

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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Representative Green, Gelber, and Goodlette offered the following:

**Amendment (with title amendment)**

On page 3, line 10, through page 6, line 9, remove: all of said lines

and insert: manufacturers and consumer advocates, develop a uniform application form to be completed by seniors who wish to participate in the Sunshine for Seniors Program.

(c) May request proposals from application assistance organizations to assist eligible individuals with obtaining prescription drugs through manufacturers' pharmaceutical assistance programs.

(d) Shall train volunteers to help eligible individuals fill out applications for the manufacturers' pharmaceutical assistance programs.

Amendment No. (for drafter's use only)

28 (e) Shall train volunteers to determine when applicants  
29 may be eligible for other state programs and refer them to the  
30 proper entity for eligibility determination for such programs.

31 (f) Shall seek federal funds to help fund the Sunshine for  
32 Seniors Program.

33 (g) May seek federal waivers to help fund the Sunshine for  
34 Seniors Program.

35 (6) COMMUNITY PARTNERSHIPS.--The Department of Elderly  
36 Affairs may build private sector and public sector partnerships  
37 with corporations, hospitals, physicians, pharmacists,  
38 foundations, volunteers, state agencies, community groups, area  
39 agencies on aging, and any other entities that will further the  
40 intent of this section. These community partnerships may also be  
41 used to facilitate other pro bono benefits for eligible  
42 individuals, including, but not limited to, medical, dental, and  
43 prescription services.

44 (7) CONTRACTS.--The Department of Elderly Affairs may  
45 select and contract with application assistance organizations to  
46 assist eligible individuals in obtaining their prescription  
47 drugs through the manufacturers' pharmaceutical assistance  
48 programs. If the department contracts with an application  
49 assistance organization, the department shall evaluate quarterly  
50 the performance of the application assistance organization to  
51 ensure compliance with the contract and the quality of service  
52 provided to eligible individuals.

53 (8) REPORTS AND EVALUATIONS.--By January 1 of each year,  
54 while the Sunshine for Seniors Program is operating, the  
55 Department of Elderly Affairs shall report to the Legislature

Amendment No. (for drafter's use only)

56 regarding the implementation and operation of the Sunshine for  
57 Seniors Program.

58 (9) NONENTITLEMENT.--The Sunshine for Seniors Program  
59 established by this section is not an entitlement. If funds are  
60 insufficient to assist all eligible individuals, the Department  
61 of Elderly Affairs may develop a waiting list prioritized by  
62 application date.

63 Section 2. The sum of \$226,660 is appropriated from the  
64 General Revenue Fund to the Department of Elderly Affairs, and  
65 one position is authorized, to implement section 1 of this act  
66 during the 2003-2004 fiscal year.

67 Section 3. Subsection (2) of section 409.904, Florida  
68 Statutes, is amended to read:

69 409.904 Optional payments for eligible persons.--The  
70 agency may make payments for medical assistance and related  
71 services on behalf of the following persons who are determined  
72 to be eligible subject to the income, assets, and categorical  
73 eligibility tests set forth in federal and state law. Payment  
74 on behalf of these Medicaid eligible persons is subject to the  
75 availability of moneys and any limitations established by the  
76 General Appropriations Act or chapter 216.

77 (2) A caretaker relative or parent, a pregnant woman, a  
78 child under age 19 who would otherwise qualify for Florida  
79 Kidcare Medicaid, a child up to age 21 who would otherwise  
80 qualify under s. 409.903(1), a person age 65 or over, or a blind  
81 or disabled person, who would otherwise be eligible for Florida  
82 Medicaid, except that the income or assets of such family or  
83 person exceed established limitations. For a family or person in  
84 one of these coverage groups, medical expenses are deductible

119969

Amendment No. (for drafter's use only)

85 from income in accordance with federal requirements in order to  
86 make a determination of eligibility. Expenses used to meet  
87 spend-down liability are not reimbursable by Medicaid. Effective  
88 July ~~May~~ 1, 2003, when determining the eligibility of a pregnant  
89 woman, a child, or an aged, blind, or disabled individual, \$270  
90 shall be deducted from the countable income of the filing unit.  
91 When determining the eligibility of the parent or caretaker  
92 relative as defined by Title XIX of the Social Security Act, the  
93 additional income disregard of \$270 does not apply. A family or  
94 person eligible under the coverage known as the "medically  
95 needy," is eligible to receive the same services as other  
96 Medicaid recipients, with the exception of services in skilled  
97 nursing facilities and intermediate care facilities for the  
98 developmentally disabled.

