

By Senator Forman

32-1453A-00

1                                   A bill to be entitled  
2           An act relating to health care; creating the  
3           Senior Pharmaceutical Assistance Act; requiring  
4           the Department of Elderly Affairs to establish  
5           a program to enable senior residents to receive  
6           state funds to pay for prescription drugs;  
7           providing enrollment periods; providing  
8           conditions; providing qualifications; requiring  
9           the department to inform the public; requiring  
10          county property appraisers to provide  
11          information; providing an advisory panel;  
12          providing membership and duties; providing  
13          guidelines for drugs to be considered eligible  
14          for payment under the program; providing for  
15          enrollee assessments and copayments; providing  
16          for future legislative review; providing an  
17          effective date.

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

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21                   Section 1. (1) This section may be cited as the  
22 "Senior Pharmaceutical Assistance Act."

23                   (2) The Department of Elderly Affairs shall establish  
24 a statewide program to enable residents 65 years of age or  
25 older to receive state funds to pay for prescription drugs as  
26 provided in this section.

27                   (3)(a) Enrollment in the program will be open for 90  
28 days beginning January 1, 2001, for all residents of the state  
29 who are 65 years of age or older during this 90-day period.  
30 Thereafter, such residents are ineligible for enrollment.  
31 Residents of the state who reach age 65 after the 90-day open

1 enrollment period have 90 days from the date of their 65th  
2 birthday to enroll in the program. Thereafter, such residents  
3 are ineligible to enroll in the program. Persons who become  
4 residents of the state and are 65 years of age or older  
5 subsequent to the close of the open enrollment period have 90  
6 days from the date they apply for homestead exemption to  
7 enroll in the program. Thereafter, such residents are  
8 ineligible to enroll in the program.

9 (b) Assistance under this act shall not be granted to  
10 any person who, at the time of enrollment, is receiving  
11 medical assistance under any other provision of law of this  
12 state or to any person receiving equivalent or better coverage  
13 from any other public or private third-party payment source or  
14 insurance plan than those benefits provided for under this  
15 act.

16 (c) An individual who is determined eligible for  
17 assistance under this act whose prescription costs are covered  
18 in part by any public or private plan may receive reduced  
19 assistance under this act. In such cases, benefits provided  
20 through this act shall be considered payments of last resort.

21 (d) The fact that some of an individual's prescription  
22 drug expenses are paid or reimbursable under Medicare or any  
23 other public or private third-party payment source or  
24 insurance plan shall not disqualify an individual from  
25 receiving assistance under this act. In such cases, the state  
26 shall pay the portion of the cost of those prescriptions for  
27 qualified drugs for which no payment or reimbursement is made  
28 by Medicare or any other public or private third-party payment  
29 source or insurance plan, less the participant's copayment  
30 required on the amount not paid by Medicare. In such cases,  
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1 benefits provided through this act shall be considered  
2 payments of last resort.

3 (4) The Department of Elderly Affairs shall provide  
4 information through the media to the public concerning the  
5 benefits and enrollment qualifications of the program. The  
6 department shall provide such information to all county  
7 property appraisers. A county property appraiser shall  
8 distribute this information to each applicant for homestead  
9 exemption.

10 (5)(a) There is created an advisory panel to be  
11 staffed by the Department of Elderly Affairs. This panel shall  
12 be made up of the following members:

13 1. A practicing physician, a practicing pharmacist, a  
14 practicing dentist, one representative of a health insurer, a  
15 one representative of a health maintenance organization, one  
16 representative of a Medicare supplement plan, two residents  
17 who are 65 years of age or older, and one representative of a  
18 pharmaceutical manufacturer appointed by the President of the  
19 Senate.

20 2. A practicing physician, a practicing pharmacist, a  
21 practicing dentist, one representative of a health insurer, a  
22 one representative of a health maintenance organization, one  
23 representative of a Medicare supplement plan, two residents  
24 who are 65 years of age or older, and one representative of a  
25 pharmaceutical manufacturer appointed by the Speaker of the  
26 House of Representatives.

27 3. The Secretary of the Department of Elderly Affairs  
28 or the secretary's designee.

29 4. The Executive Director of the Agency for Health  
30 Care Administration or the executive director's designee.

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1           (b) The advisory panel must be appointed no later than  
2 August 1, 2000. The panel shall develop a list of prescription  
3 drugs that may be used by enrollees in the program and paid  
4 for by funds appropriated to the department for that purpose.  
5 The panel shall develop this formulary for use by January 1,  
6 2001. The panel shall consider only those drugs with a  
7 manufacturer's rebate. The formulary must include diabetic  
8 glucose monitoring supplies. Drugs are subject to copayments.  
9 Medicaid pricing must be used for the costs of the drugs.

10           (6) Each enrollee in the program must be assessed a  
11 premium of \$50 per month.

12           (a) The department shall pay the entire premium for an  
13 enrollee whose income is 150 percent of the federal poverty  
14 level.

15           (b) The department shall pay one-half of the premium  
16 for an enrollee whose income is over 150 percent of the  
17 federal poverty level but less than 200 percent of the federal  
18 poverty level.

19           (c) An enrollee whose income is 200 percent or more of  
20 the federal poverty level shall pay 100 percent of the  
21 premium.

22           (7) An enrollee is responsible for a copayment for  
23 drugs. The generic brand drug and diabetic glucose monitoring  
24 supplies will be the same as that in the State Group Insurance  
25 Plan. There must be a copayment of 20 percent of the costs for  
26 brand-name drugs.

27           (8) The program may not authorize payment for 90-day  
28 prescriptions for maintenance drugs unless a long-term drug  
29 selection has been made by the enrollee and his or her  
30 physician.

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