

REGULATORY INTELLIGENCE

Healthcare and health insurance snapshot for July 2023

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The following is a selection of federal and state regulatory actions affecting the healthcare, health insurance and government-funded health insurance sectors for June and July 2023. This bulletin also includes news and analysis from Thomson Reuters Regulatory Intelligence and other Thomson Reuters professional services publications.

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HEALTHCARE**Recent Legislative Items****Alabama**

2023 AL S.B. 103 (NS), effective September 1, 2023, amends AL ST § 36-25-24 (Supervisor prohibited from discharging or discriminating against employee where employee reports violation) clarifying whistle blower protections for employees truthfully testifying in an ethics investigation, regardless of whether the employee filed the complaint. Latest Update available [here](#).

Arkansas

2023 AR H.B. 1250 (NS), effective July 7, 2023, amends [AR ST § 20-7-606](#) (Confidentiality) providing that information in the controlled substances database may be accessed by the State Medical Examiner as authorized by law to investigate causes of deaths for cases under investigation pursuant to his or her official duties and responsibilities. Note: The effective date is based on an estimated adjournment date and is subject to change. Latest Update available [here](#).

Colorado

- 2023 CO S.B. 155 (NS), effective June 2, 2023, amends [CO ST § 12-265-113](#) (Grounds for discipline) authorizing the board of examiners of nursing home administrators to discipline a licensee for failing to respond to a complaint in an honest, materially responsive, and timely manner. Also removes the requirement that letters of admonition be sent through certified mail. Amends [CO ST § 25-1-124.5](#) (Nursing care facilities - employees - record check - adult protective services data system check - definition) requiring on and after January 1, 2024, a nursing care facility, prior to employment, to submit the name of a person who will be providing direct care to an at-risk adult, and the name of a person who will be serving as a nursing home administrator for a check of the Colorado adult protective services data system to determine if the person is substantiated in a case of mistreatment of an at-risk adult. This amendment takes effect January 1, 2024. Latest Update available [here](#).
- 2023 CO S.B. 252 (NS), effective August 7, 2023, repeals CO ST § 25-3-801 (Legislative declaration), CO ST § 25-3-802 (Definitions), and CO ST § 25-3-803 (Failure to comply with hospital price transparency laws--prohibiting collection of debt--penalty) regarding hospital price transparency and debt collection that are currently under the administration and authority of the department



- of public health and environment and relocates these sections to newly adopted CO ST § 25.5-1-901 [Formerly CO ST § 25-3-801] (Legislative declaration), CO ST § 25.5-1-902 [Formerly CO ST § 25-3-802] (Definitions), CO ST § 25.5-1-903 [Formerly CO ST § 25-3-803] (Failure to comply with hospital price transparency laws - prohibiting collection of debt - penalty) and CO ST § 25.5-1-904 (Transparency - hospitals - standard charges - shoppable services - enforcement) so that hospital price transparency and debt collection are under the health-care policy and financing department. Further, requires hospitals to make public and post each hospital's Medicare reimbursement rates and requires the department to conduct a performance assessment for each hospital to determine the hospital's adherence to federal transparency rules. Requires a hospital found to be materially out of compliance with hospital price transparency law to notify the department of the material noncompliance. Updates the definition of "Hospital" and makes other clarifying and conforming changes. Latest Update available [here](#).
- 2023 CO H.B. 1215 (NS), effective May 30, 2023, adopts [CO ST § 6-20-102](#) (Limits on facility fees - rules – definitions) prohibiting, on or after July 1, 2024, a health-care provider or health system from charging a facility fee for preventive health-care services provided in an outpatient setting, with certain exceptions. Requires providers affiliated with or owned by a hospital or health system to notify patients about facility fees and to post this information in their facilities. Defines related terms. Latest Update available [here](#).
 - 2023 CO H.B. 1293 (NS), effective October 1, 2023, amends [CO ST § 18-4-412](#) (Theft of medical records or medical information - penalty - definitions) reclassifying the theft of a medical record or medical information from a class 6 felony to a class 1 misdemeanor; except that if the person steals or discloses the medical record or information to an unauthorized person, it is a class 5 felony. Latest Update available [here](#).

Connecticut

- 2023 CT S.B. 956 (NS), effective October 1, 2023, amends [CT ST § 19a-504c](#) (Regulations re standards for hospital discharge planning. Caregiver designation and training) and [CT ST § 19a-535c](#) (Nursing home facility discharge. Caregiver instruction and training requirements) requiring the minimum standards for hospital and nursing home discharge planning services to require that the written discharge plans include the date and location of each follow-up medical appointment scheduled before the patient's discharge and to the extent known to the facility, a list of all medications the patient is currently taking and will take after discharge. Also requires the facility to electronically send to the patient's pharmacy each prescription ordered by a facility employee for the patient prior discharge that he or she will need after discharge. Latest Update available [here](#).
- 2023 CT S.B. 1058 (NS), effective July 1, 2023, amends [CT ST § 4-61dd](#) (Whistle-blowing. Disclosure of information to Auditors of Public Accounts. Investigation by Attorney General. Rejection of complaint. Complaints re retaliatory personnel actions. Report to General Assembly. Large state contractors. Posting of notice. Definitions. State shellfish grounds lessees) requiring documentary material or other information that is furnished in an electronic format to be erased upon the termination of the Attorney General's investigation or final determination of any action or proceeding commenced thereunder. Makes technical change. Latest Update available [here](#).
- 2023 CT H.B. 5781 (NS), effective June 13, 2023, amends sections relating to long-term care facilities. Latest Update available [here](#).
- 2023 CT H.B. 6669 (NS), effective July 1, 2023, amends several sections relating to facility licensing and certificates of need. Latest Update available [here](#).
- 2023 CT H.B. 6731 (NS), effective October 1, 2023, amends three sections relating to facility licensing. Latest Update available [here](#).
- 2023 CT H.B. 6835 (NS), effective June 28, 2023, adopts and amends sections relating to facility licensing, safety and telehealth. Latest Update available [here](#).

Delaware

- 2023 DE S.B. 74 (NS), effective December 30, 2023, amends DE ST TI 24 § 1930 (Duty to report conduct that constitutes grounds for discipline or inability to practice) clarifying that there is a duty to report when a licensee reasonably believes that any other practitioner is unable to practice with reasonable skill and safety to the public for any of the following reasons: mental illness or mental incompetence; physical illness, including deterioration through the aging process or loss of motor skill; and excessive abuse of drugs, including alcohol. Latest Update available [here](#).
- 2023 NH H.B. 655 (NS), effective July 1, 2023, repeals NH ST § 310 and reenacts with NH ST § 310 (Office of Professional Licensure and Certification) to consolidate administrative authority for the Office of Professional Licensure and Certification (OPLC) in a new chapter of law. Latest Update available [here](#).

Florida

- 2023 FL S.B. 264 (NS), effective July 1, 2023, amends [FL ST § 408.051](#) (Florida Electronic Health Records Exchange Act) adding definitions for "cloud computing" and "health care provider," and requiring that certain information held by health care providers that utilize certified electronic health record technology be maintained in specified locations. Amends [FL ST § 408.810](#) (Minimum licensure requirements) requiring a licensee to sign an affidavit upon initial application for a license and any renewal applications attesting compliance with the requirements for security and storage of personal medical information in accordance with [FL ST § 408.051\(3\)](#). Authorizes disciplinary action for non-compliance. Requires the licensee to ensure that a person or entity who possesses a controlling interest does not hold, either directly or indirectly, regardless of ownership structure, an interest in an entity that has a business relationship with a foreign country of concern or that is subject to [FL ST § 287.135](#) (Prohibition against contracting with scrutinized companies). Provides a definition for "business relationship," "foreign country of concern," and "interest." Latest Update available [here](#).



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- 2023 FL H.B. 387 (NS), effective July 1, 2023, amends [FL ST § 381.986](#) (Medical use of marijuana) updating the requirements for physician certification for medical use of marijuana. Provides that a qualified physician who has issued a certification to a patient after conducting an in-person physical examination may conduct subsequent examinations of that patient through telehealth. Also provides that the Department of Health may suspend the registration of a qualified physician in the medical marijuana use registry for providing, advertising, or marketing telehealth services before July 1, 2023. Latest Update available [here](#).
- 2023 FL S.B. 676, effective July 1, 2024, amends sections relating to nursing home facility licensing and criminal checks. Latest Update available [here](#).
- 2023 FL S.B. 768 (NS), effective July 1, 2023, amends [FL ST § 456.053](#) (Financial arrangements between referring health care providers and providers of health care services) removing the definitions for "direct supervision" and "present in the office suite." Also updates the definition for "referral" to remove reference to direct physician supervision and to require compliance with all applicable Medicare payment and coverage rules for services. Latest Update available [here](#).
- 2023 FL H.B. 1119 (NS), effective July 1, 2023, adopts and amends sections relating to advanced directives. Latest Update available [here](#).
- 2023 FL H.B. 1133 (NS), effective June 21, 2023, amends [FL ST § 458.347](#) (Physician assistants) and [FL ST § 459.022](#) (Physician assistants) revising the eligibility requirements for physician assistant licensure to make certain applicants who matriculated into, rather than graduated from, an approved program eligible for licensure. Also authorizes the board to grant a license to a PA applicant who does not meet certain educational requirements but passed the Physician Assistant National Certifying Examination. Latest Update available [here](#).
- 2023 FL H.B. 1275 (NS), effective January 1, 2024, adopts [FL ST § 402.88](#) (Persons with Disabilities Registry) authorizing a local law enforcement agency to establish a Persons with Disabilities Registry, listing persons who have developmental, psychological, or other disabilities or conditions that may be relevant to their interactions with law enforcement officers. Conditions include autism spectrum disorder, Alzheimer's disease or a dementia-related disorder, or Down syndrome. Provides that an adult with a disability or condition may enroll themselves, and a person declared incapacitated may be enrolled by a parent or legal guardian, with written notification of that enrollment by law enforcement within 5 business days. Also provides that a minor with a disability or condition may be enrolled by a parent or legal guardian, with written notification of that enrollment by law enforcement within 5 business days after the minor reaches 18 years of age. Establishes the procedures for removal from the registry. Specifies that a local law enforcement agency may provide relevant information from a registry to a law enforcement officer engaged in his or her official duties. Latest Update available [here](#).
- 2023 FL S.B. 1352 (NS), effective July 1, 2023, adopts [FL ST § 383.147](#) (Newborn and infant screenings for sickle cell hemoglobin variants; registry) requiring a screening provider to notify the primary care physician of an infant who tests positive for sickle cell hemoglobin variant and to submit the results of the screening to the DOH for inclusion in the sickle cell registry. Also requires the primary care physician to provide the information on the availability and benefits of genetic counseling to the parent or guardian of the newborn. Requires the Department of Health to establish a registry for newborns and infants who are identified as carrying a sickle cell hemoglobin variant and a to establish a system to ensure that the community-based sickle cell disease medical treatment and research center notifies the parent or guardian of a child who has been included in the registry that a follow-up consultation with a physician is recommended. Latest Update available [here](#).
- 2023 FL H.B. 1471 (NS), effective July 1, 2023, amends three sections relating to health care provider accountability. Latest Update available [here](#).

Georgia

- 2023 GA S.B. 197 (NS), effective July 1, 2023, amends [GA ST § 43-1-33](#) (Consumer Information and Awareness) updating the definition of "Advertisement" and adding definitions for "Clinical setting," "Deceptive or misleading terms or false representations" and "Medical or medical specialty title." Clarifies that an advertisement by a health care practitioner shall include the practitioner's name and disclose only the type of license under which the health care practitioner is authorized to provide services. Prohibits the use of deceptive or misleading terms or the misappropriation of medical titles by health care practitioners in advertisements and in the identification of health care practitioners. Adds requirements for advanced practice registered nurses and physician assistants and makes clarifying and conforming changes. Latest Update available [here](#).
- 2023 GA H.B. 207 (NS), effective July 1, 2023, amends [GA ST § 52-7-14](#) (Collisions, accidents and casualties) updating provisions relating to collisions and accidents involving watercraft, including clarifying the requirements for accident reports. Requires that copies of medical records relating to the treatment of patients having an injury inflicted upon him or her as a result of a reportable accident, collision, or other casualty be furnished to the investigatory law enforcement officer of the department, or any local, state, or federal law enforcement agency upon receipt of a written request or subpoena issued by such law enforcement agency or the prosecuting attorney having jurisdiction over such accident, collision, or other casualty. Latest Update available [here](#).

Hawaii

- 2023 HI S.B. 674 (NS), effective January 1, 2025, adopts uncodified sections to enact the Interstate Medical Licensure Compact to create a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and provides a streamlined process that allows physicians to become licensed in multiple states. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient



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encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact. Latest Update available [here](#).

- 2023 HI H.B. 777 (NS), effective June 14, 2023, amends [HI ST § 846-2.7](#) (Criminal history record checks) authorizing the department of human services to conduct background checks for current and prospective employees, volunteers, contractors, contractors' employees and volunteers, subcontractors, and subcontractors' employees and volunteers whose position places them or would place them in close proximity to certain minors, young adults, or vulnerable adults. Also clarifies the authority of the department of human services to conduct background checks of service contracted and subcontracted service providers and their employees and volunteers, as provided by [HI ST § 346-2.5](#) (Criminal history record checks) and [HI ST § 346-97](#) (Criminal history record checks). Also replaces the term "foster boarding homes" with "resource family homes." Latest Update available [here](#).
- 2023 HI H.B. 884 (NS), effective June 22, 2023, adopts new section in 2 HI ST T. 25, Ch. 453 (Medicine and Surgery), titled "Traveling team physicians; exemption," providing an exemption from state physician licensure requirements for out-of-state traveling team physicians who accompany a sports team to Hawaii, under certain conditions. Latest Update available [here](#).

Illinois

- 2023 IL S.B. 69 (NS), effective January 1, 2024, amends IL ST CH 210 § 85/6.26 (Immunization against influenza virus and pneumococcal disease) requiring every hospital to adopt an influenza and pneumococcal immunization policy that includes procedures for identifying patients age 50 or older for influenza immunization and 65 or older for pneumococcal immunization. Latest Update available [here](#).
- 2023 IL S.B. 855 (NS), effective June 9, 2023, amends [IL ST CH 225 § 46/25](#) (Hiring of people with criminal records by health care employers and long-term care facilities) clarifying that a health care employer must not hire, employ, or retain, whether paid or on a volunteer basis, any individual in a position with duties involving direct care of clients, patients, or residents who has a finding by the Department of Human Services denoted on the Health Care Worker Registry of physical or sexual abuse, financial exploitation, egregious neglect, or material obstruction of an investigation. Latest Update available [here](#).
- 2023 IL H.B. 1117 (NS), January 1, 2024, amends IL ST CH 210 § 60/9 (Standards) increasing the number of persons who may be served in a residence to 24 persons per location, up from 20. Increases the maximum number of hospice residences to 16, up from 5, in counties meeting specified population requirements. Latest Update available [here](#).
- 2023 IL S.B. 1913 (NS), effective January 1, 2024, adopts [IL ST CH 305 § 5/5-47](#) (Coverage for mental health and substance use disorder telehealth services) establishing the Medicaid and managed care plan coverage and reimbursement requirements for mental health and substance use disorder services delivered as behavioral telehealth services. Provides definitions. Latest Update available [here](#).
- 2023 IL S.B. 2057 (NS), effective June 30, 2023, amends IL ST CH 225 § 75/2 (Definitions) updating the definition for "occupational therapy assistant," "occupational therapy," "occupational therapy services" and "address of record." Adds the definition for "recipient," "email address of record," and "care-partner" or "caregiver." Latest Update available [here](#).
- 2023 IL S.B. 2271 (NS), effective January 1, 2024, amends sections relating to home health licensing. Latest Update available [here](#).
- 2023 IL H.B. 2624 (NS), effective June 30, 2023, amends IL ST CH 740 § 110/3 (Records and communications; personal notes of therapist; psychological test material) and IL ST CH 745 § 45/1 (Confidential information; immunity from suit) defining "confidential." Latest Update available [here](#).
- 2023 IL H.B. 3890 (NS), effective June 30, 2023, amends [IL ST CH 210 § 85/10.10](#) (Nurse Staffing by Patient Acuity) requiring a nursing care committee to annually notify the hospital nursing staff of the staff's rights under this section. Requires the annual notice to be provided by email or regular mail and include a phone number and an email address for staff to report noncompliance with the nursing staff's rights. Requires the Department to enforce these requirements. Latest Update available [here](#).

Indiana

- 2023 IN S.B. 160 (NS), effective July 1, 2023, adopts IN ST 25-42.5, the Professional Counselors Licensure Compact, which includes Chapter 7, Compact Privilege to Practice Telehealth, requiring member states to recognize the right of a licensed professional counselor licensed by a home state to practice professional counseling in any member state via telehealth under a privilege to practice as provided in the compact and rules promulgated by the Counseling Compact Commission. Specifies that a licensee providing professional counseling services in a remote state under the privilege to practice shall adhere to the laws and regulations of the remote state. Latest Update available [here](#).
- 2023 IN S.B. 287 (NS), effective July 1, 2023, amends [IN ST 16-36-4-8](#) (Life-prolonging procedures will declarations; living will declarations) authorizing a declaration to be signed in the presence of a notary public. Adopts [IN ST 29-3-4-1.5](#) establishing the requirements for the filing of a verified petition for a confidential health disclosure order upon a health care provider regarding medical evidence of capacity or incapacity about an alleged incapacitated person and the procedures after the verified petition is filed. Latest Update available [here](#).
- 2023 IN S.B. 400 (NS), effective July 1, 2023, adopts and amends sections relating to fraud and abuse prevention, managed care and licensing. Latest Update available [here](#).
- 2023 IN S.B. 480 (NS), effective July 1, 2023, adopts new Chapter, IN ST 25-1-22, Gender Transition Procedures for Minors, prohibiting a physician or other practitioner from knowingly providing gender transition procedures to an individual who is less than 18 years of age (minor) or from aiding or abetting another physician or practitioner in the provision of gender transition procedures to a



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minor. Provides definitions, specifies certain medical exceptions, and establishes civil enforcement actions. Latest Update available [here](#).

- 2023 IN H.B. 1458 (NS), effective July 1, 2023, adopts and amends several sections relating to advance directives, doctor scope of practice and do not resuscitate requirements. Latest Update available [here](#).

Iowa

2023 IA S.F. 75 (NS), effective July 1, 2023, adopts and amends several sections relating to rural emergency hospitals and ambulatory surgical centers. Latest Update available [here](#).

Kansas

2023 KS H.B. 2264 (NS), effective July 1, 2023, adopts new section establishing notification requirements for facilities that prescribe, dispense, or administer mifepristone for the purpose of inducing a medication abortion. Establishes notification requirements for physicians who provide, induce or attempt to provide or induce a medication abortion using mifepristone, with exceptions for medical emergency. Establishes penalties for violations of this section. Provides definitions. Latest Update available [here](#).

Kentucky

- 2023 KY S.B. 12 (NS), effective June 28, 2023, adopts four new sections in KY ST T. XXVI, Ch. 311, Physicians, Osteopaths, Podiatrists, and Related Medical Practitioners, to define "physician wellness program" and "career fatigue"; establish protections for physicians who participate in a physician wellness program; and affirm physician obligation to report impaired physicians to the Kentucky Board of Medical Licensure. Latest Update available [here](#).
- 2023 KY S.B. 47 (NS), effective June 29, 2023, adopts, effective January 1, 2025, uncodified section in KY ST T. XVIII, Ch. 218A, (Controlled Substances) to establish the requirements for physicians and advanced practice registered nurses who provide written certifications for the use of medicinal cannabis. Prohibits a bona fide practitioner-patient relationship from being established via telehealth. Amends [KY ST § 218A.010](#) (Definitions for chapter) updating the definition for "marijuana" and "telehealth" and making technical changes. Latest Update available [here](#).
- 2023 KY S.B. 111 (NS), effective June 29, 2023, amends [KY ST § 194A.705](#) (Services to be provided to assisted living community residents) authorizing medication aids to administer oral or topical medication or preloaded injectable insulin to a resident of an assisted living facility under the authority of an available licensed practical nurse, registered nurse, or advanced practice registered nurse. Also requires unlicensed personnel who administer oral or topical medications to residents of an apartment-style personal care home required by [KY ST § 194A.704](#) (Assisted living community license to replace personal care home license if in compliance with [KRS 194A.703](#)) to convert to a licensed assisted living community to comply no later than six months from the effective date of this Act. Latest Update available [here](#).
- 2023 KY S.B. 150 (NS), effective June 29, 2023, adopts new section in KY ST T. XXVI, Ch. 311 (Physicians, Osteopaths, Podiatrists, and Related Medical Practitioners) defining "minor" and "sex." Prohibits a health care provider from providing gender affirming care, with limited exceptions. Provides penalties and civil action to recover damages for violations. Provides for de-transition timeline for minors currently undergoing treatment. Latest Update available [here](#).
- 2023 KY H.B. 176 (NS), effective June 29, 2023, adopts new sections in KY ST T. XVIII, Ch. 216 (Health Facilities and Services) requiring health facilities to create a workplace safety assessment and a workplace safety plan; provide trainings on the workplace safety assessment and plan; and develop internal reporting requirements for incidents of workplace violence. Defines "health facility," "health care worker," "workplace," "workplace safety," and "workplace violence." Latest Update available [here](#).
- 2023 KY H.B. 387 (NS), effective June 28, 2023, amends [KY ST § 214.556](#) (Kentucky Cancer Registry; cancer patient data management system), [KY ST § 214.645](#) (Reporting system of HIV-positive persons; confidentiality and reporting requirements; reporting system surveillance, assessment, and restrictions) and [KY ST § 315.0351](#) (Out-of-state pharmacy; permit; requests for information; records; toll-free telephone service; pharmacist on duty; requirements for out-of-state pharmacy doing business through the Internet; application to sale or distribution of dialysate solution or devices) to update committee names. Latest Update available [here](#).

Louisiana

- 2023 LA S.B. 66 (NS), effective January 1, 2024, amends and repeals sections relating to telehealth. Latest Update available [here](#).
- 2023 LA H.B. 181 (NS), effective August 1, 2023, amends [LA R.S. 28:53](#) (Admission by emergency certificate; extension; payment for services rendered) allowing, with exceptions, a coroner, who is a physician, or his deputy, who is a physician, to utilize telehealth to conduct the 72-hour independent examination. Clarifies that if the first examination by the coroner is conducted utilizing video conferencing technology, the second examination must be conducted in person. Latest Update available [here](#).
- 2023 LA H.B. 291 (NS), effective August 1, 2023, adopts LA R.S. 40:1300.54 (In-person visitation policies; requirements) allowing any person 18 years or older to designate those individuals who will not be denied access to visit him in-person during any stay in any hospital, nursing home, or other healthcare facility in Louisiana. Provides that specified healthcare facilities may allow members of the clergy and immediate family members and other designated persons to visit residents during a public health emergency. Adopts LA R.S. 40:1300.55 (Provision of policies; publication) requiring facilities to submit a written copy of its visitation policies and procedures to the Health Standards Section of the Louisiana Department of Health at initial licensure and upon request. Requires facilities to make its visitation policies and procedures easily accessible from the homepage of its website. Requires the Department to dedicate a stand-alone page on its website to explain these visitation requirements and provide a link to the



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Department's webpage to report complaints. Amends [LA R.S. 40:2005.1](#) (Visitation by members of clergy during a declared public health emergency) and [LA R.S. 40:2166.5](#) (Rules and regulations; licensing standards; fees) requiring rules to include the right to consensual nonsexual physical conduct such as hand holding or hugging. Prohibits the rules from requiring visitors to submit proof of any vaccination or immunization. Latest Update available [here](#).

