LC01682/SUB A

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2002

AN ACT

RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY ACT

Introduced By: Representatives Costantino, Ginaitt, Fox, Moura, and Dennigan

Date Introduced: February 05, 2002

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 42-66.2-3, 42-66.2-4, 42-66.2-5, 42-66.2-6 and 42-66.2-10 of the

General Laws in Chapter 42-66.2 entitled "Pharmaceutical Assistance to the Elderly Act" are

hereby amended to read as follows:

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4 **42-66.2-3. Definitions. --** As used in this chapter, unless the context requires otherwise:

(1) "Consumer" means any full-time resident of the state who fulfills the eligibility

requirements set forth in section 42-66.2-5. Residence for purposes of this chapter shall be in

accordance with the definitions and evidence standards set forth in section 17-1-3.1.

8 (2) "Contractor" means a third party or private vendor capable of administering a

program of reimbursement for prescription drugs, and drug program eligibility administrative

support as required by the director, the vendor to be determined through a competitive bid process

in which the director awards a three (3) year contract for services.

(3) "Department" means the department of elderly affairs.

13 (4) "Director" means the director of the department of elderly affairs.

14 (5) (i) "Drugs" and "e ligible "Eligible drugs" means insulin and shall mean noninjectable

15 drugs which require a physician's prescription according to federal law and which are contained

in the following American hospital formulary service pharmacologic-therapeutic classifications

17 categories that have not been determined by the federal "drug efficacy and safety implementation

18 (DESI) commission" to lack substantial evidence of effectiveness. Drugs and eligible Eligible

drugs are limited to the following classification categories: cardiac drugs, hypotensive drugs,

diuretics, anti-diabetic agents, insulin, disposable insulin syringes, vasodilators (cardiac indications only), anticoagulants, hemorreolgic agents, glaucoma drugs, drugs for the treatment of Parkinson's disease, antilipemic drugs and oral antineoplastic drugs and drugs for the treatment of asthma and other chronic respiratory diseases and prescription vitamin and mineral supplements for renal patients, and drugs approved for the treatment of Alzheimer's disease, drugs used for the treatment of depression, those drugs approved for the treatment of urinary incontinence, anti infectives, drugs used for the treatment of arthritis, drugs approved for the treatment of osteoporosis, and neuraminidase inhibiting drugs indicated for the treatment of influenza A and B.

- (ii) "Additional drugs" shall mean noninjectable drugs which require a physician's prescription according to federal law and which are contained in the American hospital formulary service pharmacologic-therapeutic classifications categories that have not been determined by the federal "drug efficacy and safety implementation (DESI) commission" to lack substantial evidence of effectiveness, which are not included in the definition of drugs as defined in section 42-66.2-3(5). However, this shall not include prescription drugs used for cosmetic purposes.
- (6) "Income" for the purposes of this chapter means the sum of federal adjusted gross income as defined in the Internal Revenue Code of the United States [26 U.S.C. section 1 et seq.] and all nontaxable income including but not limited to, the amount of capital gains excluded from adjusted gross income, alimony, support money, nontaxable strike benefits, cash public assistance and relief (not including relief granted under this chapter), the gross amount of any pension or annuity (including Railroad Retirement Act benefits [45 U.S.C. section 231 et seq.] all payments received under the federal Social Security Act [42 U.S.C. section 301 et seq.] state unemployment insurance laws, and veterans' disability pensions), nontaxable interest received from the federal government or any of its instrumentalities, workers' compensation, and the gross amount of "loss of time" insurance. It does not include gifts from nongovernmental sources, or surplus foods or other relief in kind supplied by a public or private agency.
- (7) "Pharmaceutical manufacturer" means any entity holding legal title to or possession of a national drug code number issued by the federal food and drug administration.
- 30 (8) "Pharmacy" means a pharmacy licensed by the state of Rhode Island and whose place31 of business is physically located within the state.
- 32 (9) "Pilot program contractor" means Blue Cross and Blue Shield of Rhode Island.
- 33 <u>42-66.2-4. Amount of payment. --</u> The state shall pay the percentage rate of the maximum allowable amount per prescription as formulated in the contract, as of the date of

purchase of the drug, between the contractor and participating pharmacies in accordance with the
income eligibility and co-payment shares set forth in section 42-66.2-5. The pharmacy shall
collect from the consumer the percentage rate of the maximum allowable amount per prescription
as formulated in the contract, as of the date of the purchase of the eligible drug or additional
drug, between the contractor and participating pharmacies in accordance with the income
eligibility and co-payment shares set forth in section 42-66.2-5. Payment for eligible drugs
pursuant to this chapter shall only apply to purchases made on or after October 1, 1985.

