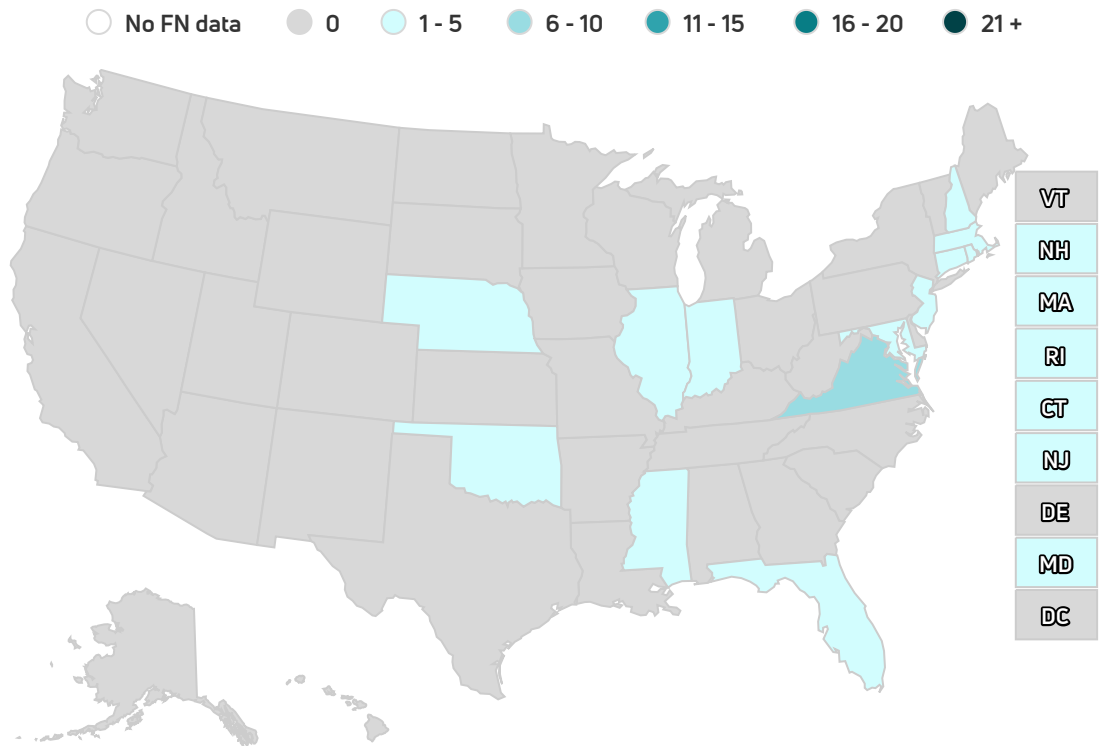


Medicaid Reform Legislation

US Policy Map

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



H

Medicaid Reform Bills	27 Bills
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IN HB 1003

Title: Health matters.

Current Status: In House

Introduction Date: 2025-01-21

Last Action Date: Committee report: amend do pass, adopted. 2025-02-13


Description: Specifies that the Medicaid fraud control unit's (MFCU) investigation of Medicaid fraud may include the investigation of provider fraud, insurer fraud, duplicate billing, and other instances of fraud. Permits the attorney general to enter into a data sharing agreement with specified state agencies and authorizes the MFCU to analyze this data to carry out its

