

2001 DRAFTING REQUEST

Senate Amendment (SA-SSA1-SB55)

Received: 06/15/2001

Received By: kenneda

Wanted: As time permits

Identical to LRB:

For: Senate Democratic Caucus

By/Representing: Keckhaver

This file may be shown to any legislator: NO

Drafter: kenneda

May Contact:

Addl. Drafters:

Subject: Health - miscellaneous

Extra Copies: ISR

Submit via email: NO

Requester's email:

Pre Topic:

SDC:.....Keckhaver - CN8507,

Topic:

Prescription drugs for elderly

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1	kenneda 06/17/2001	hhagen 06/18/2001	jfrantze 06/18/2001	_____	lrb_docadmin 06/18/2001		
/2	kenneda 06/18/2001	jdyer 06/18/2001	pgreensl 06/18/2001	_____	lrb_docadmin 06/18/2001		

FE Sent For:

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/1	kenneda 06/17/2001	hhagen 06/18/2001	jfrantze 06/18/2001	<u>6/18</u>	lrb_docadmin 06/18/2001		

FE Sent For:

1/2 6/18 jld

9/18 PG

ARGT PGK
<END>

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1?	kenneda	11 hml 6/18/01	6/6/18	6/18	6/18		

FE Sent For:

<END>

Subject: Prescription Drug Assistance (WisconsinCare)

Prior Reference: LFB Paper #482; Department of Health & Family Services Medical Assistance;

Fiscal Effect: \$1 million GPR in FY 02 for program administration. Annual cost of approximately \$105.9 million effective March 2002.

Amendment: Incorporate Senate Bill 1 (WisconsinCare).

Explanation: WisconsinCare, embodied in Senate Bill 1, is a plan that serves seniors with lowest incomes and highest out-of-pocket costs for drugs as well as moderate-income persons with very high drug costs. WisconsinCare passed the Senate with a bipartisan 20-13 vote. WisconsinCare has the support of the Coalition for Wisconsin Aging Groups, AARP, Wisconsin Citizen Action, League of Women Voters, Federation of Nurses and Health Professionals, Allied Council of Senior Citizens, Service Employees International Union, State Medical Society, Pharmacy Society of Wisconsin, Wisconsin Nurses Association, Medical College of Wisconsin, United Auto Workers, Wisconsin Pipe Trades Association, Wisconsin Retired Educators, and Wisconsin State AFL-CIO.

CN8507
61059

SSA1 to SB1 = 50010
SA1 to SSA1 = 20026

2001

Date (time) needed soon - in edit 6/17

LRB b 1059 / 1

AMDT TO BUDGET SUB AMDT

DAK: hwh

D-NOTE

See form AMENDMENTS — COMPONENTS & ITEMS.

SENATE AMENDMENT
~~TO SENATE AMENDMENT~~
TO SENATE SUBSTITUTE AMENDMENT 1,
TO 2001 SENATE BILL 55

At the locations indicated, amend the substitute amendment ~~Amendment~~ as follows:

INSERT A

#. Page 202, line 12: after that line insert:

#. Page , line :

#. Page , line :

#. Page , line :

#. Page , line :

#. Page , line :

2001

LRB _____/____

File With Statute **20.005 (3)** Schedule

_____:_____:____

\$\$\$ SCHEDULE

In the component bar:

For the action phrase, execute: create → action: → ch20

For the table layout, execute: create → <Table> → \$sched

SECTION #. 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

2001-02 2002-03

20.

 ()

" (bv) Prescription drug assistance
 for elderly;
 aids

GPR 3 -0- -0- "

#. Page 209, line 8: after that line insert:

201

 ()

" (j) Prescription drug
 assistance for elderly;
 manufacturer rebates

PR C -0- -0- "

2001

LRB _____/____

File With Statute **20.005 (3)** Schedule

_____:_____:____

\$\$\$ SCHEDULE

In the component bar:

For the action phrase, execute: create → action: → ch20

For the table layout, execute: create → <Table> → \$sched

SECTION #. 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

~~2001-02~~ ~~2002-03~~

20.

