NATIONAL CONFERENCE *of* STATE LEGISLATURES

The Forum for America's Ideas

2005 State Pharmaceutical and Medicare Coordination Legislation

Updated: December 5, 2005 (subject to regular additions)
Compiled by the NCSL Health Program

In the 2 years since the Medicare Prescription Drug Improvement and Modernization Act (MMA) became law, more than 90 percent of the states have entered into the process of adjusting or coordinating existing state pharmaceutical programs and policy to better fit with features of the MMA. That law created a far-reaching and complex set of pharmaceutical benefits within the Medicare program. The MMA imposes a tight timeline, with numerous dates affecting states and the public. Four key examples include:

- On October 1, commercial plans began marketing to Medicare beneficiaries;
- On November 15, 2005 public enrollment in Part D plans begins;
- On January 1, 2006 Medicare federal benefits begin, including transfer of many Medicaid enrollees to Medicare.[1]
- May 15, 2006 is the deadline for most Medicare to enroll in a Medicare Part D plan without incurring a premium surcharge equal to 1 percent per month.

Many states already have made some changes in law or regulations, to allow residents to take advantage of federal benefits, and tackle questions of overlapping services or funding issues.

As of November, at least 43 states were considering more than 130 bills and resolutions in 2005 that propose some type of policy change. Note that the bills listed below use a variety of approaches, and may apply to 2005 and/or 2006 and beyond. These include:

1. "Wrap around" benefits, allowing state pharmaceutical assistance programs (SPAPs) to fund or facilitate costs not covered by MMA.
   Examples of 2005 enacted wraparound benefit laws (so far) include Alaska, Connecticut, Delaware, Illinois, Maryland, Massachusetts, Missouri, Nevada, New Jersey, New York, South Carolina and Vermont.
2. Four states enacted first-time subsidy programs that focus entirely on wraparound or supplementing MMA benefits -- *Hawaii, Kentucky, Montana and New Hampshire*
3. Eligibility expansions for existing state pharmaceutical programs or new programs, in part aimed at serving non-Medicare populations under age 65. *(Examples of newly enacted under-65 adult Rx plans include: Arkansas, Illinois, Maryland, Montana, New Mexico and Oklahoma)*
4. Eligibility restrictions for existing state pharmaceutical programs, intended to minimize unneeded duplication of coverage.
5. Repeal or termination of existing state Rx programs or features.
6. State-initiated information dissemination or other coordination between SPAPs or other state entities (such as state retiree plans) and the Medicare drug benefit programs.
7. Appropriated or earmarked funds related to MMA implementation.
8. Coordination within state Medicaid programs, especially anticipating transfer of Medicare-Medicaid "dual-eligibles", low-income people who qualify for both programs.

Note that several bills are focused on populations that would be ineligible for, or choose not to enroll in, 2006 Medicare-authorized benefits. These are included because they do reflect planned coordination of state services with MMA for 2006.

In 2005, so far, laws have been signed in 31 states - **Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Missouri**, **Montana**, **Nevada**, **New Hampshire, New Jersey, New Mexico**, **New York**, **North Dakota**, **Oklahoma, Oregon**, **South Carolina**, **Vermont**, **Virginia** and **Washington**.

In 2004 at least 14 states passed laws related to the MMA, out of 24 states that considered measures. These states with '04 laws are: **Alaska, Connecticut, Hawaii, Indiana, Maine, Maryland, Massachusetts** (2), **New York, North Carolina, Rhode Island** (2), **South Dakota, Vermont, Virginia** (2) and **Wyoming.** Non-binding resolutions have been adopted in **California** and **Rhode Island**. The 2004 bills and laws are detailed in a separate NCSL report.[2]

States with Medicare and State Pharmaceutical Coordination Laws 2004-2005

State passed bill, enacted into law (may also have resolutions)

State passed non-binding resolution

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The following are some examples of the 2005 laws:

- **Alaska** establishes the Senior Care Prescription Drug Benefit Program to provide premium and deductible assistance under MMA, for seniors 65 or older with income up to 175 percent of FPL.

- **Arkansas** establishes a new Rx Discount Program including low and moderate income residents under 65.

- **California** law requires PDP plans to be licensed by the state Department of Managed Health Care.

- **Colorado** law clarifies that drugs not covered by Medicare in 2006 may be covered by Medicaid.
- **Connecticut** authorizes wrap around and coordination of benefits between ConnPACE and MMA, including allowing the state to apply on behalf of current state subsidy enrollees.
- **Delaware** defines a wraparound benefit for Medicare enrollees, to cover certain premiums or deductibles with state funds.
- **Hawaii** creates a new State Pharmacy Assistance subsidy program for residents age 65 and older and disabled individuals, with incomes up to 100 percent of federal poverty, intended to wrap around Medicare benefits in 2006.
- **Illinois** establishes a new "No Senior Left Behind" Drug Coverage program to wrap around benefits with Medicare; and extends the Discount Program to cover all residents with incomes under 300 percent of federal poverty.
- **Indiana** requires recommendations redesigning the state prescription drug program to avoid conflict with the federal Medicare prescription drug benefit program, including allowing automatic enrollment and other methods.
- **Kentucky** creates a new subsidized pharmacy assistance program for seniors over 65 and under 150 percent of federal poverty that wraps around Medicare Part D benefits; also creates a donated drug reuse program.
- **Louisiana's** state budget includes $190 million for "buy-in" premium assistance for up to 160,000 Medicare-Medicaid dual-eligibles, including pharmaceutical coverage.
- **Maryland** laws will authorize a state subsidy for some Medicare Part D premiums and deductibles, and will offer discounts to some under-65 uninsured residents.
- **Massachusetts** provides for wraparound benefits for current Prescription Advantage enrollees, including mandating enrollment in a Medicare plan and state assistance with premiums, deductibles, payments, and co-payments instead of state-based insurance.
- **Minnesota** requires that stand-alone Medicare Part D prescription drug plans (PDPs) obtain state certification and show financial soundness.
- **Mississippi** law adds Medicare Part D eligibility with annual income up to 150 percent of federal poverty as a category of Medicaid eligibility.
- **Missouri** law coordinates a newly defined Missouri Rx pharmaceutical assistance plan, now including disabled, with MMA by payment of copays and deductibles and authorizing preferred enrollment. They terminate the old "Senior Rx" program.
- **Montana** creates a new pharmaceutical assistance program for Medicare enrollees up to 200 percent of federal poverty and a separate discount program for residents under age 65.
- **Nevada** requires the state to coordinate prescription drug services provided by the state and those provided by Medicare, with a goal of maintaining present coverage "to the extent allowed by federal law," maximizing prescription drug coverage and use of federal funds.
- **New Hampshire** creates a new SPAP to coordinate coverage with Medicare, covering only drug costs not covered by the Part D program as the payor of last resort; also suspends so-called "clawback" payments to the federal Medicare program in 2006, "unless a court determines that provisions of Medicare Part D are constitutional."

- **New Jersey** requires enrollment in Medicare Part D to be eligible for wraparound benefits from the state PAAD subsidy program in 2006.

- **New Mexico** establishes a voluntary discount card program for residents under age 65 (the state has another program for people over 65); the only requirement is age and residency and evidence of no other prescription drug coverage.

- **New York** provides that Part D enrollees in 2006 will remain eligible for EPIC subsidy benefits; the state will pay the portion of the cost for drugs for which no payment or reimbursement is made by the Medicare program less the participant's co-payment. The annual registration fee will be waived for Part D enrollees eligible for low-income subsidy.

- **North Dakota** law clarifies that drugs not covered by Medicare in 2006 may not be covered by Medicaid, except during a six-week transition period in January-February.

- **Oklahoma** law establishes a new combined clearinghouse and discount program, based on voluntary negotiations with manufacturers, aimed at uninsured residents and their families.

- **Oregon** requires rules modifying payment for prescription drugs for Medicare-Medicaid dual eligibles, including identifying products both available and not available or reimbursable under Medicare Part D in 2006. The statute does not specify changes in state payments or benefits.

