at $3 million per year.

**Status:** PASSED HOUSE. Recommended Do Pass by the Senate Finance Committee. The bill remained in Senate Rules Committee and therefore DID NOT PASS.

**HB 343 (Newton-127th)** [Bill Link](#)

Requires prescription drug coinsurance or deductible amounts to be calculated at the point of sale based on a price reduced by an amount equal to at least 50% of all rebates received or to be received for the dispensing or administration of the prescription drug. The bill requires pharmacy benefit managers (PBMs) to report annually to the Department of Insurance the aggregate amounts received for rebates; administrative fees; insurer administrative service fees; rebates and administrative fees that did not pass through to health plans or insurers; retained rebate percentages; rebates and administrative fees used to decrease premiums; and the expected and actual premium impacts. Any health plan administered by the state is exempt from this bill, including the State Health Benefit Plan and Medicaid health plans, as well as self-funded employer-sponsored health insurance plans regulated under the 'Employee Retirement Income Security Act of 1974' (ERISA).

**Status:** PASSED HOUSE. Assigned to Senate Health and Human Services Committee. The bill failed to receive any recommendation from the committee and therefore did not progress this session.

**HB 358 (Bazemore-69th)** [Bill Link](#)

Requires local boards of education to include Human Immunodeficiency Virus (HIV) prevention information as well as the risks associated with tampon use in sexual education curriculum. The bill also encourages healthcare professionals that provide tampons to female patients to include written information about the risk of toxic shock syndrome.

**Status:** Recommended Do Pass by the House Public Health Committee. The bill remained in House Rules Committee and therefore DID NOT PASS.

**HB 362 (Mathiak-74th)** [Bill Link](#)

Requires benefit providers to provide a written account of payments and reimbursements for services to treating providers upon 30 days of a request being made.

**Status:** PASSED HOUSE. Tabled in the Senate and therefore DID NOT PASS.

**HB 520 (Jones-25th)** [Bill Link](#)

Authorizes the Department of Community Health (DCH) to collaborate with the Department of Behavioral Health and Developmental Disabilities (DBHDD) to study the psychiatric treatment residential facilities referral processes with the Department of Juvenile Justice (DJJ) and Department of Human Services (DHS). The bill prohibits health benefit plans from implementing step therapy protocol for medications prescribed to treat severe mental illness. DBHDD is authorized to work with certain other agencies to create guidance for standardized terminology such as the definition of serious mental illness. Definitions for homeless individuals, recidivism, and other terms may also be developed. DBHDD will also work with individuals to provide county-based coordinators to work with criminal justice and behavioral health providers to reduce jail admission of those in a mental health crisis that do not pose a public safety risk. A state-wide public-private partnership will be established by DBHDD to serve as a clearinghouse for best practices, information, and resources to support "familiar faces". These are individuals with serious mental illness that have frequent contact with criminal justice, homeless, and behavioral health systems. Subject to appropriations, DBHDD will develop a pilot program to assist jails in implementing behavioral health screening programs and protocols and create a grant program to create or expand jail in-reach and reentry programs which will focus on "familiar faces" and connect individuals with community resources. A comprehensive study on the public behavioral health workforce will be conducted by DBHDD to understand recruitment and retention issues, and target solutions to help with shortages. The bill adds certain members to the Behavioral Health Reform and Innovation Commission (BHRIC). BHRIC, with DBHDD, is required to develop a common definition of "serious mental illness" and include "familiar faces" to initiative coordination. BHRIC is tasked with creating a multi-year plan to expand the use of forensic peer mentors. BHRIC is required to establish a task force to build a continuum of care. The task force will comprehensively study access to inpatient behavioral health beds, and make recommendations on needed capacity building, youth specific care, and autism spectrum-related care. The task force will also formally review competency evaluation and restoration challenges, and forensic laws and regulations that affect those interacting with the behavioral health and criminal justice systems. This task force will study increased capacity of child and adolescent