10-307A-00

1

3 4

5

6

7

8

10

11

12

1314

15 16

17

18 19

20

21

22

23

24

25

2627

2.8

2930

31

A bill to be entitled An act relating to pharmacy benefits; establishing a pharmacy benefit program for certain low-income persons, under the Agency for Health Care Administration; providing eligibility; providing program parameters; providing for processing and payment of claims; providing requirements for participation by pharmaceutical manufacturers; providing for the purchase of medications from foreign sources; providing rulemaking authority; providing for a Medicare prescription discount as a condition for pharmacy participation in the pharmacy benefit program and the Medicaid program; creating s. 430.072, F.S.; creating the pharmacy benefit counseling and assistance program, under the Department of Elderly Affairs; providing for delivery of pharmacy benefit counseling to elderly persons; providing eligibility; providing for funding; providing for staff assistance from the Agency for Health Care Administration and the Department of Health; providing rulemaking authority; establishing a Medicaid cost-reduction program; providing for aggregation of the state purchase of certain prescription drugs for distribution at a described rate for elderly or disabled state residents; providing for a participation charge to cover administrative costs; authorizing a management agreement for program development

and management services; providing a procedure for the selection of managing entities; requiring a report; directing the agency to pursue certain federal waivers to obtain funding for the pharmacy benefit program and the pharmacy benefit counseling and assistance program; providing appropriations; providing an effective date.

WHEREAS, numerous studies have concluded that many older Americans have difficulty paying for required prescription drugs, and

WHEREAS, a recent Congressional study found that older Americans and others who pay for their own drugs are charged far more than are the drug companies' most favored customers, such as large insurance companies, health maintenance organizations, and those entities trading on the international market, and

WHEREAS, according to the National Institute on Aging, "as a group, older people tend to have more long-term illnesses--such as arthritis, diabetes, high blood pressure, and heart disease--than do younger people," and

WHEREAS, older Americans spend almost three times as much of their income (21 percent) on health care as those under the age of 65 (8 percent), and more than three-quarters of Americans age 65 and over are taking prescription drugs, and

WHEREAS, although the elderly have the greatest need for prescription drugs, insurance coverage frequently fails to pay for such drugs, and

WHEREAS, although Medicare beneficiaries can purchase supplemental "Medigap" insurance privately, these policies are often prohibitively expensive or inadequate, and

WHEREAS, the high cost of prescription drugs and the

WHEREAS, the high cost of prescription drugs and the lack of insurance coverage directly affect the health and welfare of older Americans, with a significant number of older Americans forced to choose between buying food and buying medicine, and

WHEREAS, it is the intent of the Legislature to assist elderly persons and the disabled, and their physicians and families, in obtaining necessary prescription medications, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

Section 1. Pharmacy benefit program.--

- (1) INTENT.--It is the intent of the Legislature to initiate a pharmacy benefit program for those persons with very low incomes who are most in need. It is further the intent of the Legislature to attempt to leverage maximum pharmaceutical manufacturer participation in this program.
- pharmacy benefit program designed to provide prescription drug coverage to a limited group of most needy individuals. The program is to be administered by the Agency for Health Care Administration, under the authority provided in section 409.914(1), Florida Statutes, in conjunction with the Department of Elderly Affairs and the Department of Health.
- (3) ELIGIBILITY.--Eligibility for the program is limited to those individuals who qualify for limited assistance under the Florida Medicaid program as a result of

 being dually eligible for both Medicare and Medicaid, but whose limited assistance does not include any pharmacy benefit. Specifically eligible are the following low-income senior citizens:

- (a) Those with incomes between 90 percent and 100 percent of the federal poverty level, the so-called qualified Medicare beneficiaries.
- (b) Those with incomes between 100 percent and 120 percent of the federal poverty level, the so-called specified low-income Medicare beneficiaries.
 - (4) PROGRAM PARAMETERS.--
- (a) The program shall make available the same formulary of prescription medications which is made available to Medicaid recipients. Medications shall be provided in the generic equivalent if a generic equivalent exists, except when a brand-name medication is available at a cost lower than its generic equivalent or when a physician has determined that the brand-name medication is necessary to achieve the desired therapeutic effect and the agency approves.
- (b) The agency shall, by rule, determine an eligibility process, a 20-percent copayment requirement, an annual limit of \$1,000 per beneficiary, and other program parameters as necessary.
- (c) The Medicaid fiscal agent or a separately contracted pharmacy benefits manager, or both, shall be used for the processing and payment of claims.
- (5) PHARMACEUTICAL MANUFACTURER PARTICIPATION.--In order for a drug product to be covered under this program, the product's manufacturer shall:

