



## Thomson Reuters Regulatory Intelligence

### Topical Tracking Service

## **HEALTHCARE AND HEALTH INSURANCE SNAPSHOT**

**April 15, 2024**

The following is a selection of federal and state regulatory actions affecting the healthcare, health insurance and government-funded health insurance sectors for March and April 2024. This bulletin also includes news and analysis from Thomson Reuters Regulatory Intelligence and other Thomson Reuters professional services publications.

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- Recent Guidance

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## HEALTHCARE

### Recent Legislative Items

#### Arizona

2024 AZ S.B. 1173 (NS), effective July 20, 2024, adopts AZ ST § 32-3306 (Licensed professional counselors; licensure compact) to enact the Licensed Professional Counselor Compact to facilitate interstate practice of licensed professional counselors by permitting counselors to obtain licensure in other Compact states. Establishes, among other requirements, the compact privilege to practice professional counseling in any member state via telehealth. Note: The effective date is based on an estimated adjournment date and is subject to change. Latest Update available [here](#).

#### Colorado

2024 CO S.B. 93 (NS), effective January 1, 2025, amends CO ST § 12-30-112 (Health-care providers - required disclosures - balance billing - deceptive trade practice - rules - definitions) and CO ST § 25-3-121 (Health-care facilities - emergency and nonemergency services - required disclosures - balance billing - deceptive trade practice - rules - definitions) providing that an out-of-network provider or facility shall not balance bill a covered person for services

if the provisions of CO ST § 10-16-705 (Requirements for carriers and participating providers-definitions), subsection (4.5)(c)(II) apply. Latest Update available [here](#).

### **District of Columbia**

2023 DC L.B. 721 (NS), effective March 25, 2024, amends DC CODE § 7-242 (Use and disclosure of health and human services information) and DC CODE § 7-1203.02 (Disclosures under law) adding cross-references to DC CODE § 22-4234(d) (Duties), as added by this Act, to allow the disclosure of health and human services information and mental health information to the Criminal Justice Coordinating Council (CJCC) to aid in the development of the report on risk factors for youth involvement in future gun violence. Latest Update available [here](#).

### **Florida**

2024 FL S.B. 7016 (NS), effective March 21, 2024, adopts and amends several sections relating to healthcare. Latest Update available [here](#). Latest Update available [here](#).

### **Idaho**

- 2024 ID H.B. 489 (NS), effective July 1, 2024, amends ID ST § 39-9803 (Right to Essential Caregivers) clarifying a facility's duty to notify patients or residents and their surrogate decision-maker of their right to essential caregivers when overall visitation is restricted. Provides that patients who are in the custody of a peace officer and all prisoners committed to the custody of the Department of Correction or confined in a correctional facility must be subject to the visitation terms set by the custodial entity. Latest Update available [here](#).
- 2024 ID H.B. 526 (NS), effective March 25, 2024, adopts ID ST § 39-4517 (Pelvic Examination of Unconscious Patient) prohibiting pelvic examinations on an anesthetized or unconscious person unless the patient or their authorized representative gave specific informed consent to the examination or the examination is necessary for diagnostic or treatment purposes. Provides that violations are subject to discipline from the provider's licensing board. Latest Update available [here](#).
- 2024 ID S.B. 1329 (NS), effective July 1, 2024, adopts ID ST § 32-1015 (Parental Rights in Medical Decision-Making) prohibiting the provision of healthcare services to minors without parental consent, unless provided by court order. Provides definitions. Provides parental right to access health information. Establishes a cause of action for violations. Latest Update available [here](#).

### **Kansas**

2023 KS S.B. 491 (NS), effective July 1, 2024, amends sections to standardize language pertaining to criminal history record checks and fingerprinting requirements and what criminal history records may be released to various agencies for the purpose of determining a person's fitness for employment. Amends additional sections. Latest Update available [here](#).

### **Kentucky**

- 2024 KY S.B. 145 (NS), effective July 14, 2024, adopts new section allowing a health facility or a health care provider enrolled in the Kentucky Medicaid program to submit a current or prospective employee to a check of the child abuse and neglect or adult abuse registries. Requires the Cabinet to promulgate administrative rules to implement this section. Latest Update available [here](#).
- 2024 KY H.B. 174 (NS), effective July 14, 2024, adopts new section in KY ST T. XXXVIII, Ch. 422 (Evidence and Lost Records) defining "person representative" and allowing the parent or personal representative of a patient under the age of 18 to have the right to access the patient's health information maintained by a health care provider in a medical

record unless prohibited under HIPAA or any other federal or state law. Amends KY ST § 311.6225 (Medical order for scope of treatment (MOST) form; eligible persons; scope; effect) updating the requirements for the Kentucky Medical Orders for Scope of Treatment (MOST) form. Latest Update available [here](#).

- 2024 KY S.B. 255 (NS), effective July 14, 2024, amends KY ST § 335.158 (Duty of treating clinical social worker utilizing telehealth to ensure patient's informed consent and maintain confidentiality; board to promulgate administrative regulations; definition of "telehealth") updating the requirements and standards for the provision of social work services by telehealth. Provides that the confidentiality of the client's medical information must be maintained as required by state and federal law, including HIPAA. Updates duties of the social worker. Updates terminology from "patient" to "client" and provides definitions of "client" and "social worker." Latest Update available [here](#).
- 2024 KY S.B. 319 (NS), effective July 14, 2024, amends KY ST § 216B.990 (Penalties) adding health care providers to those liable for violations of KY ST § 216B.400 (Emergency care; examination services for victims of sexual offenses; examination expenses paid by Crime Victims Compensation Board; reporting to law enforcement; examination samples as evidence). Also requires the Cabinet for Health and Family Services to establish an online portal for reporting violations of KY ST § 216B.400. Latest Update available [here](#).
- 2024 KY H.B. 385 (NS), effective July 14, 2024, amends KY ST § 311.631 (Responsible parties authorized to make health care decisions) adding an adult friend of the patient who has maintained regular contact with the patient and is familiar with the patient's activities, health, and religious and moral benefits to the list of parties who are authorized to make health care decisions on behalf of a patient who lacks decisional capacity and has not executed an advanced directive. Latest Update available [here](#).

### **Mississippi**

2024 MS S.B. 2157 (NS), effective April 8, 2024, adopts the Psychology Interjurisdictional Compact to regulate the day-to-day practice of telepsychology by psychologists across state boundaries as well as the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries. Provides a Compact privilege to practice telepsychology and establishes the conditions of telepsychology practice in a receiving state. Latest Update available [here](#).

### **Oregon**

2024 OR H.B. 4129 (NS), effective January 1, 2025, amends OR ST § 443.305 (Definitions) updating the definition of "In-home care agency" to exclude an agency with choice services provider under OR ST § 427.181 (Certification of agencies to deliver agency with choice services). Latest Update available [here](#).

### **South Carolina**

2023 SC H.B. 4159 (NS), effective March 11, 2024, adopts and amends sections relating to the South Carolina Telehealth and Telemedicine Modernization Act. Latest Update available [here](#).

### **South Dakota**

2024 SD S.B. 136 (NS), effective March 18, 2024, amends SD ST § 36-2A-16 (Physician wellness program defined) clarifying that the physician wellness program does not include the provision of services intended to monitor for impairment. Provides that a student enrolled at the school of medicine at the University of South Dakota is eligible to participate in a physician wellness program. Latest Update available [here](#).

## Utah

- 2024 UT H.B. 69 (NS), effective May 1, 2024, amends UT ST § 26B-8-406 (Disclosure of health data -- Limitations) providing that the department may make a disclosure of identifiable health data when the disclosure is limited to the results of a blood or urine test and the disclosure is to the Driver License Division or to the requesting law enforcement agency as part of an investigation. Latest Update available [here](#).
- 2024 UT H.B. 495 (NS), effective July 1, 2024, amends and adopts sections relating to licensing of assisted living and nursing care facilities. Latest Update available [here](#).

## Vermont

2023 VT H.B. 469 (NS), effective April 1, 2024, amends multiple sections relating to advance directives and end-of-life decisions. Latest Update available [here](#).

