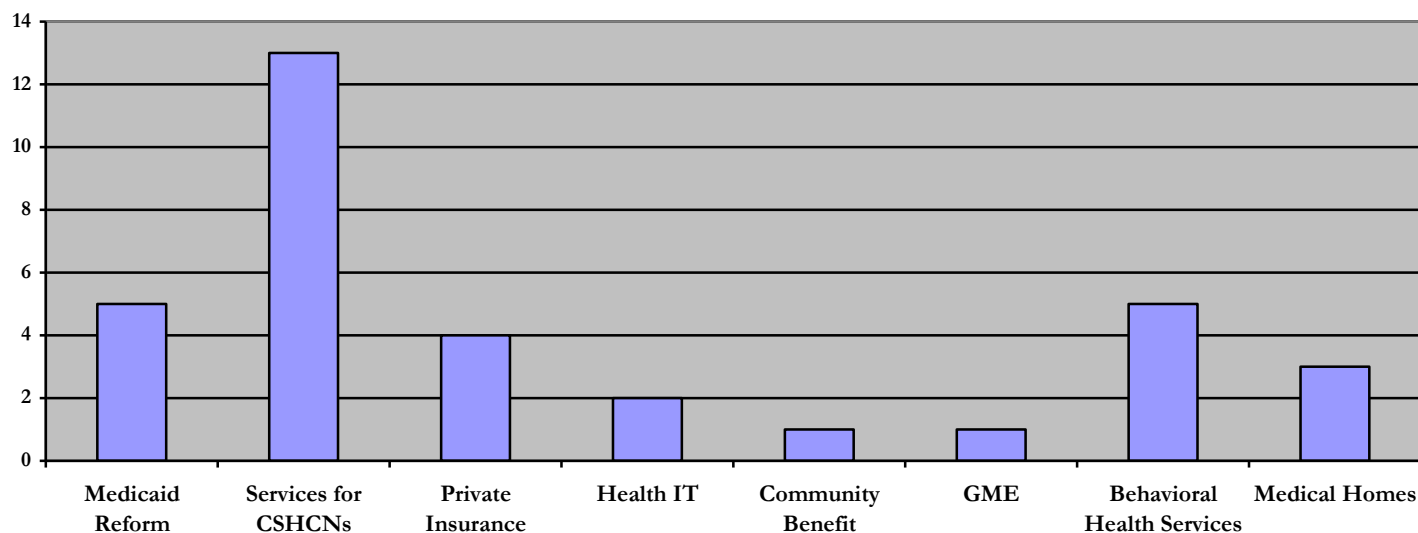


## Other Health Care Legislation of Interest to Children's Hospitals

Nineteen states enacted other legislation that is of interest to children's hospitals. Thirteen states enacted legislation affecting services for children with special health care needs (CSHCNs); five states enacted legislation authorizing reforms of their Medicaid program, including reforms related to accountable care organizations; and five states enacted legislation related to behavioral health services.\*

States that Enacted Other Legislation Related to Health Care  
(Jan. 1 - June 30, 2012)



This chart is intended to illustrate trends in **enacted state legislation** that impacts children's health care and children's hospitals; the information provided in this document does not reflect all state actions on a selected issue.

\* For information on state actions to implement the Affordable Care Act, see the [Association's Health Reform Implementation web page](#)