 ()

 ✓

(j) Prescription drug
assistance for elderly;
enrollment fees

PR C -0- -0- "

→ Insert B

20.

 ()

 ()

**SENATE SUBSTITUTE AMENDMENT 1,
TO 2001 SENATE BILL 1**

January 25, 2001 - Offered by COMMITTEE ON HEALTH, UTILITIES, VETERANS AND MILITARY AFFAIRS.

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 (8) # . Page 358, line 11: after that line insert:
" SECTION 4. 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.

12 (12) # . Page 359, line 8: after that line insert:
" SECTION 4. 20.435 (4) (j) of the statutes is created to read:

711g

1 20.435 (4) (j) *Prescription drug assistance for elderly; manufacturer rebates.*

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

5 SECTION 3. 20.435 (4) (jb) ^{711h} of the statutes is created to read:

6 20.435 (4) (jb) *Prescription drug assistance for elderly; enrollment fees.* All
7 moneys received from payment of enrollment fees under s. 49.688 (3), to be used for
8 administration of the program under s. 49.688. "

. Page 646, line 22: after that line insert:
9 " SECTION 4. 49.688 of the statutes is created to read:

10 49.688 ^{18389b} Prescription drug assistance for elderly persons. (1) In this
11 section:

12 (a) "Generic name" has the meaning given in s. 450.12 (1) (b).

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

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

19 (d) "Prescription order" has the meaning given in s. 450.01 (21).

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

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

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

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

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

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

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

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

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

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

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

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

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

23 b. Five hundred dollars.

24 (c) After payment of any applicable deductible under par. (b), all of the ✓
25 following:

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

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

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

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

- 19 1. For a deductible, as specified in sub. (3) (b) 1. and 2. b., the program payment
 20 rate, plus a dispensing fee that is equal to the dispensing fee permitted to be charged
 21 for prescription drugs for which coverage is provided under s. 49.46 (2) (b) 6. h.
- 22 2. After any applicable deductible under subd. 1. is charged, the copayment, as
 23 applicable, that is specified in sub. (3) (c) 1. or 2. No dispensing fee, as specified under
 24 subd. 1., may be charged to a person under this subdivision.
- 25 3. For a deductible, as specified in sub. (3) (b) 2. a., the retail price.

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

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

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

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

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

22 (7) From the appropriation ^{accounts} under s. 20.435 (4) (bv) and (j), beginning
23 March 1, 2002, the department shall, under a schedule that is identical to that used
24 by the department for payment of pharmacy provider claims under medical
25 assistance, provide to pharmacies and pharmacists payments for prescription drugs

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

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

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

23 (b) A person who is convicted of violating a rule promulgated by the department
24 under par. (a) in connection with that person's furnishing of prescription drugs under

1 this section may be fined not more than \$25,000, or imprisoned for not more than 7
2 years and 6 months, or both.

3 (c) A person other than a person specified in par. (b) who is convicted of violating
4 a rule promulgated by the department under par. (a) may be fined not more than
5 \$10,000, or imprisoned for not more than one year, or both.

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

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

16 ~~SECTION 5. Nonstatutory provisions.~~

. Page 1338, line 20: after that line insert :

17 ~~(9)~~ ~~PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY; ADMINISTRATION.~~ Before July 1,
18 2002, the department of health and family services may develop and submit to the
19 department of administration a proposal for expenditure of the funds appropriated
20 under section 20.865 (4) (a) of the statutes for administration of the prescription drug
21 assistance for elderly program under section 49.688 of the statutes, as created by this
22 act. The department of administration may approve, disapprove, or modify and
23 approve any proposal it receives under this subsection. If the department of
24 administration approves the proposal, the department shall submit the proposal,
25 together with any modifications, to the cochairpersons of the joint committee on

