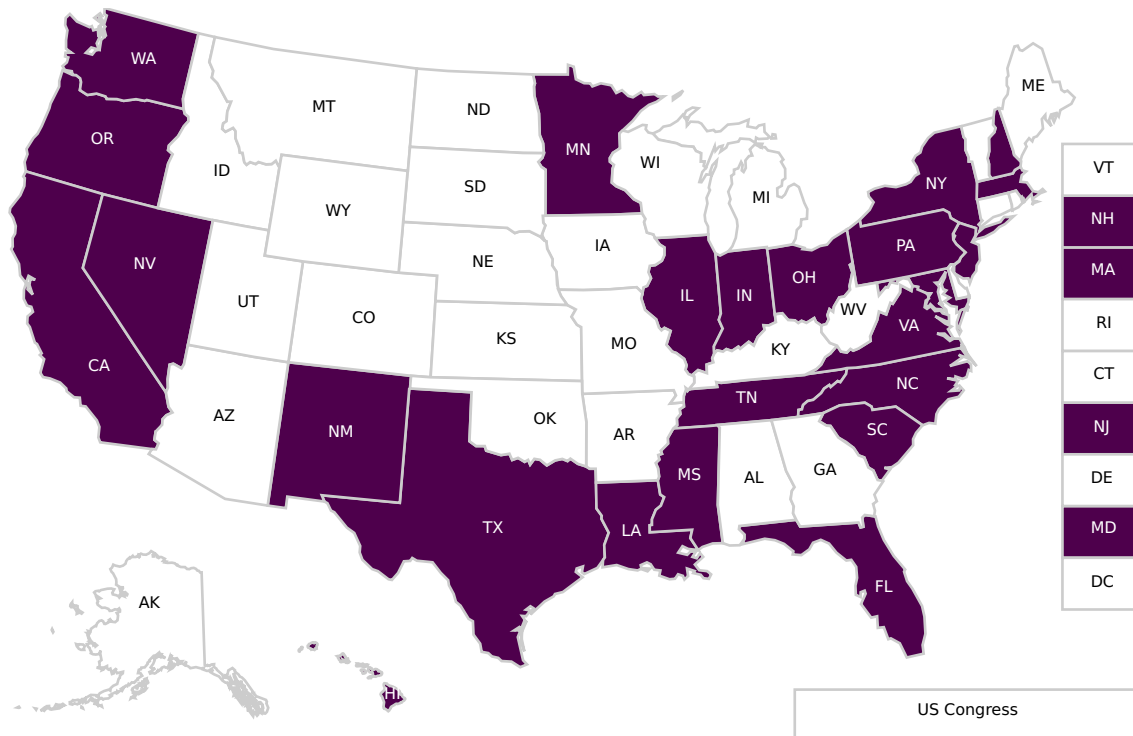


2019 Medicaid Reform Legislation

Last Updated: May 31, 2019

Bills by State



Bills by Issue

Medicaid Reform (58)

Title

Medi-Cal: hypertension medication management services.

Description

SB 446, as amended, 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

Title

Pharmacy benefit management: Prescription Acquisition and Adjudication Agency.

Description

SB 642, as amended, Stone. Public health. 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 faith 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 a 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 that 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 funds 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 r... (click bill link to see more).

Primary Sponsors

Jeff Stone

State	Bill Number	Last Action	Status	Position
FL	HB 5009	Died In Governmental Oversight And Accountability 2019 05 03	Failed	None

Title

State Employees' Group Insurance Program:

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 prescription 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.

Primary Sponsors

M.L. Magar, House Committee on Appropriations

State	Bill Number	Last Action	Status	Position
HI	HB 116	Received Notice Of Passage On Final Reading In House Hse Com No 883 2019 05 02	Passed Senate	None

Title

Relating To The State Budget.

Description

Appropriates funds for the operating budget of the Executive Branch for fiscal years 20192020 and 20202021. (HB116 CD1)

Primary Sponsors

Sylvia Luke

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
IL	HB 3811	Referred To Rules Committee 2019 03 19	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. 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 Aid 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.

Primary Sponsors

Mark Batinick

Bill Summary: 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.

