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2003 LEGISLATION BY STATE

State Bill yellow = enacted or completed	Description / excerpts of bill text (Bill status may change frequently —check state legislative links (below) or legislative sites for most recent actions:	Code
AL <u>HB 153</u> Rep. Johnson <u>SB 77</u> Sen. Means	Would regulate pharmaceutical benefit managers and other entities that are payers of any type of medical claims must pay claims within certain time periods. (Filed 3/4/03 and sent to committee)	PBM
AL <u>HB 217</u> Rep. Page <u>SB 114</u> Sen. Poole	Would allow correctional facilities and jails to transfer unused prescription medication to charitable clinics. (Filed 3/4/03 and sent to committee)	Re

<p>AL <u>HB 603</u> Rep. Beasley</p>	<p>Would create a preferred drug list in Medicaid. (Filed 3/20/03 and sent to committee)</p>	<p>M, PDL</p>
<p>AL <u>HB 443</u> Rep. Johnson</p>	<p>Would authorize the Alabama Medicaid Agency to enter into arrangements to require manufacturers of generic drugs prescribed to Medicaid recipients to provide rebates of a specified percentage of the average manufacturer price for the manufacturer's generic products. (Filed 3/20/03 and sent to committee)</p>	<p>M</p>
<p>AL <u>SB 10</u> Sen. Smithernan</p>	<p>Would require a physician prescribing a medication to prescribe a generic equivalent if available unless the physician notes in the patient's record that the brand name is medically necessary and notes on the prescription to the pharmacist that the brand name medication is medically necessary. (Filed 3/4/03 and sent to committee)</p>	<p>-</p>
<p>AK <u>HB 32</u> Rep. Coghill</p>	<p>Would create a uniform health insurance and prescription drug information card. (Filed 1/21/03 and sent to committee)</p>	<p>-</p>
<p>AZ <u>Executive Order</u></p>	<p>Gov. Janet Napolitano signed an executive order setting in motion a new program to allow Medicare-eligible seniors to purchase prescription drugs at lower prices through contracts to be administered by Arizona's Health Care Cost Containment System (AHCCCS.) (Executive order signed 1/7/03)</p>	<p>D</p>
<p>AR <u>S 313</u> Sen. Malone</p>	<p>Would regulate and license pharmacy benefit managers. (Filed 2/19/03; passed Senate and sent to House committee 3/24/03)</p>	<p>PBM</p>

<p>CA <u>AB 30</u> Richman</p>	<p>Would expand the Healthy Families Program to provide medical and pharmaceutical coverage to employed childless adults who are uninsured for health care coverage and who meet certain household income requirements, subject to approval of a federal waiver and appropriation of state matching funds. Under existing law, the Healthy Families Program becomes inoperative on January 1, 2004. (Filed 1/13/03 and sent to committee)</p>	<p>M, P+</p>
<p>CO <u>HB03-1049</u> Rep. Butcher</p>	<p>Would require providers of pharmaceutical services to reimburse the department of health care policy and financing for the cost of medications that the department has paid to the provide that are returned by health care providers, if those medications are available to be dispensed to another person. (Filed 1/13/03 died in committee 4/3/03)</p>	<p>Re</p>
<p>CO <u>HB03-1058</u> Rep. Stafford</p>	<p>Would allow a tax credit for seniors for pharmaceutical expenses. (Filed 1/8/03; died in committee 1/22/03)</p>	<p>S</p>
<p>CO <u>HB03-1154</u> Rep. Butcher</p>	<p>Would create a program to provide assistance with prescription drug costs to senior citizens using moneys received under the tobacco master settlement agreement. Would also allow additional rebates from manufacturers. (Filed 1/14/03; died in committee 2/3/03)</p>	<p>S</p>
<p>CO <u>HB03-1162</u> Rep. Salazar</p>	<p>Would designate an entity to create a prescription drug purchasing pool and make prescription drugs available to certain low-income people at a discounted rate. (Filed 1/15/03; died in committee 1/31/03)</p>	<p>D</p>
<p>CO <u>HB03-1264</u> Rep. McFadyen</p>	<p>Would create a preferred drug list (formulary) for Medicaid. (Filed 1/31/03; died in committee 2/17/03)</p>	<p>M, PDL</p>

<p>CO <u>HB03-1300</u> Rep. Pommer</p>	<p>Would create a waiver program modeled after “Healthy Maine” for people at or below 200 percent of the FPL. Would require a federal waiver which shall only be prepared if the department receives gifts, grants, or donations sufficient to provide for the state’s administrative costs of preparing and submitting the waiver. (Filed 2/7/03; died in committee 2/19/03)</p>	<p>D</p>
<p>CO <u>SB03-142</u> Sen. Entz</p>	<p>Would establish evidence-based medicine as basis for a preferred drug list and regulation of pharmacy benefit managers. (Filed 1/24/03; died in committee 4/4/03)</p>	<p>M, PDL, D, PBM</p>
<p>CT <u>HB 5225</u> Rep. Dillon</p>	<p>Would increase income eligibility for Connecticut’s Pharmaceutical Assistance Contract to the Elderly and Disabled Program. (Filed 1/17/03 and sent to committee)</p>	<p>S</p>
<p>CT <u>HB 5348</u> Rep. Witkos</p>	<p>Would allow seniors to deduct the cost of pharmaceuticals to qualify for Connecticut’s Pharmaceutical Assistance Contract to the Elderly and Disabled Program. (Filed 1/21/03 and sent to committee)</p>	<p>S, D</p>
<p>CT <u>HB 5469;</u> <u>SB 743</u> Rep. Fleischman</p>	<p>Would require the commissioner of Social Services to negotiate supplemental Medicaid rebates from drug companies in an amount equal to or greater than rebates available under existing federal law, and to further negotiate with such drug companies the cost of prescription drugs for uninsured residents, and establish the Affordable Prescription Drug Board. Would protect consumers and improve the functioning of the prescription drug marketplace by increasing information available about prescription drug pricing. (Filed 1/22/03; sent to research office 4/8/03)</p>	<p>M, D,</p>
<p>CT <u>HB 5878</u> Rep. Fleischmann</p>	<p>Would establish a ConnPACE, Part B program to allow more state residents (seniors at or below 400 percent of federal poverty level and other residents at or below 300 percent) access to discounted prescription drug benefits. (Filed 1/24/03 and sent to committee)</p>	<p>D</p>

<p>CT <u>HB 5985</u> Rep. Barry</p>	<p>Would allow seniors to deduct cost of pharmaceuticals in order to qualify for ConnPACE. (Filed 1/27/03 and sent to committee)</p>	<p>S, D</p>
<p>CT <u>HB 6495</u> Budget</p>	<p>An FY 03 budget reduction law increases copayments for ConnPACE state subsidy program members from \$12 up to \$16.25; increases the application fee from \$25 to \$39; and reduces the dispensing fee to retail pharmacies for ConnPACE (and Medicaid), from \$3.85 to \$3.60. (Passed House and Senate, signed by governor 2/28/03 as Public Act 03-2)</p>	<p>S, M</p>
<p>CT <u>HB 6606</u> Committee</p>	<p>Would require the insurance commissioner, in consultation with the Pharmacy Commission, to study pharmacy benefit management (PBM) plans. The study must decide whether further regulation of such plans is required, and if so, the commissioner must indicate the type of regulation needed. (Filed 1/27/03; passed House 5/13/03)</p>	<p>PBM</p>
<p>CT <u>SB 520</u> Sen. Gaffey</p>	<p>Would require the state join in a purchasing pool with the other New England states for the procurement of prescription drugs and other health care goods and services. (Filed 1/23/03 and sent to committee)</p>	<p>D, Bulk</p>
<p>CT <u>SB 1123</u> Committee</p>	<p>Would provide loans to federally qualified health centers for the cost of establishing a pharmacy facility or a partnership with a community pharmacy to serve as a centralized prescription drug distributor for federally qualified health centers that have established affordable pharmaceutical drug programs for qualified low income patients of such centers. The Commissioner of Social Services would assist any federally qualified health center that is applying for a loan by providing non-individual identifying information concerning potential participants in the affordable pharmaceutical drug program. (Filed 3/12/03; passed Senate 5/28/03; passed House 6/2/03; Public Act 03-166)</p>	<p>D, 340B</p>

<p>DE <u>HB 62</u> Rep. Williams</p>	<p>Would authorize the Health Security Authority to negotiate or establish manufacturer discounts and rebates for covered prescription drugs and other health care products as part of a single payer health care system. (Filed 3/13/03 and sent to committee)</p>	<p>D</p>
<p>FL <u>HB 843</u> Appropriations Committee</p>	<p>Would revise the pharmaceutical expense assistance program for low-income elderly individuals, add eligibility groups and provide benefits. (Filed 3/4/03; passed House 3/11/03; died in Senate Committee, 5/2/03)</p>	<p>D</p>
<p>FL <u>HB 1599;</u> <u>SB 2536</u> Sen. Margolis Rep. Cusak</p>	<p>Would enact the Florida Pharmacy Benefit Management Regulation Act to establish standards and criteria for regulation & licensing of pharmacy benefit managers (PBMs). (Filed 3/10/03; died in Committee, 5/2/03)</p>	<p>PBM</p>
<p>FL Special session Budget</p>	<p>The FY 04 budget would include \$16.2 million for expansion of the Silver Lifesaver Rx Program, "that would assist more than 250,000 seniors with their prescription drug costs." Also requires a 2.5 percent co-insurance for pharmaceuticals from beneficiaries, up to \$7.5 limit; also establishes a prescription drug recycling/reuse program in long term care facilities, with estimated savings of \$14.1 million. (passed House and Senate in special session, 5/27/03; sent to governor)</p>	<p>S</p>
<p>FL <u>SB 484</u> Sen. Fasano</p>	<p>Would urge the Congress of the United States to enact legislation repealing all laws prohibiting importation of large quantities of prescription drugs for resale in the United States in order to make such drugs available to the people within the United States at a cost competitive with the costs incurred by the residents of England, Italy, Germany and France. (Filed 3/4/03; died in Committee, 5/2/03)</p>	<p>D</p>

<p>FL <u>SB 2098</u> Sen. Wasserman Schultz</p>	<p>Would create “The LifeSaver Rx Program,” that would operate as a pharmaceutical assistance program to provide discounts to participants for prescription drugs covered by rebate agreement and would allow the state to negotiate discount prices or rebates for drugs from manufacturers or labelers. (Filed 3/4/03; died in committee 5/2/03)</p>	<p>D</p>
<p>FL <u>SB 2188</u> HB 977 Sen. Wilson</p>	<p>Would establish Florida Fair Market Drug Pricing Act and the Rx Card program as a state pharmaceutical assistance program to provide discounts to participants for drugs covered by a rebate agreement. It would use funds from negotiated rebates to provide a discount for people who are in the Medicare program or have a net family income at or below 300 percent of the FPL and are without any other adequate prescription drug coverage. (Filed 3/4/03; died in committee 5/2/03)</p>	<p>D</p>
<p>FL <u>SB 2322</u> HB 1 Sen. Peaden</p>	<p>Would create the Sunshine for Seniors Act to assist low-income seniors with obtaining prescription drugs from manufacturers pharmaceutical assistance programs. Appropriates \$226,660 for operations. (HB 1- Filed 3/4/03; passed House 3/11/03; died in Senate, 5/2/03)</p>	<p>CL</p>
<p>GA <u>SB 112</u> Sen. Hill</p>	<p>Would create a discount program for those aged 55 and over, based on use of voluntary manufacturer rebates, using features of the Maine Rx law. (Filed 2/11/03; died at end of regular session)</p>	<p>D</p>
<p>HI <u>HB 1361</u> Rep. Takumi</p>	<p>Would allow the income eligibility limit for the Medicaid Prescription Drug Expansion Program, created in 2002, to be lower than the original 300 per cent of the federal poverty level. (Filed 1/23/03; passed House 3/4/03; passed Senate 4/9/02; sent to governor 5/2/03)</p>	<p>M, P+</p>

<p>HI <u>SB 775</u> <u>HB 18</u> Rep. Takumi</p>	<p>Would establish duties and obligations for pharmaceutical benefit management companies that administer or manage prescription drug benefit coverage to their clients. (HB 18- Filed 1/15/03; passed House 3/4/03; sent to Senate committee 3/7/03) (SB 775- Filed 1/17/03; sent to committee 1/22/03; held 2/27/03)</p>	<p>PBM</p>
<p>IL <u>HB 209</u> Rep. Franks</p> <p><u>SB 3</u> Sen. Halvorson</p>	<p>Establishes the Senior Citizens and Disabled Persons Prescription Drug Discount Program Act, requiring the state to “negotiate and enter into rebate agreements with drug manufacturers” to effect prescription drug price discounts, with enrollees receiving the resulting discount. Eligible senior citizens and disabled persons are not subject to income maximums, with disabled defined to include those eligible for Social Security disability or “unable to engage in substantial gainful activity.” Those eligible for the state Rx subsidy program also are eligible, for coverage of products not covered by the state subsidy. Requires a \$25 annual enrollment fee, which could be lowered. Will reimburse retail pharmacies the average wholesale price minus 12% for brand name drugs, single-source generic drug products, and a dispensing fee of \$3.50 for brand-name and \$4.25 for all other generic products. The program is permitted to use or establish a preferred drug list. The program has no connection to Medicaid. Effective date is July 1, 2003 (Filed 1/14/03; finally passed House and Senate 5/15/03; signed by governor 6/16/03 as Public Act 93-18)</p>	<p>D, PDL</p>
<p>IL <u>HB 239</u> Rep. Franks</p>	<p>Would require the department to establish a Prescription Drug Purchasing Policy Office. The office would determine and implement strategies for best price purchasing practices for state agencies that pay for prescription drugs by direct purchase or by other arrangements. This may include establishing a central state purchasing policy, entering into cooperative agreements with other states or other public or private entities that may enable the state to reduce its prescription drug costs, and establishing any other state agency policies and practices that may enable the state to reduce its costs. (Filed 1/23/03; sent to committee 4/4/03)</p>	<p>D, Bulk</p>

