



General Assembly

Substitute Bill No. 5639

February Session, 2002

**AN ACT CONCERNING LOWER DRUG COSTS FOR CONSUMERS
AND THE STATE.**

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

1 Section 1. Section 17b-490 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2002*):

3 As used in sections 17b-490 to 17b-498, inclusive, as amended by
4 this act:

5 (a) "Pharmacy" means a pharmacy licensed under section 20-594 or
6 a pharmacy located in a health care institution, as defined in
7 subsection (a) of section 19a-490, which elects to participate in Part A
8 and Part B of the program;

9 (b) "Prescription drugs" means (1) legend drugs, as defined in
10 section 20-571, (2) any other drugs which by state law or regulation
11 require the prescription of a licensed practitioner for dispensing,
12 except products prescribed for cosmetic purposes as specified in
13 regulations adopted pursuant to section 17b-494, as amended by this
14 act, and on and after September 15, 1991, diet pills, smoking cessation
15 gum, contraceptives, multivitamin combinations, cough preparations
16 and antihistamines, and (3) insulin, insulin syringes and insulin
17 needles;

18 (c) "Reasonable cost" means the cost of the prescription drug

19 determined in accordance with the formula adopted by the
20 Commissioner of Social Services in regulations for medical assistance
21 purposes plus a dispensing fee equal to the fee determined by said
22 commissioner for medical assistance purposes;

23 (d) "Resident" means a person legally domiciled within the state for
24 a period of not less than one hundred eighty-three days immediately
25 preceding the date of application for inclusion in Part A or Part B of
26 the program. Mere seasonal or temporary residences within the state,
27 of whatever duration, shall not constitute domicile;

28 (e) "Disabled" means a person over eighteen years of age who is
29 receiving disability payments pursuant to either Title 2 or Title 16 of
30 the Social Security Act of 1935, as amended;

31 (f) "Commissioner" means the Commissioner of Social Services;

32 (g) "Income" means adjusted gross income as determined for
33 purposes of the federal income tax plus any other income of such
34 person not included in such adjusted gross income minus Medicare
35 Part B premium payments. The amount of any Medicaid payments
36 made on behalf of such person or the spouse of such person shall not
37 constitute income;

38 (h) "Program" means the Connecticut Pharmaceutical Assistance
39 Contract to the Elderly and the Disabled Program otherwise known as
40 ConnPACE. The program shall consist of Part A and Part B. Part B
41 shall replace the plan for ConnPACE Part B which was approved by
42 the General Assembly pursuant to section 29 of public act 00-2 of the
43 June special session;

44 (i) "Pharmaceutical manufacturer" means any entity holding legal
45 title to or possession of a national drug code number issued by the
46 federal Food and Drug Administration;

47 (j) "Average manufacturer price" means the average price paid by a
48 wholesaler to a pharmaceutical manufacturer, after the deduction of

49 any customary prompt payment discounts, for a product distributed
50 for retail sale.

51 Sec. 2. Section 17b-491 of the general statutes is repealed and the
52 following is substituted in lieu thereof (*Effective July 1, 2002*):

53 (a) There shall be a "Connecticut Pharmaceutical Assistance
54 Contract to the Elderly and the Disabled Program", Part A and Part B,
55 which shall be within the Department of Social Services. [The] Part A
56 of the program shall consist of payments by the state to pharmacies for
57 the reasonable cost of prescription drugs dispensed to eligible persons
58 minus a copayment charge, effective July 1, 1993, of twelve dollars for
59 each prescription dispensed under Part A of the program. The
60 pharmacy shall collect the copayment charge from the eligible person
61 at the time of each purchase of prescription drugs, and shall not waive,
62 discount or rebate in whole or in part such amount. Part B of the
63 program shall consist of a drug benefit that allows recipients to
64 purchase prescriptions at the average wholesale price reduced by
65 twelve per cent or other such price as may be calculated under the
66 Medicaid program. The state shall pay the pharmacist a participation
67 incentive fee at a rate of not less than one hundred fifty per cent of the
68 Medicaid dispensing fee. The state shall receive the applicable
69 Medicaid rebate from the pharmaceutical drug companies and shall
70 apply the rebates to fully offset the costs of the dispensing fee
71 provided, if the Title XIX waiver under section 9 of this act is granted,
72 the state shall contribute not less than one dollar for each prescription
73 under this program. The waiver shall include the full range of
74 prescription drugs provided under the Medicaid program.

