SENATE BILL 481

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2002 Regular Session (2lr1780)

ENROLLED BILL

	Finance/Environmental Matters	
Introdu	uced by Senator Kelley	
	Read and Examined by Proofreaders:	
		Proofreader.
	with the Great Seal and presented to the Governor, for his approval this day of at o'clock,M.	Proofreader.
		President.
	CHAPTER	
1 AN	N ACT concerning	
2 3 4	Maryland Medical Assistance Program and, Maryland Children's Health Program, and Public Mental Health System Department of Health and Mental Hygiene - Reimbursement Rates	
5 FC	OR the purpose of <i>altering the reimbursement under the Maryland Pharmacy</i>	
6	Assistance Program for certain prescription drugs; requiring the Department of	
7	Health and Mental Hygiene to establish in developing a certain annual process	
8	to <u>annually</u> set reimbursement rates for certain programs and the public mental	
9	health system that reflect the Maryland Medical Assistance Program and the	
10	Maryland Children's Health Program that considers certain rates, systems, and	
11 12	codes; <u>requiring the Department to establish a certain annual process to set</u> reimbursement rates for the public mental health system that considers certain	
13	costs; requiring the Department to consult with certain persons to identify and	
14	implement certain pharmacy cost containment measures; prohibiting the	
15	Department from implementing a reduction in a certain pharmacy	
16	reimbursement rate until a certain date; prohibiting the Department from	
17	increasing a certain total copayment collection; requiring the Department to	

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1	implement certain cost containment measures under certain circumstances;
2	requiring the Department to report to the Governor and certain committees of the
3	General Assembly on or before certain dates; authorizing the Department to
4	implement certain measures to encourage the use of certain drugs on a preferred
5	list; requiring the Department to submit a certain annual report; making
6	stylistic changes; and generally relating to the reimbursement rates of the
7	Maryland Medical Assistance Program and, the Maryland Children's Health
8	Program, and the public mental health system and reimbursement and
9	copayments under the Medicaid and the Maryland Pharmacy Assistance
10	Program.
	BY repealing and reenacting, with amendments,
12	<u> Article - Health - General</u>
13	Section $15-124(b)(1)$
14	Annotated Code of Maryland
15	(2000 Replacement Volume and 2001 Supplement)
	BY repealing and reenacting, with amendments,
17	Chapter 702 of the Acts of the General Assembly of 2001
18	Section 1
19	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
-	MARYLAND, That the Laws of Maryland read as follows:
20	White Living, That the Laws of Manyland read as follows.
21	Article - Health - General
22	15 104
22	<u>15-124.</u>
23	(b) (1) (i) Reimbursement under the Maryland Pharmacy Assistance
_	Program [shall] MAY be limited to maintenance drugs, anti-infectives, and AZT as
	specified in regulations to be issued by the Secretary after consultation with the
	Maryland Pharmacists Association.
	The first of the f
27	(ii) 1. For any drug on the Program's interchangeable drug list,
28	the Program shall reimburse providers in an amount not more than it would
	reimburse for the drug's generic equivalent, unless the individual's physician states, in
	his or her own handwriting, on the face of the prescription, that a specific brand is
31	"medically necessary" for the particular patient.
32	<u>2.</u> <u>If an appropriate generic drug is not generally available,</u>
	the Department may waive the reimbursement requirement under sub-subparagraph
34	<u>1 of this subparagraph.</u>
35	Chapter 702 of the Acts of 2001
55	Chapter 702 of the Acts of 2001
36	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
	MARYLAND, That:

1	(a) The Department of Health and Mental Hygiene snailt:
	(1)} establish a process to annually set the fee-for-service reimbursement rates for the Maryland Medical Assistance Program and the Maryland Children's Health Program in a manner that ensures participation of providers{; and
5 6	(2) in developing the process required under item (1) of this subsection, consider] AND THAT REFLECTS CONSIDERS:
7 8	$\{(i)\}$ $\{(i)\}$ $\{(i)\}$ $\{(i)\}$ a reimbursement system that reflects $\}$ reimbursement fee-for-service rates paid in the community as well as annual medical inflation; or
	[(ii)] (2) the CURRENT Resource Based Relative Value Scale system used in the federal Medicare program or THE American Dental Association CPT-3 CDT-3 Codes.
14 15	(b) On or before [September 1, 2001] SEPTEMBER 1 OF EACH YEAR, the Department shall submit a report to the Governor and, in accordance with § 2-1246 of the State Government Article, to the Senate Finance Committee, the Senate Budget and Taxation Committee, the House Environmental Matters Committee, and the House Appropriations Committee on:
17	(1) its progress in complying with subsection (a) of this section;
18 19	(2) an analysis of the fee-for-service reimbursement rates paid in other states and how those rates compare with those in Maryland;
	(3) its schedule for bringing Maryland's fee-for-service reimbursement rates to a level that assures that all health care providers are reimbursed adequately to provide access to care; and
	(4) an analysis on the estimated costs of implementing the schedule and any proposed changes to the fee-for-service reimbursement rates for the Maryland Medical Assistance Program and the Maryland Children's Health Program.
26	SECTION 2. AND BE IT FURTHER ENACTED, That:
	(a) The Department of Health and Mental Hygiene shall establish a process to annually set the fee-for-service reimbursement rates for the public mental health system in a manner that ensures participation of providers.
	(b) In determining the rates for outpatient mental health clinics, the Department shall consider the Medicare-allowable charges for comparable CPT Codes.
	(c) In determining the rates for public mental health system services having no Medicare CPT Code equivalent, the Department shall consider the reasonable costs of and the Medicare Principles of Reimbursement for relevant factors, including:
36	(1) staffing;