- **South Carolina** creates a Gap Assistance Prescription Program for Seniors (GAPS) as of January 1, 2006, to replace the SILVERxCARD subsidy program of 2000-2005, with a state-funded wraparound benefit covering $2250-$5100 annually.

- **Vermont** provides wraparound benefits for Medicare Part D eligible residents; also establishes the V-Pharm program as of 1/1/06 to provide supplemental coverage for residents to up 225 percent of federal poverty, with monthly fees from $13 to $35.

- **Washington** authorizes the WA Health Care Authority to receive a federal employer subsidy for continuing to provide a pharmacy benefit to retirees.

The list of legislation in the table below is a "work in progress", primarily reflecting bills filed during the first six months of 2005. This report does not include bills that propose general changes in Medicaid, or in state pharmaceutical programs, but not related to the MMA.

State /bill# sponsor [shade=law]	**Description and status** (Bill status is simplified; for exact status including amendments check with state)
AK HB 106, SB 78 Governor	Establishes the Senior Care Prescription Drug Benefit Program to provide premium and deductible assistance, for seniors 65 or older with income up to $20,913 annually (175 percent of FPL). The program may pay premiums and deductibles under MMA beginning January 2006 or may pay other Rx-related costs or insurance premiums. A separate section creates a cash assistance program for seniors with individual income up to $16,133 (135 percent of FPL), with benefits set at $120 per month. Repeals conflicting parts of Senior Care Rx enacted in 2004. *HB 106-(Filed; passed House 5/6/05; passed Senate 5/8/05; **signed by Governor** as Chapter 89, 8/8/05_ 8/4/05)*
AZ SB 1137 Sen. Allen	Authorizes the Arizona Health Care Cost Containment System (AHCCCS) to establish an eligibility process to determine whether a Medicare low income subsidy is available for persons who apply for the prescription drug benefit. Restates that dual-eligible Medicaid-Medicare enrollees must receive prescription drugs through a Medicare plan

	instead of Medicaid as of January 1, 2006 *(Filed and passed House 3/1/05; passed Senate; **signed by governor** as Chapter 193, 4/25/05)*
AR HB 1241 Rep. McDaniel	Creates a prescription drug discount program for AR residents without Rx coverage, age 65 or over, or under age 65 with annual income up to 350 percent of federal poverty. The "Arkansas Rx Program" will use manufacturer rebates and pharmacy discounts to reduce prescription drug prices, with participating retail drug stores to pass on savings from rebates. An annual enrollment fee of $25 applies. Those enrolled in Medicare Part D or Medicaid will not be eligible. *(Filed, passed House 3/2/05; passed Senate 2/23/05; **signed by governor** as Act 538, 3/3/05)*
AR HB 2629 Rep. Bond	Provides funding for administrative costs of the AR Rx Program (see HB 1241) by earmarking 25 percent of a dedicated state tax to this purpose. Effective date is July 1, 2005. *(Filed 3/7/05; passed House 4/12/05; passed Senate 4/11/05; **signed by governor** as Act 2219, 4/15/05)*
CA AB 74 Assm. Gordon	Would establish the California Rx Prescription Drug Hotline, a 1-900 number costing callers no more than $0.50 per call. The Hotline will provide information on discounts available through: Medicare, state and federal programs, and pharmaceutical manufacturers' patient assistance programs. Other information would include the availability of prescription drugs from Canada and price comparisons. *(Filed 1/3/05; passed Assembly 6/2/05; did not pass Senate by recess of regular session until 2006 9/8/05*)*
CA AB 75 Assm. Frommer	Would establish the California Rx Plus State Pharmacy Assistance Program for Californians with income below 400% of poverty and not covered by Medi-Cal or Healthy Families. Authorizes the department to negotiate drug rebate agreements with drug manufacturers to provide for drug discounts that may be linked to use of Medi-Cal prior authorization process. Also would require drug manufacturers to provide a single point of entry for their patient assistance programs, and to report total numbers and value of drugs provided to Californians through those programs; includes $5 million for implementation. *(Includes features similar to ballot Proposition #79, pending voter action on Nov. 8)* *(Filed 1/3/05; passed Assembly 6/2/05; did not pass Senate by recess of regular session until 2006, 9/8/05*)*
CA AB 587 Assm. McLeod	Would facilitate coordination of the Medicare prescription drug benefit by Public Employees' Retirement System, ensuring that health benefits for Medicare-eligible participants continue to be provided in a coordinated and cost-effective manner, by prohibiting employees, retirees and family members enrolled in a prescription drug plan under Part D of Medicare from enrolling in a board-approved health benefit plan, unless enrolled in an approved Medicare Advantage plan. *(Filed 2/16/05; passed Assembly 5/5/05; passed Senate 8/15; **signed into law by governor** as Chapter 527, 10/5/05)*
CA AB 1359 Assm. Chan	Requires all sponsors of a prescription drug plan (PDP) in California authorized by the federal Medicare Prescription Drug Act of 2003 to be licensed as a health care service plan, regulated by the Department of Managed Health Care. *(Filed 2/22/05; passed Assembly 6/1/05; passed Senate 8/23/05; **signed into law by governor** as Chapter 230, 9/6/05)*
CA SB 19 Sen. Ortiz	Would establish the California Pharmacy Assistance Program (Cal Rx) under the oversight of the State Department of Health Services; would authorize implementation through a 3rd-party vendor or existing health care service providers, also authorizes the state to "attempt to negotiate drug rebate agreements" for Cal Rx with drug manufacturers. The bill would authorize any pharmacy and drug manufacturer, to provide services under Cal Rx and would establish eligibility criteria including residency, annual income up to 300 percent of federal poverty guidelines, and would prohibit dual enrollment in other federal or state prescription drug benefit program. Would authorize program termination if any of three determinations are made: that there are insufficient discounts to participants to make Cal Rx viable; that there are an insufficient number of applicants for Cal Rx; that the department is unable to find a responsible third-party vendor to administer Cal Rx. *(Includes features similar to ballot Proposition #78, pending voter action on Nov. 8)* *(Filed 12/6/04; 4/18/05; action postponed 5/4/05; did not pass Senate by recess of*

	regular session until 2006, 9/8/05)*
CA SB 375 Sen. Speier	Would change Medicare supplement coverage provisions corresponding to revisions made to the Medicare program by the federal Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The bill would revise eligibility requirements for Medicare supplement coverage, including the guaranteed issue of coverage, and would add two benefit plans. The bill would also revise application procedures for this coverage. *(Filed 2/17/05; passed Senate 24y-15n 5/31/05; passed Assembly 8/18/05;* ***signed into law by governor*** *as Chapter 206, 9/6/05)*
CO HB 05-1343 Rep. Cloer	Would require the state to establish a state Maximum Allowable Cost program for prescription drugs under the state Medicaid program and design the program to reduce the cost of prescription drugs under the Medicaid program by 3 percent annually in 2005-07. Would direct that the savings generated by the program be used to administer and pay for a state pharmaceutical assistance and a pharmaceutical access program for persons whose family income is up to 300 percent of the federal poverty level and who are enrolled in the Medicare Part D prescription drug benefit program. Would direct the state to establish the Colorado pharmaceutical assistance program to allow eligible persons to purchase prescription drugs at a discounted rate. *(Filed 4/26/05; did not pass committee 5/4/05)*
CO HB 05-1152 Rep. Frangas	Would establish the Colorado Cares Prescription Drug discount Program, to allow uninsured residents of any age with incomes up to 300% of federal poverty to purchase pharmaceuticals at the reduced bulk rates. Eligibility includes any person who "does not have all of his or her prescription drugs paid for through health insurance," such as Medicare enrollees. The program may charge up to $25 annual fee and dispensing fees, with pharmacy reimbursement rates based on existing Medicaid rates. *(Filed; passed House 4/21/05; passed Senate 5/9/05; vetoed by governor 6/1/05)*
CO HJR 05-1049 Rep. Riesberg	Resolution would show support and "commend the Together Rx Access™ Card to help residents who lack public or private prescription drug coverage gain better access to prescription products. Also would allow other public sector entities to educate their constituents about the availability of the Together Rx Access™ Card and facilitate enrollment by distributing enrollment materials and holding enrollment events in local districts. *(Filed 4/20/05; passed House 4/22/05; passed Senate &* ***enrolled*** *5/9/05)*
CO SB 05-102 Sen. Hagedorn	*(Included in Senate bill, but deleted from final version:)* Would establish the Colorado Cares Prescription Drug discount Program, to allow uninsured residents of any age with incomes up to 350% of federal poverty to purchase pharmaceuticals at the reduced bulk rates. *[Also see HB 05-1152, above]* *(Filed 1/31/05; passed Senate 5/3/05; passed House 5/5/05; vetoed by governor 6/1/05)*
CO SB 05-162 Sen. Keller	Provides that prescription drug benefits under the Medicaid program for dual-eligible persons who are enrolled in a prescription drug benefits program under Medicare will transfer to Medicare, clarifying that drugs not covered by Medicare in 2006 may be covered by Medicaid. *(Filed 2/1/05; passed Senate 2/21/05; passed House 3/15/05;* ***signed by governor*** *4/5/05)*
CT HB 6687 Rep. Ward	Would update the existing ConnPACE "Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled," which provides subsidized payments to pharmacies for prescription drugs, minus a copayment. Would prohibit Medicare-eligible coverage by Medicaid, but would allow state coverage for copayments over the state copayment of $16.25. *(Filed and sent to committee 2/10/05; did not pass during regular session 6/8/05)*
CT HB 6846 Human Services Comm.	Would coordinate implementation of the Medicare Part D program as it relates to ConnPACE and dually eligible beneficiaries; ensuring that full benefit dually eligible Part D beneficiaries continue to receive the same level of prescription drug coverage and benefits. *(Filed 3/2/05; favorable report 4/4/05; did not pass during regular session 6/8/05)*
CT HB 7000 Appropriations Committee	FY 2006 budget implementation law includes provision that (§18) clarifies that "Medicaid coverage will be provided for prescription drugs that are not Medicare Part D drugs," as defined in the MMA. Also provides (§21) that ConnPACE subsidy eligibility includes individuals eligible for Medicare Part D; also provides "The Department of Social Services shall pay Medicare