75 (b) Notwithstanding the provisions of subsection (a) of this section,
76 effective September 15, 1991, payment by the state to a pharmacy
77 under Part A of the program may be based on the price paid directly
78 by a pharmacy to a pharmaceutical manufacturer for drugs dispensed
79 under the program minus the copayment charge, plus the dispensing
80 fee, if the direct price paid by the pharmacy is lower than the
81 reasonable cost of such drugs.

82 (c) Effective September 15, 1991, reimbursement to a pharmacy for
83 prescription drugs dispensed under Part A of the program shall be
84 based upon actual package size costs of drugs purchased by the
85 pharmacy in units larger than or smaller than one hundred.

86 (d) The commissioner shall establish an application form whereby a
87 pharmaceutical manufacturer may apply to participate in the program.
88 Participation in the program shall require participation in both Part A
89 and Part B. Upon receipt of a completed application, the department
90 shall issue a certificate of participation to the manufacturer.
91 Participation by a pharmaceutical manufacturer shall require that the
92 department shall receive a rebate from the pharmaceutical
93 manufacturer. Rebate amounts for brand name prescription drugs
94 shall be equal to those under the Medicaid program. Rebate amounts
95 for generic prescription drugs shall be established by the
96 commissioner, provided such amounts may not be less than those
97 under the Medicaid program. A participating pharmaceutical
98 manufacturer shall make quarterly rebate payments to the department
99 for the total number of dosage units of each form and strength of a
100 prescription drug which the department reports as reimbursed to
101 providers of prescription drugs, provided such payments shall not be
102 due until thirty days following the manufacturer's receipt of utilization
103 data from the department including the number of dosage units
104 reimbursed to providers of prescription drugs during the quarter for
105 which payment is due.

106 (e) All prescription drugs of a pharmaceutical manufacturer that
107 participates in the program pursuant to subsection (d) of this section
108 shall be subject to prospective drug utilization review. Any
109 prescription drug of a manufacturer that does not participate in the
110 program shall not be reimbursable, unless the department determines
111 the prescription drug is essential to program participants.

112 Sec. 3. Section 17b-492 of the general statutes, as amended by section
113 22 of public act 01-2 of the June special session and section 129 of
114 public act 01-9 of the June special session, is repealed and the following

115 is substituted in lieu thereof (*Effective July 1, 2002*):

116 (a) Eligibility for participation in Part A of the program shall be
117 limited to any resident (1) who is sixty-five years of age or older or
118 who is disabled, (2) (A) whose annual income, if unmarried, is less
119 than thirteen thousand eight hundred dollars, except after April 1,
120 2002, such annual income is less than twenty thousand dollars, or
121 whose annual income, if married, when combined with that of the
122 resident's spouse is less than sixteen thousand six hundred dollars,
123 except after April 1, 2002, such combined annual income is less than
124 twenty-seven thousand one hundred dollars, or (B) in the event the
125 program is granted a waiver to be eligible for federal financial
126 participation, then, after July 1, 2002, whose annual income, if
127 unmarried, is less than twenty-five thousand eight hundred dollars, or
128 whose annual income, if married, when combined with that of the
129 resident's spouse is less than thirty-four thousand eight hundred
130 dollars, (3) who is not insured under a policy which provides full or
131 partial coverage for prescription drugs once a deductible amount is
132 met, and (4) on and after September 15, 1991, who pays an annual
133 twenty-five-dollar registration fee to the Department of Social Services.
134 Effective January 1, 2002, the commissioner shall commence accepting
135 applications from individuals who will become eligible to participate
136 in the program as of April 1, 2002. On January 1, 1998, and annually
137 thereafter, the commissioner shall, by the adoption of regulations in
138 accordance with chapter 54, increase the income limits established
139 under this subsection over those of the previous fiscal year to reflect
140 the annual inflation adjustment in Social Security income, if any. Each
141 such adjustment shall be determined to the nearest one hundred
142 dollars.

