

1214-S2

Sponsor(s): House Committee on Appropriations (originally sponsored by Representatives Cody, Pflug, Conway, Cooper, McCoy, Berkey, Voloria, Schual-Berke, Bush, Lovick, Hunt, Campbell, Kirby, Hudgins, Dickerson, Pettigrew, Pearson, Wood, Fromhold, Upthegrove, Schindler, McDermott, Wallace, Rockefeller, Morrell, Simpson, Anderson, McMahan, Darneille, Chase, Woods and Clements; by request of Governor Locke)

Brief Description: Making prescription drugs more available.

**HB 1214-S2.E - DIGEST**

(AS OF HOUSE 2ND READING 2/07/03)

Declares an intent to: (1) 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; and

(2) Develop a program to promote access to affordable prescription drug coverage to low-income aged or disabled persons who do not otherwise have adequate coverage to purchase necessary and appropriate prescription drugs.

Creates the prescription drug quality improvement and purchasing board within the authority.

Provides that, to the extent funds are appropriated specifically for this purpose, and subject to any conditions placed on appropriations made for this purpose, the department shall design the medicaid prescription drug assistance program. Neither the benefits of, nor eligibility for, the program is considered to be an entitlement.

Declares that eligibility for this program is limited to persons: (1) Who are eligible for medicare or age sixty-five and older;

(2) Whose family income does not exceed two hundred percent of the federal poverty level as adjusted for family size and determined annually by the federal department of health and human services;

(3) Who do not otherwise have insurance that provides prescription drug coverage; and

(4) Who are not otherwise eligible under Title XIX of the federal social security act.

Declares that this program will be terminated within twelve months after implementation of a prescription drug benefit under Title XVIII of the social security act.

Requires the department to provide recommendations to the appropriate committees of the senate and house of representatives by November 15, 2003, on financing options available to support the

medicaid prescription drug assistance program. In recommending financing options, the department shall explore every opportunity to maximize federal funding to support the program.

Requires the administrator to, directly or by interagency agreement or contract, establish and operate a statewide senior prescription drug information clearinghouse. The clearinghouse shall: (1) Promote access to necessary prescription drugs for persons over age sixty-five who reside in Washington state;

(2) Make information available on a statewide basis regarding private and public programs that provide financial assistance to seniors for the purchase of prescription drugs;

(3) Provide educational information about the preferred drug list and methods to purchase prescription drugs most cost-effectively and efficiently, including information about generic drugs and the potential for dangerous drug interactions; and

(4) Provide individual education and assistance regarding prescription drug financial assistance programs.

Provides that, prior to July 1, 2005, the administrator shall provide for an evaluation of the effectiveness and potential continuation of the clearinghouse.

Directs the administrator to contract with an independent entity to evaluate the implementation and impacts of the prescription drug board's activities under this act.

Requires the results of the evaluation to be submitted to the governor and the legislature by January 1, 2007.

Declares that nothing in this act preempts state-owned or managed hospitals licensed under chapter 70.41 RCW from aggregate purchasing through other programs. These hospitals may choose to participate in the preferred drug list program under this act if drugs can be obtained at lower cost.

Does not apply to state purchased health care services that are purchased from or through managed care organizations, or group model health maintenance organizations that are accredited by the national committee for quality assurance.

Provides that the therapeutic consultation service operated by the department of social and health services, with the exception of the intensive benefits management and academic detailing components of the program, expires on July 1, 2005. However, the department shall terminate the therapeutic consultation service four brand limit program component earlier if, upon monitoring prescriber compliance with the preferred drug list and trends in the therapeutic consultation service four brand limit program component, the department determines the number of pharmacy claims that trigger the four brand edit exception under therapeutic consultation services is below the threshold indicated in the biennial omnibus operating budget bill for three consecutive months.

Provides that the act shall be null and void if appropriations are not approved.