	Part D monthly beneficiary premiums on behalf of the beneficiary. If a Medicare Part D beneficiary's out-of-pocket copayment, coinsurance or deductible requirements exceed the ConnPACE copayment requirements, the department shall make payment to the pharmacy to cover costs in excess of the ConnPACE copayment amount. The department shall be responsible for payment of a Medicare Part D covered prescription drug obtained during the gap in standard Medicare Part D coverage"; also provides for use of "the lower of the price that would be paid under the ConnPACE program or the negotiated price established by the PDP" to the extent allowed by federal law. Requires eligible ConnPACE enrollees to apply for Medicare Part D benefits; also authorizes the state to be the authorized representative of a ConnPACE applicant or recipient for applying for Part D benefits; also provides that in some situations "the department shall enroll the applicant or recipient in a Medicare Part D plan designated by the commissioner;" also provides (§4) that "no dispensing fee shall be issued for a prescription drug dispensed to a ConnPACE or Medicaid recipient who is a Medicare Part D beneficiary when the prescription drug is a Medicare Part D drug, as defined in the federal MMA. Repeals 2004-5 state provisions for endorsed Medicare discount cards as of 2006. *(Filed 4/8/05; passed House and Senate 6/8/05; **became law** as* Public Act No. 05-280, 6/27/05)
DE SB 18 Sen. McBride	Amends the Delaware Prescription Drug Payment subsidy program (DPAP) to reflect the Medicare Prescription Drug benefit in January, 2006. Would not change the benefits currently available to DPAP participants. Would ensure that the Medicare benefit will be the primary source of benefits for those who are eligible for it, but allows for Medicare participants who are otherwise eligible for DPAP assistance to cover gaps left by the Medicare program, including co-pays, premiums, and prescription costs when necessary. *(Filed; passed by Senate 3/15/05; passed House 4/19/05; **signed by governor** 4/26/05)*
FL S 2600 Ways & Means Comm.	FY '05-06 final budget includes $197,138,041 for Medicare Part D payments for the phased down state contribution or "clawback" beginning January 2006. *(Passed Senate 4/7/05; passed House & conference 5/6; **signed by governor** as Chapter 2005-70, 5/26/05)*
GA SB 85 Sen. Tate	Would establish the Georgia Rx Program to reduce prescription drug prices for residents either eligible for Medicare or age 55 and over with incomes up to 350 percent of federal poverty. Would establish the amount of rebates; to require disclosure of savings; to provide for the commissioner of community health to negotiate rebates with drug manufacturers; to require retail pharmacies to discount the price of drugs covered. *(Filed and sent to committee 1/28/05; did not pass by end of regular session 3/31/05)*
HI HB 693, SB 802 Rep. Say, Sen. Bunda	Creates a State Pharmacy Assistance Program to provide benefits to residents age 65 and older and disabled individuals, with income up to 150 percent of federal poverty, to assist in defraying costs for medically necessary prescriptions, and "may pay all or some of the deductibles, co-insurance payments, premiums and co-payments required under the federal Medicare part D pharmacy benefit program, subject to receipt of sufficient rebates", and facilitate enrollment and coordination of benefits between the state pharmacy assistance program and the new Medicare part D drug benefit. The program would meet the federal requirements of 42 U.S.C. §1396r-8(c)(1)(i)(III). *(Filed 1/05;HB 693 passed committees and 2nd Reading, 2/18/05; SB802 passed Senate 24y-0n, 3/8/05; passed House 4/12/05; sent to governor 5/6/05; **signed into law by governor** as Act 209, 7/8/05)*
ID S 1089 Health & Welfare Comm.	Would establish the Idaho Prescription Drug Program; providing discounts based on savings from state-negotiated manufacturer rebates, with eligibility including residents with annual incomes up to 250 percent of federal poverty (no age limits) and lacking Rx insurance coverage; providing for rebate agreements based on Medicaid pricing, with features based on Maine Rx+. Medicare enrollees who sign up for a PDP or Medicare Advantage plan in 2006 generally would not be eligible. *(Filed 2/3/05; did not pass by end of regular session 4/6/05)*
IL HB 3794 Rep. Schock	Would provide that, as part of implementation of a federal Medicare prescription drug benefit, the Department of Public Aid shall develop a new supplemental coverage program to help cover out-of-pocket expenses of individuals enrolled in the Medicare prescription drug benefit program. Would establish guidelines for coverage and eligibility. *(Filed and sent to committee 3/10/05)*
IL	Would establish the Medigap Premium Reimbursement Program, to be administered by

