

Revised based on new information

**FISCAL NOTE**  
**LEGISLATIVE FISCAL ANALYST ESTIMATE**

<b>ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)</b>				
	<b>FY 2024-25</b>		<b>FY 2025-26</b>	
	<b>EXPENDITURES</b>	<b>REVENUE</b>	<b>EXPENDITURES</b>	<b>REVENUE</b>
GENERAL FUNDS	See below*		See below*	
CASH FUNDS				
FEDERAL FUNDS	See below*		See below*	
OTHER FUNDS				
TOTAL FUNDS	See below*		See below*	

**Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.**

This bill establishes reimbursement for pharmacy dispensing fees for pharmacies participating in the medical assistance program. Beginning in FY25, the Department of Health and Human Services (DHHS) is to establish a fee-for-service pharmacy dispensing fee reimbursement of \$10.38 per prescription until a cost of dispensing survey is completed. AM1418 limits the provision of increased pharmacy dispensing fee reimbursement to independent pharmacies, defined as those with 6 or fewer pharmacy locations. FA244 adds an emergency clause to the bill.

DHHS is to amend all Medicaid managed care organization (MCO) contracts to authorize establishment of a managed care pharmacy dispensing fee. The actual dispensing fee is to be determined by a survey administered by DHHS every two years. The estimated cost for the survey is \$75,000 every two years, and for purposes of this fiscal note, we assume the first survey to take place in FY25. FA235 provides that the study includes all pharmacies that participate in the Medical Assistance Program. The results will be enforceable to independent pharmacies only. Depending on the outcome of the survey, the cost in FY26 and future years may be different than the amount used in this fiscal note which is based on the \$10.38 reimbursement. The FY25 amount is used in FY26 for planning purposes.

Any dispensing fee cost information submitted to DHHS as a part of the cost of dispensing survey will remain confidential. The change in dispensing fee is to become effective following federal approval of the Medicaid state plan. No later than December 15, 2024, DHHS is to submit a report to the Clerk of the Legislature providing recommendations for adjusting pharmacy dispensing fees between completion of surveys to ensure fair and adequate reimbursement for pharmacies.

For the purposes of estimating the fiscal impact of the legislation, DHHS assumed the fee-for-service will increase from the current rate of \$10.02 to \$10.38, which is currently utilized in Iowa, and such an increase would begin July 1, 2025. The annual cost for claims that currently utilize a fee-for-service structure under the bill as amended is \$190.

The MCO dispensing fees are negotiated between the MCO and the individual pharmacy or chain, which is allowable per MCO contracts. MCOs currently pay professional dispensing fees in accordance with the type of pharmacy; MCOs pay different fees for independent, chain, specialty, and long-term care pharmacies. LB204 has the contingency of successfully executing a contractual agreement with the MCOs. DHHS indicates 1,538,305 total dispensing fees were claimed by independent pharmacies in FY23. The agency indicates that independent pharmacies received an average dispensing fee rate of \$5.8445 in FY23. The estimated cost to increase MCO dispensing fees from the current fee to \$10.38 for independent pharmacies only is estimated to be \$6,976,982. This increase will be passed along to the state in the form of capitation payments.

The total cost of both the MCO increase (\$6,976,982) and the fee-for-service (\$190) is \$6,977,172. Federal funds are available to offset part of the costs – DHHS assumes 80% of the Medicaid population are regular which receive a 58.6% federal contribution and 20% of the population are Medicaid Expansion which receive 90% federal medical assistance percentage (FMAP). The blended FMAP used for this estimate is 64.02% federal funds, \$4,466,786, and 35.98% general funds, \$2,510,386.

\*Note that there is sufficient appropriation in Agency 25 Program 348 for FY 2024-25 to absorb the \$2.5 million General Fund expenditure to increase the pharmacy dispensing fees for independent pharmacies. The A Bill earmarks existing funding in the Medical Assistance Program for use on this purpose and increases the General Fund appropriation to Program 33 Administration for the study pertaining to dispensing fee rates in Nebraska. Future years funding is uncertain, therefore the agency would need additional appropriation in the following biennium.

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE

LB: 204 AM: FA 235,244 AGENCY/POLT. SUB: Nebraska Department of Health & Human Services

REVIEWED BY: Ann Linneman DATE: 3-12-2024 PHONE: (402) 471-4180

COMMENTS: The Nebraska Department of Health and Human Services' analysis and estimate of fiscal impact to the department appears reasonable.

**LB (1) 204 FA235 FA244 FISCAL NOTE**

**2024**

**ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION**

State Agency or Political Subdivision Name:(2) Department of Health and Human Services

Prepared by: (3) John Meals

Date Prepared 3-4-2024

Phone: (5) 471-6719

	<u>FY 2024-2025</u>		<u>FY 2025-2026</u>	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
<b>GENERAL FUNDS</b>	\$2,533,027		\$2,510,597	
<b>CASH FUNDS</b>				
<b>FEDERAL FUNDS</b>	\$4,518,955		\$4,466,385	
<b>OTHER FUNDS</b>				
<b>TOTAL FUNDS</b>	\$7,051,982		\$6,976,982	

Return by date specified or 72 hours prior to public hearing, whichever is earlier.

**Explanation of Estimate:**

LB 204 with amendments increases and establishes pharmacy dispensing fees for independent pharmacies under the Medical Assistance Program by setting a standard rate for fee-for-service (FFS) and Managed Care Organizations (MCOs) beginning July 1, 2024. It also requires the completion of a cost of dispensing survey every two years, which will be administered by the Department of Health and Human Services (DHHS). The estimated cost for the use of a contractor to perform the cost survey is \$75,000 per survey (every two years). Consistent with the requirement to submit a report to the legislature containing information from the inaugural survey by December 15, 2024, the first survey and associated costs will be in SFY25.

The bill prescribes that the independent pharmacy dispensing fee for July 1, 2024 is to be increased to \$10.38, which is the basis for the costs included in this fiscal note. The estimated increase in fees for FFS is \$190.

The MCO dispensing fees are negotiated between the MCO and the individual pharmacy or chain, which is allowable per MCO contracts. MCOs currently pay professional dispensing fees in accordance with the type of pharmacy; MCOs pay different fees for independent, chain, specialty, and long-term care pharmacies. The estimated cost to increase all MCO dispensing fees for independent pharmacies from the current fee to \$10.38 is \$6,976,982. This increase will be passed along to the state in the form of capitation payments.

Total number of dispensing fees paid to independent pharmacies in SFY23	Total Dollar amount of dispensing fees paid to independent pharmacies in SFY23 @ \$5.8445	Projected total dollar amount of dispensing fees paid to independent pharmacies @ \$10.38	Projected fiscal impact to increase dispensing fees per LB204 AM 1418
1,538,305	\$8,990,624	\$15,967,606	\$6,976,982

**MAJOR OBJECTS OF EXPENDITURE**

PERSONAL SERVICES:	POSITION TITLE	NUMBER OF POSITIONS		2024-2025 EXPENDITURES	2025-2026 EXPENDITURES
		24-25	25-26		
Benefits.....					
Operating.....				\$75,000	
Travel.....					
Capital Outlay.....					
Aid.....				\$6,976,982	\$6,976,982
Capital Improvements.....					
<b>TOTAL.....</b>				<b>\$7,051,982</b>	<b>\$6,976,982</b>