<p>IL <u>HB 244</u> Rep. Franks</p>	<p>Would implement drug utilization review and address a reduced rate for prescription drugs for Medicare beneficiaries. (Filed 1/23/03; passed House 3/27/03; sent to Senate committee 4/2/03)</p>	<p>D</p>
<p>IL <u>HB 343</u> Rep. Jakobsson</p>	<p>Would affect medical record privacy by adding pharmaceutical companies to the list of entities prohibited from sharing medical information about a patient. (Filed 1/29/03; passed House 3/28/03)</p>	<p>Mkt</p>
<p>IN <u>HB 1330</u> Rep. Adams</p>	<p>Would require the lottery commission to establish a \$2 instant win game for the benefit of the prescription drug program and require the lottery commission to transfer \$1 for each ticket sold to the prescription drug account. (Filed 1/14/03 and sent to committee)</p>	<p>S</p>
<p>IN <u>HB 1458</u> Rep. Brown</p>	<p>Would allow the office of Medicaid policy and planning to limit access to prescription drugs for prescription drug program recipients to prevent fraud, abuse, waste, overutilization, and inappropriate utilization. (Filed 1/15/03; passed House 3/4/03; favorable Senate committee report 4/3/02)</p>	<p>M, PDL</p>
<p>IN <u>HB 1567</u> Rep. Kersey</p>	<p>Would require the office of the secretary of family and social services to establish, implement, and maintain a prescription drug purchasing program to negotiate the costs of prescription drugs for the following groups who may participate in the program: (1) a state agency that purchases prescription drugs or that arranges for the payment of the purchase of prescription drugs; (2) a local unit; or (3) a state educational institution. Specifies that if the state personnel department participates in the program, the self-insurance program or contract must provide for payment for prescription drugs purchased through the prescription drug purchasing program. (Filed 1/16/03; passed House 3/3/03; did not pass by end of session)</p>	<p>Bulk, D</p>

<p>IN <u>HB 1569</u> Rep. Thomas</p>	<p>Would require the drug utilization review board to develop and implement an Internet site to provide to the public comparative information concerning efficacy, use, and cost of prescription drugs. (2/26/03, passed House; 3/4/03, sent to Senate committee)</p>	<p>D</p>
<p>IN <u>HB 1688</u> Rep. Kersey</p>	<p>Would authorize the office of Medicaid policy and planning in consultation with the drug utilization review board, to develop and implement a preferred drug formulary. It would set out parameters of the preferred drug formulary; and establish the Rx program to provide discounted prescription drug prices to Indiana residents who are: (1) uninsured; (2) underinsured; (3) Medicare recipients; and (4) covered under insured or self-funded employee welfare benefit plans that provide prescription drug benefits. It would allow a drug manufacturer or labeler that sells prescription drugs to voluntarily enter into a rebate agreement with the state department of health that requires rebate payments to be made to the state for the Rx program; authorize the state department to negotiate the amount of the rebate and audit a manufacturer or labeler to assure compliance; and require a retail pharmacy to sell the drugs covered by the Rx program to participants in the Rx program at the discounted price. It would establish: (1) a formula for the state to use in calculating discount prices for drugs covered by the rebate agreement; (2) a procedure for resolving rebate amount discrepancies; and (3) the Rx dedicated fund, consisting of revenue from manufacturers and labelers who pay rebates and appropriations to the fund. (Filed 1/16/03; passed House 2/26/03; sent to Senate Committee 3/4/03, did not pass by end of session)</p>	<p>PDL, M,</p>
<p>IN <u>HB 1703</u> Rep. Brown</p>	<p>Would modify the Medicaid preferred drug list, by allowing the state to add a drug that has been approved by the Food and Drug Administration to the preferred drug list without prior approval from the drug utilization review board. (Filed 1/21/03 and sent to committee)</p>	<p>M, PDL</p>
<p>IN <u>HB 1809</u> Rep. Becker</p>	<p>Would require the secretary of the office of family and social services to use money in the Indiana prescription drug account only for the Hoosier prescription drug program, and automatically allot the money for use in the prescription drug program. (Filed 1/23/03 and sent to committee)</p>	<p>S</p>

<p>IN <u>SB 217</u> Sen. Sipes</p>	<p>Would allow the designation of a mail order or an Internet-based pharmacy to provide prescription drugs under Medicaid or other health plans and would prohibit a denial of coverage for a covered prescription drug solely because the prescription drug was obtained from a pharmacy other than a designated mail order or Internet-based pharmacy. (Filed 1/9/03 and sent to committee)</p>	<p>Mail</p>
<p>IN <u>SB 441</u> Sen. Riegsecker</p>	<p>Would require group health coverage programs for public employees, the office of Medicaid policy and planning, accident and sickness insurers, and health maintenance organizations that use a multi-tier copayment policy for prescription drugs to maintain on an Internet web site: (1) a list of the prescription drugs; (2) the tier that applies to each prescription drug and any alternative to the prescription drug that is in the prescription drug category entered by the consumer; (3) the preferred drug in the drug category entered by the consumer; and (4) a definition of "prior authorization" and the policy concerning prior authorization. (Filed 1/21/03 and sent to committee)</p>	<p>M, PDL</p>
<p>IN <u>SB 507</u> Sen. Alexa</p>	<p>Distribution of unused drugs. Would allow a pharmacy or pharmacist to donate medications to certain health clinics. Would allow a pharmacist to accept returned medications from a hospice program. (Filed 1/23/03; passed Senate 3/4/03; sent to House committee 3/13/03)</p>	<p>Re</p>
<p>IA <u>HF 375</u> Rep. Osterhaus</p>	<p>Would provide for the establishment of a senior pharmaceutical assistance program; to "provide a comprehensive pharmacy benefits plan for Iowa's Medicare-eligible population." Eligibility would include residents age 65 or older, with three tiers of benefit and copayments: Those with income up to 160 percent of poverty would have no deductible; income between 160 and 240 percent would be responsible for a deductible of \$500 per year; and income over 240 percent would be responsible for a deductible of \$1,000 per year. All enrollees would pay a \$20 annual enrollment fee, and copayments of \$5 for generics and \$20 for brand-name drugs. To "ensure appropriate use of pharmaceuticals, the program shall reimburse pharmacists for medication therapy management services." Medicaid provider pharmacies would be required to participate, and provide program discounts to all enrollees. Fees and rebates would be appropriated for operation of the program.</p>	<p>D, S</p>

	(Filed and sent to committee 3/3/03; did not pass by end of regular session*)	
IA <u>H 619</u> Health Committee	This law, signed by the governor on 4/28/03, establishes a multi-agency bulk purchasing council, preferred drug list, increased co-pays and other changes in pharmacy reimbursements for Medicaid. (Filed 3/18; passed House 4/2/03; passed Senate 4/14/03; signed by governor 5/2/03)	Bulk, M, PDL
KS <u>H. 2233;</u> Insurance Comm. <u>H. 2268</u>	Would create the uniform prescription drug information card, to be used by all health benefit plans for all enrollees, beginning at the effective date July 1, 2003. (H 2233 Filed 2/7/03; passed House and Senate, signed by governor 4/16/03)	-
KS <u>H 2357</u> Rep. Swensen	Would establish the Kansas prescription drug card program as a state pharmaceutical assistance program under Medicaid, using some features of the Healthy Maine program. It would “provide discounts” to participants for drugs covered by a (voluntary) rebate agreement. Using sums from negotiated rebates, the department shall contract with participating retail pharmacies to deliver discounted prices to participants, with eligibility defined as Medicare enrollees or others with income of not more than 300 percent of federal poverty. The discounts received by participants shall be calculated by the secretary on a quarterly basis, but must “approximately equal” the negotiated rebate, minus administrative costs. Would require federal waiver approval. Also would establish standards for a Medicaid preferred drug list. (Filed and sent to committee 2/13/03; did not pass by end of session 5/03*)	D

<p>KS <u>H. 2392</u> Insurance Comm.</p>	<p>Would require the registration of pharmacy benefits management (PBM) companies, including a \$500 application fee, a certificate of authority to be renewed annually, and disclosure of financial matters, including “all incentive arrangements or programs such as rates, discounts, disbursements or any other similar financial program or arrangement relating to income or consideration received or negotiated, directly or indirectly, with any pharmaceutical company.” (Filed and sent to committee, 2/17/03; did not pass by end of session 5/03*)</p>	<p>PBM</p>
<p>KS <u>S 268</u> Committee</p>	<p>Would establish a revised “Senior Pharmacy Assistance Program” that “shall provide financial assistance” to eligible individuals for the purchase of prescription drugs. Eligible people would be age 65 or older, with incomes up to 200 percent of federal poverty, consistent with the requirements for federal matching funds. (\$17,960 for an individual in 2003). The current program covers people age 67 and older up to 150 percent of federal poverty. The program would be suspended if a federal benefit would cover the enrollees. (Filed 3/24/03; passed Senate and House; sent to governor 5/12/03)</p>	<p>S</p>
<p>KY <u>HB 118</u> Burch</p>	<p>Would provide for the transfer of unused legend drugs, except for controlled substances, from a hospital, nursing home, assisted-living community, or hospice care program to a charitable health care provider. (Filed 1/7/03; sent to committee 2/7/03; did not pass by end of session 3/25/03)</p>	<p>Re</p>
<p>KY <u>HJR 16</u> (BR 498) S. Nunn</p>	<p>Would require the Cabinet for Health Services to lead a work group to study the possibility of expanding participation in the federal 340B prescription drug discount program and report its findings to the Legislative Research Commission, the Interim Joint Committee on Appropriations and Revenue, and the Interim Joint Committee on Health and Welfare by October 30, 2003. (Filed 1/7/03; sent to committee 3/10/03; did not pass by end of session 3/25/03)</p>	<p>D, 340B</p>

<p>KY <u>SB 9</u> (BR 243) D. Mongiardo</p>	<p>Would require the Department for Medicaid Services to apply for a Medicaid waiver for outpatient prescription drug coverage for seniors and Medicare beneficiaries with incomes that do not exceed 200 percent of the federal poverty level; create the Kentucky Senior Rx Program upon approval of the waiver; establish guidelines for phasing in the program; permit the department to establish enrollment or expenditure caps and cost sharing requirements; establish a Kentucky Senior Rx fund; and require manufacturer rebates and other fees collected in association with the program to be deposited in this fund. (Filed 1/7/03; sent to committee 1/10/03; did not pass by end of session 3/25/03)</p>	<p>P+, M, D</p>
<p>LA <u>HB 1612</u> Rep. Townsend</p>	<p>Would require that pharmacy benefit managers (PBMs) be licensed and regulated by the Department of Insurance, including a \$500 filing fee. (Filed 3/31/03; initially passed House 4/14/03; did not pass by end of session 6/23/03)</p>	<p>PBM</p>
<p>LA <u>HB 1991</u>; <u>HB 2024</u>; <u>SB 535</u> Rep. Futrell; Sen. Fields</p>	<p>Would create the Louisiana Seniors Pharmacy Assistance Program, including a special fund to assist the elderly and disabled to pay for prescription medications. Eligibility would require enrollees to be age 65 or older, with annual income not more than 100 percent of federal poverty (\$8,980 for 2003). Copayment shall be not more than 30 percent of the cost, with maximum annual benefits capped at \$1200 and covering only specified maintenance medications. The program may be reduced to conform to available funds; the program would be suspended as of the date a federal subsidy program would begin to serve the affected population. (Filed 4/30/03; passed House 5/28/03; did not pass by end of session 6/23/03)</p>	<p>P+, S</p>

<p>LA <u>SB 67</u> Sen. Fields</p>	<p>Would create the Fair Market Pricing Act, with a mandate that the state should expand its “role to negotiate voluntary drug rebates, using these funds to maintain and expand Medicaid services while offering lower drug prices to the uninsured who do not qualify for Medicaid.” Would provide “that the secretary of DHH shall negotiate discount prices” or supplemental Medicaid rebates for prescription drugs from drug manufacturers and labelers, with rebate funds used to establish an “Rx Card Program,” for use by residents either eligible for Medicare, or with income not more than 300 percent of federal poverty. The state could require prior authorization in Medicaid for manufacturers that fail to provide an adequate rebate. The discount card program would be authorized as of January 1, 2004. (Filed and sent to committee 3/31/03; did not pass by end of session 6/23/03)</p>	<p>D, M</p>
<p>LA <u>SB 86</u> Sen. Hines</p>	<p>Would create the Louisiana Seniors Pharmacy Assistance Program. Eligibility would require enrollees to be age 65 or older, with annual income not more than 100 percent of federal poverty (\$8,980 for 2003). Copayment would be not more than 30 percent of the cost, with maximum annual benefits to be set by the agency and legislature at a future date; and covering only specified maintenance medications. The program could be reduced to conform to available funds; the program would be suspended as of the date a federal subsidy program would begin to serve the affected population. (Filed 3/11/03; passed Senate 6/5/03; passed House 6/19/03; signed by governor as Act #801, 7/1/03)</p>	<p>S</p>
<p>ME <u>LD 46</u> Rep. Laverriere-Boucher</p>	<p>Would allow certain health care facilities that provide primary and preventive care services to purchase through state agencies or state contracts, prescription drugs and medical supplies for patients to whom they provide free care. (Filed 1/16/03; passed House 4/1/03; passed Senate 4/7/03; signed by governor as Chapter 79, 4/25/03)</p>	<p>340 B, Bulk</p>
<p>ME <u>LD 88</u> Rep. Lemoine</p>	<p>Would require the state, under certain circumstances, to seek bids for pharmacy benefit management services from a nonprofit pharmacy benefit management entity. (Filed 1/21/03; died in committee 4/15/03*)</p>	<p>PBM</p>