1	(a) Provide the maximum rebate to the state as
2	authorized in federal Medicaid regulations or other applicable
3	federal drug regulations or guidelines.
4	(b) Make the drug product available to the program for
5	the best price that the manufacturer makes the drug product
6	available under any purchasing arrangement.
7	(c) Agree to be an active participant in this state
8	with the Indigent Drug Program of the Pharmaceutical Research
9	and Manufacturers of America and the pharmacy benefit
10	counseling and assistance program as established under section
11	430.072, Florida Statutes.
12	(6) PURCHASE OF FOREIGN MEDICATIONSThe agency may
13	petition the United States Food and Drug Administration for
14	approval to purchase otherwise prohibited medications from
15	foreign sources for purposes of distribution under this
16	program.
17	(7) RULESThe agency may adopt rules to administer
18	this section.
19	Section 2. Medicare prescription discountAs a
19 20	Section 2. <u>Medicare prescription discountAs a</u> condition for participation in either the pharmacy benefit
20	condition for participation in either the pharmacy benefit
20 21	condition for participation in either the pharmacy benefit program established in section 1 or the Florida Medicaid
20 21 22	condition for participation in either the pharmacy benefit program established in section 1 or the Florida Medicaid program, a pharmacy must agree that the charge to any Medicare
20 21 22 23	condition for participation in either the pharmacy benefit program established in section 1 or the Florida Medicaid program, a pharmacy must agree that the charge to any Medicare beneficiary showing a Medicare card when presenting a
2021222324	condition for participation in either the pharmacy benefit program established in section 1 or the Florida Medicaid program, a pharmacy must agree that the charge to any Medicare beneficiary showing a Medicare card when presenting a prescription shall be equal to the amount paid to that
20 21 22 23 24 25	condition for participation in either the pharmacy benefit program established in section 1 or the Florida Medicaid program, a pharmacy must agree that the charge to any Medicare beneficiary showing a Medicare card when presenting a prescription shall be equal to the amount paid to that pharmacy for filling a prescription under the Florida Medicaid
20 21 22 23 24 25 26	condition for participation in either the pharmacy benefit program established in section 1 or the Florida Medicaid program, a pharmacy must agree that the charge to any Medicare beneficiary showing a Medicare card when presenting a prescription shall be equal to the amount paid to that pharmacy for filling a prescription under the Florida Medicaid program.
20 21 22 23 24 25 26 27	condition for participation in either the pharmacy benefit program established in section 1 or the Florida Medicaid program, a pharmacy must agree that the charge to any Medicare beneficiary showing a Medicare card when presenting a prescription shall be equal to the amount paid to that pharmacy for filling a prescription under the Florida Medicaid program. Section 3. Section 430.072, Florida Statutes, is

- (1) There is created within the Office of Volunteer

 Community Service the pharmacy benefit counseling and

 assistance program. The program is created to assist elderly

 persons in obtaining prescription medications that they would

 otherwise not be able to afford to purchase. The Office of

 Volunteer Community Service shall also implement, monitor, and

 evaluate the delivery of pharmacy benefit counseling services

 under this program. The office shall:
- (a) Provide the services through a multigenerational corps of volunteers, including, but not limited to, pharmacy students, retired professional pharmacists, other health professionals, and other suitably trained persons.
- (b) Work collaboratively with local, state, and national organizations to promote the use of volunteers to offer counseling services under this program, including, but not limited to, the Pharmaceutical Research and Manufacturers of America, to persons who are unable to afford necessary prescription medications.
- (c) Encourage contributions and grants through public and private sources to promote the delivery of pharmacy benefit counseling and access to necessary prescription medications for elderly individuals qualified under this program.
- (2) To receive assistance from the pharmacy benefit counseling and assistance program, the family unit must be assessed according to the following guidelines developed by the department to determine the need for pharmacy services. This assessment must determine, at a minimum, that:
- (a) The family unit is unable to pay for required prescription medications without jeopardizing other basic

needs, including, but not limited to, food, shelter, and
medications.

(b) The elderly individual for whom the family unit is caring is 60 years of age or older and requires the use of maintenance prescription medications to remain in the home, and without the prescribed medication the elderly individual would need to move to an institutional setting.