143 (b) Eligibility for participation in Part B of the program shall be
144 limited to any resident who: (1) Is sixty-five years of age or older or
145 who is disabled, and whose annual income, if unmarried, is not more
146 than four hundred per cent of the federal poverty level for a one
147 person household or whose annual income, if married, when
148 combined with that of such resident's spouse is not more than four

149 hundred per cent of the federal poverty level for a two person
150 household and does not qualify for Part A of the program; or (2) is
151 under sixty-five years of age and is not insured under a policy that
152 provides full or partial coverage for prescription drugs once a
153 deductible amount is met and whose annual income, if unmarried, is
154 not more than three hundred per cent of the federal poverty level for a
155 one person household, or whose annual income, if married, when
156 combined with that of such resident's spouse is not more than three
157 hundred per cent of the federal poverty level for a two person
158 household. Any person who participates in Part B of the program shall
159 pay an annual registration fee of twenty-five dollars to the Department
160 of Social Services. In determining income eligibility under this
161 subdivision, annual income shall be reduced by the amount of the
162 verified annual prescription costs for any applicant. On or before
163 January 1, 2003, and annually thereafter, the commissioner shall adopt
164 regulations, in accordance with chapter 54, to increase the income
165 limits established under this subsection over those for the previous
166 fiscal year to reflect the annual inflation adjustment in Social Security
167 income, if any, or any change in the federal poverty levels, whichever
168 is higher. Each adjustment shall be determined to the nearest one
169 hundred dollars.

170 [(b)] (c) Payment for a prescription under the program shall be
171 made only if no other plan of insurance or assistance is available to an
172 eligible person for such prescription at the time of dispensing. The
173 pharmacy shall make reasonable efforts to ascertain the existence of
174 other insurance or assistance.

175 [(c)] (d) Any eligible resident who (1) is insured under a policy
176 which provides full or partial coverage for prescription drugs, and (2)
177 expects to exhaust such coverage, may apply to participate in the
178 program prior to the exhaustion of such coverage. Such application
179 shall be valid for the applicable income year. To be included in the
180 program, on or after the date the applicant exhausts such coverage, the
181 applicant or the applicant's designee shall notify the department that
182 such coverage is exhausted and, if required by the department, shall

183 submit evidence of exhaustion of coverage. Not later than ten days
184 after an eligible resident submits such evidence, such resident shall be
185 included in Part A or Part B of the program. The program shall (A)
186 cover prescriptions that are not covered by any other plan of insurance
187 or assistance available to the eligible resident and that meet the
188 requirements of this chapter, and (B) retroactively cover such
189 prescriptions filled after or concurrently with the exhaustion of such
190 coverage. Nothing in this subsection shall be construed to prevent a
191 resident from applying to participate in Part A or Part B of the
192 program as otherwise permitted by this chapter and regulations
193 adopted pursuant to this chapter.

194 [(d)] (e) The Commissioner of Social Services may adopt regulations
195 in accordance with the provisions of chapter 54 to implement the
196 provisions of subsection [(c)] (d) of this section. Such regulations may
197 provide for the electronic transmission of relevant coverage
198 information between a pharmacist and the department or between an
199 insurer and the department in order to expedite applications and
200 notice.

201 Sec. 4. Section 17b-493 of the general statutes is repealed and the
202 following is substituted in lieu thereof (*Effective July 1, 2002*):

203 A pharmacist shall, except as limited by subsection (c) of section 20-
204 619 and section 17b-274, substitute a therapeutically and chemically
205 equivalent generic drug product for a prescribed drug product when
206 filling a prescription for an eligible person under Part A or Part B of
207 the program.

