

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas
2 83rd General Assembly
3 Regular Session, 2001
4

As Engrossed: S4/5/01

A Bill

SENATE BILL 932

5 By: Senators Beebe, Fitch, Gwatney, Hill, D. Malone, P. Malone, Critcher, Miller, K. Smith, Bryles, J.
6 Jeffress, T. Smith, Hoofman, Wooldridge, Simes, Wilkins, Faris, Cash, Horn, Mahony, Wilkinson, Riggs,
7 B. Walker, Everett, Argue, Trusty, DeLay, Brown
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For An Act To Be Entitled

10 AN ACT TO IMPROVE ACCESS TO AFFORDABLE
11 PRESCRIPTION DRUGS FOR PERSONS OVER AGE 65; AND
12 FOR OTHER PURPOSES.
13
14

Subtitle

15 AN ACT TO IMPROVE ACCESS TO AFFORDABLE
16 PRESCRIPTION DRUGS FOR PERSONS OVER 65.
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20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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22 SECTION 1. Arkansas Code Title 20, Chapter 77, is amended to add the
23 following additional subchapter:

24 20-77-1401. This subchapter shall be known and may be cited as the
25 "Prescription Drug Access Improvement Act".
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27 20-77-1402. The purpose and intent of this subchapter is to authorize
28 a Medicaid waiver to provide affordable prescription drugs for eligible
29 persons age sixty-five (65) and over.
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31 20-77-1403. As used in this subchapter:

32 (1) "Department" means the Department of Human Services;

33 (2) "Medicaid" means the Arkansas program of medical assistance
34 established under Title XIX of the Social Security Act;

35 (3) "Prescription Drug Access Program" means the limited prescription
36 drug benefit Medicaid waiver program established under this subchapter;

1 (4) "Prescription drugs" means controlled substances and legend drugs
2 as defined in Arkansas Code 20-64-503; and

3 (5) "Waiver" means the limited prescription drug benefit Medicaid
4 waiver authorized by this subchapter.

5
6 20-77-1404. The Department of Human Services may apply to the Health
7 Care Financing Administration for a limited prescription drug benefit
8 Medicaid waiver for persons who:

9 (1) Are age sixty-five (65) or over;

10 (2) Have no prescription drug coverage; and

11 (3) Have incomes and resources at or below the income and resource
12 Qualified Medicare Beneficiary (QMB) eligibility standards established by the
13 department.

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15 20-77-1405. Any waiver application submitted by the Department of
16 Human Services shall include provisions for the department to:

17 (1)(A) Establish an income eligibility standard not to exceed:

18 (i) Eighty per cent (80%) of the federal poverty guideline
19 for the period July 1, 2001 through June 30, 2002;

20 (ii) Ninety per cent (90%) of the federal poverty guideline
21 for the period July 1, 2002 through June 30, 2003; and

22 (iii) One-hundred percent (100%) of the federal poverty
23 guideline after June 30, 2003.

24 (B) Postpone or abolish any increases to the income eligibility
25 standards if program costs exceed projections or adequate funding is
26 unavailable;

27 (2) Require qualified residents to pay an annual enrollment fee of
28 twenty-five dollars (\$25.00) during the biennium beginning July 1, 2001;

29 (3) Have authority to amend the qualified resident enrollment fee by
30 rule beginning July 1, 2003, provided that qualified resident enrollment fee
31 increases may not exceed fifteen percent (15%) during any state fiscal year;

32 (4) Establish co-payments of ten dollars (\$10.00) for generic drugs
33 and twenty dollars (\$20.00) for name brand drugs;

34 (5) Determine eligibility for limited prescription drug benefits under
35 the waiver;

36 (6) Limit prescription drug benefits under the waiver to two (2)

1 prescriptions per person per month; and
2 (7) Provide limited prescription drug benefits only in accordance with
3 an approved waiver from the Health Care Financing Administration.

4 /s/ Beebe

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