

Healthcare Affordability State Policy Scorecard

Hospital M&A update: 10 deals involving HCA, Tenet, LifePoint + more

New on The Source: Downloadable Chart of Merger Review Legal Authority for All 50 States

Newly available on the Source: our health policy research team compiled a user-friendly, [downloadable Excel spreadsheet](#) of all provider merger review authority for all 50 states, now on the [Market Consolidation](#) interactive key issue page. The detailed chart provides clickable citations of all statutes, regulations, and state authority for mergers, acquisitions, conversions, or changes in ownership of healthcare providers.

The comprehensive spreadsheet allows side-by-side comparisons of the level of legal authority for each state to receive notice of impending transactions, review those transactions, and approve, conditionally approve, or disapprove them. It is conveniently organized by each type of state entity:

- Attorney general notice, approval, and review criteria
- Court approval requirement and criteria
- State health agency notice, approval and review criteria
- Certificate of Need (CON) notice, approval, and review criteria

Click on each citation for a direct link to the statutory text and other detailed information as provided by the [Database of State Laws Impacting Healthcare Cost and Quality \(SLIHCQ\)](#). All laws and regulations are current as of July 2021.

Click [here](#) to download.

PBMs Aren't Ready To Throw In Towel In Preemption Fight

AB 1 (see companion bill SB 2)

Coverage of individuals with preexisting conditions. Every individual health benefit plan shall accept every individual in this state who applies for coverage and every group health benefit plan shall accept every employer in this state that applies for coverage, regardless of whether any individual or employee has a preexisting condition.

AB 154 (see companion bill SB 52)

Regulating the sale of prescription drugs and other merchandise below cost. This bill eliminates the prohibition on below-cost sales of prescription drugs and certain other types of merchandise under the Unfair Sales Act. This state's Unfair Sales Act, also known as the "minimum markup" law, 1) prohibits below-cost sales of any merchandise, if the sale is intended to induce the purchase of other merchandise or divert trade unfairly from a competitor; and 2) requires a "minimum markup" (a specified amount over the cost of the merchandise to the seller) to be added to sales of motor vehicle fuel, tobacco products, fermented malt beverages, liquor, or wine. There is no minimum markup requirement for sales of prescription drugs. Under this bill, the prohibition on below-cost sales does not apply to prescription drugs or to any merchandise other than groceries, motor vehicle fuel, tobacco products, fermented malt beverages, liquor, or wine.

AB 24 (see companion bill SB 26)

Step therapy protocols for prescription drug coverage and requiring the exercise of rule-making authority. Sets specifications on the development and use of and exceptions to step therapy protocols for prescription drug coverage. When establishing a step therapy protocol, an insurer, pharmacy benefit manager, or utilization review organization must use clinical review criteria based on clinical practice guidelines that meet certain criteria specified in the bill, including development and endorsement of the guidelines either by a multidisciplinary panel of experts that manages conflicts of interest among its members or, in the absence of a multidisciplinary panel, based on peer reviewed publications. The bill requires the insurer, pharmacy benefit manager, or utilization review organization to consider the needs of atypical patient populations and diagnoses when establishing the clinical review criteria.

AB 255

Increasing reimbursement for personal care services under the Medical Assistance program, Medicaid expansion and eligibility for BadgerCare Plus and BadgerCare Plus Core, and making an appropriation. This bill implements the federal Medicaid expansion under the federal Patient Protection and Affordable Care Act and increases reimbursement rates under the Medical Assistance program for personal care services.

AB 411 (see companion bill SB 340)

This bill prohibits every health insurance policy and governmental self-insured health plan that covers insulin and that imposes cost sharing on prescription drugs from imposing cost sharing on insulin in an amount that exceeds the lesser of the following: \$100 for a one-month supply of insulin or the greater of the amount that is 125 percent of the cost of insulin or the amount generated by subtracting 51 percent of the total rebates received by the policy or plan from the cost-sharing amount that

would be charged to a covered person for insulin if it is treated as any other prescription drug under the policy or plan. The bill also requires the commissioner of insurance to investigate and report on the pricing of insulin.

SB 2 (see companion bill AB 1)

Coverage of individuals with preexisting conditions. Every individual health benefit plan shall accept every individual in this state who applies for coverage and every group health benefit plan shall accept every employer in this state that applies for coverage, regardless of whether any individual or employee has a preexisting condition.