1 finance. If the cochairpersons of the committee do not notify the secretaries of
2 administration and health and family services within 14 working days after
3 receiving the proposal that the cochairpersons have scheduled a meeting for the
4 purpose of reviewing the proposal, the secretary of administration may transfer from
5 the appropriation ^{account} under section 20.865 (4) (a) of the statutes to the appropriation ^{account}
6 under section 20.435 (4) (a) of the statutes the amount specified in the proposal or
7 any proposed modifications of the proposal for expenditure as specified in the
8 proposal or any proposed modifications of the proposal and may approve any position
9 authority specified in the proposal or any proposed modifications of the proposal. If,
10 within 14 working days after receiving the proposal, the cochairpersons notify the
11 secretaries of administration and health and family services that the cochairpersons
12 have scheduled a meeting for the purpose of reviewing the proposal, the secretary of
13 administration may not transfer any amount specified in the proposal or any
14 proposed modifications of the proposal from the appropriation ^{account} under section 20.865
15 (4) (a) of the statutes and may not approve any position authority specified in the
16 proposal or any proposed modifications of the proposal, except as approved by the
17 committee.

INSERT 8-17

SECTION 6. Appropriation changes.

19 (1) ~~PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY, ADMINISTRATION. In the schedule~~
20 ~~under section 20.005 (3) of the statutes for the appropriation to the department of~~
21 ~~health and family services under section 20.435 (4) (a) of the statutes, as affected by~~
22 ~~the acts of 2001, the dollar amount is increased by \$1,000,000 for fiscal year 2001-02~~
23 ~~to increase funding for administration of the prescription drug assistance for elderly~~
24 ~~program under section 49.688 of the statutes, as created by this act.~~

1 (2) PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY; ADDITIONAL ADMINISTRATION. In
 2 the schedule under section 20.005 (3) of the statutes for the appropriation to the joint
 3 committee on finance under section 20.865 (4) (a) of the statutes, as affected by the
 4 acts of 2001, the dollar amount is increased by \$1,600,000 for fiscal year 2001-02 to
 5 increase funding for administration of the prescription drug assistance for elderly
 6 program under section 49.688 of the statutes, as created by this act.

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

#. Page 14 20, line 19: after that line insert:

9 19h " * (2) PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY. The treatment of section 20.435
 10 (4) (bv) of the statutes takes effect on March 1, 2002. "

11

(END)

D-NOTE

AMENDMENTS

LRB _____/_____/_____

\$\$\$ INCREASE/DECREASE

In the component bar, for a "regular" amendment item:

For the item text, execute: create -> item: -> m: -> \$inc-dec

#. Page 207, line 19: in(de)crease the dollar amount for fiscal year 2001-02 by \$ 1,000,000 and in(de)crease the dollar amount for fiscal year 2002-03 by \$ 2,262,222.22 to increase funding for the [purpose] [purposes] for which the appropriation is made to increase funding for administration of the prescription drug assistance for elderly program

INS B

#. Page 288, line 2: in(de)crease the dollar amount for fiscal year 2001-02 by \$ 1,000,000 and in(de)crease the dollar amount for fiscal year 2002-03 by \$ 2,262,222.22 to increase funding for the [purpose] [purposes] for which the appropriation is made to increase funding for administration of the prescription drug assistance for elderly program

In the component bar, for a "frozen" amendment item (used in amendments to amendments):

For the item text, execute: create -> item: -> afterline [or the applicable item]

For the "frozen" item text, execute: create -> item: -> frz: -> m: -> \$inc-dec

#. Page, line : Page, line : in(de)crease the dollar amount for fiscal year 2001-02 by \$,, and in(de)crease the dollar amount for fiscal year 2002-03 by \$,, [to ...crease funding for the [purpose] [purposes] for which the appropriation is made] [to ...crease funding for]*

* Use the 2nd alternative if the purpose of the increase or decrease is more limited than the purpose or purposes of the appropriation as currently shown in the text of ch. 20, stats.

**SENATE AMENDMENT 1,
TO SENATE SUBSTITUTE AMENDMENT 1,
TO 2001 SENATE BILL 1**

January 25, 2001 - Offered by COMMITTEE ON HEALTH, UTILITIES, VETERANS AND MILITARY AFFAIRS.