## Virginia

- 2024 VA S.B. 154 (NS), effective July 1, 2024, amends VA ST § 54.1-2995 (Filing of documents with the registry; regulations; fees) updating the list of documents that may be submitted to the Department of Health for filing in the Advance Health Care Planning Registry to include, "Any other document that supports advance health care planning, including Durable Do Not Resuscitate Order or portable medical order forms." Latest Update available [here](#).
- 2024 VA H.B. 188 (NS), effective July 1, 2024, amends VA ST § 54.1-2995 (Filing of documents with the registry; regulations; fees) updating the list of documents that may be submitted to the Department of Health for filing in the Advance Health Care Planning Registry to include, "Any other document that supports advance health care planning, including Durable Do Not Resuscitate Order or portable medical order forms." Note: 2024 VA H.B. 188 (NS) and 2024 VA S.B. 154 (NS) are identical companion bills. Latest Update available [here](#).
- 2024 VA H.B. 353 (NS) and 2024 VA S.B. 392 (NS), effective July 1, 2024, amend VA ST § 32.1-127 (Regulations) requiring any hospital with an emergency department to have at least one licensed physician on duty and physically present at all times. Note: 2024 VA H.B. 353 (NS) and 2024 VA S.B. 392 (NS) are identical companion bills. Latest Update available [here](#).
- 2024 VA H.B. 436 (NS), effective July 1, 2024, amends VA ST § 54.1-2985 (Revocation of an advance directive) providing that the authority of an agent to make health care decisions pursuant to an advance directive shall be revoked upon the filing of an action, for the divorce or annulment of the marriage of the declarant and agent or a petition for custody or visitation of a child or children born of the declarant and agent. Latest Update available [here](#).
- 2024 VA H.B. 763 (NS) and 2024 VA S.B. 537 (NS), effective July 1, 2024, amend VA ST § 32.1-127 (Regulations) to define "smoke evacuation system" and require that every hospital where surgical procedures are performed adopt a policy requiring the use of a smoke evacuation system for all planned surgical procedures that are likely to generate surgical smoke. Note: 2024 VA H.B. 763 (NS) and 2024 VA S.B. 537 (NS) are identical companion bills. Latest Update available [here](#).
- 2024 VA H.B. 1165 (NS), effective July 1, 2024, amends VA ST § 51.5-44 (Rights of persons with disabilities in public places and places of public accommodation) providing that a person with a disability has the same rights as other persons to the full and free use of paths of travel and public entities. Requires places of public accommodation to ensure that barriers to accessibility are removed when the removal is readily achievable. Latest Update available [here](#).

- 2024 VA H.B. 1498 (NS) and 2024 VA S.B. 173 (NS), effective July 1, 2024, amends VA ST § 32.1-127 (Regulations), VA ST § 54.1-3408 (Professional use by practitioners) and multiple sections in VA ST § 63.2 (Welfare (Social Services)) to rename "adult day care centers" as "adult day centers" throughout the Code. Note: 2024 VA H.B. 1498 (NS), approved 3/26/2024 and effective 7/1/2024, and 2024 VA S.B. 173 (NS), approved 3/8/2024 and effective 7/1/2024, are identical companion bills. Latest Update available [here](#).
- 2024 VA H.B. 1542 (NS), effective July 1, 2024, amends VA ST § 63.2-1509 (Requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalty for failure to report) to update the list of offenses for which a failure to report subjects a mandatory reporter to criminal liability. Latest Update available [here](#).

## Washington

- 2023 WA H.B. 1877 (NS), effective June 6, 2024, amends WA ST 71.05.217 (Rights--Posting of list) to update the list of rights for persons involuntarily detained, treated in a less restrictive alternative course of treatment, or committed for treatment and evaluation pursuant to the Mental Illness Chapter to include the right to not be denied access to treatment by cultural or spiritual means through practices that are in accordance with a tribal or cultural tradition in addition to the treatment otherwise proposed. Latest Update available [here](#).
- 2023 WA H.B. 2247 (NS), effective October 1, 2025, amends WA ST 18.83.110 (Privileged communications) to clarify that the privileged communication requirements include confidential communications between a client and a licensed psychological associate. Latest Update available [here](#).
- 2023 WA H.B. 2295 (NS), effective June 6, 2024, amends WA ST 70.127.040 (Persons, activities, or entities not subject to regulation under chapter) providing that hospital at-home services provided by a hospital are not subject to regulation for the purposes of this chapter (In-Home Services Agencies). Amends WA ST 70.38.111 (Certificates of need--Exemptions) providing that hospital at-home services are not subject to certificate of need review under this chapter (Health Planning and Development). Makes other clarifying and technical changes. Latest Update available [here](#).
- 2023 WA S.B. 5184 (NS), effective June 6, 2024, adopts uncodified sections adding a new chapter to WA ST 18 (Businesses and Professions) to establish the requirements for licensure of anesthesiologist assistants. The new sections include requirements regarding the supervision of anesthesiologist assistants by a supervising anesthesiologist. Amends WA ST 18.120.020 (Definitions) to update the definition for "Health professions" to include anesthesiologist assistants licensed under the new chapter in Title 18. Latest Update available [here](#).
- 2023 WA S.B. 5481 (NS), effective June 6, 2024, adopts the Uniform Telehealth Act adding a new chapter to WA ST 18 (Businesses and Professions) to establish the requirements for a health care practitioner to provide telehealth services to a patient located in Washington. Specifies that a practitioner-patient relationship may be established through telehealth; and a practitioner-patient relationship may not be established through email, instant messaging, text messaging, or fax. Requires a health care practitioner who provides telehealth services to provide the services in compliance with the professional practice standards applicable to a health care practitioner who provides comparable in-person health care in Washington. Provides requirements for out-of-state health care practitioner to provide telehealth services to a patient located in Washington. Latest Update available [here](#).
- 2023 WA S.B. 5920 (NS), effective June 6, 2024, amends WA ST 70.38.111 (Certificates of need--Exemptions) extending the exemption from certificate of need requirements for

the expansion of psychiatric bed capacity to June 30, 2028. Makes clarifying changes to cross-references. Latest Update available [here](#).

### **Wisconsin**

- 2024 WY S.F. 6 (NS), effective July 1, 2024, adopts WY ST § 33-22-111 (Temporary licenses) to establish the requirements for temporary licenses for nursing home administrators. Amends WY ST § 33-22-110 (Misdemeanor) providing that it shall be unlawful and a misdemeanor for any person to act or serve in the capacity of a nursing home administrator unless the person is the holder of a license or temporary license as a nursing home administrator. Latest Update available [here](#).
- 2023 WI S.B. 898 (NS), effective March 23, 2024, adopts and amends sections relating to advance directives and end-of-life decisions. Latest Update available [here](#).

### **Recent Administrative Items**

#### **Arizona**

2024 AZ REG TEXT 653548 (NS), effective May 13, 2024, adopts AZ ADC R9-16, Art. 10, Out-Of-State Telehealth Providers, outlining the criteria for out-of-state audiologists, hearing aid dispensers, midwives, radiologic technologists, speech-language pathologists, and speech-language pathologist assistants to provide health care services through telehealth. Latest Update available [here](#).

#### **Colorado**

2024 CO REG TEXT 660353 (NS), effective April 14, 2024, amends 6 CO ADC 1007-1:6.3 (General and administrative requirements) allowing machine operation by specific department registered fluoroscopy operators meeting the applicable Appendix 20 requirements. Also clarifies that 6 CO ADC 1007-1, Part 6 (Radiation Control - X-Ray Imaging in The Healing Arts) applies to research uses of x-ray machines when it involves purposeful exposure to living human research subjects. Amends 6 CO ADC 1007-1:6.10 (Requirements for use of mammography and other x-ray based breast imaging systems) clarifying subsection 6.10.1.4 to require each individual who performs a mammography examination to meet the training and experience requirements of 6 CO ADC 1007-1:2.4 (State of Colorado Authorization or Approval Recognized by the Department is Required for Each Category Designated in This Section), subsection 2.4.5.4, Provisional Mammographer. Latest Update available [here](#).

#### **Illinois**

- 2024 IL REG TEXT 644826 (NS), effective February 27, 2024, adds and amends sections in 77 IL ADC Part 690 (Control of Notifiable Diseases and Conditions Code) to update reporting and control activities for reportable diseases and conditions and to add new reportable diseases, including Cronobacter, including C. sakazakii and C. malonaticus, in infants younger than 12 months of age; Melioidosis due to Burkholderia pseudomallei; Multi-drug Resistant Organisms Considered to be of Epidemiologic Importance Due to Either Severity of Clinical Disease, Potential for Transmission of Genetic Elements, or Opportunities for Effective Control Efforts; Respiratory Syncytial Virus (RSV) Infection; and SARS-CoV-2 Infection (COVID-19). Latest Update available [here](#).
- 2024 IL REG TEXT 658130 (NS), effective February 27, 2024, repeals the emergency rule 77 IL ADC 250.3 (COVID-19 Emergency Provisions - At-Home Patient Care) adopted at 2023 IL REG TEXT 658130 (NS) and effective November 24, 2023, as a permanent rule has been adopted to allow for continuation of the federal Centers for Medicaid and Medicare Services (CMMS) Acute Hospital Care at Home initiative. See 77 IL ADC 250.300



(At-Home Patient Care Waivers), 2024 IL REG TEXT 646997 (NS), effective January 30, 2024. Latest Update available [here](#).

### **Iowa**

2024 IA REG TEXT 658458 (NS), effective April 24, 2024, adopts IA ADC 653-13.17(135L,146A,146E,147,148,272C) (Standards of practice for physicians who perform or induce abortions-definitions-detection of fetal heartbeat-fetal heartbeat exceptions-discipline) to establish the standards of practice for physicians who perform or induce abortions to detect a fetal heartbeat. Provides that failure to comply with this rule or Iowa Code Chapter 146E (Abortion--Fetal Heartbeat) may constitute grounds for discipline. Latest Update available [here](#).

