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2003 Regular Session 3lr2428 CF HB 363

Intr	By: Senator Gladden Introduced and read first time: February 13, 2003 Assigned to: Rules Re-referred to: Finance and Budget and Taxation, February 20, 2003				
Sen	nmittee Report: Favorable with amendments ate action: Adopted d second time: April 2, 2003				
	CHAPTER				
1	AN ACT concerning				
2 3	Maryland Medical Assistance Program - <u>Maryland Pharmacy Access Hotline</u> Prior Authorization - Mental Health Drugs				
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Assistance Program and drugs for mental illness and brain disorders. requiring the Department of Health and Mental Hygiene to establish a certain hotline; requiring the Department to distribute to Program recipients certain information about the hotline; requiring the Department to notify certain health care providers about the hotline; requiring the Department to develop a methodology to track the number and type of calls received by the hotline; requiring the Department to report quarterly to the Pharmacy and Therapeutics Committee on the number and type of calls received by the hotline; and generally relating to the Maryland Medical Assistance Program and the				
21 22 23 24 25	Section 15-136				

1	BY repealing and reenacting, without amendments,
2	Article - Health - General
3	Section 15 101(a) and (i)
4	Annotated Code of Maryland
5	(2000 Replacement Volume and 2002 Supplement)
6	BY adding to
7	Article Health General
8	Section 15-118.1
9	Annotated Code of Maryland
10	(2000 Replacement Volume and 2002 Supplement)
11	BY repealing and reenacting, with amendments,
12	Article - Health - General
13	Section 15-124 and 15-124.1
14	Annotated Code of Maryland
15	(2000 Replacement Volume and 2002 Supplement)
16	Preamble
17	WHEREAS, Unrestricted access to psychiatric medications is critical to the
18	successful treatment of mental illnesses and brain disorders; and
19	WHEREAS, The implementation of preferred drug lists, formularies, and prior
20	
	authorization programs in other states has been documented to result in a
	authorization programs in other states has been documented to result in a
21 22 23	authorization programs in other states has been documented to result in a deterioration of patient care and increased psychiatric hospitalization; and WHEREAS, A cost containment program that results in increased hospitalization will not save money for the State of Maryland but simply transfer
21 22 23	authorization programs in other states has been documented to result in a deterioration of patient care and increased psychiatric hospitalization; and WHEREAS, A cost containment program that results in increased
21 22 23 24	authorization programs in other states has been documented to result in a deterioration of patient care and increased psychiatric hospitalization; and WHEREAS, A cost containment program that results in increased hospitalization will not save money for the State of Maryland but simply transfer costs to other areas of the State budget; and
21 22 23 24 25	authorization programs in other states has been documented to result in a deterioration of patient care and increased psychiatric hospitalization; and WHEREAS, A cost containment program that results in increased hospitalization will not save money for the State of Maryland but simply transfer costs to other areas of the State budget; and WHEREAS, The human costs of restricting access to psychiatric medications
21 22 23 24 25	authorization programs in other states has been documented to result in a deterioration of patient care and increased psychiatric hospitalization; and WHEREAS, A cost containment program that results in increased hospitalization will not save money for the State of Maryland but simply transfer costs to other areas of the State budget; and
21 22 23 24 25 26 27	authorization programs in other states has been documented to result in a deterioration of patient care and increased psychiatric hospitalization; and WHEREAS, A cost containment program that results in increased hospitalization will not save money for the State of Maryland but simply transfer costs to other areas of the State budget; and WHEREAS, The human costs of restricting access to psychiatric medications far exceed the potential financial savings to the State of Maryland; and WHEREAS, Legislation introduced during the 2002 Session of the Maryland
21 22 23 24 25 26 27 28	authorization programs in other states has been documented to result in a deterioration of patient care and increased psychiatric hospitalization; and WHEREAS, A cost containment program that results in increased hospitalization will not save money for the State of Maryland but simply transfer costs to other areas of the State budget; and WHEREAS, The human costs of restricting access to psychiatric medications far exceed the potential financial savings to the State of Maryland; and WHEREAS, Legislation introduced during the 2002 Session of the Maryland General Assembly prohibiting the Department of Health and Mental Hygiene from
21 22 23 24 25 26 27 28 29	authorization programs in other states has been documented to result in a deterioration of patient care and increased psychiatric hospitalization; and WHEREAS, A cost containment program that results in increased hospitalization will not save money for the State of Maryland but simply transfer costs to other areas of the State budget; and WHEREAS, The human costs of restricting access to psychiatric medications far exceed the potential financial savings to the State of Maryland; and WHEREAS, Legislation introduced during the 2002 Session of the Maryland General Assembly prohibiting the Department of Health and Mental Hygiene from establishing prior authorization requirements or restricting coverage for medications
21 22 23 24 25 26 27 28 29 30	authorization programs in other states has been documented to result in a deterioration of patient care and increased psychiatric hospitalization; and WHEREAS, A cost containment program that results in increased hospitalization will not save money for the State of Maryland but simply transfer costs to other areas of the State budget; and WHEREAS, The human costs of restricting access to psychiatric medications far exceed the potential financial savings to the State of Maryland; and WHEREAS, Legislation introduced during the 2002 Session of the Maryland General Assembly prohibiting the Department of Health and Mental Hygiene from establishing prior authorization requirements or restricting coverage for medications used to treat mental illnesses and brain disorders in the Maryland Medical Assistance
21 22 23 24 25 26 27 28 29 30 31	authorization programs in other states has been documented to result in a deterioration of patient care and increased psychiatric hospitalization; and WHEREAS, A cost containment program that results in increased hospitalization will not save money for the State of Maryland but simply transfer costs to other areas of the State budget; and WHEREAS, The human costs of restricting access to psychiatric medications far exceed the potential financial savings to the State of Maryland; and WHEREAS, Legislation introduced during the 2002 Session of the Maryland General Assembly prohibiting the Department of Health and Mental Hygiene from establishing prior authorization requirements or restricting coverage for medications