1 At the locations indicated, amend the substitute amendment as follows:

2 1. Page 8, line 17. after that line insert;

* (16j)

3 (3) ~~16j~~ NOTIFICATION OF ELIGIBILITY FOR THE HEALTH INSURANCE RISK-SHARING PLAN.

4 Before January 1, 2002, the department of health and family services shall provide,
5 to the extent permitted under federal law, to every resident of this state who is
6 covered by medicare because he or she is disabled under 42 USC 423 and who is not
7 covered under the health insurance risk-sharing plan under chapter 149 of the
8 statutes, notice by mail of all of the following:

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

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

12

~~(END)~~

D-NOTE

BIOS911

Date

DAK:hwh

As requested, this amendment reproduces

Senate Substitute Amendment 1 to 2001 Senate Bill

1, as amended by Senate Amendment 1 to

~~the~~ Senate Substitute Amendment 1. However,

there are several technical changes that should

be made to the amendment; in particular, the

program payment rate (defined in s. 49.688 (1)(e))

should be clarified to include a dispensing fee

equal to the medical assistance dispensing fee,

rather than 5%. Do you want me to

make the technical changes? I would also

like to discuss with Rachel Carabell of

the Fiscal Bureau any other necessary

technical changes.

DAK

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBb1059/1dn
DAK.lmlr.jf

June 18, 2001

As requested, this amendment reproduces Senate Substitute Amendment 1 to 2001 Senate Bill 1, as amended by Senate Amendment 1 to Senate Substitute Amendment 1. However, there are several technical changes that should be made to the amendment; in particular, the program payment rate (defined in s. 49.688 (1) (e)) should be clarified to include a dispensing fee equal to the medical assistance dispensing fee, rather than 5%. Do you want me to make the technical changes? I would also like to discuss with Rachel Carabell of the Fiscal Bureau any other necessary technical changes.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

Kennedy, Debora

From: Keckhaver, John
Sent: Monday, June 18, 2001 7:18 PM
To: Kennedy, Debora
Subject: LRB 1059/1

Go ahead and make the technical changes and discuss the items you brought up in your drafter's note with Rachel Carabell. Thanks.
John

b1059

From Rachel

Fix program paymt rate to include dispensing fee
that ^{does} ~~is~~ not include 5%

Eff date is Sept 1, 2002



(TODAY, if possible)
State of Wisconsin
2001 - 2002 LEGISLATURE

LRBb1059/2

DAK:hmh:if

+ Jld

SDC:.....Keckhaver - CN8507, Prescription drugs for elderly

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

**CAUCUS SENATE AMENDMENT
TO SENATE SUBSTITUTE AMENDMENT 1,
TO 2001 SENATE BILL 55**

1 At the locations indicated, amend the substitute amendment as follows:

2 **1.** Page 207, line 19: increase the dollar amount for fiscal year 2001-02 by
3 \$1,000,000 to increase funding for administration of the prescription drug assistance
4 for elderly program.

5 **2.** Page 208, line 12: after that line insert:

6 “(bv) Prescription drug assistance for

7 elderly; aids GPR S -0- -0-”.

8 **3.** Page 209, line 8: after that line insert:

1 “(j) Prescription drug assistance for
2 elderly; manufacturer rebates PR C –0– –0–
3 (jb) Prescription drug assistance for
4 elderly; enrollment fees PR C –0– –0–”.

5 **4.** Page 288, line 2: increase the dollar amount for fiscal year 2001–02 by
6 \$1,000,000 to increase funding for administration of the prescription drug assistance
7 for elderly program.

8 **5.** Page 358, line 11: after that line insert:

9 “**SECTION 707bg.** 20.435 (4) (bv) of the statutes is created to read:

10 20.435 (4) (bv) *Prescription drug assistance for elderly; aids.* A sum sufficient
11 for payment to pharmacies and pharmacists under s. 49.688 (7) for prescription drug
12 assistance for elderly persons.”.

