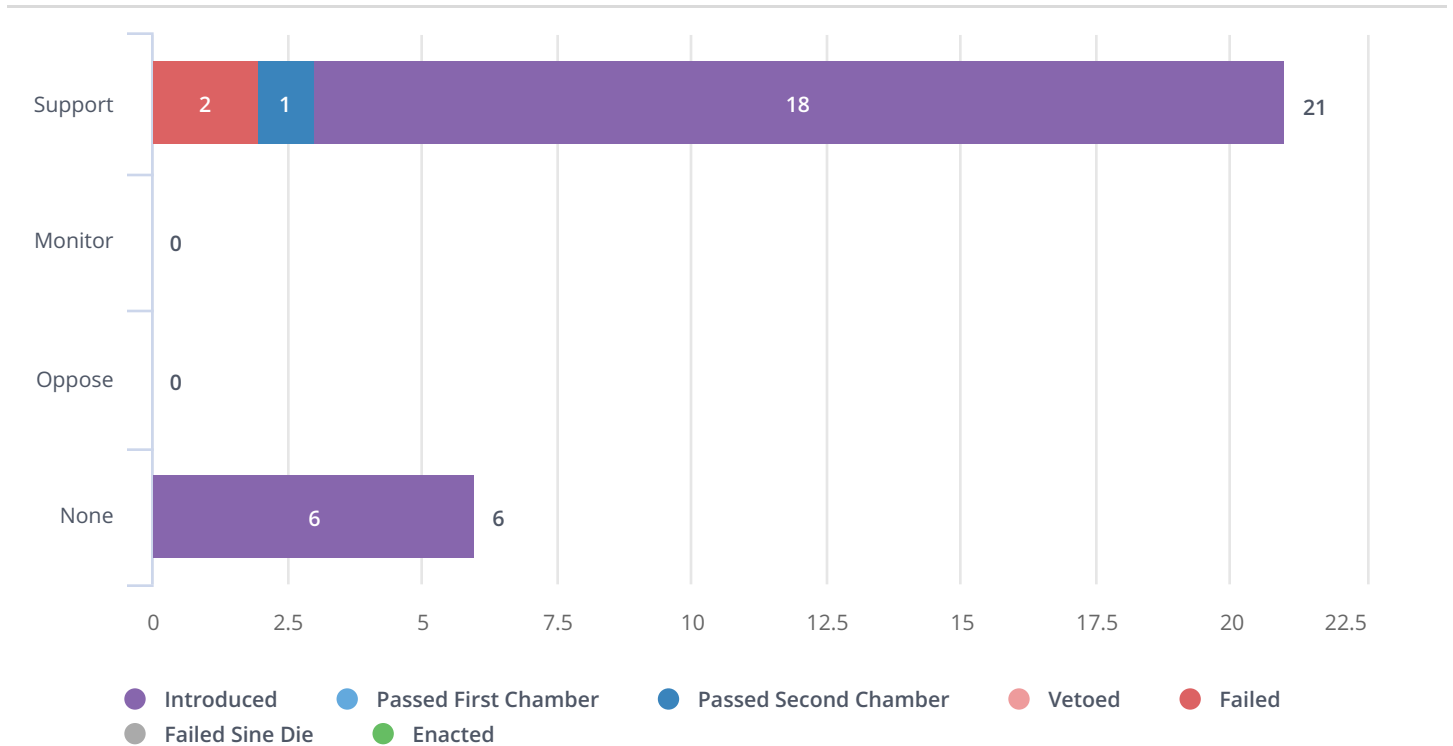


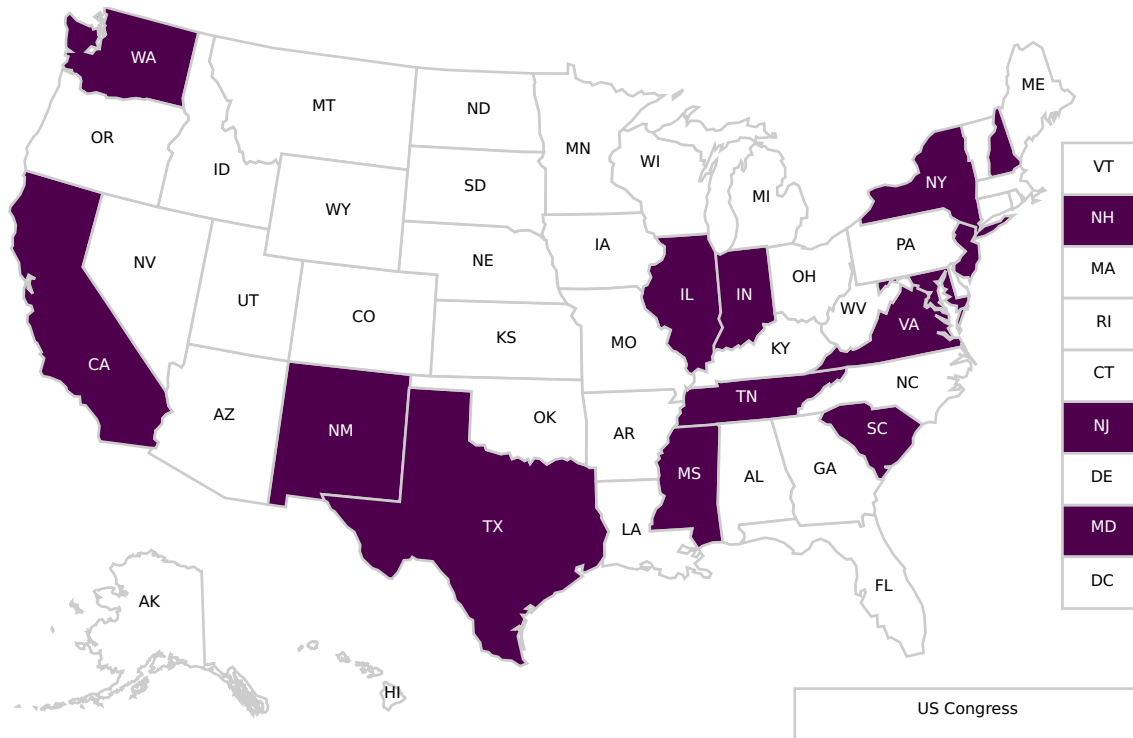
# 2019 Medicaid Reform Legislation

Last Updated: March 08, 2019

Bills by Last Status and Position



## Bills by State



## Bills by Issue

### Medicaid Reform (27)

State	Bill Number	Last Action	Status	Position
CA	SB 446	Referred To Com On Health 2019 03 07	In Senate	Support

#### Title

Medi-Cal: hypertension medication management services.

#### Description

SB 446, as introduced, Stone. Medi-Cal: hypertension medication management services. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, 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 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.

#### Primary Sponsors

Jeff Stone

**Bill Summary:** Last edited by Allie Jo Shipman at Mar 8, 2019, 1:41 AM  
This bill provides that hypertension medication management services are a covered pharmacist service under the Medi-Cal program, as specified.

**Labels:** Compensation for Services

State	Bill Number	Last Action	Status	Position
IL	HB 1442	Placed On Calendar 2nd Reading Short Debate 2019 03 07	In House	Support

#### Title

Ins Code-Birth Control

#### 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 Aid 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.

#### Primary Sponsors

Michelle Mussman

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 6, 2019, 5:30 PM  
This bill changes the definition of the practice of pharmacy to allow a pharmacist to dispense a 12-month supply of hormonal contraceptives to a patient pursuant to a standing order. It also requires pharmacists to complete an ACPE-accredited 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% of the physician fee schedule.