Labels: Birth Control Compensation for Services
Scope of Practice

State	Bill Number	Last Action	Status	Position
IN	HB 1249	First Reading Referred To Committee On Public Health 2019 01 10	Failed sine die	Support

Title

Medicaid prescription drug program.

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

Primary Sponsors

Steve Davisson

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 LA	Bill Number HB 557	Last Action Read By Title Under The Rules Referred To The Committee On Insurance 2019 04 08	Status In House	Position None
Title PHARMACISTS: Provides relative to pharmacy reimbursement				
Primary Sponsors Bernard LeBas				

State LA	Bill Number SB 48	Last Action Title Of Substitute Read And Adopted Becomes Senate Bill No 239 2019 05 02	Status In Senate	Position None
Title MEDICAID: Provides relative to Medicaid pharmacy services. (8/1/19)				
Primary Sponsors T-Fred Mills				

State LA	Bill Number SB 239	Last Action Read Third Time By Title Amended Roll Called On Final Passage Yeas 94 Nays 0 Finally Passed Ordered To The Senate 2019 05 30	Status Passed House	Position None
Title MEDICAID: Provides relative to the Medicaid prescription drug benefit program. (8/1/19) (RE SEE FISC NOTE GF EX See Note)				
Primary Sponsors T-Fred Mills				

State MA	Bill Number H 3551	Last Action Hearing Scheduled For 04 11 2019 From 01 00 Pm 04 00 Pm In A 1 2019 04 04	Status In House	Position None
Title An Act to promote transparency and cost control of pharmaceutical drug prices				
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.				

State	Bill Number	Last Action	Status	Position
MA	H 3800	Read Third 2019 04 22	In House	None

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

Primary Sponsors

House Committee on Ways and Means

State	Bill Number	Last Action	Status	Position
MA	H 3801	Passed To Be Engrossed See Roll Call 62 Yeas 40 Nays 0 2019 05 23	Passed Senate	None

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

State	Bill Number	Last Action	Status	Position
MA	HD 1	Reported In Part By H 3800 2019 04 10	In House	None

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

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).

Primary Sponsors

Charles D. Baker

State	Bill Number	Last Action	Status	Position
MD	HB 589	Approved By The Governor Chapter 534 2019 05 13	Enacted	None

Title

Maryland Medical Assistance Program and Managed Care Organizations That Use Pharmacy Benefits Managers – Audit and Professional Dispensing Fees

Bill Summary: Last edited by Allie Jo Shipman at May 20, 2019, 1:16 PM

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 funds received by each respective party; requiring the Program to provide the results of the audit to the General Assembly on or before December 1, 2019; etc.

Primary Sponsors

Erek Barron

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

Title

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

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.

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.

Labels: Medicaid Reimbursement Floor

Primary Sponsors

Erek Barron

State	Bill Number	Last Action	Status	Position
MD	SB 497	Unfavorable Report By Education Health And Environmental Affairs 2019 03 11	Failed sine die	Support
<div> <div> Title Pharmacists - Aids for the Cessation of Tobacco Product Use - Prescribing and Dispensing </div> <div> 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. </div> <div> Primary Sponsors Antonio Hayes </div> </div> <div> 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. </div> <div> Labels: <div>Compensation for Services</div> <div>Scope of Practice</div> <div>Tobacco Cessation</div> </div>				

State	Bill Number	Last Action	Status	Position
MD	SB 1039	Unfavorable Report By Finance Withdrawn 2019 03 20	Failed sine die	None
<div> <div> Title Maryland Medical Assistance Program and Managed Care Organizations That Use Pharmacy Benefits Managers - Reimbursement Requirements </div> <div> 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. </div> <div> Primary Sponsors Ed Reilly </div> </div> <div> Labels: <div>Medicaid Reimbursement Floor</div> <div>NADAC+</div> </div>				

State	Bill Number	Last Action	Status	Position
MN	HF 2414	Senate Conferees Benson Abeler Utke Jensen Marty 2019 05 01	Passed Senate	None
<div> <div> Title Omnibus health and human services finance bill. </div> <div> Primary Sponsors Tina Liebling, Diane Loeffler, Jennifer Schultz </div> </div>				

