MAINE STATE LEGISLATURE

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121st MAINE LEGISLATURE

FIRST REGULAR SESSION-2003

Legislative Document

No. 1634

S.P. 590

In Senate, June 11, 2003

An Act To Improve the Maine Rx Program

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

JOY J. O'BRIEN Secretary of the Senate

Presented by Senator TREAT of Kennebec. (GOVERNOR'S BILL)

Cosponsored by Representative KANE of Saco and

Senators: BRENNAN of Cumberland, MAYO of Sagadahoc, TURNER of Cumberland,

Representatives: LEMOINE of Old Orchard Beach, RICHARDSON of Brunswick.

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Sec. 1. 22 MRSA c. 603, sub-c. 1 is amended by repealing the subchapter headnote and enacting the following in its place:

SUBCHAPTER 1

MAINE RX PLUS PROGRAM

 Sec. 2. 22 MRSA $\S2681$, as amended by PL 2001, c. 358, Pt. Q, $\S6$ and c. 405, $\S2$ and affected by $\S3$, is further amended by repealing the section headnote and enacting the following in its place:

§2681. Maine Rx Plus Program established

Sec. 3. 22 MRSA §2681, first ¶, as enacted by PL 1999, c. 786, Pt. A, §3, is amended to read:

The Maine Rx Plus Program, referred to in this subchapter as the "program," is established to reduce prescription drug prices and to improve the quality of health care for residents of the State. The program is designed-for-the-State-to administered by the department and must utilize manufacturer rebates and pharmacy discounts to reduce prescription drug prices. In-implementing the-program, the State-shall-serve-as-a-pharmacy-benefit-manager in-establishing-rebates-and-discounts-on-behalf-of-qualified residents.

Sec. 4. 22 MRSA §2681, sub-§§1, 2, 4, 5 and 6, as enacted by PL 1999, c. 786, Pt. A, §3, are amended to read:

- 1. Program goals. The Legislature finds that affordability is critical in providing access to prescription drugs for Maine residents. This subchapter is enacted by the Legislature to enable the State to act—as—a-pharmacy—benefit—manager—in—erder take steps to make prescription drugs more affordable for qualified Maine residents, thereby increasing the overall health of Maine residents, promoting healthy communities and protecting the public health and welfare, and to integrate the program as part of any statewide program for the uninsured. It is not the intention of the State to discourage employers from offering or paying for prescription drug benefits for their employees or to replace employer-sponsored prescription drug benefit plans that provide benefits comparable to those made available to qualified Maine residents under this subchapter.
- 2. Definitions. As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings.

2	A. "Average wholesale price" means the wholesale price charged on a specific commodity that is assigned by the drug
4	manufacturer and is listed in a nationally recognized drug pricing file.
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8	A-1. "Covered drugs" means drugs that are on the MaineCare preferred drug list established and revised from time to time by the department pursuant to its authority to operate
10	the MaineCare program.
12	B. "Initial discounted price" for a drug means a-price-that is-less-than-or-equal-to-the-average wholesale-price,-minus
14	6%,plusthedispensingfeeprovidedundertheMedicaid programunderthisTitle the price the department pays
16	MaineCare participating retail pharmacies for that drug for MaineCare members.
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	C. "Labeler" means an entity or person that receives
20	prescription drugs from a manufacturer or wholesaler and repackages those drugs for later retail sale and that has a
22	labeler code from the federal Food and Drug Administration under 21 Code of Federal Regulations, 207.20 (1999).
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	D. "Participating retail pharmacy" or "retail pharmacy"
26	means a retail pharmacy located in this State, or another business licensed to dispense prescription drugs in this
28	State, that participates in the program and-that-prevides discounted-prices-to-residents-as-provided-in-subsection-5.
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	E"Pharmacy-benefit-manager"-means-an-entity-that-procures
32	preseription-drugs-at-a-negotiated-rate-under-a-centract-
34	F. "Qualified resident" means a resident of the State who has ebtained-from-the-department-a-Maine-Rx enrollment-eard
36	a family income equal to or less than 350% of the federal
	poverty level and who is enrolled in the program.
38	"Qualified resident" also means a resident of the State
	whose family incurs unreimbursed expenses for prescription
40	drugs that equal 5% or more of family income or whose total
	unreimbursed medical expenses equal 15% or more of family
42	income. For purposes of this paragraph, the cost of drugs
	provided under this subchapter is considered an expense
44	incurred by the family for eligibility determination purposes.
46	<u>C. A. C. A. A. A. T.</u>
40	G. "Secondary discounted price" means a-price that is equal
48	teerless-thantheinitialdiscountedpriceminusthe
4 0	amount-of-any-rebate-paid-by-the-State-to-the-participating
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retail--pharmacy the initial discounted price minus any
further discounts paid for out of the fund.