**Labels:** Birth Control Compensation for Services  
Scope of Practice

State	Bill Number	Last Action	Status	Position
IN	HB 1249	Authored By Representative Davisson 2019 01 10	In House	Support

#### Title

Medicaid prescription drug program.

#### Description

Medicaid prescription drug program. 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 the managed care organization to provide the prescription drug benefit.)

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 3:59 PM  
This bill would carve Medicaid prescription drug benefits out of managed care and require them to be administered by the state under fee-for-service.

**Labels:** Medicaid Carve-Out

State	Bill Number	Last Action	Status	Position
MD	HB 1324	First Reading House Rules And Executive Nominations 2019 02 15	In House	Support

#### Title

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

#### 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.

#### Primary Sponsors

Erek Barron

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 21, 2019, 2:35 PM  
This bill would create a prescription drug reimbursement floor in Medicaid managed care of NADAC plus the Medicaid fee-for-service defined dispensing fee.

**Labels:** Medicaid Reimbursement Floor

State	Bill Number	Last Action	Status	Position
MD	SB 497	Hearing 2 26 At 1 00 P M Education Health And Environmental Affairs 2019 02 08	In Senate	Support

#### Title

Pharmacists - Aids for the Cessation of Tobacco Product Use - Prescribing and Dispensing

#### Description

Authorizing a pharmacist who meets the requirements of certain regulations to prescribe and dispense aids for the 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.