State MN	Bill Number HF 2791	Last Action Referred By Chair To Health And Human Services Finance Division 2019 04 01	Status Failed sine die	Position None
<div>Title</div> <div>Medical assistance reimbursement provisions for direct injectable drugs modified.</div> <div>Primary Sponsors</div> <div>Kelly Morrison, Dave Baker</div>				
State MN	Bill Number SF 1778	Last Action Referred To Health And Human Services Finance And Policy 2019 02 27	Status Failed sine die	Position None
<div>Title</div> <div>Medical assistance (MA) drug payments governance provisions modifications</div> <div>Primary Sponsors</div> <div>Michelle Benson</div>				
State MN	Bill Number SF 2302	Last Action Comm Report To Pass As Amended And Re Refer To Health And Human Services Finance And Policy 2019 04 03	Status Failed sine die	Position None
<div>Title</div> <div>Omnibus health and human services budget bill (governor's)</div> <div>Primary Sponsors</div> <div>John Marty</div> <div>Labels: NADAC+</div>				
State MN	Bill Number SF 2452	Last Action Rule 45 Amend Subst General Orders Hf 2414 2019 04 29	Status Failed sine die	Position None
<div>Title</div> <div>Omnibus health and human services appropriations</div> <div>Primary Sponsors</div> <div>Michelle Benson, Jim Abeler</div>				
State MN	Bill Number SF 2767	Last Action Referred To Health And Human Services Finance And Policy 2019 04 01	Status Failed sine die	Position None
<div>Title</div> <div>Injectable drugs reimbursement provisions modification</div> <div>Primary Sponsors</div> <div>Mark Koran, Chris Eaton</div>				

State	Bill Number	Last Action	Status	Position
MS	HB 335	Died In Committee 2019 02 05	Failed	Support
<div> <div> Title Medicaid; pharmacy benefits for managed care beneficiaries shall be traditional fee-for-service. </div> <div> 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. </div> <div> Primary Sponsors Becky Currie </div> </div> <div> 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 </div> <div> Labels: Medicaid Carve-Out </div>				
State	Bill Number	Last Action	Status	Position
NC	HB 588	Ref To The Com On Finance If Favorable Appropriations If Favorable Rules Calendar And Operations Of The House 2019 04 04	In House	None
<div> <div> Title 2019 Governor's Budget. </div> <div> Primary Sponsors Donny Lambeth, Jason Saine, Chuck McGrady, Johnson </div> </div>				
State	Bill Number	Last Action	Status	Position
NC	SB 452	Re Ref Com On Appropriations Base Budget 2019 04 03	In Senate	None
<div> <div> Title 2019 Governor's Budget. </div> <div> Primary Sponsors Harry Brown, Kathy Harrington, Brent Jackson </div> </div>				
State	Bill Number	Last Action	Status	Position
NH	HB 659	Inexpedient To Legislate Ma Vv 03 19 2019 Hj 10 P 14 2019 03 19	Failed	Support
<div> <div> Title relative to reporting of internal pharmaceutical costs. </div> <div> Primary Sponsors Ed Butler </div> </div> <div> 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. </div> <div> Labels: Transparency and Disclosure </div>				

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.		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.		
Primary Sponsors Raj Mukherji		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.		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.		
Primary Sponsors Joe Vitale, Vin Gopal		Labels: Patient Protections		

State	Bill Number	Last Action	Status	Position
NJ	S 3787	Introduced In The Senate Referred To Senate Health Human Services And Senior Citizens Committee 2019 05 20	In Senate	None
Title Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system.				
Primary Sponsors Vin Gopal				

State	Bill Number	Last Action	Status	Position
NM	SB 184	Action Postponed Indefinitely 2019 02 08	Failed	Support
Title MEDICAID MANAGED CARE PHARMACEUTICAL BENEFITS		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.		
Primary Sponsors Jerry Ortiz y Pino		Labels: Medicaid Carve-Out		

State	Bill Number	Last Action	Status	Position
NV	SB 283	From Printer To Re Engrossment Re Engrossed Second Reprint To Committee Exemption Effective 2019 04 19	In Senate	None

Title

Revises provisions relating to prescription drugs. (BDR 38-114)

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.

