 5705.322, 5709.51, 5709.54, 5741.07, 5741.071, 5747.26, 5902.09, 6109.071, and 6109.072; to repeal sections 103.44, 103.45, 103.46, 103.48, 103.49, 103.50, 166.30, 174.09, 191.01, 191.02, 191.04, 191.06, 191.08, 191.09, 191.10, 1501.20, 1501.30, 1501.99, 1505.12, 1505.13, 1561.24, 2151.861, 3314.231, 3319.074, 3319.271, 3517.16, 3517.17, 3517.18, 3701.25, 3701.26, 3701.264, 3701.27, 3706.21, 3706.30, 3719.064, 3721.41, 3721.42, 3798.06, 3798.08, 3798.14, 3798.15, 3798.16, 4501.16, 4731.292, 4731.296, 4751.02, 4751.09, 5101.852, 5104.035, 5104.036, 5104.20, 5104.37, 5120.135, 5162.58, 5162.60, 5162.62, 5162.64, 5164.37, 5164.77, 5168.62, 5747.081, 5747.29, and 5747.65 of the Revised Code; to repeal section 103.416 of the Revised Code effective July 1, 2019; to amend sections 921.06, 955.43, 3301.07, 3301.071, 3301.0711, 3301.16, 3301.162, 3301.164, 3301.52, 3301.541, 3302.07, 3302.071, 3310.01, 3312.01, 3312.04, 3312.05, 3312.09, 3313.41, 3313.48, 3313.481, 3313.482, 3313.536, 3313.539, 3313.5311, 3313.603, 3313.62, 3313.716, 3313.717, 3313.718, 3313.719, 3313.7111, 3313.7112, 3313.7114, 3313.813, 3313.86, 3313.976, 3317.024, 3317.06, 3317.062, 3317.063, 3317.13, 3319.311, 3319.313, 3319.314, 3319.317, 3319.39, 3319.391, 3319.392, 3319.40, 3319.52, 3321.01, 3326.01, 3326.03, 3326.032, 3326.04, 3326.09, 3327.07, 3327.10, 3365.01, 3365.02, 3701.133, 3781.106, 3781.11, 4729.541, 5104.01, 5104.02, and 5139.18 and to enact section 3301.165 of the Revised Code; to amend sections 133.18, 306.30, 306.322, 345.01, 345.03, 345.04, 505.37, 505.48, 505.481, 511.27, 511.28, 511.34, 513.18, 755.181, 1545.041, 1545.21, 1711.30, 3311.50, 3318.01, 3318.06, 3318.061, 3318.062, 3318.063, 3318.361, 3318.45, 3381.03, 3505.06, 4582.024, 4582.26, 5705.01, 5705.03, 5705.192, 5705.195, 5705.196, 5705.197, 5705.199, 5705.21, 5705.212, 5705.213, 5705.215, 5705.218, 5705.219, 5705.233, 5705.25, 5705.251, 5705.261, 5705.55, 5748.01, 5748.02, 5748.03, 5748.04, 5748.08, and 5748.09 of the Revised Code; to present section 149.45 of the Revised Code to confirm its harmonization; to amend Section 205.10 of H.B. 62 of the 132nd General Assembly, to amend Section 207.71 of H.B. 49 of the 132nd General Assembly, to amend Section 261.168 of H.B. 49 of the 132nd General Assembly, as subsequently amended, to amend Section 1 of H.B. 336 of the 132nd General Assembly, to amend Sections 207.10, 207.210, 215.10, 215.20, 217.10, 221.10, 225.10, 237.30, 253.310, and 701.10 of H.B. 529 of the 132nd General Assembly, to amend Sections 207.440, 213.20, 221.13, 223.10, 223.15, 223.50, 227.10, 237.10, and 237.13 of H.B. 529 of the 132nd General Assembly, as subsequently amended, to amend Section 5 of H.B. 410 of the 131st General Assembly, to amend Sections 125.10 and 125.11 of H.B. 59 of the 130th General Assembly, as subsequently amended, to make operating appropriations for biennium beginning July 1, 2019, and ending June 30, 2021, to levy a tax on nicotine vapor products, and to provide authorization and conditions for the operation of state programs.

Location: US-OH

PA SB 789

Title: An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in public assistance, providing for use of pharmacy benefits manager by medical assistance managed care organization.

Current Status: Sine Die - Failed

Introduction Date: 2019-07-09

Last Action Date: Referred to HEALTH AND HUMAN SERVICES. 2019-07-09

Location: US-PA

OR HB 2679

Title: Relating to bulk purchasing of prescription drugs; declaring an emergency.

Current Status: Failed

Introduction Date: 2019-01-14

Last Action Date: In committee upon adjournment.. 2019-06-30

Description: Directs administrator of Oregon Prescription Drug Program to cooperate with State of California in bulk purchase of prescription drugs. Requires administrator to solicit cooperation from California no later than December 31, 2019, and to report to interim committees of Legislative Assembly by December 1 of each year, beginning in 2020, on California's response to solicitation. Declares emergency, effective on passage.

Location: US-OR

OR HB 3093

Title: Relating to the cost of prescription drugs.

