

# MAINE STATE LEGISLATURE

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HEALTH AND HUMAN SERVICES

Reported by:

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STATE OF MAINE  
SENATE  
120TH LEGISLATURE  
SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to S.P. 777, L.D. 2113, Bill, "An Act to Improve Access to Prescription Drugs for the Elderly"

Amend the bill by striking out the title and substituting the following:

**'An Act to Improve Access to Prescription Drugs for Persons who are Elderly or Disabled'**

Further amend the bill by inserting after the title and before the enacting clause the following:

**'Emergency preamble. Whereas,** Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** the inability of persons who are elderly and disabled to purchase prescription drugs is a risk to the health of those persons and a detriment to the families, communities and businesses of this State; and

**Whereas,** the availability of prescription drugs for this population will strengthen the State as a whole; and

**Whereas,** a Medicaid waiver could offer the State the opportunity to match state funds with federal funds and thereby expand the prescription drug program for elderly and disabled persons beginning as soon as a waiver is granted; and

2           **Whereas,** in the judgment of the Legislature, these facts  
4 create an emergency within the meaning of the Constitution of  
6 Maine and require the following legislation as immediately  
8 necessary for the preservation of the public peace, health and  
10 safety; now, therefore, '

12           Further amend the bill by striking out all of sections 3, 4  
14 and 5 and inserting in their place the following:

16           'Sec. 3. 22 MRSA §3174-G, sub-§1-C is enacted to read:

18           1-C. Prescription drug waiver program. Except as provided  
20 in paragraph G, the department shall apply to the federal Centers  
22 for Medicare and Medicaid Services for a waiver or amend a  
24 pending or current waiver under the Medicaid program authorizing  
26 the department to use federal matching dollars to enhance the  
28 prescription drug benefits available to persons who qualify for  
30 the elderly low-cost drug program established under section 254.  
32 The program created pursuant to the waiver is the prescription  
34 drug waiver program, referred to in this subsection as the  
36 "program."

38           A. As funds permit, the department has the authority to  
40 establish income eligibility levels for the program up to  
42 and including 200% of the federal nonfarm income official  
44 poverty level, except that for individuals in households  
46 that spend at least 40% of income on unreimbursed direct  
48 medical expenses for prescription medications, the income  
eligibility level is increased by 25%.

B. To the extent reasonably achievable under the federal  
waiver process, the program must include the full range of  
prescription drugs provided under the Medicaid program on  
the effective date of this subsection and must limit  
copayments and cost sharing for participants. If cost  
sharing above the nominal cost sharing for the Medicaid  
program is determined to be necessary, the department may  
use a sliding scale to minimize the financial burden on  
lower-income participants.

C. Coverage under the program may not be less beneficial to  
persons who meet the qualifications of section 254 than the  
coverage available under that section on September 30, 2001.

D. In determining enrollee benefits under the program, to  
the extent possible, the department shall give equitable  
treatment to coverage of prescription medications for  
cancer, Alzheimer's disease and behavioral health.



2 authorized it will result in an increase in Federal Expenditure  
Funds and possibly a reduction in General Fund spending.'

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### SUMMARY

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8 This amendment directs the Department of Human Services to  
apply for a Medicaid waiver to obtain federal matching funds to  
10 improve the provision of prescription drugs benefits to persons  
who are elderly or disabled who qualify for the elderly low-cost  
12 drug program. It retains the provisions of the bill that allow  
the department to use funds appropriated for the elderly low-cost  
14 drug program to match federal Medicaid funds when the waiver is  
granted. It allows cost sharing on a sliding scale. It retains  
16 the provisions of the bill that allow income eligibility to be  
increased to 200% of the nonfarm income official poverty level  
and adds an upward adjustment for persons with high spending for  
18 prescription drugs. It requires, to the extent possible,  
equitable consideration of drugs for cancer, Alzheimer's disease  
20 and behavioral health. It requires a report to the Joint  
Standing Committee on Health and Human Services by January 12,  
22 2003. It adds an emergency preamble and emergency clause. It  
also adds a fiscal note to the bill.