208 Sec. 5. Section 17b-494 of the general statutes is repealed and the
209 following is substituted in lieu thereof (*Effective July 1, 2002*):

210 The Commissioner of Social Services shall adopt regulations, in
211 accordance with the provisions of chapter 54, to establish (1) a system
212 for determining eligibility and disqualification under Part A and Part B
213 of the program, including provisions for an identification number and
214 a renewable, nontransferable identification card; (2) requirements for

215 the use of the identification number and card by the pharmacy and the
216 eligible person; (3) a system of payments; (4) limitations on the
217 maximum quantity per prescription which shall not exceed a thirty-
218 day supply or one hundred twenty oral dosage units whichever is
219 greater; (5) requirements as to records to be kept by the pharmacy,
220 including patient profiles; (6) products prescribed for cosmetic and
221 other purposes which shall not be covered under the program; and (7)
222 such other provisions as are necessary to implement the provisions of
223 sections 17b-490 to 17b-495, inclusive, as amended by this act.

224 Sec. 6. Section 17b-495 of the general statutes is repealed and the
225 following is substituted in lieu thereof (*Effective July 1, 2002*):

226 (a) The commissioner may enter into an agreement with a fiscal
227 intermediary [which] that may be an agency of the state, or a person,
228 firm or public or nonprofit corporation, for the administration of the
229 whole or any part of Part A and Part B of the program. Any such
230 contract shall be subject to the provisions of sections 4a-57 and 4a-59,
231 as amended, except that preference shall be given to persons, firms or
232 corporations doing business in the state.

233 (b) The contract shall require the fiscal intermediary to submit
234 quarterly reports to the commissioner on the operation of Part A and
235 Part B of the program, including financial and utilization statistics as to
236 drug use by therapeutic category, actuarial projections, an outline of
237 problems encountered in the administration of the program and
238 suggested solutions to the same and any recommendations to enhance
239 the program.

240 (c) The commissioner shall verify the propriety and reasonableness
241 of payments to providers, through field audit examinations and other
242 reasonable means, to the extent possible within available
243 appropriations. The commissioner shall submit an annual report, on or
244 before February first of each year, to the Secretary of the Office of
245 Policy and Management and the chairpersons of the joint standing
246 committee of the General Assembly having cognizance of matters

247 relating to appropriations and the budgets of state agencies outlining
248 the program for carrying out such verifications and including the
249 results of such verifications.

250 (d) The commissioner shall submit quarterly reports, within thirty
251 days after the end of each fiscal quarter, to the Governor and the
252 chairpersons of the joint standing committees of the General Assembly
253 having cognizance of matters relating to appropriations and the
254 budgets of state agencies and public health. The report shall include a
255 copy of the most recent report of the fiscal intermediary, if any, and (1)
256 the number of consumers eligible for Part A and Part B of the program,
257 (2) the number of consumers utilizing Part A and Part B of the
258 program, (3) an outline of and a report on the educational outreach
259 program, (4) the number of appeals, (5) an outline of problems
260 encountered in the administration of Part A and Part B of the program
261 and suggested solutions and any recommendations to enhance Part A
262 and Part B of the program.

263 Sec. 7. Section 17b-496 of the general statutes is repealed and the
264 following is substituted in lieu thereof (*Effective July 1, 2002*):

265 Any person aggrieved by any action of the commissioner in
266 connection with the administration of Part A or Part B of the program
267 shall have a right to a hearing before the commissioner in accordance
268 with the provisions of chapter 54.

269 Sec. 8. Section 17b-498 of the general statutes is repealed and the
270 following is substituted in lieu thereof (*Effective July 1, 2002*):

271 The Commissioner of Social Services shall undertake an educational
272 outreach program to make known the provisions of Part A and Part B
273 of the program to the public, with emphasis on reaching the elderly
274 and the disabled in the state through the various local and state-wide
275 agencies and organizations concerned with the elderly and the
276 disabled, and to all pharmacies and physicians in the state.

277 Sec. 9. (NEW) (*Effective July 1, 2002*) The Commissioner of Social

278 Services shall submit an application for a federal waiver under Title
279 XIX for the purposes of conducting the ConnPACE Part B program
280 pursuant to sections 17b-490 of the general statutes, as amended by
281 this act, 17b-491 of the general statutes, as amended by this act, 17b-492
282 to 17b-496, inclusive, of the general statutes, as amended by this act,
283 and 17b-498 of the general statutes, as amended by this act.