- 2023 LA H.B. 320 (NS), effective August 1, 2023, amends [LA R.S. 40:2120.52](#) (State registration of certified nurse aides in nursing facilities) providing that an individual who successfully completes one semester of a registered or practical nursing program that includes a course on foundational nursing skills and successfully passes an approved nurse aide competency evaluation examination may register with the Louisiana Certified Nurse Aide Registry and shall not be required to complete a nurse aide training program. Latest Update available [here](#).

Maine

- 2023 ME S.P. 275 (NS), effective September 28, 2023, adopts the Audiology and Speech-Language Pathology Interstate Compact, including ME ST T. 32 § 17505 (Compact privilege to practice telehealth), which requires a member state to recognize the right of an audiologist or speech-language pathologist, licensed by a home state, to practice audiology or speech-language pathology in any member state through telehealth under a privilege to practice as provided in the compact. This compact becomes effective on the date on which the compact statute is enacted into law in the 10th member state. Latest Update available [here](#).
- 2023 ME H.P. 292, effective September 19, 2023, amends sections relating to assisted living facility licensing. Latest Update available [here](#).
- 2023 ME H.P. 413 (NS), effective June 29, 2023, amends [ME ST T. 22 § 1812-G](#) (Maine Registry of Certified Nursing Assistants and Direct Care Workers) adding a definition for "immediate supervisor" and updating the requirements to include immediate supervisors in the registry. Amends [ME ST T. 22 § 9053](#) (Definitions) updating the definitions of "direct access worker" and "employer" and changing the definition "personal care agency and placement agency" to "personal care agency" and updating the definition. Effective July 1, 2024, adds a definition for "personal care agency." Latest Update available [here](#).
- 2023 ME S.P. 562 (NS), effective September 19, 2023, adopts ME ST T. 22 § 1728 (Prescription drug transparency report) establishing the requirements for each hospital participating in the federal drug pricing program under [42 USCA § 256b](#) (Limitation on prices of drugs purchased by covered entities), the "340B program", to provide an annual report to the Maine Health Data Organization, beginning January 1, 2024. Latest Update available [here](#).
- 2023 ME H.P. 603 (NS), effective June 29, 2023, adopts ME ST T. 22 § 265 (Electronic health record; sexual orientation and gender identity data) requiring, beginning October 1, 2026, a health care facility, other than a pharmacy licensed under the Maine Pharmacy Act, to collect data related to sexual orientation and gender identity upon intake and at any other time demographic information is collected, unless the individual declines to answer questions regarding their sexual orientation or gender identity, and that this data is part of the individual's electronic health record. Provides definitions. Specifies that data collected pursuant to this section is health care information subject to the confidentiality requirements of [ME ST T. 22 § 1711-C](#) (Confidentiality of health care information). Provides that sexual and gender identity data elements are part of the uniform data system administered by the federal Health Resources and Services Administration. Latest Update available [here](#).
- 2023 ME H.P. 1230 (NS), effective June 29, 2023, amends and adopts sections relating to licensing, the Maine certified nursing assistance and direct care worker registry and background checks. Latest Update available [here](#).
- 2023 ME H.P. 1244 (NS), effective September 19, 2023, amends [ME ST T. 22 § 2142](#) (Definitions) adding a definition for "Certified nurse practitioner." Amends [ME ST T. 22 § 2147](#) (Exclusions) providing that services provided directly by certified nurse practitioners are exempt from the provisions of ME ST T. 22, Subtitle 2, Part 4, Chapter 419, Home Health Services. Latest Update available [here](#).

Maryland

2023 MD S.B. 648 (NS), effective July 1, 2023, adopts [MD HEALTH GEN § 4-302.5](#), authorizing a nursing home that contracts with or uses an electronic health network or electronic medical record vendor to direct the network or vendor to release patient medical records and electronic health care transactions to a business associate of the nursing home. Provides definitions and specifies requirements for the electronic health network or electronic medical record vendor. Latest Update available [here](#).

Michigan

2023 MI H.B. 4122 (NS), effective September 27, 2023, amends MI ST 333.16226 (Sanctions for violations; powers of disciplinary subcommittee; judicial review) providing for the permanent revocation of license or registration if convicted of a violation of MI ST 333.16221(b)(xv) (Grounds for disciplinary subcommittee action; investigation), pertaining to sexual intercourse under pretext of medical treatment. Also updates terminology. Latest Update available [here](#).

Minnesota

2023 MN S.F. 1384 (NS), effective July 1, 2023, amends [MN ST § 144.566](#) (Violence against health care workers) adding a definition for "Workplace violence hazards". Provides that the incident response action plans must be in writing; specific to the workplace violence hazards and corrective measures for the units, services, or operations of the hospital; and available to health care workers at all times. Specifies the required elements of action plans. Updates the training required and the requirements for the annual review, update, disclosure and submission of action plans. Provides additional requirements for requests for additional staffing. Increases the penalty for failure to comply with this section from \$250 to \$10,000 and provides that the commissioner must allow the hospital at least 30



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calendar days to correct a violation of this section before assessing a fine. Adds requirements for the commissioner to submit reports to the legislature and makes other clarifying and conforming changes. Latest Update available [here](#).

Missouri

- 2023 MO S.B. 45 (NS) and 2023 MO S.B. 106 (NS), effective August 28, 2023, adopts and amends several sections relating to professional licensing, advanced directives, informed consent, Medicaid and privacy of health information. Latest Update available [here](#).
- 2023 MO S.B. 49 (NS), effective August 28, 2023, adopts [MO ST 191.1720](#) (Missouri Save Adolescents from Experimentation (SAFE) Act) prohibiting a health care provider from knowingly performing a gender transition surgery on an individual under age 18. Also prohibits a health care provider from knowingly prescribing or administering cross-sex hormones or puberty-blocking drugs for the purpose of a gender transition for an individual under age 18 with an exception. Provides that a violation of this section shall be considered unprofessional conduct, and a health care provider violating this section shall have their license to practice revoked. Also provides that the prescription or administration of cross-sex hormones or puberty-blocking drugs to an individual under age 18 for the purpose of a gender transition shall be considered grounds for a cause of action against the health care provider. Specifies that no health care provider shall require a waiver of the right to bring an action as a condition of services. Provides definitions, an expiration of certain provisions, and exceptions to the section. Amends MO ST 208.152 (Medical services for which payment shall be made--co-payments may be required--reimbursement for services--notification upon change in interpretation or application of reimbursement: reimbursement for behavioral, social, and psychological services for physical health issues) prohibiting MO HealthNet payments for gender transition surgeries, cross-sex hormones, or puberty-blocking drugs for the purpose of a gender transition. Latest Update available [here](#).
- 2023 MO S.B. 157 (NS) and 2023 MO S.B. 70 (NS), effective August 28, 2023, adopts, amends and repeals several sections relating to professional licensing and patient rights. Latest Update available [here](#).
- 2023 MO H.B. 402 (NS), effective August 28, 2023, adopts and amends several sections relating to facility licensing, professional licensing, patient rights and privacy. Latest Update available [here](#).

Montana

- 2023 MT H.B. 312 (NS), effective July 1, 2023, adds a new section in MT ST T. 50. Ch. 5, Pt. 2 (Licensing) entitled "Designation as rural emergency hospital -- requirements -- rulemaking," establishing the requirements for a facility to be designated as a rural emergency hospital. Amends [MT ST 50-5-101](#) (Definitions) updating the definition of "Health care facility" or "facility" to include rural emergency hospitals and adding a definition of "Rural emergency hospital." Makes other conforming changes. Latest Update available [here](#).
- 2023 MT H.B. 682 (NS), effective July 1, 2023, adopts new section (Genetic material related to newborn screening -- limitations -- retention) in MT ST T. 50, Ch. 19, Pt. 2 (Metabolic Tests of Infants—Genetics Program) prohibiting genetic material obtained to conduct the newborn screenings from being used for any purposes other than the required screenings unless a parent or guardian consents in writing to use of the material for other purposes. Allows a parent or guardian to request at any time that blood or other samples obtained for the screenings be destroyed and provides the timeframe for the destruction of the blood or samples. Requires that the facility where the child is born or newborn care is provided or the person responsible for registration of the birth of a newborn must inform the parents or guardians in writing of their rights before collecting any samples for newborn screenings. Amends [MT ST 50-19-203](#) (Newborn screening and follow up for metabolic and genetic disorders) requiring a laboratory to destroy any genetic materials submitted for a newborn, if requested by a parent or guardian. Provides that a facility that collected samples for required tests must destroy any excess genetic material that was collected and was not sent to an approved laboratory for testing. Latest Update available [here](#).

Nevada

- 2023 NV A.B. 7 (NS), effective June 10, amends sections relating to privacy of health records. Latest Update available [here](#).
- 2023 NV A.B. 202 (NS), effective October 1, 2023, adopts uncodified sections in NV ST 449A (Care and Rights of Patients) establishing the requirements to allow the installation and use of an electronic communication device in the living quarters of a patient in a facility for skilled nursing. Amends [NV ST 449.160](#) (Grounds for denial, suspension or revocation of license; revocation of license in connection with certain nuisance activity; log of complaints; information concerning complaint, investigation and disciplinary action to be provided to facility for the care of adults during the day; written report of complaints and disciplinary actions) to update the list of items requiring disciplinary action to include failure to comply with the provisions of the new sections regarding an electronic communication device in the living quarters of a patient. Latest Update available [here](#).
- 2023 NV A.B. 276 (NS), effective July 1, 2023, amends [NV ST 629.515](#) (Valid license or certificate required; exception; restrictions; jurisdiction over and applicability of laws; conditions for establishment of relationship with patient using telehealth; regulations) updating the definition of "telehealth" to include communication between a provider of health care who is providing in-person services to a patient and a provider of health care at a different location. Also allows a provider of health care at an originating site who is conducting a forensic medical examination of an apparent victim of sexual assault or strangulation to use telehealth to connect with an appropriately trained physician, physician assistant, or registered nurse at a distant site to obtain instructions and guidance on conducting the examination. Defines "sexual assault" and "strangulation." Latest Update available [here](#).



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- 2023 NV S.B. 309 (NS), effective July 1, 2023, amends [NV ST 449.160](#) (Grounds for denial, suspension or revocation of license; revocation of license in connection with certain nuisance activity; log of complaints; information concerning complaint, investigation and disciplinary action to be provided to facility for the care of adults during the day; written report of complaints and disciplinary actions) to update the list of items requiring disciplinary action to include violations committed by a health care facility related to providing a patient with human reproductive material for assisted reproduction. Latest Update available [here](#).

New Hampshire

2023 NH S.B. 87 (NS), effective June 7, 2023, adopts [NH ST § 326-B:48](#) (Nurses for Youth Camps, Organized Recreation, and Community-Sponsored Recreation) to establish the requirements to allow certain nurses to practice in youth camps, organized recreation, and community sponsored recreation settings. Latest Update available [here](#).

New Jersey

2022 NJ A.B. 256 (NS), effective June 11, 2023, adopts an uncodified section supplementing NJ ST 26 (Health and Vital Statistics) to require certain health care facilities to adopt and implement policies to prevent exposure to surgical smoke via use of a smoke evacuation system. Latest Update available [here](#).

New York

- 2023 NY S.B. 1319 (NS), effective September 1, 2023, amends NY PUB HEALTH § 4900 (Definitions) to update the definition for "Clinical peer reviewer" striking language related to the treatment of a medically fragile child. Repeals the definition of "Medically fragile child" added by 2021 NY S.B. 2121 (NS). Also updates statutory cross references. Amends NY PUB HEALTH § 4902 (Utilization review program standards) providing that the commissioner, in consultation with the superintendent of financial services, may, as necessary, promulgate by regulation special considerations and processes for utilization review related to medically fragile children and specifies what the regulations may include. Latest Update available [here](#).
- 2023 NY A.B. 6697 (NS), effective June 22, 2023, adopts [NY EDUC § 6907-a](#) (Temporary authorization) establishing the requirements for the temporary authorization to practice as a registered nurse. Amends [NY EDUC § 6526](#) (Exempt persons) establishing the requirements for the temporary authorization to practice as a physician. Provides that failure to notify the Department of the temporary authorization to practice as a physician may be considered unauthorized practice pursuant to [NY EDUC § 6512](#) (Unauthorized practice a crime). Latest Update available [here](#).
- 2023 NY S.B. 6749 (NS), effective June 22, 2023, adopts [NY PUB HEALTH § 3018](#) (Community-based paramedicine demonstration program) requiring the Department to establish a community-based paramedicine demonstration program to authorize mobile integrated and community paramedicine programs presently operating and approved by the Department as of May 11, 2023, under the authority of Executive Order Number 4 of 2021, entitled "Declaring a Statewide Disaster Emergency Due to Healthcare staffing shortages in the State of New York." Provides definitions. Provides requirements for the program. Latest Update available [here](#).
- 2023 NY S.B. 7527 (NS), effective June 30, 2023, amends [NY EDUC § 8610](#) (Restricted clinical laboratory licenses) to update the scope of restricted clinical laboratory licenses to include the practice of molecular testing. Latest Update available [here](#).

North Carolina

2023 NC H.B. 484 (NS), effective October 1, 2023, amends [NC ST § 122C-53](#) (Exceptions; client) providing that a facility may disclose confidential information regarding a client if the client or the legally responsible person consents in writing to the release of the information which is subject to revocation by the consenting individual. Provides that a written release that contains the core elements for authorizations as set forth in C.F.R. T. 45, Subt. A, Subch. C, Pt. 164, Subpt. E (Privacy of Individually Identifiable Health Information) shall be valid for the purposes of this subsection. Latest Update available [here](#).

Rhode Island

- 2023 RI S.B. 563 (NS), effective January 1, 2024, adopts RI ST § 27-18-93 (Dispensing and Administration of HIV PrEP or PEP Drugs) and RI ST § 27-19-85 (Dispensing and Administration of HIV PrEP or PEP Drugs) to establish the requirements for a pharmacist to prescribe, dispense and administer HIV PrEP or PEP drugs. Amends RI ST § 23-6.3-2 (Definitions) to include pharmacist in the definition for "Healthcare provider." Latest Update available [here](#).
- 2023 RI S.B. 719 (NS), effective June 23, 2023, amends sections relating to privacy of health information. Latest Update available [here](#).
- 2023 RI H.B. 5428 (NS) and 2023 RI S.B. 412 (NS), effective June 19, 2023, amend [RI ST § 23-17-19.1](#) (Rights of patients) providing that a patient shall not be denied appropriate care on the basis of age, sex, gender identity or expression, sexual orientation, race, color, marital status, familial status, disability, religion, national origin, source of income, source of payment or profession. Note: 2023 RI H.B. 5428 (NS) and 2023 RI S.B. 412 (NS) are identical companion bills. Latest Update available [here](#).
- 2023 RI H.B. 5552 (NS) and 2023 RI S.B. 718 (NS), effective June 14, 2023, amend RI ST § 23-17.12 (Inspections--Nursing facilities) updating the time frame that an employee or agent of the department of health may not participate in a healthcare facility inspection when the employee or agent has had an ownership or employment or consultant interest in the facility in the past 2 years instead of the past 5 years. Note: 2023 RI H.B. 5552 (NS) and 2023 RI S.B. 718 (NS) are identical companion bills. Latest Update available [here](#).
- 2023 RI H.B. 5819 (NS) and 2023 RI S.B. 723 (NS), effective June 19, 2023, amend [RI ST § 40.1-5-5](#) (Admission of patients generally--Rights of patients--Patients' records--Competence of patients) updating the list of patient rights to include the right to



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reasonable access to outdoor space with appropriate supervision as clinically warranted, for individuals who have been hospitalized for 30 consecutive calendar days. Provide that if such access has been denied, a statement of the reasons for denial shall be entered in the individualized treatment record of the patient after the first denial, which shall be reviewed and documented at least weekly by the treatment team. Also includes an advanced practice registered nurse (APRN) as qualified to certify the need for mental health treatment in certain patients and makes other clarifying and conforming changes. Amend [RI ST § 40.1-5-9](#) (Right to treatment - Treatment plan) to include an advanced practice registered nurse (APRN) as qualified to develop an individualized treatment plan. Note: 2023 RI H.B. 5819 (NS) and 2023 RI S.B. 723 (NS) are identical companion bills. Latest Update available [here](#).

South Dakota

2023 SD S.B. 180 (NS), effective July 1, 2023, amends [SD ST § 34-12D-2](#) (Declaration--Requirements as to execution) clarifying the requirements for the execution of a living will. Requires that the declaration must be signed by the declarant or by another person at the declarant's discretion and witnessed by 2 adults or a notary public. Requires that the declaration must state the declarant's preferences regarding the provision, withholding or withdrawal of artificial nutrition and hydration. Provides that if the declaration does not state the declaration's preferences regarding the provision, withholding, or withdrawal of artificial nutrition and hydration, South Dakota law governs the determination. Latest Update available [here](#).

Tennessee

2023 TN S.B. 858 (NS), effective July 1, 2023, amends several sections relating to health facility licensing. Latest Update available [here](#).

Texas

- 2023 TX S.B. 773 (NS), effective June 18, 2023, adopts TX HEALTH & S CHAPTER 490, Access to Investigational Treatments for Patients with Severe Chronic Diseases, to allow the use of investigational drugs, biological products, and devices for patients with a severe chronic disease who, in consultation with their physician, have considered all other approved treatment options and determined they are unavailable or unlikely to provide relief. Requires an eligible patient, before receiving an investigational drug, biological product, or device, to sign a written informed consent, and authorizes a parent, guardian, or conservator to provide informed consent on the patient's behalf if the patient is a minor or lacks the mental capacity to provide informed consent. Also prohibits the Texas Medical Board from revoking, failing to renew, suspending, or taking any action against a physician's license based solely on the physician's recommendations to an eligible patient regarding access to or treatment with such a drug, product, or device, provided that the recommendations meet the medical standard of care and the requirements of this Act. Defines "Commissioner," "Executive commissioner," "Investigational drug, biological product, or device," and "Severe chronic disease." Latest Update available [here](#).
- 2023 TX H.B. 3058 (NS), effective September 1, 2023, adopts TX CIV PRAC & REM §74.552 (Affirmative Defense in Certain Actions Arising From Certain Pregnancy Complications) providing that it is an affirmative defense to liability in a civil action brought against a physician or health care provider for a violation of [TX HEALTH & S § 170A.002](#) (Prohibited Abortion; Exceptions), including an action to recover a civil penalty under [TX HEALTH & S § 170A.005](#) (Civil Penalty), that the physician or health care provider exercised reasonable medical judgment in providing medical treatment to a pregnant woman in response to an ectopic pregnancy or a previable premature rupture of membranes. Provides that a pharmacist or pharmacy that receives, processes, or dispenses a prescription drug or medication order written by a physician or health care provider is also entitled to the affirmative defense. Amends [TX OCC § 164.055](#) (Prohibited Acts Regarding Abortion) providing that the board may not take disciplinary action against a physician who exercised reasonable medical judgment in providing medical treatment to a pregnant woman as described by TX CIV PRAC & REM § 74.552 (Affirmative Defense In Certain Actions Arising From Certain Pregnancy Complications). Latest Update available [here](#).
- 2023 TX H.B. 3162 (NS), effective September 1, 2023, adopts and amends multiple sections to amend the Texas Advance Directives Act, relating to procedures with respect to directives to physicians, reporting requirements, and do-not-resuscitate orders and provisions of the Consent to Medical Treatment Act. Latest Update available [here](#).
- 2023 TX H.B. 4696 (NS), effective September 1, 2023, amends [TX HEALTH & S § 142.009](#) (Surveys; Consumer Complaints) providing that a "a survey may be conducted within 18 months", instead of "an on-site survey must be conducted within 18 months" after a survey for an initial license. Amends [TX HEALTH & S § 260A.002](#) (Reporting of Abuse, Neglect, and Exploitation) providing a person can make an electronic report in addition to an oral report immediately on learning of the abuse, neglect, or exploitation. Clarifies that a facility or provider shall submit a provider investigation report to the commission not later than the fifth day after the date the facility or provider makes the oral or electronic report. Latest Update available [here](#).

Vermont

2023 VT H.B. 125 (NS), effective June 8, 2023, amends [VT ST T. 18 § 1091](#) (Venereal Diseases; Definitions), [VT ST T. 18 § 1093](#) (Examination and Report), [VT ST T. 18 § 1099](#) (Reports and Records Confidential) and [VT ST T. 18 § 1101](#) (Reports by Public Institutions) to update terminology to use "Commissioner" and "Department" instead of "Board" and make other technical changes. Latest Update available [here](#).

Virginia

2022 VA S.B. 1221 (NS), effective July 1, 2023, amends [VA ST § 63.2-1805](#) (Admissions and discharge; mandatory minimum liability insurance) to update the requirements regarding liability insurance for assisted living facilities. Provides that in establishing the



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minimum amount of liability insurance, the Board shall consider the number of residents for which an assisted living facility is licensed and establish a minimum amount of liability insurance for the following tiers: Tier I, which shall govern assisted living facilities with no more than 25 residents; Tier II, which shall govern assisted living facilities with more than 25 residents but no more than 75 residents; Tier III, which shall govern assisted living facilities with more than 75 residents but no more than 150 residents; and Tier IV, which shall govern assisted living facilities with more than 150 residents. Also updates the provision requiring an assisted living facility to provide notice of liability insurance upon request. Latest Update available [here](#).

West Virginia

2023 WV H.B. 2436 (NS), effective June 9, 2023, adopts [WV ST § 16-5B-20](#) (Patient safety and transparency) requiring a hospital to develop by July 1, 2024, an acuity-based patient classification system to be used to establish the staffing plan to be used for each unit. An "acuity-based patient classification system" means a set of criteria based on scientific data that acts as a measurement instrument which predicts registered nursing care requirements for individual patients based on severity of patient illness, need for specialized equipment and technology, intensity of nursing interventions required, and the complexity of clinical nursing judgment needed to design, implement and evaluate the patient's nursing care plan consistent with professional standards of care. The acuity system criteria shall take into consideration the patient care services provided by registered nurses, licensed practical nurses and other health care personnel. Latest Update available [here](#).