Current Status: Failed

Introduction Date: 2019-02-26

Last Action Date: In committee upon adjournment.. 2019-06-30

Description: Requires pharmaceutical manufacturers to report to Department of Consumer and Business Services total cost of patient assistance programs and information on financial assistance provided to pharmacies, government agencies and advocacy organizations. Excludes proprietary information from disclosure on department's website. Requires state-sponsored programs that use pharmacy benefit managers to use fee-only pharmacy benefit managers. Requires insurers to post specified information regarding formulary, tiers and costs to insurer's website. Requires 60-day advance notice to enrollees adversely affected by change in formulary. Requires insurer and allows pharmacy to notify insured that if cash price for drug is less than insured's cost-share for drug, insured may pay cash price and expense must be counted toward deductible or out-of-pocket maximum. Requires hospitals and other medical providers to disclose in patient billing information regarding mark-up on price of drug requires billing to disclose price of drug charged to specified state agencies and insurers. Requires specified state agencies report to Legislative Assembly on high-cost drugs. Requires Oregon Health Authority to refer to Pharmacy and Therapeutic Committee any drug exceeding specified cost. Requires patient advocacy organization with budget exceeding \$50,000 that registered lobbyist in this state to report to Oregon Government Ethics Commission and Oregon Health Authority specified information regarding funding received from participants in pharmaceutical supply chain. Requires pharmacy benefit manager to report to Department of Consumer and Business Services and plan sponsors specified information regarding rebates, reimbursements, fees and incentives paid for drugs by manufacturers, insurers and pharmacies. Requires drug advertisement to disclose wholesale price of drug.

Location: US-OR

OR SB 872

Title: Relating to the cost of prescription drugs.

Current Status: Failed

Introduction Date: 2019-02-28

Last Action Date: At Desk upon adjournment.. 2019-06-30

Description: Requires pharmaceutical manufacturers to report to Department of Consumer and Business Services total amount of money spent on patient assistance programs, information on financial assistance provided to pharmacies, government agencies and advocacy organizations and total amount of financial incentives paid to each pharmacy benefit manager. Requires pharmaceutical manufacturers to report to Department of Consumer and Business Services total cost of amount of money spent on patient assistance programs, and information on financial assistance provided to pharmacies, government agencies and advocacy organizations and total amount of financial incentives paid to each pharmacy benefit manager. Excludes proprietary information from disclosure on department's website. Exempts from public disclosure information reported to department. Department posts to website all information reported by manufacturer. Requires state-sponsored programs that use pharmacy benefit managers to use fee-only pharmacy benefit managers. Requires insurers to post specified information regarding formulary, tiers and costs for small employer and individual health benefit plans to insurer's website. Requires 60-day advance notice to department and to enrollees adversely affected by change in formulary. Requires insurer and allows pharmacy to notify insured that if cash retail price for drug is less than insured's cost-share out-of-pocket cost for drug using pharmacy benefit manager, insured may pay cash retail price and expense must be counted if requested by enrollee, insurer must count cost toward deductible or out-of-pocket maximum. Requires State Board of Pharmacy to prescribe by rule notice of enrollee's rights for distribution to pharmacy customers and to translate notice into multiple languages. Requires hospitals and other medical providers to disclose in patient billing information regarding mark-up on price of drug. Also requires billing to disclose price

drug charged to specified state agencies and insurers] report to Oregon Health Authority information regarding 50 most prescribed drugs and 50 most expensive drugs prescribed by provider. Requires specified state agencies to report to Legislative Assembly on high-cost drugs. Requires Oregon Health Authority to refer to Pharmacy and Therapeutics Committee any drug exceeding specified cost. Requires patient advocacy organization with budget] annual gross receipts exceeding \$50,000 to be a registered lobbyist in this state to report to Oregon Government Ethics Commission and Oregon Health Authority] specified information regarding funding received from participants in pharmaceutical supply chain. Requires pharmacy benefit manager to report to Department of Consumer and Business Services and plan sponsors specified information regarding rebates, reimbursements, fees and incentives paid for drugs by manufacturers, insurers and pharmacies. Requires insurers to include rate filing certified statement regarding insurers' use of rebates. Requires drug advertisement to disclose wholesale price of drug.] Modifies responsibilities of Task Force on Fair Pricing of Prescription Drugs and requires report of findings, by September 15, 2020, to interim committees of Legislative Assembly related to health. Modifies reporting to department by insurers about costly drugs reimbursed by health benefit plans. Requires pharmaceutical manufacturers that register with State Board of Pharmacy to also register with department. Requires department to adopt registration fee based on reasonable cost to department to administer specified provisions.

Location: US-OR

NJ A 5704

Title: Requires Medicaid preferred drug lists to provide for coverage of buprenorphine for treatment of chronic pain.

Current Status: Sine Die - Failed

Introduction Date: 2019-06-27

Last Action Date: Introduced, Referred to Assembly Human Services Committee. 2019-06-27

Location: US-NJ

HI HB 116

Title: Relating To The State Budget.

Current Status: Enacted

Introduction Date: 2019-01-18

Last Action Date: Act 113, 06/21/2019 (Gov. Msg. No. 1215).. 2019-06-25

Description: Appropriates funds for the operating budget of the Executive Branch for fiscal years 20192020 and 20202021. (HB116 CD1)

Location: US-HI

NJ S 4007

Title: Requires Medicaid preferred drug lists to provide for coverage of buprenorphine for treatment of chronic pain.

Current Status: Sine Die - Failed

Introduction Date: 2019-06-24

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2019-06-24

Location: US-NJ

NJ S 728

Title: Prohibits pharmacy benefits managers from making certain retroactive reductions in claims payments to pharmacies; requires pharmacy benefits managers to disclose certain product information to pharmacies.


Current Status: Sine Die - Failed


Introduction Date: 2018-01-09

Last Action Date: Substituted by A3717 (2R). 2019-06-20

Location: US-NJ

Last Team Action: Emailed Anthony Reznik (IPA) and Laurie Clark (NJPhA and GSPO) about spreading word about the bill, F 20, 2019 at 4 PM - 5 PM (Attendee: Matt Magner)

 Patient Protections

 Retroactive Reimbu...

NJ A 5600

Title: Appropriates \$38,748,610,000 in State funds and \$16,748,645,972 in federal funds for the State budget for fiscal year 2019-2020.