### **Kentucky**

2024 KY REG TEXT 639427 (NS), effective March 21, 2024, amends 900 KY ADC 6:075 (Certificate of need nonsubstantive review) adding the definition of "psychiatric residential treatment facility" or "PRTF." Provides that an application to establish an inpatient psychiatric unit in an existing licensed acute care hospital will be granted nonsubstantive review status if certain conditions are met. Also provides that nonsubstantive review status will be granted if the proposal involves an application by a Kentucky-licensed acute care hospital, critical access hospital, or nursing facility proposing to expand a home health service to provide services exclusively to patients discharged from its facility who require home health services at the time of discharge and no existing, licensed home health agency is available and willing to accept the referral. Requires Level II PRTFs to be subject to the nonsubstantive review process. Latest Update available [here](#).

### **Maryland**

2024 MA REG TEXT 660161 (NS), effective March 29, 2024, amends 651 MA ADC 12.03 (Certification) and 651 MA ADC 12.04 (General Requirements for an Assisted Living Residence) making technical changes. Amends 651 MA ADC 12.06 (Staffing Requirements) updating the requirements for influenza and COVID-19 vaccination of personnel. Allows personnel to claim an exemption from the vaccination requirements by declining the vaccines and filing a statement. Requires each residence to ensure all personnel are vaccinated against other novel pandemic or novel influenza viruses according to specified guidelines. Allows facilities to establish policies and procedures that exceed the requirements in this section. Removes the requirements for a pre-employment physical examination and biennial examinations. Removes language regarding submission of an incident report. Makes other clarifying and conforming changes. Latest Update available [here](#).

### **New York**

2024 NY REG TEXT 659121 (NS), effective March 11, 2024, amends 8 NY ADC 64.7 (Provision of certain medical services pursuant to non-patient specific orders and protocols) changing the section title from "Administration of immunizations, emergency treatment of anaphylaxis, tuberculosis tests, human immunodeficiency virus (HIV) tests, opioid related overdose treatments, hepatitis C tests and screening for syphilis, gonorrhea, COVID-19, influenza and/or chlamydia infections" and adding requirements for execution by RNs of non-patient orders to provide certain emergency medical services and administer pregnancy tests. Latest Update available [here](#).

### **Oregon**

- 2024 OR REG TEXT 660328 (NS), effective April 1, 2024, amends OR ADC 411-054-0070 (Staffing Requirements and Training) to require all staff to have a written position

description that specifies their specific duties and responsibilities; and require all employees to review the description prior to beginning their job responsibilities. Adds requirements for LGBTQIA2S+ training. Updates the requirements for pre-service and biennial training of all facility staff. Note: This temporary rulemaking replaces the previous temporary rulemaking with certain changes. Latest Update available [here](#).

- 2024 OR REG TEXT 661803 (NS), effective March 22, 2024, amends sections relating to hospital infection control and disease prevention. Latest Update available [here](#).
- 2024 OR REG TEXT 665439 (NS), effective April 1, 2024, amends OR ADC 411-085-0005 (Definitions) to add definitions related to LGBTQIA2S+ protections, including "gender expression," "gender identity," "gender nonconforming," "gender transition," "harass" or "harassment," "LGBTQIA2S+," "sexual orientation," "staff" or "staff person," and "transgender." Amends OR ADC 411-085-0030 (Required Postings) to update the list of public notices required to be posted at nursing facilities to include, the LGBTQIA2S+ Protections, as described OR ADC 411-085-0310 (21) (Residents' Rights: Generally) and the facility's non-discrimination policy notice, as described in OR ADC 411-085-0210 (1)(w) (Facility Policies). Amends OR ADC 411-085-0210 (Facility Policies) to require facilities to develop protocols and policies addressing LGBTQIA2S+ protections. Amends OR ADC 411-085-0310 (Residents' Rights: Generally) to update the list of residents' rights. Adds the right to be given informed consent before any nontherapeutic examination, observation or treatment is provided and adds rights regarding LGBTQIA2S+ protections. Latest Update available [here](#).

### **Washington**

2024 WA REG TEXT 584785 (NS), effective April 7, 2024, adopts and amends multiple rules relating to patient rights. Latest Update available [here](#).

### **Wisconsin**

2024 WI REG TEXT 615226 (NS) and 2024 WI REG TEXT 665161 (NS), effective April 1, 2024, adopts WI ADC § MED 26 (Military Medical Personnel) to establish the requirements for a licensed supervising practitioner to delegate their practice authority to perform a delegated clinical act to a person who is a military medical personnel program participant. Latest Update available [here](#).

### **News and Insights**

- **Former Georgia insurance commissioner pleads guilty in healthcare fraud scheme** (March 29, 2024) available [here](#).

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## **HEALTH INSURANCE**

### **Recent Legislative Items**

#### **Arizona**

- 2024 AZ S.B. 1070 (NS), effective July 20, 2024, amends AZ ST § 20-241 (Contracts to provide health care services; form of payment; notice; explanation of benefits; definitions) by requiring health insurers to accept tangible checks as a form of acceptable payment; providing that if health care provider opts out of a method of payment, that decision remains in effect until the health care provider opts back in to the prior method of payment



or a new contract is executed; and making technical changes. Note: The effective date is based on an estimated adjournment date and is subject to change. Latest Update available [here](#).

- 2024 AZ S.B. 1165 (NS), effective July 20, 2024, amends AZ ST § 20-3322 (Audit procedures; interest prohibition) by adding requirements when conducting a wholesale invoice audit. Adds a subsection noting that an auditing entity may not, directly or indirectly, retroactively reduce the amount of a claim payment to a pharmacist or pharmacy after adjudication of the claim for a prescription drug unless certain circumstances are met. Provides that Subsection (D), regarding the retroactive reduction of claims payments, does not prohibit an auditing entity, insurer, or pharmacy benefit manager from increasing the amount of a claim payment after adjudication of the claim. Makes other clarifying updates throughout the section. Note: The effective date is based on an estimated adjournment date and is subject to change. Latest Update available [here](#).
- 2024 AZ H.B. 2444 (NS), effective July 20, 2024, amends sections relating to health insurer contracts, payments, and grievance process. Latest Update available [here](#).

### **Colorado**

- 2024 CO S.B. 93 (NS), effective January 1, 2024, amends and enacts sections relating to continuity of healthcare benefits. Latest Update available [here](#).
- 2024 CO S.B. 135 (NS), effective March 22, 2024, repeals and amends sections relating to reporting requirements for healthcare, network adequacy, and fraud. Latest Update available [here](#).

### **Delaware**

2023 DE H.B. 15 (NS), effective March 21, 2024, amends sections relating sections relating to coverage for ovarian cancer monitoring and screening. It applies to all policies, contracts, or certificates that are issued, renewed, modified, altered, amended, or reissued after December 31, 2024. Latest Update available [here](#).

### **Idaho**

- 2024 ID H.B. 596 (NS), effective January 1, 2025, amends ID ST § 41-349 (Pharmacy benefit managers) by adding definitions, adding requirements for charging different amounts for prescriptions, addressing manufacture rebates, and providing disclosure requirements. Adds reporting requirements and contract requirements. Adds the requirements regarding an administrative appeal procedure. Lists prohibited acts. Adds confidentiality provisions. Latest Update available [here](#).
- 2024 ID S.B. 1234 (NS), effective July 1, 2024, enacts new ID ST § 41-1853 (Plans Covering Contraception) which requires a health benefit plan or student health benefit plan issued or renewed on or after January 1, 2025, that includes coverage for prescription contraception, to provide reimbursement for prescription contraception intended to last 6 months obtained at 1 time by the enrollee and related provisions. Latest Update available [here](#).

### **Indiana**

- 2024 IN S.B. 9 (NS), effective July 1, 2024, enacts Chapter 8.5, Reporting of Health Care Entity Mergers and Acquisitions, under Title 25, Article 1 of the Indiana Code. Provides definitions. Requires that Indiana health care entities that are involved in a merger or acquisition with another health care entity, with total assets of at least \$10 million, provide written notice of the merger or acquisition to the Office of the Attorney General at least 90 days before the merger or acquisition. Sets out form and manner of notice requirements. Outlines requirements and authorizations for the Office of the Attorney

General after receiving the submission. Notes that information received or produced under this section is confidential. Latest Update available [here](#).

- 2024 IN S.B. 215 (NS), effective July 1, 2024, amends and adds sections relating to Medicare supplement insurance. Latest Update available [here](#).