#### Primary Sponsors

Antonio Hayes

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 6, 2019, 9:21 PM  
This bill modifies the definition of "practice of pharmacy" to include prescribing and dispensing medications as an aid 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.

**Labels:** Compensation for Services Scope of Practice

Tobacco Cessation

State	Bill Number	Last Action	Status	Position
MD	SB 1039	First Reading Senate Rules 2019 03 04	In Senate	None

**Title**

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

Labels: Medicaid Reimbursement Floor NADAC+

**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.

**Primary Sponsors**

Ed Reilly

State	Bill Number	Last Action	Status	Position
MN	SF 1778	Referred To Health And Human Services Finance And Policy 2019 02 27	In Senate	None

**Title**

Medical assistance (MA) drug payments governance provisions modifications

**Primary Sponsors**

Michelle Benson

State	Bill Number	Last Action	Status	Position
MS	HB 335	Died In Committee 2019 02 05	Failed	Support

**Title**

Medicaid; pharmacy benefits for managed care beneficiaries shall be traditional fee-for-service.

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 4:12 PM  
This bill would carve Medicaid prescription drug benefits out of managed care and require them to be administered by 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.

Labels: Medicaid Carve-Out

**Primary Sponsors**

Becky Currie

State	Bill Number	Last Action	Status	Position
NH	HB 659	Subcommittee Work Session 03 08 2019 09 00 Am Lob 302 304 2019 03 06	In House	Support

**Title**  
relative to reporting of internal pharmaceutical costs.

**Primary Sponsors**  
Ed Butler

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 4:17 PM  
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.

**Labels:** Transparency and Disclosure

State	Bill Number	Last Action	Status	Position
NJ	A 2590	Introduced Referred To Assembly Health And Senior Services Committee 2018 02 01	In Assembly	Support

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

**Primary Sponsors**  
Raj Mukherji

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 4:35 PM  
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.

**Labels:** Patient Protections

State	Bill Number	Last Action	Status	Position
NJ	S 961	Introduced In The Senate Referred To Senate Health Human Services And Senior Citizens Committee 2018 01 16	In Senate	Support

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

**Primary Sponsors**  
Joe Vitale, Vin Gopal

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 4:35 PM  
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.

**Labels:** Patient Protections

State	Bill Number	Last Action	Status	Position
NM	SB 184	Spac Reported By Committee With Do Pass Recommendation 2019 02 08	In Senate	Support

**Title**  
MEDICAID MANAGED CARE PHARMACEUTICAL BENEFITS

**Primary Sponsors**  
Jerry Ortiz y Pino

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 4:37 PM  
This bill would carve Medicaid prescription drug benefits out of managed care and require them to be administered by the state under fee-for-service.

**Labels:** Medicaid Carve-Out

### Title

Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2019-2020 state fiscal year

### 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; relates to the reimbursement of transportation costs, the reimbursement of emergency transportation services and to supplemental transportation payments; and repeals certain provisions relating thereto (Part A); relates to updating the professional dispensing fee and copayments; extends and enhances the Medicaid drug cap and reduces unnecessary pharmacy benefit manager costs to the Medicaid program (Part B); extends the national diabetes prevention program which provides evidence based prevention and support services for type 2 diabetes (Part C); relates to extending the effectiveness of the medicaid global cap; extends such cap to 2020-2021 (Part D); extends certain provisions of the public health law and the social services law (Part E); amends chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to apportioning premium for certain policies; amends part J of chapter 63 of the laws of 2001 amending chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, relating to the effectiveness of certain provisions of such chapter, in relation to extending certain provisions concerning the hospital excess liability pool; and amends part H of chapter 57 of the laws of 2017, amending 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 F); eliminates the ability of legally responsible spouses to refuse to support non-institutionalized spouses, repeals certain provisions of the social services law (Part G); relates to the waiver of certain regulations and repeals subparagraph (v) of paragraph (b) of subdivision 5-b of section 2807-k of the public health law, relating to the department of health's requirement to audit the number of working hours for hospital residents and relating to major academic centers of excellence payments; relates to rate and payment methodologies (Part H); relates to the registration and licensing of pharmacy benefit managers (Part I); relates to guaranteed availability, pre-existing conditions and employee welfare funds; and repeals subsections (h) and (i) of section 3232 and subsections (h) and (i) of section 4318 of the insurance law relating to certain insurance coverage (Subpart A); relates to actuarial value requirements and essential health benefits (Subpart B); relates to coverage for medically necessary abortions, and exceptions thereto (Subpart C); relat... (click bill link to see more).