Current Status: Sine Die - Failed

Introduction Date: 2019-06-17

Last Action Date: Substituted by S2020. 2019-06-20

Location: US-NJ

NJ S 3929

Title: Requires pharmacy benefits manager providing services within Medicaid program to disclose certain information to D

Current Status: Sine Die - Failed

Introduction Date: 2019-06-13

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2019-06-13

Location: US-NJ

LA SB 239


Title: MEDICAID: Provides relative to the Medicaid prescription drug benefit program. (8/1/19) (EN SEE FISC NOTE GF EX Se Note)

Current Status: Enacted

Introduction Date: 2019-05-02

Last Action Date: Effective date 8/1/2019.. 2019-06-11

Location: US-LA

 Transparency and ...

 Medicaid Carve-Out

NJ A 5548

Title: Requires pharmacy benefits manager providing services within Medicaid program to disclose certain information to D

Current Status: Sine Die - Failed

Introduction Date: 2019-06-10

Last Action Date: Introduced, Referred to Assembly Human Services Committee. 2019-06-10

Location: US-NJ

NJ A 5480

Title: Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery syste

Current Status: Sine Die - Failed

Introduction Date: 2019-06-06

Last Action Date: Introduced, Referred to Assembly Human Services Committee. 2019-06-06

Location: US-NJ

NJ A 5496

Title: Requires pharmacy benefits manager under contract with SHBP and SEHBP to report price paid to pharmacy and amount charged to SHBP and SEHBP.

Current Status: Sine Die - Failed

Introduction Date: 2019-06-06

Last Action Date: Introduced, Referred to Assembly State and Local Government Committee. 2019-06-06

Location: US-NJ

NV SB 283

Title: Revises provisions relating to prescription drugs. (BDR 38-114)

Current Status: Sine Die - Failed

Introduction Date: 2019-03-15

Last Action Date: (No further action taken.). 2019-06-04

Description: AN ACT relating to prescription drugs; revising provisions concerning the administration of coverage of prescription drugs under the State Plan for Medicaid and the Children's Health Insurance Program; revising provisions governing restrictions imposed on the list of preferred prescription drugs to be used for the Medicaid program; revising the criteria for selecting prescription drugs for inclusion on that list; authorizing the Pharmacy and Therapeutics Committee to close certain meetings under certain circumstances; and providing other matters properly relating thereto.

Location: US-NV

TX HB 3441

High Priority

👍 Support

Title: Relating to reimbursement under certain health benefit plans for certain services and procedures performed by pharmacists.

Current Status: Enacted

Introduction Date: 2019-03-06

Last Action Date: Signed by the Governor. 2019-05-31

Summary: This bill prohibits an insurer from denying reimbursement to a pharmacist for the provision of a service or procedure within the pharmacist's scope of practice if the service is covered by the insurer when provided by a physician, advanced practice nurse, or physician's assistant.

Location: US-TX

📁 Compensation for ...

MN SF 12

Title: Omnibus health and human services appropriation bill

Current Status: Enacted

Introduction Date: 2019-05-24

Last Action Date: Governor approval. 2019-05-30

Location: US-MN

TN SB 650

High Priority

👍 Support

Title: Pharmacy, Pharmacists - As enacted, makes various changes to law concerning pharmacy benefits managers. - American TCA Title 56, Chapter 7, Part 31.

Current Status: Enacted

Introduction Date: 2019-02-05

Last Action Date: Comp. became Pub. Ch. 470. 2019-05-29

Summary: This bill amends provisions related to fair pharmacy audits to clarify that clerical errors are not prima facie evidence of fraud and to prohibit recoupment for the cost of the drug or dispensed product except in certain circumstances. This bill also prohibits claims adjudication fees unless apparent and assessed at the time of claims processing; prohibits contract terms requiring a pharmacist to dispense a drug to a patient; prohibits a PBM from notifying patients of the removal of a pharmacy from a network prior to notifying the pharmacy; and mandates PBMs notify network pharmacies of material changes to contract provisions at least 30 days prior to the effective date. This bill requires the state comptroller to perform an annual audit of PBM services funded by the state. It also requires contract terms between PBMs and pharmacies to be mutually agreed upon; prohibits false or misleading advertisements or representation by PBMs; prohibits PBMs from failing to make payments to pharmacies removed from a network if services by the pharmacy were properly rendered; prohibits PBMs from reimbursing affiliated pharmacies less than it reimburses itself or affiliated pharmacies; and prohibits PBMs from designating a drug as a specialty drug based solely on cost.

Location: US-TN

Fair Pharmacy Audi...

Patient Protections

Transparency and ...

TX HB 3388

Title: Relating to the reimbursement of prescription drugs under Medicaid and the child health plan program.

Current Status: Passed Senate

Introduction Date: 2019-03-06

Last Action Date: Conference committee report filed. 2019-05-25

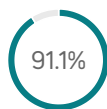
Location: US-TX

Last Team Action: Emailed John Heal (PBA Health) info about carve out bill, Feb 27, 2019 at 3 PM - 4 PM (Attendees: Matt Wagner, Anne Cassity)

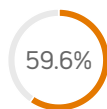
Patient Protections

Medicaid Carve-Out

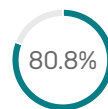
Floor Forecast Scores



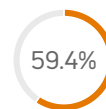
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MN HF 14

Title: Special session omnibus health and human services bill.

Current Status: Sine Die - Failed

Introduction Date: 2019-05-24

Last Action Date: Introduction and first reading. 2019-05-24

Location: US-MN

TX SB 1105

Title: Relating to the administration and operation of Medicaid, including Medicaid managed care.

Current Status: Passed House

Introduction Date: 2019-02-25

Last Action Date: House amendment(s) laid before the Senate. 2019-05-23

Location: US-TX

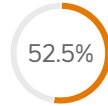
Floor Forecast Scores



Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

MA S 2235

Title: An Act making appropriations for the fiscal year 2020 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements

Current Status: Sine Die - Failed

Introduction Date: 2019-05-23

Last Action Date: See H3801. 2019-05-23

Description: Senate, May 23, 2019 – Text of the Senate amendment to the House Bill making appropriations for the fiscal year 2020 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth for interest, sinking fund and serial bond requirements and for certain permanent improvements (House, No. 3801) (being the text as amended by the Senate, No. 3, printed as amended).