13 **6.** Page 359, line 8: after that line insert:

14 “**SECTION 711g.** 20.435 (4) (j) of the statutes is created to read:

15 20.435 (4) (j) *Prescription drug assistance for elderly; manufacturer rebates.*
16 All moneys received from rebate payments by manufacturers under s. 49.688 (6), to
17 be used for payment to pharmacies and pharmacists under s. 49.688 (7) for
18 prescription drug assistance for elderly persons.

19 **SECTION 711h.** 20.435 (4) (jb) of the statutes is created to read:

20 20.435 (4) (jb) *Prescription drug assistance for elderly; enrollment fees.* All
21 moneys received from payment of enrollment fees under s. 49.688 (3), to be used for
22 administration of the program under s. 49.688.”.

23 **7.** Page 646, line 22: after that line insert:

24 “**SECTION 1838gb.** 49.688 of the statutes is created to read:

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

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

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

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

10 (d) “Prescription order” has the meaning given in s. 450.01 (21), *plus a dispensing fee that is equal to the dispensing fee permitted to be charged for prescription drugs for which coverage is provided under s. 49.46 (2) (b) 6. h.*

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

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

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

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

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

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

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

22 (b) A person to whom par. (a) 1. to 3. and 5. applies, but whose annual household
23 income, as determined by the department, exceeds 300% of the federal poverty line
24 for a family the size of the persons’ eligible family, is eligible to purchase a
25 prescription drug at the amounts specified in sub. (5) (a) 4. only during the remaining

1 amount of any 12-month period in which the person has first paid the annual
2 deductible specified in sub. (3) (b) 2. a. in purchasing prescription drugs at the retail
3 price and has then paid the annual deductible specified in sub. (3) (b) 2. b.

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

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

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

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

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

14 b. Five hundred dollars.

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

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

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

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

24 (4) The department shall devise and distribute a form for application for the
25 program under sub. (2), shall determine eligibility for each 12-month benefit period

1 of applicants and shall issue to eligible persons a prescription drug card for use in
 2 purchasing prescription drugs, as specified in sub. (5). The department shall
 3 promulgate rules that specify the criteria to be used to determine household income
 4 under sub. (2) (a) 4. and (b) and (3) (b) 1. September

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

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

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

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

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

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

24 (6) The department, or an entity with which the department contracts, shall
 25 provide to a drug manufacturer that sells drugs for prescribed use in this state

documents ✓

① ~~method~~ designed for use by the manufacturer in entering into a rebate agreement
2 with the department or entity that is modeled on the rebate agreement specified
3 under 42 USC 1396r-8. A rebate agreement under this subsection shall include all
4 of the following as requirements:

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

11 (b) That the amount of the rebate payment shall be determined by a method
12 specified in 42 USC 1396r-8 (c). September

13 (7) From the appropriation accounts under s. 20.435 (4) (bv) and (j), beginning
⑭ ~~March~~ September 1, 2002, the department shall, under a schedule that is identical to that used
15 by the department for payment of pharmacy provider claims under medical
16 assistance, provide to pharmacies and pharmacists payments for prescription drugs
17 sold by the pharmacies or pharmacists to persons eligible under sub. (2) who have
18 paid the deductible specified under sub. (3) (b) 1. or 2. or who, under sub. (3) (b) 1.,
19 are not required to pay a deductible. The payment for each prescription drug under
20 this subsection shall be at the program payment rate, minus any copayment paid by
⑮ the person under sub. (5) (a) 2. or 4., ~~plus a dispensing fee as specified under sub.~~
⑯ ~~(5) (a) 4.~~ and plus, if applicable, incentive payments that are similar to those
23 provided under s. 49.45 (8v). The department shall devise and distribute a claim
24 form for use by pharmacies and pharmacists under this subsection and may limit
25 payment under this subsection to those prescription drugs for which payment claims

1 are submitted by pharmacists or pharmacies directly to the department. The
2 department may apply to the program under this section the same utilization and
3 cost control procedures that apply under rules promulgated by the department to
4 medical assistance under subch. IV of ch. 49.