<p>ME <u>LD 102</u> Rep. Lemoine</p>	<p>Would require the label and receipt for the purchase of a prescription drug to disclose the full retail price of the prescription and the cost of any payment required of the patient and any third-party payor. (Filed 1/21/03; passed House and Senate 5/28/03; signed by governor as Public Law 375, 6/2/03)</p>	<p>Lab</p>
<p>ME <u>LD 120</u> Sen. Mayo</p>	<p>Would provide funding to allow the state to continue to pay its share of the budget to participate as a member in the National Legislative Association on Prescription Drug Pricing for fiscal years 2003-04 and 2004-05. (Filed 1/21/03; died in committee 4/8/03*)</p>	<p>D</p>
<p>ME <u>LD 132</u> Sen. Mayo</p>	<p>Would require prescription drug manufacturers and labelers whose drugs are dispensed to Maine residents to file annual reports with the Maine Health Data Organization regarding their expenses for advertising and promoting their drugs. (Filed 1/21/03; died in committee 4/15/03*)</p>	<p>Mkt</p>
<p>ME <u>LD 254/ HP 209</u> Rep. Kane</p>	<p>Would require a manufacturer or labeler of prescription drugs dispensed in this state that employs, directs or utilizes marketing representatives in this state shall report marketing costs for prescription drugs in this state. Would also require prescription drug manufacturers and labelers whose drugs are dispensed to residents to file annual reports with the department of Human Services regarding their expenses for marketing their drugs and would require that manufactures be fined for failure to report. (Filed 1/23/03 and sent to committee; passed by House and Senate 5/28/03; signed by governor as Chapter 254, 6/5/03)</p>	<p>Mkt</p>
<p>ME <u>LD 329/ SP 111</u> Sen. Brennan</p>	<p>Would require a pharmacist to fill a prescription with a generic and therapeutic equivalent to the drug if the prescribing physician does not specify that a particular brand name drug be dispensed. (Filed 1/28/03; passed Senate 5/23/03; passed House 5/28/03; signed by governor as Chapter 384, 6/2/03)</p>	<p>-</p>

<p>ME <u>LD 554/ SP</u> <u>194</u> Sen. Treat</p>	<p>Would regulate the practices of pharmacy benefit managers (PBMs) to ensure full disclosure of contracted activities including contractual financial terms that apply between a pharmacy benefit manager and a drug manufacturer. It also would require that benefits of special drug pricing deals negotiated by these companies would be passed through to consumers and not simply used to as company profits. It also clarifies that violations of law regarding these issues are violations of the Maine Unfair Trade Practices Act and are enforceable by private action or the attorney general. (Filed 2/6/03; passed Senate and House; signed by governor as Chapter 456, 6/13/03)</p>	<p>PBM</p>
<p>ME <u>LD 711/ SP</u> <u>249</u> Sen. Treat</p>	<p>Requires the Department of Human Services to study and report to the Joint Standing Committee on Health and Human Services the benefits that could be recognized by the state through prescription drug discount programs available under Section 340B of the federal Public Health Services Act used to provide prescription drugs in Maine. (Filed 2/14/03; finally passed House and Senate, 5/7/03; signed by governor as Resolve Chapter 30)</p>	<p>D, 340B</p>
<p>ME <u>LD 1220/ HP</u> <u>894</u> Rep. Kane</p>	<p>Would revise the dates in the Maine Rx law to reflect the delay in implementation due to the federal court challenge. Discounts would begin April 1, 2004, with rebate agreements to be effective January 1, 2005. (Filed 3/6/03; amended and passed by House and Senate, 5/30/03, but not finally passed)</p>	<p>D</p>
<p>ME <u>LD 1634/ SP</u> <u>560</u> Sen. Treat</p>	<p>Establishes Maine Rx Plus, which would supplant the original Maine Rx law of 2000, to provide discounts to people with incomes up to 350 percent of the federal poverty level. (\$31,430 for an individual, \$42,420 for a family of two). Eligibility is extended to residents with unreimbursed prescription expenses totaling 5 percent or more of family income, or medical expenses of 15 percent or more. The 275,000 estimated eligible will include all of the 225,000 people who were eligible for the Healthy Maine Prescriptions Program. Eligible persons will get discounts estimated at 15 percent to 60 percent on those drugs that are on the "preferred drug list" that the state is preparing for the Medicaid program. For products not covered by manufacturer rebate agreements, the state "shall impose prior authorization" in Medicaid "to the extent the department determines it is</p>	<p>D, M, PDL</p>

	<p>appropriate to do so" consistent with program goals and requirements of federal law. (Filed 6/11/03; passed House 6/12/03 and Senate 6/13/03; signed by governor as Chapter 494, 6/24/03) Article Portland Press Herald 6/13/03</p>	
<p>ME <u>SP 32</u> Pres. Daggett</p>	<p>Resolution declares January 22nd as a Maine Rx Program Day and reaffirms support for the Maine Rx Program. (Adopted by House and Senate, 1/21/03) f</p>	D
<p>ME <u>SP 380</u> Sen. Mayo</p>	<p>Resolution calls on GlaxoSmithKline and other drug manufacturers to stop the boycott of furnishing drugs to Canadian pharmacies that fill prescription drugs for U.S. citizens. (Adopted by House and Senate 3/4/03)</p>	D
<p>MD <u>HB 17</u> Del. Donoghue</p>	<p>Changes eligibility for participation in the Maryland Pharmacy Assistance Program, setting maximum income at 116 percent of federal poverty guidelines (\$10,417 for an individual) and maximum assets at the same level as Medicare QMB enrollees. (Filed 1/9/03; passed House and Senate; signed by governor as Chapter 270, 5/13/03)</p>	S
<p>MD <u>HB 143</u> <u>SB 334</u> Del. Donoghue</p>	<p>Extends the termination date of the Maryland Medbank Program administered by the Maryland Health Care Foundation, through 2006; authorize program funds to be used to distribute medication to enrollees; and require the governor to include in the annual budget bill an appropriation of at least \$3,000,000 to the Department of Health and Mental Hygiene for transfer to the Maryland Health Care Foundation for the purpose of making grants to entities to operate the program. (HB 143- Filed 1/24/03, passed House and passed Senate 4/2/03) (SB 334- Filed 1/31/03, passed House 4/2/03 and passed Senate 4/5/03; signed by governor as Chapter 236, 5/13/03)</p>	CL

<p>MD <u>HB 211 / SB</u> <u>450</u> Del. Bromwell</p>	<p>Repeals the former 30,000 limit on enrollees in the 2001 Short-Term Pharmacy Assistance Plan. It has been renamed the Senior Prescription Drug Program. (Filed 1/29/03; passed House and Senate; signed by governor as Chapter 4, 4/8/03)</p>	<p>S</p>
<p>MD <u>HB 684</u> Del. Haynes</p>	<p>Would require an employee of a pharmacy or a pharmacist to advise consumers of generically equivalent drugs; and require an employee of a pharmacy or a pharmacist to advise consumers of the cost difference of generically equivalent drugs as compared to brand name drugs. (Filed 2/7/03; passed House 3/20/03; passed Senate 4/4/03)</p>	<p>-</p>
<p>MD <u>HB 803</u> Del. Hurson</p>	<p>Alters the responsibilities of the Health Services Cost Review Commission with respect to funding for the Maryland Health Insurance Plan. Specifies that rebates and discounts obtained by plan administrators shall go to the state program. (Filed 2/03; passed House and Senate; signed by governor as Chapter 1, 4/8/03)</p>	<p>S</p>
<p>MD <u>HB 1093</u> Del. Hurson</p>	<p>Would authorize the Department of Health and Mental Hygiene to establish a specified preferred drug list; would require the department to implement specified benefits to offset Medicaid expenditures; would establish the State Pharmacy and Therapeutics Committee within the department for the purpose of developing a specified preferred drug list; would require the department to implement specified procedures for prescription drugs that are subject to prior authorization. (Filed 2/4/03; sent to committee 3/31/03, no additional action at the end of session 4/7/03)</p>	<p>PDL, M</p>
<p>MD <u>SB 17</u> Sen. Della</p>	<p>Would require the Maryland Medbank Program to be administered by the Department of Health and Mental Hygiene and extend the termination date of the Maryland Medbank Program. (Filed 1/13/03; passed Senate 3/22/03; passed House 4/1/03)</p>	<p>CL</p>

<p>MA <u>H 38</u> Executive Office of Elder Affairs.</p>	<p>Would exempt elders and disabled persons in the state's Prescription Advantage Program from being assessed the new \$1.30 per prescription pharmacy user fee, created by a 2002 law. (Filed 1/1/03 and sent to committee)</p>	<p>S</p>
<p>MA <u>H 354</u> Rep. Ruane</p>	<p>Would limit payments to manufacturers by pharmacies, hospitals or other institutions licensed to dispense drugs in the Commonwealth. (Filed 1/1/03 and sent to committee)</p>	<p>D</p>
<p>MA <u>H 899</u> Rep. Hynes</p>	<p>Would establish a pharmacy trust fund to assist in financing the Prescription Advantage Plan. (Filed 1/1/03 and sent to committee)</p>	<p>S</p>
<p>MA <u>H. 4000</u> H. 4001 House Ways and Means</p>	<p>The FY 04 budget filed by the Governor (H.1) and the Ways and Means budget (H .4000) would completely eliminate the Prescription Advantage state subsidy program, funded last year at \$99 million. A successful House floor amendment would partially restore the program, funded at \$59 million. New enrollees would need to meet a \$3,000 deductible, and pay increased copayments and premiums. For example, for those with incomes of less than \$17,000 a year, quarterly deductibles would rise from \$20 to \$24, while copays would drop slightly to \$10. For those with incomes of \$17,000 to \$20,000, quarterly deductibles would rise from \$25 to \$60 and copays would rise from \$12 to \$20. Enrollees would continue to pay monthly premiums. Also would seek to use Medicaid funding. (Amendment passed House, 5/9/03)</p>	<p>S, M</p>

<p>MA <u>H. 4004</u> Conference Committee</p>	<p>The final FY'04 budget restores funding for the Prescription Advantage subsidy program, at \$96.4 million (budget line 9110-1455).</p> <p>Section 614 raises monthly premiums, from \$5 month for those up to 188% of federal poverty, up to \$50 per month for those over 500% of poverty. "The program shall pay the costs of all prescription drugs for a single enrollee whose out-of-pocket expenditures on prescription drugs exceeds the lesser of (a) 10 per cent of such enrollee's gross annual household income; or (b) \$2,000 in out-of-pocket expenditures made by an enrollee for co-payments and deductibles in the current fiscal year." Copayments for those with incomes up to 188 percent of federal poverty are set at \$9 for generics up to \$45 for some brand-name drugs. A 2-month enrollment period is established. If funds run out, the agency may raise fees and limit enrollment and eligibility.</p> <p>Section 19 requires executive agencies to "develop and implement a coordinated prescription drug procurement plan for all pharmacy benefit plans funded or subsidized, in whole or in part, by the commonwealth. The plan shall maximize cost savings, efficiencies, affordability and be designed to improve health outcomes, benefits and coverage in the pharmacy benefit plans. Also mandates that the state "shall contract with a third party nonprofit pharmacy benefits manager to provide pharmacy benefit management services and negotiate pharmaceutical discounts, rebates and other prescription related cost savings with pharmaceutical manufacturers."</p> <p>(Finally passed by House and Senate, 6/23/03; signed/vetoed by governor 6/30/03) [Section 19 veto recommendation]</p>	<p>Bulk, D, S</p>
<p>MA <u>S 494</u> Sen. Barrios</p>	<p>Would establish a Mass-Rx discount program, based on required manufacturer rebates, to reduce Rx cost to all qualified residents (based on the Maine Rx program). The names of manufacturers and labelers who do and do not enter into rebate agreements shall be public records. "The department shall impose prior authorization requirements in the Medicaid program under this Title, as permitted by law, for the dispensing of prescription drugs provided by those manufacturers and labelers." Also would establish "Maximum retail prices for prescription drugs sold in the commonwealth."</p> <p>(Filed 1/1/03 and sent to committee)</p>	<p>D</p>

<p>MA <u>S 538</u> Sen. Knapik</p>	<p>Would require mail order and internet pharmacies outside of the state to register with the board of pharmacy. (Filed 1/1/03 and sent to committee)</p>	<p>Mkt</p>
<p>MA <u>S 556</u> Sen. Montigny</p>	<p>Would establish a program extending Medicaid discounts on prescription drugs to uninsured citizens. Eligible individuals include Medicare-eligible individuals whose financial eligibility exceeds 188 per cent of federal poverty level and who do not have an insurance policy that covers drugs and other individuals whose financial eligibility does not exceed 300 per cent of the federal poverty level. The division may establish, as part of the discount program, an annual enrollment fee. Subject to appropriation, the division shall make a payment of at least 2 percent of the cost of each prescription or refill dispensed to individuals enrolled in the program. (similar to Healthy Maine) (Filed 1/1/03 and sent to committee)</p>	<p>D, M</p>
<p>MA <u>S 557</u> Sen. Montigny</p>	<p>Would require the division of medical assistance to negotiate supplemental rebates for prescription drugs. (Filed 1/1/03 and sent to committee)</p>	<p>M</p>
<p>MA <u>S 558</u> Sen. Montigny</p>	<p>Would provide that the senate president and speaker each appoint three representatives to National Legislative Association of Prescription Drug Pricing, and a that they provide a “summary of the activities of the association, and any findings and recommendations for making prescription drugs more affordable and accessible to citizens.” (Filed 1/1/03, sent to committee)</p>	<p>D, M</p>