Location: US-MA

NJ S 3787

Title: Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system

Current Status: Sine Die - Failed

Introduction Date: 2019-05-20

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2019-05-20

Location: US-NJ

MD HB 589

Title: Maryland Medical Assistance Program and Managed Care Organizations That Use Pharmacy Benefits Managers – Audit and Professional Dispensing Fees

Current Status: Enacted

Introduction Date: 2019-02-04

Last Action Date: Approved by the Governor - Chapter 534. 2019-05-13

Summary: This bill requires the Maryland Medical Assistance Program to do an independent audit of the PBMs in Medicaid managed care.

Description: Requiring the Maryland Medical Assistance Program to enter into a contract with an independent auditor as soon as practicable to conduct an audit of certain pharmacy benefits managers for the purpose of determining the amount of Medicaid funds used to reimburse managed care organization, pharmacy benefits managers, and pharmacies and the dollar amount of Medicaid funds received by each respective party; requiring the Program to provide the results of the audit to the General Assembly before December 1, 2019; etc.

Location: US-MD

PA SB 639

Title: An Act providing for consumer prescription drug pricing disclosure, for pharmacy freedom to communicate and for enforcement by the Insurance Department.

Current Status: Sine Die - Failed

Introduction Date: 2019-05-13

Last Action Date: Referred to BANKING AND INSURANCE. 2019-05-13

Location: US-PA

ND HB 1374

Title: Relating To The Medical Assistance Pharmacy Management Program And Public Employees Retirement System Prescription Drug Coverage Benefits; To Provide For A Legislative Management Study; To Provide For Application; And To Provide An Effective Date.

Current Status: Enacted

Introduction Date: 2019-01-10

Last Action Date: Filed with Secretary Of State 05/02. 2019-05-07

Summary: This bill requires all employee retirement system prescription drug coverage benefit contracts to contain language allowing the state to conduct performance audits and allowing the state full access to data related to pharmacy reimbursers

Description: AN ACT to create and enact a new section to chapter 50-24.1 and a new section to chapter 54-52.1 of the North Dakota Century Code, relating to the medical assistance pharmacy management program and public employees retirement system prescription drug coverage benefits; to provide for a legislative management study; to provide for application; and to provide an effective date.

Location: US-ND

FL HB 5009

Title: State Employees' Group Insurance Program

Current Status: Failed

Introduction Date: 2019-03-28

Last Action Date: Died in Governmental Oversight and Accountability, companion bill(s) passed, see CS/HB 1113 (Ch. 2019-11 SB 2500 (Ch. 2019-115). 2019-05-03

Description: Requires procurements of certain contracts to be conducted simultaneously beginning in specified year; provides requirements for such contracts; requires HMOs to be negotiated on regional or statewide basis; authorizes international prescription services to be included in state group insurance program; requires department to offer international prescriptive services; requires DMS to use varying plan & network designs in prescription drug program; requires department to implement formulary management cost-saving measures; provides requirements for such measures; requires department to enter into contracts with benefits consulting companies; ch. 99-255, Laws of Florida; removes provision that prohibits department from implementing restricted prescription drug formulary or prior authorization program in prescription drug program.

Location: US-FL

VA HB 1700

Medium Priority

👍 Support

Title: Budget Bill.

Current Status: Enacted

Introduction Date: 2018-12-18

Last Action Date: Governor: Acts of Assembly Chapter text (CHAP0854). 2019-05-02

Summary: This bill requires Medicaid managed care organizations to provide quarterly reports to the state related to pharmacy claims. It requires claims-level data on drug cost reimbursement, dispensing fees, copayments, and the amount charged to plan sponsor (state). It also requires an itemization of all administrative fees, rebates, and processing charges associated with each claim. This bill also requires third party administrators for state employee health plans to provide similar information to state employees through an explanation of benefits and to provide aggregate data to the state related to the differences in amounts paid to pharmacies by the PBM, charged to the TPA by the PBM, and charged to the state by the TPA. (Budget Bill)

Description: Budget Bill. Amends Chapter 2, 2018 Special Session I Acts of Assembly.

Location: US-VA

📄 Transparency and ...

LA SB 48

Title: MEDICAID: Provides relative to Medicaid pharmacy services. (8/1/19)

Current Status: Sine Die - Failed

Introduction Date: 2019-03-22

Last Action Date: Title of substitute read and adopted; becomes Senate Bill No. 239.. 2019-05-02

Location: US-LA

MN HF 2414

Title: Omnibus health and human services finance bill.

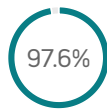
Current Status: Passed Senate

Introduction Date: 2019-03-13

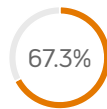
Last Action Date: Senate conferees Benson; Abeler; Utke; Jensen; Marty. 2019-05-01

Location: US-MN

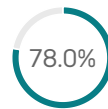
Floor Forecast Scores



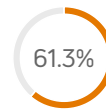
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

PA SB 604

Title: An Act amending Title 24 (Education) of the Pennsylvania Consolidated Statutes, establishing the Public School Empl Benefit Board and providing for its powers and duties; requiring a school employee health benefits evaluation; providing for health benefits program for public school employees; and establishing the Public School Employees' Benefit Trust Fund.