4. Rebate amount. The commissioner shall negotiate the amount of the rebate required from a manufacturer or labeler in accordance with this subsection.

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- A. The commissioner shall take into consideration the rebate calculated under the Medicaid Rebate Program pursuant to 42 United States Code, Section 1396r-8, the average wholesale price of prescription drugs and any other information on prescription drug prices and price discounts.
- B. The commissioner shall use the commissioner's best efforts to obtain an initial rebate amount equal to or greater than the rebate calculated under the Medieaid MaineCare program pursuant to 42 United States Code, Section 1396r-8.
- C. With respect to the rebate taking effect no later than October 1, 2001 2004, the commissioner shall use the commissioner's best efforts to obtain an amount equal to or greater than the amount of any discount, rebate or price reduction for prescription drugs provided to the Federal Government.
 - 5. Discounted prices for qualified residents. Any Each participating retail pharmacy that—sells—preseription—drugs eevered—by—a—rebate—agreement—pursuant—te—subsection—3—shall discount—the—retail—price—of—those—drugs—seld—te—qualified residents shall sell covered drugs to qualified residents at the lower of the initial discounted price and the secondary discounted price as such prices are determined by the department pursuant to this subchapter.
- A. The department shall establish discounted prices for drugs covered by a rebate agreement and shall promote the use of efficacious and reduced-cost drugs, taking into consideration reduced prices for state and federally capped drug programs, differential dispensing fees, administrative overhead and incentive payments.
 - B. Beginning January 1, 2001 2004, a participating retail pharmacy shall offer the initial discounted price.
- C. No later than October 1, 2001 2004, a participating retail pharmacy shall offer the secondary discounted price if available.

D---In-determining-the-amount-of-discounted-prices,--the department-shall-consider-an-average-of-all-rebates-provided 2 pursuant-to-subsection-4,-weighted-by-sales-of-drugs-subject to-these-rebates-over-the-most-recent-12-month-period-for which-the-information-is-availableĥ Operation of program. The requirements of this subsection apply to participating retail pharmacies. 8 The Maine Board of Pharmacy shall adopt rules requiring 10 disclosure by participating retail pharmacies to qualified residents of the amount of savings provided as a result of 12 program. The rules must consider and information that is proprietary in nature. Rules adopted 14 pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter II-A 2-A. 16 18 The department may not impose transaction charges under this program on retail pharmacies that submit claims or 20 receive payments under the program. A participating retail pharmacy shall submit claims to 22 the department to verify the amount charged to qualified residents under subsection 5. 24 26 On a weekly or biweekly basis, the department must reimburse a participating retail pharmacy for the difference between the initial discounted price and the secondary 28 discounted price provided to qualified residents 30 under subsection 5 and-professional-fees, which must be set by-the-commissioner. The-amount-of-the-initial-professional 32 fee-must-be-set-at-\$3-per-preseription-34 E--- The-department-shall-collect-utilization-data-from-the participating-retail--pharmacies-submitting-claims-necessary 36 to-calculate-the-amount-of-the-rebate-from-the-manufacturer or----labeler ---- The----department---- shall --- protect---- the 38 confidentiality----of----all----information----subject----to confidentiality-protection-under-state-or-federal-law/-rule 40 er-regulation.