284 Sec. 10. (NEW) (*Effective July 1, 2002*) (a) There is established an
285 Affordable Prescription Drug Board. The board shall consist of: (1)
286 Three members appointed by the speaker of the House of
287 Representatives, at least one of whom is a pharmacist licensed in
288 Connecticut; (2) three members appointed by the president pro
289 tempore of the Senate, at least one of whom is a representative of a
290 pharmaceutical company with manufacturing operations in
291 Connecticut; (3) three members appointed by the majority leader of the
292 House of Representatives, at least one of whom is a representative of a
293 hospital licensed in Connecticut; (4) three members appointed by the
294 minority leader of the House or Representatives, at least one of whom
295 is a physician licensed in Connecticut; (5) three members appointed by
296 the majority leader of the Senate, at least one of whom is a
297 representative of a health insurer licensed in Connecticut; (6) three
298 members appointed by the minority leader of the Senate, at least one of
299 whom is a health care provider other than a physician licensed in
300 Connecticut with prescriptive authority; (7) two members appointed
301 by the Governor; and (8) the Commissioner of Social Services, or the
302 commissioner's designee. At least one member appointed by each
303 person pursuant to this subsection shall be a consumer that purchases
304 prescription drugs and who is not a health care provider and
305 pharmacist and who is not employed or was not formerly employed
306 by any pharmaceutical drug manufacturer or distributor or pharmacy.
307 At the first meeting of the board, and annually thereafter, the members
308 shall elect two members to serve as cochairpersons of the board. The
309 Department of Social Services shall provide such staff as is necessary
310 for the performance of the functions and duties of the board.

311 (b) Not later than January 1, 2003, and annually thereafter, the board

312 shall publish the wholesale price, the Canadian wholesale price, the
313 federal Supply Schedule price, retail prices in Connecticut, the prices
314 charged to other governmental agencies, health care facilities, health
315 insurance companies and other purchasers, and such other
316 information as the board deems relevant for the fifty prescription
317 drugs with the highest sales volume sold through the ConnPACE Part
318 A and Part B programs.

319 (c) The board shall distribute the information gathered pursuant to
320 subsection (b) of this section to all retail pharmacies in this state and
321 the Commissioner of Social Services shall post such schedule on the
322 Department of Social Services' Internet web site.

323 (d) The Commissioner of Social Services, in consultation with the
324 Commissioner of Consumer Protection shall submit a report to the
325 board and the General Assembly in accordance with section 11-4a of
326 the general statutes not later than September 1, 2002, and annually
327 thereafter, detailing state options for lowering drug prices for the state
328 of Connecticut, businesses and consumers. Such report shall detail
329 major strategies used in other states to lower drug prices and the effect
330 of such strategies on health access, including, but not limited to,
331 negotiation of supplemental Medicaid rebates, bulk purchasing of
332 medications in-state or through multi-state pools, accessing Medicaid
333 rebates for consumers and pharmacies through federal Medicaid
334 waivers, variations of pharmacy assistance programs and benefits
335 offered, expansion of state and private consumer assistance and
336 discount programs, strategies used to access federal pricing schedules
337 and expand programs established pursuant to 42 USC 256b, and local
338 programs to provide discounts to subsets of residents, and any other
339 findings and recommendations as the Commissioner of Social Services
340 deems appropriate. Such report shall include comment on available
341 processes for public input for each strategy highlighted. The board
342 with the chairs and ranking members of the committees of cognizance
343 shall conduct a public hearing before the commencement of the
344 legislative session to evaluate the options contained in the report.

345 Sec. 11. (NEW) (*Effective July 1, 2002*) (a) Not later than October 1,
346 2002, the Commissioner of Public Health shall request proposals to
347 award one or more grants to community health centers, free health
348 care clinics and other nonprofit organizations to educate and assist
349 state residents to purchase prescription drugs at the lowest possible
350 cost. Grants may be awarded under this section for: (1) Identifying and
351 organizing pharmacies, clinics, physicians and other health care
352 providers who can assist state residents in the prescribing and
353 purchasing of prescription drugs at the lowest possible price; (2)
354 assisting and organizing the communications, prescriptions,
355 purchasing, transportation and other activities necessary for state
356 residents to purchase prescription drugs; and (3) any other proposal
357 designed to educate state residents about low cost prescription drug
358 opportunities at the state or federal level or to permit state residents to
359 purchase prescription drugs at the lowest possible price.

