By: Representative Cockerham

To: Appropriations C; Appropriations A

## HOUSE BILL NO. 1870

| 1<br>2<br>3<br>4<br>5 | AN ACT MAKING AN APPROPRIATION TO THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER TO CONDUCT A REVIEW AND PREPARE A REPORT ABOUT MEDICATIONS, TREATMENTS, AND HEALTH CARE SERVICES AVAILABLE TO MEDICAID RECIPIENTS WITH A DIAGNOSIS OF A RARE DISEASE, FOR THE FISCAL YEAR 2025. |
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| 6                     | BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI   |
| 7                     | SECTION 1. The following sum, or so much of it as may be   |
| 8                     | necessary, is appropriated out of any money in the State General   |
| 9                     | Fund not otherwise appropriated, to the University of Mississippi  |
| 10                    | Medical Center to conduct a review and prepare a report about  |
| 11                    | medications, treatments, and health care services available to   |
| 12                    | Medicaid recipients with a diagnosis of a rare disease, as   |
| 13                    | provided in Section 2 of this act, for the fiscal year beginning   |
| 14                    | July 1, 2024, and ending June 30, 2025   |
| 15                    | \$ 250,000.00  |
| 16                    | SECTION 2. (1) The money appropriated by Section 1 of this   |
| 17                    | act shall be used by the University of Mississippi Medical Center  |
| 18                    | to complete and publish a report that details the findings from a  |
| 19                    | review conducted by the medical center as provided under   |
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| 20 | subsection | (2) | of | this | section. | The | purpose | of | the | review | is | to |
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- 21 determine:
- 22 (a) If the covered medications, treatments, and health
- 23 care services available to Medicaid recipients with a diagnosis of
- 24 a rare disease are adequate to meet the needs of such recipients;
- 25 (b) Whether the Division of Medicaid should seek to add
- 26 or facilitate access to additional medications, treatments, or
- 27 services for such recipients; and
- 28 (c) Whether access impediments to such medications,
- 29 treatments and services exist or are projected to exist based on
- 30 the inadequacy of existing reimbursement methodologies or other
- 31 reasons.
- 32 (2) The review conducted by the medical center shall
- 33 include, without limitation, the following:
- 34 (a) An assessment of the extent to which the health
- 35 care transitional programs or services offered or covered by the
- 36 Division of Medicaid prepare, transfer, and integrate emerging
- 37 adults with rare diseases into the adult care setting;
- 38 (b) An assessment of the extent to which providers of
- 39 emergency medical services to Medicaid recipients are adequately
- 40 trained and otherwise prepared to treat and manage patients with
- 41 rare diseases presenting with vaso-occlusive crises, including,
- 42 without limitation, the extent to which such providers have
- 43 followed clinically validated algorithms and protocols regarding
- 44 such treatment and management;

| 45 | (c) The number of people with a rare disease who                |
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| 46 | experienced a hospitalization or an emergency department visit  |
| 47 | with a vaso-occlusive episode or pain crisis more than twice a  |
| 48 | year, including the average length of stay for each such visit; |
| 49 | (d) An assessment of existing reimbursement frameworks          |
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- and methodologies employed or expected to be employed by Division of Medicaid for drug products approved, or projected to be approved during the next five (5) years, for the treatment of rare diseases in the inpatient hospital setting, and whether such frameworks and methodologies may result in barriers to access to the products because of inadequate hospital reimbursement levels or other reasons; and
- (e) If any access barriers identified in paragraph (d) result from or otherwise relate to the state's reimbursement methodologies, an assessment of whether such methodologies may feasibly be modified and improved to the extent authorized under federal law, including, without limitation, through the adoption of policies authorizing reimbursement to hospitals for the cost of rare disease therapies administered in the inpatient setting at actual acquisition cost less all discounts, rebates or incentives, and voluntary outcomes-based payment arrangements with manufacturers that rely on Medicaid supplemental rebate mechanisms in connection with the utilization of such therapies.
- 68 (3) The report shall detail the results of the review and 69 shall include any recommendations for improvements in the delivery

- 70 of and access to health care services to the state's Medicaid
- 71 recipients with a diagnosis of a rare disease.
- 72 **SECTION 3.** The money appropriated by this act shall be paid
- 73 by the State Treasurer out of any money in the State General Fund
- 74 not otherwise appropriated, upon warrants issued by the State
- 75 Fiscal Officer; and the State Fiscal Officer shall issue his or
- 76 her warrants upon requisitions signed by the proper person,
- 77 officer or officers in the manner provided by law.
- 78 **SECTION 4.** This act shall take effect and be in force from
- 79 and after July 1, 2024.