99 Section 4. The nonrecurring sums of \$8,265,777 from the  
100 General Revenue Fund, \$2,505,224 from the Grants and Donations  
101 Trust Fund, and \$11,727,287 from the Medical Care Trust Fund are  
102 appropriated to the Agency for Health Care Administration to  
103 implement section 3 of this act during the 2002-2003 fiscal  
104 year.

105 Section 5. Effective July 1, 2003, section 409.9065,  
106 Florida Statutes, is amended to read:

107 409.9065 Pharmaceutical expense assistance.--

108 (1) PROGRAM ESTABLISHED.--There is established a program  
109 to provide pharmaceutical expense assistance to eligible ~~certain~~  
110 low-income elderly individuals, which shall be known as the "Ron  
111 Silver Senior Drug Program" and may be referred to as the  
112 "Silver Lifesaver Program."

Amendment No. (for drafter's use only)

113           (2) ELIGIBILITY.--Eligibility for the program is limited  
114 to those individuals who ~~qualify for limited assistance under~~  
115 ~~the Florida Medicaid program as a result of being dually~~  
116 ~~eligible for both Medicare and Medicaid, but whose limited~~  
117 ~~assistance or Medicare coverage does not include any pharmacy~~  
118 ~~benefit. To the extent funds are appropriated, specifically~~  
119 ~~eligible individuals are individuals who:~~

120           (a) Are Florida residents age 65 and over;

121           (b) Have an income equal to or less than 200 percent of  
122 the federal poverty level;

123           1. ~~Between 88 and 120 percent of the federal poverty~~  
124 ~~level;~~

125           2. ~~Between 88 and 150 percent of the federal poverty level~~  
126 ~~if the Federal Government increases the federal Medicaid match~~  
127 ~~for persons between 100 and 150 percent of the federal poverty~~  
128 ~~level; or~~

129           3. ~~Between 88 percent of the federal poverty level and a~~  
130 ~~level that can be supported with funds provided in the General~~  
131 ~~Appropriations Act for the program offered under this section~~  
132 ~~along with federal matching funds approved by the Federal~~  
133 ~~Government under a s. 1115 waiver. The agency is authorized to~~  
134 ~~submit and implement a federal waiver pursuant to this~~  
135 ~~subparagraph. The agency shall design a pharmacy benefit that~~  
136 ~~includes annual per member benefit limits and cost sharing~~  
137 ~~provisions and limits enrollment to available appropriations and~~  
138 ~~matching federal funds. Prior to implementing this program, the~~  
139 ~~agency must submit a budget amendment pursuant to chapter 216;~~

140           (c) Are eligible for ~~both Medicare and Medicaid~~;

Amendment No. (for drafter's use only)

141           (d) Have exhausted pharmacy benefits under Medicare,  
142 Medicaid, or any other insurance plan ~~Are not enrolled in a~~  
143 ~~Medicare health maintenance organization that provides a~~  
144 ~~pharmacy benefit; and~~

145           (e) Request to be enrolled in the program.

146           (3) BENEFITS.--Eligible individuals shall receive a  
147 discount for prescription drugs ~~Medications~~ covered under the  
148 ~~pharmaceutical expense assistance program~~ ~~are those covered~~  
149 ~~under the Medicaid program in s. 409.906(20)(19).~~ ~~Monthly~~  
150 ~~benefit payments shall be limited to \$80 per program~~  
151 ~~participant. Participants are required to make a 10-percent~~  
152 ~~coinsurance payment for each prescription purchased through this~~  
153 ~~program.~~

154           (a) Eligible individuals with incomes equal to or less  
155 than 120 percent of the federal poverty level shall receive a  
156 discount of 100 percent for the first \$160 worth of prescription  
157 drugs they receive each month, subject to copayments that the  
158 agency requires on these benefits. For all other prescription  
159 drugs received each month, eligible individuals shall receive a  
160 discount of 50 percent.