Current Status: Sine Die - Failed

Introduction Date: 2019-04-30

Last Action Date: Referred to EDUCATION. 2019-04-30

Location: US-PA

MN SF 2452

Title: Omnibus health and human services appropriations

Current Status: Sine Die - Failed

Introduction Date: 2019-03-14

Last Action Date: Rule 45-amend, subst. General Orders HF2414. 2019-04-29

Location: US-MN

MA H 3800

Title: An Act making appropriations for the fiscal year 2020 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements

Current Status: Sine Die - Failed

Introduction Date: 2019-04-10

Last Action Date: See H3801. 2019-04-25

Location: US-MA

Title: Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget the 2019-2020 state fiscal year

Current Status: Enacted

Introduction Date: 2019-01-18

Last Action Date: Substitute S 1507 action - SIGNED CHAP.57. 2019-04-12

Summary: This bill limits payments to PBMs to the actual ingredient cost, a dispensing fee, and an administrative fee per clinically managed care. It prohibits PBM spread pricing in managed care and requires the PBM to report all sources of income to the health care plan, including rebates. This bill also requires PBMs to be licensed by the superintendent of insurance and to submit annual reports to the superintendent, and it provides additional oversight authority to the superintendent. The Senate companion to this bill is S 1507. (Budget Bill)

Description: Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2019-2020 state fiscal year; extends and enhances the Medicaid drug cap and reduces unnecessary pharmaceutical benefit manager costs to the Medicaid program (Part B); relates to extension of the National Diabetes Prevention Program (Part C); amends chapter 59 of the laws of 2011 in relation to extending the Medicaid global cap (Part D); extends certain provisions of the public health law and the social services law relating to health facilities, certified home health agencies, the general public health work program, state fund medical expenditures, hospital assessments, residential health care facilities, administrative costs, welfare reform, Medicaid, and special needs plans (Part E); extends certain provisions relating to excess coverage (Part F); relates to fiscal intermediary services for the consumer directed personal assistance program; relates to payments to home aides; establishes a residential health care facilities case mix adjustment workgroup; and repeals certain provisions of the social services law relating thereto (Part G); relates to waivers of certain regulations and to certain rates and payment methodologies and repeals certain provisions of the public health law relating thereto (Part H); relates to guaranteed availability of health insurance and coverage for pre-existing conditions (Subpart A); relates to actuarial value requirements and essential health benefits (Subpart B); relates to prescription drug coverage (Subpart C); prohibits discrimination based on sex and gender identity (Subpart D)(Part J); relates to the effectiveness of certain provisions relating to payments from the medical indemnity fund (Part K); includes iatrogenic infertility under in-vitro fertilization insurance coverage (Part L); requires medical, major medical, or comprehensive type coverage health insurance policies to include certain reproductive health coverage; and clarifies the definition of voluntary sterilization procedures and over-the-counter contraceptive products (Part M); relates to the general public health work program (Part O); relates to lead levels (Part P); relates to the healthcare facility transformation program (Part Q) authorizing additional awards for statewide applications (Part Q); codifies the creation of NY state of health, the official health plan marketplace (Part T); relates to private pay protocols for programs and services administered by the office for the aging (Part U); implements certain compliance requirements on managed care organizations and providers participating in the Medicaid program (Part V); relates to the recovery of exempt income by the office of mental health for community residence treatment programs (Part W); relates to a cost of living adjustment for designated human services programs (Part Y); relates to integrated services (Part Z); relates to mental health and substance use disorder health insurance parity (Subpart A); relates to hospital policies for substance use disorder treatment (Subpart B); relates to court ordered substance use disorder treatment (Subpart C)(Part BB); extends an exemption from requiring direct observation and evaluation of certain temporary employees (Part EE); extends provisions related to the New York state health insurance continuation assistance demonstration project (Part FF); provides funding to programs providing opioid treatment and other services operated by the New York state office of alcohol and substance abuse services or certain agencies (Part GG); relates to grants awarded for classic NORC programs (Part HH); extends the operation and administration of legislative commissions (Part II); authorizes the dormitory authority to transfer certain funds repaid by borrowers relating to restructuring pool loans (Part JJ); and directs the department of health to conduct a study in relation to staffing enhancement and patient safety (Part KK).

Location: US-NY



Registration/Licen...



Transparency and ...

NY S 1507

High Priority

Support

Title: Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget the 2019-2020 state fiscal year

Current Status: Enacted

Introduction Date: 2019-01-18


Last Action Date: SIGNED CHAP.57. 2019-04-12

Summary: This bill limits payments to PBMs to the actual ingredient cost, a dispensing fee, and an administrative fee per clinically managed care. It prohibits PBM spread pricing in managed care and requires the PBM to report all sources of income to the

health care plan, including rebates. This bill also requires PBMs to be licensed by the superintendent of insurance and to submit annual reports to the superintendent, and it provides additional oversight authority to the superintendent. (Budget Bill)