Wyoming

2023 WY S.F. 80 (NS), effective July 1, 2023, adopts [WY ST § 35-2-914](#) (Visitation rights) establishing the requirements for visitation right for certain health care facilities including an ambulatory surgical center, assisted living facility, home health agency, hospice and hospital. Latest Update available [here](#).

Recent Administrative Items

Arkansas

2023 AR REG TEXT 645087 (NS), effective May 19, 2023, amends, adopts and renumbers sections relating to hospital licensing and services. Latest Update available [here](#).

Colorado

- 2023 CO REG TEXT 636711 (NS), effective June 14, 2023, amends sections relating to hospital licensing and services. These rules were previously amended by emergency rulemaking. Latest Update available [here](#).
- 2023 CO REG TEXT 636713 (NS), effective June 14, 2023, amends [6 CO ADC 1011-1:2-11.2](#) (General Provisions) requiring facilities and agencies to retain for 3 years documentation of employee and direct contractor proof of immunization against influenza as specified. Adopts [6 CO ADC 1011-1:2-12.1](#) (Statutory Authority) giving authority to the Department of Public Health and Environment to oversee and enforce Part 12. Adopts [6 CO ADC 1011-1:2-12.2](#) (General Requirements) establishing the requirements for all facilities to establish, maintain, and implement an infectious disease mitigation, vaccine and treatment plan. Provides that the plan must demonstrate prevention of and responsiveness to communicable diseases that are or may become present in the individual facility setting and provides that the plan may include testing, vaccination, and treatment. Requires assisted living residences, nursing care facilities, and facilities for persons with intellectual and developmental disabilities, including both group homes and intermediate facilities for persons with intellectual and developmental disabilities, to assign at least 1 infection control officer and specifies that person's training and responsibilities. This rulemaking permanently adopts a previous emergency rule (2023 CO REG TEXT 636208 (NS)) with changes. Latest Update available [here](#).
- 2023 CO REG TEXT 640468 (NS), effective July 15, 2023, recodifies and relocates all Colorado Medical Board rules from 3 CCR 713-1 through 3 CCR 713-52 into a single Code of Colorado Regulation (CCR) number, 3 CCR 713-1, instead of each Board Rule being housed in a separate CCR number to make the Rules easier to navigate. Also amends renumbered rule [3 CO ADC 713-1:1.5](#) (Rules and Regulations Relating to the United States Medical Licensing Examination, the Comprehensive Osteopathic Medical Licensing Examination-USA, and the Federal Licensure Examination) to update the examinations that are authorized or approved by the board and related requirements. Latest Update available [here](#).

Delaware

- 2023 DE REG TEXT 639118 (NS), effective July 11, 2023, amends sections relating to home health licensing. Latest Update available [here](#).
- 2023 DE REG TEXT 639119 (NS), effective July 11, 2023, amends sections relating to home health licensing. Latest Update available [here](#).
- 2023 DE REG TEXT 639122 (NS), effective July 11, 2023, amends several sections relating to the licensing of registered nurses. Latest Update available [here](#).

District of Columbia

2023 DC REG TEXT 646714 (NS), effective June 22, 2023, amends [17 DC ADC § 6512](#) relating to the administration of immunizations and vaccinations by pharmacists. Latest Update available [here](#).

Florida



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- 2023 FL REG TEXT 639315 (NS), effective July 20, 2023, amends 65 FL ADC 65E-5.270 (Voluntary Admission) updating and clarifying forms and requirements for the voluntary admission of individuals, including adding a new clinical review process to verify the voluntary assent of minors. Latest Update available [here](#).
- 2023 FL REG TEXT 644441 (NS), effective June 8, 2023, adopts 64 FL ADC 64B8ER23-3 (Sex-reassignment Prescriptions) providing that a patient's prescribing physician may renew a prior lawfully issued sex-reassignment prescription that was prescribed prior to May 17, 2023, up and until six months from the effective date of the Board's emergency rule formally adopting a consent form per FL ST § 456.52 (Sex-reassignment prescriptions and procedures; prohibitions; informed consent). Latest Update available [here](#).
- 2023 FL REG TEXT 645290 (NS), effective June 20, 2023, adopts 64 FL ADC 64B15ER23-4 (Sex-reassignment Prescriptions) providing that a patient's prescribing physician may renew a prior lawfully issued sex-reassignment prescription that was prescribed prior to May 17, 2023, up and until six months from the effective date of the Board's emergency rule formally adopting a consent form per FL ST § 456.52 (Sex-reassignment prescriptions and procedures; prohibitions; informed consent). Latest Update available [here](#).
- 2023 FL REG TEXT 646072 (NS), effective June 30, 2023, adopts 59 FL ADC 59AER23-2 (Standards for the Appropriate Use of Facial Coverings for Infection Control) establishing the standards for health care practitioners and health care providers to require patients to use of facial coverings for infection control. Provides opt-out requirements. Latest Update available [here](#).
- 2023 FL REG TEXT 646073 (NS), effective June 30, 2023, adopts 59 FL ADC 59AER23-1 (Definitions) providing the definitions for "common area," "employee," "health care setting," "patient," "sterile areas," "sterile procedure" and "visitor," as they relate to facial covering requirements for health care practitioners and health care providers. Latest Update available [here](#).
- 2023 FL REG TEXT 646074 (NS), effective June 29, 2023, adopts 64 FL ADC 64DER23-6 (Standards for the Appropriate Use of Facial Coverings for Infection Control) establishing the standards for health care practitioners and health care providers to require patients to use facial coverings for infection control. Provides opt-out requirements. Latest Update available [here](#).
- 2023 FL REG TEXT 646075 (NS), effective June 29, 2023, adopts 64 FL ADC 64DER23-5 (Definitions) providing the definitions for "common area," "employee," "health care setting," "patient," "sterile areas," "sterile procedure" and "visitor," as they relate to facial covering requirements for health care practitioners and health care providers. Latest Update available [here](#).
- 2023 FL REG TEXT 646787 (NS), effective July 5, 2023, adopts 64 FL ADC 64B15ER23-10 (Mandatory Standardized Informed Consent for Sex-reassignment Prescriptions or Procedures in Adults) requiring a physician to obtain voluntary, informed consent while physically present in the same room as the patient when sex-reassignment prescriptions or procedures are prescribed for or administered or performed on patients 18 years of age or older, pursuant to FL ST § 456.52 (Sex-reassignment prescriptions and procedures; prohibitions; informed consent). Provides that consent is not required for renewal of such prescriptions, however a separate consent is required for any new prescription for a pharmaceutical product not previously prescribed to the patient. Incorporates by reference the approved mandatory informed consent forms and provides the procedures for proper execution of the forms. Latest Update available [here](#).
- 2023 FL REG TEXT 646788 (NS), effective July 5, 2023, adopts 64 FL ADC 64B15ER23-9 (Sex-reassignment Standards of Practice in Minors) providing that pursuant to FL ST § 456.52 (Sex-reassignment prescriptions and procedures; prohibitions; informed consent), sex-reassignment prescriptions and procedures are prohibited for patients younger than 18 years of age, except that a physician may continue to treat such patient with a prescription if such treatment for sex-reassignment was commenced before, and is still active on, May 17, 2023. Requires the physician to obtain voluntary, informed consent while physically present in the same room as the patient. Provides that consent is not required for renewal of such prescriptions, however a separate consent is required for any new prescription for a pharmaceutical product not previously prescribed to the patient. Incorporates by reference the approved mandatory informed consent forms and provides the procedures for proper execution of the forms. Also sets forth the standards of practice for a prescribing physician who continues to treat a minor patient with sex-reassignment prescriptions. Latest Update available [here](#).
- 2023 FL REG TEXT 646789 (NS), effective July 5, 2023, adopts 64 FL ADC 64B8ER23-8 (Mandatory Standardized Informed Consent for Sex-reassignment Prescriptions or Procedures in Adults) requiring a physician to obtain voluntary, informed consent while physically present in the same room as the patient when sex-reassignment prescriptions or procedures are prescribed for or administered or performed on patients 18 years of age or older, pursuant to FL ST § 456.52 (Sex-reassignment prescriptions and procedures; prohibitions; informed consent). Provides that consent is not required for renewal of such prescriptions, however a separate consent is required for any new prescription for a pharmaceutical product not previously prescribed to the patient. Incorporates by reference the approved mandatory informed consent forms and provides the procedures for proper execution of the forms. Latest Update available [here](#).
- 2023 FL REG TEXT 646790 (NS), effective July 5, 2023, adopts 64 FL ADC 64B8ER23-7 (Sex-reassignment Standards of Practice in Minors) providing that pursuant to FL ST § 456.52 (Sex-reassignment prescriptions and procedures; prohibitions; informed consent), sex-reassignment prescriptions and procedures are prohibited for patients younger than 18 years of age, except that a physician may continue to treat such patient with a prescription if such treatment for sex-reassignment was commenced before, and is still active on, May 17, 2023. Requires the physician to obtain voluntary, informed consent while physically present in the same room as the patient. Provides that consent is not required for renewal of such prescriptions, however a separate consent is required for any new prescription for a pharmaceutical product not previously prescribed to the patient. Incorporates by reference the approved mandatory informed consent forms and provides the procedures for proper execution of the forms. Also sets forth the standards of practice for a prescribing physician who continues to treat a minor patient with sex-reassignment prescriptions. Latest Update available [here](#).



Idaho

- 2023 ID REG TEXT 611639 (NS), effective March 28, 2023, amends ID ADC 16.05.06 (Criminal History and Background Checks) to rewrite the chapter in order to clarify and simplify the requirements for criminal history and background checks of individuals licensed or certified by the Department of Health and Welfare or who provide care or services to children or vulnerable adults. Classes of individuals subject to a criminal history and background check include emergency medical services, home health agencies, residential assisted living facilities, and skilled nursing facilities. Latest Update available [here](#).
- 2023 ID REG TEXT 623930 (NS), effective April 6, 2023, amends ID ADC 16.03.02.200 (Nursing Services) allowing certified medication assistants (MA-C) to provide medications to residents. Also makes technical changes. Latest Update available [here](#).

Illinois

- 2023 IL REG TEXT 645382 (NS), effective June 8, 2023, adopts and amends sections relating to rural emergency hospital licensing. Latest Update available [here](#).
- 2023 IL REG TEXT 646995 (NS), effective June 27, 2023, adopts 77 IL ADC 250.3 (COVID-19 Emergency Provisions -- At-Home Patient Care) authorizing a Hospital to apply for an Acute Hospital Care at Home waiver from the requirements of 42 CFR § 482.23(b) and (b)(1) (Condition of participation: Nursing services) in order to provide limited inpatient services directly in a patient's home and establishing the requirements for doing so. Note: This rulemaking continues the previous emergency rule (2023 IL REG TEXT 635568 (NS)) with a nonsubstantive change. Latest Update available [here](#).

Kansas

2023 KS REG TEXT 634999 (NS), effective July 14, 2023, amends KS ADC 60-9-105 (Definitions) to add definitions for "Classic reference" and "Mergener formula" and remove the definition for "Program." Makes other clarifying and conforming changes. Amends KS ADC 60-9-106 (Continuing nursing education for license renewal) updating the list of items that is considered acceptable continuing nursing education (CNE). Provides that a maximum of 15 contact hours shall be accepted for renewal of certification in advanced cardiac life support (ACLS), pediatric advanced life support (PALS), or similar standardized recertification courses developed by the American Heart Association, Emergency Nurses Association, or Mandt each licensing period. Makes other clarifying and conforming changes. Latest Update available [here](#).

Kentucky

- 2023 KY REG TEXT 616153 (NS), effective June 21, 2023, amends 907 KY ADC 1:082 (Coverage provisions and requirements regarding rural health clinic services) updating and adding definitions related to rural health clinic services. Updates the coverage provisions and requirements for rural health clinic services. Latest Update available [here](#).
- 2023 KY REG TEXT 635083 (NS), effective June 21, 2023, amends 902 KY ADC 20:490 (Rural emergency hospitals) updating the definition for "Rural emergency hospital (REH)." Removes requirement that the REH facility be certified as an REH by CMS. Removes provision prohibiting a facility that converts to an REH from being relicensed to operate as a critical access hospital or acute care hospital without first obtaining certificate of need. Makes technical changes. Note: This ordinary rule 902 KY ADC 20:490 (Rural emergency hospitals) replaces emergency rule 902 KY ADC 20:490E (Rural emergency hospitals). Latest Update available [here](#).
- 2023 KY REG TEXT 646352 (NS), effective May 19, 2023, adopts 900 KY ADC 6:080E (Certificate of Need emergency circumstances) to amend 900 KY ADC 6:080 (Certificate of Need emergency circumstances) updating the definition for "emergency circumstance" and updating the required information that must be included in a detailed description of the emergency. Provides an exception for a temporary Class I hardship license issued under 202 KY ADC 7:555 (Ground agencies). Allows the person providing the emergency service to continue to alleviate the emergency circumstances without a certificate of need until expiration of the temporary Class I hardship license. Latest Update available [here](#).

Louisiana

- 2023 LA REG TEXT 631618 (NS), effective June 20, 2023, amends sections relating to nursing home facility licensing. This rulemaking adopts previous emergency rules (2023 LA REG TEXT 629619 (NS)) as final with nonsubstantive changes. Latest Update available [here](#).
- 2023 LA REG TEXT 638378 (NS), effective June 20, 2023, amends 48 LA ADC Pt I, § 9305 (Licensing Process) updating the process for granting waivers to building and construction guidelines or requirements, and updating provisions governing clinical operation of hospitals. Updates reference to the Department of Health and makes technical changes. This rulemaking adopts previous emergency rule (2023 LA REG TEXT 637062 (NS)) as final. Latest Update available [here](#).

Maine

2023 ME REG TEXT 629016 (NS), effective May 15, 2023, amends ME ADC 02-392 Ch. 4-A, § 2 (Administration Requirements) updating the verification requirements for the administration of all drugs and vaccines by the pharmacist who holds a certificate of administration. Updates terminology and makes technical changes. Latest Update available [here](#).

Mississippi



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2023 MS REG TEXT 635864 (NS), effective June 13, 2023, amends [15 MS ADC Pt. 5, Subpt. 85, R. 6.2.1 \(Requirements\)](#) updating the requirements for reporting an induced termination of pregnancy. Requires the attending physician to sign and file the report with the State Registrar of Vital Statistics within 15 days of the procedure on a form prescribed or furnished by the Mississippi State Department of Health. Latest Update available [here](#).

New York

- 2023 NY REG TEXT 626166 (NS), effective June 28, 2023, amends sections relating to nursing home administrator licensing. Latest Update available [here](#).
- 2023 NY REG TEXT 630308 (NS), effective June 14, 2023, amends [14 NY ADC 633.16](#) (Person-centered behavioral intervention) regarding individuals with intellectual and developmental disabilities receiving services in facilities operated or certified by the Office for People with Developmental Disabilities (OPWDD) for clarity and consistency of practice, to ensure safety and due process rights, and facilitate agency compliance with the regulations. Updates definitions; diagnostic terminology; qualifications to be a behavior intervention specialist; the use of restrictive/intrusive interventions, particularly blocking pads; what licensed clinicians can supervise behavior intervention specialists; what procedures may be consented to by an informed consent committee (ICC) in the event that a person with a disability is unable to provide their own consent and has no other guardian, family, or other authorized entity who can provide consent on their behalf; and the procedures for implementation of and due process rights related to any clinically needed limitation on specific rights. Also removes outdated provisions. Latest Update available [here](#).

Oregon

- 2023 OR REG TEXT 632192 (NS), effective August 1, 2023, amends [OR ADC 851-006-0000 \(Definitions\)](#) updating subject title and repealing all contained definitions. Replaces repealed definitions with new regulations organized by alpha sequence. Directs users to Miriam Webster's website for definitions not included in later regulations. Latest Update available [here](#).
- 2023 OR REG TEXT 642245 (NS), effective June 30, 2023, amends [OR ADC 333-018-0016](#) (Reporting of COVID-19-Related Cases and Deaths) updating section title from "Reporting of COVID-19 Related Test Results, Cases and Deaths." Removes the requirements for reporting COVID-19 cases, hospitalizations, and test results. Updates requirement for reporting deaths due to COVID-19 to only require reporting by a health care provider of the death of any person less than 18 years of age with laboratory-confirmed SARS-CoV-2 infection, instead of the death of any individual due to COVID-19. Repeals [OR ADC 333-019-1010](#) (COVID-19 Vaccination Requirement for Healthcare Providers and Healthcare Staff in Healthcare Settings). Latest Update available [here](#).

Pennsylvania

2022 PA REG TEXT 609929 (NS), effective July 1, 2023, adopts and amends several sections relating to the licensing of long-term care nursing facilities. Latest Update available [here](#). Latest Update available [here](#).

Tennessee

2023 TN REG TEXT 615358 (NS), effective June 14, 2023, amends [TN ADC 1370-01-.21](#) (Telecommunications and Telesupervision) changing the rule name from "Use of Telecommunication Technology" and updating the requirements for the use of telecommunications to deliver services by audiologists, speech language pathologists, clinical fellows, speech language pathology assistants, and audiology clinical externs. Also provides for telesupervision of clinical fellows, speech language pathology assistants, and clinical externs. Latest Update available [here](#).

Utah

- 2023 UT REG TEXT 638094 (NS), effective July 10, 2023, amends UT ADC R438-15 (Newborn Screening) to add pompe disease and mucopolysaccharidosis type I to Utah's Newborn Screening Panel and update certain time frames related to newborn transfer or discharge. Also makes clarifying and conforming changes from the Office of Administrative Rules throughout this rule. Latest Update available [here](#).
- 2023 UT REG TEXT 641366 (NS), effective June 12, 2023, amends and adopts sections relating to advanced directives and end-of-life decisions. Latest Update available [here](#).

Washington

2023 WA REG TEXT 645190 (NS), effective June 9, 2023, adopts [WA ADC 388-97-1081](#) (Reimplementation of 3.4 hours per resident day minimum staffing standards), [WA ADC 388-97-1082](#) (Reimplementation of 24-hour registered nurse staffing standards) and [WA ADC 388-97-1091](#) (Reimplementation of registered nurse minimum staffing standards) to implement section 6 of 2021 WA H.B. 1120 (NS), which requires the department to adopt rules to grant exceptions to requirements in [WA ST 74.42.360](#) (Adequate staff--Minimum staffing standards--Exceptions--Definition) (2) through (4), waive penalties, and suspend oversight activities for nursing homes. The new rules establish requirements to gradually re-implement the staffing requirements for facilities to provide a minimum of 3.4 hours per resident day of direct care so that nursing homes may incrementally return to compliance with the statute without being assessed a fine or receiving a citation for non-compliance. The new rules also waive certain staffing standards and provide that the department must repeal the rules when staffing returns to pre-pandemic levels or by October 27, 2023, whichever occurs first. Latest Update available [here](#).



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West Virginia

2023 WV REG TEXT 643956 (NS), effective July 12, 2023, amends [WV ADC § 19-12-2](#) (Schedule of Fees for Services Rendered by the West Virginia Board of Registered Nurses) clarifying that APRN License Verification to Another State is \$30. Adds \$35 fee for APRN Initial License. Latest Update available [here](#).

Recent Guidance

Maryland

Executive Order 01.01.2023.08, effective June 5, 2023, orders all state agencies, to the fullest extent within their authority, to take whatever action is necessary and coordinate to protect people or entities in Maryland providing, receiving, assisting in providing or receiving, seeking, or traveling to obtain gender-affirming treatment. Prohibits state agencies from providing information, including patient medical records, patient-level data, or related billing information, or to expend or use time, money, facilities, property, equipment, personnel, or other resources in furtherance of any investigation or proceeding that seeks to impose civil or criminal liability or professional sanctions related to certain actions related to gender-affirming care. Provides that a health occupations board shall not refuse to admit a person to an examination and shall not revoke, suspend, discipline, take an adverse action against, or refuse to issue or renew a license, certification, or other authorization to practice for any health care practitioner in whole or in part because of the provision of, authorization of, participation in, referral for, or assistance with gender-affirming treatment for a person who resides in a jurisdiction where the provision, authorization, participation, referral, or assistance is illegal, if the provision, authorization, participation, referral, or assistance would not be a basis for refusing to admit a person to an examination or for revoking, suspending, disciplining, taking an adverse action against, or refusing to issue or renew a license, certification, or other authorization to practice in this state. Latest Update available [here](#).

News and Insights

- **How the end of the public health emergency will affect telehealth in hospitals and community health centers**, Health Policy Tracking Service Healthcare Providers and Facilities Snapshot (June 26, 2023) available [here](#).
- **CFPB launches inquiry into costly financial products offered to patients for healthcare costs** (July 10, 2023) available [here](#).
- **U.S. healthcare data breach exposes information from 11 million** (July 12, 2023) available [here](#).

HEALTH INSURANCE

Recent Legislative Items

Arkansas

- 2023 AR S.B. 141 (NS), effective July 7, 2023, amends [AR ST § 23-99-1103](#) (Definitions) adding subsection (8)(A)(i)(b) related to "Healthcare insurer" adding that insurers that have subscribers in Arkansas are subject to the requirements of the Prior Authorization Transparency Act. Amends [AR ST § 23-99-1112](#) (Application of subchapter) by making the Act applicable to healthcare insurers not located within Arkansas. Latest Update available [here](#).
- 2023 AR S.B. 192 (NS), effective July 7, 2023, amends [AR ST § 23-79-2104](#) (Exceptions--Transparency) adding "biosimilar medical product" to the list of therapies that an insurer is not prevented from requiring a patient to try. Latest Update available [here](#).
- 2023 AR H.B. 1007 (NS), effective July 7, 2023, amends and enacts sections relating to prior authorization, step therapy, coverage and pharmacy benefits managers. Latest Update available [here](#).
- 2023 AR H.B. 1042 (NS), effective July 7, 2023, amends [AR ST § 23-79-1303](#) (Coverage for prostate cancer screening required) by changing the version date for the National Comprehensive Cancer Network guidelines to January 1, 2023. Adds that if additional clinical recommendations for prostate cancer screenings are recognized by medical science to reduce the risk of prostate cancer diagnoses and are included in updated guidelines published by the National Comprehensive Cancer Network, then the Insurance Commissioner may adopt the updated guidelines by rule. Latest Update available [here](#).
- 2023 AR H.B. 1481 (NS), effective July 7, 2023, enacts the Healthcare Insurer Share the Savings Act under Arkansas Code Title 23, Chapter 79, Subchapter 24 and the Arkansas Pharmacy Benefits Manager Share the Savings Act under Arkansas Code Title 23, Chapter 92, Subchapter 7. Latest Update available [here](#).