Primary Sponsors

Yvanna Cancela, Pat Spearman, Julia Ratti

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; extends and enhances the Medicaid drug cap and reduces unnecessary pharmacy 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 care 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 similar 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 state III authorizing additional awards for statewide II 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 res... (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](#)

State	Bill Number	Last Action	Status	Position
NY	A 7196	Referred To Consumer Affairs And Protection 2019 04 12	In Assembly	None

Title

Enacts the manufacturer disclosure and transparency act

Description

Enacts the manufacturer disclosure and transparency act requiring prescription drug manufacturers to notify the attorney general of agreements between pharmaceutical manufacturers resulting in the delay of the introduction of generic medications.

Primary Sponsors

Michael DenDekker

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; extends and enhances the Medicaid drug cap and reduces unnecessary pharmacy 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 care 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 similar 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 state III authorizing additional awards for statewide II 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 res... (click bill link to see more).

Primary Sponsors

Senate Committee on Budget and Revenues

Bill Summary: Last edited by Allie Jo Shipman at May 20, 2019, 1:02 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. (Budget Bill)

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

State	Bill Number	Last Action	Status	Position
NY	S 5169	Referred To Consumer Protection 2019 04 12	In Senate	None

Title

Enacts the manufacturer disclosure and transparency act

Description

Enacts the manufacturer disclosure and transparency act requiring prescription drug manufacturers to notify the attorney general of agreements between pharmaceutical manufacturers resulting in the delay of the introduction of generic medications.

Primary Sponsors

Alessandra Biaggi

State	Bill Number	Last Action	Status	Position
OH	HB 11	Refer To Committee Health 2019 05 21	In House	None

Title

Regards tobacco cessation and prenatal initiatives

Description

To amend sections 5162.20, 5167.01, 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 5164.17 of the Revised Code regarding tobacco cessation and prenatal initiatives and to make an appropriation.

Primary Sponsors

Gayle Manning, Stephanie Howse

State	Bill Number	Last Action	Status	Position
OR	HB 2679	Referred To Ways And Means By Order Of Speaker 2019 04 11	In House	None

Title

Relating to bulk purchasing of prescription drugs; declaring an emergency.

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.

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 Ways And Means By Order Of The President 2019 03 29	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
PA	HB 941	Referred To Health 2019 05 07	In House	None

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 financial disclosures for pharmacy services.

Primary Sponsors

Doyle Heffley

State	Bill Number	Last Action	Status	Position
PA	SB 604	Referred To Education 2019 04 30	In Senate	None
<p>Title</p> <p>An Act amending Title 24 (Education) of the Pennsylvania Consolidated Statutes, establishing the Public School Employees' Benefit Board and providing for its powers and duties; requiring a school employee health benefits evaluation; providing for a health benefits program for public school employees; and establishing the Public School Employees' Benefit Trust Fund.</p>				

State	Bill Number	Last Action	Status	Position
PA	SB 639	Referred To Banking And Insurance 2019 05 13	In Senate	None
<p>Title</p> <p>An Act providing for consumer prescription drug pricing disclosure, for pharmacy freedom to communicate and for enforcement by the Insurance Department.</p>				

State	Bill Number	Last Action	Status	Position
SC	H 3844	Member S Request Name Added As Sponsor Rose 2019 03 11	Failed sine die	Support
<p>Title</p> <p>Pharmacy Access Act</p> <p>Description</p> <p>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.</p> <p>Primary Sponsors</p> <p>Todd Rutherford</p> <p>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.</p> <p>Labels: Birth Control Compensation for Services Scope of Practice</p>				

State	Bill Number	Last Action	Status	Position
TN	HB 1179	Taken Off Notice For Cal In S C Life Health Insurance Subcommittee Of Insurance Committee 2019 04 03	Failed sine die	Support
<p>Title</p> <p>Pharmacy, Pharmacists - As introduced, removes the use of state-funded pharmacy benefits managers; removes certain exemption under public records law. - Amends TCA Title 4; Title 8; Title 10; Title 56; Title 63; Title 68 and Title 71.</p> <p>Primary Sponsors</p> <p>Bryan Terry</p> <p>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.</p> <p>Labels: Medicaid Carve-Out</p>				

State	Bill Number	Last Action	Status	Position
TN	SB 650	Comp Became Pub Ch 470 2019 05 29	Enacted	Support
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Title Pharmacy, Pharmacists - As enacted, makes various changes to law concerning pharmacy benefits managers. - Amends TCA Title 56, Chapter 7, Part 31.		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.		
Primary Sponsors Shane Reeves		Labels: <div>Fair Pharmacy Audits</div> <div>Patient Protections</div> <div>Transparency and Disclosure</div>		