33 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 34 MARYLAND, That the Laws of Maryland read as follows:

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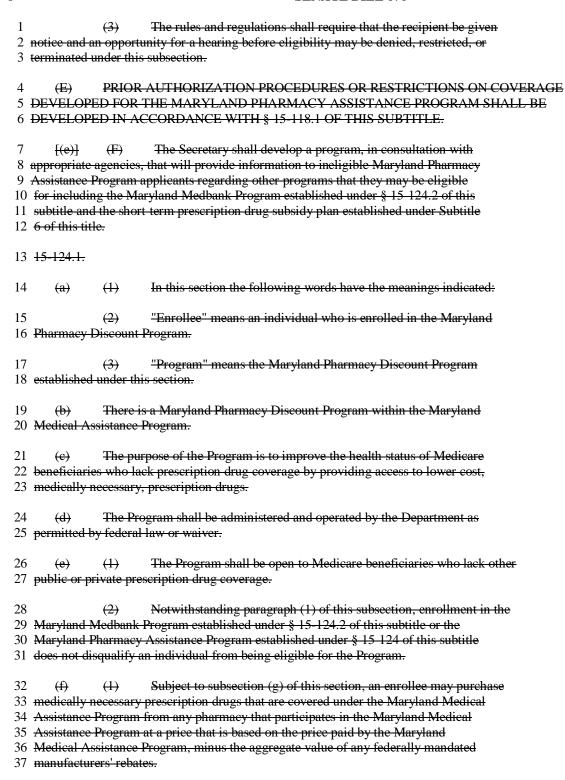
1		Article - Health - General
2	15-101.	
3	(a) In	this title the following words have the meanings indicated.
4	(i) "P	rogram" means the Maryland Medical Assistance Program.
5	15-118.1.	
6 7	(A) (1) CARE ORGAN	THIS SECTION DOES NOT APPLY TO DRUGS COVERED BY MANAGED IZATIONS UNDER § 15-103 OF THIS SUBTITLE.
10 11	PHARMACY I	VELOPED UNDER § 15-124 OF THIS SUBTITLE, THE MARYLAND DISCOUNT PROGRAM DEVELOPED UNDER § 15-124.1 OF THIS SUBTITLE, HER PHARMACY ASSISTANCE PROGRAM DEVELOPED BY THE
	REQUIREMEN	IE DEPARTMENT MAY NOT ESTABLISH PRIOR AUTHORIZATION WTS OR RESTRICT COVERAGE FOR DRUGS USED TO TREAT MENTAL DEBRAIN DISORDERS, INCLUDING:
16	(1)	ATYPICAL ANTIPSYCHOTIC MEDICATIONS;
17	(2)	CONVENTIONAL ANTIPSYCHOTIC MEDICATIONS;
18	(3)	ACTIVE SEROTONIN RE-UPTAKE INHIBITORS;
19	(4)	ATYPICAL ANTIDEPRESSANTS; AND
20 21	(5) BRAIN DISOR	
22	(C) TH	IE DEPARTMENT SHALL CONSIDER:
	PSYCHIATRIC PATTERNS; A	C DRUG COSTS THAT ADDRESSES POLYPHARMACY AND PRESCRIBING
28	INCLUDING A	PHYSICIAN EDUCATION INITIATIVES ON PSYCHIATRIC DRUG COSTS, AN ANNUAL CIRCULATION OF A DRUG PRICING LIST TO PHYSICIANS NG IN THE PROGRAM.
30	(a) (1) Program for lov	The Department shall maintain a Maryland Pharmacy Assistance vincome individuals whose:

