

**ASSEMBLY SUBSTITUTE AMENDMENT 1,  
TO 2001 ASSEMBLY BILL 120**

June 11, 2001 – Offered by Representative WASSERMAN.

1     **AN ACT** *to create* 20.435 (4) (bv), 20.435 (4) (j), 20.435 (4) (jb) and 49.688 of the  
2             statutes; **relating to:** requiring pharmacies and pharmacists, as a condition of  
3             medical assistance participation, to charge elderly persons for prescription  
4             drugs no more than specific amounts; specifying requirements for rebate  
5             agreements between the department of health and family services and drug  
6             manufacturers; requiring the exercise of rule-making authority; making  
7             appropriations; and providing penalties.

***The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:***

8             **SECTION 1.** 20.435 (4) (bv) of the statutes is created to read:  
9             20.435 (4) (bv) *Prescription drug assistance for elderly; aids.* A sum sufficient  
10            for payment to pharmacies and pharmacists under s. 49.688 (7) for prescription drug  
11            assistance for elderly persons.

1           **SECTION 2.** 20.435 (4) (j) of the statutes is created to read:

2           20.435 **(4)** (j) *Prescription drug assistance for elderly; manufacturer rebates.*  
3 All moneys received from rebate payments by manufacturers under s. 49.688 (6), to  
4 be used for payment to pharmacies and pharmacists under s. 49.688 (7) for  
5 prescription drug assistance for elderly persons.

6           **SECTION 3.** 20.435 (4) (jb) of the statutes is created to read:

7           20.435 **(4)** (jb) *Prescription drug assistance for elderly; enrollment fees.* All  
8 moneys received from payment of enrollment fees under s. 49.688 (3), to be used for  
9 administration of the program under s. 49.688.

10          **SECTION 4.** 49.688 of the statutes is created to read:

11          **49.688 Prescription drug assistance for elderly persons. (1)** In this  
12 section:

13           (a) “Generic name” has the meaning given in s. 450.12 (1) (b).

14           (b) “Poverty line” means the nonfarm federal poverty line for the continental  
15 United States, as defined by the federal department of labor under 42 USC 9902 (2).

16           (c) “Prescription drug” means a prescription drug, as defined in s. 450.01 (20),  
17 that is included in the drugs specified under s. 49.46 (2) (b) 6. h. and that is  
18 manufactured by a drug manufacturer that enters into a rebate agreement in force  
19 under sub. (6).

20           (d) “Prescription order” has the meaning given in s. 450.01 (21).

21           (e) “Program payment rate” means the rate of payment made for the identical  
22 drug specified under s. 49.46 (2) (b) 6. h., plus 5%.

23          **(2)** (a) A person to whom all of the following applies is eligible to purchase a  
24 prescription drug for the amounts specified in sub. (5) (a) 1. and 2.:

25           1. The person is a resident, as defined in s. 27.01 (10) (a), of this state.

1           2. The person is at least 65 years of age.

2           3. The person is not a recipient of medical assistance.

3           4. The person's annual household income, as determined by the department,  
4 does not exceed 300% of the federal poverty line for a family the size of the person's  
5 eligible family.

6           5. The person pays the program enrollment fee specified in sub. (3) (a).

7           (b) A person to whom par. (a) 1. to 3. and 5. applies, but whose annual household  
8 income, as determined by the department, exceeds 300% of the federal poverty line  
9 for a family the size of the person's eligible family, is eligible to purchase a  
10 prescription drug at the amounts specified in sub. (5) (a) 4. only during the remaining  
11 amount of any 12-month period in which the person has first paid the annual  
12 deductible specified in sub. (3) (b) 2. a. in purchasing prescription drugs at the retail  
13 price and has then paid the annual deductible specified in sub. (3) (b) 2. b.

14           **(3)** Program participants shall pay all of the following:

15           (a) For each 12-month benefit period, a program enrollment fee of \$20.

16           (b) 1. For each 12-month benefit period, for a person specified in sub. (2) (a),  
17 a deductible for prescription drugs of \$500, except that a person whose annual  
18 household income, as determined by the department, is 175% or less of the federal  
19 poverty line for a family the size of the person's eligible family pays no deductible.

20           2. For each 12-month benefit period, for a person specified in sub. (2) (b), a  
21 deductible for prescription drugs that equals all of the following:

22           a. The difference between the person's annual household income and 300% of  
23 the federal poverty line for a family the size of the person's eligible family.

24           b. Five hundred dollars.

1 (c) After payment of any applicable deductible under par. (b), all of the  
2 following:

3 1. A copayment of \$5 for each prescription drug that bears only a generic name.

4 2. A copayment of \$10 for each prescription drug that does not bear only a  
5 generic name.