### Other Enacted Legislation of Interest

State	Subject	Bill Number	Summary
AR	Services for CSHCNs	S 90	Requires Medicaid coverage of early intervention day treatment
AZ	Behavioral health services	S 1523	Increases reimbursement for behavioral health services by 2 percent
ID	Services for CSHCNs	S 1326	Ends the state treatment program for adults and children with renal disease, beginning in FY 2014
LA	Behavioral health services	S 371	Directs the state to seek federal approval for a Medicaid upper payment limit mechanism to pay for outpatient behavioral health services for beneficiaries under age 21
MA	Private insurance	S 2112	Requires the state to review network adequacy, cost and quality-effectiveness of insurance products for children
MA	Private insurance	S 2148	Requires certain health plans to provide coverage for out-of-network medically-necessary services for certain individuals undergoing an active course of treatment at a comprehensive cancer center, pediatric hospital or pediatric specialty unit
MD	<ul style="list-style-type: none"> <li>• Medical homes</li> <li>• Services for CSHCNs</li> </ul>	S 150	Funds the planning and design of a chronic health home program
ME	<ul style="list-style-type: none"> <li>• Services for CSHCNs</li> <li>• Behavioral health services</li> <li>• Medicaid reform</li> </ul>	S 600	Reduces funds for services for children with behavioral problems who are in a residential setting; directs the state to develop a Section 1115 Medicaid waiver to allow state flexibility to manage its Medicaid program
MI	GME	H 4289	Reinstates a portion of funds that were reduced in FY 2012 for the Medicaid GME program
MI	<ul style="list-style-type: none"> <li>• Private insurance</li> <li>• Services for CSHCNs</li> </ul>	S 414/S 415	Requires private insurance coverage of autism-related diagnostic and treatment services for children up to age 18
MI	Services for CSHCNs	H 5365	Provides Medicaid and CHIP coverage for autism-related services for children through the age of 18
MN	<ul style="list-style-type: none"> <li>• Services for CSHCNs</li> <li>• Behavioral health services</li> </ul>	H 2294	Covers pediatric care coordination under Medicaid for children with high-cost conditions who are at risk of recurrent hospitalizations; requires Medicaid to cover inpatient mental health services provided by a physician assistant
MS	<ul style="list-style-type: none"> <li>• Medical homes</li> <li>• Medicaid reform</li> </ul>	H 421	Authorizes Medicaid to implement a patient-centered medical home and accountable care organization program

	(ACOs)		
<b>NE</b>	<ul style="list-style-type: none"> <li>• Services for CSHCNs</li> <li>• Behavioral health services</li> </ul>	L 968	Prohibits the elimination of Medicaid and CHIP coverage for private duty nursing services. Prohibits the Medicaid program from implementing: a limit on home health services of 240 hours per year; an increase in the level of care required to receive personal assistance services; a limit on personal assistance services to 3.5 hours per day and 60 hour per month; and a limit on behavioral health to 60 visits per year
<b>NM</b>	Private insurance	S 81	Requires private insurance coverage of prescription eye drop refills in plans that cover them
<b>NY</b>	Services for CSHCNs	A 9056	Requires Medicaid managed care plans to offer personal assistance programs to chronically ill or physically disabled enrollees
<b>OH</b>	<ul style="list-style-type: none"> <li>• Medicaid reform</li> <li>• Health IT</li> <li>• Services for CSHCNs</li> </ul>	H 487	Authorizes the exchange of information between state agencies to support Medicaid modernization efforts; authorizes the establishment of standards for health information exchanges consistent with federal certification standards; excludes children with cystic fibrosis, hemophilia or cancer who receive services through the medically-handicapped children's program from being enrolled in Medicaid managed care for a specified time period
<b>UT</b>	Health IT	A 46	Medical records of Medicaid and CHIP beneficiaries can be shared through electronic medical record exchange, unless a beneficiary opts out
<b>UT</b>	Medicaid reform	H 125	Authorizes the creation of a delivery system and payment reform pilot program for Medicaid dental benefits
<b>UT</b>	Services for CSHCNs	H 272	Requires the Medicaid agency to seek a waiver to provide services for children ages 2 - 6 with autism-spectrum disorders
<b>UT</b>	Medicaid reform (ACOs)	S 179	Allows funds generated by the state's existing hospital assessment to be used to support capitated rates for Medicaid accountable care organizations
<b>VA</b>	Services for CSHCNs	H 1301	Increases personal care reimbursement under community-based Medicaid waiver programs by 1 percent
<b>VT</b>	Private insurance	H 37	Requires all health plans, including Medicaid, to cover telemedicine services
<b>VT</b>	Private insurance	H 559	Prohibits an annual dollar limit on prescription drug benefits and limits out-of-pocket costs on prescription drugs
<b>VT</b>	<ul style="list-style-type: none"> <li>• Private insurance</li> <li>• Services for CSHCNs</li> </ul>	S 223	Requires private insurance coverage of early childhood developmental disorder diagnostic services, as well as related treatment services for children up to age 21

<b>WA</b>	Community benefit	H 2341	Requires nonprofit hospitals to make their community health needs assessment available to the public within 15 days of submission to the Internal Revenue Service
<b>WA</b>	<ul style="list-style-type: none"> <li>• Medical homes</li> <li>• Services for CSHCNs</li> </ul>	H 2127b	Directs the health care authority to implement the state option under the Affordable Care Act to provide health homes for Medicaid enrollees with chronic conditions
<b>WY</b>	Medicaid reform	S 34	Requires the department of health to examine options for redesigning the Medicaid program