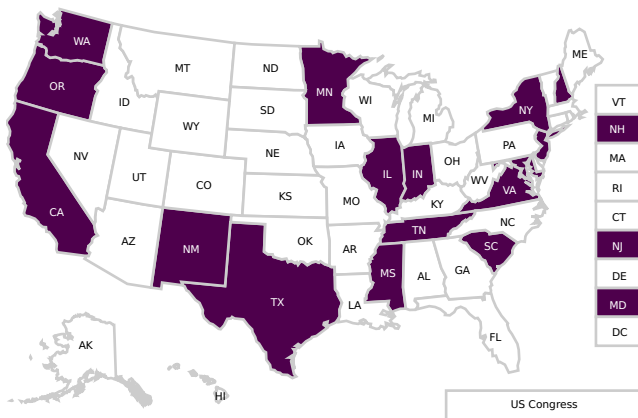


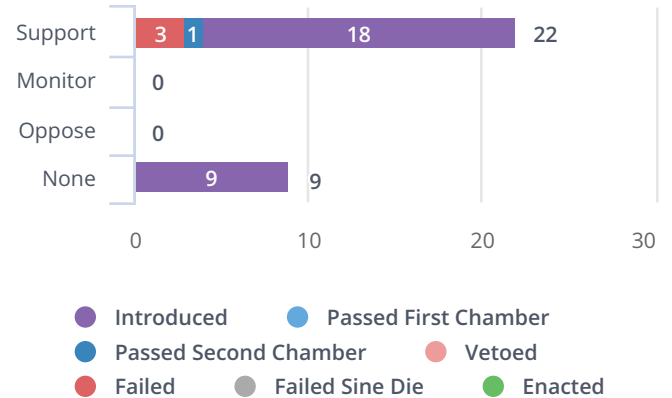
# 2019 Medicaid Reform Legislation

Last Updated: March 22, 2019

## Bills by State



## Bills by Last Status and Position



## Medicaid Reform

### Medicaid Reform (31)

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

#### 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 IL	Bill Number HB 1442	Last Action Held On Calendar Order Of Second Reading Short Debate 2019 03 19	Status In House	Position Support
<b>Primary Sponsors</b> Michelle Mussman		<b>Bill Summary:</b> 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.		
		<b>Labels:</b> <div>Birth Control</div> <div>Compensation for Services</div> <div>Scope of Practice</div>		

State IL	Bill Number HB 3811	Last Action Referred To Rules Committee 2019 03 19	Status In House	Position Support
<b>Primary Sponsors</b> Mark Batinick		<b>Bill Summary:</b> Last edited by Allie Jo Shipman at Mar 21, 2019, 11:59 AM 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.		
		<b>Labels:</b> <div>Birth Control</div> <div>Compensation for Services</div> <div>Scope of Practice</div>		

State IN	Bill Number HB 1249	Last Action None	Status	Position Support
<b>Bill Summary:</b> 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.				
<b>Labels:</b> <div>Medicaid Carve-Out</div>				

State MD	Bill Number HB 1324	Last Action First Reading House Rules And Executive Nominations 2019 02 15	Status In House	Position Support
<b>Primary Sponsors</b> Erek Barron		<b>Bill Summary:</b> 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.		
		<b>Labels:</b> <div>Medicaid Reimbursement Floor</div>		

State <b>MD</b>	Bill Number <b>SB 497</b>	Last Action <b>Unfavorable Report By Education Health And Environmental Affairs 2019 03 11</b>	Status <b>In Senate</b>	Position <b>Support</b>
<b>Primary Sponsors</b> Antonio Hayes		<b>Bill Summary:</b> 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.		
		<b>Labels:</b> <div>Compensation for Services</div> <div>Scope of Practice</div> <div>Tobacco Cessation</div>		
State <b>MD</b>	Bill Number <b>SB 1039</b>	Last Action <b>Unfavorable Report By Finance Withdrawn 2019 03 20</b>	Status <b>In Senate</b>	Position <b>None</b>
<b>Primary Sponsors</b> Ed Reilly		<b>Labels:</b> <div>Medicaid Reimbursement Floor</div> <div>NADAC+</div>		
State <b>MN</b>	Bill Number <b>SF 1778</b>	Last Action <b>Referred To Health And Human Services Finance And Policy 2019 02 27</b>	Status <b>In Senate</b>	Position <b>None</b>
<b>Primary Sponsors</b> Michelle Benson				
State <b>MN</b>	Bill Number <b>SF 2302</b>	Last Action <b>Referred To Human Services Reform Finance And Policy 2019 03 11</b>	Status <b>In Senate</b>	Position <b>None</b>
<b>Primary Sponsors</b> John Marty		<b>Labels:</b> <div>NADAC+</div>		
State <b>MS</b>	Bill Number <b>HB 335</b>	Last Action <b>Died In Committee 2019 02 05</b>	Status <b>Failed</b>	Position <b>Support</b>
<b>Primary Sponsors</b> Becky Currie		<b>Bill Summary:</b> 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		
		<b>Labels:</b> <div>Medicaid Carve-Out</div>		