Description: Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2019-2020 state fiscal year; extends and enhances the Medicaid drug cap and reduces unnecessary pharmaceutical benefit manager costs to the Medicaid program (Part B); relates to extension of the National Diabetes Prevention Program (Part C); amends chapter 59 of the laws of 2011 in relation to extending the Medicaid global cap (Part D); extends certain provisions of the public health law and the social services law relating to health facilities, certified home health agencies, the general public health work program, state fund medical expenditures, hospital assessments, residential health care facilities, administrative costs, welfare reform, Medicaid, and special needs plans (Part E); extends certain provisions relating to excess coverage (Part F); relates to fiscal intermediary services for the consumer directed personal assistance program; relates to payments to home aides; establishes a residential health care facilities case mix adjustment workgroup; and repeals certain provisions of the social services law relating thereto (Part G); relates to waivers of certain regulations and to certain rates and payment methodologies and repeals certain provisions of the public health law relating thereto (Part H); relates to guaranteed availability of health insurance and coverage for pre-existing conditions (Subpart A); relates to actuarial value requirements and essential health benefits (Subpart B); relates to prescription drug coverage (Subpart C); prohibits discrimination based on sex and gender identity (Subpart D)(Part J); relates to the effectiveness of certain provisions relating to payments from the medical indemnity fund (Part K); includes iatrogenic infertility under in-vitro fertilization insurance coverage (Part L); requires medical, major medical, or comprehensive type coverage health insurance policies to include certain reproductive health coverage; and clarifies the definition of voluntary sterilization procedures and over-the-counter contraceptive products (Part M); relates to the general public health work program (Part O); relates to lead levels (Part P); relates to the healthcare facility transformation program (Part Q) authorizing additional awards for statewide applications (Part Q); codifies the creation of NY state of health, the official health plan marketplace (Part T); relates to private pay protocols for programs and services administered by the office for the aging (Part U); implements certain compliance requirements on managed care organizations and providers participating in the Medicaid program (Part V); relates to the recovery of exempt income by the office of mental health for community residence treatment programs (Part W); relates to a cost of living adjustment for designated human services programs (Part Y); relates to integrated services (Part Z); relates to mental health and substance use disorder health insurance parity (Subpart A); relates to hospital policies for substance use disorder treatment (Subpart B); relates to court ordered substance use disorder treatment (Subpart C)(Part BB); extends an exemption from requiring direct observation and evaluation of certain temporary employees (Part EE); extends provisions related to the New York state health insurance continuation assistance demonstration project (Part FF); provides funding to programs providing opioid treatment and other services operated by the New York state office of alcohol and substance abuse services or certain agencies (Part GG); relates to grants awarded for classic NORC programs (Part HH); extends the operation and administration of legislative commissions (Part II); authorizes the dormitory authority to transfer certain funds repaid by borrowers relating to restructuring pool loans (Part JJ); and directs the department of health to conduct a study in relation to staffing enhancement and patient safety (Part KK).

Location: US-NY

 Registration/Licen...

 Transparency and ...

MA HD 1

Title: An Act making appropriations for the fiscal year 2020 for the maintenance of the departments, boards, commissions, institutions, and certain activities of the Commonwealth, for interest, sinking fund, and serial bond requirements, and for certain permanent improvements

Current Status: Sine Die - Failed

Introduction Date: 2019-01-24

Last Action Date: Reported, in part, by H3800. 2019-04-10

Description: A message from His Excellency the Governor submitting the annual budget of the Commonwealth for the fiscal year beginning July 1, 2019 (House, No. 1).

Location: US-MA

LA HB 557

Title: PHARMACISTS: Provides relative to pharmacy reimbursement

Current Status: Sine Die - Failed

Introduction Date: 2019-03-29

Last Action Date: Read by title, under the rules, referred to the Committee on Insurance.. 2019-04-08

Location: US-LA

NC HB 588

Title: 2019 Governor's Budget.

Current Status: Sine Die - Failed

Introduction Date: 2019-04-03

Last Action Date: Ref to the Com on Finance, if favorable, Appropriations, if favorable, Rules, Calendar, and Operations of the House. 2019-04-04

Location: US-NC

NC SB 452

Title: 2019 Governor's Budget.

Current Status: Sine Die - Failed

Introduction Date: 2019-04-01

Last Action Date: Re-ref Com On Appropriations/Base Budget. 2019-04-03

Location: US-NC

TN HB 1179

High Priority

👍 Support

Title: Pharmacy, Pharmacists - As introduced, removes the use of state-funded pharmacy benefits managers; removes cert exemption under public records law. - Amends TCA Title 4; Title 8; Title 10; Title 56; Title 63; Title 68 and Title 71.

Current Status: Sine Die - Failed

Introduction Date: 2019-02-06

Last Action Date: Taken off notice for cal in s/c Life & Health Insurance Subcommittee of Insurance Committee. 2019-04-03

Summary: This bill would effectively carve Medicaid prescription drug benefits out of managed care and require them to be administered by the state under fee-for-service. The Senate companion bill is S 987.

Location: US-TN

📁 Medicaid Carve-Out

TX HB 3401

Title: Relating to delivery of outpatient prescription drug benefits under certain public benefit programs, including Medicaid the child health plan program.

Current Status: Sine Die - Failed

Introduction Date: 2019-03-06

Last Action Date: Scheduled for public hearing on 2019-04-03

Location: US-TX

📁 Patient Protections

📁 Medicaid Carve-Out

MN SF 2302

Title: Omnibus health and human services budget bill (governor's)

Current Status: Sine Die - Failed

Introduction Date: 2019-03-11

Last Action Date: Comm report: To pass as amended and re-refer to Health and Human Services Finance and Policy. 2019-0

Location: US-MN

 NADAC+

TN SB 987

High Priority

 Support

Title: Pharmacy, Pharmacists - As introduced, removes the use of state-funded pharmacy benefits managers; removes cert exemption under public records law. - Amends TCA Title 4; Title 8; Title 10; Title 56; Title 63; Title 68 and Title 71.


Current Status: Sine Die - Failed

Introduction Date: 2019-02-06

Last Action Date: Assigned to General Subcommittee of Senate Commerce and Labor Committee. 2019-04-02

Summary: This bill would effectively carve Medicaid prescription drug benefits out of managed care and require them to be administered by the state under fee-for-service. The House companion bill is HB 1179.

Location: US-TN

 Medicaid Carve-Out

MN HF 2791

Title: Medical assistance reimbursement provisions for direct injectable drugs modified.

Current Status: Sine Die - Failed

Introduction Date: 2019-04-01

Last Action Date: Referred by Chair to Health and Human Services Finance Division. 2019-04-01

Location: US-MN

TX SB 2267

Title: Relating to the provision of pharmacy benefits through Medicaid managed care.

Current Status: Sine Die - Failed

Introduction Date: 2019-03-08

Last Action Date: Read first time. 2019-03-21

Location: US-TX

 Medicaid Carve-Out

TX SB 2262

Title: Relating to delivery of outpatient prescription drug benefits under certain public benefit programs, including Medicaid the child health plan program.

