

Fiscal Estimate - 2005 Session

Original Updated Corrected Supplemental

LRB Number 05-0239/2		Introduction Number AB-197	
Subject Expand cancer drug repository program			
Fiscal Effect			
State:			
<input type="checkbox"/> No State Fiscal Effect <input checked="" type="checkbox"/> Indeterminate			
<input type="checkbox"/> Increase Existing Appropriations <input type="checkbox"/> Decrease Existing Appropriations <input type="checkbox"/> Create New Appropriations		<input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Decrease Existing Revenues <input checked="" type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decrease Costs	
Local:			
<input checked="" type="checkbox"/> No Local Government Costs <input type="checkbox"/> Indeterminate			
1. <input type="checkbox"/> Increase Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 2. <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory		3. <input type="checkbox"/> Increase Revenue <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 4. <input type="checkbox"/> Decrease Revenue <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	
5. Types of Local Government Units Affected <input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts			
Fund Sources Affected		Affected Ch. 20 Appropriations	
<input checked="" type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS			
Agency/Prepared By		Authorized Signature	Date
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Fiscal Estimate Narratives

DHFS 3/30/2005

LRB Number	05-0239/2	Introduction Number	AB-197	Estimate Type	Original
Subject					
Expand cancer drug repository program					

Assumptions Used in Arriving at Fiscal Estimate

The Department operates a cancer drug repository program under current law in which any individual may donate an unused prescription drug or supplies for use in treating cancer, the side effects of cancer, or the side effects of any prescription drug used in treating cancer if the drugs or supplies are in their original, unopened, sealed, and tamper-evident unit dose packaging. The drug may be donated to any medical facility or pharmacy that meets the requirements the Department has prescribed in administrative rules. Individuals who receive the donated drugs must also meet eligibility criteria in rules promulgated by the Department.

Under current law, the Department is required to promulgate administrative rules for the program that specify, among other things, the maximum handling fee which a medical facility or pharmacy may charge for accepting and dispensing donated cancer drugs.

Under this bill, the cancer drug repository program will be expanded as of January 1, 2006 to include prescription drugs and supplies for chronic diseases, as defined in the bill.

AB 197 also provides that the maximum handling fee that a medical facility or pharmacy may charge for accepting, distributing, or dispensing donated cancer or chronic disease drugs may not be less than 350% of the fee permitted to be charged for prescription drugs under Medicaid Assistance. [See Technical Note to AB 197.]

To comply with current law, the Department will establish and maintain a web site with information about the cancer drug repository program. The web site will also provide the forms which individuals in need of donated drugs must fill out to obtain these drugs. Under this bill, the Department will expand the web site to include information about donations of drugs for chronic diseases and to provide the required forms. The Department can absorb the costs of this expansion. However, the addition of this activity may result in delays of other staff functions.

Long-Range Fiscal Implications