**118th CONGRESS**

**1st Session**

**A BILL**

To amend title XIX of the Social Security Act to strengthen program integrity, expand access to primary and behavioral care, reform pharmacy benefit management, and increase transparency in Medicaid.

## SECTION 1. SHORT TITLE.

This Act may be cited as the **"Medicaid Integrity, Access, and Accountability Act of 2025."**

## SEC. 2. FINDINGS AND PURPOSE.

Congress finds that—

1. Medicaid is a critical safety net for over 80 million Americans;
2. Program integrity measures must ensure benefits reach eligible individuals while preventing waste, fraud, and abuse;
3. Access to primary, behavioral, and rural care reduces long-term costs;
4. Pharmacy benefit management practices must be transparent and cost-effective;
5. Public accountability requires transparent reporting of outcomes and spending.

## SEC. 3. DEFINITIONS.

In this Act:

- **"Secretary"** means the Secretary of Health and Human Services.
- **"State"** has the meaning given in section 1101(a)(1) of the Social Security Act.
- **"PBM"** means a pharmacy benefit manager as defined in section 1927(k).
- **"Global budget"** means a fixed annual payment to a provider entity for a defined set of services to a defined population.

## SEC. 4. ELIGIBILITY INTEGRITY.

(a) **Real-Time Verification.** Section 1902(e) of the Social Security Act (42 U.S.C. § 1396a(e)) is amended to require—

1. Real-time electronic verification of income, residency, and identity using federal and state databases;
2. Monthly cross-checks against death records, wage data, and other benefit programs.

(b) **Audit Trails.** States shall maintain immutable, time-stamped records of all eligibility determinations and renewals.

(c) **Public Reporting.** States shall publish monthly reports on redeterminations, terminations, and error rates.

# SEC. 5. WORK AND SKILLS SUPPORTS.

**(a) Demonstration Authority.** Section 1115 of the Social Security Act (42 U.S.C. § 1315) is amended to authorize states to operate demonstration projects that—

1. Connect able-bodied adult beneficiaries to employment, job training, education, or substance use recovery programs;
2. Automatically apply exemptions for individuals who are:
    - Medically frail;
    - Primary caregivers for a dependent child or disabled family member;
    - Pregnant or within 12 months postpartum;
    - Enrolled at least half-time in an accredited educational program.

**(b) Good-Cause Protections.** States shall not terminate coverage for failure to meet engagement requirements if the beneficiary demonstrates good cause, including administrative error, short-term illness, or temporary caregiving responsibilities.

**(c) Supportive Services.** States may use federal matching funds to provide transportation stipends, childcare referrals, and other supports necessary to meet engagement requirements.

# SEC. 6. PRIMARY CARE AND VALUE-BASED PAYMENTS.

**(a) Payment Floor.** Section 1902(a) of the Social Security Act (42 U.S.C. § 1396a(a)) is amended to require that primary care services be reimbursed at no less than 100% of the Medicare Part B rate for the same service in the same geographic area.

**(b) Care Team Integration.** States shall permit reimbursement for services provided by community health workers, behavioral health specialists, and other team members when integrated into primary care.

**(c) Outcome-Based Contracts.** States may enter into shared-savings arrangements with providers and managed care organizations that meet or exceed quality benchmarks, including chronic disease control, preventive service utilization, and reduced avoidable emergency department visits.

# SEC. 7. PHARMACY BENEFIT MANAGEMENT REFORM.

**(a) Ban on Spread Pricing.** Section 1927 of the Social Security Act (42 U.S.C. § 1396r–8) is amended to prohibit PBMs from retaining any portion of the difference between amounts paid to pharmacies and amounts charged to the state Medicaid program.

**(b) Pass-Through Rebates.** All manufacturer rebates, discounts, and other price concessions received by PBMs shall be passed through in full to the state Medicaid program.

**(c) Audit Rights.** States shall have the right to audit PBM contracts, pharmacy networks, and claims data to ensure compliance.

**(d) Expedited Access to Generics and Biosimilars.** Prior authorization requests for clinically appropriate generics or biosimilars shall be approved or deemed approved within 48 hours.

# SEC. 8. RURAL ACCESS AND TELEHEALTH.

**(a) Global Budgets for Rural Providers.** The Secretary may approve state plan amendments or waivers establishing fixed annual payments to rural hospitals and clinics to ensure financial stability, conditioned on maintaining access and quality standards.

**(b) Telehealth Parity.** States shall provide coverage and reimbursement for telehealth services, including audio-only where clinically appropriate, at rates equivalent to in-person services for primary care, behavioral health, and specialty consultations.

**(c) Mobile Clinics.** The Secretary shall award grants to states for the operation of mobile dental, vision, and primary care clinics in underserved areas.

# SEC. 9. BEHAVIORAL HEALTH INTEGRATION.

**(a) Same-Day Billing.** Section 1902(a) of the Social Security Act (42 U.S.C. § 1396a(a)) is amended to require that state plans permit reimbursement for primary care and behavioral health services furnished to the same patient on the same day at the same site of service.

**(b) Crisis Services Coverage.** State plans shall provide coverage for—

1. Mobile crisis intervention teams;
2. Short-term crisis stabilization facilities; and
3. Coordination with the 988 Suicide and Crisis Lifeline.

**(c) Substance Use Disorder Treatment.** States shall cover medication-assisted treatment, intensive outpatient programs, and peer support services without arbitrary visit or duration limits, subject to medical necessity.

# SEC. 10. TRANSPARENCY AND PUBLIC REPORTING.

**(a) Public Dashboards.** The Secretary shall require each state to maintain a publicly accessible online dashboard updated monthly with—

1. Enrollment totals and trends;
2. Redetermination and termination statistics;

3. Average appointment wait times by service type;
4. Emergency department utilization rates;
5. Key health outcomes, including maternal and behavioral health indicators; and
6. Per-member-per-month spending.

**(b) Contract Publication.** States shall publish all managed care organization and PBM contracts, including rate methodologies, performance guarantees, and penalties.

**(c) Complaint Tracker.** States shall maintain a public, time-stamped log of beneficiary complaints and grievances, including the date received, nature of the complaint, and resolution date.

# SEC. 11. EVALUATION AND SUNSET.

**(a) Independent Evaluation.** The Secretary shall contract with an independent entity to evaluate the impact of this Act on—

1. Program integrity and error rates;
2. Access to primary, behavioral, and rural care;
3. Health outcomes; and
4. Per-capita spending growth.

**(b) Sunset Clause.** The provisions of this Act shall terminate 5 years after the date of enactment unless the Secretary certifies to Congress that the reforms have met or exceeded benchmarks for access, quality, and budget neutrality.

# SEC. 12. APPROPRIATIONS AND BUDGET NEUTRALITY.

**(a) Appropriations.** There are authorized to be appropriated such sums as may be necessary to carry out this Act.

**(b) Budget Neutrality.** The Secretary shall ensure that demonstration projects and state plan amendments under this Act are budget neutral to the federal government over the applicable waiver or amendment period, consistent with section 1115 of the Social Security Act.

**(c) Shared Savings Reinvestment.** At least 50% of verified savings from program integrity measures, reduced emergency department utilization, and pharmacy reforms shall be reinvested in primary care, workforce supports, and rural access initiatives.