



Senate

General Assembly

File No. 275

February Session, 2002

Substitute Senate Bill No. 277

Senate, April 3, 2002

The Committee on Human Services reported through SEN. HANDLEY of the 4th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING TALKING PRESCRIPTION DRUG BOTTLES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2002*) Each individual health
2 insurance policy providing coverage of the type specified in
3 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
4 statutes delivered, issued for delivery, renewed, amended or
5 continued in this state on or after October 1, 2002, shall provide
6 coverage for prescription containers that give audio recorded
7 prescription information, including prescribed dosages, when
8 specifically ordered by a licensed prescribing authority for a person
9 with a visual impairment.

10 Sec. 2. (NEW) (*Effective October 1, 2002*) Each group health insurance
11 policy providing coverage of the type specified in subdivisions (1), (2),
12 (4), (11) and (12) of section 38a-469 of the general statutes delivered,
13 issued for delivery, renewed, amended or continued in this state on or
14 after October 1, 2002, shall provide coverage for prescription

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Fund-Type	Agency Affected	Current FY \$	FY 03 \$	FY 04 \$
GF - Cost	Dept of Social Services	-	Potential Significant	Potential Significant
GF - Cost	Comptroller	-	-	Indeterminate

Municipal Impact: None

Explanation

Department of Social Services

This bill is expected to lead to significant increased costs to the Medicaid program. There are currently 132 paid cases for the aged/blind Medicaid category group. The average Medicaid client utilizes approximately 6 prescriptions per month. Assuming that each talking prescription drug bottle will add \$25 to the cost of each prescription, an additional cost of \$238,000 would result for these Medicaid clients.

The bill specifies that these prescription containers be available for any Medicaid and ConnPACE client who has a visual impairment. The above cost estimate includes only those Medicaid clients who are categorically classified as blind. It is not known how many other Medicaid and ConnPACE clients could be considered visually impaired and therefore be eligible to receive their prescription drugs in the talking bottles. Approximately 130,000 people receive pharmacy benefits monthly under Medicaid and 35,000 people receive pharmacy benefits monthly under ConnPACE. Given the cost of the talking bottles and the potential number of visually impaired clients, the

requirements of this bill may result in significant increased costs.

State Employees

This health insurance mandate is anticipated to result in an additional cost to the state employee health plans beginning in FY04. This cost cannot be determined at this time as it is not known how many enrollees would be considered visually impaired.

OLR Bill Analysis

sSB 277

AN ACT CONCERNING TALKING PRESCRIPTION DRUG BOTTLES**SUMMARY:**

This bill requires private group and individual health insurance policies and the state's Medicaid and ConnPACE programs to cover prescription containers that give recorded audio prescription information, including prescribed dosages, for people with visual impairment. Under the bill, the insurers must cover these "talking" containers only when they are specifically ordered by a licensed prescribing authority for someone with a visual impairment. (For Medicaid and ConnPACE, the bill does not specify that the containers must be prescribed, but these programs appear to require a prescription.)

For insurers, the requirement applies to hospital and medical coverage offered by HMOs and policies that pay for (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, and (4) hospital or medical services. Coverage applies to policies delivered, issued for delivery, renewed, amended, or continued in the state on or after October 1, 2002.

EFFECTIVE DATE: October 1, 2002

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Substitute Change of Reference

Yea 12 Nay 0

Human Services Committee

Joint Favorable Substitute

Yea 14 Nay 4