Current Status: Sine Die - Failed

Introduction Date: 2019-03-08

Last Action Date: Read first time. 2019-03-21

Location: US-TX

 Medicaid Carve-Out

MD SB 1039

Title: Maryland Medical Assistance Program and Managed Care Organizations That Use Pharmacy Benefits Managers - Reimbursement Requirements

Current Status: Sine Die - Failed


Introduction Date: 2019-03-04

Last Action Date: Withdrawn by Sponsor. 2019-03-20

Description: Requiring the Maryland Medical Assistance Program to establish reimbursement levels, rather than maximum reimbursement levels, for certain drug products; requiring that certain minimum reimbursement levels be at least equal to National Average Drug Acquisition Cost of the generic product plus a certain fee-for-service professional dispensing fee; providing that certain provisions of the Act apply to managed care organizations that use pharmacy benefits managers to manage prescription drug coverage; etc.

Location: US-MD

 NADAC+

 Medicaid Reimburs...

NH HB 659

Medium Priority

 Support

Title: relative to reporting of internal pharmaceutical costs.

Current Status: Failed

Introduction Date: 2019-01-16

Last Action Date: Inexpedient to Legislate: MA VV 03/19/2019 HJ 10 P. 14. 2019-03-19

Summary: This bill requires health carriers to annually report specific data to the insurance commissioner. This data includes spread pricing, drug rebates, and PBM administrative fees.

Location: US-NH

 Transparency and ...

MD SB 497

High Priority

 Support

Title: Pharmacists - Aids for the Cessation of Tobacco Product Use - Prescribing and Dispensing

Current Status: Sine Die - Failed


Introduction Date: 2019-02-04


Last Action Date: Unfavorable Report by Education, Health, and Environmental Affairs. 2019-03-11

Summary: This bill modifies the definition of "practice of pharmacy" to include prescribing and dispensing medications as aids for tobacco use cessation. It also requires Maryland Medical Assistance Programs to provide coverage for pharmacist services rendered under this section to the same extent as services rendered by any other licensed health care practitioner.

Description: Authorizing a pharmacist who meets the requirements of certain regulations to prescribe and dispense aids for cessation of the use of tobacco products; requiring the State Board of Pharmacy, by September 1, 2020, to adopt certain regulations; requiring the Maryland Medical Assistance Program and the Maryland Children's Health Program to provide coverage for certain services rendered by a licensed pharmacist under the Act to the same extent as certain services rendered by any other licensed health care practitioner; etc.

Location: US-MD

 Compensation for ...

 Scope of Practice

 Tobacco Cessation

SC H 3844

High Priority

 Support

Title: Pharmacy Access Act

Current Status: Sine Die - Failed

Introduction Date: 2019-02-05

Last Action Date: Member(s) request name added as sponsor: Rose. 2019-03-11

Summary: This bill allows pharmacists to dispense a self-administered hormonal contraceptive or administer an injectable hormonal contraceptive pursuant to a standing order to a patient over the age of 18 or under 18 who has evidence of a previous prescription from a practitioner for a self-administered or injectable hormonal contraceptive. This bill also states that pharmacist services are a benefit under the state Medicaid program and requires the department to establish a fee schedule for the aforementioned pharmacist services at a reimbursement rate of 70% of the fee schedule for physician services. The Senate companion bill is S 448.

Description: A Bill To Amend The Code Of Laws Of South Carolina, 1976, To Enact The "Pharmacy Access Act" By Adding Chapter 138 To Title 44 So As To Provide That Qualified Licensed Pharmacists May Prescribe And Administer Injectable Hormonal Contraceptives And Prescribe And Dispense Self-Administered Hormonal Contraceptives Under A Standing Prescription Drug Order, To Provide For Written Joint Protocol Provisions, And To Define Necessary Terms.

Location: US-SC



Compensation for ...



Scope of Practice



Birth Control

MN SF 1778

Title: Medical assistance (MA) drug payments governance provisions modifications

Current Status: Sine Die - Failed

Introduction Date: 2019-02-27

Last Action Date: Referred to Health and Human Services Finance and Policy. 2019-02-27

Location: US-MN

MD HB 1324

High Priority

Support

Title: Maryland Medical Assistance Program and Managed Care Organizations That Use Pharmacy Benefits Managers - Reimbursement Requirements

Current Status: Sine Die - Failed

Introduction Date: 2019-02-15

Last Action Date: First Reading House Rules and Executive Nominations. 2019-02-15

Summary: This bill would create a prescription drug reimbursement floor in Medicaid managed care of NADAC plus the Medicaid fee-for-service defined dispensing fee.

Description: Requiring the Maryland Medical Assistance Program to establish reimbursement levels, rather than maximum reimbursement levels, for certain drug products; requiring that certain minimum reimbursement levels be at least equal to the National Average Drug Acquisition Cost of the generic product plus a certain fee-for-service professional dispensing fee; providing that certain provisions of the Act apply to managed care organizations that use pharmacy benefits managers to manage prescription drug coverage; etc.

Location: US-MD



Medicaid Reimburs...

NM SB 184

High Priority

Support

Title: MEDICAID MANAGED CARE PHARMACEUTICAL BENEFITS

Current Status: Failed

Introduction Date: 2019-01-04

Last Action Date: Action Postponed Indefinitely. 2019-02-08

Summary: This bill would carve Medicaid prescription drug benefits out of managed care and require them to be administered to the state under fee-for-service.

Location: US-NM

Last Team Action: Provided Dale Tinker (NMPhA) with talking points on carve out savings., Feb 06, 2019 at 4 PM - 5 PM (Attendees: Matt Magner, Anne Cassity)



Medicaid Carve-Out

MS HB 335

High Priority

Support

Title: Medicaid; pharmacy benefits for managed care beneficiaries shall be traditional fee-for-service.

Current Status: Failed

Introduction Date: 2019-01-14

Last Action Date: Died In Committee. 2019-02-05

Summary: This bill would carve Medicaid prescription drug benefits out of managed care and require them to be administered in the state under fee-for-service.