investigative duties. Provides that the attorney general may designate investigators employed within the MFCU to be law enforcement officers of the state. Requires a state employee health plan, the office of the secretary of family and social services (office), an insurer, and a health maintenance organization to provide reimbursement for a health care service that is provided in an outpatient setting at the same reimbursement rate that is provided at a physician's office. Requires the office to establish: (1) metrics to assess the quality of care and patient outcomes; and (2) transparency and accountability safeguards; for a long term care risk based managed care program. Allows the Indiana department of health (state department) to enter into partnerships and joint ventures to encourage best practices in the appropriate and effective use of prior authorization in health care. Requires the state department, in consultation with the office of technology, to: (1) develop certain standards regarding medical records and data; and (2) mandate compliance with the standards by any medical provider that contracts with the state. Requires, not later than December 31, 2025, a clinical laboratory and diagnostic imaging facility to post pricing information. Allows the state department to receive information regarding prior authorization disputes and requires the state department to prepare a report with findings and recommendations related to the information. Requires providers to submit a claim for health care services with the appropriate place of service code for the setting. Allows: (1) a manufacturer to provide; and (2) a patient to receive; individualized investigational treatment if certain conditions are met. Prohibits a 340B covered entity from charging an individual for a prescription drug under the program at a greater price than the prescription drug was obtained for under the program. Allows the state department to enforce the 340B drug requirements and assess a civil penalty. Provides exemptions from provisions regarding health care billing. Sets forth requirements regarding the submission of a bill for health care services. Requires an Indiana nonprofit hospital system to report a list of facilities that may submit a bill on an institutional provider form. Prohibits an out-of-network practitioner providing nonemergency health care services at an in network facility from being reimbursed more for the health care services than the 2019 median in network rate with the specified adjustment. Requires a provider to provide the patient with a written list of services that the: (1) patient received; and (2) provider intends to bill the patient; upon a patient's discharge from receiving certain services. Requires good faith estimates for health care services, issued before July 1, 2026, to be provided at least two business days (rather than five business days) before the health care services are scheduled to be provided. Requires good faith estimates, issued after June 30, 2026, to be provided immediately. Removes language concerning the disclosure of a trade secret from provisions that allow for a health plan sponsor to access and audit claims data. Provides that when a health carrier is in the process of negotiating a health provider contract with a health provider facility or provider, the health carrier must provide certain information to the health provider facility or provider. Specifies certain provisions that may not be included in a health provider contract. Prohibits a health plan from rescinding a prior authorization that the health plan has previously approved within 1 year after the prior authorization is approved. Provides that a health plan shall ensure that any adverse determination on a request for prior authorization is made by a clinical peer of the provider who requested the prior authorization. Requires, not later than September 1, 2025, the department of insurance to issue a request

for information concerning ways to better enable medical consumers to compare and shop for medical and health care services. Adds the secretary of health and human services as a nonvoting advisory member of the all payer claims data base advisory board. Provides that an insurer or a health maintenance organization may not deny a claim for reimbursement on the basis that the referring provider is an out of network direct primary care provider or independent physician. Requires, if a fully credentialed physician becomes employed with another employer or establishes or relocates a medical practice in Indiana, an insurer and health maintenance organization to provisionally credential the physician for 90 days or until the physician is fully credentialed, whichever is earlier.

Location: US-IN

 Trade Secrets

 PBM enforcement

VA SB 875

Title: State pharmacy benefits manager; DMAS to select & contract with a third-party administrator to serve

Current Status: In House

Introduction Date: 2025-01-03

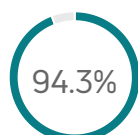
Last Action Date: Fiscal Impact Statement from Department of Planning and Budget (SB875). 2025-02-12

Description: Department of Medical Assistance Services; state pharmacy benefits manager. Requires the Department of Medical Assistance Services by December 31, 2026, 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.

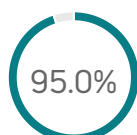
Location: US-VA

 Single PBM

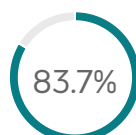
Floor Forecast Scores



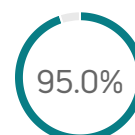
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

VA HB 1600

Title: Budget Bill.

Current Status: Passed Senate

Introduction Date: 2024-12-18

Last Action Date: Senators: Lucas, Deeds, Locke, McDougle, and Pillion. 2025-02-12

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

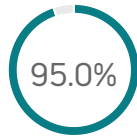
Location: US-VA

 Pharmacy Reimbur...

Floor Forecast Scores



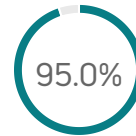
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

FL HB 389

Title: Managed Care Plan Network Access

Current Status: In House

Introduction Date: 2025-02-04

Last Action Date: Now in Health Care Facilities & Systems Subcommittee. 2025-02-12

Description: Requires that AHCA include specified requirements relating to care from, & reimbursement to, out-of-network Medicaid providers in agency's contracts with Medicaid managed care plans; authorizes enrollees of Medicaid managed care plans to receive care from Medicaid providers not under contract with plan; requires plans to reimburse such providers at applicable rates paid for such services under plan.

Location: US-FL

 Provider networks

 Pharmacy Reimbur...

RI HB 5463

Title: An Act Relating To State Affairs And Government -- Office Of Health And Human Services (Sets Controls On Medicaid Prescription Drug Costs By Imposing Transparency And Accountability Requirements On Managed Care Organizations (Mcos) And Their Pharmacy Benefit Managers (Pbms).)

Current Status: In House

Introduction Date: 2025-02-12

Last Action Date: Introduced, referred to House Finance. 2025-02-12

Location: US-RI

Reimbursement to ...