For purposes of this section, the term "family unit" means one or more individuals whose primary residence is with a homebound elderly individual specifically for the purpose of providing care for that homebound elderly individual. The family unit does not necessarily need to be related by blood or marriage to the homebound elderly individual.

(3) A family unit that receives services from the pharmacy benefit counseling and assistance program is not excluded from receiving assistance from other governmental programs.

(4) The department shall accept and encourage contributions and grants through public and private sources to promote the delivery of pharmacy benefit counseling services to assist family units providing care for homebound elderly individuals.

(5) The Director of Health Care Administration and the Secretary of Health shall assign staff with expertise in the areas of pharmacy benefit medication management or chronic disease management to assist the Office of Volunteer Community Service in establishing and operating this program. The Agency for Health Care Administration shall assign a professional pharmacist licensed pursuant to chapter 465, within existing

resources, to the Office of Volunteer Community Service to assist in establishing and operating this program.

(6) The department shall adopt rules pursuant to ss. 120.536(1) and 120.54 to administer this section.

Section 4. Medicaid cost-reduction program. --

- (1) Notwithstanding any other general or special law to the contrary, the Director of Health Care Administration, in consultation with the Secretary of Health, the Secretary of Elderly Affairs, and the director of the Division of State Group Insurance of the Department of Management Services shall, by January 1, 2001, develop a program to aggregate the purchase of prescription drugs for residents of the state who are 65 years of age and older, or who are disabled as defined in section 415.102, Florida Statutes; to provide for qualification of the state as a most-favored customer in the purchase of prescription drugs; and to pass the cost savings resulting from this most-favored-customer status on to such state residents.
- (2) This program shall provide for the distribution of prescription drugs to residents of the state who are 65 years of age and older, or disabled, at the most-favored-customer status rate, and shall be limited to those 25 drugs most prescribed to the 65-years-of-age-and-older cohort, and those 25 drugs most prescribed to the disabled cohort. Review of the drugs covered under this section shall be conducted annually.
- (3) The administrative costs attendant to the provision of benefits pursuant to this section shall be covered by a participation or membership charge to those elderly and disabled persons electing participation.
- (4) In order to ensure the timely performance of his or her obligations under this section, the Director of Health

Care Administration may enter into an agreement with one or more not-for-profit entities for the purpose of developing and managing this program. The director shall prepare a request for proposals for the purpose of selecting the entity or entities which shall provide prescription drug benefit-management services to members of the coverage group. The selection process shall include criteria designed to select that entity best able to provide a prescription drug benefit program for the coverage group in a way that maximizes savings for the state and participants without reducing the quality of any prescription drug benefits now being provided to persons included in the coverage group.

(5) Prior to accepting a proposal for the provision of prescription drug benefit-management services, the director shall make a determination in writing that the proposal maximizes savings to the state, or provides other substantial public benefits, in a way that does not reduce the quality of existing prescription drug services for any persons included in the coverage group. The director shall submit a report containing his or her selection, along with the basis therefor, at least 30 days before entering into the management agreement, to the President of the Senate and the Speaker of the House of Representatives. The accepted proposal does not terminate any contract currently in existence with any agency or program affected under this section which cannot be favorably renegotiated.

Section 5. The Agency for Health Care Administration shall pursue with the federal Health Care Financing

Administration any possible waivers that might be used to obtain federal financial participation for any aspects of the

pharmacy benefit program or the pharmacy benefit counseling and assistance program as created by this act. Section 6. There is appropriated from the General Revenue Fund to the Agency for Health Care Administration the sum of \$40 million to fund the pharmacy benefit program established under this act. There is appropriated from the General Section 7. Revenue Fund to the Agency for Health Care Administration the sum of \$250,000 for implementation of the Medicaid cost-reduction program provided for under this act. Section 8. This act shall take effect July 1, 2000. *********** SENATE SUMMARY Establishes a pharmacy benefit program to be operated by the Agency for Health Care Administration, in conjunction with the Department of Elderly Affairs and the Department of Health. Provides eligibility requirements. Provides requirements for pharmaceutical manufacturers that participate in the program. Creates a pharmacy benefit counseling and assistance program within the Office of Volunteer Community Service of the Department of Elderly Affairs. Requires that the Director of Health Care Administration develop a Medicaid cost-reduction program Administration develop a Medicaid cost-reduction program. Provides for the 25 most-prescribed drugs to be available to elderly and disabled persons who participate in the program. Requires a report to the Legislature.