HB 3853 Rep. Mulligan	the Department of Public Aid. Would provide that a person who is 65 years or older and who purchases a policy of Medicare supplemental ("Medigap") insurance that contains a prescription drug benefit is entitled to receive $25 per month from the State. *(Filed 2/29/05; passed House 4/12/05; referred to Senate committee 5/6/05)*
IL SB 973 Sen. Ronen	Would establish a new Illinois Senior and Disabled Drug Coverage program to coordinate benefits so seniors and the disabled covered by the state's current Senior Rx Care and "Circuit Breaker" Pharmaceutical Assistance Program continue to receive equivalent coverage when the new federal Medicare (Part D) drug benefit begins January 1, 2006. Also renames the Illinois Drug Discount Program to extend the program to cover all residents with incomes under 300% of the federal poverty level, and to revise the standards and procedures to ensure that the state can achieve market-based manufacturer rebates and pharmacy discounts. Enrollees may receive a state subsidy for federal copayments over the state's $2 generic and $5 brand copay requirement. It is estimated that 235,359 seniors would be eligible for the new Illinois "wraparound" program, which would require them to enroll in a Part D plan and apply for the federal low-income subsidy. Maximum eligibility for new benefits would be 200 percent FPL, with existing enrollees grandfathered at up to 250 percent FPL. *(Filed 2/18/05; passed Senate 58y-0n, 5/19/05; passed House 115y-1n, 5/26/05; **signed by governor** as Public Act 94-86, 6/29/05)*
IN HB 1325 Rep. Becker	Requires the Prescription Drug Advisory Committee to make recommendations before September 1, 2005, to the governor concerning redesigning the state prescription drug program to not conflict with the federal Medicare prescription drug benefit program. Allows the secretary to: (1) implement the committee's recommendations; (2) complete federal applications; and (3) enroll eligible individuals in the state program and the federal Medicare prescription drug benefit. Requires an increase in eligibility, to serve persons up to 200 percent of federal poverty, changed from the 2004 level of approximately 137 percent *(Filed 1/13/05; passed House 95y-0n, 1/31/05; passed Senate 49y-0n, 4/6/05; **signed by governor** 4/26/05)*
IN SB 207 Sen. Dillon	Would require the state to establish a prescription drug card program by contracting with a pharmacy benefit manager to "negotiate benefits related to the purchase of prescription drugs, including negotiation of prescription drug prices with prescription drug manufacturers, wholesalers, and retailers to obtain for cardholders the lowest available price for prescription drugs." All residents who apply and "do not have access to payment for prescription drugs through a third party" would be eligible. Medicare enrollees who sign up for a PDP or Medicare Advantage plan in 2006 generally would not be eligible. *(Filed 1/4/05; did not pass by end of regular session 4/29/05)*
IA HF 386 Rep. Ford	Would create a fair market drug pricing act including the establishment of a prescription drug discount card program based on state negotiations with pharmaceutical manufacturers, with program eligibility defined as residents eligible for Medicare or with a net family income below 350 percent of the federal poverty level. (Filed 2/23/05; *; did not pass by end of regular session 5/23/05*)*
IA HF 493 Rep. Hogg	Would provide for state subsidization of cost-sharing under the Medicare Part D prescription drug program; including payment of 100 percent of out-of-pocket expenditures for monthly premiums; including a standing appropriation. *(Filed 03/01/05; did not pass by end of regular session 5/23/05)*
IA SF 242 Sen. Ragan	Would appropriate $500,000 from the general fund to the Department of Commerce for FY2005-2006 to provide a consumer education and outreach program to reach residents who are eligible for low-income prescription drug coverage through Part D of the federal Medicare benefit. *(Filed 3/1/05; did not pass by end of regular session 5/23/05*)*
IA SF 355, HF 586, SF 112, Comm. on Human Resources	Would convene a task force to determine "the most efficient means of implementing the Medicare Part D drug benefit, with recommendations due Oct. 1, 2005. *(HF 586 & SF 112 did not pass;* *SF 355 filed 3/14/*05; passed Senate 3/23/05; passed House 4/21/05*; did not pass final approval by end of 2005 session 5/23/05*)*
KY SB 23	Creates a new state subsidized pharmacy assistance program for seniors over 65 and under 150% FPL that wraps around Medicare Part D.

Sen. Denton	*(Filed; passed House and Senate 3/8/05; **signed by governor** 3/18/05)*
LA HB 1 Rep. Alario	The FY 06 state budget (in §09-306) includes $190 million for "buy-in" premium assistance for up to 160,000 Medicare-Medicaid dual-eligibles, "for those eligible individuals who cannot afford to pay their own 'out-of-pocket' Medicare costs." Funds include pharmaceutical coverage and other health care. *(Filed 4/4/05; amended and passed House 5/26/05; passed Senate 6/19/05; **signed into law by governor** as Act 16, 7/14/05)*
LA SR 105 Sen. Hines	Requests the Louisiana SenioRx program to assist residents aged over sixty-five and older in obtaining information about the Medicare Part D prescription drug benefit. (Filed 5/31/05; *adopted by Senate; **signed by president** 6/3/05)*
ME HP 924 / LD 1325 Rep. Brautigam	Would provide for continuity of benefits related to implementation of the Medicare D prescription drug benefit by 1) authorizing the state to provide assistance to persons applying for and enrolled in the elderly low-cost drug program so that they may obtain benefits under Medicare D; and 2) allowing coverage under the Elderly Low-Cost Drug subsidy program for persons enrolled in Medicare D. *(Filed 3/15/05; passed to be engrossed by House and Senate 6/14/05; **signed by governor** as Chapter 401, 6/17/05)*
MD HB 324 Del. Hammen	Integrates current state programs by providing Medicare Part D beneficiaries who meet program requirements with a state subsidy for a portion of their Medicare Part D premiums and deductibles. Also would establish the Medicare Option Prescription Drug Program as part of the state's medical assistance program to "assist low-income Medicare eligible individuals make a seamless transition to Medicare Part D, "as well as coordinating benefits with Part D. Dual eligibles, as well as those under 150 percent of FPL would be automatically enrolled, with the ability to opt out. The program "may pay" all or part of the premiums, deductibles, coinsurance payments, and copayments required under Medicare Part D. *(Filed 1/27/05; passed House 3/3/05; passed Senate 4/8/05; **signed by governor** as Chapter 282 of 2005, 5/10/05) |*
MD HB 1143, SB 728 Del. Rudolph, Sen. Pinsky	Would establish a new state discount category, expanding the eligibility requirements of the Maryland Pharmacy Discount Program to cover non-Medicare beneficiaries, especially under age 65, who are uninsured, with annual household income up to 200% of federal poverty guidelines; authorizes the state to seek and obtain a CMS waiver, similar to the previously-granted waiver for seniors under 175% of poverty. *(Filed 2/4/05; both bills passed Senate 3/28/05, 4/6/05; passed House 3/26, 4/4/05; HB 1143 **signed by governor** as Chapter 418 of 2005, 5/10/05)*
MD SB 282 Sen. Middleton	Renames the Senior Prescription Drug Program to be the Senior Prescription Drug Assistance Program; alters the eligibility requirements to cover Medicare eligibles with annual incomes up to 300 percent of FPL; requires the Program to provide a wraparound state subsidy for the cost of a portion of Medicare Part D or Medicare Advantage Plan premiums and deductibles, with a state monthly premium of $10 per month and no deductible; repeals the Maryland Pharmacy Discount Program. *(Filed ; passed Senate, passed House 136y-0n, 4/9/05; **signed by governor** as Chapter 281 of 2005, 5/10/05)*
MA H 1, S 2100 Governor	Governor's FY06 Budget (Sec. 163) would modify the MA Prescription Advantage subsidy program, by coordinating benefits with MMA benefits beginning Jan. 1, 2006. Would require all state enrollees eligible for Medicare Part D to also enroll in a new Part D Medicare plan or Medicare Advantage managed care plan; also would require them to apply for Medicare low-income subsidies. Would provide for state auto-enrollment into Medicare Rx programs "to the extent permitted by MMA and regulations." Would provide a wraparound or "supplemental assistance for premiums, deductibles, payments, and co-payments required" by the Part D plan or Medicare Advantage plan. Would establish the amount of the supplemental assistance it will provide enrollees based on a sliding income scale." Enrollees ineligible for Medicare would continue to receive state-only insurance subsidy benefits. Prescription Advantage maximum annual funding would be set at $90.2 million. Senate committee amendment would set funding at $92.2 million. *(Filed and sent to committee 2/2/05; amended in House and Senate; see H 4200)*
MA H 2683, S 399 Sen. Montigny,	Would establish a prescription drug "fair pricing program", including 1) a discount drug program for Medicare-eligible residents with incomes over 188 percent of FPL, and other residents with income up to 300 percent of FPL. Discounts would be based on manufacturer rebates comparable to Medicaid rebates. Also would affect PDLs and bulk purchasing.

