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§ 431.12 – Final Rule

Rules effective July 9, 2025

- States will be required to make revisions to the Medicaid Advisory Committee (MAC) and establish a new Beneficiary Advisory Council (BAC);
- States must develop and publish, by posting publicly on their website, bylaws for governance of the MAC and BAC along with a current list of members.
- Establishment of the revised MAC and new BAC: 1 year after the effective date of the final rule.
- At a minimum, the MAC and BAC must determine, in collaboration with the State, which topics to provide advice on related to:
 - Additions and changes to services;
 - Coordination of care;
 - Quality of services;
 - Eligibility, enrollment, and renewal processes;
 - Beneficiary and provider communications by State Medicaid agency and Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs as defined in § 438.2;
 - Cultural competency, language access, health equity, and disparities and biases in the Medicaid program;
 - Access to services; and
 - Other issues that impact the provision or outcomes of health and medical care services in the Medicaid program as determined by the MAC, BAC, or State.

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Medicaid Advisory Committee – Prior Requirements

- Prior Requirements – Membership
 - Board-certified physicians and other representatives of the health professions;
 - Members of consumer groups including Medicaid beneficiaries, and consumer organizations such as labor unions, cooperatives, consumer sponsored prepaid group practice plans, and others; and
 - The director of the public welfare department or public health department whichever agency does not have the Medicaid agency.

Medicaid Advisory Committee – New Requirements

- A percentage of MAC members must come from the BAC
 - 10% from July 9, 2025 - July 9, 2026
 - 20% from July 10, 2026 - July 10, 2027
 - 25% July 11, 2027 forward
- Remaining committee members must include representation from at least one of each of the following:
 - State or local consumer advocacy groups or other community-based organizations that represent the interests of or provide direct service to Medicaid beneficiaries clinical providers or administrators who are familiar with the health and social needs of Medicaid beneficiaries
 - As applicable participating Medicaid MCO, PIHP, PHP, PCCM or PCM entities, or a health plan associated with representing more than one such plan
 - Other state agencies that serve Medicaid beneficiaries as ex-officio, non-voting members.

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Beneficiary Advisory Council

- States must form and support a beneficiary Advisory Council (BAC) to advise the state regarding their experience with the Medicaid program.
- The BAC, which can be an existing beneficiary group, is comprised of:
 - Individuals who are currently or have been Medicaid beneficiaries.
 - Individuals with direct experience supporting Medicaid beneficiaries (family members and paid or unpaid caregivers of those enrolled in Medicaid).
- The BAC must meet separately from the MAC on a regular basis and in advance of each MAC meeting.

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