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	resources according to Program; and	(i) the asse		re not more than 1.5 times the amount of accountable e of the Maryland Medical Assistance
4		(ii)	Gross ar	nnual income does not exceed:
5 6	unit; and		1.	\$4,600 plus \$500 for each individual over 1 in a family
7 8	(2)(ii)4 of this subsect	ion.	2.	An annual increase set by the Secretary under paragraph
9 10	(2) indicated.	(i)	1.	In this paragraph the following words have the meanings
				"Income disregard" means the exclusion of up to \$1,000 of as a client of a sheltered workshop if the d from a Social Security payment.
14 15	Developmental Disab	oilities Ac	3. lministra	"Sheltered workshop" means a workshop licensed by the tion under Title 7, Subtitle 9 of this article.
16 17	Secretary shall:	(ii)	For the	purpose of paragraph (1) of this subsection, the
	Pharmacy Assistance gross income of a uni			In order to determine eligibility for the Maryland any income disregards from the countable isabled individual;
21			2.	Define excluded assets;
22			3.	Establish a family unit structure; and
25		vhich an	individua	Beginning July 1, 1985, increase annually at the time rounded to the next highest even \$50 level, the at is eligible for benefits under the Maryland arger of:
29	to cost of living chan	iges as th	at percen	The percentage by which benefits under Title II of the 3) are increased by the federal government due tage is reported in the Federal Register not to exceed 8 percent; or
31 32	schedules are increas	ed by the	B. State.	The dollar amount by which the medical assistance income
35		sued by t	intenanc	rsement under the Maryland Pharmacy Assistance e drugs, anti-infectives, and AZT as specified tary after consultation with the Maryland

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1		(11)	1. For any drug on the Program's interchangeable drug list,					
2	the Program shall rein	nburse pr	oviders 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							
	"medically necessary" for the particular patient.							
J	incurcany necessary	ioi uic j	ourrieurar patrent.					
_								
6			2. If an appropriate generic drug is not generally available,					
7	the Department may	waive the	reimbursement requirement under					
8	sub subparagraph 1 o	f this sub	paragraph.					
	1 0 1							
9	(2)	The rain	nbursement shall be up to the amount paid for the same					
-	` '							
			armacy program of the Maryland Medical Assistance					
П	Program and shall be	subject t	o a copayment of not more than \$5.00 for each covered					
12	item or service.							
13	(e) (1)	Except (as provided under paragraph (4) of this subsection and unless					
	()		rgency regulation, the Maryland Pharmacy Assistance					
			nacies under contract with the Program in writing of					
			Benefit Program rules or requirements at least 30					
17	days before the chan	ge is effe	ctive.					
18	(2)	Change	s that require 30 days' advance written notice under					
	paragraph (1) of this	_	•					
1)	paragraph (1) or tims	subscent	on arc.					
•		<i>(*</i>)						
20		(i)	Exclusion of coverage for classes of drugs as specified by					
21	contract;							
22		(ii)	Changes in prior or preauthorization procedures; and					
		` /						
23		(iii)	Selection of new prescription claims processors.					
23		(111)	selection of new prescription claims processors.					
	(2)	TC 1 3.6						
24	(3)		aryland Pharmacy Assistance Program fails to provide					
25	advance notice as rec	quired un	der paragraph (1) of this subsection, it shall honor and					
26	pay in full any claim	under the	e Program rules or requirements that existed before the					
			ostmarked date of the notice.					
21	enunge for 50 days a	iter the p	ostinarized date of the notice.					
20	(4)	Not	standing any other provision of law the maties assumes at					
28	\ /		standing any other provision of law, the notice requirements					
			to the addition of new generic drugs authorized under					
30	§ 12-504 of the Heal	th Occupa	ations Article.					
		_						
31	(d) (1)	The Sec	retary shall adopt rules and regulations that authorize the					
	` /							
	2 denial, restriction, or termination of eligibility for recipients who have abused							
	benefits under the M		Harmacy Assistance Program.					
		aryland P	,					
	benefits under the M	aryland P	,					
3334	benefits under the M (2)	aryland P As a cor	ndition of participation, the Department may require					
33 34 35	benefits under the M (2) Maryland Pharmacy	As a cor Assistance	ndition of participation, the Department may require the Program participants to apply for eligibility in the					
33 34 35 36	benefits under the M (2) Maryland Pharmacy	As a cor Assistance	ndition of participation, the Department may require					