Rep. Jehlen	*(Filed and sent to committee 1/26/05)*
MA H 2778 Rep. Blumer	Would clarify open enrollment eligibility for the subsidized prescription drug insurance program, to include a one year period for those notified that they are being dropped or will lose existing managed care coverage. *(Filed and sent to committee 1/26/05)*
MA H 4200 (§27), was H. 4000, H 4101, S 2100, S 2101 Ways & Means Committees .	FY06 Budget (in *§27)* provides for coordination and wraparound benefits for current MA Prescription Advantage enrollees, including mandating enrollment in a Medicare Part D plan or Medicare Advantage plan and application for federal low-income subsidy if eligible. Requires the state Prescription Advantage program to "provide supplemental assistance for premiums, deductibles, payments, and co-payments" instead of state-based insurance, and authorizes facilitated or automatic enrollment to the extent allowed by MMA and federal regulations. Non-Medicare enrollees would continue to receive the state-based insurance subsidy. Includes $92.2 million for subsidies and operations in FY06, beginning 7/1/05. *(Favorable committee report 4/13/05; passed House 4/29/05; passed Senate 5/24/05; H 4200 §27 conference committee passed;* ***signed by governor*** *as Chapter 45 of 2005, 6/30/05)*
MA H 4298 Health Finance	Provides that the state may certify the financial solvency of companies applying to serve as a Medicare Advantage Special Needs Plan caring for dual-eligibles on Medicare and Medicaid, including Rx coverage. The Dept. of Human Services may charge a fee for such certification when submitted to CMS. *(Passed House 7/28; passed Senate 8/1;* ***signed by governor*** *as Chapter 66 of the Acts of 2005 8/11/05)*
MI HB 4529 Rep. Donigan	Would enact the Michigan prescription drug fair pricing act, establishing a discount prescription drug program for any resident who does not have prescription drug coverage under a public or private health care payment or benefits plan, is underinsured, or is a recipient of benefits under the state Medicaid program. (No age or income limits). The state would be authorized to adjust eligibility to coordinate with federal benefits. Discounts would derive from manufacturer negotiated rebates, starting at AWP -6 percent; pharmacies could be reimbursed for discounts and dispensing fees. *(Filed 3/22/05; in committee 5/05)*
MN HF 925, SF 880 Rep. Gazelka Sen. LeClair	Changes state regulation of Medicare-supplemental insurance coverage by deleting prescription drug coverage as of 12/31/05 to conform to MMA; also requires that stand-alone Medicare Part D prescription drug plans (PDPs) be subject to financial solvency regulation and obtain a state Certificate of Authority to operate. *(Filed 2/10/05; HF 925 passed House 131y-0n, 3/10/05; passed Senate 63y-0n, 3/22/05;* ***signed by governor*** *as Chapter 17, 3/31/05)*
MN HF 1422, HF 1696 SF 2278 Rep. Bradley	Would: 1) authorize the state to administer eligibility determinations for the Medicare Part D prescription drug subsidy and facilitate the enrollment of eligible Medicaid recipients into Medicare prescription drug plans (See §256B.04); 2) clarify that Medicaid will not cover MMA-covered drugs, but may cover certain MMA non-covered products (§ 256B.0625); 3) require Medicare enrollment for certain dual eligibles enrolled in Medicaid (§256L.07) 4) appropriate $4.7 million for Medicare Part D transition and implementation. (§144.707) *(Filed 2/28/05; HF 1422 passed House 4/29/05; passed Senate 5/4/05; did not pass in conference 5/12/05)*
MS HB 1104 Rep. Morris	Authorizes Medicaid eligibility for "individuals who are entitled to Medicare Part D and whose income does not exceed 150 percent of the poverty level." Eligibility for payment of the Medicare Part D subsidy shall be determined by the state Medicaid Division. The Medicaid Division may require that drugs not covered by Medicare Part D for a resident of a long-term care facility be provided by Medicaid, in true unit doses when available. Also reinstates Medicaid eligibility for the poverty-level, aged and disabled (PLAD) group until January 1, 2006. *(Filed 1/17/05; passed House 2/1/05; passed Senate 2/10/05;* ***signed by governor*** *3/31/05)*
MO HB 60	Would establish the Missouri Rx Card Program within the Department of Social Services, to provide Rx discounts to residents eligible for Medicare or any age with annual income

Rep. Johnson	up to 300 percent of federal poverty. *(Filed 1/5/05; did not pass by end of regular session 5/26/05)*
MO HB 169, SB 39, SB 75. Sen. Bray, Sen. Champion	Would "close the drug benefit coverage gap" created by the federal Medicare Act of 2003; the plan would provide gap coverage up to a total benefit of $2,138 for each eligible senior in the first year of the plan and thereafter, the amount shall be adjusted annually, subject to state appropriation Enrollees will be age 65 or older, with income not more than 150 percent of federal poverty. SB 75 provides for termination of Missouri Senior Rx once MMA is fully operational. *(Filed 1/6/05; did not pass by end of regular session 5/26/05)*
MO HB 204, HB 736 Rep. Salva, Rep. Bringer	Would provide a mechanism for persons who become ineligible for Medicaid benefits on July 1, 2005, to be automatically enrolled in the Senior Rx Program. Allows recipients to receive a credit toward their deductible for expenses paid for prescription drugs purchased between July 1, 2005, and the date the department was notified of a person's ineligibility for Medicaid benefits; also allows individuals to opt out or decline to the initial enrollment fee. *(Filed 1/11/05; did not pass by end of regular session 5/26/05)*
MO HB 656 Rep. Wilson	Would extend the sunset date for the Senior Rx state subsidy Program from December 2005 to June 30, 2006. *(Filed 3/3/05; did not pass by end of regular session 5/26/05)*
MO SB 539 Sen. Purgason	Coordinates state pharmaceutical assistance with MMA. Establishes a newly defined "Missouri RX" subsidy plan for residents with income up to 150% of federal poverty. The Plan "may pay all or some of the deductibles, coinsurance, payments, premiums and copayments" required by Part D; the state may select one or more preferred PDP plans for purposes of the coordination of benefits between the program and the Medicare Part D drug benefit. Beginning 2006, disabled under 65 are added as eligible. Initial enrollment priority is given to the Medicaid-Medicare dual eligible population. The successive enrollment priority shall be Medicare eligible participants with annual income up to 150 percent of the federal poverty guidelines. The old Missouri Senior Rx plan will expire and be replaced by the new Rx Plan as soon as the MMA benefits are "fully implemented" in 2006. *(Passed Senate 3/17/05; passed House 4/7/05; **signed by governor** 4/26/05)*
MT SB 7 Sen. Esp	Would repeal the prescription drug expansion program, a state discount plan enacted in 2003 but not implemented. *(Filed 11/18/04; did not pass committee 2/14/05)*
MT SB 324 Sen. Tester	Creates a new state pharmaceutical assistance programs for Medicare enrollees up to 200 percent of federal poverty. The program will pay Part D premiums, and is authorized to pay deductibles, subject to available funds. A second component establishes an RX+ state discount program with eligibility including any uninsured resident regardless of age, with income up to 250 percent of federal poverty, an estimated 120,000 people. Repeals the state discount plan enacted in 2003 but not implemented. *(Filed 1/28/05; passed Senate 39y-10n, 3/7/05; passed House 92y-10n; **signed by governor** 4/19/05)*
NE LB 549 Sen. Jensen	Would require the state Health & Human Services department to develop and implement a response plan related to Medicare Part D prescription drug program. *(Filed 1/18/05; did not pass by end of regular session 6/3/05*)*
NE LB 712 Sen. Thompson	Would create the Healthy Nebraska Rx Card Program eligibility includes residents, eligible for Medicare with net family income up to 300 percent of federal poverty. Discounts would be based on negotiations with Rx manufacturers, to obtain supplemental rebates, and use of a preferred drug list. Provides for possible use of prior authorization for products of manufacturers not discounted for the Rx Card Program. *(Filed 1/19/05; did not pass by end of regular session 6/3/05*)*
NV AB 495 Comm.	Requires the state to coordinate prescription drugs and pharmaceutical services provided by the state and those provided by Medicare, with a goal of maintaining present coverage "to the extent allowed by federal law," maximizing prescription drug coverage and use of federal funds, and minimizing disruptions in enrollment, eligibility and out-of-pocket expenses. The Dept. of Human Resources will adopt regulations to implement the coordination details. Also expands the state Rx subsidy to include persons with disabilities with annual incomes up to $21,500 (225 percent of FPL).

