1	State of Arkansas 83rd General Assembly	A Bill	
3	Regular Session, 2001		HOUSE BILL 2482
4	regular Session, 2001		TIOOSE BILL 2102
5	By: Representative Bradford		
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7			
8		For An Act To Be Entitled	
9	AN ACT TO	IMPROVE ACCESS TO AFFORDABLE	
10	PRESCRI PTI	ON DRUGS FOR PERSONS OVER AGE	SI XTY-
11	FIVE; AND	FOR OTHER PURPOSES.	
12			
13		Subtitle	
14	AN ACT	TO IMPROVE ACCESS TO AFFORDABL	E
15	PRESCRI	PTION DRUGS FOR PERSONS OVER A	GE
16	SI XTY-F	FI VE.	
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19	BE IT ENACTED BY THE GEN	IERAL ASSEMBLY OF THE STATE OF A	ARKANSAS:
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21	SECTION 1. Arkans	as Code Title 20, Chapter 77, i	s amended to add the
22	following new subchapter	3	
23	<u>20-77-1401</u> . Thi s	subchapter shall be known and r	may be cited as the
24	"Prescription Drug Acces	s Improvement Act".	
25			
26	20-77-1402. The p	ourpose and intent of this subc	napter is to authorize
27	a Medicaid waiver to pro	ovide affordable prescription d	rugs for eligible
28	persons over age sixty-f	<u>ive (65).</u>	
29			
30	<u>20-77-1403</u> . As us	ed in this subchapter, unless	the context otherwise
31	requi res:		
32	(1) "Department"	means the Department of Human S	<u>Servi ces;</u>
33	(2) "Federal drug	rebate" means a rebate paid to	o the Medicaid program
34	by a drug manufacturer a	s required by 42 United States	Code, Section 1396r-8
35	as it appeared on Januar	y 1, 2001;	
36	(3) "Labeler" mea	ns an entity or person that red	ceives prescription

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1	drugs	from	a mai	nufact	turer	or	whol e	sal er	and	repac	kages	those	drugs	for	later
2	retai l	sal e	and	that	has	a la	abel er	code	from	the	federa	al Food	d and	Drua	

- 3 Administration under 21 Code of Federal Regulations Section 207.20 (1999);
 - (4) "Manufacturer" means a manufacturer of prescription drugs;
 - (5) "Medicaid" means the Arkansas program of medical assistance established under Title XIX of the Social Security Act;

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- 7 (6) "Medicaid price" means the price paid by Medicaid for prescription
 8 drugs under the State Medicaid Plan including any dispensing fee and after
 9 deducting federal drug rebates;
- 10 <u>(7) "Prescription Drug Access Program" means the limited prescription</u>
 11 <u>drug benefit Medicaid waiver program established under this subchapter;</u>
 - (8) "Prescription drugs" means controlled substances and legend drugs as defined in § 20-64-503;
- (9) "Prescription drug coverage" means any agreement, contract or
 other transaction whereby one party provides a benefit of pecuniary value
 intended to pay some or all of the cost incurred by another party to acquire
 prescription drugs;
- 18 <u>(10) "Qualified resident" means an Arkansas resident who is eligible</u> 19 for Medicaid benefits under the waiver;
 - (11) "State drug rebate" means a rebate paid to the Medicaid program by a drug manufacturer as required by the Prescription Drug Access Program; and
 - (12) "Waiver" means the limited prescription drug benefit Medicaid waiver authorized by this subchapter.
 - <u>20-77-1404</u>. The department is authorized to apply to the Health Care Financing Administration for a limited prescription drug benefit Medicaid waiver for persons who:
 - (1) Are over age sixty-five (65);
- 30 (2) Have no prescription drug coverage;
- 31 (3) Have incomes at or below the income eligibility standards
 32 established by the Department; and
- 33 (4) Are ineligible for Medicaid programs and categories other than the 34 <u>Prescription Drug Access Program.</u>
- 36 <u>20-77-1405</u>. Any waiver application submitted by the department shall