- <u>42-66.2-5. Persons eligible. --</u> (a) Persons eligible for assistance under the provisions of this chapter include any resident of the state who is at least sixty-five (65) years of age. State and consumer co-payment shares for those persons, shall be determined as follows:
- (1) For unmarried persons or married persons living separate and apart whose income for the calendar year immediately preceding the year in which assistance is sought is:
- (i) Less than fifteen thousand nine hundred and thirty-two dollars (\$15,932) the state shall pay sixty percent (60%) of the cost of the prescriptions and the consumer shall pay forty percent (40%) of the cost of the prescriptions;
- (ii) More than fifteen thousand nine hundred and thirty-two dollars (\$15,932) and less than twenty thousand dollars (\$20,000), the state shall pay thirty percent (30%) of the cost of the prescriptions and the consumer shall pay seventy percent (70%) of the cost of the prescriptions; and
- (iii) More than twenty thousand dollars (\$20,000) and less than thirty-five thousand dollars (\$35,000), the state shall pay fifteen percent (15%) of the cost of prescriptions and the consumer shall pay eighty-five percent (85%) of the cost of prescriptions.
- (2) For married persons whose income for the calendar year immediately preceding the year in which assistance is sought hereunder when combined with any income of the person's spouse in the same year is:
- (i) Nineteen thousand nine hundred and sixteen dollars (\$19,916) or less, the state shall pay sixty percent (60%) of the cost of the prescriptions and the consumer shall pay forty percent (40%) of the cost of the prescriptions;
- (ii) More than nineteen thousand nine hundred and sixteen dollars (\$19,916) and less than twenty-five thousand dollars (\$25,000), the state shall pay thirty percent (30%) of the cost of the prescriptions and the consumer shall pay seventy percent (70%) of the cost of prescriptions; and
 - (iii) More than twenty-five thousand dollars (\$25,000) and less than forty thousand dollars (\$40,000), the state shall pay fifteen percent (15%) of the cost of prescriptions and the

- consumer shall pay eighty-five percent (85%) of the cost of prescriptions.
- 2 (3) Eligibility may also be determined by using income data for the ninety (90) days 3 prior to application for benefits and projecting that income on an annual basis. The income levels 4 shall not include those sums of money expended for medical and pharmaceutical that exceed 5 three percent (3%) of the applicant's annual income or three percent (3%) of the applicant's
- 6 preceding ninety (90) day income computed on an annual basis.

- (b) On July 1 of each year, the maximum amount of allowable income for both unmarried and married residents set forth in subsection (a) shall be increased by a percentage equal to the percentage of the cost of living adjustment provided for social security recipients.
 - (c) Notwithstanding the foregoing provisions of this section, no person whose prescription drug expenses are paid or reimbursable, either in whole or in part, by any other plan of assistance or insurance is eligible for assistance under this section, until the person's prescription drug coverage is exhausted during a benefit year, and as provided in subsection (d).
 - (d) The fact that some of a person's prescription drug expenses are paid or reimbursable under the provisions of medicare, part B, shall not disqualify that person, if he or she is otherwise eligible, to receive assistance under this chapter. In those cases, the state shall pay sixty percent (60%) of the cost of those prescriptions for qualified drugs for which no payment or reimbursement is made by the federal government.
 - (e) Eligibility for receipt of any other benefit under any other provisions of the Rhode Island general laws as a result of eligibility for the pharmaceutical assistance program authorized under this section shall be limited to those persons whose income qualify them for a sixty percent (60%) state co-payment share of the cost of prescriptions.
- 23 (f) For all additional drugs, the consumer shall pay one hundred percent (100%) of the 24 cost of prescriptions as set forth in section 42-66.2-4.
 - <u>42-66.2-6.</u> Responsibilities of department of elderly affairs. -- (a) Determination of eligibility. The department shall adopt regulations relating to the determination of eligibility of prospective consumers and the determination and elimination of program abuse. The department has the power to declare ineligible any consumer who abuses or misuses the established prescription plan. The department has the power to investigate cases of suspected provider or consumer fraud.
 - (b) Rebates for expenses prohibited. (1) A system of rebates or reimbursements to the consumer for pharmaceutical expenses shall be prohibited.
 - (2) Subdivision (1) shall not be interpreted to exclude other consumers not participating in the pharmaceutical assistance to the elderly program from receiving financial offers or