## **Kentucky**

- 2024 KY H.B. 15 (NS), effective January 1, 2025, adopts the Kentucky Consumer Data Protection Act, adding new sections to Chapter 367 (Consumer Protection). Latest Update available [here](#).
- 2024 KY H.B. 52 (NS), effective January 1, 2025, enacts a new section in Chapter 304 (Insurance Code), Subtitle 17A (Health Benefit Plans), which requires health plans to cover certain cancer screenings, tests, or procedures. Addresses utilization management and cost-sharing. Addresses Health Savings Account-Qualified High Deductible Health Plans and a qualified health plan that would result in a determination that the state must make payments to defray the cost of the requirement. Latest Update available [here](#).
- 2024 KY H.B. 115 (NS), effective January 1, 2025, relating to coverage for breast examinations. Latest Update available [here](#).
- 2024 KY S.B. 188 (NS), effective January 1, 2025, enacts new statutes in Subtitle 17A (Health Benefit Plans) of Chapter 304 (Insurance Code) that provide definitions for "cost sharing," "health plan," "insured," "insurer," "pharmacy," "pharmacy affiliate," "common control," "control," "pharmacy benefit manager," and "pharmacy or pharmacist services." Requires an insurer, a pharmacy benefit manager, or any other administrator of pharmacy benefits that uses a network to provide pharmacy or pharmacist services under a health plan must ensure that the network is reasonably adequate and accessible for the provision of pharmacy or pharmacist services. Provides minimum requirements for an adequate and accessible network. Defines "actual overpayment," "ambulatory pharmacy," "national drug code number" "net amount," and "wholesale acquisition cost." Provides contract requirements for a pharmacy or pharmacist and an insurer, a pharmacy benefit manager, or any other administrator of pharmacy benefits. Addresses reimbursement. Addresses cost-sharing, imposing penalties, discrimination, imposing limits on access to medication, incentivizing an insured, and interfering with the right to choose a pharmacy. Adds procedures for the Commissioner if a complaint is filed. Latest Update available [here](#).
- 2024 KY S.B. 194 (NS), effective July 14, 2024, enacts a new statute in Subtitle 18 (Group and Blanket Health Insurance) of the Insurance Code that authorizes insurers to deliver communications related to employer-sponsored group health insurance policies, certificates, plans, or contracts to covered persons by electronic means, subject to certain conditions. Latest Update available [here](#).
- 2024 KY H.B. 220 (NS), effective July 14, 2024, amends KY ST § 304.17A-163 (Definitions for KRS 304.17A-163 and 304.17A-1631; establishment of clinical review criteria; override of restrictions on medication sequence in step therapy or fail-first protocol) by allowing insurers, health plans, pharmacy benefit managers, and private review agents to require insureds to try biosimilar biological products and other generic equivalent and interchangeable biological products prior to providing coverage for the reference listed drug or product. Makes clarifying language changes and other non-substantive, technical changes. Latest Update available [here](#).
- 2024 KY H.B. 534 (NS), effective January 1, 2025, amends KY ST § 304.17A-611 (Prohibition against retrospective denial of coverage for health care services under certain circumstances; prohibition against prospective or concurrent review of prescription drugs under certain circumstances; prohibition against prospective or concurrent review of prescription drug for alcohol or opioid use disorder) by clarifying that a health benefit plan

must not conduct a prospective or concurrent review for a prescription drug that contains an opioid antagonist. Latest Update available [here](#).

## **Oregon**

- 2024 OR S.B. 1508 (NS), effective January 1, 2025, amends OR ST § 743A.069 (Insulin; costs) by adjusting the maximum out-of-pocket cost for a 30-day supply of insulin from \$75 to \$35 and from \$225 to \$105 for a 90-day supply of insulin. Applies to health benefit plans issued, renewed, or extended on or after January 1, 2025. Latest Update available [here](#).
- 2024 OR H.B. 4002 (NS), effective April 1, 2024, adopts a new section defining terms used in the section and noting prior authorization requirements and prohibitions. Notes that the new section is exempt from OR ST § 743A.001. Latest Update available [here](#).
- 2024 OR H.B. 4012 (NS), effective January 1, 2025, enacts and amends sections relating to reimbursement for clinician-administered prescription drugs. Latest Update available [here](#).
- 2024 OR H.B. 4113 (NS), effective January 1, 2025, enacts a new statute that requires an insurer offering a health plan that provides pharmacy benefits and a pharmacy benefit manager to include all amounts paid by an enrollee or paid by another person on behalf of an enrollee toward the cost of a covered prescription drug when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance or other cost-sharing requirement applied to the drug if the drug does not have a generic equivalent or the drug has a generic equivalent and the enrollee has obtained prior authorization from the insurer or pharmacy benefit manager, complied with a step therapy protocol, or received approval from the insurer or pharmacy benefit manager through the insurer's or the pharmacy benefit manager's exceptions, appeal or review process. Adds that, for high deductible health plans, the requirements apply only to preventive services until the enrollee has satisfied the minimum deductible under 26 U.S.C. 223(c)(2). Provides definitions. Amends OR ST § 743B.001 (Definitions), regarding individual and group health benefit plans, by applying the definitions in this statute to the new statute. Amends OR ST § 750.055 (Other applicable provisions), regarding health care service contractors, by applying the new statute to this statute. Latest Update available [here](#).
- 2024 OR H.B. 4149 (NS), effective April 4, 2024, enacts an uncodified section regarding the submission of contracts and contract amendments by pharmacy benefit managers to the Department of Consumer and Business Services. It also amends several sections that become operative on January 1, 2025. Latest Update available [here](#).

## **Utah**

- 2024 UT S.B. 31 (NS), effective May 1, 2024, amends and enacts several sections under an omnibus insurance bill. Latest Update available [here](#).
- 2024 UT S.B. 95 (NS), effective September 1, 2024, amends UT ST § 26B-9-224 (Medical and dental expenses of a child - Health insurance for a child) by updating the title and adding a definition for "health insurance." Revises cross-sections. Makes clarifying, conforming, and non-substantive changes. Amends UT ST § 26B-9-225 (Enrollment of child in accident and health insurance plan - Order - Notice) and UT ST § 26B-9-226 (Compliance with order - Enrollment of child for insurance) by updating the title and making clarifying and non-substantive changes. Amends UT ST § 31A-22-610.5 (Dependent coverage) by revising the definition of "child." Makes clarifying and non-substantive changes. Latest Update available [here](#).
- 2024 UT S.B. 262 (NS), effective May 1, 2024, adopts new section UT ST § 31A-22-660 (Definitions - prohibitions concerning organ harvesting - severability) defining "forced

organ harvesting," prohibiting insurers from covering human organ transplants in certain circumstances, and providing for severability of the section. Latest Update available [here](#).

## Virginia

- 2024 VA H.B. 218 (NS), effective July 1, 2024, amends sections relating to continuity of care. Latest Update available [here](#).
- 2024 VA H.B. 238 (NS), effective July 1, 2024, amends VA ST § 38.2-3418.7:1 (Coverage for colorectal cancer screening) by clarifying the coverage requirements for colorectal cancer screening, by adding coverage for a follow-up colonoscopy, and by clarifying the cost-sharing requirements. Latest Update available [here](#).
- 2024 VA S.B. 425 (NS), effective July 1, 2024, amends VA ST § 38.2-3407.15 (Ethics and fairness in carrier business practices) by changing the definition of "clean claim" by listing the requirements. Clarifies requirements for the carrier to notify the person submitting a claim of any defect or impropriety that prevents the carrier from deeming the claim a clean claim. Adds that all notifications and information must be delivered electronically beginning no later than January 1, 2026. Clarifies the requirements when a carrier imposes a retroactive denial of a previously paid claim or seeks recovery or refund of a previously paid claim. Adds that a carrier and provider may agree in writing that recoupment of overpayments may occur after the 12-month limit. Adds that all written communications, explanations, notifications, and related provider responses must be delivered electronically beginning no later than January 1, 2026. Adds that, if a carrier's claim denial is overturned following completion of a dispute review, the carrier must, on the day the decision to overturn is made, consider the claims impacted by the decision as clean claims. Adds that all applicable laws related to the payment of a clean claim must apply to the payments due. Adds that beginning July 1, 2025, every carrier must make available through electronic means a way for providers to determine whether an enrollee is covered by a health plan that is subject to the Commission's jurisdiction. Adds requirements for when a provider may file a complaint with the Commissioner for failure to pay claims. Adds other electronic delivery and notice requirements. Clarifies applicability. Latest Update available [here](#).
- 2024 VA S.B. 543 (NS), effective July 1, 2024, amends VA ST § 38.2-3412.1 (Coverage for mental health and substance use disorders) by adding the definition of "crisis receiving center." Modifies the definitions of "mobile crisis response services" and "residential crisis stabilization unit." Adds "crisis receiving center" in other areas throughout the section. Amends VA ST § 38.2-3438 (Definitions) by adding the definition of "behavioral health crisis service provider" and modifying the definition of "emergency services." Amends VA ST § 38.2-3445 (Patient access to emergency services) by adding a new subsection providing that coverage for emergency services related to mental health or substance abuse services must be provided according to the Federal Mental Health Parity and Addiction Equity Act of 2008, even when those requirements would not otherwise apply directly. These emergency services may be rendered at a location other than a hospital's emergency department, such as a behavioral health crisis service provider, as required. Companion bill to 2024 VA H.B. 601. Latest Update available [here](#).
- 2024 VA H.B. 601 (NS), effective July 1, 2024, amends sections relating to patient access to emergency services and mobile crisis response services. Latest Update available [here](#).
- 2024 VA H.B. 987 (NS), effective July 1, 2024, amends VA ST § 38.2-3407.14:1 (Standard of clinical evidence for decisions on coverage for proton radiation therapy) by adding that a carrier may consider coverage of proton radiation therapy treatment by Medicare, Medicaid, or any other governmental health care coverage for any type of cancer and the recommendation of proton radiation therapy by a patient's treating physician or radiation oncologist as a sufficient standard of clinical evidence to justify coverage of proton

radiation therapy. The requirements of the Act apply to all insurance policies, subscription contracts, and health care plans delivered, issued for delivery, reissued, or extended in Virginia on and after January 1, 2025, or at any time thereafter when any term of the policy, contract, or plan is changed, or any premium adjustment is made. Latest Update available [here](#).