5 (8) The department shall, under methods promulgated by the department by
6 rule, monitor compliance by pharmacies and pharmacists that are certified providers
7 of medical assistance with the requirements of sub. (5) and shall annually report to
8 the legislature under s. 13.172 (2) concerning the compliance. The report shall
9 include information on any pharmacies or pharmacists that discontinue
10 participation as certified providers of medical assistance and the reasons given for
11 the discontinuance.

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

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

18 (c) A person other than a person specified in par. (b) who is convicted of violating
19 a rule promulgated by the department under par. (a) may be fined not more than
20 \$10,000, or imprisoned for not more than one year, or both.

21 (10) If federal law is amended to provide coverage for prescription drugs for
22 outpatient care as a benefit under medicare or to provide similar coverage under
23 another program, the department shall submit to appropriate standing committees
24 of the legislature under s. 13.172 (3) a report that contains an analysis of the

1 differences between such a federal program and the program under this section and
2 that provides recommendations concerning alignment, if any, of the differences.

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

7 **8.** Page 1338, line 20: after that line insert:

8 "(16h) PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY; ADMINISTRATION. Before July
9 1, 2002, the department of health and family services may develop and submit to the
10 department of administration a proposal for expenditure of the funds appropriated
11 under section 20.865 (4) (a) of the statutes for administration of the prescription drug
12 assistance for elderly program under section 49.688 of the statutes, as created by this
13 act. The department of administration may approve, disapprove, or modify and
14 approve any proposal it receives under this subsection. If the department of
15 administration approves the proposal, the department shall submit the proposal,
16 together with any modifications, to the cochairpersons of the joint committee on
17 finance. If the cochairpersons of the committee do not notify the secretaries of
18 administration and health and family services within 14 working days after
19 receiving the proposal that the cochairpersons have scheduled a meeting for the
20 purpose of reviewing the proposal, the secretary of administration may transfer from
21 the appropriation account under section 20.865 (4) (a) of the statutes to the
22 appropriation account under section 20.435 (4) (a) of the statutes the amount
23 specified in the proposal or any proposed modifications of the proposal for
24 expenditure as specified in the proposal or any proposed modifications of the

1 proposal and may approve any position authority specified in the proposal or any
2 proposed modifications of the proposal. If, within 14 working days after receiving the
3 proposal, the cochairpersons notify the secretaries of administration and health and
4 family services that the cochairpersons have scheduled a meeting for the purpose of
5 reviewing the proposal, the secretary of administration may not transfer any amount
6 specified in the proposal or any proposed modifications of the proposal from the
7 appropriation account under section 20.865 (4) (a) of the statutes and may not
8 approve any position authority specified in the proposal or any proposed
9 modifications of the proposal, except as approved by the committee.

10 (16j) NOTIFICATION OF ELIGIBILITY FOR THE HEALTH INSURANCE RISK-SHARING PLAN.
11 Before January 1, 2002, the department of health and family services shall provide,
12 to the extent permitted under federal law, to every resident of this state who is
13 covered by medicare because he or she is disabled under 42 USC 423 and who is not
14 covered under the health insurance risk-sharing plan under chapter 149 of the
15 statutes, notice by mail of all of the following:

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

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

19 **9.** Page 1420, line 19: after that line insert:

20 “(19h) PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY. The treatment of section
21 20.435 (4) (bv) of the statutes takes effect on ~~March~~ ^{September} 1, 2002.”.

22

(END)

SDC:.....Keckhaver – CN8507, Prescription drugs for elderly

FOR 2001–03 BUDGET — NOT READY FOR INTRODUCTION

**CAUCUS SENATE AMENDMENT
TO SENATE SUBSTITUTE AMENDMENT 1,
TO 2001 SENATE BILL 55**

1 At the locations indicated, amend the substitute amendment as follows:

2 **1.** Page 207, line 19: increase the dollar amount for fiscal year 2001–02 by
3 \$1,000,000 to increase funding for administration of the prescription drug assistance
4 for elderly program.