6 (d) Notwithstanding s. 49.002, if a person who is eligible under this section has  
7 other available coverage for payment of a prescription drug, this section applies only  
8 to costs for prescription drugs for the person that are not covered under the person's  
9 other available coverage.

10 **(4)** The department shall devise and distribute a form for application for the  
11 program under sub. (2), shall determine eligibility for each 12-month benefit period  
12 of applicants and shall issue to eligible persons a prescription drug card for use in  
13 purchasing prescription drugs, as specified in sub. (5). The department shall  
14 promulgate rules that specify the criteria to be used to determine household income  
15 under sub. (2) (a) 4. and (b) and (3) (b) 1.

16 **(5)** (a) Beginning March 1, 2002, as a condition of participation by a pharmacy  
17 or pharmacist in the program under s. 49.45, 49.46, or 49.47, the pharmacy or  
18 pharmacist may not charge a person who presents a valid prescription order and a  
19 card indicating that he or she meets eligibility requirements under sub. (2) an  
20 amount for a prescription drug under the order that exceeds the following:

21 1. For a deductible, as specified in sub. (3) (b) 1. and 2. b., the program payment  
22 rate, plus a dispensing fee that is equal to the dispensing fee permitted to be charged  
23 for prescription drugs for which coverage is provided under s. 49.46 (2) (b) 6. h.

1           2. After any applicable deductible under subd. 1. is charged, the copayment, as  
2 applicable, that is specified in sub. (3) (c) 1. or 2. No dispensing fee, as specified under  
3 subd. 1., may be charged to a person under this subdivision.

4           3. For a deductible, as specified in sub. (3) (b) 2. a., the retail price.

5           4. After the deductible under subd. 3. is charged, the copayment, as applicable,  
6 that is specified in sub. (3) (c) 1. or 2. No dispensing fee, as specified under subd. 1.,  
7 may be charged to a person under this subdivision.

8           (b) The department shall calculate and transmit to pharmacies and  
9 pharmacists that are certified providers of medical assistance amounts that may be  
10 used in calculating charges under par. (a). The department shall periodically update  
11 this information and transmit the updated amounts to pharmacies and pharmacists.

12           **(6)** The department or an entity with which the department contracts shall  
13 provide to a drug manufacturer that sells drugs for prescribed use in this state  
14 material designed for use by the manufacturer in entering into a rebate agreement  
15 with the department or entity that is modeled on the rebate agreement specified  
16 under 42 USC 1396r–8. A rebate agreement under this subsection shall include all  
17 of the following as requirements:

18           (a) That the manufacturer shall make rebate payments for each prescription  
19 drug of the manufacturer that is prescribed for and purchased by persons who meet  
20 criteria under sub. (2) (a) and persons who meet criteria under sub. (2) (b) and have  
21 paid the deductible under sub. (3) (b) 2. a., to the state treasurer to be credited to the  
22 appropriation under s. 20.435 (4) (j), each calendar quarter or according to a schedule  
23 established by the department.

24           (b) That the amount of the rebate payment shall be determined by a method  
25 specified in 42 USC 1396r–8 (c).

1           **(7)** From the appropriation accounts under s. 20.435 (4) (bv) and (j), beginning  
2           March 1, 2002, the department shall, under a schedule that is identical to that used  
3           by the department for payment of pharmacy provider claims under medical  
4           assistance, provide to pharmacies and pharmacists payments for prescription drugs  
5           sold by the pharmacies or pharmacists to persons eligible under sub. (2) who have  
6           paid the deductible specified under sub. (3) (b) 1. or 2. or who, under sub. (3) (b) 1.,  
7           are not required to pay a deductible. The payment for each prescription drug under  
8           this subsection shall be at the program payment rate, minus any copayment paid by  
9           the person under sub. (5) (a) 2. or 4., plus a dispensing fee, as specified under sub.  
10          (5) (a) 1., and plus, if applicable, incentive payments that are similar to those  
11          provided under s. 49.45 (8v). The department shall devise and distribute a claim  
12          form for use by pharmacies and pharmacists under this subsection and may limit  
13          payment under this subsection to those prescription drugs for which payment claims  
14          are submitted by pharmacists or pharmacies directly to the department. The  
15          department may apply to the program under this section the same utilization and  
16          cost control procedures that apply under rules promulgated by the department to  
17          medical assistance under subch. IV of ch. 49.

18          **(8)** The department shall, under methods promulgated by the department by  
19          rule, monitor compliance by pharmacies and pharmacists that are certified providers  
20          of medical assistance with the requirements of sub. (5) and shall annually report to  
21          the legislature under s. 13.172 (2) concerning the compliance. The report shall  
22          include information on any pharmacies or pharmacists that discontinue  
23          participation as certified providers of medical assistance and the reasons given for  
24          the discontinuance.

1           **(9)** (a) The department shall promulgate rules relating to prohibitions on fraud  
2 that are substantially similar to applicable provisions under s. 49.49 (1) (a).