- 2024 VA H.B. 1134 (NS) and 2024 VA S.B. 98 (NS), effective July 1, 2024, amends VA ST § 38.2-3407.15:2 (Carrier contracts; required provisions regarding prior authorization) by requiring that contracts between carriers and participating health care providers with prescriptive authority, or their contracting agents, contain a provision prohibiting the carrier from revoking, limiting, conditioning, modifying, or restricting a prior authorization request for prescription drugs that have been scheduled, provided, or delivered to the patient consistent with the authorization unless certain conditions are met. Increases the number of days that a prior authorization approved by another carrier must be honored under a member's prescription drug benefit coverage under a new health plan from 30 days to 90 days, subject to the listed exceptions. Renumbers subdivisions and revises cross-references. 2024 VA H.B. 1134 (NS) and 2024 VA S.B. 98 (NS) are companion bills and are identical. Latest Update available [here](#).
- 2024 VA H.B. 1402 (NS) and 2024 VA S.B. 660 (NS), effective July 1, 2024, amend sections relating to pharmacy benefit managers. Note: 2024 VA H.B. 1402 (NS) and 2024 VA S.B. 660 (NS) are companion bills and are identical. Latest Update available [here](#).

## **Washington**

- 2023 WA H.B. 1957 (NS), effective June 6, 2024, amends WA ST 48.43.047 (Health plans--Minimum coverage for preventative services--No cost-sharing requirements) by adding a list of preventative services applicable to nongrandfathered plans. Adds the coverage requirements for preventative services. Requires health carriers to annually determine whether any additional items or services must be covered without cost-sharing requirements or whether any items or services are no longer required to be covered. Addresses cost-sharing and use of medical management techniques. Adds rule promulgation instructions. Latest Update available [here](#).
- 2023 WA S.B. 5213 (NS), effective June 6, 2024, amends multiple sections relating to healthcare benefit manager and pharmacy benefit manager regulation. Latest Update available [here](#).
- 2023 WA S.B. 5798 (NS), effective July 1, 2025, amends WA ST 48.18.290 (Cancellation by insurer) by increasing the number of days in which an insurer must deliver or mail written notice of cancellation for all insurance policies, other than medical malpractice or fire insurance policies, canceled under WA ST 48.53.040 from 45 days to 60 days. Makes clarifying, non-substantive changes throughout the section. Amends WA ST 48.18.2901 (Renewal required - Exceptions) by increasing the number of days in which an insurer must deliver or mail written notice of cancellation for insurance policies subject to WA ST 48.18.290(1)(a) from 45 days to 60 days. Makes clarifying, non-substantive changes throughout the section. This Act applies to all affected policies issued or renewed on or after July 1, 2025. Latest Update available [here](#).
- 2023 WA S.B. 5936 (NS), effective June 6, 2024, enacts a new section of law that requires the Office of the Insurance Commissioner, in consultation with the health care authority, to convene a work group to design the parameters of a palliative care benefit and payment model for the benefit of fully insured health plans. Lists the elements of a palliative care benefit. Lists the members that must be a part of the work group. Defines "palliative care." Provides a sunset date of June 1, 2026. Latest Update available [here](#).
- 2023 WA S.B. 6127 (NS), effective January 1, 2025, enacts a new statute in chapter 48.43 (Insurance Reform) that prohibits nongrandfathered health plans issued or renewed on or



after 1/1/2025 from imposing cost sharing or prior authorization requirements for drugs that comprise at least one regimen recommended by the centers for disease control and prevention for human immunodeficiency virus postexposure prophylaxis, with an exception for health plans that are offered as a qualifying health plan for a health savings account; and requires health plans to reimburse hospitals that bill for a 28-day supply of any such drug dispensed to a patient in the emergency department for take-home use as a separate reimbursable expense. Amends WA ST 41.05.017 (Provisions applicable to health plans offered under this chapter), related to health plans issued for state purchased health care programs, by inserting a reference to the newly enacted statute in chapter 48.43. Latest Update available [here](#).

### **West Virginia**

- 2024 WV S.B. 453 (NS), effective June 7, 2024, amends WV ST § 5-16-9 (Authorization to execute contracts) by revising reporting requirements regarding the information that must be submitted for pharmacy claims. Eliminates provisions regarding data and information security for information provided by pharmacy benefits managers. Changes the frequency of reports from the Director to the Joint Committee on Health from quarterly to annual. Adds provisions regarding RFP and contract requirements with pharmacy benefit managers. Makes non-substantive, clarifying changes. Latest Update available [here](#).
- 2024 WV S.B. 533 (NS), effective June 6, 2024, relates to coverage for emergency transportation and medical services. Latest Update available [here](#).

### **Wisconsin**

- 2023 WI S.B. 476 (NS), effective March 24, 2024, amends WI ST 49.45 (Medical assistance; administration) by adding subsection (61m), regarding services provided through telehealth by out-of-state providers. Latest Update available [here](#).
- 2023 WI S.B. 672 (NS), effective March 24, 2024, amends WI ST 49.45 (Medical assistance; administration) by adding subsection (49r), regarding value-based purchasing arrangements under the Medical Assistance program. Latest Update available [here](#).

### **Wyoming**

2024 WY S.F. 100 (NS), effective July 1, 2024, enacts the following sections under Chapter 52, Article 2 regarding Pharmacy Benefit Managers and Payment of Pharmacy Claims/Payment of Insurance Claims. Latest Update available [here](#).

## **Recent Administrative Items**

### **Federal**

89 FR 23338-01, effective June 17, 2024, amends several sections relating to short-term, limited-duration insurance and independent, noncoordinated excepted benefits coverage. Latest Update available [here](#).

### **Arizona**

2024 AZ REG TEXT 654016 (NS), effective May 6, 2024, amends AZ ADC R20-6-1101 (Incorporation by Reference and Modifications) by updating the version of the NAIC Medicare Supplement Insurance Minimum Standards Model Act from the August 2016 version to the Fall 2023 version. Updates the Department of Insurance address and adds its website. Amends the definitions of "Commissioner" and "HMO." Latest Update available [here](#).



**Colorado**

2024 CO REG TEXT 661528 (NS), effective April 30, 2024, adopts 3 CO ADC 702-4:4-10-01 (Health Care Sharing Plan or Arrangement Reporting Requirements), establishing the data reporting requirements applicable to all health care sharing plans or arrangements (HCSPAs) offering or intending to offer products to facilitate payment or reimbursement of health-care costs or services for Colorado residents. Adopts 3 CO ADC 702-4:4-10-01 Appendix A (Health Care Sharing Plan or Arrangement Reporting Attestation). Latest Update available [here](#).

**Iowa**

2024 IA REG TEXT 661341 (NS), effective April 24, 2024, rescinds Chapter 90, "Financial and Health Information Regulation," and adopts a new chapter with the same title. The following regulations are adopted under Chapter 90, Financial and Health Information Regulation. Latest Update available [here](#).

**Maryland**

2024 MD REG TEXT 662621 (NS), effective April 15, 2024, amends MD ADC 31.10.30.03 (Establishment of Claim and Appeal Procedures) by adding insurer requirements for the establishment of a claim and adverse appeal determination procedures. Adds notice requirements for insurers prior to issuing an adverse appeal determination. Amends MD ADC 31.10.30.04 (Timing and Content of Notice of Adverse Benefit Determination) by adding insurer requirements for the timing and content of notice of an adverse benefit determination. Amends MD ADC 31.10.30.05 (Timing and Notice of an Appeal Determination) by adding insurer requirements regarding the timing and content of notice of an adverse appeal determination. Latest Update available [here](#).

**Massachusetts**

2024 MA REG TEXT 654114 (NS), effective March 29, 2024, amends sections relating to rates for dialysis treatments and home dialysis supplies. Latest Update available [here](#).

**New York**

2024 NY REG TEXT 664672 (NS), effective March 5, 2024, amends 11 NY ADC 52.65 (Required disclosure statement for policies and certificates meeting definition of sections 52.12 and 52.13 of this Part), which applies to long-term care insurance and nursing home and home care insurance, by changing the disclosure requirements in the notice. Latest Update available [here](#).

**Tennessee**

2024 TN REG TEXT 658965 (NS), effective June 26, 2024, amends, repeals, and adopts several sections relating to pharmacy benefits managers. Latest Update available [here](#).

**Texas**

2024 TX REG TEXT 653591 (NS), effective March 18, 2024, amends 28 TX ADC § 21.2819 (Catastrophic Event) by clarifying the time an entity has to notify the Department and request to toll the claims submission and payment deadlines. Amends procedures for electronically communicating with the Department. Amends the required information in a request for an extension. Clarifies the time frame for an extension. Makes clarifying and technical changes. Adds notification requirements for a subsequent extension request. Provides Department procedures. Latest Update available [here](#).