<p>MA <u>S 559</u> Sen. Montigny</p>	<p>Would require registration and disclosure of pharmaceutical marketing activities and reporting of gifts over \$25. Would establish requirements for a prior authorization system. Would allow for supplemental rebates. Would establish a prescription drug waiver and would allow Medicare-eligible individuals below 188 percent of FPL who do not have an insurance policy that covers drugs and other individuals whose financial eligibility does not exceed 300 percent of the federal poverty level who do not have an insurance program that includes a prescription drug benefit, to purchase prescriptions at the Medicaid rate. The state would pay 2 percent of the cost of the prescription. Would establish the Massachusetts Prescription Drug Fair Pricing Program that would, 1) establish a state-wide preferred drug list, 2) use a single purchasing unit, 3) approve the use of bulk purchasing, 4) would approve use of a nonprofit PBM, 5) would allow a discount card program. (Filed 1/1/03 and sent to committee)</p>	<p>Bulk, D, Mkt, S, PDL</p>
<p>MA <u>S 573</u> Sen. Moore</p>	<p>Would allow doctor and pharmacist collaboration for drug therapy treatments. (Filed 1/1/03 and sent to committee)</p>	<p>-</p>
<p>MA <u>S 606</u> Sen. Moore</p>	<p>Would require that children in the child health insurance program receive prescription drug assistance from the division of medical assistance. (Filed 1/1/03 and sent to committee)</p>	<p>S, M</p>
<p>MA <u>S 612</u> Sen. Moore</p>	<p>Would regulate the dispensing of complimentary sample or starter dose medication. (Filed 1/1/03 and sent to committee)</p>	<p>-</p>
<p>MA <u>S 656</u> Sen. Nuciforo</p>	<p>Would require that patients in long-term care facilities be prescribed prescription drugs in single unit doses to reduce wasted medications. Bar code systems would be used to ensure that patients receive the right dosage and medication. Would require a study of the preferred drug list and prior authorization procedure. (Filed 1/1/03 and sent to committee)</p>	<p>Lab</p>

<p>MA <u>S 690</u> Sen. Tolman</p>	<p>Would provide that a condition of a pharmacy's participation in the Medicaid program, the pharmacy, upon presentation of a valid prescription for the patient and a Medicare identification card, shall charge Medicare beneficiaries a price that does not exceed the MassHealth reimbursement rate, including its dispensing fee. The bill would also allow deductions for medical, dental or other expenses shall include the reasonable costs of travel to Canada for the purpose of purchasing prescription medications for personal use. (Filed 1/1/03 and sent to committee)</p>	<p>D</p>
<p>MI <u>HB 4151</u> Rep. Woodward</p>	<p>Would create the "Michigan prescription drug fair pricing act," as a discount prescription drug program for certain individuals; allowing prescription drug manufacturers and labelers to enter into rebate agreements with the department of community health; and would allow certain retail pharmacies to offer certain discounts. (Filed 2/5/03 and sent to committee)</p>	<p>D, S</p>
<p>MI <u>SB 6</u> Sen. Hammerstrom</p>	<p>Would require a pharmacist, upon request, to provide the current selling price of a drug dispensed by that pharmacy or comparative current selling prices of generic and brand name drugs dispensed by that pharmacy. The information would be provided to the person making the request before a drug is dispensed to the person. Would require pharmacists to print cost on receipt in addition to copayment and also require posting a "right to know cost" notice in pharmacies. (Filed 1/8/03; passed by Senate and sent to House 3/19/03)</p>	<p>-</p>
<p>MI <u>SB 69</u> Sen. Brater</p>	<p>Would create the Midwest pharmaceutical compact to provide an enlarged pool for the purchase of pharmaceutical products and services for all Medicaid recipients, publicly insured or uninsured health care recipients, and any other people who the commission deems eligible who reside in the compacting states that are party to this compact. Pharmaceuticals purchased through the compact would be distributed as determined by the commission to Medicaid recipients, publicly insured and uninsured citizens, and any other people deemed eligible who are served by health care professionals, public hospitals and clinics, nonprofit hospitals and clinics, organized emergency departments, or free clinics within each compacting state. (Filed 1/28/03 and sent to committee)</p>	<p>D, Bulk, M</p>

<p>MI <u>SB 75</u> Sen. Patterson</p>	<p>Would allow the department to enter into agreements, contracts, or cooperative arrangements to create or join a multistate pharmaceutical purchasing program. The purpose of the agreement, contract, or cooperative arrangement would be to use the collective purchasing power of the participating states and members to reduce the cost of pharmaceutical products and services for those participating states and members. Agreements, contracts, or cooperative arrangements could be executed with any state department, agency, or political subdivision or any other state or with any other person that purchases pharmaceutical products and services. The department would establish a system for the distribution of the pharmaceutical products and services purchased under the pharmaceutical purchasing program to qualified seniors. Each participating state or member of the pharmaceutical purchasing program would provide the pharmaceutical products and services to qualified seniors at its actual cost plus any administrative costs of the pharmaceutical purchasing program, but the administrative costs could not exceed 3 percent of the actual cost. (Filed 1/28/03 and sent to committee)</p>	<p>D</p>
<p>MN <u>HF 5</u> <u>SF 398</u> Sen. Kiscaden</p>	<p>Would establish a Healthy Maine style prescription drug discount program for residents with income under 250 percent of the federal poverty level. HF 5- (Filed 1/9/03; favorable committee report; did not pass by end of '03 session, 5/30/03*) SF 398- (Filed 2/13/03; did not pass by end of '03 session, 5/30/03*)</p>	<p>D, S, M</p>
<p>MN <u>HF 86</u> <u>SF 444</u> Rep. Marquart</p>	<p>Would establish the senior citizen health benefit fund; modify the use of funds in the medical education endowment and the tobacco prevention and local public health endowment; expanding eligibility for the prescription drug program; and require recommendations for providing prescription drug assistance to senior citizens. HF 86- (Filed 1/16/03; did not pass by end of '03 session, 5/30/03*) SF 444- (Filed 2/20/03; did not pass by end of '03 session, 5/30/03*)</p>	<p>D, S</p>

<p>MN <u>HF 281</u> <u>SF 535</u> <u>HF 799</u> Rep. Lenczewski</p>	<p>Would establish a "Fair Pricing Act," extending eligibility to all uninsured residents, and establish additional state only rebates "To the extent that a manufacturer's prescription drugs are prescribed to a resident of this state, the manufacturer must provide a rebate equal to the rebate provided under the medical assistance program." HF 281- (Filed 2/6/03; did not pass by end of '03 session, 5/30/03*) SF 535- (Filed 2/24/03; did not pass by end of '03 session, 5/30/03*) HF 799- (Filed 3/10/03; did not pass by end of '03 session, 5/30/03*)</p>	<p>D, S</p>
<p>MN <u>HF 437</u> <u>SF 1532</u> Rep. Bradley</p>	<p>Would require pharmaceutical manufacturers to report AWP pricing on a regular basis to the state. Would also allow supplemental rebate agreements between the state and manufacturers and create a preferred drug list and drug utilization review process. Would establish a coordinated system to access manufacturers' free drug programs. Would also file a Pharmacy Plus waiver to expand eligibility to 135% of FPL. HF 437- (Filed 2/14/03; passed House 5/1/03 and sent to Senate) SF 1532- (Substituted with HF 437)</p>	<p>CL, PDL, P+</p>
<p>MN <u>HF 904</u> <u>SF 821</u> Rep. Bradley</p>	<p>Would authorize the Medicaid agency to administer a supplemental drug rebate program for drugs purchased under the medical assistance program. Also would allow dual-eligible Medicare-Medicaid to receive prescription drug coverage under state law. HF 904- (Filed 3/13/03 and sent to committee; see Budget HF 437, HF 1 & SF 2) SF 821- (Filed 3/13/03 and sent to committee)</p>	<p>S, M</p>
<p>MN <u>HF 701</u> <u>Sen Opatz</u> <u>SF 1053</u> Sen. Solon</p>	<p>Would require the CEOs of pharmaceutical manufacturers to personally verify AWP price for Medicaid and report directly to the state. HF 701- (Filed 3/6/03; did not pass by end of '03 session, 5/30/03*) SF 1053- (Filed 3/24/03 and sent to committee)</p>	<p>M</p>

<p>MS <u>HB 402</u> Rep. Howell</p>	<p>Would establish standards and criteria for the regulation and licensing of pharmacy benefit managers. (Filed; 2/04/03 died in committee)</p>	<p>PBM</p>
<p>MS <u>HB 828</u> Rep. Evans</p>	<p>Would enact the “prescription drug fair-pricing act.” It would do the following: establish the prescription drug program within the state department of health to lower prescription drug prices for uninsured and underinsured residents of the state; provide that a drug manufacturer or labeler that sells prescription drugs in the state may voluntarily elect to enter into a rebate agreement with the department; provide that the director of the department shall negotiate the terms of the rebate; provide that if a drug manufacturer or labeler elects not to agree to a rebate, the director may place its products on the prior authorization list for the Medicaid program; provide that the director publicize to health care providers information about the relative costs of drugs produced by those that enter into rebate agreements compared to those that do not enter into rebate agreements; require retail pharmacies to discount the price of prescription drugs sold to participants in the program; provide that all residents of the state be eligible to participate in the program; and require the department to build public awareness of the program and maximize enrollment; direct the state board of pharmacy to adopt rules requiring disclosure by retail pharmacies to program participants of the amount of savings provided as a result of the program. (Filed; 2/04/03 died in committee)</p>	<p>D, S</p>
<p>MS <u>HB 895</u> Rep. Moody</p>	<p>Would establish under the direction of the state board of pharmacy a drug repository program to accept and dispense prescription drugs donated for the purpose of being dispensed to individuals who meet certain eligibility standards. The program would be developed jointly by the state board of pharmacy, the state department of health and the division of Medicaid. Would provide the criteria for drugs to be accepted and dispensed under the program; and provide certain immunity to participants in the program. (Filed; passed House 2/5/03; died in Senate 3/12/03)</p>	<p>Re</p>

<p>MS <u>SB 2484</u> Sen. Smith</p>	<p>Would establish the “Mississippi Rx Senior Patient Assistance Program” and authorize the division of Medicaid to provide payment assistance for prescription drugs to low-income senior and disabled citizens who are ineligible for drug benefit coverage from public or private sources. It would authorize the division to establish a state rebate program from pharmaceutical manufacturers; authorize a co-payment program; and create a prescription assistance fund. (Filed 2/4/03; died in committee)</p>	<p>S, D</p>
<p>MO <u>HB 37</u> Johnson</p>	<p>Would establish the Missouri Rx Card Program as the state pharmaceutical assistance program in the Department of Social Services. It would require the program to provide discounts to eligible participants for drugs covered through a negotiated rebate agreement and require the director to initiate a review to determine whether to place a manufacturer’s or labeler’s products on the prior authorization list for the Medicaid Program. The director could also initiate similar actions involving prior authorizations or formularies for other state-funded or state-operated prescription drug programs. It would allow the director to combine drug pricing negotiations to maximize drug rebates, and grant rule-making authority to the department to implement the program and allow the department to seek waivers to implement the program. (Filed 12/2/02; died in committee 1/23/03)</p>	<p>D, PDL, M</p>
<p>MO <u>HB 47</u> Portwood</p>	<p>Under current law pharmaceutical manufacturers participating in the Missouri Senior Rx Program are required to pay a rebate of 15 percent on all drugs. This would set the rebate at 15 percent for brand name drugs and 11 percent for generic drugs. (Filed 12/3/02; reported do pass from committee 4/15/03)</p>	<p>S, D</p>
<p>MT <u>HB 768</u> Rep. Raser</p>	<p>Would establish a prescription drug tax credit for people age 65 and over, providing a 50 percent credit, not to exceed \$300 per taxpayer. (Filed 3/28; died in committee 4/3/03)</p>	<p>S</p>

<p>MT <u>LC 599</u> Ryan</p>	<p>Would establish a state subsidized senior prescription drug assistance program; establish a program to match low-income residents who lack prescription drug benefit coverage with prescription drug assistance programs offered by pharmaceutical companies; require the use of generic drugs in the Medicaid program whenever possible; provide for electronically transmitted prescriptions; establish a practitioner-managed prescription drug plan and establish a drug use review board responsible for advising the department on the implementation of the retrospective and prospective drug use review programs. (Draft requested 12/02; died in committee 4/03)</p>	<p>S, D, M, P+, CL</p>
<p>MT <u>SB 473</u> Sen. Elliot</p>	<p>Creates a plan to provide prescription drug discounts to needy seniors over age 62 and not more than 200 percent of the federal poverty level, as a Medicaid expansion. It will also cover people with disabilities over age 18 and those eligible for state mental health services. The program will include a \$25 annual fee. Medicaid rebate fund collections may be used to “reimburse participating retail pharmacies for the discount on the average wholesale price of prescription drugs provided to qualified residents.” It is contingent on federal waiver approval. Effective date 7/1/03; expires 6/30/05. (Filed 3/12/03; passed House 4/22/03 and Senate 4/26; signed by governor, 5/1/03)</p>	<p>S, D, M, P+</p>
<p>MT <u>SB 474</u> Sen. Thomas</p>	<p>Would establish a senior prescription drug coverage program, termed a “private sector, insurance-based drug benefit.” The program would feature sliding scale premiums to fund a pharmacy-only insurance policy, with 100 percent state-subsidized for those between 75 and 129 percent of federal poverty, to 60 percent subsidy for those up to 199 percent of federal poverty. The state would seek a federal Pharmacy Plus waiver, but could use state funds if needed. The program would serve an estimated 33,900. (One version earmarked \$7.5 million in tobacco settlement funds; another would require voter approval for funding and implementation) (Filed 3/12/02; passed Senate 4/3/03; failed to pass House 4/16/03 [54y-46n, 2/3rds required])</p>	<p>S, P+</p>

