

Hospitals raise hands to pay taxes that plug Medicaid shortfalls

HB 671

Adds to existing law to establish equitable billing practices for 340B drugs and covered entities.

SB 1389

Amends existing law to establish provisions governing pharmacy benefit managers.

HB 596

Amends existing law to establish provisions governing pharmacy benefit managers.

With no buyer, Intermountain Health shuttered physician group

Average annual healthcare cost in all 50 states

HCR 9

The Legislative Council is authorized to establish a task force to undertake and complete a study of Medicaid managed care programs, including comparison of the costs and benefits of Medicaid managed care services and value-based services, and to make recommendations regarding a comprehensive Medicaid managed care program in Idaho, with the goal of reducing costs, achieving a predictable and transparent Medicaid budget, improving health care access and outcomes, and ensuring network adequacy for Medicaid participants. The Legislative Council shall determine the number of legislators and membership from each house appointed to the task force and shall authorize the task force to receive input, advice, and assistance from interested and affected parties who are not members of the Legislature

HB 162

The legislation expands the ability of Idaho citizens in rural and underserved areas to access health care from providers who are not physically present in a patient's geographical area. The legislation updates the Idaho Telehealth Access Care Act in Title 54, Chapter 57, Idaho Code by changing the term "telehealth" to "virtual care," and clarifies virtual care practice requirements. This legislation also provides a permanent solution to lessons learned through COVID-19 related to technology limitations and best practice interstate licensure exemptions for qualified provider's licensed and in good standing in another state to provide continuity of patient care

HB 369

This is the FY 2024 original appropriation bill for the Department of Health and Welfare's Division of Medicaid. It appropriates a total of \$4,539,917,000 and caps the number of authorized full-time equivalent positions at 213.00. Other actions were taken for the Division of Medicaid, and the table below reflects all of the othersupplementals contained in other bills. H323 of 2023 contained supplemental 1 for the Public Health Emergency; supplemental 4 for Early and Periodic Screening Assessment; supplemental 5 for Receipt Authority; and supplemental 6 for Upper Payment Limit Increase. S1195 of 2023 contained supplemental 3 for MMIS Procurement. This bill contains one supplemental, supplemental 7 for a onetime Provider Rate Increase for the last quarter of FY 2023. Additionally, this bill funds twelve line items, which provide: funding for the Behavioral Health Plan; funding for the Ground Emergency Medical Transportation (GEMT) waiver as approved in S1283 of 2022; funding which moves the Homes with Adult Residential Treatment (HART) to this division; funding for a quality improvement organization contract; funding for a review of managed care compliance; funding for a contractor to implement the budget model as a result of the KW Lawsuit; removes General Fund and adds federal funds for the impacts of the stepped down enhanced FMAP; adds dedicated funds for the state's share of the upper payment limit (UPL); provides for a provider rate increase for six home and community based provider types; implements the Millennium Fund Committee recommendation to make Millennium Income Fund dollars onetime in the Division of Medicaid; removes funding for disenrollment from Medicaid due to unwinding; and provides additional funding as a trailer appropriation to HCR9.

HB 201

Over a third of women in Idaho do not have health insurance prior to pregnancy and do not have access to health coverage beyond 60 days postpartum. This legislation will improve health access for pregnant/postpartum women and infants and ensure 12 months postpartum health coverage for women.