Colorado

- 2023 CO S.B. 179 (NS), effective August 7, 2023, amends [CO ST § 10-16-107](#) (Rate filing regulation - benefits ratio - rules) by extending applicability of the section to dental coverage plans issued pursuant to Part 5 (Prepaid Dental Care Plans) of Article 16 (Health-Care Coverage). Enacts [CO ST § 10-16-165](#) (Dental coverage plans - dental loss ratio - rules - definitions) which requires insurers that issue dental coverage plans to electronically file, on or before 7/31/2024 and each July 31 thereafter, a dental loss ratio form for the preceding calendar year. Amends [CO ST § 10-16-135](#) (Health benefit plan information cards - rules - standardization - contents) by adding provisions requiring the Commissioner to adopt rules that require insurers that provide dental coverage plans to issue to each covered person to whom a dental coverage plan ID card is issued a standardized written or virtual card containing plan information. Amends [CO ST § 25.5-1-204](#) (Advisory committee to oversee the all-payer health claims database - creation - members - duties - legislative declaration - rules - report) by adding provisions requiring the Administrator of the all-payer health



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claims database to publish the dental loss information collected by the Division of Insurance, subject to the receipt of sufficient funding to do so. Latest Update available [here](#).

- 2023 CO H.B. 1002 (NS), effective August 7, 2023, enacts CO ST § 10-16-160 (Cost sharing - prescription epinephrine - limits - rules - definition), which requires carriers providing coverage for prescription epinephrine auto-injectors to cap the total amount that a covered person is required to pay for all covered prescription epinephrine auto-injectors at an amount not to exceed \$60 per 2-pack, regardless of the amount or type of epinephrine needed to fill the covered person's prescription. Latest Update available [here](#).
- 2023 CO H.B. 1126 (NS), effective August 7, 2023, amends CO ST § 5-18-103 (Definitions), regarding the Consumer Credit Reporting Act, by adding the definition for "medical debt." Amends CO ST § 5-18-109 (Reporting of information prohibited--exceptions), regarding the Consumer Credit Reporting Act, by adding that a consumer reporting agency must not make a consumer report that concerns medical debt. Removes exceptions to reporting for a credit transaction involving, or that may reasonably be expected to involve, a principal amount of \$150,000 or more, or the underwriting of life insurance involving, or that may reasonably be expected to involve, a face amount of \$150,000 or more. Latest Update available [here](#).
- 2023 CO H.B. 1130 (NS), effective January 1, 2025, amends CO ST § 10-16-145 (Step-therapy protocol--limitations--exceptions--definitions--rules) by adding the definition for "serious mental illness." Adds that, if a health benefit plan, a carrier, a private utilization review organization, or a PBM requires step therapy, the step therapy may only require a covered person to try one prescription drug other than the drug prescribed by the provider prior to providing coverage to the covered person for the drug prescribed by the covered person's provider. Adds that, if a covered person's provider attests, on a form established by the Division, that any of the applicable criteria are met, the carrier, private utilization review organization, or PBM must cover the drug prescribed by the covered person's provider without requiring step therapy. Latest Update available [here](#).

Connecticut

- 2023 CT S.B. 228 (NS), effective October 1, 2023, amends CT ST § 38a-1084 (Duties of exchange) by requiring the Exchange to provide a special enrollment period for individuals whose health care coverage is terminated by an employer as the result of a labor dispute. Latest Update available [here](#).
- 2023 CT S.B. 1075 (NS), effective January 1, 2023, enacts uncodified legislation in sections 3 and 4 of the Act that requires individual and group health insurance policies providing certain coverage to provide coverage for hospice services provided to an insured in the home through a hospice care program. Prohibits policies from excluding a hospice service for coverage solely because the hospice service is provided in the home and not at a hospital, provided hospice care in the home is appropriate for the insured. Latest Update available [here](#).
- 2023 CT S.B. 1102 (NS), effective July 1, 2023, amends CT ST § 38a-492a (Mandatory coverage for hypodermic needles and syringes), regarding individual health insurance, by removing a subdivision reference to the definition of "prescribing practitioner" in CT ST § 20-571 (Definitions). Amends CT ST § 38a-518a (Mandatory coverage for hypodermic needles and syringes), regarding group health insurance, by removing a subdivision reference to the definition of "prescribing practitioner" in CT ST § 20-571 (Definitions). Latest Update available [here](#).
- 2023 CT H.B. 6643 (NS), effective October 1, 2023, amends CT ST § 38a-488e (Coverage for mental health wellness examinations), related to individual health insurance, and CT ST § 38a-514e (Coverage for mental health wellness exams), related to group health insurance, by deleting the definitions of "Primary care provider" and "Primary care"; removing from applicability of the sections mental health wellness examinations provided by a primary care provider; and making technical changes. Latest Update available [here](#).
- 2023 CT H.B. 6941 (NS), effective June 12, 2023, amends and enacts sections relating to utilization and external review, coverage for newly born children and coverage for prescriptions. Latest Update available [here](#).

Florida

- 2023 FL S.B. 262 (NS), effective July 1, 2024, amends FL ST § 501.171 (Security of confidential personal information) by revising the definition of "Personal information" to include an individual's biometric data and any information regarding an individual's geolocation. Latest Update available [here](#).
- 2023 FL H.B. 897 (NS), effective June 9, 2023, amends FL ST § 624.438 (General eligibility) by removing the specification that certain terms are defined in 29 C.F.R. part 2510.3-5; establishing requirements for categorization of a group or association as a "bona fide group" for purposes of eligibility for issuance of a certificate of authority and maintenance of a multiple-employer welfare arrangement; and making clarifying language changes. Amends FL ST § 624.441 (Insolvency protection) by making a clarifying language change. Amends FL ST § 627.654 (Labor union, association, and small employer health alliance groups) by removing the specification that the terms "bona fide group" and "association of employers" are defined in 29 C.F.R. part 2510.3-5 and providing that the term "bona fide group" is defined in FL ST § 624.438(1)(b)(4). Latest Update available [here](#).
- 2023 FL S.B. 1550 (NS), effective July 1, 2023, amends and enacts sections relating to the Prescription Drug Reform Act. Latest Update available [here](#).
- 2023 FL H.B. 1573 (NS), effective July 1, 2023, amends several sections relating to continuing care contracts and providers. Latest Update available [here](#).

Georgia

- 2023 GA H.B. 85 (NS), effective July 1, 2023, enacts new GA ST § 33-24-59.33 which requires all health benefit policies renewed or issued on or after July 1, 2023, to include coverage for biomarker testing. Provides definitions. Addresses support by medical and



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scientific evidence, avoiding disruptions in care, prior authorizations, and requests for exceptions to an adverse utilization review. Latest Update available [here](#).

- 2023 GA H.B. 295 (NS), effective July 1, 2023, amends, enacts and reenacts sections relating to health care claims settlement arbitration. Latest Update available [here](#).

Hawaii

- 2023 HI H.B. 907 (NS), effective June 22, 2023, amends sections relating to telehealth for mental health disorders. Latest Update available [here](#).
- 2023 HI S.B. 1381 (NS), effective July 3, 2023, repeals [HI ST § 328-106](#) (Pharmacy benefit manager; maximum allowable cost). Latest Update available [here](#).

Idaho

2023 ID H.B. 215 (NS), effective July 1, 2023, amends [ID ST § 41-349](#) (Pharmacy Benefit Managers) by adding authorization for the Director to impose penalties on pharmacy benefit managers for violations of this section or Title 41 of the Idaho Code. Latest Update available [here](#).

Illinois

- 2023 IL S.B. 101 (NS), effective June 9, 2023, amends [IL ST CH 215 § 5/356z.25](#) (Coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome) by adding provisions prohibiting group and individual accident and health insurance policies and managed care plan from denying or delaying coverage for medically necessary treatment under the section solely because the insured, enrollee, or beneficiary received any treatment for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections or pediatric acute onset neuropsychiatric syndrome or because the insured, enrollee, or beneficiary has been diagnosed with or receives treatment for an otherwise diagnosed condition; establishing treatment standards for such conditions; and providing that coverage for any form of medically necessary treatment may not be limited over a lifetime of an insured, enrollee, or beneficiary, unless the patient is no longer benefiting from the treatment. Latest Update available [here](#).
- 2023 IL H.B. 1186 (NS), effective January 1, 2023, amends IL ST CH 215 § 125/1-2 (Definitions), related to health maintenance organizations, by revising the definition of "Health care plan" to provide that nothing in the definition should be construed as requiring a health care plan or health maintenance organization to utilize a referral system that enrollees must use to access basic health care services and other health care services from providers that are under contract with or employed by the health maintenance organization; adding the definition of "Referral system"; and making technical and clarifying language changes. Amends IL ST CH 215 § 125/2-3 (Powers of health maintenance organizations) by providing that a health maintenance organization may provide for the voluntary use of a referral system for enrollees to access providers under contract with or employed by the health maintenance organization. Latest Update available [here](#).
- 2023 IL H.B. 1384 (NS), effective January 1, 2024, enacts IL ST CH 215 § 5/356z.61 (Coverage for reconstructive services), which prohibits denial of coverage for medically necessary reconstructive services that are intended to restore physical appearance. Amends IL ST CH 215 § 125/5-3 (Insurance Code provisions) by revising cross-references. Latest Update available [here](#).
- 2023 IL S.B. 1527 (NS), effective January 1, 2024, adopts new statute IL ST CH 215 § 5/356z.61 (Coverage for compression sleeves) which requires group and individual insurance policies, or managed care policies, that are issued, amended, delivered, or renewed on or after January 1, 2025 to provide coverage for medically-necessary compression sleeves that mitigate or prevent lymphedema. Latest Update available [here](#).
- 2023 IL S.B. 1568 (NS), effective June 1, 2023, amends IL ST CH 215 § 5/370c.1 (Mental, emotional, nervous, or substance use disorder or condition parity) by adding a new subsection regarding what information the Department of Insurance must collect on employment disability insurance policies. Latest Update available [here](#).
- 2023 IL H.B. 2130 (NS), effective January 1, 2024, adopts the Insurance Data Security Law, currently uncodified, establishing standards for data security and for the investigation of and notification regarding a cybersecurity event applicable to licensees. Amends IL ST CH 5 § 140/7.5 (Statutory Exemptions) by making a conforming change to reference the information exempt from disclosure under Section 30 of the newly-adopted Insurance Data Security Law. Latest Update available [here](#).
- 2023 IL H.B. 2350 (NS), effective January 1, 2025, amends IL ST CH 215 § 5/356u (Pap tests and prostate cancer screenings) by changing "female insureds" to "all insureds" in subsection (a)(1) regarding annual cervical smear or Pap smear tests; changing "men" to individuals," "male insureds" to "insureds," and "with a family history of prostate cancer" to "with a family history of or genetic predisposition to prostate cancer" in subsection (a)(2) regarding annual prostate cancer screenings; changing "female insureds" to "insureds" in subsection (a)(3) regarding tests for ovarian cancer; and modifying the definition of "at risk for ovarian cancer." Latest Update available [here](#).

Indiana

- 2023 IN S.B. 8 (NS), effective July 1, 2023, Enacts [IN ST 27-1-24.5-29](#), Chapter 49 and Chapter 50, relating to pharmacy benefit managers, prescription drug rebates and pricing. Latest Update available [here](#).
- 2023 IN H.B. 1318 (NS), effective July 1, 2023, amends [IN ST 27-1-44.5-11](#) (Adoption of emergency rules to implement chapter; fee formula; penalty for failure to comply), regarding the All Payer Claims Data Base, by adding that the department may adopt rules concerning the requirement that health payers submit required data under section 5 of this chapter and establishment of a fee



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formula for data licensing, collection, and release of claims described in section 9 of this chapter. Clarifies language and a reference citation. Latest Update available [here](#).

Kansas

2023 KS H.B. 2264 (NS), effective July 1, 2023, amends [KS ST 40-2,190](#) (Abortion coverage; separate coverage; when required) by revising the definitions for "abortion" and "elective." Eliminates obsolete effective date provision. Latest Update available [here](#).

Kentucky

- 2023 KY S.B. 47 (NS), effective June 29, 2023, enacts a new section under Chapter 218A (Controlled Substances), which provides that no person will be subject to arrest, prosecution, or other penalty for providing financial services to any individual or cannabis business related to activity that is no longer subject to criminal penalties under state law. Enacts a new section under Chapter 218A (Controlled Substances), which provides that a government medical assistance program, private health insurer or workers' compensation carrier, or self-funded employer providing workers' compensation benefits is not required to reimburse a person for costs associated with the use of medicinal cannabis. Amends [KY ST § 342.815](#) (Insurance coverage provisions) by adding an exception to the workers' compensation residual market coverage mandate when providing coverage to an employer would subject the Employers' Mutual Insurance Authority or its employees to a violation of federal or state law. Latest Update available [here](#).
- 2023 KY S.B. 209 (NS), effective June 29, 2023, amends [KY ST § 304.17A-164](#) (Limitations on insurers and pharmacy benefit managers regarding cost-sharing for prescription drugs; exceptions) by changing "individual" to "insured," by removing a statute reference, and by adding exception language regarding excluding certain cost-sharing for a fully insured health benefit plan or self-insured plan provided to any employee under KY ST § 18A.225 regarding state personnel health coverage. Adds that if the application of a certain cost-sharing requirement would be the sole cause of a health plan's failure to qualify as a Health Savings Account-qualified High Deductible Health Plan, then the requirement must not apply to that health plan until the minimum deductible is satisfied. Latest Update available [here](#).

Louisiana

- 2023 LA H.B. 41 (NS), effective August 1, 2023, amends the heading of Subpart B-2 of Part II of Chapter 6 of Title 22 of the Louisiana Revised Statutes to read: Coverage and Payment Parity for Services Provided Through Telehealth. Amends the heading of [LA R.S. 22:1845.1](#) to read: (Telehealth coverage and reimbursement for physical therapy; prohibitions and limitations; exceptions; rulemaking). Enacts LA R.S. 22:1845.2 (Telehealth coverage and reimbursement for occupational therapy; prohibitions and limitations; exceptions; rulemaking). Latest Update available [here](#).
- 2023 LA S.B. 66, effective January 1, 2024, amends sections relating to telehealth. Latest Update available [here](#).
- 2023 LA S.B. 104 (NS), effective August 1, 2023, enacts LA R.S. 22:1028.5 (Required coverage for biomarker testing). Latest Update available [here](#).
- 2023 LA S.B. 109 (NS), effective August 1, 2023, enacts LA R.S. 22:1880.2 (Payment of claims for covered healthcare services provided by out-of-network care insurer of the enrollee receiving the covered healthcare services; definitions), which requires insurers to provide reimbursement for emergency ambulance providers promptly and at a rate not lower than provided. Establishes procedures for payment of claims when a claim is not a clean claim. Latest Update available [here](#).
- 2023 LA S.B. 110 (NS), effective August 1, 2023, enacts the Cancer Patient's Right to Prompt Coverage Act, LA ST T. 22, Ch. 4, Pt. III, Subpt. B-2, which requires expedited review by health insurers of treatments typically covered under the plan but requiring prior authorization and related to cancer diagnosis or treatment. Sets mandatory coverage requirements for cancer treatment services consistent with nationally recognized guidelines, imaging for cancer, and outpatient cancer treatments. Latest Update available [here](#).
- 2023 LA H.B. 186 (NS), effective January 1, 2024, enacts LA R.S. 22:1036.1 (Required coverage for standard fertility preservation services; conditions applicable to coverage; storage limitations; exemptions; definitions) which requires coverage for medically necessary expenses for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility. Latest Update available [here](#).
- 2023 LA S.B. 188 (NS), effective January 1, 2024, enacts LA R.S. 22:1020.62 (Utilization review reports; definitions) which requires a health insurance issuer to annually report listed information regarding prior authorizations. Requires health insurance issuers to annually publish on the health insurance issuer's publicly available website a list of all items and services that are subject to a prior authorization request according to each health coverage plan. Requires publishing before open enrollment. Addresses updates to the website. Requires health insurance issuers to provide, to providers and suppliers, a list of all items and services that are subject to prior authorization under the health coverage plan and any policies or procedures used by a health coverage plan for making determinations with regards to a prior authorization request. Provides definitions. Amends LA R.S. 22:1260.41 (Definitions), as enacted by 2023 LA H.B. 468 (NS), regarding utilization review standards, by adding the definition for "health insurance issuer." Latest Update available [here](#).
- 2023 LA H.B. 235 (NS), effective August 1, 2023, amends [LA R.S. 22:1112](#) (Medicare supplement guaranteed issue; open enrollment periods; prohibited conditioning of coverage; notice to policyholders) by making minor language changes to subsection (A) (1). Latest Update available [here](#).
- 2023 LA H.B. 272 (NS), effective August 1, 2023, changes [LA R.S. 22:1059.2](#) (Required coverage for prescribed donor human milk) to [LA R.S. 22:1059.2](#) (Required coverage for maternity support services provided by doulas; legislative findings; definitions) which requires coverage for maternity support services provided by a doula to pregnant and birthing women before, during, and after



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- childbirth. Allows the coverage to be subject to annual deductibles, coinsurance, and copayment provisions. Allows the coverage to be subject to a limit per pregnancy not to exceed \$1,500. Addresses doula services and provides definitions. Changes [LA R.S. 22:1059.2](#) to LA R.S. 22:1059.3 (Required coverage for prescribed donor human milk). The provisions of this Act apply to any new policy, contract, program, or health coverage plan issued on and after 1/1/2024. Any policy, contract, or health coverage plan in effect prior to 1/1/2024, must convert to conform to the provisions of this Act on or before the renewal date, but no later than 1/1/2025. Latest Update available [here](#).
- 2023 LA H.B. 403 (NS), effective August 1, 2023, amends [LA R.S. 22:1053](#) (Requirement for coverage of step therapy or fail first protocols) by providing that the section should not be construed to prohibit the substitution of a biosimilar product. Latest Update available [here](#).
 - 2023 LA H.B. 468 (NS), effective January 1, 2024, enacts several sections under Subpart P (Utilization Review Standards) of Part III of Chapter 4 of Title 22. Latest Update available [here](#).
 - 2023 LA H.B. 548 (NS), effective August 1, 2023, enacts Chapter 36-A of Title 40 of the Louisiana Revised Statutes titled "Defending Affordable Prescription Drug Costs." Latest Update available [here](#).
 - 2023 LA H.B. 578 (NS), effective August 1, 2023, enacts new LA R.S. 22:1041.1 (Smoking cessation benefits; coverage) which requires a health coverage plan to include coverage for smoking cessation benefits for a minimum period of six months if a licensed physician recommends and certifies that the smoking cessation benefits may help the person to quit smoking. Provides that this coverage is not subject to annual deductibles, coinsurance, copayment, or any other out-of-pocket or cost-sharing expense provisions. Defines "health coverage plan" and "smoking cessation benefits." The provisions above apply to any new policy, contract, program, or health coverage plan issued on and after 1/1/2024. Any policy, contract, or health coverage plan in effect prior to 1/1/2024, must convert to conform to the provisions of this Act on or before the renewal date, but no later than 1/1/2025. Latest Update available [here](#).

Maine

- 2023 ME S.P. 126 (NS), effective September 19, 2023, enacts ME ST T. 24-A § 4320-V (Coverage for donor breast milk) which requires that health plan carriers provide coverage for pasteurized donor breast milk provided to an infant eligible for coverage under the health plan if a licensed physician, physician assistant, or advanced practice registered nurse signs an order stating that the infant meets certain specified criteria. The section applies to policies issued or renewed on or after 1/1/2024. Latest Update available [here](#).
- 2023 ME S.P. 280 (NS), effective June 29, 2023, amends [ME ST T. 24-A § 4301-A](#) (Definitions) by enacting subsection 2-A, which defines "behavioral health care service" and subsection 21, which defines "urgent care." Adopts [ME ST T. 24-A § 4303](#) (Plan requirements) by adding subsection 22-A, which prohibits carriers from denying payment for a covered behavioral health care service or physical therapy service on the basis that the referral was not made by the enrollee's primary care provider, as long as the primary care provider is notified of the referral. Prohibits carriers from applying a deductible, coinsurance or copayment greater than the applicable deductible, coinsurance or copayment that would apply to the same health care service if the service was referred by the enrollee's primary care provider. The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued, or renewed on or after January 1, 2024. Latest Update available [here](#).
- 2023 ME S.P. 508 (NS), effective September 19, 2023, enacts ME ST T. 10, Ch. 226 (Disclaimer on Promotional Materials Using Medicare, Medicaid or MaineCare). Chapter 226 consists of ME ST T. 10 § 1499-G (Disclaimer on promotional materials using Medicare, Medicaid or MaineCare), which prohibits the use of the terms "Medicare," "Medicaid" or "MaineCare" in any advertisement, solicitation, informational brochure, mailer or other promotional material unless the material includes a disclaimer stating "This is an advertisement and solicitation" and meets certain other specified requirements. Amends [ME ST T. 24-A § 2152-B](#) (Unfair solicitation methods) by adding as an unfair trade practice the use in an advertisement, solicitation, informational brochure, mailer or other promotional material using the terms "Medicare," "Medicaid" or "MaineCare" that mimics or implies that it is an official document from a state or federal agency. Enacts ME ST T. 24-A § 2152-C (Disclosures in printed marketing materials of Medicare products) which prohibits a person from using printed materials marketing Medicare products unless the material includes a statement stating "This is an advertisement and solicitation" and meets certain other specified requirements. Latest Update available [here](#).
- 2023 ME S.P. 548 (NS), effective September 19, 2023, amends [ME ST T. 24-A § 4304](#) (Utilization review) by requiring that carriers provide clear written policies and procedures to both providers and enrollees on how to obtain prior authorization. Makes other minor language updates. Adopts new section ME ST T. 24-A § 4304-A (Prior authorization for rehabilitative or habilitative services), prohibiting prior authorization for rehabilitative or habilitative services, including, but not limited to, physical or occupational therapy services, or chiropractic services. Defines "new episode of care" for purposes of the new section. The section does not limit a carrier's right to deny claims where an appropriate prospective or retrospective review concludes that the services or treatment were not medically necessary. Latest Update available [here](#).
- 2023 ME H.P. 582 (NS), effective September 23, 2023, amends [ME ST T. 24-A § 4320-M](#) (Coverage for abortion services) by providing that a health plan that provides coverage for abortion services as required by the section may contain provisions for maximum benefits and reasonable limitations and exclusions to the extent that such provisions are not inconsistent with the requirements of the section; and adding provisions prohibiting cost sharing for abortion services. The amendments apply to policies issued or renewed on or after 1/1/2024. Latest Update available [here](#).
- 2023 ME H.P. 680 (NS), effective September 19, 2023, amends [ME ST T. 24-A § 4318-A](#) (Comparable health care service incentive program) by repealing subsection (8), which provided for the repeal of the section on 1/1/2024. Amends [ME ST T. 24-A § 4318-B](#)



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(Access to lower-priced services) by repealing subsection (3), which provided for the repeal of the section on 1/1/2024. Latest Update available [here](#).