<p>MT <u>LC 694</u>; <u>HJ 9</u> Rep. Fox</p>	<p>Requests that the federal government control the price of medications in order to make them affordable to everyone. (Passed House 2/8/03; passed Senate 3/18/03)</p>	<p>D</p>
<p>NE <u>LB 121</u> Sen. Brown</p>	<p>Would provide for licensure of mail service pharmacies. (Filed 1/9/03 and sent to committee)</p>	<p>-</p>
<p>NE <u>LB 125</u> Sen. Tyson</p>	<p>Would require uniform prescription drug cards. (Filed 1/10/03 and sent to committee)</p>	<p>-</p>
<p>NE <u>LB 202</u> Sen. Cunningham</p>	<p>Would require the Department of Health and Human Services Finance and Support to conduct a prescription drug survey that includes information relating to the acquisition cost of drug products dispensed and costs associated with dispensing drug products, including, but not limited to, overhead, professional services, salaries, and fees. (Filed 1/10/03 and sent to committee)</p>	<p>study</p>
<p>NE <u>LB 756</u> Sen. McDonald</p>	<p>Would establish a Cancer Drug Repository program for the return and reuse of cancer pharmaceuticals. (Filed 1/23/03; passed legislature, signed by governor 4/15/03)</p>	<p>Re</p>
<p>NV <u>AB 236</u> Assm. Buckley</p>	<p>Would establish the Office for Consumer Health Assistance to assist consumers in gaining information regarding certain prescription drug programs for consumers without insurance coverage for prescription drugs or pharmaceutical services. (Filed 3/4/03; passed Assembly and sent to Senate 3/17/03)</p>	<p>CL</p>
<p>NV <u>AB 307</u> Assm. Leslie</p>	<p>Would create the Silver State Commission on Prescription Drugs. (Filed 3/13/03; died in committee 4/14/03)</p>	<p>-</p>

<p>NV <u>AB 384</u> Assm. Koivisto</p>	<p>Would establish a pharmacy therapeutics committee for prescription drugs dispensed by the state. (Filed 3/17/03 and sent to committee)</p>	<p>M</p>
<p>NV <u>AB 430</u> Assm. Leslie</p>	<p>Would prohibit Department of Human Resources from taking certain actions to restrict access to prescription drugs for mental illness provided pursuant to Medicaid. (Filed 3/17/03 and sent to committee)</p>	<p>M</p>
<p>NV <u>AB 504</u> Committee on Health and Human Services</p>	<p>Would require the Department of Human Resources to establish a program to extend coverage for prescription drugs and pharmaceutical services to people eligible for Medicare who are not eligible for Medicaid and whose incomes are not more than 200 percent of the federally designated poverty level by obtaining a Medicaid waiver. (Filed 3/24/03 and sent to committee)</p>	<p>P+, S</p>
<p>NV <u>SB 277</u> Sen. Wiener</p>	<p>Would require using agencies to purchase prescription drugs, pharmaceutical services, or medical supplies and related services only through Purchasing Division of Department of Administration. (Filed 3/13/03; passed Senate and sent to Assembly 4/7/03)</p>	<p>Bulk</p>
<p>NV <u>SB 327</u> Sen. Wiener</p>	<p>Would establish procedures for reusing certain prescription drugs that are dispensed to, but not used by, a patient in a mental health facility, facility for skilled nursing or facility for intermediate care, or an offender incarcerated in an institution or facility operated by the Department of Corrections. (Filed 3/17/03; passed Senate and sent to Assembly 4/4/03)</p>	<p>Re</p>
<p>NV <u>SB 337</u> Sen. Wiener</p>	<p>Would prohibit certain acts relating to filling or refilling a prescription via the Internet; would clarify that a person may fill or refill a prescription via the Internet within the time prescribed by law. (Filed 3/17/03; passed Senate and sent to Assembly 4/4/03)</p>	<p>-</p>

<p>NV <u>SB 374</u> Sen. Schneider</p>	<p>Would require the Department of Human Resources to submit a biennial report to the Legislature concerning the provision of coverage for prescription drugs by a Medicaid fee-for-service program. (Filed 3/17/03; died in committee 4/12/03)</p>	<p>M</p>
<p>NV <u>SB 387</u> Sen. Titus</p>	<p>Would establish requirements for the substitution of generics for name brand prescription drugs. (Filed 3/17/03; passed Senate 4/22/03 and Assembly 5/19/03; signed by governor 5/26/03)</p>	<p>-</p>
<p>NV <u>SB 457</u> Committee on Human Resources and Facilities</p>	<p>Would revise the amount of limit on income of senior citizens to qualify for subsidy for prescription drugs or pharmaceutical services from money in Fund for a Healthy Nevada. (3/24/03, sent to committee)</p>	<p>S</p>
<p>NH <u>HB 425</u> Rep. Akins</p>	<p>Would establish a prescription drug cost task force. (Filed 1/9/03; sent to committee 2/11/03)</p>	<p>-</p>
<p>NH <u>S 96</u> Sen. Larsen</p>	<p>Would establish a pharmacy discount program for seniors and disabled persons. (Filed 1/30/03; passed Senate 4/10/03 and sent to House committee)</p>	<p>D</p>
<p>NJ <u>A 331</u> Assm. O'Toole</p>	<p>Would require pharmacists to print the expiration date of a drug on the container label of a prescription. (Filed 1/8/02; sent to committee and carried over to 2003)</p>	<p>Lab</p>
<p>NJ <u>A 433</u> Assm. Smith</p>	<p>Would prohibit managed care carriers providing prescription drug coverage from requiring covered persons to purchase prescription drugs that are in the form of double-dose tablets or pills. (Filed 1/8/02; passed Assembly 6/13/02 and sent to Senate; carried over to 2003)</p>	<p>-</p>

<p>NJ <u>A 570</u> Assm. Impreveduto</p>	<p>Bill amendment would establish that “any person located outside the United States shall be prohibited from shipping, mailing, distributing or delivering in any manner to any person in this State legend drugs or devices” that are available in the U.S. (Amendment language adopted by Assembly 5/15/03)</p>	<p>D</p>
<p>NJ <u>A 587</u> Assm. Coleman</p>	<p>Would establish the New Jersey Prescription Drug Cost Reduction Study Commission in the Department of Health and Senior Services. The commission would determine ways of easing the impact of increasing prices of prescription drugs on consumers and assess the feasibility of regulating price increases of prescription drugs in the state. (Filed 1/8/02; passed Assembly and sent to Senate 2/10/03)</p>	<p>study</p>
<p>NJ <u>A 640</u> Assm. Bodine</p>	<p>Would reduce the minimum age of a person to whom a prescription drug price may be discounted, or a portion thereof rebated, from 62 to 60 years of age. This change will correct an inequity in the current law which prevents New Jersey residents from receiving prescription drug price discounts and rebates at the same age as other states which permit such discounts and rebates for people 60 years of age and older. (Filed 1/8/02, sent to committee and carried over to 2003)</p>	<p>D</p>
<p>NJ <u>A 840</u> Assm. Conners</p>	<p>Would provide a gross income tax credit to assist residents meet prescription drug expenses. The credit would be linked in amount to the prescription drug expenses of the taxpayer and to the income of the taxpayer. Would apply to expenses that exceed 2 percent of the taxpayer's gross income for the year. For married taxpayers filing jointly, as single heads of household or as surviving spouses with incomes for the year of \$40,000 or less, the amount of credit is equal to 100 percent of the amount by which the prescription drug costs exceed 2 percent of annual income. Incomes from \$40,000 to over \$100,000 are allowed a sliding scale from 75 percent to 5 percent of costs. The credit provided by this bill would be applied directly against the taxpayer's tax liability to reduce the amount of tax paid. (Filed 1/8/02, sent to committee and carried over to 2003)</p>	<p>S, Tax</p>

<p>NJ <u>A 938</u> Assm. Rooney</p>	<p>Would require prescription drug labels to bear the brand name of prescribed drug as well as name of any generic drug substituted for brand name drug. (Filed 1/8/02, sent to committee and carried over to 2003)</p>	<p>Lab</p>
<p>NJ <u>A 1635</u> Assm. Cohen</p>	<p>Would permit pharmacists to distribute premiums or rebates in connection with the sale of drugs and medications. (Filed 1/31/02, sent to committee and carried over to 2003)</p>	<p>D</p>
<p>NJ <u>A 2529</u></p>	<p>Would change the copayment for the state subsidy program (PAAD) to require a \$5 copayment for the first two prescriptions purchased during any month, with \$2 for each prescription thereafter. Also would require the state to conduct periodic reviews to affirm the residency of persons receiving PAAD benefits. (Filed 6/17/02, sent to committee and carried over to 2003)</p>	<p>S</p>
<p>NJ <u>A 3289</u> Assm. Burzichelli <u>S 2331</u> Sen. Sweeney</p>	<p>Would create the New Jersey Rx Program that has features of the Maine Rx law including voluntary manufacturer rebates to achieve discount prices. In implementing the program, the State would act as a pharmacy benefits manager in establishing rebates and discounts on behalf of qualified residents whose income does not exceed 300% of the federal poverty level. A 3289 (Filed 2/4/03) S 2331 (Filed 2/10/03)</p>	<p>D</p>
<p>NJ <u>A 3406</u> Assm. Van Drew</p>	<p>Would create the "New Jersey Fair Market Drug Pricing Act," featuring the New Jersey Rx Card Program, to reduce prices to participants for prescription drugs that are covered by a rebate agreement with manufacturers. Eligible enrollees include people qualified for Medicare and others with annual income not more than 300 percent of federal poverty level; the discounts "shall be approximately equal to the amount of the negotiated drug rebate minus administrative costs. Allows the state to impose a prior authorization requirement within state-only and Medicaid Rx programs for products manufactured by any company that "fails to conclude a rebate agreement with the department," or with discounts not equivalent to those in the state Medicaid program. Effective date July 2004, with discounts to be offered by January 1, 2005. (Filed 3/6/03 and sent to committee)</p>	<p>D, M, PDL</p>

<p>NJ <u>AR 94</u>; <u>AR 107</u>; <u>SR 54</u>; <u>SCR 25</u></p>	<p>Would send resolutions to the federal government urging action on various federal Medicare and SSI drug coverage issues.</p>	<p>S</p>
<p>NJ <u>S 143</u> Sen. Buono</p>	<p>Would require that all prescription drug labels clearly indicate whether a drug that is being dispensed to a consumer is a generic product by prominently displaying the words “Generic Drug” on the prescription drug label, or on a separate label that adheres to the drug container, when such a product is being dispensed. (Filed 1/8/02, sent to committee and carried over to 2003)</p>	<p>Lab</p>
<p>NJ <u>S 770</u> Sen. Allen</p>	<p>Would regulate Internet pharmacies and electronic prescriptions. (Filed 1/15/02; sent to committee 3/11/02; carried over into 2003)</p>	<p>D</p>
<p>NJ <u>S 1562</u> Sen. Vitale</p>	<p>Would direct the state to prepare informational materials for use by the State NJ EASE program and the State Health Insurance Program (SHIP) that provide easily understandable, comprehensive information about what drug assistance is available to senior citizens and disabled persons in the State; provide assistance in applying for State pharmaceutical assistance programs; and – provide information about where and how to apply for federal programs and the pharmaceutical manufacturers’ and commercial discount drug programs. (Filed 5/30/02, sent to committee and carried over to 2003)</p>	<p>CL</p>
<p>NM <u>SB 391</u> Sen. Feldman</p>	<p>Directs the state to apply for a Pharmacy Plus waiver to establish a state-federal subsidy program for seniors and disabled with incomes up to 185 percent of federal poverty. (Passed Senate and House; signed by governor, 3/18/03)</p>	<p>P+, S</p>
<p>NM <u>SB 871</u> Sen. Campos</p>	<p>Would require licensing and state regulation of pharmaceutical benefit management companies (PBMs). (Filed and died in committee)</p>	<p>PBM</p>

<p>NY <u>A 67</u> Assm. Lafayette</p>	<p>Would mandate that the cost of pharmaceutical drugs in NY state be no more expensive than any other location where such drugs could be purchased. Also would establish a “reasonable dispensing fee for dispensing a patented or generic pharmaceutical product to the public.” (Filed 1/8/03 and sent to committee)</p>	<p>D</p>
<p>NY <u>A 68</u> S 3944 Assm. Lafayette</p>	<p>Would enact an interstate compact on equitable pricing of pharmaceutical patented and generic drugs. (Filed 1/8/03 and sent to committee)</p>	<p>Bulk D</p>
<p>NY <u>A 355;</u> <u>A 705;</u> S. 1803 Assm. Greene</p>	<p>Would require expiration dates of Rx drugs dispensed by a pharmacy to be listed on the package for consumers. (Filed 1/8/03 and sent to committee)</p>	<p>Lab</p>
<p>NY <u>A 427</u> <u>S 3942</u> Assm. Lafayette; Sen. Marchi</p>	<p>Would establish the “Fair Pricing for Prescription Drugs Act” providing for the establishment and operation of the prescription drug pricing programs, including establishing maximum prices for drugs sold “to any person, partnership or corporation in this state.” (Filed 1/8/03 and sent to committee)</p>	<p>D</p>
<p>NY <u>A 640</u> Assm. Cohen</p>	<p>Would lower fees for couples by allowing filing as unmarried individuals under the state Elderly Pharmaceutical Insurance Program (EPIC). (Filed 1/8/03 and sent to committee)</p>	<p>S</p>
<p>NY <u>A 2104;</u> <u>S 1404</u> Gov. Pataki</p>	<p>Within the state budget, would establish a Preferred Drug List (PDL) for the Medicaid program. (Filed 1/29/03, sent to committee 3/11/03)</p>	<p>M, PDL</p>