**West Virginia**

- 2024 WV REG TEXT 639279 (NS), effective April 1, 2024, amends the sunset date in WV ADC § 114-27-1 (General), regarding standards for AIDS-related underwriting questions and AIDS testing in connection with applications for life or health insurance policies, from August 1, 2024 to August 1, 2029. Applies to the following: WV ADC § 114-27-2 (Applicability), WV ADC § 114-27-3 (Definitions), WV ADC § 114-27-4 (Medical/Lifestyle Applications Questions and Underwriting Guideline), WV ADC § 114-27-5 (Testing), WV ADC § 114-27-6 (Notice and Consent Form), and WV ADC 114-27 App. A. Latest Update available [here](#).
- 2024 WV REG TEXT 644522 (NS), effective April 1, 2024, amends multiple sections relating to health plan network access and adequacy. Latest Update available [here](#).

## **Recent Guidance**

### **Arkansas**

AR Directive No. 1-2024, effective March 26, 2024, temporarily suspends all technical filing requirements of health benefit plans and Pharmacy Benefits Managers (PBMs) applying to Change Healthcare impacted healthcare providers for 60 days and separately applies a 60-day suspension of all health benefit plan and PBM audits and recoupments that involve requests for information or records related to claims from Change Healthcare impacted healthcare providers. Encourages healthcare insurers and PBMs to provide reasonable leniency to Change Healthcare impacted healthcare providers for claim handling requirements for claims not considered "clean." Latest Update available [here](#).

### **Colorado**

2024 WL 1144816, effective March 15, 2024, encourages insurers to minimize the impacts of the Change Healthcare Cybersecurity Attack on Colorado consumers and providers. Directs carriers to take the necessary steps to minimize disruptions in access to care. Directs carriers to submit the specified information to the Department no later than March 22, 2024. Latest Update available [here](#).

### **Idaho**

ID Bulletin 2024-1, effective March 15, 2024, requests that insurers help mitigate impacts of the Change Healthcare cybersecurity attack on their members and healthcare providers. Requests that insurers update their websites and publish materials explaining how affected members can receive assistance, including clear contact information, during recovery from the cyberattack. Latest Update available [here](#).

### **Illinois**

IL Bulletin 2024-8, effective March 13, 2024, requires insurers to develop a written program for the responsible use of AI systems. Provides detailed background and instructions. Latest Update available [here](#).

### **Louisiana**

LA Directive 223, effective April 2, 2024, explains requirements for compliance with the Network Adequacy Act and prompt payment statutes. Provides examples of actions to mitigate disruption. Latest Update available [here](#).

### **Maine**

- ME Bulletin No. 470, effective March 26, 2024, encourages insurers to take steps to mitigate disruptions in connection with the Change Healthcare cyberattack and to post

information on their websites and provider portals to ensure providers have up-to-date information regarding the extent to which the insurers' systems are impacted. Reminds insurers that they may be obligated to notify the Bureau of the cyber event if they have not already done so. Latest Update available [here](#).

- ME Bulletin No. 471, effective March 26, 2024, reminds insurers and insurance producers of recent amendments to the Insurance Code made by 2023 ME S.P. 508 (NS), adding provisions that explicitly prohibit the use of any advertisement, solicitation, informational brochure, mailer, or any other promotional material that uses the term "Medicare," "Medicaid," or "MaineCare" and mimics official notices or otherwise implies that it is an official document from a state or federal agency. Outlines additional requirements for printed marketing materials for Medicare products. Latest Update available [here](#).

### **Massachusetts**

- MA Bulletin No. 3-27-2024, effective July 1, 2024, announces a delay in the effective date of the Executive Office of Health and Human Services (EOHHS) directive to Managed Care Entities not to pay for specified GLP-1 agonist drugs if those drugs were purchased through the 340B Drug Pricing Program. The effective date has been delayed to July 1, 2024. Effective July 1, 2024, Managed Care Entities may pay for the drugs designated above only when providers use non-340B stock. This policy applies only to MassHealth members. Managed Care Entities' provision of 340B stock for these drugs to individuals who are not MassHealth members is not affected by this bulletin. Latest Update available [here](#).
- MA Bulletin 4-4-2024 (#2), effective April 4, 2024, directs all managed care entities to eliminate all copays for all MassHealth members. Latest Update available [here](#).

### **Michigan**

- MI Bulletin 2024-03-INS, effective February 29, 2024, announces that the maximum deductible for determining whether health or accident coverage is "qualified health coverage" remains at \$6,579.00 for the period July 1, 2024 through June 30, 2025. Latest Update available [here](#).
- MI Bulletin No. 2024-11-INS, effective March 20, 2024, urges insurers to exercise flexibility with coverage and cost-sharing decisions during the shortage of ADHD drugs. Provides examples of flexibility. Advises that insurers will not be penalized for failing to strictly adhere to an applicable requirement if the insurer is exercising this flexibility. This bulletin supersedes MI Bulletin 2023-12-INS. Latest Update available [here](#).
- MI Bulletin No. 2024-12-INS, effective March 14, 2024, advises insurers of their obligations following the Change Healthcare cybersecurity event, including the expectation that insurers provide prompt assistance to affected insureds, encouraging insurers to be flexible in their prior authorization, claims payment, and appeals processes, and reminding insurers that the state's data security requirements may require them to notify the Department of Insurance and Financial Services of the impact of the event. Latest Update available [here](#).

### **Missouri**

MO Bulletin 2024-03, effective March 18, 2024, encourages health insurers to make accommodations for enrollees and provide prompt assistance to providers in order to minimize the impact of the Change Healthcare cyberattack on enrollees and their ability to access care and to enable providers to treat patients and be reimbursed for health care services provided with as little interruption as possible. Latest Update available [here](#).

### **Nevada**

NV Bulletin 2024-001, effective February 23, 2024, reminds insurers that AI systems must comply with all applicable insurance laws and regulations. Discusses background, legislative authority, definitions, regulatory guidance and expectations, and regulatory oversight and examination considerations. Latest Update available [here](#).

### **New Hampshire**

NH Bulletin 24-018-AB, effective April 2, 2024, provides guidance set forth in the proposed Notice of Benefit and Payment Parameters for 2025 and the draft 2025 Letter to Issuers in the federally-facilitated exchanges. Notes that the guidance in this bulletin is subject to revision for further state and federal guidance. Urges insurers who are planning to introduce a new product or network or discontinue an existing plan in Plan Year 2025 to contact the Department as soon as possible. Provides contact information for Department notification. Latest Update available [here](#).

### **New Jersey**

- NJ Bulletin 2024-2, effective March 14, 2024, advises New Jersey health insurance companies, health service corporations, health maintenance organizations, dental service corporations, and dental plan organizations offering individual market coverage that the Department requires carriers to offer a special enrollment period granting individuals a 60-day window from the date of the notice from Get Covered New Jersey to select their coverage. The Department notes that it is making all operational and programmatic changes that are necessary to make the special enrollment period available, and directs carriers to do the same. Latest Update available [here](#).
- NJ Bulletin 2024-3, effective March 25, 2024, supplements NJ Bulletin 2023-2 to provide a special enrollment period for individuals who lose NJ FamilyCare coverage at any time during the 3/31/2023 through 7/31/2024 Unwinding Period. Requires Medicare Supplement insurers to provide qualified individuals who were disenrolled from NJ FamilyCare a 6-month guaranteed issue right from the date of enrollment in Medicare Part B to apply for Medicare Supplement plans. Latest Update available [here](#).
- NJ Bulletin 2024-4, effective March 27, 2024, requests specified actions from insurers in response to the Change Healthcare cyberattack. Latest Update available [here](#).

### **Pennsylvania**

- PA Notice 3-23-2024, effective March 23, 2024, notes that the Consumer Price Index for All Urban Consumers (CPI-U) change for the year preceding December 30, 2023, was an increase of 3.4%. Accordingly, the maximum benefit has been adjusted to \$50,445, up from \$48,786, for policies issued or renewed in calendar year 2025. Latest Update available [here](#).
- PA Notice 4-6-2024, effective April 6, 2024, reminds insurers that AI systems must comply with all applicable insurance laws and regulations. Discusses background, legislative authority, definitions, regulatory guidance and expectations, and regulatory oversight and examination considerations. Latest Update available [here](#).

### **Rhode Island**

RI Bulletin 2024-3, effective March 15, 2024, reminds insurers that decisions or actions impacting customers that are made or supported by analytical and computational technologies including Artificial Intelligence (AI) Systems, must comply with all applicable insurance laws and regulations, including those that address unfair trade practices and unfair discrimination. Outlines the Department's expectations as to how insurers will govern the development, acquisition and use of certain AI technologies. Advises insurers of the type of information

and documentation that may be requested by the Department during an investigation or examination. Latest Update available [here](#).

### **Texas**

TX Bulletin B-0002-24, effective March 28, 2024, advises insurers to file their 2024 annual network adequacy reports no later than May 1, 2024. Applies to reports that must be filed under 28 TX ADC § 3.3709. The Texas Department of Insurance (TDI) notes that, to prevent disruption of the market as a result of proposed amendments to 28 TX ADC Chapter 3, Subchapters S and X, which include modifications to filing requirements for annual network adequacy reports and waivers, TDI is suspending enforcement of the filing deadline until May 1, 2024. Latest Update available [here](#).