Spread pricing

VA HB 2610

Title: State pharmacy benefits manager; DMAS to select & contract with a third-party administrator to serve

Current Status: In Senate

Introduction Date: 2025-01-13

Last Action Date: Assigned Education sub: Health. 2025-02-11

Description: Department of Medical Assistance Services; state pharmacy benefits manager; independent evaluation; report. Requires the Department of Medical Assistance Services by December 31, 2027, 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. The bill's contract requirement has a delayed effective date of January 1, 2027, provided that the Department receives the necessary approval or federal financial participation from the Centers for Medicare and Medicaid Services. In addition, the bill directs the Department to engage an independent consultant to evaluate the possible implementation of a contract with a third-party pharmacy benefits manager pursuant to the bill and to report its findings and recommendations to the Chairs of the House Committees on Appropriations and Health and Human Services and the Senate Committees on Finance and Appropriations and Education and Health by December 15, 2025. This bill incorporates HB 2209.

Location: US-VA

Medicaid Reimburs...

Spread pricing

Single PBM

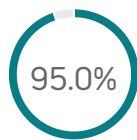
Floor Forecast Scores



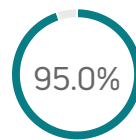
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

VA SB 800

Title: Budget Bill.

Current Status: In House

Introduction Date: 2024-12-18

Last Action Date: Referred to Committee on Appropriations. 2025-02-10

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

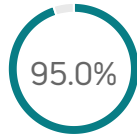
Location: US-VA

 Pharmacy Reimbur...

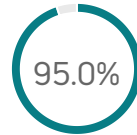
Floor Forecast Scores



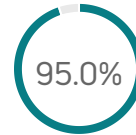
Senate
Pre-Floor Score



Senate
Floor Score



House
Pre-Floor Score



House
Floor Score

OK SB 252

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

Current Status: In Senate

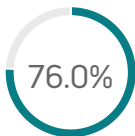
Introduction Date: 2025-02-03

Last Action Date: Coauthored by Senator Bergstrom. 2025-02-05

Location: US-OK

 Medicaid Carve-Out

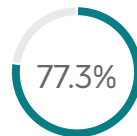
Floor Forecast Scores



Senate
Pre-Floor Score

N/A

Senate
Floor Score



House
Pre-Floor Score

N/A

House
Floor Score

MS HB 423

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

Current Status: Failed

Introduction Date: 2025-01-10

Last Action Date: Died In Committee. 2025-02-04

Description: An Act To Amend Section 43-13-117, Mississippi Code Of 1972, To Require Managed Care Organizations Under Any 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 Specified Principles; And For Related Purposes.

Location: US-MS



Pharmacy Reimbur...

IL HB 4

Title: Medicaid-Pharmacy Services

Current Status: In House

Introduction Date: 2024-12-02

Last Action Date: Assigned to Appropriations-Health and Human Services Committee. 2025-02-04

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 by January 1, 2026 and to publish the report on the Department's website. Provides that any retail pharmacy that is enrolled as an eligible retail pharmacy provider in the medical assistance program and is not sanctioned under investigation for fraud, waste, or abuse shall provide retail pharmacy services to any medical assistance recipient who resides in the same zip code as the pharmacy, regardless of whether the retail pharmacy is contracted to provide pharmacy services for the managed care organization that the recipient is enrolled with. Requires the managed care organization to pay the retail pharmacy the managed care organization's standard contractual rate. Effective immediately.

Location: US-IL

FL SB 306

Title: Managed Care Plan Network Access

Current Status: In Senate

Introduction Date: 2025-01-17

Last Action Date: Referred to Health Policy; Appropriations Committee on Health and Human Services; Fiscal Policy. 2025-02-03

Description: Requiring that the Agency for Health Care Administration include specified requirements in its contracts with Medicaid managed care plans; authorizing enrollees of Medicaid managed care plans to receive care from Medicaid providers not under contract with the plan under certain circumstances, etc.

Location: US-FL



Patient Protections



Provider networks

MD HB 813

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

Current Status: In House

Introduction Date: 2025-01-29

Last Action Date: Hearing 2/27 at 1:00 p.m.. 2025-02-03

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



Medicaid Reimburs...

RI SB 117

Title: An Act Relating To State Affairs And Government -- Office Of Health And Human Services (Sets Controls On Medicaid Prescription Drug Costs By Imposing Transparency And Accountability Requirements On Managed Care Organizations (Mcos) And Their Pharmacy Benefit Managers (Pbms).)

Current Status: In Senate

Introduction Date: 2025-01-31

Last Action Date: Introduced, referred to Senate Health and Human Services. 2025-01-31

Location: US-RI



Reimbursement to ...



Spread pricing

NE LB 138

Title: LB138 - Change provisions relating to pharmacy dispensing fees under the Medical Assistance Act


Current Status: In Legislature

Introduction Date: 2025-01-13

Last Action Date: Quick name added. 2025-01-30

Location: US-NE

 cost to dispense

 Pharmacy Reimbur...