3           (b) A person who is convicted of violating a rule promulgated by the department  
4 under par. (a) in connection with that person's furnishing of prescription drugs under  
5 this section may be fined not more than \$25,000, or imprisoned for not more than 7  
6 years and 6 months, or both.

7           (c) A person other than a person specified in par. (b) who is convicted of violating  
8 a rule promulgated by the department under par. (a) may be fined not more than  
9 \$10,000, or imprisoned for not more than one year, or both.

10          **(10)** If federal law is amended to provide coverage for prescription drugs for  
11 outpatient care as a benefit under medicare or to provide similar coverage under  
12 another program, the department shall submit to appropriate standing committees  
13 of the legislature under s. 13.172 (3) a report that contains an analysis of the  
14 differences between such a federal program and the program under this section and  
15 that provides recommendations concerning alignment, if any, of the differences.

16          **(11)** Except as provided in subs. (8) to (10) and except for the department's  
17 rule-making requirements and authority, the department may enter into a contract  
18 with an entity to perform the duties and exercise the powers of the department under  
19 this section.

20           **SECTION 5. Nonstatutory provisions.**

21          (1) **PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY; ADMINISTRATION.** Before July 1,  
22 2002, the department of health and family services may develop and submit to the  
23 department of administration a proposal for expenditure of the funds appropriated  
24 under section 20.865 (4) (a) of the statutes for administration of the prescription drug  
25 assistance for elderly program under section 49.688 of the statutes, as created by this

1 act. The department of administration may approve, disapprove, or modify and  
2 approve any proposal it receives under this subsection. If the department of  
3 administration approves the proposal, the department shall submit the proposal,  
4 together with any modifications, to the cochairpersons of the joint committee on  
5 finance. If the cochairpersons of the committee do not notify the secretaries of  
6 administration and health and family services within 14 working days after  
7 receiving the proposal that the cochairpersons have scheduled a meeting for the  
8 purpose of reviewing the proposal, the secretary of administration may transfer from  
9 the appropriation under section 20.865 (4) (a) of the statutes to the appropriation  
10 under section 20.435 (4) (a) of the statutes the amount specified in the proposal or  
11 any proposed modifications of the proposal for expenditure as specified in the  
12 proposal or any proposed modifications of the proposal and may approve any position  
13 authority specified in the proposal or any proposed modifications of the proposal. If,  
14 within 14 working days after receiving the proposal, the cochairpersons notify the  
15 secretaries of administration and health and family services that the cochairpersons  
16 have scheduled a meeting for the purpose of reviewing the proposal, the secretary of  
17 administration may not transfer any amount specified in the proposal or any  
18 proposed modifications of the proposal from the appropriation under section 20.865  
19 (4) (a) of the statutes and may not approve any position authority specified in the  
20 proposal or any proposed modifications of the proposal, except as approved by the  
21 committee.

22 (2) NOTIFICATION OF ELIGIBILITY FOR THE HEALTH INSURANCE RISK-SHARING PLAN.

23 Before January 1, 2002, the department of health and family services shall provide,  
24 to the extent permitted under federal law, to every resident of this state who is  
25 covered by medicare because he or she is disabled under 42 USC 423 and who is not



1 covered under the health insurance risk-sharing plan under chapter 149 of the  
2 statutes, notice by mail of all of the following:

3 (a) That he or she may be eligible for coverage under the health insurance  
4 risk-sharing plan.

5 (b) How to apply for coverage under the health insurance risk-sharing plan.

6 **SECTION 6. Appropriation changes.**

7 (1) PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY; ADMINISTRATION. In the schedule  
8 under section 20.005 (3) of the statutes for the appropriation to the department of  
9 health and family services under section 20.435 (4) (a) of the statutes, as affected by  
10 the acts of 2001, the dollar amount is increased by \$1,000,000 for fiscal year 2001–02  
11 to increase funding for administration of the prescription drug assistance for elderly  
12 program under section 49.688 of the statutes, as created by this act.

13 (2) PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY; ADDITIONAL ADMINISTRATION. In  
14 the schedule under section 20.005 (3) of the statutes for the appropriation to the joint  
15 committee on finance under section 20.865 (4) (a) of the statutes, as affected by the  
16 acts of 2001, the dollar amount is increased by \$1,000,000 for fiscal year 2001–02 to  
17 increase funding for administration of the prescription drug assistance for elderly  
18 program under section 49.688 of the statutes, as created by this act.

19 **SECTION 7. Effective dates; health and family services.** This act takes  
20 effect on the 2nd day after publication of the biennial budget act, except as follows:

21 (1) PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY. The treatment of section 20.435  
22 (4) (bv) of the statutes takes effect on March 1, 2002.

23

(END)