F. The department shall conduct ongoing quality assurance activities similar to those used in the MaineCare program.

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Sec. 5. 22 MRSA §2681, sub-§7, as enacted by PL 1999, c. 786, Pt. A, §3 and amended by PL 2001, c. 405, §2 and affected by §3, is repealed and the following enacted in its place:

7. Action with regard to nonparticipating manufacturers and labelers. The names of manufacturers and labelers who do not

- enter into rebate agreements pursuant to this subchapter are

 public information. The department shall release this information to health care providers and the public. The department shall impose prior authorization requirements in the MaineCare program, as permitted by law, to the extent the department determines it is appropriate to do so in order to encourage manufacturer and labeler participation in the program and so long as the additional prior authorization requirements remain consistent with the goals of the MaineCare program and the requirements of the federal Social Security Act, Title 19.
- 12 This subsection is repealed when subsection 7-A takes effect.

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- Sec. 6. 22 MRSA §2681, sub-§7-A is enacted to read:
- 16 7-A. Action with regard to nonparticipating manufacturers and labelers. The names of manufacturers and labelers who do and 18 do not enter into rebate agreements pursuant to this subchapter are public information. The department shall release this information to health care providers and the public on a regular 20 basis and shall publicize participation by manufacturers and 22 labelers that is of particular benefit to the public. The department shall impose prior authorization requirements in the 24 MaineCare program, as permitted by law, to the extent the department determines it is appropriate to do so in order to 26 encourage manufacturer and labeler participation in the program and so long as the additional prior authorization requirements 28 remain consistent with the goals of the MaineCare program and the requirements of the federal Social Security Act, Title 19.

This subsection takes effect on the date that the department begins offering prescription drug benefits under the program.

- Sec. 7. 22 MRSA §2681, sub-§8, as enacted by PL 1999, c. 786, Pt. A, §3, is repealed.
- Sec. 8. 22 MRSA §2681, sub-§9, as amended by PL 2001, c. 358, Pt. Q, §6, is amended to read:
- Dedicated fund. The Maine Rx Plus Dedicated Fund, 40 referred to in this section as the "fund," is established to 42 receive revenue from manufacturers and labelers who pay rebates as provided in subsection 4 and any appropriations or allocations The purposes of the fund are to: 44 designated for the fund. reimburse retail pharmacies for discounted prices provided to qualified residents pursuant to subsection 5; to reimburse the 46 department for contracted services including pharmacy claims 48 processing fees, administrative and associated computer costs, professional-foos-paid-to-participating-retail-pharmacies and 50 other reasonable program costs; and to benefit the elderly

low-cost drug program under section 254. The fund is a nonlapsing dedicated fund. Interest on fund balances accrues to 2 the fund. Surplus funds in the fund must be used for the benefit of the program. Notwithstanding Title 5, section 1585, surplus funds may also be transferred to the elderly low-cost drug 6 program established under section 254. Sec. 9. 22 MRSA §2682, as amended by PL 2001, c. 471, Pt. E, §§5 to 7 and affected by §8, is further amended by repealing the section headnote and enacting the following in its place: 10 12 \$2682. Display of Maine Rx Plus Program participation information Sec. 10. 22 MRSA §2693, sub-§1, ¶¶A and B, as enacted by PL 14 1999, c. 786, Pt. A, §3, are amended to read:

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A. By July 1, 2002 2005, the department shall adopt rules establishing the procedures for adoption and periodic review of maximum retail prices, the procedures for establishing maximum retail prices for new prescription drugs and for reviewing maximum retail prices of selected drugs and the procedures for phasing out or terminating maximum retail prices. Prior to adopting rules pursuant to this paragraph, the commissioner shall consult with and consider the recommendations of the commission regarding the rules.

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B. By January 5, 2003 $\underline{2006}$, the commissioner shall determine whether the cost of prescription drugs provided to qualified residents under the Maine Rx \underline{Plus} Program pursuant to subchapter I $\underline{1}$ is reasonably comparable to the lowest cost paid for the same drugs delivered or dispensed in the State. In making this determination the following provisions apply.

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(1) The commissioner shall review prescription drug use in the Medieaid MaineCare program using data from the most recent 6-month period for which data is available.

40 42 (2) Using the data reviewed in subparagraph (1), the commissioner shall determine the 100 drugs for which the most units were provided and the 100 drugs for which the total cost was the highest.