### **Wisconsin**

WI Bulletin No. 3-14-2024, effective March 14, 2024, directs health insurers and pharmacy benefit managers that have been impacted by the cybersecurity attack on Change Healthcare to provide prompt assistance to consumers and health care providers to limit interruptions to access of health care services and prescriptions. Encourages insurers to be flexible with claims reimbursement processes and to waive penalties on pharmaceutical claims for prescriptions filled by out-of-network pharmacies between 2/21/2024 and 4/21/2024, and reminds insurers to remain in compliance with data security requirements. Latest Update available [here](#).

### **News and Insights**

- **Change Healthcare ransomware attack continues impacting U.S. insurers, providers and patients** (March 14, 2024) available [here](#).
- **U.S. agencies finalize rules to protect consumers from 'junk' insurance plans** (April 5, 2024) available [here](#).

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## **GOVERNMENT-FUNDED HEALTH INSURANCE**

### **Recent Legislative Items**

#### **Colorado**

2024 CO H.B. 1086 (NS), effective April 4, 2024, amends CO ST § 25.5-5-402 (Statewide managed care system - rules - definitions- repeal) removing the option for the department to enter a direct contract for physical health-care services with the MCO operated by or under the control of Denver Health and Hospital Authority until June 30, 2025, and instead requiring the department to enter into the contract with Denver Health from July 1, 2025, until June 30, 2032, as long as the MCO meets all MCO criteria required by the department. Provides that if the department designates a managed care entity (MCE) other than the MCO operated by Denver Health to manage behavioral health-care services, Denver Health is required to collaborate with the MCE during the term of the contract. Also prohibits the MCO from reimbursing contracted Medicaid providers at rates that are higher than the department's Medicaid fee for service rates unless the provider enters into a quality incentive agreement with the MCO. Latest Update available [here](#).

#### **Idaho**

- 2024 ID H.B. 518 (NS), effective July 1, 2024, amends ID ST § 56-227A (Provider Fraud -- Criminal Penalty) providing that any provider or person who violates the provisions of this section shall be subject to a term of imprisonment not to exceed 15 years, or a fine not to exceed \$15,000, or both, and shall be ordered to make restitution to the Department or any other person for any financial loss sustained as a result of a violation of this section. Provides that each instance of violation shall be considered a separate offense. Makes technical changes. Latest Update available [here](#).
- 2024 ID H.B. 577 (NS), effective July 1, 2024, amends ID ST § 56-263 (Medicaid Managed Care Plan) requiring the Department to seek approval as soon as practicable but no later than July 1, 2027, from CMS for directed payments to qualifying hospitals participating in the Idaho behavioral health plan in accordance with 42 CFR § 438 (Managed Care). Requires the Department to make directed payments to qualifying hospitals participating in Medicaid managed care programs in an amount not to exceed the maximum allowable payment authorized by federal regulations. Provides that qualifying hospitals assessed pursuant to this section are exempt from assessment pursuant to ID ST § 56-1404 (Assessments). Latest Update available [here](#).
- 2024 ID H.B. 668 (NS), effective July 1, 2024, adopts sections prohibiting Medicaid reimbursement and coverage for gender transition procedures. Latest Update available [here](#).

## **Indiana**

2024 IN S.B. 273 (NS), effective July 1, 2024, adopts IN ST 12-15-5-21.5 and IN ST 27-8-14.3 (Coverage for Biomarker Testing) establishing the coverage requirements for biomarker testing. Defines "biomarker" and "biomarker testing." Latest Update available [here](#).

## **Kentucky**

- 2024 KY H.B. 31 (NS), effective July 14, 2024, adopts new section establishing the Medicaid coverage and reimbursement requirements for at-home prothrombin time or international normalized ratio (INR) testing for anticoagulation management. Allows the Department to promulgate administrative regulations to implement this section. Latest Update available [here](#).
- 2024 KY H.B. 52 (NS), effective January 1, 2025, amends KY ST § 205.522 (Duty of Department for Medicaid Services and Medicaid managed care organizations to comply with specified sections of Subtitle 17A of KRS Chapter 304) establishing Medicaid coverage requirements for cancer screenings, tests, or procedures. Makes technical and clarifying changes. Latest Update available [here](#).

## **Mississippi**

2024 MS H.B. 539 (NS), effective July 1, 2024, adopts MS ST § 43-13-115.1 to provide ambulatory prenatal care during a presumptive eligibility period. Provides definitions and establishes income requirements and an application deadline. Latest Update available [here](#).

## **Nebraska**

2023 NE L.B. 905 (NS), effective July 18, 2024, amends NE ST § 68-911 (Medical assistance; mandated and optional coverage; department; submit state plan amendment or waiver) adding requirements for the department to submit a Medicaid waiver or state plan amendment to the federal Centers for Medicare and Medicaid Services to designate two medical respite facilities to reimburse for services to an individual who is homeless and an adult in the expansion population. Amends NE ST § 71-428 (Respite care service, defined) adding that respite care service means a residential facility that provides short-term housing with supportive medical services to homeless individuals as described in NE ST § 68-911 (Medical



assistance; mandated and optional coverage; department; submit state plan amendment or waiver). Latest Update available [here](#).

### **Utah**

- 2024 UT H.B. 501 (NS), effective May 1, 2024, amends sections relating to Medicaid eligibility and reimbursement. Latest Update available [here](#).
- 2024 UT H.B. 503 (NS), effective May 1, 2024, amends UT ST § 26B-3-311 (Authorization to renew, transfer, or increase Medicaid certified programs -- Reimbursement methodology) to allow a state-owned veterans nursing care facility to obtain a one-time approval for up to five total Medicaid certified beds, without the facility first proving bed capacity insufficiency or financial viability. Latest Update available [here](#).

### **Virginia**

2024 VA S.B. 250 (NS), effective July 1, 2024, amends VA ST § 32.1-325 (Board to submit plan for medical assistance services to U.S. Secretary of Health and Human Services pursuant to federal law; administration of plan; contracts with health care providers) requiring the state plan for medical assistance services to include a provision allowing for payment, under certain conditions, for remote ultrasound procedures and remote fetal non-stress tests. Latest Update available [here](#).

### **Washington**

- 2023 WA S.B. 5802 (NS), effective June 4, 2024, amends sections relating to Medicaid reimbursement. Latest Update available [here](#).
- 2023 WA S.B. 6127 (NS), effective January 1, 2025, adopts uncodified section in WA ST 70.41 (Hospital Licensing and Regulation) establishing the requirements for a hospital to adopt a policy and have procedures in place, that conform with the guidelines issued by the Centers for Disease Control and Prevention (CDC), for the dispensing of human immunodeficiency virus postexposure prophylaxis drugs or therapies. This policy must ensure that hospital staff dispense or deliver to a patient, with a patient's informed consent, a 28-day supply of human immunodeficiency virus postexposure prophylaxis drugs or therapies following the patient's possible exposure to human immunodeficiency virus, with certain exceptions. Adopts uncodified section in WA ST 74.09 (Medical Care) establishing the requirements for the Authority and all Medicaid contracted managed care organizations to provide coverage without prior authorization for the drugs that comprise at least one regimen recommended by the CDC for human immunodeficiency virus postexposure prophylaxis. Latest Update available [here](#).

### **Wisconsin**

- 2023 WI S.B. 462 (NS), effective March 31, 2024, amends WI ST 49.45 (Medical assistance; administration) to update the definition for "crisis intervention services." Provides that the department shall request a waiver under 42 USCA § 1315 (Demonstration projects) or submit a Medical Assistance state plan amendment to the federal department of health and human services to obtain any necessary federal approval required to provide reimbursement to crisis urgent care and observation facilities certified under WI ST 51.036 (Crisis urgent care and observation facilities) for crisis intervention services. Specifies the provisions if federal approval is granted, no federal approval is required or federal approval is necessary but is not granted. Latest Update available [here](#).
- 2023 WI S.B. 592 (NS), effective March 24, 2024, amends WI ST 49.45 (Medical assistance; administration) adding requirements for reimbursement under the Medical Assistance program for complex rehabilitation technology wheelchair repairs and accessories. Latest Update available [here](#).

- 2023 WI A.B. 616 (NS), effective March 24, 2024, amends WI ST 49.45 (Medical assistance; administration) requiring, instead of allowing, the department to provide Medical Assistance coverage of services provided in an institution for mental disease to persons ages 21 to 64 if federal funding participation is available. Latest Update available [here](#).

## **Wyoming**

2024 WY S.F. 69 (NS), effective July 1, 2024, amends WY ST § 42-4-103 (Authorized services and supplies) providing that the room and board reimbursement rate for hospice facilities is 100% of the statewide average of the Medicaid nursing home room and board rate when an eligible individual is receiving hospice. Latest Update available [here](#).

## **Recent Administrative Items**

### **Federal**

89 FR 22780-01, effective June 3, 2024, relates to streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program application, eligibility determination, enrollment, and renewal processes. Latest Update available [here](#).

### **District of Columbia**

- 2024 DC REG TEXT 567179 (NS), effective March 12, 2024, amends 29 DC ADC Chapter 42 (Home and Community-Based Services Waiver for Persons Who are Elderly and Individuals with Physical Disabilities), 29 DC ADC Chapter 50 (Medicaid Reimbursement for Personal Care Aide Services) and 29 DC ADC Chapter 101 (Services My Way Program) to modify the scope of covered waiver services, clarify restrictions related to participant enrollment and provider reimbursement, and update requirements for service providers under the EPD Waiver program. Latest Update available [here](#).
- 2024 DC REG TEXT 638652 (NS), effective February 27, 2024, amends several sections relating to the Medicaid home- and community-based services waiver for individual and family support. Latest Update available [here](#).