1		(2)	Subject to	o subsection (g) of this section, and to the extent authorized				
2	under federa	l waiver,		e whose annual household income is at or below 175				
3	[percent] % of the federal poverty guidelines may receive a discount subsidized by the							
4	Department 1	that is eq	ual to 35 [percent] % of the price paid by the Maryland Medical				
5	Assistance P	rogram f e	o r each me	edically necessary prescription drug purchased under				
6	the Program.	=						
7	(g)	The Dep	oartment n	nay establish mechanisms to:				
8		(1)	Recover	the administrative costs of the Program;				
9		(2)	Reimburg	se participating pharmacies in an amount equal to the				
-	Maryland M	` /		orice, minus the copayment paid by the enrollee for				
				he Program; and				
	r	L ·						
12		(3)	Allow pa	rticipating pharmacies to collect a \$1 processing fee, in				
13	addition to a	ny autho		ensing fee, for each prescription filled for an enrollee				
14	under the Pr	ogram.	_					
15	(H)			IZATION PROCEDURES OR RESTRICTIONS ON COVERAGE				
16	DEVELOPI	ED FOR	THE PRO	GRAM SHALL BE DEVELOPED IN ACCORDANCE WITH §				
17	15-118.1 OI	THIS S	UBTITLE					
18	[(h)]	(I)	The Seco	retary shall adopt regulations to implement the Program.				
19	<u>15-136.</u>							
20	(4)	THE DI	DADEN (I					
20	(<u>A)</u>			ENT SHALL USE EXISTING RESOURCES TO ESTABLISH A				
21	TOLL FREI	<u>L MARY</u>	LAND PE	HARMACY ACCESS HOTLINE THAT:				
22		(1)	ODEDAT	EEG DUDING DECLU AD DUGINEGG HOUDG. AND				
22		<u>(1)</u>	OPERAI	TES DURING REGULAR BUSINESS HOURS; AND				
23		(2)	DUDING	NONDIGINESS HOURS ALLOWS CALLEDS TO LEAVE A				
_	MESSAGE.	<u>(2)</u>	DUKING	G NONBUSINESS HOURS ALLOWS CALLERS TO LEAVE A				
24	MESSAGE.	-						
25	(B)	(1)	THE DE	PARTMENT SHALL DISTRIBUTE TO ALL PROGRAM				
				N ABOUT THE MARYLAND PHARMACY ACCESS HOTLINE.				
20	KECH IEW	15 II VI	KWIA I IOI	VADOUT THE MARTEAND THANNACT ACCESS NOTEINE.				
27		<u>(2)</u>	THE INE	FORMATION SHALL STATE CLEARLY IN EASILY READABLE				
	PRINT:	(2)	11112 11 11	ORGINITION STRILL STATE CLEARET IN EASIET READABLE				
20	TRIIVI.							
29			<u>(I)</u>	THE TOLL FREE TELEPHONE NUMBER OF THE HOTLINE; AND				
			<u>\17</u>	THE TOPE TREE TEPENTONE NOMBER OF THE HOTERYE, AND				
30			(II)	THAT THE PROGRAM RECIPIENT SHOULD CALL THE				
	TELEPHON	IE NUM		HE PROGRAM RECIPIENT IS HAVING PROBLEMS GETTING				
	NECESSAR							
33	<u>(C)</u>	THE DE	EPARTMI	ENT SHALL NOTIFY ALL HEALTH CARE PROVIDERS WHO				
34				GRAM ABOUT THE MARYLAND PHARMACY ACCESS				
35	HOTLINE.							

- 1 (D) THE DEPARTMENT SHALL:
- 2 (1) DEVELOP A METHODOLOGY TO TRACK THE NUMBER AND TYPE OF
- 3 CALLS RECEIVED BY THE MARYLAND PHARMACY ACCESS HOTLINE; AND
- 4 (2) PROVIDE A QUARTERLY REPORT TO THE PHARMACY AND
- 5 THERAPEUTICS COMMITTEE THAT SUMMARIZES THE NUMBER AND TYPE OF CALLS
- 6 RECEIVED BY THE MARYLAND PHARMACY ACCESS HOTLINE.
- 7 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take
- 8 effect October 1, 2003.