<p>NY <u>A 3152</u> Assm. Ortiz</p>	<p>Would establish a subsidized Rx insurance policy program for qualified seniors age 65 or older, who could request to receive an annual grant that subsidizes a portion of the cost of insurance for prescription drugs and pharmaceutical services. (Filed 2/3/03 and sent to committee)</p>	<p>S</p>
<p>NY <u>A 3788</u> Assm. Ortiz</p>	<p>Would authorize the state to seek an 1115 Medicaid waiver for matching federal funds to cover Medicare beneficiaries with income up to 120 percent of federal poverty (QMBs and SLMBs) with full Medicaid prescription drug coverage. (Such individuals currently are eligible for the state-only EPIC subsidy program.) (Filed 2/10/03; died in committee 3/25/03)</p>	<p>P+, S, M</p>
<p>NY <u>A 5491</u> Assm. Gottfried</p>	<p>Would enact the prescription drug discount program providing for discounts to bring down the cost of, and improve access to, prescription drugs. (Filed 3/3/03; sent to committee)</p>	<p>D</p>
<p>NY <u>A 8576</u> Assm. Gottfried</p>	<p>Would create a prescription drug discount program for any individual who lacks drug coverage, provider or health plan who chooses to participate, at the reduced cost negotiated by the pharmacy best practices plan. Would create “the Pharmacy Best Practices Plan consisting of: a preferred drug list created by a Pharmacy and Therapeutics Committee, a program of supplemental rebates from drug manufacturers, a prior authorization program to enable consumers to access drugs not found on the preferred drug list, a drug discount program which will permit anyone who chooses to join in the program, an educational outreach component” and a program evaluation. Also would repeal the 2002 mandatory generic substitution law. (Filed 5/20/03; sent to committee)</p>	<p>D, M</p>
<p>NY <u>S 411</u> Sen. Stavisky</p>	<p>Would limit cost sharing responsibilities of participants in the elderly pharmaceutical insurance coverage (EPIC) program. (Filed 1/03 and sent to committee)</p>	<p>S</p>

<p>NY <u>S 440</u> Sen. Hannon</p>	<p>Would establish a program for the bulk purchase by the state of all pharmaceuticals used by the state or paid for by the state, to be run by the department of health. Would require that rebates from manufacturers be dedicated to funding the state subsidy program.(EPIC) (Filed 1/10/03 and sent to committee)</p>	<p>Bulk, D, M</p>
<p>NC <u>H 835;</u> <u>S 842</u> Rep. Blackwood; Sen. Schubert</p>	<p>Would provide that retail pharmacies serving as Medicaid providers sell prescription drugs to eligible enrollees at the discounted Medicaid reimbursement rate. (Similar to a 1999 California law.) Eligible participants are defined as “over the age of 60 and not eligible for full Medicaid benefits; and not otherwise covered for prescription drugs under a health benefit plan or public or private prescription drug program.” Effective date would be January 1, 2004. <u>[fiscal note]</u> (Filed and sent to committee 4/2/03*)</p>	<p>D</p>
<p>NC <u>H 1231</u> Rep. Luebke</p>	<p>Would authorize the state to seek a “Pharmacy Plus” Medicaid waiver to obtain matching funds for seniors between 100 and 200 percent of federal poverty; the waiver “may limit the amount of the prescription drug benefit to not less than \$1,500 annually per person covered. The waiver may also provide for co-payments of not more \$5.00 per prescription for generic drugs, and not more than \$15.00 per prescription for brand-name drugs. (Filed and sent to committee 4/22/03*)</p>	<p>M, S, P+</p>
<p>NC <u>H 1234</u> Rep. Insko</p>	<p>Would establish a central purchasing entity to provide for bulk purchasing of pharmaceuticals for state agencies. Also would require manufacturers and wholesale distributors of pharmaceuticals in the state to report purchase prices of drugs; also would “provide to business groups, health care service plans, hospitals, hospital associations, and individual consumers the opportunity to participate in a state-administered prescription drug bulk purchasing program.” (Filed and sent to committee 4/24/03*)</p>	<p>Bulk; D</p>
<p>ND <u>HB 1399</u> Rep. Devlin</p>	<p>Would create a pharmaceutical manufacturers drug access program for low-income individuals. (Filed 1/20/03; passed House and Senate; signed by governor 4/7/03)</p>	<p>CL</p>

<p>OH <u>H 40</u> Rep. Calvert</p>	<p>Provides that any record, data, pricing information, or other information regarding a drug rebate agreement or a supplemental drug rebate agreement for the Medicaid program or the Disability Medical Assistance Program shall remain confidential. (Passed by Senate and House, 2/19/02; signed by governor 3/7/03)</p>	<p>D, M</p>
<p>OH <u>S 14</u> Sen. Hagan</p>	<p>Would create the Ohio Rx Program; including manufacturer rebates and discounts for qualified residents; would require the director of Job and Family Services, under specified circumstances, to establish maximum retail prices for prescription drugs; Would make certain violations regarding pricing of prescription drugs a civil offense. (Filed 1/23/03; sent to committee) (A similar proposal is the subject of an initiative petition for a ballot question; petition signatures have been filed and are subject to review and challenge)</p>	<p>D</p>
<p>OH SCR 4 Rep. Hagan</p>	<p>Non-binding resolution would urge Ohio's Governor, the leadership of the General Assembly, the Director of Job and Family Services, and the Director of Health to join with a consortium of neighboring states in their efforts to organize a joint nonprofit pharmacy benefit manager to manage their prescription plans for state employees and Medicaid recipients. (Filed 3/12/03, sent to committee)</p>	<p>Bulk, D, M</p>
<p>OK <u>HB 1268</u> Rep. Gilbert</p>	<p>Provides for reuse of unused prescription drugs at Long Term Care facilities, if sealed in individual, intact packaging for safety, with distribution to the medically indigent at public health facilities. (Filed 1/03; passed House and Senate; signed by governor as Chapter 167, 5/5/03)</p>	<p>Re</p>
<p>OK <u>HB 1275</u> Rep. Worthen</p>	<p>Would create a pharmaceutical assistance subsidy program, for those 65 and over with income limit of not more than 200 percent of federal poverty guidelines. Copayments of not more than \$10 required. Would require the state to apply for and "actively pursue" federal waivers. (Filed and sent to committee 2/4/03)</p>	<p>S, P+</p>

<p>OK <u>HB 1746</u></p>	<p>Would create the OK Pharmacy Connection Program as a clearinghouse for information about manufacture free and reduced cost programs. (Filed and sent to committee 2/403)</p>	<p>CL</p>
<p>OR <u>HB 2374</u> Rep. Kruse</p>	<p>Requires the state to reimburse certain rural health clinics for prescribing and dispensing prescription drugs. Also provides that all health insurance policies that provide a prescription drug benefit, (with limited exceptions) “must include coverage for prescription drugs dispensed by a licensed practitioner at a rural health clinic for an urgent medical condition if there is not a pharmacy within 15 miles of the clinic.” (Filed 1/20/03; passed House 4/11/03; passed Senate, 5/1/03; signed by governor, 5/24/03)</p>	<p>-</p>
<p>OR <u>HB 2943</u> Rep. Bates</p>	<p>Would establish a prescription drug cost comparison program to develop a list of the 25 prescription drugs most frequently used by individuals 65 years of age and older and a cost comparison of those drugs; with a survey to determine prescription drug costs and a list of every licensed pharmacy. Would require the state to compile the results to show the most competitive price to the least competitive price for each prescription drug included in the survey, with results updated quarterly. (Filed 3/6/03; sent to committees)</p>	<p>CL, D</p>
<p>OR <u>HB 3382</u> Rep. Greenlich</p>	<p>Would direct the Oregon Department of Administrative Services to adopt a preferred drug list for all state agencies that directly or indirectly purchase prescription drugs. Directs Office for Oregon Health Policy and Research to recommend a preferred drug list, to be used with “prior authorization of non-preferred prescription drugs, copayments, drug utilization review, disease management and supplemental rebates from drug manufacturers.” (Filed 3/11/03 and sent to committees)</p>	<p>M, PDL</p>

<p>OR <u>HB 3570</u>; <u>SB 324</u>; <u>SB 567</u> Rep. Monnes; Sen. Schrader</p>	<p>Would establish a prescription drug bulk purchasing program for state and other governmental agencies. Directs Health Resources Commission to develop a preferred drug list for use. SB 567 would use a PBM, and establish an independent public corporation. (HB 3570 Filed 3/13/03; language did not pass; amended and held in committees. SB 324 & SB 567 sent to committee)</p>	<p>Bulk, PDL</p>
<p>OR <u>SB 629</u> Sen. Fisher</p>	<p>Would require licensing and state regulation of pharmaceutical benefit management companies (PBMs). (Filed 2/24/03; sent to committee)</p>	<p>PBM</p>
<p>OR <u>SB 723</u> Sen. Morrisette</p>	<p>(As amended) Would state that "If the dispensing pharmacist and prescribing physician believe splitting, breaking or otherwise dividing the prescription medication in pill, tablet or similar form should not be recommended, a health insurer, health maintenance organization, health benefit plan, pharmacy benefits manager, third party administrator or the Department of Human Services may not impose coverage or reimbursement restrictions or penalties." Permits pharmacists to split pills prior to dispensing. (Filed 2/26/03; amended and passed Senate 27-1 on 5/1/03; sent to House)</p>	<p>Lab</p>
<p>OR <u>S 769</u> Sen. Starr</p>	<p>Would transfer \$200,000 in start-up funds from Tobacco Settlement Funds Account to Senior Prescription Drug Assistance Fund. (Filed 2/26/03; sent to committee)</p>	<p>D, S</p>
<p>OR <u>SB 875</u> Sen. Morrisette</p>	<p>Would direct the Oregon Department of Administrative Services to adopt a preferred drug list for all state agencies that directly or indirectly purchase prescription drugs. Directs Office for Oregon Health Policy and Research to recommend a preferred drug list. Also establishes Oregon Prescription Drug Program, including eligibility for residents age 55 and older, with income not more than 185 percent of federal poverty. Prohibits Medicaid program from participating. Requires participants to apply annually to participate in program. (Filed 1/03; amended in committee, 6/23/03)</p>	<p>S</p>

<p>PA <u>S 23</u> Sen. Rhoades</p>	<p>Would require that the state administer a single pharmacy benefits manager program for all eligible medical assistance recipients, with a bidding process and a three-year contract. (Filed 1/23/03 and sent to committee)</p>	<p>PBM, M</p>
<p>PA <u>S 47</u> Sen. Greenleaf</p>	<p>Would increase eligibility in PACENET, to include incomes of \$19,100 to \$36,000 for individuals and \$22,200 to \$39,200 for a couple, with sliding scale deductibles and copayments up to \$23 per prescription filled. (Filed 1/22/03 and sent to committee)</p>	<p>S</p>
<p>PA <u>S 434</u> Sen. Conti</p>	<p>Would increase eligibility in PACENET, to include incomes of \$17,000 for an individual and \$20,200 for a couple. (Filed 3/11/03 and sent to committee)</p>	<p>S</p>
<p>RI <u>HB 5237</u> Rep. Ginaitt</p>	<p>Would allow low-income seniors to use Rhode Island Pharmacy Assistance to the Elderly (RIPAE) when private coverage for brand-name drugs runs out. The Department of Elderly Affairs states the legislation will not cost the state any additional funds. (Filed 1/03; passed House 7/1/03)</p>	<p>S</p>
<p>RI <u>HB 5478</u> Rep. Anguilla</p>	<p>Would allow Canadian pharmacies to obtain a state license to sell drugs in the state. (federal officials generally had been allowing drugs to be imported as long as they are for personal use and no more than a 90-day supply. The Pharmacy Board opposes the measure on legal grounds; the RI Medical Society supported it.) (Filed 1/03; passed House 5/13/03; sent to Senate)</p>	<p>D</p>

<p>RI <u>HB 5607</u> Rep. Moura</p>	<p>Would create the “RI Fair Market Drug Pricing Act,” using features of the Maine Rx law including voluntary manufacturer rebates to achieve discount prices. Would require the state to “negotiate discount prices or rebates for prescription drugs from drug manufacturers and labelers.” Would provide that a drug manufacturer or labeler that sells prescription drugs in the state “may voluntarily elect to negotiate: (i) supplemental rebates for the Medicaid program over and above those required by federal law; (ii) discount prices or rebates for the Rx card program, which would be established to serve any person eligible for Medicare or with income not more than 350 percent of federal poverty; and (iii) discount prices or rebates for any other state programs that pay for or acquire prescription drugs.” Would allow the option of applying prior authorization for manufacturers that do not provide rebates; also provide for the “public release” of the list of manufacturers not participating. (Filed and sent to committee 2/13/03)</p>	<p>D, M</p>
<p>RI <u>HB 6096</u> Rep. Lally</p>	<p>Would establish price controls on prescription drugs and stipulate that “the maximum price for a prescription drug sold in the state by a manufacturer must be the lower of the price listed in the federal supply schedule for pharmaceuticals and drugs maintained by the federal VA (Veterans Administration) or the price listed in the drug formulary maintained by the Province of Quebec.” Also provides that the state “may enter into agreement with other states in the Northeast and Canadian Provinces for the purpose of maintaining fair and uniform prescription drug prices and insure maximum access to affordable prescription drugs. (Filed and sent to committee, 2/13/03)</p>	<p>D; Bulk</p>
<p>RI <u>SB 265</u> Sen. Issa</p>	<p>Would eliminate the state's current ban on the use of manufacturers’ discount or rebate coupons for prescription drugs. The legislation maintains the integrity of existing anti-kickback law; it adds language to allow the use of discount or rebate coupons, which are reimbursed by the manufacturers. (Filed 1/03; passed Senate 4/22/03 and House 6/30/03) <u>Legislative news release, 6/30/03</u></p>	<p>-, D</p>

