# MAINE STATE LEGISLATURE

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## 120th MAINE LEGISLATURE

### **SECOND REGULAR SESSION-2002**

Legislative Document

No. 2113

S.P. 777

In Senate, February 19, 2002

An Act to Improve Access to Prescription Drugs for the Elderly.

(AFTER DEADLINE)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

Reference to the Committee on Health and Human Services suggested and ordered printed.

PAMELA L. CAHILL Secretary of the Senate

Presented by Senator TREAT of Kennebec. Cosponsored by Representative LEMOINE of Old Orchard Beach and Senators: BROMLEY of Cumberland, DOUGLASS of Androscoggin, GAGNON of Kennebec, LONGLEY of Waldo, SMALL of Sagadahoc, Representatives: BROOKS of Winterport, FISHER of Brewer, KANE of Saco.

#### Be it enacted by the People of the State of Maine as follows:

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- Sec. 1. 22 MRSA §3174-G, sub-§1-A, as amended by PL 1999, c. 790, Pt. A, §25, is repealed.
- Sec. 2. 22 MRSA §3174-G, sub-§1-B, as amended by PL 1999, c. 731, Pt. KK, §1, is further amended to read:

1-B. Funding. funds implement State necessary to subsection 1-A 1-C must include General Fund appropriations and 10 Other Special Revenue allocations from the Fund for a Healthy Maine to the elderly low-cost drug program operated pursuant to 12 section 254, including rebates received in that program from 14 pharmaceutical manufacturers, that are no longer needed in that program as a result of the Medicaid waiver obtained pursuant to subsection 1-A 1-C. 16

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

20 1-C. Elderly prescription drug program. The department shall apply to the federal Centers for Medicare and Medicaid 22 Services for a waiver or amend a pending or current waiver under the Medicaid program authorizing the department to use federal 24 matching dollars to enhance the prescription drug benefits available to persons who qualify for the elderly low-cost drug 26 program established under section 254 on the effective date of this subsection. If funds permit, the department has the authority to establish income eligibility levels for the elderly 28 low-cost drug program for persons with income higher than the 30 income eligibility level established in section 254, provided that the income eliqibility limit does not exceed 200% of the 32 federal nonfarm income official poverty level. To the extent reasonably achievable under the federal waiver process, the 34 waiver must include the full range of prescription drugs provided under the Medicaid program on the effective date of this 36 subsection and limit copayments and cost sharing for participants. If the waiver is granted, the department is 38 authorized to use funds appropriated or allocated to provide prescription drugs under the elderly low-cost drug program 40 established in section 254 or the Healthy Maine Prescription Program established under section 258 to enhance prescription drug coverage under this section. The department is also 42 authorized to amend the waiver or adjust program requirements as 44 necessary to take advantage of enhanced federal matching funds that may become available. Coverage under a waiver under this 46 subsection must be no less beneficial to persons eliqible for the elderly low-cost drug program than the coverage available on September 30, 2001 under the program. 48

- If, upon thorough analysis, the department determines that a waiver under this subsection is not feasible or would not significantly benefit participants in the elderly low-cost drug program, the department may decide not to pursue it, but must, within 30 days of that decision and before taking action on that decision, report to the joint standing committee of the Legislature having jurisdiction over health and human services matters a detailed analysis of the reasons for reaching that decision.
- Sec. 4. 22 MRSA §3174-R, as enacted by PL 1997, c. 643, Pt.
  RR, §5, is amended to read:

#### §3174-R. Medicaid drug rebate program

16 The department shall enter into a drug rebate agreement with each manufacturer of prescription drugs under the Medicaid 18 program in accordance with Section 1927 of the federal Social Security Act, as long as the agreements are consistent with state 20 and federal law, are approved by the federal Health Care Finance Administration and result in a net increase in rebate revenue available to the Maine Medicaid Program. 22 Individual rebate agreements may vary. The department shall seek to achieve an 24 aggregate rebate amount from all agreements that is at least 6 percentage points higher than the percentage of the total Medicaid drug expenditures that the rebates would otherwise be 26 under Section 1927 of the federal Social Security Act. 28 increase in revenue from the Medicaid drug rebate program over accepted estimates as of the effective date of this section that 30 results in a higher percentage of the total Medicaid drug rebates must be reserved to provide coverage pursuant to section 3174-G, 32 subsection 1-A-1-C. In the event that the department is not able to achieve the rebate amount required by this section without compromising the best interest of Medicaid recipients and 34 the Medicaid drug rebate program, the department shall report to 36 the joint standing committee of the Legislature jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over 38 appropriations and financial affairs in the next regular session 40 of the 119th Legislature.

Sec. 5. Report. The Department of Human Services shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the status of the waiver request in the Maine Revised Statutes, Title 22, section 3174-G, subsection 1-C on or before January 12, 2003.

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#### **SUMMARY**

This bill requires the Department of Human Services to apply to the federal Centers for Medicare and Medicaid Services for a waiver or amend a pending or current waiver under the Medicaid program authorizing the department to use federal matching dollars to enhance the prescription drug benefits available to persons who currently qualify for the elderly low-cost drug program.