- 2023 ME H.P. 701 (NS), effective September 28, 2023, amends [ME ST T. 24-A § 4303](#) (Plan requirements) by adding subsection (25), which prohibits carriers from prohibiting a provider from providing an enrollee with the option of paying the provider's discounted cash price for health care services. Latest Update available [here](#).
- 2023 ME H.P. 767 (NS), effective June 29, 2023, amends [ME ST T. 24 § 2302-A](#) (Utilization review data), paragraph 3, by requiring any patient names identified in information provided pursuant to the section to be confidential. Amends [ME ST T. 24 § 2510](#) (Confidentiality of information), subsections 1 and 2, by making non-substantive, technical changes. Amends [ME ST T. 24 § 2604](#) (Records of superintendent) by making non-substantive, technical changes. Amends ME ST T. 24 § 6907 (Confidential records), subsections 1 and 2, by making non-substantive, technical changes. Latest Update available [here](#).
- 2023 ME H.P. 792 (NS), effective September 23, 2023, amends [ME ST T. 24-A § 2436](#) (Interest on overdue payments) by requiring that a claim submitted by a health care provider or health care facility with respect to a carrier be submitted to the carrier in conformity with the requirements for standardized claim forms set out in [ME ST T. 24-A § 2753](#); revising the definition of "undisputed claim"; and updating a cross reference. Latest Update available [here](#).
- 2023 ME H.P. 815 (NS), effective September 19, 2023, amends [ME ST T. 24-A § 2436](#) (Interest on overdue payments) by providing that, upon request by a health care provider, a carrier must provide the health care provider a method for making a claims payment using an electronic funds transfer through the automated clearinghouse network. Latest Update available [here](#).
- 2023 ME H.P. 887 (NS), effective September 28, 2023, amends [ME ST T. 24-A § 2803-A](#) (Loss information), regarding group and blanket insurance, by adding the definition for "high-cost claimant." Provides minimum requirements for disclosing loss information. Clarifies how to transmit the loss information. Latest Update available [here](#).
- 2023 ME H.P. 1168, effective September 28, 2023, amends three sections prohibiting cost-sharing for mammograms. H.P. 1168 applies to policies issued or renewed on or after 1/1/2024. Latest Update available [here](#).

Minnesota

2023 MN H.F. 2 (NS), effective July 1, 2023, amends [MN ST § 62A.01](#) (Requirements; certificates of coverage under policy of accident and sickness insurance), subdivision 1, by revising the definition of "policy of accident and sickness insurance" to include paid family and medical leave benefits as described in MN ST § 268B.10 (Substitution of a Private Plan). Enacts MN ST § 268B.10 (Substitution of a Private Plan), which allows employers to substitute a private plan providing paid family, paid medical, or paid family and medical benefits for employees. Establishes minimum requirements for plans to qualify as substitute plans. Authorizes the Commissioner to investigate and audit plans approved under this section before and after approval. This section is effective July 1, 2025. Latest Update available [here](#).

Mississippi

2023 MS S.B. 2575 (NS), effective July 1, 2023, enacts [MS ST § 83-9-10](#), which requires alternative delivery systems and group health insurance policies, plans and programs to provide covered benefits for medical treatment provided by the county health departments in the same manner as other providers, and prohibits alternative delivery systems and group health insurance policies, plans and programs from denying the state department of health the right to participate as a contract provider. Latest Update available [here](#).

Missouri

- 2023 MO S.B. 106 (NS), effective August 28, 2023, amends and enacts sections relating to breast cancer screenings. Latest Update available [here](#).
- 2023 MO H.B. 115 (NS), effective August 28, 2023, amends MO ST 334.036 (Assistant physicians - definitions - limitation on practice - licensure, rulemaking authority - collaborative practice arrangements - insurance reimbursement) by revising the definition of "Assistant physician"; deleting the definition of "Medical school graduate"; and deleting provisions allowing physician assistants practicing under collaborative practice arrangements to practice in pilot project areas. Latest Update available [here](#).

Montana

2023 MT S.B. 351 (NS), effective October 1, 2023, enacts the Genetic Information Privacy Act, which, among other things, prohibits entities that offer consumer genetic testing products directly to a consumer or that collect, use, or analyze genetic data from disclosing a consumer's genetic data to any entity offering health insurance, life insurance, or long-term care insurance without the consumer's express consent. The Act contains the following sections: Section 1 (Short title), [Section 2 \(Definitions\)](#), Section 3 (Exceptions), Section 4 (Consumer genetic data - privacy notice - consent - access - deletion - destruction), Section 5 (Disclosure - when prohibited - when express consent required), and Section 6 (Enforcement). Latest Update available [here](#).

Nevada

- 2023 NV S.B. 57 (NS), effective October 1, 2023, adopts and amends several sections under an omnibus insurance bill. Latest Update available [here](#).
- 2023 NV A.B. 155 (NS), effective October 1, 2023, amends sections and adds a new section relating biomarker testing. Latest Update available [here](#).
- 2023 NV A.B. 156 (NS), effective January 1, 2024, enacts and amends sections relating to coverage for substance use disorders. Latest Update available [here](#).



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- 2023 NV S.B. 161 (NS), effective January 1, 2024, amends and enacts sections relating to prior authorization, pharmacy benefit managers and coverage for contraception. Latest Update available [here](#).
- 2023 NV S.B. 163 (NS), effective July 1, 2023, adopts new sections that require certain health insurers to include coverage for medically necessary treatment of conditions relating to gender dysphoria and gender incongruence and prohibit insurers from discriminating on the basis of gender identity or expression. Also amends cross references. Latest Update available [here](#).
- 2023 NV S.B. 167 (NS), effective July 1, 2023, adopts new sections and amends others that prohibit the imposition of step therapy protocols for drugs approved by the Food and Drug Administration that are prescribed to treat a psychiatric condition if certain conditions are met. Latest Update available [here](#).
- 2023 NV S.B. 330 (NS), effective January 1, 2024, amends several sections relating to coverage for mammograms. Latest Update available [here](#).
- 2023 NV A.B. 434 (NS), effective January 1, 2024, enacts a new statute in Chapter 683A (Persons Involved in Sale or Administration of Insurance) that prohibits certain listed behaviors for a pharmacy benefit manager regarding discrimination, assessment of fees, excluding coverage, cost-sharing for a 340B drug, dispensing, and interfering with the purchase of a 340B drug. Provides definitions. Amends [NV ST 683A.171](#) (Definitions), regarding pharmacy benefit managers, by adding the application of the new statute. Enacts a new statute in Chapter 687B (Contracts of Insurance) that prohibits certain listed behaviors for health carriers regarding discrimination, assessment of fees, excluding coverage, cost-sharing for a 340B drug, dispensing, and interfering with the purchase of a 340B drug. Provides definitions. Amends [NV ST 687B.600](#) (Definitions), regarding network plans, by adding the application of the new statute. Amends [NV ST 687B.670](#) (Requirements to offer or issue network plan), regarding network plans, by adding the application of the new statute. Latest Update available [here](#).
- 2023 NV S.B. 439 (NS), effective January 1, 2024, amends and enacts sections relating to coverage for treatment of substance abuse disorders and STDs. Latest Update available [here](#).
- 2023 NV S.B. 497 (NS), effective June 13, 2023, amends [NV ST 439B.754](#) (Determination of amount owed when no recent contract exists between out-of-network provider and third party; arbitration to resolve dispute; no interest pending resolution of dispute; confidentiality of arbitration) by adding language that allows a state agency whose employee serves as an arbitrator of a dispute between a third party and an out-of-network provider concerning the cost of medically necessary emergency services to retain money received for the costs of the arbitrator. Makes technical changes. Latest Update available [here](#).

New Hampshire

- 2023 NH S.B. 72 (NS), effective August 19, 2023, amends NH ST § 420-J:4 (Credentialing verification procedures) by requiring that carriers act on a change-in-status request within 30 days of receiving the request, or to notify the provider of the reason for a delay or an inability to act. Adds a new paragraph requiring that the Commissioner accept and record all complaints from health care providers regarding a carrier's alleged non-compliance with any provisions of the section. Allows the Commissioner to take regulatory actions as necessary to respond to the complaints. Latest Update available [here](#).
- 2023 NH H.B. 613 (NS), effective January 1, 2024, amends and repeals sections relating to the creation of the New Hampshire Individual Health Plan Benefit Association. Latest Update available [here](#).

New Jersey

- 2022 NJ A.B. 536 (NS), effective January 1, 2025, amends and enacts sections relating to pharmacy benefits managers practices. Latest Update available [here](#).
- 2022 NJ S.B. 1614 (NS), effective February 1, 2024, amends and enacts sections relating to coverage for EpiPens, asthma inhalers and insulin. Latest Update available [here](#).
- 2022 NJ S.B. 1615 (NS), effective July 10, 2023, enacts new statutes relating to pharmacy benefits managers and prescription drug reporting requirements. Latest Update available [here](#).

New Mexico

- 2023 NM S.B. 51 (NS), effective June 16, 2023, enacts new statutes regarding calculating an enrollee's cost-sharing obligation for prescription drug coverage. Requires insurers to credit the insured for the full value of any discounts provided or payments made by third parties at the time of the prescription drug claim. Addresses different charges, payments at the point of sale, rebate amounts, exceptions, and definitions. Applies to individual, group, blanket, HMOs, and nonprofit health care plans. Enacts a new statute regarding health benefit plan disclosure which states that each producer, plan administrator or pharmacy benefits manager must not produce a health benefits plan for sale or pharmacy benefits services for contract without prior disclosure to the purchaser of the plan or services of the option to contract for pharmaceutical drug cost-sharing protections. Enacts a new statute regarding the prohibition on discrimination against a covered entity on the basis of its participation in the 340B drug program. Lists actions that are considered discrimination and provides definitions. Latest Update available [here](#).
- 2023 NM H.B. 53 (NS), effective June 16, 2023, amends and enacts sections relating to diabetes coverage. Latest Update available [here](#).
- 2023 NM H.B. 73 (NS), effective June 16, 2023, enacts sections not yet codified that amend NM ST Ch. 59A, Arts. 22 and 23, the Health Care Purchasing Act, NM ST Ch. 13, Art. 7, and the Health Maintenance Organization Law, NM ST Ch. 59A, Art. 46, to require coverage of biomarker testing by group health coverage (including self-insurance), an individual or group health insurance policy, health care plan or certificate of health insurance, a blanket or group health insurance policy, health care plan or certificate



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of health insurance, and an individual or group health insurance maintenance organization contract delivered, renewed or issued for delivery in New Mexico. Establishes requirements on the claims processes, the coverage, and the purpose of the biomarker testing to be eligible for this coverage. Latest Update available [here](#).

- 2023 NM H.B. 255 (NS), effective June 16, 2023, enacts a new statute (Employee Leasing Contractor Group Health Plan Requirements), which provides that a group health plan sponsored by an employee leasing contractor will be treated as a multiple employer welfare arrangement and must be a fully insured plan; establishes criteria for determining whether an employee leasing contractor is a small or large employer; and provides that, with respect to a group health plan that is subject to large group market rules, the rules apply to the plan as a whole and any rules applicable solely to other markets, such as the small group market or individual market, do not apply. Amends [NM ST § 59A-23-3](#) (Group health insurance) by providing that, for purposes of the section, the term "employees" includes leased workers if the employer is registered as an employee leasing contractor pursuant to the Employee Leasing Act; and making a technical change. Latest Update available [here](#).
- 2023 NM S.B. 273 (NS), effective June 16, 2023, enacts several uncodified sections under the Health Care Purchasing Act relating to insurance coverage for mental health. Latest Update available [here](#).

New York

- 2023 NY S.B. 1319 (NS), effective September 1, 2023, amends and repeals sections relating to utilization review of care for medically fragile children. Latest Update available [here](#).
- 2023 NY S.B. 1350 (NS), effective July 1, 2023, amends [NY INS § 3216](#) (Individual accident and health insurance policy provisions), [NY INS § 3221](#) (Group or blanket accident and health insurance policies; standard provisions), and [NY INS § 4303](#) (Benefits), related to policies issued by a medical expense indemnity corporation, hospital service corporation, or health service corporation, by specifying that provisions related to the calculation of an insured individual's overall contribution to any out-of-pocket maximum or any cost-sharing requirement only apply to a prescription drug that is a brand-name drug without an AB rated generic equivalent, a brand-name drug with an AB rated generic equivalent if the insured has access to the brand-name drug through prior authorization by the insurer or through the insurer's appeal process, or a generic drug the insurer will cover, with or without prior authorization or an appeal process; and by making clarifying language changes. Latest Update available [here](#).
- 2023 NY A.B. 2200 (NS), effective June 23, 2023, repeals [NY INS § 341-a](#) (Patient prescription pricing transparency) as added by a chapter of the laws of 2022 amending the insurance law relating to enacting the "patient Rx information and choice expansion act," as proposed in SB 4620-C and AB 5411-D. Amends the following sections by adding provisions that require certain insurers or pharmacy benefit managers to furnish required cost, benefit, and coverage data upon request of the insured, the insured's health care provider, or an authorized third party: [NY INS § 3217-a](#) (Disclosure of information), [NY INS § 4324](#) (Disclosure of information) and [NY PUB HEALTH § 4408](#) (Disclosure of information). Latest Update available [here](#).

Oklahoma

2023 OK S.B. 444 (NS), effective November 1, 2023, enacts OK ST T. 36 § 6060.11a, which requires health benefit plans that provide mental health or substance abuse disorder benefits to provide reimbursement for such benefits that are delivered through the behavioral health integration and psychiatric collaborative care models, with exceptions for reimbursement of any Current Procedural Terminology code due to medical necessity. Latest Update available [here](#).

Pennsylvania

- 2023 PA S.B. 8 (NS), effective June 30, 2023, amends and enacts sections relating to coverage for mammographic examinations, breast imaging and BRCA-related genetic counseling and testing. Latest Update available [here](#).
- 2023 PA H.B. 739 (NS), effective June 14, 2023, enacts a new Chapter 45 (Insurance Data Security) effective December 11, 2023, repeals [PA ST 40 Pa.C.S.A. § 7142](#) (Small company exemption) which addressed seeking an exemption from the valuation manual and enacts new [PA ST 40 Pa.C.S.A. § 7143](#) (Adoption of exemption standards of NAIC Valuation Manual). Latest Update available [here](#).

Rhode Island

- 2023 RI S.B. 23 (NS) and 2023 RI H.B. 5426 (NS), effective June 21, 2023, adopts and amends several sections relating to individual health insurance coverage. Latest Update available [here](#).
- 2023 RI S.B. 563 (NS), effective January 1, 2024, enacts several sections regarding coverage for treatments for the preventions of HIV infection. These sections apply to group health insurance contracts and group hospital or medical expense insurance policies, plans, or group policies delivered, issued for delivery, or renewed in Rhode Island, by any health insurance carrier, on or after January 1, 2024. Also, amends RI ST § 23-6.3-2 (Definitions) by revising the definition of "healthcare provider" to include pharmacists. Latest Update available [here](#).
- 2023 RI S.B. 575 (NS), effective June 22, 2023, enacts four sections that require coverage for at least one type of epinephrine auto-injectors and cartridges. These sections apply to every individual or group health insurance contract, plan, or policy that provides prescription coverage and that is delivered, issued for delivery, prescribed, or renewed in this Rhode Island on or after January 1, 2025. Latest Update available [here](#).
- 2023 RI S.B. 871 (NS), effective January 1, 2025, enacts four sections that require individual or group health insurance contracts, plans, and policies that provide prescription drug coverage to limit any required copayment of coinsurance to covered drugs on a specialty drug tier to not exceed \$150 per month for each drug up to a 30-day supply of any single drug. The limit is inclusive of any



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copayment or coinsurance and applies after any deductible is reached and until an individual's maximum out-of-pocket limit has been reached. These sections apply to individual and group health insurance contracts, plans, and policies delivered, issued for delivery, or renewed in Rhode Island on or after January 1, 2025. Latest Update available [here](#).

- 2023 RI S.B. 1028 (NS), effective June 19, 2023, enacts Chapter 61.1 (Unfair Discrimination Against Organ Donors in Disability Income, Life and Long-Term Care Insurance Act) of the Insurance Code, which prohibits an insurer of disability income, life, or long-term care insurance policies from denying, cancelling, or refusing to issue insurance coverage, determining the price or premium for, or otherwise varying any term or condition of the policy solely on the basis of the individual's status as a living donor and without any unique and material actuarial risks. Chapter 61.1 consists of the following sections: [RI ST § 27-61.1-1](#) (Short title), [RI ST § 27-61.1-2](#) (Definitions), [RI ST § 27-61.1-3](#) (Unfair discrimination against organ donors) and [RI ST § 27-61.1-4](#) (Enforcement). Senate Bill 1028 and House Bill 5489 are companion bills and are identical. Latest Update available [here](#).
- 2023 RI S.B. 1121 (NS), effective January 1, 2024, amends RI ST § 27-18-59 (Eligibility for children's benefits) by requiring every health benefit plan that provides dependent coverage to make coverage available for children under guardianship. Adds that a child in the care of a court-appointed guardian who is a plan participant or subscriber must have rights of eligibility identical to a natural-born child of the plan participant or subscriber. Latest Update available [here](#).
- 2023 RI S.B. 1134 (NS) and 2023 RI H.B. 5283 (NS), effective January 1, 2024, amends the four sections by requiring coverage for any screening deemed medically necessary for proper breast cancer screening in accordance with applicable American College of Radiology guidelines for any person who has received notice pursuant to RT ST § 23-12.9-2 of the existence of dense breast tissue. Latest Update available [here](#).
- 2023 RI H.B. 5539 (NS), effective January 1, 2024, amends RI ST § 27-18-59 (Eligibility for children's benefits) by requiring every health benefit plan that provides dependent coverage to make coverage available for children under guardianship. Adds that a child in the care of a court-appointed guardian who is a plan participant or subscriber must have rights of eligibility identical to a natural-born child of the plan participant or subscriber. Latest Update available [here](#).
- 2023 RI H.B. 6179 (NS) and 2023 RI S.B. 583 (NS), effective July 1, 2023, amends [RI ST § 27-18.2-3](#) (Standards for policy provisions) by adding provisions establishing guaranteed issue rights for all Medicare recipients applying for a Medicare supplement plan, regardless of the applicant's medical or health status or receipt of health care by the applicant. House Bill 6179 and Senate Bill 583 are companion bills and are identical. Latest Update available [here](#).
- 2021 RI H.B. 7244 (NS) and 2021 RI S.B. 2194 (NS), effective July 1, 2023, amends [RI ST § 27-18.2-1](#) (Definitions) by including "Commissioner" in the definitions. Amends [RI ST § 27-18.2-3](#) (Standards for policy provisions) by changing "director" to "commissioner." Adds that the commissioner must adopt regulations to establish minimum standards for premium rates. Adds that a Medicare supplement Plan A policy or certificate must be made available to any applicant under the age of 65 who is eligible for Medicare due to a disability or end-stage renal disease, provided that the applicant submits their application during the 6 months immediately following the applicant's initial eligibility for Medicare Part B, or alternate enrollment period as determined by the commissioner. Requires that the policy must not be conditioned on the medical or health status or receipt of health care by the applicant, and the insurer must not perform individual medical underwriting on any applicant in connection with the issuance of a policy. Enacts new [RI ST § 27-18.2-3.1](#) (Premium rate review) which requires form and rate filing. The companion bill is 2021 RI S.B. 2194(NS). Latest Update available [here](#).

South Dakota

2023 SD H.B. 1135 (NS), effective July 1, 2023, amends and enacts sections relating to pharmacy benefit managers and prescription drug pricing transparency. Latest Update available [here](#).

Tennessee

2023 TN S.B. 460 (NS), effective July 1, 2023, enacts a new statute in Title 56 (Insurance), Chapter 7 (Policies and Policyholders), Part 10 (Health and Accident Insurance), which adds that a health insurance entity that offers health insurance coverage of complex rehabilitation technology (CRT) or manual wheelchairs must not require a prior authorization for repairs of the technology or equipment unless the repairs are covered under a manufacturer's warranty, the cost of the repairs exceeds the cost to replace the CRT or manual wheelchair, or the CRT or manual wheelchair in need of repair is subject to replacement because the age of the CRT or manual wheelchair exceeds, or is within 1 year of the expiration of, the recommended lifespan of the CRT or manual wheelchair. Provides definitions. Latest Update available [here](#).

Texas

- 2023 TX H.B. 4 (NS), effective July 1, 2024, enacts the Texas Data Privacy and Security Act, which adds Subtitle C - Consumer Data Protection under Title 11 of the Business & Commerce Code. Latest Update available [here](#).
- 2023 TX H.B. 711 (NS), effective June 12, 2023, amends [TX INS § 1458.001](#) (General Definitions) by adding definitions for "Anti-steering clause," "anti-tiering clause," "gag-clause," and "most favored nation clause." Amends [TX INS § 1458.101](#) (Contract requirements) by adding new subsections noting what providers may not do, providing that contracts with anti-steering, anti-tiering, most favored nation, and/or gag clauses are considered void and unenforceable, and identifying when health benefit plan issuers have a fiduciary duty to their enrollees. The Act notes that anti-steering or anti-tiering provisions in provider network contracts existing on 6/12/2023, the effective date of the Act, remain effective and enforceable until the earlier of 1) the effective date of an amendment to the provider contract eliminating the anti-steering or anti-tiering provision, or 2) 12/31/2023. Latest Update available [here](#).