<p>RI <u>S 374</u> Sen. Roberts</p>	<p>Would clarify that no person is eligible for state pharmaceutical assistance unless that person's prescription drug coverage for a specific prescription medication is exhausted during a benefit year or the specific prescription medication is not covered by a plan. (Filed 2/12/03; passed Senate 5/13/03; sent to House)</p>	<p>S</p>
<p>SC <u>H 4045</u> Rep. Govan,</p>	<p>Would establish Medication Assistance to Seniors (MATS) program within Aging Division of Health and Human Services Department; provisions to assist low income seniors with cost of prescription drug (Filed 4/23/03; did not pass by end of session, 6/5/03*)</p>	<p>S</p>
<p>SC <u>S 55</u> Sen. Elliott</p>	<p>Would create a state discount program by requiring a pharmacist to charge only the Medicaid prescription rates, plus a dispensing fee, when filling prescriptions for persons receiving Medicare benefits, based on the California discount program. (Prefiled 12/02; did not pass by end of session, 6/5/03*)</p>	<p>D</p>
<p>SC <u>S 317</u>; <u>S 380</u> Sen. Elliott</p>	<p>Creates the Interstate Bulk Prescription Drug Program with neighboring states to provide prescription drugs at a reduced cost to senior and disabled residents who do not have prescription drug coverage. The program is not specifically connected with Medicaid. (S 317 Passed House 5/21/03; passed Senate 6/3/03; signed by governor 6/17/03)</p>	<p>Bulk</p>
<p>SD <u>S 216</u> Health Committee</p>	<p>Establishes a senior citizen prescription drug benefit program, "to negotiate the purchase of prescription drugs to be offered at a reduced cost to the eligible participants." The program will be open to any resident age 65 and older and any person meeting the eligibility criteria for a disability. It will be run by the Bureau of Personnel, which "may enter into agreements with private entities and cooperate with other local, state, or federal agencies to implement the purposes of the program." It requires rules "regarding various discounts on the purchase of pharmaceuticals for participating members and regarding dispensing and intervention fees." The program is authorized to create a preferred drug list "for the benefit of participating members and pharmacies." The program would sunset July 1, 2005 unless continued. (Passed Senate 2/21/03; passed House 3/4/03; signed by</p>	<p>D, PDL</p>

	governor 3/20/03)	
SD S 105 Sen. Kloucek	Would provide that “no manufacturer may sell drugs to any wholesaler or purchaser in this state on less favorable terms and conditions than those contemporaneously accorded to the manufacturer's most favored wholesaler, purchaser, or consumer in the state, including any transaction in which a manufacturer sells to a purchaser though a contractual arrangement implemented by one or more wholesalers”. (Filed 1/28/03; died in committee at end of session, 3/03)	D
TN <u>HB. 200</u> ; <u>HB. 205</u> Rep. Turner <u>SB 1072</u> ; <u>SB 1073</u> Sen. Jackson	Would create the “Tennessee Fair Market Drug Pricing Act of 2003,” using features from the Maine Rx law, requiring the state to “negotiate discount prices or rebates for prescription drugs from drug manufacturers and labelers. A drug manufacturer or labeler that sells prescription drugs in this state may voluntarily elect to negotiate: (a) supplemental rebates for the Medicaid program over and above those required by federal law, (b) discount prices or rebates for the Rx Card program, and (c) discount prices or rebates for any other state program that pays for or acquires prescription drugs.” Would also include expanded use of prior authorization. The <u>fiscal note</u> estimates that 500,000 people could use the program, with transactions valued at \$200 million. (Filed 1/29/03; did not pass by end of session, 5/30/03*)	D, M, PDL
TN <u>HB 1650</u> ; <u>SB 1371</u> Rep. McMillan	Provides for establishment of a “TennCare Rx program prescription benefit to individuals lacking prescription drug insurance coverage who meet criteria established by the bureau of TennCare and the general assembly in its annual appropriation,” It is designed to serve a non-Medicaid population, with further details not specified. The new program “may implement tiered co-payments and prior authorization and step therapy requirements” for the program based on the state preferred drug list (PDL). Also creates a TennCare/Medicaid “Formulary Committee” to develop details for a preferred drug list (PDL) to govern all state purchases of prescription medicine; also would require contract with a PBM for all state Rx purchases; authorize a Medicaid PDL, a supplemental rebate program (with the state to receive 100 percent of all rebates and any other financial incentives), tiered copayments and move pharmacy services out of Medicaid managed care contracts. The <u>fiscal note</u> estimates the bill could	S, M, PDL

	reduce overall state expenditures by “more than \$50 million.” (Filed 2/13/03; amended and passed by House and Senate 5/27/03; signed by governor as Chapter 350, 6/13/03)	
TN <u>HB 1651; SB 1870</u> Rep. Stanley	Would authorize TennCare bureau to administer pharmacy element to increase rebates, to limit reimbursement for multisource generics in certain circumstances and require maximum allowable cost list and new pharmacy committee. (Filed 2/21/03; did not pass by end of session, 5/30/03*)	M, PDL
TX <u>HB 1545;</u> <u>HB 1933;</u> <u>SB 797</u> Sen. Ellis Rep. Raymond	Would establish a pharmaceutical discount program, using features from the Maine Rx law. Would include voluntary manufacturer rebates through “an agreement to provide: (1) supplemental rebates for prescription drugs provided under the Medicaid program in excess of the (federal) rebates (2) discount prices for prescription drugs provided under the state pharmaceutical assistance program established, with eligibility by seniors lacking coverage and others to be determined by a commission, and (3) discount prices for prescription drugs provided by any other publicly funded entity.” Would require use of prior authorization for products by manufacturers that do not participate with rebates or discounts. The assistance program would be established by January 2005. (Filed 3/3/03; did not pass by end of session, 6/03)	D, M
TX <u>HB 759</u> Rep. Wilson <u>link</u>	Would require the state Department on Aging to provide low-cost transportation for seniors to the U.S.-Mexico border so they could buy lower-cost prescription drugs. Would allow the department to charge fees for transportation, which could be provided through a contract with a commercial bus company. Texas seniors could use the service to travel to Mexican pharmacies and bring back prescription drugs for which they have valid prescriptions. [<u>news story</u>] (Filed 1/03; passed House, 5/5/03; did not finally pass House 5/6/03)	D

<p>TX <u>HB 2292</u> Rep. Nelson</p>	<p>Provides that the state “shall negotiate” with manufacturers and labelers to obtain supplemental rebates for prescription drugs provided under Medicaid CHIP, and any other state program administered by the commission or a health and human services agency, including community mental health centers and state mental health hospitals. Allows for contract with a benefits manager (PBM). (in §2.11).</p> <p>Establishes a preferred drug list for Medicaid, CHIP, and any other state program” the PDL “may contain only drugs provided by a manufacturer or labeler that reaches an agreement with the commission on supplemental rebates.” (§2.13)</p> <p>Also provides that “community mental health centers may form a referral relationship with community health centers, federally qualified health centers, disproportionate share hospitals, and/or other eligible entities for the purpose of obtaining federal 340B pricing for pharmaceuticals.” Allows such referrals to “other lower cost drug programs regardless of any statewide preferred drug list or vendor drug program which may be adopted.” (§ 2.152.)</p> <p>Also provides for return of unused drugs paid for by Medicaid if the drugs remain under the control of pharmacists. (§2.126)</p> <p>Effective date 9/1/03.</p> <p>(Passed House 4/29/03; passed Senate 5/28/03; signed by governor 6/10/03)</p>	<p>340B, D, M, Re</p>
<p>TX SB 1186 Sen. Janek</p>	<p>Would require a Medicaid preferred drug list and supplemental rebates. Would allow use of prior authorization; also would provide that “in developing its recommendations for the preferred drug list, the committee shall consider the clinical efficacy, safety, and cost-effectiveness of a product.”</p> <p>(Filed; did not pass by end of session, 6/03)</p>	<p>M, PDL</p>
<p>UT <u>HB 126</u> Rep. Lockhart</p>	<p>(As passed) Authorizes the department to study a Medicaid drug program. It requires legislative oversight before a Medicaid drug program is implemented. The act clarifies that the department must implement the state Medicaid program through the administrative rule process and must submit a proposed administrative rule that would modify Medicaid benefits, services, or reimbursement methodologies to a Legislative Committee before adopting the rule.</p> <p>(Note: As filed but deleted) Would authorize the department to develop a preferred drug program, including certain requirements for the preferred drug program and legislative oversight before the preferred drug program is implemented.</p> <p>(Passed by House and Senate 3/03, 3/24/03, signed by</p>	<p>M, PDL</p>

	governor)	
VT <u>JRS 17</u> Sen. Sears	Non-binding joint resolution urges GlaxoSmithKline corporation to “immediately resume prescription drug deliveries to Canadian-based mail-order pharmacies.” (Passed by House and Senate)	D
VT <u>H. 56;</u> <u>S.103</u> Rep. Obuchowski	Would require health insurers to cover prescription drugs purchased from pharmacies located outside the United States, on the same terms and conditions as those purchased in this country. (Filed 1/22/03; did not pass by end of session, 5/03*)	D
VT <u>H. 178</u> <u>S. 148</u> Rep. Obuchowski Sen. MacDonald	Would create the Vermont prescription drug fair pricing program, which includes manufacturer rebates, discount prices for those lacking prescription coverage, and future price controls on retail sales. (Filed 1/03; did not pass by end of session, 5/03*)	D
VT <u>H. 336</u> Rep. Tracy	Would create a pilot program through which unused prescriptions from nursing facilities could be made available through pharmacies for people who are medically indigent. (Filed 2/28/03; did not pass by end of session, 5/03*)	Re
VT <u>H. 341</u> Rep. Atkins	Would direct that retail pharmacists implement therapeutic substitution of lower cost prescription drugs in place of higher cost brand-name drugs if the prescriber has authorized the therapeutic substitution. (Filed 3/11/03; did not pass by end of session, 5/03*)	D
VT <u>H. 359;</u> <u>S. 116</u> Rep. Tracy; Sen. Leddy	Would require pharmacy benefit managers (PBMs) to be licensed by the state, and “discharge their obligations to health benefit plans and the beneficiaries of health benefit plans in accordance with standards of conduct established by law.” (Filed 2/21/03; did not pass by end of session, 5/03*)	PBM

<p>VT <u>H 464</u> Budget</p>	<p>The FY 2004 budget provides that the state is authorized to amend the rules for the VHAP-Rx, VScript and VScript expanded to eliminate deductibles and co-payments for any drug. The pharmacy best practices and cost control program (including preferred drug list) shall govern these programs; the department “shall establish monthly premiums” for VHAP-Rx (\$13 per month); VScript programs (\$17 per month); VScript Expanded program (\$35 per month.) (Deleted from final version: earlier language requiring \$2.50 copayment for brand name products “in a therapeutic class for which a preferred drug has not been identified.”) (Filed, passed House and Senate in differing forms, 4/03; signed by governor 6/18/03)</p>	<p>S, M, PDL</p>
<p>VA <u>H 2225;</u> <u>S 1341.</u> Del. Cline; Sen. Potts</p>	<p>Establishes a state Rx fund to accept appropriations, donations, grants, and in-kind contributions “to develop and implement programs that will enhance current prescription programs.” It requires a state commission to “prepare a plan to establish the Healthy Lives Prescription Assistance Program to provide prescription drug benefits for low-income senior citizens and persons with disabilities, which must include consideration of the resources of both the public and private sectors, and must coordinate state, federal and private programs providing prescription assistance, including any programs the federal government may implement.” (This would require future legislative approval prior to implementation.) Also establishes a clearinghouse for information about free and discount programs, including interagency cooperation and use of web links. (Both passed House 2/4/03; passed Senate, 2/13/03; signed by governor as Chapters 661 & 674, 3/27/03)</p>	<p>S, CL</p>
<p>VA <u>HB 1400</u> Governor</p>	<p>FY 03-04 Budget (<u>\$ZZ</u>) requires state to implement a Medicaid preferred drug list by January 1, 2004 and reduce the dispensing fee paid to pharmacists from \$4.25 to \$3.75 per prescription per month. States that other state agencies should “consider utilizing a Preferred Drug List program for non-Medicaid clients.” (\$AAA) requires an increase in copayments for brand name drugs to \$3. (Filed 12/20/02; passed House and Senate, 3/11/03; amended and signed by governor as Chapter 1042, 5/1/03)</p>	<p>PDL, M</p>