	*(Filed 3/28/05; passed Assembly, passed Senate 5/28/05; **signed by governor** as Chapter 393, 6/10/05)*
NV AB 524 Comm.	Requires coordination between the Fund for a Healthy Nevada, pharmaceutical services provided by the state and those provided by Medicare; allows partial subsidy of benefits instead of full state subsidy for purchasing Rx insurance (as established in 2001). *(Filed 3/29/05; passed Assembly 5/27/05; passed Senate 6/1/05; **signed by governor** as Chapter 342, 6/10/05)* |
NV AJR 6 Assm. Buckley	Would urge Congress to amend the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to "provide affordable, easily understood coverage for prescription drug benefits." *(Filed 3/21/05; passed Assembly 42y-0n, did not pass Senate 5/26/05)*
NH HB 2, HB 1-A Rep. King	FY 2006-07 budget (in §177:122) suspends payments by the state to the federal Medicare program, unless a court determines that provisions of Medicare Part D, popularly known as "the clawback" are constitutional. Requires that the affected funds, $13.5 million in FY06 and $30 million in FY07, be deposited in the revenue stabilization reserve account. *(Filed 3/23/05; passed House 4/20/05, passed senate 6/9/05, **signed by governor** as Chapter 177, 6/30/05)*
NH SB 163 Sen. Clegg	Creates a new SPAP to coordinate prescription drug coverage with the benefit under Medicare. The program would only cover drug costs not covered by the Part D program and would be the payor of last resort. Eligibility includes individuals 65 years or older, or disabled and receiving social security benefits and enrolled in Medicare, and with income at or below 150 percent of FPL. *(Filed 1/27/05; passed Senate 3/31/05; passed House 6/1/05; **signed into law by governor** as Chapter 294 of 2005, 7/26/05)*
NJ A 1593 Assm. Burzichelli, A 2315 Assm. VanDrew, S 590 Sen. Sweeney	Would enact the "New Jersey Fair Market Drug Pricing Act" and establish the New Jersey Rx Card Program to reduce prescription drug prices. Would use voluntary negotiations with drug companies for supplemental rebates. Residents eligible would include Medicare enrollees and others with income up to 300 percent of federal poverty, who do not have other state or private pharmaceutical coverage. *(Filed 2/9/04; A 1593 amended, redraft reported from committee 6/14/04; carried over to 2005 session; held in committee 10/05)*
NJ A 2376, A 2377 Assm. Gibson, Azzolina	Would establish the "Medicare Rx Savings Fund" and specify use of savings to the state from the Medicare prescription drug benefit. *(Filed 2/24/04; carried over to 2005 session; held in committee 10/05)*
NJ A 2607 Assm. Payne	Would require the Medicaid program to pay recipients' Medicare prescription drug copayments. *(Filed 3/15/04; reported favorably from committee 6/3/04; carried over to 2005 session; held in committee 10/05)*
NJ ACR 122, SCR 48 Sen. Singer	Would propose a constitutional amendment requiring federal funds received by State under Medicare prescription drug program be used to expand Pharmaceutical Assistance for the Aged and Disabled and Senior Gold Prescription Discount Program. *(Filed 1/22/04 & 2/5/04; carried over to 2005 session; SCR 48 withdrawn; did not pass 5/5/05)*
NJ AR 233 Assm. Gusciora	Non-binding resolution, would memorialize the Centers for Medicare and Medicaid Services (CMS) to permit auto-enrollment into preferred prescription drug plan for Medicare Part D. *(Filed and sent to committee 1/10/05; **passed Assembly** 75y-0n; filed with Secretary of State 3/14/05)*
NJ S2549 Sen. Singer	Would establish the "Pharmaceutical Assistance Savings for Senior Services Fund" and specifies use of savings to the state from Medicare Part D. *(Filed 5/27/05; in committee 10/05)*
NJ S 3000, formerly	FY 2005-06 budget (item 24-4275 et seq.) includes provisions to: a) require that for Medicare eligibles the state PAAD benefit "shall only be available to cover the beneficiary cost share to in-network pharmacies and for deductible and

A 4400 Sen. Bryant	coverage gap costs associated with enrollment in Medicare Part D for beneficiaries of the PAAD and Senior Gold programs, and for Medicare Part D premium costs for PAAD beneficiaries. b) make the PAAD program the authorized representative for coordinating benefits with the Medicare Drug Program including "application for the premium and cost-sharing subsidies on behalf of eligible program beneficiaries; pursuit of appeals, grievances, or coverage determinations; facilitated enrollment in a prescription drug plan or MA-PD plan." If a PAAD beneficiary declines enrollment in any Part D plan, the beneficiary shall be barred from all benefits of the state PAAD Program. c) require PAAD reimbursement for drugs based on the Average Wholesale Price -12.5% discount and dispensing fee structure set of $3.73 to $4.07 fixed for FY 2006, and require pharmacies participating in PAAD to be authorized Medicare suppliers. d) allow that use of Medicaid prescription drug funds shall only be available for dual-eligibles "to cover co-payments and non-formulary drugs to pharmacies participating in the federal Medicare Part D program;" also requires Medicaid rebate agreements on such products. *(Filed 6/27/05; **S 3000** passed Senate and Assembly 6/30/05 **signed into law by governor** as Chapter 132, 7/2/05)*
NM HB 763, SB 689 Rep. Picraux, Sen. Feldman	Establishes a voluntary discount card program for residents under age 65 (the state has another program for people over 65); the only requirement is age and residency and evidence of no other prescription drug coverage. The Departments of Human Services (HSD), Health (DOH), and Aging and Long-Term Care are required to collaborate to implement this new law. [see fiscal note] *(HB 763 passed House 37y-35n; died by end of session 3/19/05);* *(SB 689 passed Senate 14y-13n; passed House 34y-24n; **signed by governor** as chapter 160 4/5/05)* |
NY A 1922, S 992 Budget Bill	FY06 budget bill would allow qualified individuals to receive assistance from the state's pharmaceutical assistance program (EPIC) while receiving prescription drug benefits under Medicare Part D. EPIC would pay a portion of the costs of prescription drugs for which no payment or reimbursement is made by the Medicare Part D program. Would waive EPIC's participant fee for individuals who are also enrolled in a Part D prescription drug plan, and would authorize assistance with applying for premium subsidy and enrollment in Medicare Advantage or PDPs. *(Filed 1/21/05; S.992 passed Senate 3/15/05 but returned to Senate committee 3/28/05)*
NY A 5210, S 2427 Assm. Englebright	Would direct the Department of Health to allocate and disburse money received by the state as Transitional Assistance pursuant to the Medicare Modernization Act of 2003; would allow organizations to submit an application to the state for a grant of moneys. *(Filed 2/17/05; sent to committees 4/20/05)*
NY S 3668, A 6842, Rules Committee	FY2006 state budget bill includes provisions (Sec. 4-7) to coordinate the elderly pharmaceutical insurance coverage (EPIC) program with Medicare part D prescription drug coverage. Provides that Part D enrollees in 2006 will remain eligible for EPIC benefits; the state will pay the portion of the cost for qualified drugs for which no payment or reimbursement is made by the Medicare program or any federally funded prescription drug benefit, less the participant's co-payment. The annual registration fee will be waived for Part D enrollees eligible for low-income subsidy. The EPIC program is authorized to represent state enrollees in obtaining Part D federal subsidies, including assistance with applications, voluntary enrollment in a state recommended plan or plans, and pursuit of appeals and grievances, and endorsement of PDPs "for the purposes of effective coordination of benefits." *(Filed 3/27/05; S3668 passed Assembly and Senate 3/31/05; **signed by governor** as Chapter 58, 4/12/05)*
NC SB 750 Sen. Rand	Would conform prescription drug copayments under the teachers' and state employees' comprehensive major medical plan to the Medicare Modernization Act, by specifying that non-Medicare enrollees continue to pay not more than $2,500 annually out-of-pocket, while Medicare enrolled members may be assessed up to $3,600. *(Filed 3/21/05; sent to committee 4/7/05)*
ND HB 1465 Rep. Price	Provides that, as soon as MMA benefits are available in 2006, ND Medicaid will not pay for prescription drugs within a drug class covered by Part D, or a class in which Medicare does not pay for any of those drugs (with an exception for medically necessary Rx for