5 **2.** Page 208, line 12: after that line insert:

6 “(bv) Prescription drug assistance for
7 elderly; aids GPR S –0– –0–”.

8 **3.** Page 209, line 8: after that line insert:

1 “(j) Prescription drug assistance for
2 elderly; manufacturer rebates PR C –0– –0–
3 (jb) Prescription drug assistance for
4 elderly; enrollment fees PR C –0– –0–”.

5 **4.** Page 288, line 2: increase the dollar amount for fiscal year 2001–02 by
6 \$1,000,000 to increase funding for administration of the prescription drug assistance
7 for elderly program.

8 **5.** Page 358, line 11: after that line insert:

9 “**SECTION 707bg.** 20.435 (4) (bv) of the statutes is created to read:

10 20.435 (4) (bv) *Prescription drug assistance for elderly; aids.* A sum sufficient
11 for payment to pharmacies and pharmacists under s. 49.688 (7) for prescription drug
12 assistance for elderly persons.”.

13 **6.** Page 359, line 8: after that line insert:

14 “**SECTION 711g.** 20.435 (4) (j) of the statutes is created to read:

15 20.435 (4) (j) *Prescription drug assistance for elderly; manufacturer rebates.*
16 All moneys received from rebate payments by manufacturers under s. 49.688 (6), to
17 be used for payment to pharmacies and pharmacists under s. 49.688 (7) for
18 prescription drug assistance for elderly persons.

19 **SECTION 711h.** 20.435 (4) (jb) of the statutes is created to read:

20 20.435 (4) (jb) *Prescription drug assistance for elderly; enrollment fees.* All
21 moneys received from payment of enrollment fees under s. 49.688 (3), to be used for
22 administration of the program under s. 49.688.”.

23 **7.** Page 646, line 22: after that line insert:

24 “**SECTION 1838gb.** 49.688 of the statutes is created to read:

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

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

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

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

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

11 (e) “Program payment rate” means the rate of payment made for the identical
12 drug specified under s. 49.46 (2) (b) 6. h., plus 5%, plus a dispensing fee that is equal
13 to the dispensing fee permitted to be charged for prescription drugs for which
14 coverage is provided under s. 49.46 (2) (b) 6. h.

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

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

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

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

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

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

24 (b) A person to whom par. (a) 1. to 3. and 5. applies, but whose annual household
25 income, as determined by the department, exceeds 300% of the federal poverty line

1 for a family the size of the persons' eligible family, is eligible to purchase a
2 prescription drug at the amounts specified in sub. (5) (a) 4. only during the remaining
3 amount of any 12-month period in which the person has first paid the annual
4 deductible specified in sub. (3) (b) 2. a. in purchasing prescription drugs at the retail
5 price and has then paid the annual deductible specified in sub. (3) (b) 2. b.

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

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

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

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

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

16 b. Five hundred dollars.

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

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

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

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

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

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

12 1. For a deductible, as specified in sub. (3) (b) 1. and 2. b., the program payment
13 rate.

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

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

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

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

1 (6) The department, or an entity with which the department contracts, shall
2 provide to a drug manufacturer that sells drugs for prescribed use in this state
3 documents designed for use by the manufacturer in entering into a rebate agreement
4 with the department or entity that is modeled on the rebate agreement specified
5 under 42 USC 1396r–8. A rebate agreement under this subsection shall include all
6 of the following as requirements:

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

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

15 (7) From the appropriation accounts under s. 20.435 (4) (bv) and (j), beginning
16 September 1, 2002, the department shall, under a schedule that is identical to that
17 used by the department for payment of pharmacy provider claims under medical
18 assistance, provide to pharmacies and pharmacists payments for prescription drugs
19 sold by the pharmacies or pharmacists to persons eligible under sub. (2) who have
20 paid the deductible specified under sub. (3) (b) 1. or 2. or who, under sub. (3) (b) 1.,
21 are not required to pay a deductible. The payment for each prescription drug under
22 this subsection shall be at the program payment rate, minus any copayment paid by
23 the person under sub. (5) (a) 2. or 4., and plus, if applicable, incentive payments that
24 are similar to those provided under s. 49.45 (8v). The department shall devise and
25 distribute a claim form for use by pharmacies and pharmacists under this subsection

1 and may limit payment under this subsection to those prescription drugs for which
2 payment claims are submitted by pharmacists or pharmacies directly to the
3 department. The department may apply to the program under this section the same
4 utilization and cost control procedures that apply under rules promulgated by the
5 department to medical assistance under subch. IV of ch. 49.