360 (b) The commissioner shall review proposals submitted under
361 subsection (a) of this section and, after the review and upon the
362 recommendation of the Affordable Prescription Drug Board,
363 established pursuant to section 10 of this act, may award one or more
364 grants under this section, provided: (1) All such proposals shall be
365 submitted to the commissioner not later than October 1, 2002; (2) any
366 proposal for which a grant is awarded shall be implemented not later
367 than December 31, 2002, and shall be approved for a duration of not
368 less than one year; and (3) such proposals shall ensure that any
369 prescription drug purchase transaction is approved by a retail
370 pharmacist in this state, who shall receive a fee for approval equal to
371 the Medicaid dispensing fee.

372 Sec. 12. (NEW) (*Effective July 1, 2002*) On or before March 31, 2003,
373 and annually thereafter, any manufacturer of prescription drugs which
374 were sold in this state during the preceding calendar year shall file a
375 report with the Affordable Prescription Drug Board established
376 pursuant to section 10 of this act. Such report shall disclose the
377 aggregate amount of expenses for advertising in newspapers and on
378 radio and television stations based in Connecticut and promotions to

379 health care providers, whose offices are based in Connecticut, of
380 prescription drugs for the preceding calendar year. For purposes of
381 this section, promotions include free samples, media events, gifts,
382 trips, conferences or meals. The annual report shall list expenses for
383 promotions by such categories and such other categories as the
384 manufacturer may determine appropriate. No later than thirty days
385 after receipt of such report, the board shall file such report with the
386 joint standing committees of the General Assembly having cognizance
387 of matters relating to public health and human services. The
388 Affordable Prescription Drug Board shall prescribe the form for such
389 report for use by such manufacturers.

390 Sec. 13. (NEW) (*Effective July 1, 2002*) (a) As used in this section: (1)
391 "Pharmaceutical marketing" means engaging in pharmaceutical
392 detailing, promotional activities or other marketing of prescription
393 drugs in this state to any hospital, nursing home, health care provider,
394 pharmacist, health benefit plan administrator or any other person
395 authorized to prescribe, dispense or purchase prescription drugs, but
396 does not include a wholesale drug distributor or the distributor's
397 representative who promotes or otherwise markets the services of the
398 wholesale drug distributor in connection with a prescription drug. (2)
399 "Pharmaceutical manufacturer" means any entity that is engaged in the
400 production, preparation, propagation, compounding, conversion or
401 processing of prescription drugs, either directly or indirectly by
402 extraction from substances of natural origin or independently by
403 means of chemical synthesis, or any entity engaged in the packaging,
404 repackaging, labeling, relabeling or distribution of prescription drugs,
405 but does not include a wholesale drug distributor or pharmacist.

406 (b) No person employed by or under contract to represent a
407 pharmaceutical manufacturer, may engage in pharmaceutical
408 marketing unless such person and the pharmaceutical manufacturer
409 have obtained a license from the Commissioner of Consumer
410 Protection. The commissioner may deny, suspend or revoke any
411 license if such person has violated any provision of this section or
412 regulations adopted pursuant to this section. The commissioner may

413 charge an annual fee for such license of five hundred dollars.

414 (c) Any person licensed pursuant to this section shall: (1) Not
415 engage in any unfair or deceptive trade practice under subsection (a)
416 of section 42-110b of the general statutes; (2) disclose to the
417 Commissioner of Consumer Protection on or before July 1, 2003, and
418 annually thereafter, the value, nature and purpose of any gifts, fees or
419 financial transaction with any hospital, nursing home, health care
420 provider, pharmacist, health benefit plan administrator or any other
421 person authorized to prescribe, dispense, or purchase prescription
422 drugs in connection with pharmaceutical marketing; (3) disclose upon
423 request to any person any information that such licensed person may
424 have concerning the financial and medical risks, costs and benefits of
425 each marketed prescription drug and the relative risks, costs and
426 benefits of each prescription drug compared to other less expensive
427 prescription drugs within the same therapeutic class.