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- 2023 TX H.B. 755 (NS), effective September 1, 2023, enacts a new Subchapter N in the Insurance Code titled "Coverage of Prescription Drugs for Autoimmune Diseases and Certain Blood Disorders" with the following sections: TX INS § 1369.651 (Definition), TX INS § 1369.652 (Applicability of Subchapter), TX INS § 1369.653 (Exceptions), and TX INS § 1369.654 (Prohibition on Multiple Prior Authorizations). Provides that a health benefit plan issuer that provides prescription drug benefits may not require an enrollee to receive more than one prior authorization annually of the prescription drug benefit for a prescription drug prescribed to treat an autoimmune disease, hemophilia, or Von Willebrand disease. Latest Update available [here](#).
- 2023 TX S.B. 773 (NS), effective June 18, 2023, enacts the [TX HEALTH & S § 490.101](#) (Effect on Health Care Coverage for Clinical Trial Enrollees) under subchapter C (Health Insurance) as a part of the Medical Freedom Act, chapter 490 (Access to Investigational Treatments for Patients with Severe Chronic Diseases) under subtitle C (Substance Abuse Regulation and Crimes), title 6 (Food, Drugs, Alcohol, and Hazardous Substances), Health and Safety Code. Specifies that the Medical Freedom Act does not affect the coverage of enrollees in clinical trials under chapter 1379 (Coverage for Routine Patient Care Costs for Enrollees Participating in Certain Clinical Trials) subchapter D (Physicians) of the Insurance Code. Latest Update available [here](#).
- 2023 TX S.B. 833 (NS), effective September 1, 2023, enacts TX INS T. 5, Subt. C, Ch. 565 (Prohibited Rating Criteria) to prohibit insurers from using an environmental, social, or governance model, score, factor, or standard to charge a rate different than the rate charged to another business or risk in the same class for essentially the same hazard, unless those actions are for an ordinary insurance business purpose reasonably related to loss experience for the different types of risks and coverage made available by the particular insurer. Latest Update available [here](#).
- 2023 TX H.B. 916 (NS), effective September 1, 2023, amends [TX INS § 1369.102](#) (Applicability of subchapter) by making a minor clarifying language update. Adopts new section TX INS § 1369.1031 (Certain coverage required) providing for certain requirements relating to health benefit plans under [TX INS § 1369.102](#). Latest Update available [here](#).
- 2023 TX H.B. 999 (NS), effective September 1, 2023, enacts TX INS § 1369.0542 (Effect of Reductions in Out-of-Pocket Expenses on Cost Sharing) to require an issuer of a health benefit plan that covers prescription drugs or a pharmacy benefit manager to apply any reduction in out-of-pocket expenses by or on behalf of an enrollee for a prescription drug to the enrollee's deductible, copayment, cost-sharing responsibility, or out-of-pocket maximum applicable to health benefits under the enrollee's plan, if a generic equivalent or interchangeable biological product to the prescription drug doesn't exist, or does exist but the enrollee obtains access to the prescription drug via a prior authorization process, step therapy protocol, or exceptions and appeals process. Latest Update available [here](#).
- 2023 TX S.B. 1040 (NS), effective September 1, 2023, enacts Chapter 1380 - Human Organ Transplant under Subtitle E, Title 8 of the Insurance Code relating to forced organ harvesting. Latest Update available [here](#).
- 2023 TX H.B. 1337 (NS), effective September 1, 2023, enacts TX INS § 1369.0547 (Step Therapy Protocols for Prescription Drugs to Treat Serious Mental Illnesses) which prohibits health benefit plans that provide coverage for prescription drugs to treat serious mental illnesses from requiring that an enrollee age 18 or older meet certain specified criteria before the health benefit plan provides coverage for an FDA approved prescription drug; and establishes criteria for a health benefit plan to implement a step therapy protocol to require a trial of a generic or pharmaceutical equivalent of a prescribed prescription drug as a condition of continued coverage of the prescribed drug. The section applies to health benefit plans delivered, issued for delivery, or renewed on or after 1/1/2024. Latest Update available [here](#).
- 2023 TX H.B. 1592 (NS), effective September 1, 2023, amends [TX INS § 1275.002](#) (Applicability of Chapter) by extending applicability of Chapter 1275 (Balance Billing Prohibitions and Out-of-Network Claim Dispute Resolution for Certain Plans) of Subtitle C (Managed Care) to self-insured or self-funded health benefit plans established by an employer in accordance with the Employee Retirement Income Security Act of 1974 ([29 U.S.C. §1001 et seq.](#)) and for which the plan sponsor has made an election to apply Chapter 1275 to the plan for the relevant plan year. Latest Update available [here](#).
- 2023 TX H.B. 1647 (NS), effective September 1, 2023, enacts Subchapter Q (Clinician-Administered Drugs) of Chapter 1369 (Benefits Related to Prescription Drugs and Devices and Related Services) of the Insurance Code, which prohibits health benefit plans from imposing certain limitations related to the dispensation of, reimbursement for, or imposition of cost-sharing requirements for clinician-administered drugs for an enrollee with a chronic, complex, rare, or life-threatening medical condition. The subchapter applies to health benefit plans that are delivered, issued for delivery, or renewed on or after 1/1/2024. Latest Update available [here](#).
- 2023 TX H.B. 1649 (NS), effective September 1, 2023, enacts Subchapter C (Coverage for Certain Fertility Preservation Services) of Chapter 1366 (Benefits Related to Fertility and Childbirth) of the Insurance Code, which requires health benefit plans to provide coverage for fertility preservation services to a covered person who will receive a medically necessary treatment for cancer, including surgery, chemotherapy, or radiation, that may directly or indirectly cause impaired fertility. The subchapter applies to health benefit plans that are delivered, issued for delivery, or renewed on or after 1/1/2024. Subchapter C consists of the following sections: TX INS § 1366.101 (Definition); TX INS § 1366.102 (Applicability of Subchapter); TX INS § 1366.103 (Exceptions); and TX INS § 1366.104 (Required Coverage). Latest Update available [here](#).
- 2023 TX H.B. 2002 (NS), effective September 1, 2023, enacts new TX INS § 1301.140 (Out-of-Pocket Expense Credit) which requires an insurer to credit towards the insured's deductible and annual out-of-pocket expenses an amount paid to any provider for a medically necessary covered medical or health care service or supply if a claim for the service or supply is not submitted to the insurer and the amount paid by the insured to the provider is less than the average discounted rate for the service or supply paid to an equivalently licensed or authorized preferred provider under the insured's preferred provider benefit plan. Provides insurer requirements regarding establishing a procedure, identifying documentation, and accessibility on the insurer's website. Latest Update available [here](#).



- 2023 TX S.B. 2476 (NS), effective September 1, 2023, amends and enacts sections relating to emergency medical service billing. Latest Update available [here](#).
- 2023 TX H.B. 2545 (NS), effective September 1, 2023, enacts TX BUS & COM § 503A.007 (Prohibited Disclosures) which prohibits a direct-to-consumer genetic testing company from disclosing an individual's genetic data to an entity that offers health insurance, life insurance, or long-term care insurance without first obtaining the individual's written consent. Latest Update available [here](#).
- 2023 TX H.B. 3359 (NS), effective September 1, 2023, amends sections relating to network adequacy standards. Latest Update available [here](#).
- 2023 TX H.B. 4500 (NS), effective January 1, 2024, enacts new Chapter 1223 (Verification of Health Benefits). Enacts new TX INS § 1223.001 (Applicability of Chapter) by listing entities that apply and by excluding the state Medicaid program. Enacts new TX INS § 1223.002 (Internet Website for Verification Required for Emergency Physicians and Health Care Providers) which requires a health benefit plan issuer to maintain a website that allows a provider to determine coverage and cost-sharing for the patient. Latest Update available [here](#).

Washington

2023 WA H.B. 1682 (NS), effective July 1, 2023, amends [WA ST 48.14.020](#) (Premium taxes) by adding a subsection requiring that the state treasurer, beginning July 1, 2023, and every July 1st thereafter, deposit \$7 million collected for premium taxes into the Washington auto theft prevention authority account. Beginning on July 1, 2023, the amount deposited must be adjusted by the most current seasonally-adjusted index of the consumer price index for all urban consumers. Makes other minor renumbering updates. Latest Update available [here](#).

West Virginia

2023 WV H.B. 2436 (NS), effective June 9, 2023, enacts multiple sections, which prohibit insurers from imposing a copayment for services rendered by a licensed occupational therapist, licensed occupational therapist assistant, licensed speech-language pathologist, licensed speech-language pathologist assistant, licensed physical therapist or a licensed physical therapist assistant that is more than a copayment imposed for the services of a primary care physician or an osteopathic physician and requires policies, provisions, contracts, plans, and agreements to clearly state the availability of such coverage and all related limitations, conditions and exclusions. Latest Update available [here](#).

Wyoming

2023 WY S.F. 151 (NS), effective July 1, 2023, amends and enacts section relating to the prescription drug transparency act. Latest Update available [here](#).

Recent Administrative Items

Colorado

- 2023 CO REG TEXT 638328 (NS), effective June 15, 2023, amends [3 CO ADC 702-4:4-2-81](#) (Concerning Colorado Option Standardized Health Benefit Plans) by changing the applicable year from 2023 to 2024. Adds, amends, and removes definitions. Removes the word "Option" when referring to plans. Addresses the use of an approved, co-branded logo on customer facing materials. Clarifies language and filing requirements. Adds coverage requirements for diabetes supplies, including Continuous Glucose Monitors. Prohibits a tiered network with different copays for different network tiers. Addresses receiving care and cost-sharing in and out of network and applicability to out-of-pocket maximums. Requires carriers to use an embedded deductible and an embedded out-of-pocket maximum. Addresses requests for cost-sharing modifications. Changes the website address for the United States Preventive Services Task Force. Amends [3 CO ADC 702-4:4-2-81 Appendix A](#) which outlines the standardized plan designs for the gold, silver, and bronze metal tiers. Changes the actuarial value and the cost-sharing amounts. Specifies the applicability of off and on exchange provisions. Latest Update available [here](#).
- 2023 CO REG TEXT 638329 (NS), effective June 15, 2023, amends [3 CO ADC 702-4:4-2-85](#) (Concerning the Methodology for Calculating Premium Rate Reductions for Colorado Option Standardized Health Benefit Plans) by adding the application of the CY2024 AV Calculator Adjustment. Rescinds [3 CO ADC 702-4:4-2-85 Appendix A](#) (Examples of the Premium Rate Reduction Requirements). Latest Update available [here](#).
- 2023 CO REG TEXT 639441 (NS), effective June 30, 2023, amends several sections relating to network adequacy standards and reporting requirements for ACA-compliant health benefit plans. Latest Update available [here](#).
- 2023 CO REG TEXT 639442 (NS), effective June 30, 2023, amends several sections relating to network access plan standards. Latest Update available [here](#).
- 2023 CO REG TEXT 640476 (NS), effective July 15, 2023, amends and modifies sections relating to standards for reporting requirements for ACA-compliant health benefit plan provider directories. Latest Updates available [here](#).
- 2023 CO REG TEXT 640477 (NS), effective July 15, 2023, amends sections relating to network adequacy standards and reporting requirements for ACA-compliant stand-alone dental managed care plans. Latest Update available [here](#).

Indiana

2023 IN REG TEXT 639479 (NS), effective June 25, 2023, adopts emergency regulations that require health payors to submit information to the administrator of the Indiana All-Payer Claims Database. Provides definitions. Addresses procedures to become



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a voluntary participating entity, the plan size submission threshold, submission when a health payor contracts with other entities to administer plan benefits, and registration requirements to submit data to the data portal. Addresses submission requirements, use of the test function for historical and catch-up data file submission, notification requirements if there are errors, requests for temporary variances if a submitter is unable to meet standards, violations and penalties, and ERISA plan requirements. Latest Update available [here](#).

Iowa

2023 IA REG TEXT 633148 (NS), effective July 19, 2023, amends [IA ADC 191-59.2 \(Definitions\)](#) by adding the definitions for "Dosage unit," "Ingredient costs," "Prescription drug cost reimbursement fee," and "Wholesale acquisition cost." Amends [IA ADC 191-59.8 \(Complaints\)](#) by adding a section titled "Penalties." Adds that a pharmacy benefits manager that fails to timely submit to the Commissioner a complete quarterly complaint summary must pay a late fee of \$100. Adds that if a pharmacy benefits manager fails to submit a complete quarterly complaint summary within 30 days after the calendar quarter has ended, the pharmacy benefits manager may be subject to penalties. Amends [IA ADC 191-59.11 \(Pharmacy benefits manager annual report\)](#) by adding a new subsection titled "Report Content." Provides reporting requirements. Latest Update available [here](#).

Maine

2023 ME REG TEXT 624675 (NS), effective July 8, 2023, amends sections relating to the uniform reporting system for prescription drug prices for pharmacy benefits managers. Latest Update available [here](#).

Maryland

2023 MD REG TEXT 640821 (NS), effective July 10, 2023, amends several sections relating to appeals from determinations regarding producer authorization or individual exchange navigator certification. Latest Update available [here](#).

Massachusetts

[MA Bulletin No. 6-29-2023](#), effective June 30, 2023 updates MassHealth's All Provider Bulletin No. 369 to note that the prior authorization electronic submission requirement does not apply to requests for 1) prescription drugs, or 2) non-drug products that are dispensed at a pharmacy and billed through the Pharmacy Online Processing System (POPS). Latest Update available [here](#).

Missouri

2023 MO REG TEXT 629651 (NS), effective June 30, 2023, makes amendments relating to the Health Insurance Premium Payment (HIPP) Program. Latest Update available [here](#).

New Jersey

[NJ Bulletin 2023-5](#), effective June 28, 2023, reminds insurers issuing health benefit plans, hospital service corporations, medical service corporations, health service corporations, and health maintenance organizations of their obligation to provide and ensure non-discriminatory coverage for transgender individuals. Provides guidance regarding prohibitions against unfair discrimination in issuing or administering health benefit plans. Latest Update available [here](#).

New Mexico

2022 NM REG TEXT 600457 (NS), effective July 1, 2023, adopts NM ADC 13.10.34 - Standards for Accidents-Only, Specified Disease, Hospital Indemnity, Disability Income, Supplemental, and Non-Subject Worker Excepted Benefits. Latest Update available [here](#).

New York

- 2023 NY REG TEXT 635751 (NS), effective July 12, 2023, amends [11 NY ADC 6.2](#) (Required electronic filings and submissions) by adding pharmacy benefit manager documents to the list of required electronic filings and submissions. Adopts Part 452 under Title 11, regarding General Duties, Accountability, and Transparency Provisions for Pharmacy Benefit Managers. Latest Update available [here](#).
- 2023 NY REG TEXT 647082 (NS), effective June 23, 2023, on an emergency basis, amends [11 NY ADC 451.3](#) (Duty, accountability and transparency) by extending the delayed application of [NY PUB HEALTH § 280-a](#), paragraph (2) subparagraphs (b) through (f), to pharmacy benefit managers until January 1, 2024. Latest Update available [here](#).

North Dakota

[ND Bulletin 2023-2](#), effective June 6, 2023, directs all Medicare Supplement insurers to offer a guaranteed issue on a Medicare supplement plan to all applicants who have exhausted their Medicare supplement open enrollment period and who show verification of a North Dakota Medicaid eligibility change. Latest Update available [here](#).

Ohio

2023 OH REG TEXT 640181 (NS), effective July 1, 2023, amends [OH ADC 3901-1-57](#) (Transaction fees) by reducing the fee for agent appointment notice filings from \$15 to \$10. Adds provisions regarding assessment of expenses related to financial examinations conducted by the Division. Revises cross-references. Makes non-substantive, technical changes. Amends [OH ADC 3901-5-13](#) (Insurance navigator certification and agent exchange requirements) by revising fee provisions regarding business entity insurance navigator certification applications. Eliminates references to the availability of applications on the website. Adjusts certification



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expiration dates and renewal application deadlines from July 31st to October 31st. Adjusts late renewal application deadlines from September 1st to December 1st. Makes non-substantive, technical changes. Latest Update available [here](#).

Oregon

- 2023 OR REG TEXT 641344 (NS), effective July 1, 2023, amends [OR ADC 836-020-0780](#) (Use of Model COB Contract Provision) by prohibiting health benefit plans from denying or reducing benefits to eligible individuals who are not enrolled in Medicare Part B. Latest Update available [here](#).
- 2023 OR REG TEXT 646826 (NS), effective July 3, 2023, amends [OR ADC 836-053-1510](#) (Prominent carrier reporting requirements) by updating the Division's website from www.insurance.oregon.gov to dfr.oregon.gov. Latest Update available [here](#).

South Dakota

2023 SD REG TEXT 641322 (NS), effective July 4, 2023, amends [SD ADC 20:06:13 App. D](#) (Outline of Medicare Supplement Coverage Policies) by incorporating the 2023 Medicare Supplement coverage amounts set by the federal government. Latest Update available [here](#).

Tennessee

- 2023 TN REG TEXT 619272 (NS), effective July 5, 2023, adopts TN ADC 0780-04-03-.16 (Cybersecurity). Establishes information security program implementation requirements. Requires investigation when it is believed that a cybersecurity event has or may have occurred. Requires notification to the Division, consumers, and certain 3rd party service providers of cybersecurity events. Establishes record keeping requirements. Latest Update available [here](#).
- 2023 TN REG TEXT 631194 (NS), effective June 27, 2023, adopts permanent regulations related to pharmacy benefit managers. The content of these regulations is based on previous emergency rules, filed on December 29, 2022, but is not identical. Changes made to the emergency filing are noted. Latest Update available [here](#).

Texas

- 2023 TX REG TEXT 631814 (NS), effective July 12, 2023, amends [28 TX ADC § 26.5](#) (Applicability and Scope) and [28 TX ADC § 26.301](#) (Applicability, Definitions, and Scope) by requiring carriers licensed in the state to comply with applicable laws, including 2019 TX S.B. 1264 (NS). Latest Update available [here](#).
- 2023 TX REG TEXT 635521 (NS), effective June 27, 2023, amends several sections relating to accident and health insurance/HMO advertising and alternative dispute resolution. Latest Update available [here](#).

Utah

- 2023 UT REG TEXT 641370 (NS), effective June 9, 2023, amends and repeals sections relating to standards for safeguarding customer information. Latest Update available [here](#).
- 2023 UT REG TEXT 641371 (NS), effective June 9, 2023, repeals several regulations under UT ADC R590-220 (Submission of Accident and Health Insurance Filings). Latest Update available [here](#).
- 2023 UT REG TEXT 641373 (NS), effective June 9, 2023, amends and repeals sections relating to the Utah essential health benefits package. Latest Update available [here](#).
- 2023 UT REG TEXT 642513 (NS), effective June 21, 2023, amends, deletes and renumbers sections relating to managed care organizations and access to health care providers in rural counties. Latest Update available [here](#).
- 2023 UT REG TEXT 642514 (NS), effective July 21, 2023, amends several sections relating to health insurance claims reporting. Latest Update available [here](#).
- [2023 UT REG TEXT 646148 \(NS\)](#), effective June 9, 2023, provides a notice of continuation for the following rules allowing individuals to complete and submit a single application for individual health insurance to multiple health insurance companies, instead of submitting an application for each company. Latest Update available [here](#).

Vermont

2023 VT REG TEXT 635761 (NS), effective June 20, 2023, amends several sections relating to privacy of consumer financial and health information. Latest Update available [here](#).

Recent Guidance

Colorado

CO Bulletin B-4.131, effective June 6, 2023, explains requirements for coverage, credentialing, and timelines for mental health, behavioral health, and substance use disorder services. Latest Update available [here](#).

Kentucky

[KY Advisory Opinion 2023-6](#), effective June 15, 2023, advises Kentucky health insurers writing Medicare Supplement policies of the Department's interpretation of requirements in HB 345, specifically relating to calculating the weighted average premium and expanding access to Medicare Supplement policies to eligible applicants under age 65. Insurers should submit compliant rate and form filings for approval on or before August 1, 2023, so that applications are available on or before January 1, 2024. Latest Update available [here](#).



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Maryland

[MD Bulletin 2023-9](#), effective June 8, 2023, summarizes recent legislation impacting the insurance industry. Latest Update available [here](#).

Massachusetts

[MA Bulletin No. B-2023-11](#), effective June 22, 2023, provides guidance to commercial health insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and health maintenance organizations regarding the Division's expectations regarding requirements to provide community-based emergency behavioral health care and outlines the Roadmap for Behavioral Health Reform. Latest Update available [here](#).

New Mexico

[NM Bulletin No. 2023-018](#), effective June 30, 2023, requires all major medical health insurance carriers, Medicaid managed care organizations, and health care purchasing act plan administrators to submit the required data call information to the Office of the Superintendent of Insurance (OSI) by August 15, 2023. The form is available on the OSI's website. Failure to submit a timely report subjects the entity to administrative penalties in [NM ST § 59A-22B-4](#). Latest Update available [here](#).

Pennsylvania

- PA Notice No. 6-24-2023 (#1), effective June 24, 2023, announces that the Department will not pursue its proposal to submit a request to suspend the Section 1332 Innovation Waiver and will instead maintain the reinsurance program for Plan Year 2024. Latest Update available [here](#).
- PA Notice No. 6-24-2023 (#2), effective January 1, 2024, announces that beginning January 1, 2024, the reinsurance program adopted parameters will provide an attachment point of \$60,000, a cap of \$100,000, and a coinsurance rate of 50%. Latest Update available [here](#).
- PA Notice No. 6-24-2023 (#3), effective June 24, 2023, announces the adoption of the standards for exemption specified in the January 1, 2023, Edition of the NAIC Valuation Manual. Latest Update available [here](#).

Rhode Island

[RI Hlth Bulletin 2023-1](#), effective July 1, 2023, requires Medigap carriers to make Plan A available to any applicant under the age of sixty-five (65) who is eligible for Medicare due to a disability or end-stage renal disease (ESRD), provided that the applicant submits their application during the first six (6) months immediately following the applicant's initial eligibility for Medicare Part B. Discusses option and operation of alternate enrollment period. Latest Update available [here](#).

Vermont

- VT Bulletin No. 188 (Revised), effective June 20, 2023, provides the text of revised Regulation IH-2001-01, regarding Privacy of Consumer Financial and Health Information. Latest Update available [here](#).
- [VT Bulletin 222 \(Revised\)](#), effective June 13, 2023, explains requirements for providing value-added products or services to insureds, in relation to rebating laws. Latest Update available [here](#).

West Virginia

WV Bulletin 2023-05, effective June 13, 2023, explains Medicare supplement eligibility requirements in light of the end of the public health emergency. Latest Update available [here](#).

Wisconsin

[WI Bulletin No. 6-20-2023](#), effective June 20, 2023, encourages health plan issuers to work with providers and consider flexibility around the use of alternative chemotherapy treatments to ensure that insured individuals receive timely cancer treatments. Latest Update available [here](#).

News and Insights

- **Biden administration proposes new rules to close loopholes permitting 'junk' health insurance** (July 10, 2023) available [here](#).

GOVERNMENT-FUNDED HEALTH INSURANCE

Recent Legislative Items

Colorado

- 2023 CO H.B. 1130 (NS), effective August 7, 2023, amends [CO ST § 25.5-4-103](#) (Definitions) adding a definition for "serious mental illness." Adopts CO ST § 25.5-5-516 (Serious mental illness - prescribed drugs) requiring the medical services board to require a review for coverage of a new drug approved by the federal food and drug administration for a serious mental illness within 90 days after the drug is approved. Latest Update available [here](#).
- 2023 CO H.B. 1200 (NS), effective August 7, 2023, amends CO ST § 25.5-6-406.1 (Required features of statewide managed care system) requiring managed care entities (MCE) to enter into single case agreements with willing providers of behavioral health



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services enrolled in the medical assistance program when network development and access standards are not met and a member needs access to a medically necessary behavioral health service. Sets forth the requirements for single case agreements created by an MCE. Latest Update available [here](#).

- 2023 CO H.B. 1226 (NS), effective August 7, 2023, amends [CO ST § 25.5-4-402.8](#) (Hospital transparency report - definitions) updating the information that a hospital must make available to the department for the annual hospital transparency report. Also requires, by July 1, 2024, each hospital to provide certain information for the specified fiscal years. Establishes corrective action and penalties for noncompliance. Adopts CO ST § 25.5-4-429 (Hospital and provider billing requirements - description of service provided - rules) requiring, beginning July 1, 2024, that any patient bill for services rendered must follow industry standard billing practices and specifying the minimum information that must be included. Latest Update available [here](#).
- 2023 CO H.B. 1228 (NS), effective May 30, 2023, amends sections relating to Medicaid reimbursement and nursing facilities. Latest Update available [here](#).
- 2023 CO H.B. 1300 (NS), effective June 1, 2023, adopts CO ST § 25.5-335 (Continuous medical coverage for children and adults feasibility study - report - federal authorization - rules - report - definition) requiring the state department to study the feasibility of extending continuous medical coverage for additional children and adults and how to better meet the health-related social needs of medical assistance program recipients. Also requires, no later than April 1, 2024, the state department to seek federal authorization from the Federal Centers for Medicare and Medicaid Services to provide continuous medical coverage for certain eligible children and eligible adults and to continue enrollment for individuals with no income. Latest Update available [here](#).

