

## **HB 175**

CON; provide for exception to home health agency moratorium for certain hospice licensees.

---

## **HB 187**

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

---

## **HB 211**

Health insurance; prohibit modifications on renewal of covered and prescribed prescription drug's contracted benefit level.

---

## **HB 251**

Medicaid; restrict frequency of managed care organizations transferring enrollees to other organizations.

---

# HB 324

Medicaid; telehealth services provided by FQHCs, rural health clinics and community mental health centers reimbursed at same rate as face-to-face encounters.

---

# HB 987

An act to amend section 73-21-153, mississippi code of 1972, to define new terms and revise the definitions of existing terms under the pharmacy benefit prompt pay act; to create new section 73-21-154, mississippi code of 1972, to prohibit health insurance issuers and pharmacy benefit managers from certain discriminatory practices relating to entities participating in the federal 340b drug pricing program; to amend section 73-21-155, mississippi code of 1972, to prohibit pharmacy benefit managers from reimbursing a pharmacy or pharmacist for a prescription drug or pharmacist service in a net amount less than the national average drug acquisition cost for the prescription drug or pharmacist service in effect at the time the drug or service is administered or dispensed, plus a professional dispensing fee; to amend section 73-21-156, mississippi code of 1972, to require pharmacy benefit managers to provide a reasonable administrative appeal procedure to allow pharmacies to challenge a reimbursement for a specific drug or drugs as being below the reimbursement rate required by the preceding provision; to provide that if the appeal is upheld, the pharmacy benefit manager shall make the change in the payment to the required reimbursement rate; to amend section 73-21-157, mississippi code of 1972, to require a pharmacy

services administrative organization to provide to a pharmacy or pharmacist a copy of any contract entered into on behalf of the pharmacy or pharmacist by the pharmacy services administrative organization; to create new section 73-21-158, mississippi code of 1972, to require pharmacy benefit managers to pass on to the plan sponsor all rebates and payments that it receives from pharmaceutical manufacturers in connection with claims administered on behalf of the plan sponsor; to require pharmacy benefit managers to report annually to each plan sponsor the aggregate amount of all rebates and other payments that the pharmacy benefit manager received from pharmaceutical manufacturers in connection with claims administered on behalf of the plan sponsor; to amend section 73-21-161, mississippi code of 1972, to prohibit pharmacies, pharmacy benefit managers and pharmacy benefit manager affiliates from ordering a patient to use an affiliate pharmacy of another pharmacy benefit manager, or offering or implementing plan designs that penalize a patient when a patient chooses not to use an affiliate pharmacy or the affiliate pharmacy of another pharmacy benefit manager, or interfering with the patient's right to choose the patient's pharmacy or provider of choice; to create new section 73-21-162, mississippi code of 1972, to prohibit pharmacy benefit managers and pharmacy benefit manager affiliates from penalizing or retaliating against a pharmacist, pharmacy or pharmacy employee for exercising any rights under this act, initiating any judicial or regulatory actions, or appearing before any governmental agency, legislative member or body or any judicial authority; to amend section 73-21-163, mississippi code of 1972, to authorize the board of pharmacy, for the purposes of conducting investigations, to conduct examinations of pharmacy benefit managers and to issue subpoenas to obtain documents or records that it deems relevant to the investigation; and for related purposes.

---

## **SB 2070**

To revise medicaid eligibility to include those individuals who are entitled to benefits under the federal patient protection and affordable care act of 2010 (aca), as amended; to amend section 43-13-117, mississippi code of 1972, to include essential health benefits for individuals eligible for medicaid under the federal patient protection and affordable care act of 2010 (aca), as amended; and for related purposes.

---

## **SB 2223**

Health insurance carriers; require to cap patient cost for prescriptions for insulin drugs.

---

## **SB 2224**

Commissioner of Insurance; authorize to adopt rules and regulations regarding certain provider reimbursement rates.

---

# **SB 2316**

An act to require an insurer or a managed care organization to allow policyholders to receive treatment from any health care provider on staff at a hospital located in a municipality having a population of 10,000 or less if that hospital is willing to accept the fee the insurer or managed care organization offers even if the hospital is not in the insurer's network of approved providers; and for related purposes.