MAINE STATE LEGISLATURE

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2	Date: 4-7-11 (Filing No. H-518)
3	Reproduced and distributed under the direction of the Clerk of the House.
4	STATE OF MAINE
5	HOUSE OF REPRESENTATIVES
6	125TH LEGISLATURE
7	FIRST REGULAR SESSION
8 9 10	HOUSE AMENDMENT "A" to COMMITTEE AMENDMENT "A" to H.P. 272, L.D. 346, Bill, "An Act To Reimburse Pharmacies under the MaineCare Program Based on Wholesale Acquisition Costs"
11	Amend the amendment by striking out all of sections 1 and 2.
12 13 14	Amend the amendment in section 3 in the 3rd line (page 2, line 1 in amendment) by inserting after the following: "prescription drug" the following: ', including member copayments,'
15	Amend the amendment by striking out all of sections 4 and 5.
16 17	Amend the amendment by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.
18	SUMMARY
19 20 21 22 23	This amendment strikes provisions in Committee Amendment "A" authorizing pharmacies to charge copayments for prescription drugs under the MaineCare program in compliance with federal law and requires the inclusion of member copayments in the review by the Department of Health and Human Services of the cost of dispensing prescription drugs under the MaineCare program.
24	FISCAL NOTE REQUIRED
25	(See attached)
26	SPONSORED BY: Forto Street and
27	(Representative STUCKEY)
10	TOWN. Deather 4



125th MAINE LEGISLATURE

LD 346

LR 978(04)

An Act To Reimburse Pharmacies under the MaineCare Program Based on Wholesale Acquisition Costs

Fiscal Note for House Amendment "A" Sponsor: Rep. Stuckey of Portland
Fiscal Note Required: Yes

Fiscal Note

	FY 2011-12	FY 2012-13	Projections FY 2013-14	Projections FY 2014-15
Net Cost (Savings)				
General Fund	(\$27,500)	\$0	\$0	\$0
Appropriations/Allocations			•	
General Fund	(\$27,500)	\$0	\$0	\$0
Federal Expenditures Fund	(\$27,500)	\$0	\$0	\$0

Fiscal Detail and Notes

Amendment would remove the need for an appropriation and an allocation in 2011-12 and would remove the potential for savings, leaving minor costs that can be absorbed by the Department of Health and Human Services within existing budgeted resources.