Connecticut

- 2023 CT S.B. 2 (NS), effective July 1, 2023, adopts uncodified section providing that the Commissioner of Social Services shall provide Medicaid reimbursement, to the extent permissible under federal law, for suicide risk assessments and other mental health evaluations and services provided at a school-based health center or public school. Specifies that the Commissioner of Social Services shall amend the Medicaid state plan, if necessary, to provide reimbursement for the suicide risk assessments and mental health evaluations and services and set reimbursement at a level that ensures an adequate pool of providers for such suicide risk assessments and mental health evaluations and services. Latest Update available [here](#).
- 2023 CT S.B. 977 (NS), effective July 1, 2023, adopts uncodified section establishing the requirements for the Commissioner of Social Services to provide medical assistance for bariatric surgery and related medical services for Medicaid and HUSKY B beneficiaries with severe obesity, and medical services for Medicaid and HUSKY B beneficiaries with a body mass index greater than thirty-five, provided such beneficiaries otherwise meet conditions set by the Centers for Medicare and Medicaid Services for such surgery and medical services. Latest Update available [here](#).
- 2023 CT S.B. 989 (NS), effective June 28, 2023, adopts a new section effective June 28, 2023, to provide Medicaid reimbursement to certified community health workers for services provided to HUSKY Health program members. Adopts a new section effective July 1, 2023, permitting a nursing home facility with available vehicles equipped to transport nonambulatory residents, to provide nonemergency transportation of such residents to the homes of their family members under certain circumstances. Specifies that nothing in this section shall be construed to authorize or require any payment or reimbursement to a nursing home facility for such nonemergency transportation services. Instructs the Commissioner of Social Services to evaluate whether the need for such transportation would qualify as a health-related social need. Latest Update available [here](#).
- 2023 CT S.B. 1075 (NS), effective June 28, 2023, adopts three sections relating to Medicaid covered services and hospice licensing. Latest Update available [here](#).
- 2023 CT H.B. 5001 (NS), effective June 27, 2023, adopts an uncodified section establishing a form for parents and guardians of children and adults with intellectual disabilities or other developmental disabilities, including, but not limited to, autism spectrum disorder, cognitive impairments and nonverbal learning disorders, and adults with such disabilities not represented by a parent, guardian or other authorized representative, to record information that may assist emergency services personnel in their interactions with these individuals. Specifies that the form must contain a section for signed consent to include the information in a searchable database for use by emergency services personnel. Requires the information to be removed from the database upon request. Adopts an uncodified section requiring the Commissioner of Social Services to apply for a Medicaid waiver to approve compensation for family caregivers providing personal care assistance services to participants in the Medicaid waiver programs, including, but not limited to, family caregivers who are legally responsible relatives. Provides definitions. Latest Update available [here](#).

Florida

- 2023 FL H.B. 967 (NS), effective October 1, 2023, adopts FL ST § 409.9063 (Coverage of continuous glucose monitors for Medicaid recipients) requiring coverage for a continuous glucose monitor under the Medicaid pharmacy benefit for the treatment of a Medicaid recipient if the recipient has been diagnosed with Type 1 diabetes, Type 2 diabetes, gestational diabetes, or any other type of diabetes that may be treated with insulin; and insulin and a continuous glucose monitor have been prescribed to assist the recipient and the health care practitioner in managing the recipient's diabetes. Requires the recipient to participate in follow-up care with his or her treating health care practitioner, in person or through telehealth, to qualify for continued coverage. Defines the term "continuous glucose monitor." Latest Update available [here](#).
- 2023 FL S.B. 2510 (NS), effective July 1, 2023, amends FL ST § 409.814 (Eligibility) clarifying eligibility conditions for participation in the Florida Kidcare program. Amends [FL ST § 409.908](#) (Reimbursement of Medicaid providers) updating the payment methodology for the Quality Incentive Program Payment Pool component of the state Title XIX Long-Term Care Reimbursement Plan for nursing



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home care. Adopts, effective June 15, 2023, [FL ST § 409.9855](#) (Pilot program for individuals with developmental disabilities) establishing the requirements for the Agency for Health Care Administration to implement a pilot program for individuals with developmental disabilities in specified Statewide Medicaid Managed Care regions to provide coverage of comprehensive services. Latest Update available [here](#).

Georgia

2023 GA H.B. 85 (NS), effective July 1, 2023, adopts GA ST § 49-4-159.2 to require coverage of biomarker testing for Medicaid recipients for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition when the testing is supported by medical and scientific evidence and is in accordance with other specified requirements. Also requires care management organizations to provide biomarker testing at the same scope, duration, and frequency as the Medicaid program otherwise provides to recipients of medical assistance. Provides definitions for "Biomarker," "Biomarker testing," "Consensus statements," and "Nationally recognized clinical practice guidelines." Latest Update available [here](#).

Hawaii

- 2023 HI H.B. 907 (NS), effective June 22, 2023, amends sections relating to Medicaid coverage and reimbursement requirements for telehealth services. Latest Update available [here](#).
- 2021 HI H.B. 1787 (NS), effective June 30, 2023, amends [HI ST § 346D-4](#) (Provision of services) requiring the Department of Human Services to practice employment first principles, with respect to the waiver program personnel, and ensure that contracted agency providers that provide services for the waiver program follow employment first principles. Latest Update available [here](#).

Illinois

- 2023 IL S.B. 1282 (NS), effective January 1, 2024, amends IL ST CH 305 § 5/5-16.8 (Required health benefits) requiring the medical assistance program to include coverage for liver disease screening as required in IL ST CH 215 § 5/356z.61 (Coverage for liver disease screening). Latest Update available [here](#).
- 2023 IL S.B. 1298 (NS), effective January 1, 2024, adopts and amends sections relating to Medicaid licensing and reimbursement. Latest Update available [here](#).
- 2023 IL H.B. 1384 (NS), effective January 1, 2024, amends IL ST CH 305 § 5/5-5 (Medical services) requiring medically necessary reconstructive services that are intended to restore physical appearance must be covered under the medical assistance program. Defines "reconstructive services." Makes technical changes and updates effective dates and reference to Public Acts. Latest Update available [here](#).
- 2023 IL S.B. 1527 (NS), effective January 1, 2024, amends IL ST CH 305 § 5/5-16.8 (Required health benefits) requiring the medical assistance program to include coverage for compression sleeves as required in IL ST CH 215 § 5/356z.61 (Coverage for compression sleeves). Latest Update available [here](#).
- 2023 IL S.B. 1913 (NS), effective January 1, 2024, adopts [IL ST CH 305 § 5/5-47](#) (Coverage for mental health and substance use disorder telehealth services) establishing the Medicaid and managed care plan coverage and reimbursement requirements for mental health and substance use disorder services delivered as behavioral telehealth services. Provides definitions. Latest Update available [here](#).
- 2023 IL H.B. 2188 (NS), effective June 30, 2023, amends IL ST CH 305 § 5/8A-7 (Civil Remedies) providing that the Office of the Attorney General, rather than the Illinois State Police, must investigate and prosecute Medicaid fraud and abuse. Amends IL ST CH 740 § 175/2 (Definitions) removing "Illinois State Police" from the definition of "investigator." Amends IL ST CH 740 § 175/4 (Civil actions for false claims) removing the Illinois State Police's authority to investigate a civil violation for false claims. Latest Update available [here](#).

Indiana

- 2023 IN S.B. 252 (NS), effective July 1, 2023, adopts IN ST 12-15-47 (Long Acting Reversible Contraceptives) to establish the requirements for a long acting reversible contraceptive that is prescribed to and obtained for a Medicaid recipient to be transferred to another Medicaid recipient. Provides a definition for "long acting reversible contraceptive." Latest Update available [here](#).
- 2023 IN S.B. 400 (NS), effective July 1, 2023, adopts and amends sections relating to fraud abuse prevention, managed care and licensing. Latest Update available [here](#).
- 2023 IN H.B. 1006 (NS), effective July 1, 2023, adopts [IN ST 12-15-5-13.5](#), specifying that services provided to an individual while detained under IN ST 12-26-5 (emergency detention of mentally ill individuals) are medically necessary when provided in accordance with generally accepted clinical care guidelines. Also requires managed care organizations to consider these services as medically necessary. Latest Update available [here](#).
- 2023 IN H.B. 1513 (NS), effective July 1, 2023, repeals [IN ST 12-15-6-2](#) (Copayment; application for certain services), [IN ST 12-15-6-3](#) (Copayment; time for making), [IN ST 12-15-6-4](#) (Services to which copayment applies; exceptions), and [IN ST 12-15-6-5](#) (Provider to charge maximum copayment allowable). Amends [IN ST 12-15-14-2](#) (Payment of nursing facilities services under 42 U.S.C. 139a(a)(13)(A); non-Medicaid revenue information) removing provision prohibiting the Office from requiring a provider to submit non-Medicaid revenue information in the provider's annual historical financial report. Removes complete balance sheet data privacy requirements. Latest Update available [here](#).

Kentucky



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- 2023 KY H.B. 56 (NS), effective June 29, 2023, amends [KY ST § 205.560](#) (Scope of care to be designated by administrative regulations; reimbursements mandated or prohibited; assessment of health care provider credentials; participation of providers in Medical Assistance Program) providing that if a community mental health center provides services to a recipient of Medical Assistance Program benefits outside of the community mental health center's regional service area, the community mental health center will not be reimbursed for such services in accordance with the Department's fee schedule for community mental health centers but will instead be reimbursed in accordance with the Department's fee schedule for behavioral health service organizations. Defines "community mental health center." Latest Update available [here](#).
- 2023 KY H.B. 311 (NS), effective June 29, 2023, amends [KY ST § 205.559](#) (Requirements for Medicaid reimbursement to participating providers for telehealth consultations; reimbursement for rural health clinics, federally qualified health centers, and federally qualified health center look-alikes; audio-only encounters) prohibiting the Department from requiring a health professional or medical group to maintain a physical location or address in Kentucky to be eligible for enrollment as a Medicaid provider if the provider or group exclusively offers services via telehealth. Latest Update available [here](#).

Louisiana

- 2023 LA S.B. 135 (NS), effective August 1, 2023, adopts [LA R.S. 46:451](#) (Medicaid reimbursement; midwifery services) requiring, with CMS approval, the Department to implement a Medicaid reimbursement rate for midwifery services that is, at a minimum, 95% of the amount reimbursed to licensed physicians for the provision of the same health services in pregnancy and childbirth when acting within their scope of practice. Defines "midwife." Latest Update available [here](#).
- 2023 LA H.B. 435 (NS), effective August 1, 2023, adopts LA R.S. 40:1258.1 (Definitions) to define "chimeric antigen receptor (CAR) T-cell therapy" and "healthcare facility." Adopts LA R.S. 40:1258.2 (Medicaid coverage; enrollment qualifications; duties) establishing Medicaid program coverage and eligibility requirements for CAR T-cell therapy. Requires the Department to seek CMS approval and promulgate any necessary rules to implement these provisions. Latest Update available [here](#).

Maine

- 2023 ME H.P. 180 (NS), effective June 29, 2023, adopts ME ST T. 22 § 3173-K (Standing orders) permitting the Department of Health and Human Services to authorize standing orders for the dispensing of vaccines and nonprescription drugs that support access to preventive care and medically necessary services for Medicaid recipients and other specified populations. Specifies the requirements for a standing order and provides that a standing order remains in effect for 1 year and may be renewed. Latest Update available [here](#).
- 2023 ME H.P. 380 (NS), effective September 19, 2023, adopts ME ST T. 22 § 3174-KKK (Electric breast pump reimbursement) establishing the reimbursement requirements for electronic breast pumps and supplies. Requires the Department to adopt rules to implement this section. Latest Update available [here](#).
- 2023 ME H.P. 1132 (NS), effective September 19, 2023, amends [ME ST T. 22 § 3173-J](#) (Rate-setting system for development and maintenance of sustainable, efficient and value-oriented MaineCare payment models and rates) requiring the Department to conduct a rate determination process for each MaineCare section of policy or for a specific covered services at least once every 5 years. Latest Update available [here](#).

Montana

- 2023 MT H.B. 147 (NS), effective July 1, 2023, adopts a new section in MT ST T. 53, Ch. 6, Pt. 1 (Medical Assistance--Medicaid) entitled "Enhanced rate to increase access to in-state mental health services for high-risk children with multiagency service needs -- reporting requirement -- rulemaking", providing an enhanced Medicaid reimbursement rate when an in-state provider of psychiatric residential treatment facility services provides treatment to a child who meets criteria established by the department. This Act is effective on the later of July 1, 2023, or the date that the Department of Public Health and Human Services certifies to the code commissioner that the Centers for Medicare and Medicaid Services has approved a state plan amendment for the enhanced reimbursement rate and terminates on June 30, 2027. Latest Update available [here](#).
- 2023 MT S.B. 516 (NS), effective January 1, 2024, amends [MT ST 53-6-101](#) (Montana Medicaid program--authorization of services) to add fertility preservation services to the list of Medicaid covered services. Latest Update available [here](#).
- 2023 MT H.B. 544 (NS), effective July 1, 2023, adopts uncodified section to establish requirements for Medicaid coverage of physician services for abortion. Amends [MT ST 53-4-1005](#) (Benefits provided) changing the section title from "Temporary Benefits provided" and providing that the Children's Health Insurance Program must comply with the provisions of the new section regarding coverage of physician services for abortion. Latest Update available [here](#).

Nevada

- 2023 NV S.B. 45 (NS), effective January 1, 2024, adopts a new section in NV ST 422 (Health Care Financing and Policy) providing definitions and requiring that the monthly personal needs allowance for an institutionalized person who resides in a facility for skilled nursing must be not less than the monthly personal needs allowance provided for residents of residential facilities for groups who, under the State Plan for Medicaid, receive home and community-based services. Latest Update available [here](#).
- 2023 NV A.B. 138 (NS), effective July 1, 2024, adopts a new section in Chapter 422 (Health Care Financing and Policy) requiring the State Plan for Medicaid to include coverage for behavioral health services that are delivered through evidence-based, behavioral health integration models. Latest Update available [here](#).



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- 2023 NV A.B. 155 (NS), effective October 1, 2023, adopts a new section in NV ST 422 (Health Care Financing and Policy) requiring the State Plan for Medicaid to include coverage for medically necessary biomarker testing for the diagnosis, treatment, appropriate management and ongoing monitoring of cancer when the biomarker testing is supported by medical and scientific evidence. Latest Update available [here](#).
- 2023 NV S.B. 161 (NS), effective January 1, 2024, amends [NV ST 422.27172](#) (State Plan for Medicaid; Inclusion of requirement for payment of certain costs related to family planning) establishing the copayment or coinsurance requirements for a drug for contraception. Requires the Plan to reimburse a pharmacist at the same extent as if the services had been provided by another provider of health care. Prohibits the Plan from requiring a recipient to obtain prior authorization for contraceptives. Defines "provider of health care." Latest Update available [here](#).
- 2023 NV S.B. 163 (NS), effective July 1, 2023, adopts uncodified sections in NV ST 422 (Health Care Financing and Policy) to establish the requirements for the Director to include in the State Plan for Medicaid a requirement that the State, to the extent authorized by federal law, pay the non-federal share of expenditures incurred for the medically necessary treatment of conditions relating to gender dysphoria and gender incongruence to certain specified providers. Latest Update available [here](#).
- 2023 NV S.B. 191 (NS), effective January 1, 2024, amends [NV ST 422.27497](#) (Establishment of certain rates of reimbursement and limitations on hours for provision of certain services for recipients of Medicaid by behavior analysts, assistant behavior analysts and registered behavior technicians; reporting of certain information concerning services provided to recipients of Medicaid diagnosed with autism spectrum disorder) requiring the Director to include in the State Plan for Medicaid a requirement that the State pay for the nonfederal share of expenditures incurred for services provided by behavior analysts, assistant behavior analysts, and registered behavior technicians to recipients of Medicaid who are less than 27 years of age. Latest Update available [here](#).
- 2023 NV S.B. 241 (NS), effective January 1, 2024, adopts uncodified section in NV ST 422 (Health Care Financing and Policy) requiring that the Director include in the State Plan for Medicaid, to the extent that federal financial participation is available, a requirement that the State must: (a) Pay the non-federal share of expenditures for outpatient services and swing-bed services provided by a critical access hospital; and (b) Reimburse a critical access hospital for the services described in (a) at a rate equal to the actual cost to the critical access hospital of providing the services or the amount charged by the critical access hospital for the services, whichever is less. Latest Update available [here](#).
- 2023 NV A.B. 277 (NS), effective January 1, 2024, adopts a new section in NV ST 449 (Medical Facilities and Other Related Entities) defining "rural emergency hospital." Amends [NV ST 449.0151](#) ("Medical facility" defined) adding a rural emergency hospital to the definition of "medical facility." Adopts a new section in NV ST 422 (Health Care Financing and Policy) defining "rural emergency hospital" and "rural emergency hospital services" and authorizing the Department to apply for a waiver or an amendment to the State Plan for Medicaid that authorizes the Department to receive federal funding to provide increased rates of reimbursement under the State Plan for rural emergency hospital services provided by a rural emergency hospital. Latest Update available [here](#).
- 2023 NV S.B. 315 (NS), effective July 1, 2023, adopts a new section in NV ST 422 (Health Care Financing and Policy) establishing the Bill of Rights for Persons with Intellectual, Developmental or Physical Disabilities or who are Aged and providing the specified rights for persons with disabilities and persons who are aged who are receiving home and community-based services. Latest Update available [here](#).

North Dakota

2023 ND S.B. 2012 (NS), effective July 1, 2023, amends [ND ST 50-24.1-07](#) (Recovery from estate of medical assistance recipient) providing that in any probate proceedings in which the department has filed a claim under this section, no additional evidence of foundation may be required for the admission of the department's payment record supporting the department's claim if the payment record is certified as a true copy and bears the signature of a representative of the department. There is a rebuttable presumption that the amount of medical assistance on the claim was incurred and paid on behalf of the recipient of medical assistance and is an allowable claim. Amends [ND ST 50-24.1-26](#) (Medicaid waivers - In-home service) providing that the department shall administer Medicaid waivers to provide in-home services to children up to the age of 18 diagnosed with an autism spectrum disorder who would otherwise meet institutional level of care. Amends [ND ST 50-29-04](#) (Plan requirements) to update the modified adjusted gross income eligibility limit from 175% to 210%. Latest Update available [here](#).

Oklahoma

- 2023 OK S.B. 23 (NS), effective June 2, 2023, amends [OK ST T. 63 § 3242](#) (Supplemental Medicaid reimbursement for ground emergency transportation) providing that an eligible provider's supplemental reimbursement shall be calculated and paid as follows: (a) for services reimbursed through fee-for-service contracts, the amount of federal financial participation received because of the claims submitted pursuant to paragraph 3 of subsection F of this section, and (b) for services reimbursed through capitated contracts, an amount to be determined in accordance with the approved directed payment pre-print, based on claims submitted pursuant to paragraph 3 of subsection F of this section. Allows an applicable governmental entity that elects to seek supplemental reimbursement pursuant to this section on behalf of an eligible provider, to enter into and maintain an intergovernmental agreement with the Authority, as specified by the Authority. Latest Update available [here](#).
- 2023 OK S.B. 444 (NS), effective November 1, 2023, adopts OK ST T. 36 § 6060.11a requiring that certain health benefit plans and Medicaid provide reimbursement for care delivered through the behavioral health integration and psychiatric collaborative care models. Latest Update available [here](#).

Rhode Island



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2023 RI S.B. 869 (NS) and 2023 RI H.B. 5010 (NS), effective June 22, 2023, amends [RI ST § 40-8-18](#) (Local education agencies as EPSDT providers) to require that services provided by school social workers and certified school psychologists be included as health care-related services eligible for federal Medicaid reimbursement. Note: 2023 RI S.B. 869 (NS) and 2023 RI H.B. 5010 (NS) are identical companion bills. Latest Update available [here](#).

Texas

- 2023 TX H.B. 12 (NS), effective June 18, 2023, amends [TX HUM RES § 32.024](#) (Authority and Scope of Program; Eligibility) requiring the commission to provide medical assistance to a woman who is eligible for medical assistance for pregnant women for a period of not less than 12 months that begins on the last day of the woman's pregnancy and ends on the last day of the month in which the 12-month period ends in accordance with Section 1902(e)(16), Social Security Act ([42 U.S.C. Section 1396a\(e\)\(16\)](#)). Latest Update available [here](#).
- 2023 TX H.B. 2802 (NS), effective September 1, 2023, amends [TX GOVT § 533.008](#) (Marketing Guidelines) to include telephone with text message and e-mail in the requirements regarding how Medicaid managed care organizations may communicate with recipients. Provides that for a recipient enrolled in a Medicaid managed care organization's managed care plan who provides to the organization the recipient's contact information through any method other than the recipient's Medicaid application, the commission: (1) must allow the organization to communicate with the recipient through any electronic means, including telephone, text message, and e-mail, regarding eligibility, enrollment, and other health care matters; and (2) may not require the organization to submit the recipient's contact preference information to the commission. Latest Update available [here](#).

Virginia

- 2022 VA H.B. 1512 (NS), effective July 1, 2023, 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) to include requirements for payment of medical assistance for the initial purchase or replacement of complex rehabilitative technology manual and power wheelchair bases and related accessories. Latest Update available [here](#).
- 2022 VA S.B. 1538 (NS), effective July 1, 2023, 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) to require the Department of Medical Assistance Services to provide reimbursement when the services provided for by the state plan for medical assistance services are services by a pharmacist, pharmacy technician, or pharmacy intern (i) performed under the terms of a collaborative agreement as defined in relevant law and consistent with the terms of a managed care contractor provider contract or the state plan or (ii) related to services and treatment in accordance with relevant law. Latest Update available [here](#).

Wisconsin

2023 WI S.B. 70 (NS), effective July 6, 2023, amends [WI ST 49.45](#) (Medical assistance; administration) updating the amounts of disproportionate share hospital payments and the rural critical care access supplement. Effective 7/1/2024, updates the treatment to payments to facilities notwithstanding certain budget items. Also specifies that beginning on July 1, 2024, the maximum amount of unearned income a recipient may retain per month under paragraph (7)(a) is \$55. Repeals provisions on behavioral health care coordination pilot projects and the psychiatric consultation reimbursement pilot project. Latest Update available [here](#).

Recent Administrative Items

Alabama

2023 AL REG TEXT 637263 (NS), effective June 12, 2023, amends [AL ADC 560-X-36-.01](#) (Authority and Purpose) providing that home and community-based waiver services are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F) and specifying the requirements of that rule. Latest Update available [here](#).