6 (8) The department shall, under methods promulgated by the department by
7 rule, monitor compliance by pharmacies and pharmacists that are certified providers
8 of medical assistance with the requirements of sub. (5) and shall annually report to
9 the legislature under s. 13.172 (2) concerning the compliance. The report shall
10 include information on any pharmacies or pharmacists that discontinue
11 participation as certified providers of medical assistance and the reasons given for
12 the discontinuance.

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

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

19 (c) A person other than a person specified in par. (b) who is convicted of violating
20 a rule promulgated by the department under par. (a) may be fined not more than
21 \$10,000, or imprisoned for not more than one year, or both.

22 (10) If federal law is amended to provide coverage for prescription drugs for
23 outpatient care as a benefit under medicare or to provide similar coverage under
24 another program, the department shall submit to appropriate standing committees
25 of the legislature under s. 13.172 (3) a report that contains an analysis of the

1 differences between such a federal program and the program under this section and
2 that provides recommendations concerning alignment, if any, of the differences.

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

7 **8.** Page 1338, line 20: after that line insert:

8 "(16h) PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY; ADMINISTRATION. Before July
9 1, 2002, the department of health and family services may develop and submit to the
10 department of administration a proposal for expenditure of the funds appropriated
11 under section 20.865 (4) (a) of the statutes for administration of the prescription drug
12 assistance for elderly program under section 49.688 of the statutes, as created by this
13 act. The department of administration may approve, disapprove, or modify and
14 approve any proposal it receives under this subsection. If the department of
15 administration approves the proposal, the department shall submit the proposal,
16 together with any modifications, to the cochairpersons of the joint committee on
17 finance. If the cochairpersons of the committee do not notify the secretaries of
18 administration and health and family services within 14 working days after
19 receiving the proposal that the cochairpersons have scheduled a meeting for the
20 purpose of reviewing the proposal, the secretary of administration may transfer from
21 the appropriation account under section 20.865 (4) (a) of the statutes to the
22 appropriation account under section 20.435 (4) (a) of the statutes the amount
23 specified in the proposal or any proposed modifications of the proposal for
24 expenditure as specified in the proposal or any proposed modifications of the

1 proposal and may approve any position authority specified in the proposal or any
2 proposed modifications of the proposal. If, within 14 working days after receiving the
3 proposal, the cochairpersons notify the secretaries of administration and health and
4 family services that the cochairpersons have scheduled a meeting for the purpose of
5 reviewing the proposal, the secretary of administration may not transfer any amount
6 specified in the proposal or any proposed modifications of the proposal from the
7 appropriation account under section 20.865 (4) (a) of the statutes and may not
8 approve any position authority specified in the proposal or any proposed
9 modifications of the proposal, except as approved by the committee.

10 (16j) NOTIFICATION OF ELIGIBILITY FOR THE HEALTH INSURANCE RISK-SHARING PLAN.

11 Before January 1, 2002, the department of health and family services shall provide,
12 to the extent permitted under federal law, to every resident of this state who is
13 covered by medicare because he or she is disabled under 42 USC 423 and who is not
14 covered under the health insurance risk-sharing plan under chapter 149 of the
15 statutes, notice by mail of all of the following:

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

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

19 **9.** Page 1420, line 19: after that line insert:

20 “(19h) PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY. The treatment of section
21 20.435 (4) (bv) of the statutes takes effect on September 1, 2002.”.

22 (END)