Description: An Act To Amend Section 43-13-117, Mississippi Code Of 1972, To Provide That From And After July 1, 2019, Pharmacy Benefits For Medicaid Beneficiaries Participating In Any Managed Care Program Or Coordinated Care Program Implemented By The Division Of Medicaid Shall Be Administered By The Traditional Fee-For-Service Pharmacy Program Of The Division, With Retail Point-Of-Sale Pharmacy Services For The Beneficiaries; And For Related Purposes.

Location: US-MS

 Medicaid Carve-Out

VA HB 2516

High Priority

 Support

Title: Health insurance rate reviews; pharmacy benefit price spread.

Current Status: Failed

Introduction Date: 2019-01-09


Last Action Date: House: Left in Labor and Commerce. 2019-02-05

Summary: This bill requires health insurance issuers to apply any price spread by a PBM as an administrative cost and not a health benefit for the purposes of calculating the anticipated loss ratio. It allows only the amount paid to the pharmacy to be counted as a health benefit.

Description: Health insurance rate reviews; minimum anticipated loss ratios; pharmacy benefit price spread. Requires the State Corporation Commission (Commission) to treat the price spread on any contract between the issuer of a health benefit plan and its pharmacy benefits manager as an administrative cost of the issuer. The measure requires the issuer's administrative costs be excluded from the amount of benefits provided under a health benefit plan when the Commission determines the health benefit plan's anticipated loss ratio. The measure codifies portions of the Commission's regulations promulgated to implement a requirement that it review and approve the premium rates for health benefit plans, including the requirement that the benefits provided by a health benefit plan are reasonable in relation to the premiums charged.

Location: US-VA

 Transparency and ...

 MLR

IN HB 1249

High Priority

 Support

Title: Medicaid prescription drug program.

Current Status: Sine Die - Failed

Introduction Date: 2019-01-10

Last Action Date: First reading: referred to Committee on Public Health. 2019-01-10

Summary: This bill would carve Medicaid prescription drug benefits out of managed care and require them to be administered in the state under fee-for-service.

Description: Requires the office of the secretary of family and social services to provide a prescription drug benefit for a Medicaid recipient under: (1) the risk based managed care program; and (2) the healthy Indiana plan. (Current law allows the office or another managed care organization to provide the prescription drug benefit.)

Location: US-IN

 Medicaid Carve-Out

IL SB 1888

Title: Medicaid-Mccn-Pharmacy Rates

Current Status: Failed

Introduction Date: 2017-02-10

Last Action Date: Session Sine Die. 2019-01-09

Description: Amends the Medical Assistance Article of the Illinois Public Aid Code. In addition to other specified actions required under the Code, requires a managed care community network that contracts with the Department of Healthcare and Family Services to establish, maintain, and provide a fair and reasonable reimbursement rate to pharmacy providers for pharmaceutical services, prescription drugs and drug products, and pharmacy or pharmacist-provided services. Provides that the reimbursement methodology shall not be less than the current reimbursement rate utilized by the Department for prescription and pharmacy pharmacist-provided services and shall not be below the actual acquisition cost of the pharmacy provider. Requires a managed care community network to ensure that the pharmacy formulary used by the managed care community network and its contracted providers is no more restrictive than the Department's pharmaceutical program. Effective July 1, 2018.

Location: US-IL

IL SB 3498

Title: Managed Care-Formulary Changes

Current Status: Failed

Introduction Date: 2018-02-16

Last Action Date: Session Sine Die. 2019-01-09

Description: Amends the Managed Care Reform and Patient Rights Act. Requires a policy or plan sponsor to notify the prescribing physician and the patient in writing 60 days before making a formulary change that alters the terms of coverage or discontinues coverage for a prescribed drug that the patient is receiving. Contains provisions for receiving the notice electronically. Provides that a policy or plan sponsor may provide the patient with the written notification, along with a 60-day supply of the prescription drug, at the time the patient requests a refill. Provides that nothing in the provisions prohibits insurers or pharmacy benefit managers from using certain managed pharmacy care tools so long as an exception process is in place allowing the prescriber to petition for coverage of a non-preferred drug if sufficient clinical reasons justify an exception to the normal protocol.

Location: US-IL

IL HB 1796

Title: Health Insurance Assessment

Current Status: Failed

Introduction Date: 2017-02-01

Last Action Date: Session Sine Die. 2019-01-08

Description: Creates the Health Insurance Claims Assessment Act. Imposes an assessment of 1% on claims paid by a health insurance carrier or third-party administrator. Provides that the moneys received and collected under the Act shall be deposited into the Healthcare Provider Relief Fund and used solely for the purpose of funding Medicaid services provided under the medical assistance programs administered by the Department of Healthcare and Family Services.

Location: US-IL

NJ A 2590

Medium Priority

👍 Support

Title: Requires all Medicaid managed care organization to permit all pharmacies in State to dispense prescriptions for all covered medications.

Current Status: Sine Die - Failed

Introduction Date: 2018-02-01

Last Action Date: Introduced, Referred to Assembly Health and Senior Services Committee. 2018-02-01

Summary: This bill is an "any willing pharmacy" bill that requires Medicaid managed care organizations to allow all pharmacies in the state to fill for all covered medications if they accept the terms and conditions of the MCO. The Senate companion to this bill is S 961.

Location: US-NJ



Patient Protections

NJ S 961

Medium Priority

👍 Support

Title: Requires all Medicaid managed care organization to permit all pharmacies in State to dispense prescriptions for all covered medications.

Current Status: Sine Die - Failed

Introduction Date: 2018-01-16

Last Action Date: Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. 2018-01-16

Summary: This bill is an "any willing pharmacy" bill that requires Medicaid managed care organizations to allow all pharmacies in the state to fill for all covered medications if they accept the terms and conditions of the MCO. The Assembly companion to this bill is A 2590.

Location: US-NJ



Patient Protections