### Primary Sponsors

Joint 2016 General Budget Conference Committee

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 4:54 PM  
This bill limits payments to PBMs to the actual ingredient cost, a dispensing fee, and an administrative fee per claim in 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)

**Labels:** [Registration/Licensure](#) [Transparency and Disclosure](#)

#### Title

Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2019-2020 state fiscal year

#### 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; relates to the reimbursement of transportation costs, the reimbursement of emergency transportation services and to supplemental transportation payments; and repeals certain provisions relating thereto (Part A); relates to updating the professional dispensing fee and copayments; extends and enhances the Medicaid drug cap and reduces unnecessary pharmacy benefit manager costs to the Medicaid program (Part B); extends the national diabetes prevention program which provides evidence based prevention and support services for type 2 diabetes (Part C); relates to extending the effectiveness of the medicaid global cap; extends such cap to 2020-2021 (Part D); extends certain provisions of the public health law and the social services law (Part E); amends chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to apportioning premium for certain policies; amends part J of chapter 63 of the laws of 2001 amending chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, relating to the effectiveness of certain provisions of such chapter, in relation to extending certain provisions concerning the hospital excess liability pool; and amends part H of chapter 57 of the laws of 2017, amending 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 F); eliminates the ability of legally responsible spouses to refuse to support non-institutionalized spouses, repeals certain provisions of the social services law (Part G); relates to the waiver of certain regulations and repeals subparagraph (v) of paragraph (b) of subdivision 5-b of section 2807-k of the public health law, relating to the department of health's requirement to audit the number of working hours for hospital residents and relating to major academic centers of excellence payments; relates to rate and payment methodologies (Part H); relates to the registration and licensing of pharmacy benefit managers (Part I); relates to guaranteed availability, pre-existing conditions and employee welfare funds; and repeals subsections (h) and (i) of section 3232 and subsections (h) and (i) of section 4318 of the insurance law relating to certain insurance coverage (Subpart A); relates to actuarial value requirements and essential health benefits (Subpart B); relates to coverage for medically necessary abortions, and exceptions thereto (Subpart C); relat... (click bill link to see more).

#### Primary Sponsors

Senate Committee on Budget and Revenues

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 4:54 PM  
This bill limits payments to PBMs to the actual ingredient cost, a dispensing fee, and an administrative fee per claim in 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 Assembly companion to this bill is A 2007. (Budget Bill)

**Labels:** [Registration/Licensure](#) [Transparency and Disclosure](#)



State	Bill Number	Last Action	Status	Position
OR	HB 3093	Referred To Health Care With Subsequent Referral To Ways And Means 2019 03 01	In House	None

**Title**

Relating to the cost of prescription drugs.

**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. Also requires billing to disclose price of drug charged to specified state agencies and insurers. 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 exceeding \$50,000 that has 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 managers 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.

State	Bill Number	Last Action	Status	Position
OR	SB 872	Referred To Health Care 2019 03 01	In Senate	None

#### Title

Relating to the cost of prescription drugs.

#### 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. Also requires billing to disclose price of drug charged to specified state agencies and insurers. 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 exceeding \$50,000 that has 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 managers 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.

State	Bill Number	Last Action	Status	Position
SC	H 3844	Referred To Committee On Medical Military Public And Municipal Affairs House Journal Page 25 2019 02 05	In House	Support

#### Title

Pharmacy Access Act

#### 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.

#### Primary Sponsors

Todd Rutherford

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 7, 2019, 8:49 PM  
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.

Labels: Birth Control Compensation for Services Scope of Practice

State	Bill Number	Last Action	Status	Position
TN	HB 1179	Assigned To S C Life Health Insurance Subcommittee 2019 02 13	In House	Support

#### Title

Pharmacy, Pharmacists - As introduced, removes the use of state-funded pharmacy benefits managers. - Amends TCA Title 4; Title 8; Title 10; Title 56; Title 63; Title 68 and Title 71.

#### Primary Sponsors

Bryan Terry

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 7, 2019, 8:25 PM  
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.

Labels: Medicaid Carve-Out

State	Bill Number	Last Action	Status	Position
TN	SB 650	Passed On Second Consideration Refer To Senate Commerce And Labor Committee 2019 02 07	In Senate	Support

#### Title

Pharmacy, Pharmacists - As introduced, makes various changes to law concerning pharmacy benefits managers; requires the comptroller of the treasury to perform an annual audit of all pharmacy benefits managers providing services funded by this state. - Amends TCA Title 56, Chapter 7, Part 31.