	dual-eligibles), or a drug for which federal matching funds are not available, except the state may pay for a drug in an emergency to ensure that dual eligibles continue to receive their drugs after Part D is implemented. This exception covers the period between January 1, 2006 and February 15, 2006; appropriates $300,000 for transitional activities. *(Filed 1/05; passed House 2/16; passed Senate 3/28; **signed by governor** 4/25/05)*
OH HB 66 Rep. Calvert	State budget (in § 5111.98) authorizes Ohio Department of Job and Family Services to take actions as necessary to fulfill state duties under the Medicare Prescription Drug, Improvement and Modernization Act of 2003, including adopting regulations and making payments to CMS. *(Filed 1/05; passed House 4/12/05; passed Senate 6/1/05; **signed by governor** 6/30/05)*
OK SB 547 Sen. Adelson	Establishes the new Oklahoma Prescription Drug Discount Program to negotiate voluntary discounts with manufacturers and use Medicaid reimbursement rates for pharmacies. Discounts will be provided as a 100 percent pass through to program enrollees, defined as uninsured residents and their families. Also authorizes an annual enrollment fee for those over 150 percent of FPL. Coordination of benefits with Medicare pharmaceutical benefits are not detailed in the law. Also authorizes a state contract with a PBM to determine means testing eligibility for residents to join manufacturer programs and link residents with Rx manufacturers' free and discount programs. *(Filed 1/05; passed Senate, passed House 5/24/05; **signed by governor** 5/27/05)*
OR HB 3070 Human Services Comm.	Would create State Pharmaceutical Assistance Program in Department of Human Services to provide financial assistance to certain persons eligible for Medicare Part D prescription drug coverage. Authorizes department to contract with prescription drug plan (PDP) to provide services under program. *(Filed 3/17/05 ; did not pass committee by end of regular '05 session, 8/5/05*)*
OR SB 88 Gov. Kulongoski	Would authorize the Department of Human Services to modify prescription drug benefits for persons dually eligible for prescription drug benefits under the MMA and under the state medical assistance program, to allow coverage for non-covered drugs. *(Filed 1/10/05 ; did not pass committee by end of regular '05 session, 8/5/05*)*
OR SB 1088 Senate Rules Comm.	Requires the Dept. of Human Services to adopt rules modifying payment for prescription drugs for Medicare-Medicaid dual eligibles, including identifying products both available and not available or reimbursable under Medicare Part D in 2006. The statute does not specify further change in the state contribution or benefit. Also allows the state to calculate and include a "clawback" payment amount for an individual who may be subject to an estate recovery procedure by the state (in §3, amending ORS 115.125). Requires regular reports to the legislature on MMA implementation. *(Filed 6/22/05; passed Senate 7/13/05; passed House 7/27/05; **signed by governor** as Chapter 754, 8/17/05)*
PA HR 116 Rep. Walko	Non-binding resolution, would request that the U.S. Congress address the coming prescription drug benefit problems facing Medicare beneficiaries. *(Filed and sent to committee 3/1/05)*
PA HR 477 Rep. Yudichak	Non-binding resolution, urging the U.S. Congress to permit state residents already enrolled in Pharmaceutical Assistance Contract for the Elderly (PACE) and PACE Needs Enhancement Tier (PACENET) to be automatically enrolled in the Medicare Part D prescription drug program. *(Filed and sent to committee 10/19/05)* *Update: On 11/30/05 HHS and Pennsylvania announced an agreement which will allow PACE and PACENET to select up to 5 plans for aut0matic enrollment.*
RI HB 5332, SB 522 Sen. Roberts	Would promote coordination of benefits between the elderly pharmaceutical assistance program and Medicare Part D prescription drug program. Would clarify that persons receiving a partial benefit from MMA may remain qualified for the state program; would authorize the state to pay premiums and deductibles, with no appropriations reduction for FY06. Would continue requiring enrollment in MMA transitional assistance if qualified in '05. *(Filed 2/9/05; SB 522 held in committee at end of regular '05 session, 7/05*)*
RI HB 5788 Rep. Moura	Would amend the eligibility requirements for a person to qualify for the state's Prescription Drug Discount program for the uninsured; takes effect on January 1, 2006. *(Filed 2/15/05; held in committee at end of regular '05 session, 7/05*)*

SC HB 3716 - Sec. 8-J02 House Ways & Means	The FY 2005-06 budget creates (in Part 1B §8-J02, 8.37) a Gap Assistance Prescription Program for Seniors (GAPS) as of January 1, 2006, to replace the SILVERxCARD subsidy program of 2000-2005. The new program will "coordinate with Medicare Part D in providing assistance to low-income, Medicare-eligible South Carolinians with their prescription drugs cost under Medicare", providing subsidy coverage for annual expenses between $2250 and $5100, the gap not covered by Medicare. *(Filed 3/8/05; passed Assembly 3/16/05; passed Senate 4/26/05;* ***signed into law by governor*** *as Act 115, 6/16/05)*
SC HB 3221 Rep. Clemmons	Would require that the South Carolina Retirees and Individuals Pooling Together For Savings Act (SCRIPTS) and the SilveRxCard subsidy program must coordinate with Medicare part D to provide to low income senior residents assistance with the cost of prescription drugs; specifies that an enrollee is entitled to benefits when annual out- of-pocket drug expenses reach the point that standard Medicare part D benefits are no longer available. *(Filed and sent to committee 1/11/05; passed House and sent to Senate 5/18/05; did not pass Senate by end of regular session 6/2/05)*
SC SB 152 Sen. Elliott	Would require a pharmacist to only charge Medicaid prescription rates, plus a dispensing fee, when filling prescriptions for persons receiving Medicare benefits. *(Filed 1/11/05; did not pass by end of regular session 6/2/05)*
SC SB 571 Sen. J. Smith	Would change the name of the Retirees and Individuals Pooling Together for Savings Act to the Pharmacy Assistance Act; provides for coordinating with Medicare part D to provide low income Medicare-eligible state residents assistance with the cost of prescription drugs; authorizes the state to modify program eligibility criteria and benefit levels if necessary. *(Filed 3/3/05; did not pass by end of regular session 6/2/05)*
TN HB 1409, SB 1441 Rep. Bowers, Sen. Jackson	Would establish a discount drug program to provide eligible residents (uninsured with annual income up to 200 percent of FPL) with access to prescription drugs from participating brand pharmaceutical companies through either a state-sponsored discount card program or a program that extends current brand manufacturers' assistance plans. Would also create the state prescription drug clearinghouse program, requiring brand pharmaceutical manufacturers to assist state residents who are low income or uninsured to gain access to prescription medications through existing public and private programs, including discount and coverage. Titled the Tennessee Pharmaceutical Availability and Affordability Act. *(Filed 2/17/05; did not pass by end of regular session 5/28/05*)*
TN HB 2290, SB 2309 Rep. McMillan, Sen. Kyle	Would create a new state pharmaceutical subsidy program (SPAP) to provide pharmaceutical benefits to elderly and disabled residents and coordinate benefits between the SPAP and Medicare Part D program. The SPAP would facilitate enrollment into Part D, while assisting dual eligibles and other Medicare-eligibles in defraying the cost of prescriptions by paying all or some of the deductibles, coinsurance payments, premiums, and copays under Medicare Part D. Individuals 65 years or older, or disabled SSI and enrolled in Medicare would be eligible for the SPAP. The program would prioritize Part D enrollment for dual eligibles to begin no later than October 1, 2005. If funds were available, other Medicare-eligible individuals with a household income up to 150 percent of the FPL could participate. Also requires pharmaceutical companies to provide Medicaid-level rebates to the SPAP in order for the drug companies' products to be available within the program. *(Filed 2/17/05; did not pass by end of regular session 5/28/05*)*
TX SB 1581, HB 2043 - text Sen. Zaffirini, Rep. Miller	Would establish a state pharmacy assistance program to provide discounts to eligible residents, including those eligible for state primary and indigent care services, with other categories of elderly and low income or financially vulnerable authorized to be added. Discounts would be based on pass-though of manufacturer-negotiated acquisition price, plus a dispensing fee and administrative costs. Implementation would require a commission to determine "that adequate voluntary discounts negotiated" under this act are available; if the program is not "fully implemented" the state may adopt preferred drug lists and prior authorization. *(Filed 3/14/05; HB2043 did not pass committee by deadline 5/9/05)* *SB 1581 Filed 3/22/05; passed Senate 5/5/05; did not pass House by end of session 5/22/05)*
TX SB 1	Budget appropriation of $444 million would fund the Texas "clawback" or phased down state contribution from Medicaid to federal Medicare ($154 million in FY2006 and $290