- 1 redeemable coupons that are available to only those who have paid for the service or product
- 2 through direct cash payment, insurance premiums, or cost sharing with an employer.
- 3 (c) Program criteria. - The program includes the following criteria:
- 4 (1) Collection of the co-payment by pharmacies is mandatory;

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- 5 (2) Senior citizens participating in the program are not required to maintain records of 6 each transaction but shall sign a receipt for eligible and additional drugs;
- 7 (3) (i) A system of rebates or reimbursements to the consumer for pharmaceutical 8 expenses is prohibited;
 - (ii) This subdivision shall not be interpreted to exclude other consumers from receiving financial offers or redeemable coupons that are available to only those who have paid for the service or product through direct cash payment, insurance premiums, or cost sharing with an employer.
 - (4) Prescription benefits for any single prescription may be dispensed in the amounts authorized by the physician, and agreed to by the consumer, up to a maximum of a one hundred (100) day supply or two hundred (200) doses, whichever is less and/or a one hundred (100) day supply or one quart of liquid, whichever is less; provided, however, that disposable insulin syringes are dispersed in a quantity of one hundred (100);
 - (5) Experimental drugs are excluded from the program.
- 19 (6) A system of mail order delivery for prescriptions is prohibited under this program; 20 and
 - (7) Eligible and additional drugs must be dispensed within one year of the original prescription order.
 - (d) The director shall issue an eligibility card containing a program ID number and the time period for which the card is valid.
- 25 (e) The director shall institute and conduct an educational outreach program and shall 26 provide a mechanism, within the department, to handle all public inquiries concerning the 27 program.
- 28 (f) The director shall establish a process, in accordance with the Administrative Procedures Act, chapter 35 of this title, to provide an appeals hearing on the determination of eligibility.
- 31 (g) The director shall forward to the contractor a list of all eligible consumers.
- 32 42-66.2-10. Pharmaceutical manufacturer drug rebates. -- (a) The director shall enter 33 into prescription drug rebate agreements with individual pharmaceutical manufacturers under 34 which the department shall receive a rebate from the pharmaceutical manufacturer equal to the

additional prescription drug dispensed under the program. Each prescription drug rebate agreement shall provide that the pharmaceutical manufacturer shall make quarterly rebate payments to the department equal to the basic rebate supplied by the manufacturer under 42 U.S.C. section 1396a for the total number of dosage units of each form and strength of a prescription drug which the department reports as reimbursed to providers of prescription drugs, provided these payments shall not be due until thirty (30) days following the manufacturer's receipt of utilization data from the department including the number of dosage units reimbursed to providers of eligible prescription drugs during the quarter for which payment is due.

- (b) (1) Upon receipt of the utilization data from the department, the pharmaceutical manufacturer shall calculate the quarterly payment. The department may, at its expense, hire a mutually agreed upon independent auditor to verify the calculation and payment. In the event that a discrepancy is discovered between the pharmaceutical manufacturer's calculation and the independent auditor's calculation, the pharmaceutical manufacturer shall justify its calculations or make payment to the department for any additional amount due.
- (2) The pharmaceutical manufacturer may, at its expense, hire a mutually agreed upon independent auditor to verify the accuracy of the utilization data provided by the department. In the event that a discrepancy is discovered, the department shall justify its data or refund any excess payment to the pharmaceutical manufacturer. The department may, at its expense, establish a grievance adjudication procedure which provides for independent review of manufacturer documentation substantiating the basic rebate amount per unit delivered under 42 U.S.C. section 1396a. In the event that a discrepancy is discovered, the department shall justify its data or refund any excess payment to the pharmaceutical manufacturer.
- (c) All eligible prescription drugs of a pharmaceutical manufacturer that enters into an agreement pursuant to subsection (a) shall be immediately available and the cost of these eligible drugs shall be reimbursed and not subject to any restrictions or prior authorization requirements. Any prescription drug of a manufacturer that does not enter into an agreement pursuant to subsection (a) shall not be reimbursable, unless the department determines the eligible prescription drug is essential to program participants.
- (d) All rebates collected by the department <u>from the rebate payments made for drugs for persons eligible under the provisions of section 42-66.2-5(a)</u> shall be deposited as general revenues of the state.

1 SECTION 2. This act shall take effect upon passage.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

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RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY ACT

- This act would provide for a second classification of drugs which may be included for consideration when providing pharmaceutical assistance to the elderly.
- This act would take effect upon passage.

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