State	Bill Number	Last Action	Status	Position
TN	SB 987	Assigned To General Subcommittee Of Senate Commerce And Labor Committee 2019 04 02	Failed sine die	Support
<div> <div> Title Pharmacy, Pharmacists - As introduced, removes the use of state-funded pharmacy benefits managers; removes certain exemption under public records law. - Amends TCA Title 4; Title 8; Title 10; Title 56; Title 63; Title 68 and Title 71. </div> <div> Primary Sponsors Shane Reeves </div> </div> <div> 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. </div> <div> Labels: Medicaid Carve-Out </div>				

State	Bill Number	Last Action	Status	Position
TX	HB 3388	Conf Comm Report Distributed 2019 05 25	Passed Senate	None
<div> <div> Title Relating to the reimbursement of prescription drugs under Medicaid and the child health plan program. </div> <div> Primary Sponsors J.D. Sheffield, Greg Bonnen, Four Price, Cole Hefner, Richard Raymond, Lois Kolkhorst </div> </div> <div> Labels: Medicaid Carve-Out Patient Protections </div>				

State TX	Bill Number HB 3401	Last Action Withdrawn From Schedule 2019 04 03	Status In House	Position None
<div> <div>Title</div> <div>Relating to delivery of outpatient prescription drug benefits under certain public benefit programs, including Medicaid and the child health plan program.</div> <div>Primary Sponsors</div> <div>Richard Raymond</div> </div> <div> <div>Labels:</div> <div>Medicaid Carve-Out</div> <div>Patient Protections</div> </div>				
State TX	Bill Number HB 3441	Last Action Sent To The Governor 2019 05 16	Status Passed Senate	Position Support
<div> <div>Title</div> <div>Relating to reimbursement under certain health benefit plans for certain services and procedures performed by pharmacists.</div> <div>Primary Sponsors</div> <div>Eddie Lucio, Charles Schwertner</div> </div> <div> <div>Bill Summary:</div> <div>Last edited by Allie Jo Shipman at Mar 8, 2019, 1:03 AM</div> <div>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.</div> <div>Labels:</div> <div>Compensation for Services</div> </div>				
State TX	Bill Number SB 1105	Last Action House Appoints Conferees Reported 2019 05 23	Status Passed House	Position None
<div> <div>Title</div> <div>Relating to the administration and operation of Medicaid, including Medicaid managed care.</div> <div>Primary Sponsors</div> <div>Lois Kolkhorst, James Frank, Stephanie Klick</div> </div>				
State TX	Bill Number SB 2262	Last Action Referred To Finance 2019 03 21	Status In Senate	Position None
<div> <div>Title</div> <div>Relating to delivery of outpatient prescription drug benefits under certain public benefit programs, including Medicaid and the child health plan program.</div> <div>Primary Sponsors</div> <div>Lois Kolkhorst</div> </div> <div> <div>Labels:</div> <div>Medicaid Carve-Out</div> </div>				

State	Bill Number	Last Action	Status	Position
TX	SB 2267	Referred To Finance 2019 03 21	In Senate	None
Title Relating to the provision of pharmacy benefits through Medicaid managed care.		Labels: Medicaid Carve-Out		
Primary Sponsors Lois Kolkhorst				

State	Bill Number	Last Action	Status	Position
VA	HB 1700	Governor Acts Of Assembly Chapter Text Chap 0854 2019 05 02	Enacted	Support
Title Budget Bill.		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)		
Description Budget Bill. Amends Chapter 2, 2018 Special Session I Acts of Assembly.		Labels: Transparency and Disclosure		
Primary Sponsors Chris Jones				

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.		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.		
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.		Labels: MLR Transparency and Disclosure		
Primary Sponsors Keith Hodges				

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	Failed sine die	Support
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Title Making 2017-2019 biennium second supplemental operating appropriations.		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)		
Primary Sponsors Timm Ormsby		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	Failed sine die	Support
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Title Making 2017-2019 biennium second supplemental operating appropriations.		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)		
Primary Sponsors Christine Rolfes		Labels: Transparency and Disclosure		