428 (d) The Commissioner of Consumer Protection shall adopt
429 regulations, in accordance with chapter 54 of the general statutes, to
430 implement the provisions of this section.

431 (e) Any person who violates the provisions of subsection (b) of this
432 section shall be subject to a civil penalty of not more than ten thousand
433 dollars. Upon request of the commissioner, the Attorney General may
434 bring an action in superior court to collect such fine.

435 (f) Any person who violates the provisions of subsection (c) of this
436 section shall be subject to a civil penalty of not more than five
437 thousand dollars. Upon request of the commissioner, the Attorney
438 General may bring an action in superior court to collect such fine.

439 Sec. 14. (NEW) (*Effective July 1, 2002*) The state of Connecticut shall
440 participate in the Northeast Legislative Association on Prescription
441 Drug Pricing. The representatives from the state to the Northeast
442 Legislative Association on Prescription Drug Pricing shall be as
443 follows: The cochairpersons from the Affordable Prescription Drug
444 Board established pursuant to section 10 of this act; two persons

445 appointed by the president pro tempore of the Senate, one of whom
446 shall be the recommendation of the minority leader of the Senate; and
447 two persons appointed by the speaker of the House of Representatives,
448 one of whom shall be the recommendation of the minority leader of
449 the House of Representatives.

450 Sec. 15. Section 104 of public act 01-9 of the June special session is
451 repealed and the following is substituted in lieu thereof (*Effective July*
452 *1, 2002*):

453 The Commissioner of Social Services shall, within available
454 appropriations, make information available to senior citizens and
455 disabled persons concerning any pharmaceutical company's drug
456 program for indigent persons by utilizing the ConnPACE program, the
457 CHOICES health insurance counseling and assistance program, as
458 defined in section 17b-427a, and Infoline of Connecticut to deliver such
459 information. The commissioner, with advice from the Affordable
460 Prescription Drug Board established pursuant to section 10 of this act,
461 shall coordinate state public assistance health plan benefits through
462 use of such programs, and shall work with the pharmaceutical
463 manufacturers to facilitate the use of a single application form for such
464 programs.

465 Sec. 16. (NEW) (*Effective July 1, 2002*) There is established a grant
466 program to be administered by the Department of Social Services to
467 fund the initial costs of implementing an affordable prescription drug
468 program through federally qualified health centers. Such initial costs
469 may include any equipment and other capital improvements and the
470 first year salaries for additional staff associated with the program. Any
471 federally qualified health center may apply to the Commissioner of
472 Social Services for funds to begin such program. Any federally
473 qualified health center that accepts a grant pursuant to this section
474 shall agree to offer prescription drugs to people who obtain health
475 services at the health center at a price not exceeding one hundred ten
476 per cent of the cost of such prescription drug to the health center. The
477 commissioner shall adopt regulations, in accordance with chapter 54 of

478 the general statutes, to implement this section.

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| This act shall take effect as follows: | |
| Section 1 | <i>July 1, 2002</i> |
| Sec. 2 | <i>July 1, 2002</i> |
| Sec. 3 | <i>July 1, 2002</i> |
| Sec. 4 | <i>July 1, 2002</i> |
| Sec. 5 | <i>July 1, 2002</i> |
| Sec. 6 | <i>July 1, 2002</i> |
| Sec. 7 | <i>July 1, 2002</i> |
| Sec. 8 | <i>July 1, 2002</i> |
| Sec. 9 | <i>July 1, 2002</i> |
| Sec. 10 | <i>July 1, 2002</i> |
| Sec. 11 | <i>July 1, 2002</i> |
| Sec. 12 | <i>July 1, 2002</i> |
| Sec. 13 | <i>July 1, 2002</i> |
| Sec. 14 | <i>July 1, 2002</i> |
| Sec. 15 | <i>July 1, 2002</i> |
| Sec. 16 | <i>July 1, 2002</i> |

HS *Joint Favorable Subst.*

ED *Joint Favorable*