

1 1. To implement provider rates reflecting a Medicaid-to-
2 Medicare fee index of 0.95;

3 2. To require prior authorization for all controlled
4 substances. An exception shall apply for Medicaid-eligible
5 individuals under the age of nineteen (19) years with an ICD-9
6 diagnosis code of 314.00-314.99 or their equivalent (attention
7 deficit disorders) and/or a diagnosis code of 299.00-299.99 or their
8 equivalent (autism spectrum disorders);

9 3. To require prior authorization for all nongeneric
10 pharmaceuticals for Medicaid-eligible individuals;

11 4. To decrease to five per month the number of prescriptions
12 allowed for Medicaid-eligible individuals over the age of eighteen
13 (18) years, except for those residing in long-term care facilities,
14 who shall be limited to eight prescriptions per month;

15 5. To limit reimbursements to six emergency room visits per
16 calendar year for Medicaid-eligible individuals; and

17 6. To implement a study to evaluate potential cost savings of a
18 competitive bidding process for durable medical equipment and
19 diabetic supplies.

20 SECTION 3. This act shall become effective November 1, 2014.

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22 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 02/13/2014 -
23 DO PASS, As Coauthored.