Budget	million in FY2007). The legislative passed item was vetoed by Governor Perry, having the potential or indirect effect of authorizing non-payment. The first clawback payment is due the federal government in spring 2006. [see pages II-67, 68] *(Filed 1/14/05; passed Senate 3/23/05; passed House 4/7/05; sent to governor 6/8/05; **line-item veto by governor** deleted clawback funds 6/18/05)*
TX HB 3060 Rep. Turner HB 3391, SB 130 Rep. Miller, Sen. Nelson	Would require an expanded study and report on prescription drugs under the Medicaid vendor drug program and other state health and human services programs, to include the impact of MMA on the state preferred drug list and prior authorization after dual-eligible beneficiaries are withdrawn from Medicaid. *(Filed 3/17/05; did not pass committee by deadline 5/9/05)* |
VT H 516 House Appropriations Comm.	FY06 Budget included provisions to: (§313) provide wraparound benefits for Medicare Part D eligible residents. Also establishes (§314) the V-Pharm program as of 1/1/06 to provide supplemental coverage for residents to up 225 percent of federal poverty, with monthly fees from $13 to $35. The state would seek CMS authorization for automatic enrollment of eligible residents in Part D and low income subsidy; also would appropriate extra funds for outreach and education. Non-Medicare state enrollees would be coordinated by a redesigned and renamed Vermont Rx Program. All state funded Rx programs would cover all state-listed over-the-counter products. Also would require evaluation of modifying the state employee and retiree pharmaceutical benefits to wrap around the Medicare part D prescription drug program. *(Filed; passed House 3/25/05; passed Senate 5/25/05; **signed by governor** as Act 71, 6/21/05)*
VT H 534 H. Human Services	Would provide wraparound benefits for Medicare Part D eligible residents "equivalent to the current coverage of Vermont's prescription drug programs." Would establish the V-Pharm program to provide supplemental coverage for residents to up 255 percent of federal poverty, requiring monthly fees from $13 to $35. The state would seek CMS authorization for automatic enrollment of eligible residents in Part D and low income subsidy; also would appropriate $250,000 for outreach and education. Non-Medicare state enrollees would be coordinated by a redesigned and renamed Vermont Rx Program. All state programs would cover all state-listed over-the-counter products. Also would require evaluation of modifying the state employee and retiree pharmaceutical benefits to wrap around the Medicare part D prescription drug program. *(Filed 4/19/05; did not pass; see H 516 above)*
VA HB 1624 SB 841 Del. Purkey, Sen. Deeds	Directs the Board of Medical Assistance Services to promulgate necessary emergency regulations to implement the provisions of the Medicare Part D prescription drug benefit effective January 1, 2006, and make recommendations for enhancing, coordinating, and integrating the existing pharmacy assistance programs for low-income Virginians and the Medicare Part D benefit. *(As filed, but deleted in House:)* Would establish a Virginia Prescription Drug Payment Assistance Plan to assist eligible elderly and disabled Virginians in paying for prescription drugs. *(Filed 1/14/05; passed House 2/14/05; **signed by governor** as Chapters 24 & 56, 3/23/05)*
VA HB 2714	Would establish a program to be administered by the Department of Medical Assistance Services (DMAS) to assist eligible elderly and disabled Virginians in paying for prescription drugs to work in coordination with the new federal Medicare program. *(Filed 1/12/05; did not pass committee 2/1/05)*
VA HJR 701 Del. Brink	Non-binding resolution encourages the Commissioner of the Department of Aging and the Commissioner of Health to provide information on wraparound coverage offered by some pharmaceutical companies for low income Medicare beneficiaries who exhaust their transitional assistance. *(Filed 1/12/05; passed House 2/5/05; passed Senate 2/21/05; **certified** 3/16/05)*
VA HJR 702 Del. Morgan	Encourages the Department for the Aging, the Department of Medical Assistance Services, and the Department of Health to consult with the Virginia Dental Association and the Virginia Health Care Foundation on the feasibility of using the Mission of Mercy program to disseminate information concerning prescription assistance programs and prescription drug

	discount cards. *(Filed 1/12/05; passed House 2/5/05; passed Senate 2/21/05; **certified** 3/16/05)*
VA SB 953 Sen. Potts	Requires that the Commissioner of Health analyze access to the Pharmacy Connection Program; recommends localities for expansion; and facilitates statewide implementation of the Pharmacy Connection Program in order to maximize the benefits of the new Medicare pharmaceutical discount card program. Effective 7/1/05. *(Filed 1/24/05; passed House 1/25/05; passed House 2/17/05; **signed by governor** as Chapter 715, 3/25/05)*
WA HB 1287 [law] Rep. Cody	Authorizes the WA Health Care Authority to receive a federal employer subsidy for continuing to provide a pharmacy benefit to retirees. *(Filed 1/20/05; passed House 3/18/05; passed Senate 4/6/05; **signed by governor** as Chapter 195, 4/26/05)*
WV HB 3265 Rep. Armstead	Would create the Senior Citizens Prescription Drug Subsidy Program for residents age 65 and over, who do not qualify for other Rx subsidized reimbursement (such as Medicare or Medicaid). Eligibility guidelines for program participation would be determined by agency regulations, based on income and the need for the prescription drugs. Would be funded by a voluntary tax check-off beginning January 2006. *(Filed 3/25/05; did not pass committee by end of regular session 4/05)*

* = bill may be subject to carryover to 2006

Notes:

1- "***Medicare Part D Timeline***" – Chart compiled by Joy Johnson Wilson, NCSL staff contact. 4/05

2 - "***2004 State Pharmaceutical and Medicare Coordination Legislation***" - Published by NCSL, online at http://64.82.65.67/health/MEDICARE-ADJUSTMENT-BILLS-04.pdf 6/05 edition.

Compiled by Richard Cauchi, NCSL Program Director, Denver , with additional research by Donna Folkemer (D.C.), Karmen Hanson (Denver) and Elijah Wood (D.C.); excerpted from the NCSL report "**2005 State Prescription Drug Legislation**" posted online at http://www.ncsl.org/programs/health/drugdisc05.htm

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MEDICARE PART D TIMELINE (2005-06)

January 2005				Final Rule Published	January 2005
February			States should be prepared to answer questions from the public	CMS Awareness Campaign Begins	**February**
March		Plan applications due.	SSA begins test run mailing to potential low income subsidy (LIS) eligibles	States are to submit and CMS is to be ready to receive state test enrollment files	**March**
April			Training packets available to states from SSA.	CMS to send file of deemed beneficiaries to SSA.	**April**
May			CMS will send letters to deemed individuals notifying them of their eligibility for the low	SSA begins mailings to potential LIS eligibles.	**May**
June			Plan bids due (6/6).	States are to begin submitting enrollment production files on a monthly basis	**June**
July	CMS enrollment campaign begins.	SPAP coordination requirements to be published (7/1).	States/SSA begin accepting applications for the low income subsidy determination (7/1).	All MMIS eligibility and claims files for calendar year 2003 to CMS for calculation	**July**
August				National weighted average to be determined.	**August**
September				Plan contracts awarded by CMS.	**September**
October	New Plan Compare Website launched (10/13).	Plans begin marketing and beneficiary	2006 Medicare & You Handbook mailed (10/13).	CMS notifies dual eligibles of the plan to which they have been auto-enrolled if they	**October**
November				Part D enrollment period (open season) begins (11/15).	**November**
December			SSA begins processing premium withhold (12/1).	Medicaid drug coverage ends for dual eligibles (12/31)	**December**
January (06)		States billed for first "clawback" payment (1/10)	Auto-enrollment effective for dual eligibles (1/1).	Medicare Part D benefit begins (1/1)	**January (06)**
February (06)				States make first "clawback" payment (2/25).	**February (06)**

Part D Chart source - NCSL Staff Contact: Joy Johnson Wilson, Health Policy Director (joy.wilson@ncsl.org)

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