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(3) For each prescription drug listed in subparagraph (2), the commissioner shall determine the cost for each drug for qualified residents who are provided those drugs under the Maine Rx Plus Program on a certain date. The average cost for each such drug must be calculated.

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- 2 (4) For each prescription drug listed in subparagraph (2), the commissioner shall determine the lowest cost for each drug paid by any purchaser on the date that is used for subparagraph (3) delivered or dispensed in the State, taking into consideration the federal supply
- State, taking into consideration the federal supply schedule and prices paid by pharmaceutical benefits managers and by large purchasers and excluding drugs purchased through the Maine Rx Plus Program. The
- 10 average cost for each such drug must be calculated.
- 12 If the average cost for one or more prescription drugs under the Maine Rx Plus Program as determined in 14 subparagraph (3) is not reasonably comparable to the average lowest cost for the same drug or drugs as 16 determined in subparagraph (4), the commissioner shall establish maximum retail prices for anv 18 prescription drugs insold the State. Maximum prescription drug prices established under

Sec. 11. PL 2001, c. 405, §3 is amended to read:

Sec. 3. Effective date. This Act takes effect on the date that the Department of Human Services begins offering prescription drug benefits under the Maine Rx Plus Program as defined established in the Maine Revised Statutes, Title 22, section 2681.

subparagraph must take effect July 1, 2003 2006.

Sec. 12. Appropriations and allocations. The following appropriations and allocations are made.

32 HUMAN SERVICES, DEPARTMENT OF

Maine Rx Plus Program

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36 Initiative: Appropriates funds for the following unfunded which a positions for position count has already 38 one Social Services Program Manager position, one established: Comprehensive Health Planner II position, one Financial Analyst position, one Senior Medical Claims Adjuster position and 2 Clerk 40 Typist III positions. It also appropriates funds for necessary operating costs, including outreach activities, claims management 42 services and for costs associated with the issuance 44 prescription cards.

46	General Fund	2003-04	2004-05
	Personal Services	\$172,022	\$344,044
48	All Other	627,978	1,655,956

2	General Fund Total	\$800,000	\$2,000,000
2 4	HUMAN SERVICES, DEPARTMENT OF DEPARTMENT TOTALS	2003-04	2004-05
6	GENERAL FUND	\$800,000	\$2,000,000
8	DEPARTMENT TOTAL - ALL FUNDS	\$800,000	\$2,000,000
10	PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF		
12	Licensing and Enforcement		
14	-		
16	Initiative: Provides for the approp costs associated with the Maine Board associated with the Maine Rx Plus Progr	of Pharmacy to	
18	General Fund	2003-04	2004-05
20	All Other	\$0	\$2,500
22	General Fund Total	\$0	\$2,500
24	PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF		
26	DEPARTMENT TOTALS	2003-04	200405
28	GENERAL FUND	\$0	\$2,500
30	DEPARTMENT TOTAL - ALL FUNDS	\$0	\$2,500
32	SECTION TOTALS - ALL FUNDS	\$800,000	\$2,002,500
34	CUD ER E A DAY		
36	SUMMARY		
38	This bill changes the name of the Maine Rx Plus Program. It defines "c Rx Plus Program to mean drugs that are	overed drugs"	in the Maine
40	drug list established by the Departme changes the definition of "qualified	ent of Human S	ervices. It
42	Plus Program to mean a resident of t	he State who l	nas a family
44		lified resident	" also means
46	a resident of the State whose family i for prescription drugs that equal 5% of	or more of fami	ly income or
10	whose total unreimbursed medical expe		

family income. It changes the definition of "initial discounted price" and specifies the price at which a participating retail

drugs to

sell covered

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pharmacy

shall

qualified resident. It directs the Department of Human Services to conduct ongoing quality assurance activities similar to those used in the MaineCare program. It changes dates for certain activities to be undertaken in connection with the Maine Rx Plus Program. It appropriates funds for unfunded positions for which a position count has already been established and for necessary operating costs in connection with the Maine Rx Plus Program. It also appropriates funds for the costs associated with the adoption of rules associated with the Maine Rx Plus Program by the Maine Board of Pharmacy.