161           (b) Eligible individuals with incomes of more than 120  
162 percent but not more than 150 percent of the federal poverty  
163 level shall receive a discount of 50 percent.

164           (c) Eligible individuals with incomes of more than 150  
165 percent but not more than 175 percent of the federal poverty  
166 level shall receive a discount of 41 percent.

167           (d) Eligible individuals with incomes of more than 175  
168 percent but not more than 200 percent of the federal poverty  
169 level shall receive a discount of 37 percent.

119969

Amendment No. (for drafter's use only)

170 (4) ADMINISTRATION.--The pharmaceutical expense assistance  
171 program shall be administered by the agency ~~for Health Care~~  
172 ~~Administration~~, in collaboration ~~consultation~~ with the  
173 Department of Elderly Affairs and the Department of Children and  
174 Family Services.

175 ~~(a) The Agency for Health Care Administration and the~~  
176 ~~Department of Elderly Affairs shall develop a single-page~~  
177 ~~application for the pharmaceutical expense assistance program.~~

178 ~~(a)(b)~~ The agency ~~for Health Care Administration~~ shall, by  
179 rule, establish for the pharmaceutical expense assistance  
180 program eligibility requirements; limits on participation;  
181 benefit limitations, including copayments; a requirement for  
182 generic drug substitution; and other program parameters  
183 comparable to those of the Medicaid program. However, there  
184 shall be no monetary limit on prescription drugs purchased with  
185 discounts of less than 51 percent unless the agency determines  
186 there is a risk of a funding shortfall in the program. If the  
187 agency determines there is a risk of a funding shortfall, the  
188 agency may establish monetary limits on prescription drugs which  
189 shall not be less than \$160 worth of prescription drugs per  
190 month.

191 ~~(b)(e)~~ By January 1 of each year, the agency ~~for Health~~  
192 ~~Care Administration~~ shall report to the Legislature on the  
193 operation of the program. The report shall include information  
194 on the number of individuals served, use rates, and expenditures  
195 under the program. The report shall also address the impact of  
196 the program on reducing unmet pharmaceutical drug needs among  
197 the elderly and recommend programmatic changes.

Amendment No. (for drafter's use only)

198 (5) NONENTITLEMENT.--The pharmaceutical expense assistance  
199 program established by this section is not an entitlement.  
200 Enrollment levels are limited to those authorized by the  
201 Legislature in the annual General Appropriations Act. If, after  
202 establishing monetary limits as required by paragraph (4)(a),  
203 funds are insufficient to serve all eligible individuals  
204 ~~eligible under subsection (2) and~~ seeking coverage, the agency  
205 may develop a waiting list based on application dates to use in  
206 enrolling individuals in unfilled enrollment slots.

207 (6) PHARMACEUTICAL MANUFACTURER PARTICIPATION.--In order  
208 for a drug product to be covered under Medicaid or this program,  
209 the product's manufacturer shall:

210 (a) Provide a rebate to the state equal to the rebate  
211 required by the Medicaid program; and

212 (b) Make the drug product available to the program for the  
213 best price that the manufacturer makes the drug product  
214 available in the Medicaid program.

215 (7) REIMBURSEMENT.--Total reimbursements to pharmacies  
216 participating in the pharmaceutical expense assistance program  
217 established under this section shall be equivalent to  
218 reimbursements under the Medicaid program.

219 (8) FEDERAL APPROVAL.--The benefits provided in this  
220 section are limited to those approved by the Federal Government  
221 pursuant to a Medicaid waiver or an amendment to the state  
222 Medicaid plan.

223 Section 6. This act shall take effect upon becoming a law,  
224 unless otherwise specified in this act, but if it becomes a law  
225 after May 1, 2003, sections 3 and 4 of this act shall operate  
226 retroactively to that date.



Amendment No. (for drafter's use only)

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228 ===== T I T L E A M E N D M E N T =====

229 On page 1, line 23,  
230 remove: all of said line

231  
232 and insert: application; amending s. 409.9065, F.S.; adding  
233 eligibility groups; providing benefits; providing collaboration  
234 with the Department of Children and Family Services; requiring  
235 federal approval of benefits; providing effective dates.