### **Florida**

- 2024 FL REG TEXT 650644 (NS), effective April 3, 2024, amends 59 FL ADC 59G-4.190 (Laboratory Services) clarifying applicability to provide that this rule applies to all providers rendering Florida Medicaid laboratory services to recipients. Also incorporates by reference the Florida Medicaid Laboratory Services Coverage Policy, January 2024, and updates the related agency website. Latest Update available [here](#).
- 2024 FL REG TEXT 650645 (NS), effective April 3, 2024, amends 59 FL ADC 59G-4.150 (Inpatient Hospital Services) to incorporate by reference the Florida Medicaid Inpatient Hospital Services Coverage Policy, January 2024, and the United States Department of Health and Human Services' Consent for Sterilization Form - HHS-687 (07/25). Also updates the related agency websites. Latest Update available [here](#).

### **Illinois**

2024 IL REG TEXT 664934 (NS), effective March 8, 2024, amends 89 IL ADC 118.710 (Eligibility) and 89 IL ADC 118.810 (Eligibility) providing, effective May 1, 2024, a person lawfully admitted for permanent residence under the Immigration and Nationality Act (INA), regardless of length of residency, is not eligible for health benefits for immigrants. Latest Update available [here](#).

## **Louisiana**

2024 LA REG TEXT 658892 (NS), effective March 20, 2024, amends 50 LA ADC Pt XI, § 7503 (Reimbursement Methodology) establishing the reimbursement methodology for ambulatory surgical centers for dates of service after March 20, 2024. Latest Update available [here](#).

## **Massachusetts**

- 2024 MA REG TEXT 651251 (NS), effective March 15, 2024, adopts 130 MA ADC 457.000 (Freestanding Birth Center Services) establishing the requirements for the provision and payment of freestanding birth center (FBC) services under MassHealth. A freestanding birth center is a health facility not operated under a hospital license that is licensed by the Department of Public Health as a birth center, pursuant to 105 MA ADC 140.000 (Licensure of Clinics), and does not include individual or group-practice offices. Latest Update available [here](#).
- 2024 MA REG TEXT 654114 (NS), effective March 29, 2024, amends 101 MA ADC 337.00 (Rates for Dialysis Treatments and Home Dialysis Supplies) updating the chapter name, definitions, and providing rates for dialysis treatments, treatment for acute kidney injuries, and home dialysis supplies for dates of service provided on or after April 1, 2024. Latest Update available [here](#).
- 2024 MA REG TEXT 659161 (NS), effective September 1, 2023, amends 101 MA ADC 346.04 (Rate Provisions) to correct errors that appeared in Massachusetts Register Number 1511, dated December 22, 2023. Corrects the chart of approved rates in 346.04(5) as specified and corrects the alignment of text in 345.04(6)(c)(1). Latest Update available [here](#).
- 2024 MA REG TEXT 660156 (NS), effective January 1, 2024, amends several sections relating to Medicaid rates of payment to resident care facilities. Latest Update available [here](#).

## **Missouri**

2024 MO REG TEXT 656934 (NS), effective May 30, 2024, amends 13 MO ADC 70-15.010 (Inpatient Hospital Services Reimbursement Methodology) adding a new Psych Adjustment (PA) supplemental payment to hospitals. Updates the documents incorporated by reference, the methodology for the Acuity Adjustment Payment (AAP), and makes other conforming changes. Latest Update available [here](#).

## **Montana**

- 2024 MT REG TEXT 655510 (NS), effective May 12, 2023, amends sections relating to Medicaid covered services and reimbursement. Latest Update available [here](#).
- 2024 MT REG TEXT 659014 (NS), effective October 1, 2023, amends MT ADC 37.85.105 (Effective Dates, Conversion Factors, Policy Adjusters, and Cost-To-Charge Ratios of Montana Medicaid Provider Fee Schedules ) updating the effective dates for certain fee schedules, the APR-DRG Table of Weights and Thresholds, and the Region D Supplier Manual. Also makes other clarifying changes. Note: The department intends to apply this rule amendment retroactively to October 1, 2023. Latest Update available [here](#).

## **New Hampshire**

2024 NH REG TEXT 656021 (NS), effective February 21, 2024, amends NH ADC He-W 841.03 (Medicaid for Employed Adults with Disabilities (MEAD)) removing the requirement to pay a premium as a condition of eligibility. Also adds a requirement for MEAD recipients to enroll in cost free health insurance offered through their employer. Makes other clarifying and technical changes. Latest Update available [here](#).

## **New Mexico**

2024 NM REG TEXT 651940 (NS), effective April 1, 2024, amends NM ADC 8.314.5 (Developmental Disabilities Home and Community-Based Services Waiver) to update the requirements for the Developmental Disabilities Waiver program. Changes include updating the definitions; requiring a case manager to have a high school diploma or GED and a minimum of six years of direct experience related to the delivery of social services to people with disabilities; including crisis supports as a service option; and updating the requirements regarding covered services. Latest Update available [here](#).

## **Oregon**

- 2024 OR REG TEXT 659540 (NS), effective March 13, 2024, amends OR ADC 410-141-3920 (Transportation: NEMT General Requirements) adding requirements for the Authority's pilot project in effect for 2/16/2024 through 2/15/2025, which allows a CCO to utilize a Transportation Network Company (TNC) to provide NEMT services to the CCO's members. Latest Update available [here](#).
- 2024 OR REG TEXT 663833 (NS), effective April 5, 2024, amends OR ADC 410-141-3510 (Provider Contracting and Credentialing) relating to Medicaid managed care. Latest Update available [here](#).

## **Texas**

2024 TX REG TEXT 658051 (NS), effective April 2, 2024, amends 1 TX ADC § 353.2 (Definitions) to remove the definition for "Main dental home provider" and add definitions for "Nursing facility," "Nursing facility add-on services," "Nursing facility services" and "Nursing facility unit rate." Amends 1 TX ADC § 353.4 (Managed Care Organization Requirements Concerning Out-of-Network Providers) providing that if a telemedicine medical service provided by an out-of-network physician to a member in a primary or secondary school-based setting meets the conditions for reimbursement in 1 TX ADC § 354.1432 (Telemedicine and Telehealth Benefits and Limitations), a health care MCO must reimburse the out-of-network physician without prior authorization, even if the physician is not the member's primary care provider. The MCO must use the reasonable reimbursement methodology described in subsection (f)(2) of this section to reimburse an out-of-network physician. Makes other clarifying and conforming changes. Latest Update available [here](#).

## **Utah**

2024 UT REG TEXT 660867 (NS), effective March 25, 2024, amends UT ADC R414-90 (Diabetes Self-Management Training) to update the requirements for Medicaid coverage for diabetes self-management training (DSMT). DSMT is an educational program that teaches individuals how to successfully manage and control diabetes. Latest Update available [here](#).

## **Recent Guidance**

### **Federal**

- CMS Transmittal R12550PI, effective April 21, 2024, addresses several provider enrollment topics, including revised model letters. Transmittal available [here](#).
- CMS Transmittal R12552CP, effective April 1, 2024, describes changes to and billing instructions for various payment policies implemented in the April 2024 Outpatient Prospective Payment System (OPPS) update. The April 2024 Integrated Outpatient Code Editor (I/OCE) will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this CR. This Recurring Update Notification applies to

Chapter 4, section 50.8 (Annual Updates to the OPPS Pricer for Calendar Year (CY) 2007 and Later). Transmittal available [here](#).

- CMS Transmittal R12553CP, effective April 1, 2024, updates the DMEPOS fee schedule on a quarterly basis, when necessary, in order to implement fee schedule amounts for new and existing codes, as applicable, and apply changes in payment policies. The update process for the DMEPOS fee schedule is located in publication 100-04, Medicare Claims Processing Manual, chapter 23, section 60. Transmittal available [here](#).
- CMS Transmittal R12561CP, effective July 1, 2024, provides instructions for updating the DMEPOS CBP files. These files are updated on a quarterly basis in order to implement necessary changes to the Healthcare Common Procedure Coding System, ZIP code, and single payment amount files. These requirements provide specific instruction for implementing the DMEPOS CBP files. This recurring update notification applies to chapter 23, section 100. Transmittal available [here](#).
- CMS Transmittal R12562COM, effective April 29, 2024, provides updated data for determining the disproportionate share adjustment for IPPS hospitals and the low-income patient adjustment for IRFs, as well as payments as applicable for LTCH discharges (e.g., discharges paid by the IPPS comparable amount under the short-stay outlier payment adjustment). The SSI/Medicare beneficiary data for hospitals are available electronically and contains the name of the hospital, CMS certification number, SSI days, Medicare days, and the ratio of days for patients entitled to Medicare Part A attributable to SSI recipients. Transmittal available [here](#).
- CMS Transmittal R3P248i, effective December 23, 2023, updates Chapter 48, Home Office Cost Statement, Form CMS-287-22, to clarify instructions effective for cost reporting periods ending on or after December 31, 2023. Transmittal available [here](#).