<p>VA <u>HB 104</u>; <u>HB 1201</u>; <u>HB 1309</u> Del. Morgan</p>	<p>Would establish the Virginia Prescription Drug Payment Assistance Plan, modeled on Delaware's Prescription Drug Payment Assistance Program, to assist eligible elderly and disabled Virginians in paying for prescription drugs. The benefit would be limited to prescription drugs manufactured by pharmaceutical companies that agree to provide manufacturer rebates. Eligible people must have incomes at or below 150 percent of the federal poverty level or have prescription drug expenses that exceed 40 percent of annual income. Administrative costs are to be paid from the pharmaceutical manufacturer rebates to the extent available and the \$20 annual enrollment fees. (filed 1/02; carried over to '03; tabled 11/18/02; died in committee)</p>	<p>D</p>
<p>VA <u>HB 1469</u> Del. Purkey</p>	<p>Would establish the Virginia Insurance Plan for Seniors "to provide assistance in the purchase of prescription drugs for those persons who are dually eligible for Medicaid and Medicare but who do not qualify for prescription assistance." Maximum assistance would be \$80 per month per eligible person, but unused amounts could be rolled over. (Filed 1/8/03; died in committee 1/16/03)</p>	<p>S</p>
<p>VA HJR 129</p>	<p>Would establish a joint subcommittee to study the feasibility of strengthening the state's pharmacy purchasing ability for state programs and using savings generated to create and fund a pharmacy benefits program for low-income and uninsured elderly persons. A 15-member group would be required to compiled a report to the legislature for 2003. (Filed; did not pass by end of 2003 regular session)</p>	<p>Study</p>

<p>VA <u>S.658</u> Sen. Ruff</p>	<p>Would require, upon implementation of the Medicaid Prior Authorization Advisory Committee or other prior drug authorization mechanism, that (i) if a drug is safe and effective for a medical condition and has been covered for an individual's medical condition, coverage under the state plan for such drug will not be limited or excluded when prescribed for the covered medical condition of a recipient; (ii) any formulary adopted by the Board must include each therapeutic class in which there are two or more FDA-approved controlled substances and, for each therapeutic class in which there are two or more FDA-approved pharmaceutical or biological agents, must provide coverage of a least two such pharmaceutical or biological agents without an administrative preference for one over the other. (Filed; Passed Senate in 2002; carried over to 2003; did not pass House committee)</p>	<p>M</p>
<p>WA <u>HB 1091</u> Rep. Cody</p>	<p>Would require the state to “develop a comprehensive prescription drug education and utilization system in Washington state that will ensure best prescribing practices and pharmaceutical use, reduce administrative burdens on providers, increase consumer understanding of and compliance with appropriate use of prescription drugs, help to control increases in consumer and state health care spending, and improve prescription drug purchasing through a sound evidence-based process that evaluates the therapeutic value and cost-effectiveness of prescription drugs.” (Filed 1/15/03; did not pass by end of regular session, 4/27/03)</p>	<p>D, M</p>
<p>WA <u>HB 1180</u> Rep. Cody</p>	<p>Would require the state to develop a Medicaid senior prescription drug program “to promote access to affordable prescription drug coverage to low-income persons” age 65 or older with income no more than 200 percent of federal poverty. The state would seek a federal “Pharmacy Plus” waiver. “Consistent with federal waiver conditions, the department is authorized to charge enrollment fees, premiums, or point-of-service cost-sharing to enrollees of the program.” (Filed 1/20/03; did not pass by end of regular or special sessions, 6/11/03)</p>	<p>M, P+, S</p>

<p>WA <u>HB 1181</u> Rep. Edwards</p>	<p>Would require that a pharmaceutical manufacturer, including generic drug manufacturer, file with the state (1) the average manufacturer price for the requested prescription drug or drugs; and (2) the price that each wholesaler in the state pays the manufacturer to purchase the requested prescription drugs. (Filed 1/20/03; sent to committee; did not pass by end of regular or special sessions, 6/11/03)</p>	<p>D</p>
<p>WA <u>HB 2011</u> Rep. Schual-Berke</p>	<p>Would establish requirements for state agency contracts with pharmaceutical benefit management companies, including disclosure of any rebate or other agreements between the pharmacy benefit management company and a pharmaceutical manufacturer, its contractors, or an affiliate of a pharmaceutical manufacturer related to the use of that pharmaceutical manufacturer's products. (Filed 2/9/03; did not pass Senate by end of regular or special sessions, 6/11/03)</p>	<p>PBM</p>
<p>WA <u>HB 1214;</u> <u>SB 5406</u> Rep. Cody; Sen. Deccio</p>	<p>Would establish the Medicaid senior prescription drug program, with eligibility limited to people age 65 and older whose family income does not exceed 200 percent of the federal poverty level and who do not otherwise have insurance that provides prescription drug coverage. References the "state's federal prescription drug waiver program" and would establish the program as not an entitlement. Also includes a requirement to start bulk-buying among state agencies including uninsured residents and create a preferred-drug list for Medicaid. (HB 1214 Filed 1/20/03; passed House 64-33, 2/7/03; did not pass Senate by end of regular or special sessions, 6/11/03)</p>	<p>S, P+, M, D, Bulk</p>
<p>WA <u>SB 5904</u> Sen. Deccio</p>	<p>Would extend the drug discounts that the state Health Care Authority (which oversees the state's public and employee health plans) negotiates with drug companies, to people ages 50 and older who have incomes up to 250 percent of the federal poverty level; also would establish a toll-free information clearinghouse, public education sessions and a report on future options. (Filed; Passed Senate, 35-14, 3/17/03; differing, amended version passed House, 63-33, 4/24/03; did not pass by end of regular session, 4/27/03) Article: "<u>Prescription-drug bill OK'd</u>" —Seattle Times, 3/22/03</p>	<p>D, CL</p>

<p>WA <u>HB 5489</u> Sen. Franklin</p>	<p>Would state that “the Health Care Authority must implement a program to aggregate the purchase of prescription drugs from suppliers for prescription drug programs in this state, to be known as the “aggregate purchasing prescription drug discount program.” (Filed 1/27/03; did not pass Senate by end of regular or special sessions, 6/11/03)</p>	<p>Bulk</p>
<p>WA <u>SB 6088</u> Sen. Deccio</p>	<p>Authorizes state agencies to develop and use a preferred drug list created by a committee of medical professionals, termed an “evidence-based prescription drug program.” The program may include a preferred drug list, to which agencies must provide reasonable exceptions, based on individual physicians’ decisions. Eligible residents, defined as the disabled age 19-49 and people age 50 or older with incomes up to 300 percent of the federal poverty level, would be able to purchase pharmaceuticals at a discounted price, based on voluntary negotiated discounts initiated by the Health Care Authority for state agencies. Participants are charged an enrollment fee. The program is subject to sunset review and termination on June 30, 2010. Also requires the state to seek a “Pharmacy Plus” waiver under Medicaid to serve Medicare-eligible residents up to 200 percent of federal poverty guidelines; establishes a state clearinghouse for information on free manufacturer assistance programs. (Filed 6/5/03 in special session; passed Senate and House; signed by governor 6/26/03) [<u>News article</u> 6/02]</p>	<p>Bulk, CL, D, M, PDL</p>
<p>WA <u>SJM 8025</u> Sen. Parlette</p>	<p>Non-binding resolution urging the US Congress to repeal the federal OBRA '90 and 340B drug pricing provisions, and “and pass new laws which separate the cost of a prescription drug from the delivery of service, thus letting the free market work.” (Filed 4/25/03; did not pass Senate by end of regular or special sessions, 6/11/03)</p>	<p>D</p>

<p>WV <u>H 2061</u>; H 2153 Del. Armstead</p>	<p>Would establish the senior citizens prescription drug subsidy program, designed to provide a subsidy for prescription medications purchased by eligible citizens over the age of sixty-five. Eligibility and benefit design would be established by executive bureau regulations. Funding would be based on voluntary donations through a state tax check-off of up to \$10 per taxpayer. (Filed & sent to committee 1/9/03; did not pass by end of regular session 3/03)</p>	<p>S</p>
<p>WV <u>H 2080</u> Del. Manchin</p>	<p>Would provide for the payment of prescription drug services for senior citizens “who are unable to pay the full cost of prescription drug services”, using funds from the existing “public assistance medical services fund” currently used for welfare recipient services. (Filed & sent to committee 1/9/03; did not pass by end of regular session 3/03)</p>	<p>S</p>
<p>WV <u>H 2128</u> Del. Fleischauer</p>	<p>Would require the state to apply for a Medicaid waiver to allow qualified Medicare beneficiary (QMBs) or specified low-income Medicare beneficiary (SLMBs) to be eligible for prescription drug-only coverage, reimbursed with Medicaid matching funds. (Filed & sent to committee 1/13/03; did not pass by end of regular session 3/03)</p>	<p>M, P+, S</p>
<p>WV <u>H 2263</u> Del. Fleischauer</p>	<p>Would establish the “WV Prescription Drug Fair Pricing Act,” using features from the Maine Rx law, including manufacturer rebates and discounted prices based on the Medicaid price. “All residents of the state are eligible to participate in the Rx program. The department shall establish simplified procedures for issuing Rx program enrollment cards to eligible residents.” Requires participating retail pharmacies (including Medicaid providers and other voluntary participants) to offer prescription drugs at or below the average wholesale price, minus six percent, plus a dispensing fee not less than Medicaid. (Filed & sent to committee 1/15/03; did not pass by end of regular session 3/03)</p>	<p>D, M</p>

<p>WV <u>H 2773</u> Del. Martin</p>	<p>Would establish a WV discount program using features from the Maine Rx law, including manufacturer rebates and discounted prices based on the Medicaid price, available to residents lacking prescription coverage.</p> <p>Would authorize the secretary of health and human resources to establish maximum retail prices for prescription drugs, including require prior authorization for the dispensing of drugs in the Medicaid program provided for under state law that would apply to drugs that are priced above the established maximum retail prices. Would contain a prohibition on profiteering in prescription drugs by manufacturers.</p> <p>(Filed & sent to committee 1/13/03; did not pass by end of session 3/03)</p>	<p>D, M</p>
<p>WV <u>H 2403</u> Del. Beane</p>	<p>Would authorize a preferred drug list under Medicaid. Would require that any “patient who is stabilized on a prescription drug medication previously prescribed by a health care provider, and used by the patient for the treatment of a particular indication, is exempted from any requirements related, directly or indirectly, to the preferred drug list.”</p> <p>(Filed & sent to committee 1/13/03; did not pass by end of regular session 3/03)</p>	<p>M, PDL</p>
<p>WV <u>S 149</u> Sen. Hunter</p>	<p>Would establish a prescription drug price assistance project.</p> <p>(Filed & sent to committee 1/13/03; did not pass by end of regular session 3/03)</p>	<p>S</p>
<p>WI <u>SB 44</u> Governor Doyle</p>	<p>2003 Budget bill would affect: Prescription drug cost controls and drug purchasing agreements [§1393]; drug assistance for elderly persons: deductible increase; payment rate to pharmacies reduced. [§1438-1446]</p> <p>(Filed 2/20/03, sent to committees)</p>	<p>D, M, S</p>
<p>WI <u>SB 56</u> Sen. Fitzgerald</p>	<p>Would permit prescription drugs returned to state prison pharmacies to be re-dispensed by the state to other inmates. (The Pharmacy Examining Board currently has a rule allowing controlled return of health items from an “inpatient health care facility” as a hospital, nursing home, county home, county mental hospital, tuberculosis sanatorium, or similar facility.)</p> <p>(Filed 3/5/03, passed Senate 5/6/03; passed Assembly 6/4/03)</p>	<p>Re</p>

<p>WY <u>HB 43</u> Joint. Comm on Health</p>	<p>Would authorize the establishment of a Pharmacy Plus subsidy waiver program, to serve residents with annual income of not more than 175 percent of federal poverty, and assets under \$35,000. Provides that, in implementing the Pharmacy Plus program, “the department may use private sector benefit management approaches, including pharmacy benefit managers, preferred drug lists, prior authorization, pharmacist consultation, provider education, disease state management and variable enrollee cost sharing in the form of annual or monthly premium assessments, per prescription copayment requirements, coinsurance, deductibles and coverage limits.” Provides for termination if a federal Medicare benefit is operational. (Filed 1/14/03; passed House and Senate; signed by governor as Chapter 196, 3/7/03)</p>	<p>S, M, P+, PDL</p>
<p>WY <u>SF 35</u> Joint Comm. on Health</p>	<p>Would create the prescription drug consumer information and technical assistance program within the department of health. It includes consultation with professional pharmacist, and evaluation to avoid dangerous drug interactions and substitute more cost effective drugs for the drugs prescribed. (Filed 1/14/03; passed Senate and House, signed by governor as Chapter 85, 3/3/03)</p>	<p>CL</p>
<p>WY <u>HB 208</u> Rep. Edwards</p>	<p>Would provide for the licensure and certification of pharmacy benefit management companies (PBMs). Provides terms for revocation of certificate to operate, include financially unable to meet obligations, or for a PBM that “has advertised or merchandised its services in an untrue, misrepresentative, misleading, deceptive or unfair manner.” (Filed, died at end of session 3/6/03)</p>	<p>PBM</p>
<p>WY <u>HB 209</u> Rep. Edwards</p>	<p>Would require use of uniform pharmaceutical benefit card issued by all insurers, including American National Standards Institute issuer identification number, all policy numbers needed for claims processing, and a help desk telephone number for use by pharmacists. (Filed 1/21/03; died at end of session 3/6/03)</p>	<p>-</p>

* Legislative rules may allow for continuation or “carryover” to 2004 session.

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Medicare Resolutions: At least 25 states also considered non-binding resolutions urging the U.S. Congress to enact a federal Medicare pharmaceutical benefit. These include: Alabama, Arkansas, California, Delaware, Florida, Kansas, Kentucky, Maryland, Missouri, Montana, Nebraska, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Virginia and Wyoming.

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