- 27 (4) the schedule for implementing any proposed changes.
- SECTION 3. AND BE IT FURTHER ENACTED, That: 29 The Department of Health and Mental Hygiene shall consult with (a)
- 30 representatives of the pharmaceutical and pharmacy industries, authorized
- prescribers, and patient advocates to identify and implement alternative pharmacy
- 32 <u>cost containment measures.</u>

28

- 33 *The Department may not implement a reduction in the pharmacy* (b) *(1)*
- 34 reimbursement rate until October 1, 2002.

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1	(2) The Department of Health and Mental Hygiene may not increase the		
	total copayment collection from enrollees in the Medicaid program, including enrollees		
3	<u>in managed care organizations.</u>		
4	(c) On or before October 1, 2002, if additional cost savings obtained as a result		
	of alternative cost containment measures are not sufficient to ensure that on an		
	annualized basis the pharmacy cost containment assumed in the fiscal 2003 budget		
	will be achieved, the Department of Health and Mental Hygiene shall implement cost		
	containment measures with respect to pharmacy reimbursement in a manner that		
	achieves the level of savings that would have been achieved if the pharmacy		
10	reimbursement reduction took effect on July 1, 2002.		
11	(d) On or before October 1, 2002, the Department shall report, in accordance		
	with § 2-1246 of the State Government Article, to the Senate Finance Committee, the		
	3 Senate Budget and Taxation Committee, the House Economic Matters Committee, and		
	4 the House Environmental Matters Committee on the measures that have been taken to		
	identify and implement alternative cost containment measures and the projected cost		
	savings attributed to these measures.		
17	(e) On or before October 1, 2002, the Department shall report, in accordance		
18	with § 2-1246 of the State Government Article, to the Senate Finance Committee, the		
	Senate Budget and Taxation Committee, the House Economic Matters Committee, and		
20	the House Environmental Matters Committee on the pharmacy dispensing fee for the		
21	Medicaid and Maryland Pharmacy Assistance Programs. In preparing the report, the		
22	Department shall consult with representatives from the community and independent		
23	pharmacies. The report may include the following:		
24	(1) an analysis of the dispensing fee structure in other states;		
∠+	(1) un analysis of the dispensing fee structure in other states,		
25	(2) an analysis of current reports and literature concerning dispensing		
26	fees in state prescription drug programs; and		
	, 		
27	(3) <u>a review of industry-supplied surveys concerning the time and</u>		
28	associated costs of dispensing.		
29	(f) The Department of Health and Mental Hygiene may implement measures to		
-	(f) The Department of Health and Mental Hygiene may implement measures to encourage the use of medically appropriate generic drugs and those brand name drugs		
	on a preferred drug list, including:		
31	on a prejerrea arug usi, incluaing.		
32	(1) the use of tiered copayments for Medicaid and the Maryland		
	Pharmacy Assistance Program provided that the amounts set for those copayments do		
	not result in an increase in total copayment collections;		
35	(2) the use of differential dispensing fees to pharmacies provided that the		
36	amounts set for those dispensing fees remain revenue neutral;		
27	(3) the use of consultation promonts to pharmaciae similar to these used		
37	in the State Employee Health Reposits Plan, to encourage communication between		
	in the State Employee Health Benefits Plan, to encourage communication between patients, prescribers, and pharmacists regarding cost-effective drug therapies; and		
ンプ	panents, prescribers, and pharmacists regarding cost-effective artig therapies; and		

- 1 (4) the implementation of education programs on the use of preferred drugs for prescribers that participate in the Medicaid and Maryland Pharmacy
- 3 Assistance Programs.
- SECTION 2. 3. 4. AND BE IT FURTHER ENACTED, That this Act shall take
- 5 effect July 1, 2002.