Colorado

- 2023 CO REG TEXT 638919 (NS), effective June 30, 2023, adopts and amends sections relating to Medicaid coverage requirements and reimbursement. Latest Update available [here](#).
- 2023 CO REG TEXT 644546 (NS), effective June 9, 2023, amends several sections relating to Medicaid coverage requirements and reimbursement. Latest Update available [here](#).

District of Columbia

- 2023 DC REG TEXT 635063 (NS), effective June 23, 2023, adopts 29 DC ADC Chapter 111, My Life, My Way Program, establishing requirements for a Medicaid participant-directed services (PDS) program to afford participants enrolled in the Home and Community-Based Services (HCBS) Waiver for Individual and Family Support (IFS) the opportunity to self-direct certain IFS Waiver services. Latest Update available [here](#).
- 2023 DC REG TEXT 645850 (NS), effective June 21, 2023, amends [29 DC ADC § 2710](#) (Claims reimbursement requirements for pharmacies) removing the requirement that to be reimbursable, a prescription for a controlled substance must include the X DEA number of the licensed prescriber for buprenorphine and naloxone drug preparations. Amends [29 DC ADC § 2799 \(Definitions\)](#) removing the definition of "X DEA number." Latest Update available [here](#).

Idaho



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- 2023 ID REG TEXT 615307 (NS), effective April 6, 2023, amends [ID ADC 16.03.09.772](#) (Prosthetic and Orthotic Services: Coverage and Limitations) providing that all prosthetic and orthotic devices that require fitting must be provided by a Podiatrist, or an individual who is certified or registered by the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC) or the Board of Certification/Accreditation (BOC). Latest Update available [here](#).
- 2023 ID REG TEXT 646987 (NS), effective July 1, 2023, amends several sections relating to Medicaid covered services and coverage requirements. Latest Update available [here](#).

Kentucky

2023 KY REG TEXT 641617 (NS), effective June 13, 2023, amends [907 KY ADC 1:632E](#) (Vision program coverage provisions and requirements) clarifying that for the Department to cover a frame, the frame must have a manufacturer warranty of at least 1 year. Clarifies that the Department's reimbursement for contact lenses includes disposable daily contact lenses. Note: This rulemaking amends a previous emergency rule. Latest Update available [here](#).

Louisiana

- 2023 LA REG TEXT 638379 (NS), effective June 20, 2023, adopts [50 LA ADC Pt IX, § 1101](#) (General Provisions) and [50 LA ADC Pt IX, § 1103](#) (Scope of Services) establishing the coverage requirements for tobacco cessation counseling services. Adopts [50 LA ADC Pt IX, § 15106](#) (Tobacco Cessation Counseling Services) requiring the Medicaid Program to provide reimbursement for tobacco cessation counseling services rendered by qualified health care professionals at a flat fee based on the appropriate HCPCS code. Latest Update available [here](#).
- 2023 LA REG TEXT 645529 (NS), effective July 1, 2023, amends [50 LA ADC Pt I, § 3509](#) (Reimbursement Methodology) requiring each MCO to have a medical loss ratio (MLR) for each MLR reporting year that aligns with the capitation rating period, except in circumstances in which the MLR reporting period must be revised to align to a CMS-approved capitation rating period. Clarifies that an MLR must be reported in the aggregate, including all services provided under the contract, unless the Department requires separate reporting and a separate MLR calculation for specific populations. Latest Update available [here](#).
- 2023 LA REG TEXT 645530 (NS), effective July 1, 2023, amends [50 LA ADC Pt V, § 5311](#) (Small Rural Hospitals), [50 LA ADC Pt V, § 5511](#) (Small Rural Hospitals), [50 LA ADC Pt V, § 5911](#) (Small Rural Hospitals), and [50 LA ADC Pt V, § 6113](#) (Small Rural Hospitals) establishing quarterly supplemental payments for qualifying small rural hospitals for specified outpatient services. Establishes qualifying criteria and provides for payments in relation to the available upper payment limit. Latest Update available [here](#).
- 2023 LA REG TEXT 645531 (NS), effective July 1, 2023, amends [50 LA ADC Pt XI, § 16705](#) (Hospital-Based Rural Health Clinics) providing that services rendered by a rural health clinic licensed as part of a small rural hospital and included as a hospital outpatient department prior to July 1, 2023 are eligible for an alternative payment methodology at 110% of allowable costs as calculated through cost settlement. Establishes requirements 110% alternative payment methodology reimbursement, including future calculations. Latest Update available [here](#).

Maryland

2023 MD REG TEXT 633583 (NS), effective July 10, 2023, amends [MD ADC 10.09.02.04](#) (Covered Services) clarifying coverage requirements for abortions and vaccine administration. Also updates terminology from "recipient" to "participant." Amends [MD ADC 10.09.02.05 \(Limitations\)](#) updating services which are not covered. Updates the limitation on injections to change terminology to "injectable medications." Provides that vaccine administration is not covered unless covered under [MD ADC 10.09.02.04](#) (Covered Services). Updates the limitation on services which do not involve direct patient contact and provides that services not rendered in person must comply with MD ADC 10.09.49 (Telehealth Services) and other guidance issued by the Department. Also adds to the list of services that are not covered any covered service that requires a preauthorization, including physician-administered drugs and injectable medications, that is rendered without an approved preauthorization from the Program. Amends [MD ADC 10.09.02.07](#) (Payment Procedures) clarifying services for which a provider may be reimbursed up to acquisition costs. Updates the date of the Professional Services Provider Manual and Fee Schedule to July 2022. Also updates terminology from "recipient" to "participant." Latest Update available [here](#).

Massachusetts

2023 MA REG TEXT 645506 (NS), effective May 31 2023, amends [101 MA ADC 206.10](#) (Other Payment Provisions) specifying the end of the COVID-19 Testing Supplemental Payment as of April 30, 2023. Also updates the payment methodology to calculate COVID-19 preparedness payments. Latest Update available [here](#).

Missouri

- 2023 MO REG TEXT 629650 (NS), effective June 30, 2023, amends [13 MO ADC 70-90.010](#) (Home Health-Care Services) expanding the practitioners that may order home health services, due to a change in federal regulations found at [42 CFR § 440.70](#) (Home health services), to include a nurse practitioner, a clinical nurse specialist, and a physician assistant. Also updates incorporated by reference dates, corrects a reference error, and makes other clarifying and conforming changes. Latest Update available [here](#).
- 2023 MO REG TEXT 637953 (NS), effective August 30, 2023, amends [13 MO ADC 70-3.200](#) (Ambulance Service Reimbursement Allowance) changing the tax base from gross receipts to emergency transport mileage and updating the ambulance service



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reimbursement allowance rate beginning October 1, 2022. Also adds requirements for each ambulance provider to submit an affidavit with the specified information. Note: This rule was previously adopted as an emergency (2023 MO REG TEXT 637927 (NS)). Latest Update available [here](#).

- 2023 MO REG TEXT 645963 (NS), effective May 31, 2023, adopts 13 MO ADC 70-10.020 (Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services) establishing a methodology for determination of reimbursement rates for nursing facilities and HIV nursing facilities participating in the MO HealthNet Program. The reimbursement rates determined by this regulation shall apply only to services provided on or after July 1, 2022. Also establishes requirements for cost reports and sanctions and overpayments. Latest Update available [here](#).

Montana

2023 MT REG TEXT 643231 (NS), effective July 8, 2023, amends [MT ADC 37.40.830](#) (Hospice, Reimbursement) updating the Medicaid hospice reimbursement fee schedule to adopt and incorporate by reference the Hospice Rates FFY23 fee schedule. Note: The department intends to apply this rule amendment retroactively to October 1, 2022. Any decreases in hospice rates will not be applied retroactively and are effective July 7, 2023. Latest Update available [here](#).

New Hampshire

2023 NH REG TEXT 624043 (NS), effective May 26, 2023, adopts NH ADC HE-C 5004 (Telehealth Services) to establish the requirements for Medicaid coverage of telehealth services. Latest Update available [here](#).

New Jersey

- 2023 NJ REG TEXT 633319 (NS), effective July 3, 2023, amends [NJ ADC 10:76-1.2 \(Definitions\)](#) adding definitions for "National Plan and Provider Enumerations System (NPPES)," "National Provider Identifier (NPI)" and "Taxonomy code." Amends [NJ ADC 10:76-1.3](#) (Provider participation criteria) providing that in order to participate in the New Jersey Medicaid/NJ FamilyCare Program, a PACT services provider shall: have a valid National Provider Identifier (NPI) number obtained from the National Plan and Provider Enumeration System (NPPES); have a valid taxonomy code obtained from the NPPES; and remain a provider in good standing by successfully completing provider revalidation, when requested by DMAHS. Amends [NJ ADC 10:76-3.1 \(Introduction\)](#) providing that HCPCS is a two-level coding system. Readopts effective May 31, 2023, [NJ ADC 10:76-2.6](#) (Reimbursement methodology) without any changes. Latest Update available [here](#).
- 2023 NJ REG TEXT 633322 (NS), effective May 23, 2023, amends and readopts sections relating to Medicaid billing and reimbursement. Latest Update available [here](#).

Ohio

2023 OH REG TEXT 638159 (NS), effective July 1, 2023, rescinds and replaces [OH ADC 5160-1-05.1](#) (Payment for "Medicare Part C" cost sharing) to update the reimbursement methodology to pay the cost sharing charges for medical services provided to qualified Medicare and Medicaid beneficiaries dually enrolled in Medicaid and a Medicare Part C Medicare Advantage Plan. Latest Update available [here](#).

Oklahoma

2023 OK REG TEXT 641765 (NS), effective July 1, 2023, amends, adopts and repeals multiple sections in OK ADC 317:55 (Managed Care) to comply with 2021 OK S.B. 1337 (NS) and 2021 OK S.B. 1396 (NS), which directs the Oklahoma Health Care Authority to transition to a new health care system, called SoonerSelect. The rule additions/revisions outline and address state-sanctions and complementary non-compliance remedies required of the medical and dental contracted entities (CEs). Other rule additions include, but are not limited to, managed care mandatory and voluntary populations (American Indian/Alaskan Native (AI/AN) members), processes for network adequacy, provider requirements, termination of contracts, transition of care policies, medical necessity, required notices, and grievances and appeals. Affected subchapters include Subchapter 1 (General Provisions), Subchapter 3 (General Program Information) and Subchapter 5 (Requirements for Contracted Entities and Dental Benefits Managers). Latest Update available [here](#).

Oregon

- 2023 OR REG TEXT 644179 (NS), effective June 5, 2023, amends [OR ADC 410-120-1990 \(Telehealth\)](#) updating cross reference to [OR ADC 950-050-0040](#) (Eligibility Standards for Central Registry Enrollment, Qualification and Certification) describing relevant language access services that offer meaningful access to health care services for clients or members who experience LEP or hearing impairment. Latest Update available [here](#).
- 2023 OR REG TEXT 644180 (NS), effective June 5, 2023, amends [OR ADC 410-141-3566](#) (Telemedicine and Telehealth Delivered Health Service and Reimbursement Requirements) changing references from CCOs to managed care entities (MCEs). Updated the cross reference for language access services that offer meaningful access to health care services for members and their families who experience LEP or hearing impairments to [OR ADC 950-050-0040](#) (Eligibility Standards for Central Registry Enrollment, Qualification and Certification). Latest Update available [here](#).
- 2023 OR REG TEXT 646184 (NS), effective July 1, 2023, amends [OR ADC 411-027-0170](#) (Rate Schedule for Home and Community-Based Services) updating payment and reimbursement rates for 2024. Latest Update available [here](#).
- 2023 OR REG TEXT 646216 (NS), effective July 1, 2023, amends [OR ADC 333-004-3080](#) (RH Access Fund Excluded Services by Funding Source) adding that mammography services are included in [OR ADC 410-134-0003](#) (Healthier Oregon Emergency-Only



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and State-Funded Supplemental Health Benefits). Removing references to previous coverage sources for abortion services and sterilization procedures and stating that coverage for these is provided in [OR ADC 410-134-0003](#) (Healthier Oregon Emergency-Only and State-Funded Supplemental Health Benefits). Latest Update available [here](#).

Rhode Island

2023 RI REG TEXT 639661 (NS), effective July 17, 2023, adopts and renumbers sections relating to Medicaid reimbursement and provider enrollment. Latest Update available [here](#).

Texas

- 2023 TX REG TEXT 635947 (NS), effective June 21, 2023, repeals multiple sections in 40 TX ADC, Part 1 (Department of Aging and Disability Services), § 9 (Intellectual Disability Services—Medicaid State Operating Agency Responsibilities), Subchapter D (Home and Community-based Services (HCS) Program and Community First Choice (CFC)). The Department of Aging and Disability Services (DADS) was abolished effective September 1, 2017, after all its functions were transferred to the Texas Health and Human Services Commission (HHSC). Rules of the former DADS are codified in Title 40, Part 1, and are repealed or administratively transferred to Title 26, Health and Human Services, as appropriate. Latest Update available [here](#).
- 2023 TX REG TEXT 640205 (NS), effective June 20, 2023, amends [1 TX ADC § 355.8065](#) (Disproportionate Share Hospital Reimbursement Methodology), [1 TX ADC § 355.8066](#) (State Payment Cap and Hospital-Specific Limit Methodology) and [1 TX ADC § 355.8212](#) (Waiver Payments to Hospitals for Uncompensated Charity Care) to update the requirements for hospital reimbursement from the disproportionate share hospital (DSH) fund; the requirements to calculate a hospital-specific limit for each Medicaid hospital participating in either the Disproportionate Share Hospital (DSH) program or in the Texas Healthcare Transformation and Quality Improvement Program; and the requirements for the Texas Healthcare Transformation and Quality Improvement Program §1115(a) Medicaid demonstration waiver payments. Latest Update available [here](#).

Utah

- 2023 UT REG TEXT 640241 (NS), effective June 14, 2023, repeals UT ADC R414-100 (Medicaid Primary Care Network Services) because the Primary Care Network (PCN) no longer exists under the Medicaid program. Latest Update available [here](#).
- 2023 UT REG TEXT 641364 (NS), effective June 12, 2023, adopts new sections in [UT ADC R414-9](#) (Federally Qualified Health Centers and Rural Health Clinics) to implement by rule, Medicaid policy for federally qualified health centers (FQHCs) and rural health clinics (RHCs) to add services and be reimbursed for added services that meet criteria as set forth in this rule. Previously FQHCs and RHCs provided a scope of services for Medicaid recipients in accordance with the Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual and Attachment 4.19-B of the Medicaid State Plan. Latest Update available [here](#).

Washington

- 2023 WA REG TEXT 636940 (NS), effective June 18, 2023, amends [WA ADC 182-531-1400](#) (Psychiatric physician-related services and other professional mental health services) clarifying that, except for child psychiatrists, as defined in WA ST 71.34.020 (Definitions), qualified practitioners who diagnose and treat clients age 18 and younger must either meet the education and experience requirements for a child mental health specialist found in [WA ADC 182-538D-0200](#) (Behavioral health services--Definitions) or be working under the supervision of a practitioner who meets these requirements. Updates terminology to use “practitioners” instead of “professionals.” Latest Update available [here](#).
- 2023 WA REG TEXT 638024 (NS), effective July 9, 2023, amends [WA ADC 182-530-5000](#) (Billing requirements—Pharmacy claim payment) adding that a client’s designee may sign for proof of delivery. Updates terminology and makes other technical changes. Latest Update available [here](#).

Recent Guidance

Federal

- CMS Transmittal R11502CP, effective July 1, 2023, creates new G-codes for reporting home health services furnished by telehealth and to revise Original Medicare systems to process them without affecting payment to the home health agency. Transmittal available [here](#).
- CMS Transmittal R11833OTN, effective July 1, 2023, instructs the Multi-Carrier System (MCS) how to use CARC 23 to report prior payer adjudication in the case of a secondary claim. If the impact needs to be reported at the claim level, OA 23 should be used at the claim level. Alternatively, if the impact needs to be reported at the service line level, OA 23 should be used at the service line level (once for each service line). Transmittal available [here](#).
- CMS Transmittal R11834CP, effective July 1, 2023, implements the Medicare Part B deductible, which is waived for insulin furnished through an item of durable medical equipment, and limits the beneficiary coinsurance for a month’s supply of insulin not to exceed \$35. The supplier payment is to be adjusted as necessary so that Medicare pays for the rest of the amount for the month’s supply of insulin. Transmittal available [here](#).
- CMS Transmittal R11836CP, effective January 1, 2023, prepares the claims processing system for new bi-weekly interim payments for domestic N95 respirator procurement cost reimbursement. Transmittal available [here](#).



- CMS Transmittal R11845OTN, effective July 1, 2023, modifies the HICN/MBI correction processes that were identified from the FS1970 FISS change. This change will ensure that the FISS system is identifying and using the correct beneficiary on all transactions within the FISS system. Transmittal available [here](#).
- CMS Transmittal R11886CP, effective July 1, 2023, updates the RARC and CARC lists and to instruct the ViPS Medicare System (VMS) and the Fiscal Intermediary Shared System (FISS) to update the MREP and the PC Print. This Recurring Update Notification (RUN) applies to Chapter 22, Sections 40.5, 60.2, and 60.3 of Publication (Pub.) 100-04. Transmittal available [here](#).
- CMS Transmittal R12013CP, effective July 1, 2023, implements the Medicare Part B deductible, which is waived for insulin furnished through an item of durable medical equipment, and limits the beneficiary coinsurance for a month's supply of insulin not to exceed \$35. The supplier payment is to be adjusted as necessary so that Medicare pays for the rest of the amount for the month's supply of insulin. This transmittal rescinds and replaces Transmittal 11917 issued March 21, 2023. Transmittal available [here](#).
- CMS Transmittal R12048CP, effective July 1, 2023, amends payment files that were issued to contractors based upon the 2023 Medicare Physician Fee Schedule (MPFS) Final Rule. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1. Transmittal available [here](#).
- CMS Transmittal R12067CP, effective January 1, 2023, updates Pub. 100-04 Medicare Claims Processing Manual, Chapter 17 – Drugs and Biologicals, Section 40 - Discarded Drugs and Biologicals to reflect revised provisions effective January 1, 2023, including requirements for the new JZ modifier beginning July 1, 2023. The CR also instructs contractors to conduct periodic audits of Part B claims beginning July 3, 2023. Transmittal available [here](#).
- CMS Transmittal R12069CP, effective July 1, 2023, provides changes to and billing instructions for various payment policies implemented in the July 2023 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). This transmittal rescinds and replaces Transmittal 12060 issued May 25, 2023. Transmittal available [here](#).
- CMS Transmittal R12076CO, effective July 1, 2023, provides changes to and billing instructions for various payment policies implemented in the July 2023 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). It rescinds and replaces Transmittal 12069 issued June 5, 2023. Transmittal available [here](#).
- CMS Transmittal R12077CP, effective July 1, 2023, describes changes to and billing instructions for various payment policies implemented in the July 2023 OPDS update. The July 2023 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 RUN applies to Chapter 4, section 50.8 (Annual Updates to the OPDS Pricer for Calendar Year (CY) 2007 and Later). It rescinds and replaces Transmittal 12053 issued May 18, 2023. Transmittal available [here](#).
- CMS Transmittal R12080OTN, effective October 1, 2023, makes Fiscal Intermediary Shared System (FISS) and Common Working File (CWF) system changes necessary to use the PA process to implement the IRF ICD. Current logic requires specific line item service (outpatient) or procedure code (inpatient) to assign and validate the program code. This CR will modify FISS and CWF to assign and validate program codes for IRF claims using criteria specific to IRF claims. Transmittal available [here](#).
- CMS Transmittal R12088CP, effective October 1, 2023, supplies the contractors with the ASP and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. The ASP payment limits are calculated quarterly based on quarterly data submitted to CMS by manufacturers. Transmittal available [here](#).
- CMS Transmittal R12090PDM, effective January 1, 2023, updates language for the hospice payment reduction process and update the percent reduction from 2 percent to 4 percent beginning with FY2024. Revisions include aligning language across Post-Acute Care (PAC) settings for CMS designated data submission system and updating the letters to reflect the new reduction for non-compliant facilities to 4 percent. Transmittal available [here](#).
- CMS Transmittal R12091OTN, effective July 3, 2023, establishes edits to ensure the following: (a) that only one visit to an audiologist without a physician/NPP order is permitted, per beneficiary, once every 12 months, instructing that claims billed more frequently are denied; (b) that the visit may reflect one or more codes on an applicable list of 36 CPT codes, found in APPENDIX A, along with modifier AB, be billed via providers with certain bill types for outpatient hospitals, critical access hospitals, and SNFs; and, (c) that an audiologist's National Provider Identifier (NPI) is the rendering provider on the line of service, with the AB modifier, which is alongside an applicable code found in APPENDIX A. It rescinds and replaces Transmittal 11935 issued March 30, 2023. Transmittal available [here](#).
- CMS Transmittal R12093OTN, effective July 15, 2023, instructs the Medicare Administrative Contractor (MAC) Jurisdiction J (JJ) to provide education for IRF providers regarding the RCD process for IRFs who are physically located in and bill to Alabama, then expand to IRFs who bill to all the states in JJ, regardless of where services are rendered. Transmittal available [here](#).
- CMS Transmittal R12094OTN, effective September 1, 2023, implements the updated JB DME MAC workload contract that was recently recompeted. The Centers for Medicare & Medicaid Services (CMS) awarded this workload to CGS Administrators, LLC (CGS), the incumbent contractor for this workload. Transmittal available [here](#).
- CMS Transmittal R12097CP, effective October 1, 2023, 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 R12099CP, effective July 3, 2023, provides changes to and billing instructions for various payment policies implemented in the July 2023 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). It rescinds and replaces Transmittal 12076 issued June 13, 2023. Transmittal available [here](#).
- CMS Transmittal R12122CP, effective July 1, 2023, provides changes to and billing instructions for various payment policies implemented in the July 2023 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). This transmittal rescinds and replaces Transmittal 12099 issued June 22, 2023. Transmittal available [here](#).
- CMS Transmittal R12123FM, effective July 17, 2023, provides notice of new interest rate for Medicare overpayments and underpayments. Transmittal available [here](#).

News and Insights

- **Biden administration pushes to avoid Medicaid coverage loss from procedural reasons** (June 16, 2023) available [here](#).
- **Over a million have already lost Medicaid coverage during the unwinding process, many for procedural reasons**, Health Policy Tracking Service Medicaid Snapshot (June 26, 2023) available [here](#).
- **U.S. Justice Department announces \$2.5 billion healthcare fraud enforcement actions** (June 29, 2023) available [here](#).
- **Medicare Advantage retaining patients with more complex health needs, study**, Health Policy Tracking Service Long-Term Care Snapshot (July 3, 2023) available [here](#).
- **U.S. agency issues new guidance on drug price negotiations as healthcare costs projected to increase** (July 5, 2023) available [here](#).

[Complaints Procedure](#)

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