#### Primary Sponsors

Shane Reeves

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 6, 2019, 3:21 PM  
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 PBMs providing 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 non-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.

Labels: Fair Pharmacy Audits Patient Protections

Transparency and Disclosure

State	Bill Number	Last Action	Status	Position
TN	SB 987	Sponsor S Added 2019 03 05	In Senate	Support

#### Title

Pharmacy, Pharmacists - As introduced, removes the use of state-funded pharmacy benefits managers. - Amends TCA Title 4; Title 8; Title 10; Title 56; Title 63; Title 68 and Title 71.

#### Primary Sponsors

Shane Reeves

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 7, 2019, 8:25 PM  
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.

Labels: Medicaid Carve-Out

State	Bill Number	Last Action	Status	Position
TX	HB 3388	Filed 2019 03 06	In House	None

**Title**

Relating to delivery of outpatient prescription drug benefits under certain public benefit programs, including Medicaid and the child health plan program.

**Primary Sponsors**

J.D. Sheffield, Cole Hefner, Richard Raymond

Labels: [Medicaid Carve-Out](#) [Patient Protections](#)

State	Bill Number	Last Action	Status	Position
TX	HB 3401	Filed 2019 03 06	In House	None

**Title**

Relating to delivery of outpatient prescription drug benefits under certain public benefit programs, including Medicaid and the child health plan program.

**Primary Sponsors**

Richard Raymond

Labels: [Medicaid Carve-Out](#) [Patient Protections](#)

State	Bill Number	Last Action	Status	Position
TX	HB 3441	Filed 2019 03 06	In House	Support

**Title**

Relating to reimbursement under certain health benefit plans for certain services and procedures performed by pharmacists.

**Primary Sponsors**

Eddie Lucio

**Bill Summary:** Last edited by Allie Jo Shipman at Mar 8, 2019, 1:03 AM  
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.

Labels: [Compensation for Services](#)

State	Bill Number	Last Action	Status	Position
VA	HB 1700	House Vote Adoption 97 Y 1 N 2019 02 24	Passed Senate	Support

**Title**

Budget Bill.

**Description**

Budget Bill. Amends Chapter 2, 2018 Special Session I Acts of Assembly.

**Primary Sponsors**

Chris Jones

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 5:10 PM  
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 the 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)

Labels: [Transparency and Disclosure](#)

State	Bill Number	Last Action	Status	Position
VA	HB 2516	House Left In Commerce And Labor 2019 02 05	Failed	Support

**Title**

Health insurance rate reviews; pharmacy benefit price spread.

**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 to 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 the 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.

**Primary Sponsors**

Keith Hodges

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 5:19 PM  
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.

**Labels:** [MLR](#) [Transparency and Disclosure](#)

State	Bill Number	Last Action	Status	Position
WA	HB 1108	Public Hearing In The House Committee On Appropriations At 3 30 Pm 2019 01 14	In House	Support

**Title**

Making 2017-2019 biennium second supplemental operating appropriations.

**Primary Sponsors**

Timm Ormsby

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 5:23 PM  
This bill requires managed care organizations to report prescription drug-specific information to the state, including the actual amounts paid to pharmacies for dispensed drugs, the cost invoiced to the health plan (state), and individual rebates collected for prescription drugs dispensed. It also requires managed care organizations to use a state-established preferred drug list (PDL). The Senate companion bill is S 5154. (Budget Bill)

**Labels:** [Transparency and Disclosure](#)

State	Bill Number	Last Action	Status	Position
WA	SB 5154	Public Hearing In The Senate Committee On Ways Means At 3 30 Pm 2019 01 15	In Senate	Support

**Title**

Making 2017-2019 biennium second supplemental operating appropriations.

**Primary Sponsors**

Christine Rolfes

**Bill Summary:** Last edited by Allie Jo Shipman at Feb 1, 2019, 5:24 PM  
This bill requires managed care organizations to report prescription drug-specific information to the state, including the actual amounts paid to pharmacies for dispensed drugs, the cost invoiced to the health plan (state), and individual rebates collected for prescription drugs dispensed. It also requires managed care organizations to use a state-established preferred drug list (PDL). The House companion bill is HB 1108. (Budget Bill)

**Labels:** [Transparency and Disclosure](#)

Powered by  
**FiscalNote**