1	include provisions for the department to:
2	(1) Establish an income eligibility standard not to exceed three-
3	hundred percent (300%) of the federal poverty guideline;
4	(2) Require qualified residents to pay an initial enrollment fee of
5	twenty-five dollars (\$25.00) during the biennium beginning July 1, 2001;
6	(3) Have authority to amend the qualified resident enrollment fee by
7	rule beginning July 1, 2003, provided that qualified resident enrollment fee
8	increases may not exceed fifteen percent (15%) during any state fiscal year;
9	(4) Determine eligibility for limited prescription drug benefits under
10	the waiver;
11	(5) Define the prescription drug benefits to be provided under the
12	waiver to include an opportunity to purchase covered prescription drugs from
13	pharmacies enrolled in the Medicaid Program at the Medicaid price;
14	(6) Establish state rebates;
15	(7) Establish a data and claims processing system for remitting
16	federal drug rebates received by the Department for drugs sold under this
17	subchapter to the pharmacies that sold the drugs;
18	(8) Establish a system for drug manufacturers to pay state rebates to
19	the Department; and
20	(9) Provide limited prescription drug benefits only in accordance with
21	an approved waiver from the Health Care Financing Administration.
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23	20-77-1406. Every drug manufacturer or labeler that sells prescription

drugs in this state through or under any publicly supported drug assistance program including Medicaid shall enter into a state rebate agreement with the <u>Department</u>. The state rebate agreement must require the manufacturer or labeler to make rebate payment to the state in accordance with rules established by the department under this subchapter.

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- 30 <u>20-77-1407</u>. The department shall negotiate the amount of the state 31 rebate required from a manufacturer or labeler under the Prescription Drug 32 Access Program by:
- (1) Considering the federal rebates and other available pricing 34 information;
- 35 (2) Making best efforts to obtain state rebates during the biennium 36 beginning July 1, 2001, that are equal to or greater than federal rebates;

1	<u>and</u>
2	(3) Making best efforts to obtain state rebates beginning July 1, 2003,
3	that are equal to or greater than the best discount, rebate, or price
4	reduction available to the federal government.
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6	20-77-1408. Every pharmacy that sells drugs under the Prescription
7	Drug Access Program shall sell those drugs to eligible residents at the
8	Medicaid price, and shall disclose to purchasers the amount of savings
9	provided as a result of the Prescription Drug Access Program.
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11	20-77-1409. (a) The department shall collect and make public:
12	(1) The names of manufacturers, labelers, and pharmacies that
13	participate in the Prescription Drug Access Program and the names of
14	manufacturers, labelers, and pharmacies that do not participate in the
15	Prescription Drug Access Program;
16	(2) The annual aggregate savings achieved by qualified residents;
17	<u>and</u>
18	(3) A comparison of the rebates available under the Prescription
19	<u>Drug Access Program, federal rebates, and any rebates or discounts available</u>
20	to the federal government.
21	(b) All information in the department's possession regarding the
22	Prescription Drug Access program shall be subject to all state and federal
23	laws and rules regarding the confidentiality of Medicaid and health records.
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25	20-77-1410. The department shall impose Medicaid prior authorization
26	requirements as permitted by law for the dispensing of prescription drugs
27	provided by manufacturers or labelers who do not participate in the
28	Prescription Drug Access Program.
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30	20-77-1411. In the event of a dispute about claims submitted under the
31	Prescription Drug Access Program, the department shall review the claims data
32	in an attempt to resolve the dispute. If the dispute is not resolved the
33	disputing manufacturer, labeler, or pharmacy may, at its own expense, engage
34	an independent auditor acceptable to the department to prepare an audit of
35	the disputed claims in accordance with generally accepted accounting
36	principles. If the dispute is not resolved after the department has reviewed

1	the audit, the manufacturer, labeler, or pharmacy may appeal the department's
2	decision under the appeal provisions in the Medicaid Pharmacy Provider
3	Manual.
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5	20-77-1412. There is established a Prescription Drug Access Program
6	fund, to consist of state and federal rebate funds received by the department
7	from manufacturers and labelers. Monies in the fund shall be used to:
8	(1) Remit federal rebates on drugs sold under the Prescription Drug
9	Access Program to the pharmacies that sold the drugs; and
10	(2) Defray the costs associated with the Prescription Drug Access
11	Program, including, for example, administrative costs, data processing costs,
12	professional fees paid to participating pharmacies, and start-up costs.
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14	20-77-1413. The department is authorized to promulgate such reasonable
15	rules as may be necessary or beneficial to the Prescription Drug Access
16	Program.
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