VA HB 2209

Title: State pharmacy benefits manager; DMAS to select & contract with a third-party administrator to serve

Current Status: In House

Introduction Date: 2025-01-07

Last Action Date: Incorporated by Health and Human Services (HB2610-Callsen) (Voice Vote). 2025-01-28

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.

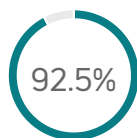
Location: US-VA

 Single PBM

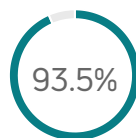
Floor Forecast Scores



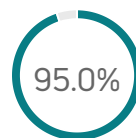
House
Pre-Floor Score



House
Floor Score



Senate
Pre-Floor Score



Senate
Floor Score

MD SB 438

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

Current Status: In Senate

Introduction Date: 2025-01-22

Last Action Date: Hearing 2/12 at 1:00 p.m.. 2025-01-27

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



Medicaid Reimburs...

NH SB 247

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: In Senate

Introduction Date: 2025-01-23

Last Action Date: Introduced 01/09/2025 and Referred to Health and Human Services; SJ 3. 2025-01-23

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: Vote to Draft (HS). 2025-01-21

Description: To increase access to affordable health care.

Location: US-CT



Pharmacy Reimbur...

MA HD 3763

Title: An Act relative to MassHealth managed care pharmacy benefit reimbursement rates

Current Status: Status Currently Unavailable

Location: US-MA

Medicaid Reimburs...

MA SD 85

Title: An Act to ensure access to prescription medications

Current Status: Status Currently Unavailable

Location: US-MA

Appeal procedure

Medicaid Reimburs...

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

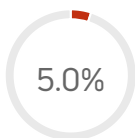
Description: Department of General Services; Office of Pharmaceutical Services; report. Establishes in the Department of General Services an Office of Pharmaceutical Services to develop and execute a plan to consolidate state agency prescription drug purchasing and pharmacy benefit management programs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

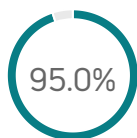
State Employee Plan

Medicaid Reimburs...

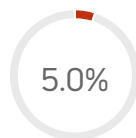
Floor Forecast Scores



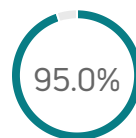
House
Pre-Floor Score



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

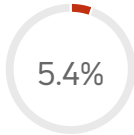
Introduction Date: 2024-09-12

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

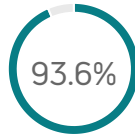
Location: US-NJ

 Medicaid Reimburs...

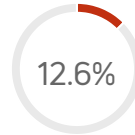
Floor Forecast Scores



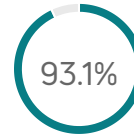
Senate
Pre-Floor Score



Senate
Floor Score



Assembly
Pre-Floor Score



Assembly
Floor Score

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 on the thirtieth day of June 2025 and the thirtieth day of June 2026.

Location: US-VA

 Medicaid Carve-Out

 Budget

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 with the provisions of  2.2-1509 of the Code of Virginia, and provides a portion of revenues for the two years ending respectively on the thirtieth day of June 2025 and the thirtieth day of June 2026.

Location: US-VA

Medicaid Carve-Out

Budget

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

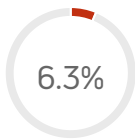
Introduction Date: 2024-01-09

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

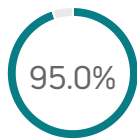
Location: US-NJ

Any willing provider

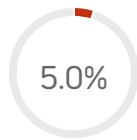
Floor Forecast Scores



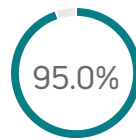
Assembly
Pre-Floor Score



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

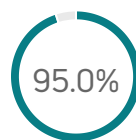
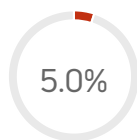
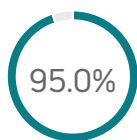
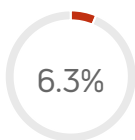
Introduction Date: 2024-01-09

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

Location: US-NJ

Medicaid Carve-Out

Floor Forecast Scores



Assembly
Pre-Floor Score

Assembly
Floor Score

Senate
Pre-Floor Score

Senate
Floor Score

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

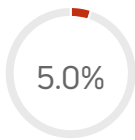
Introduction Date: 2024-01-09

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

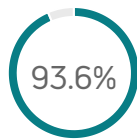
Location: US-NJ

 Medicaid Carve-Out

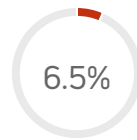
Floor Forecast Scores



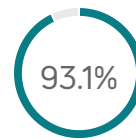
Senate
Pre-Floor Score



Senate
Floor Score



Assembly
Pre-Floor Score



Assembly
Floor Score