State	Bill Number	Last Action	Status	Position
NH	HB 659	Inexpedient To Legislate Ma Vv 03 19 2019 2019 03 19	Failed	Support
<b>Primary Sponsors</b> Ed Butler		<b>Bill Summary:</b> 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.		
		<b>Labels:</b> 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
<b>Primary Sponsors</b> Raj Mukherji		<b>Bill Summary:</b> 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.		
		<b>Labels:</b> 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
<b>Primary Sponsors</b> Joe Vitale, Vin Gopal		<b>Bill Summary:</b> 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.		
		<b>Labels:</b> 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
<b>Primary Sponsors</b> Jerry Ortiz y Pino		<b>Bill Summary:</b> 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.		
		<b>Labels:</b> Medicaid Carve-Out		

State NY	Bill Number A 2007	Last Action Print Number 2007 B 2019 03 11	Status In Assembly	Position Support
<b>Primary Sponsors</b> Joint 2016 General Budget Conference Committee		<b>Bill Summary:</b> 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)		
		<b>Labels:</b> Registration/Licensure Transparency and Disclosure		

State NY	Bill Number S 1507	Last Action Print Number 1507 B 2019 03 12	Status In Senate	Position Support
<b>Primary Sponsors</b> Senate Committee on Budget and Revenues		<b>Bill Summary:</b> 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)		
		<b>Labels:</b> Registration/Licensure Transparency and Disclosure		

State OR	Bill Number HB 3093	Last Action Referred To Health Care With Subsequent Referral To Ways And Means 2019 03 01	Status In House	Position None
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State OR	Bill Number SB 872	Last Action Work Session Scheduled 2019 03 25	Status In Senate	Position None
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State	Bill Number	Last Action	Status	Position
SC	H 3844	Member S Request Name Added As Sponsor Rose 2019 03 11	In House	Support

**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

**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 TN	Bill Number SB 650	Last Action Placed On Senate Commerce And Labor Committee Calendar For 3 26 2019 2019 03 19	Status In Senate	Position Support
<b>Primary Sponsors</b> Shane Reeves		<b>Bill Summary:</b> 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.		
		<b>Labels:</b> Fair Pharmacy Audits Patient Protections Transparency and Disclosure		
State TN	Bill Number SB 987	Last Action Placed On Senate Commerce And Labor Committee Calendar For 3 26 2019 2019 03 19	Status In Senate	Position Support
<b>Primary Sponsors</b> Shane Reeves		<b>Bill Summary:</b> 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.		
		<b>Labels:</b> Medicaid Carve-Out		
State TX	Bill Number HB 3388	Last Action Referred To Public Health 2019 03 18	Status In House	Position None
<b>Primary Sponsors</b> J.D. Sheffield, Greg Bonnen, Four Price, Cole Hefner, Richard Raymond		<b>Labels:</b> Medicaid Carve-Out Patient Protections		
State TX	Bill Number HB 3401	Last Action Referred To Public Health 2019 03 18	Status In House	Position None
<b>Primary Sponsors</b> Richard Raymond		<b>Labels:</b> Medicaid Carve-Out Patient Protections		

State TX	Bill Number HB 3441	Last Action Scheduled For Public Hearing On 2019 03 26	Status In House	Position Support
<b>Primary Sponsors</b> Eddie Lucio		<b>Bill Summary:</b> 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 TX	Bill Number SB 2262	Last Action Referred To Finance 2019 03 21	Status In Senate	Position None
<b>Primary Sponsors</b> Lois Kolkhorst		Labels: Medicaid Carve-Out		

State TX	Bill Number SB 2262	Last Action Referred To Finance 2019 03 21	Status In Senate	Position None
<b>Primary Sponsors</b> Lois Kolkhorst		Labels: Medicaid Carve-Out		

State VA	Bill Number HB 1700	Last Action Governor Governors Action Deadline Midnight March 26 2019 2019 03 18	Status Passed Senate	Position Support
<b>Primary Sponsors</b> Chris Jones		<b>Bill Summary:</b> 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
<b>Primary Sponsors</b> Keith Hodges		<b>Bill Summary:</b> 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.		
		<b>Labels:</b> 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
<b>Primary Sponsors</b> Timm Ormsby		<b>Bill Summary:</b> 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)		
		<b>Labels:</b> 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
<b>Primary Sponsors</b> Christine Rolfes		<b>Bill Summary:</b> 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)		
		<b>Labels:</b> Transparency and Disclosure		