

**REPORT OF THE
JOINT COMMISSION ON HEALTH CARE**



HEALTHY LIVES PRESCRIPTION PLAN

(HB 2225 and SB 1341)

TO THE GOVERNOR, CHAIRMEN OF THE HOUSE COMMITTEE
ON APPROPRIATIONS, SENATE COMMITTEE ON FINANCE,
HOUSE COMMITTEE ON HEALTH, WELFARE AND INSTITUTIONS,
AND THE SENATE COMMITTEE ON EDUCATION AND HEALTH

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HEALTH CARE**

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Kim Snead




Preface

House Bill 2225 and Senate Bill 1341, identical bills, enacted during the 2003 General Assembly Session amended the *Code of Virginia* to provide assistance for Virginians who are unable to pay for their prescription medications. These two bills established a “special, nonreverting fund...[to] be known as the Healthy Lives Prescription Fund” and required prescription assistance information to be included on the website of the Virginia Department of Health with a link to the Virginia Department for the Aging website. HB 2225 and SB 1341 included a second enactment clause requiring the Joint Commission on Health Care to prepare a Plan “to provide prescription drug benefits for low-income senior citizens and persons with disabilities” and to submit the Plan to the Governor and the chairmen of the House Committees on Appropriations and on Health Welfare and Institutions; and the Senate Committees on Finance and on Education and Health.

This document is the initial Healthy Lives Prescription Plan as approved by the Joint Commission on Health Care. The focus of the Plan is to establish a public-private partnership to develop a statewide system for assisting seniors, who do not have prescription drug coverage, in obtaining their prescription drugs. The Plan will include a two-phase implementation. Phase I will include such activities as informing seniors and their families regarding the existence of pharmaceutical discount cards and affiliating with existing opportunities in the community to provide one-on-one assistance in filling out applications. Phase II will involve continued research and consultation related to additional actions that the General Assembly could implement to assist seniors in obtaining their prescription medications.

On behalf of the Joint Commission on Health Care and its staff, I would like to thank the numerous individuals who represented advocacy groups; health care providers and associations; pharmaceutical manufacturers; and State agencies, medical centers, and the Office of the Secretary of Health and Human Resources for their participation and assistance in designing the Healthy Lives Prescription Plan.



Kim Snead
Executive Director

December 2003

Executive Summary

House Bill 2225 and Senate Bill 1341, identical bills, enacted during the 2003 General Assembly Session amended the *Code of Virginia* to provide assistance for Virginians who are unable to pay for their prescription medications. The specific statutory changes contained in HB 2225 and SB 1341 include:

- The addition of *Code* § 2.2-214.1 which established a “special, nonreverting fund that shall be known as the Healthy Lives Prescription Fund.”
- The addition of *Code* § 32.1-23.1 which requires prescription assistance information to be included on the website of the Virginia Department of Health (VDH) with a link from the VDH website to the website of the Virginia Department for the Aging.

In addition, HB 2225 and SB 1341 included a second enactment clause requiring the Joint Commission on Health Care to prepare a Plan “to provide prescription drug benefits for low-income senior citizens and persons with disabilities....”

The Joint Commission on Health Care unanimously approved the proposed design for the Healthy Lives Prescription Plan on November 12, 2003. The focus of the Plan is to establish a public-private partnership to develop a statewide system for assisting seniors, who do not have prescription drug coverage, in obtaining their prescription drugs. The Plan will include a two-phase implementation. The Plan was designed so that Phase I and Phase II could be implemented with no fiscal impact prior to FY 2006 when recommendations that may have a fiscal impact can be considered.

Phase I of the Plan will include such activities as informing seniors and their families regarding the existence of pharmaceutical discount cards and affiliating with existing opportunities in the community to provide one-on-one assistance in filling out applications.

Phase II of the Plan will involve continued research and consultation related to additional actions that the General Assembly could implement to assist seniors in obtaining their prescription medications.

TABLE OF CONTENTS

| | |
|--|---|
| Authority for the Healthy Lives Prescription Plan | 1 |
| Background on the Need for Prescription Coverage | 1 |
| Development of the Healthy Lives Prescription Plan | 4 |
| Provisions of the Healthy Lives Prescription Plan | 7 |
| Policy Options and Public Comments | 8 |
| Appendix | 9 |

Authority for the Healthy Lives Prescription Plan

House Bill 2225 and Senate Bill 1341, identical bills, enacted during the 2003 General Assembly Session amended the *Code of Virginia* to provide assistance for Virginians who are unable to pay for their prescription medications. The specific statutory changes contained in HB 2225 and SB 1341 include:

- The addition of *Code* § 2.2-214.1 which established a “special, nonreverting fund that shall be known as the Healthy Lives Prescription Fund.” The Fund operates under the direction of the Secretary of Health and Human Resources and “consist[s] of such moneys appropriated by the General Assembly and any funds available from the federal government, donations, grants, and in-kind contributions made to the Fund....” The fund is expected to “enhance current prescription programs for citizens of the Commonwealth who are without insurance or the ability to pay for prescription drugs and to develop innovative programs to make such prescription drugs more available.”
- The addition of *Code* § 32.1-23.1 which requires prescription assistance information to be included on the website of the Virginia Department of Health (VDH) with a link from the VDH website to the website of the Virginia Department for the Aging (VDA).

In addition, HB 2225 and SB 1341 included a second enactment clause requiring the Joint Commission on Health Care (JCHC) to prepare a Plan “to provide prescription drug benefits for low-income senior citizens and persons with disabilities....” The Plan was to be completed “in cooperation with the Secretary of Health and Human Resources, the Virginia Health Care Foundation, pharmaceutical manufacturers, health care provider organizations, advocacy groups, and other interested parties.” JCHC was also required to consider and incorporate, to the extent possible, the recommendations of the Joint Commission on Prescription Drug Assistance and report the proposed prescription assistance plan to the Governor and the chairmen of the House Committees on Appropriations and on Health Welfare and Institutions; and the Senate Committees on Finance and on Education and Health. HB 2225 (Chapter 661) and SB 1341 (Chapter 674 of the 2003 Acts of Assembly) are included in Appendix A.

Background on the Need for Prescription Coverage

The need for prescription coverage, particularly by the uninsured and by seniors who have Medicare coverage has been widely documented both

nationally and in Virginia. Individuals often lose their insurance coverage for prescription medication when they retire; the time in life when chronic illnesses requiring ongoing prescription medication needs are most likely to develop. A representative of the Congressional Budget Office (CBO) in testimony before the U.S. Senate Committee on Finance stated:

CBO's analysis of Medicare's Current Beneficiary Survey suggests that in 1999, one quarter of the Medicare population had no prescription drug coverage, although 75 percent had coverage for at least part of the year. On average, the share of their drug expenditures that Medicare beneficiaries paid out of pocket was nearly 40 percent – the same share paid out of pocket by the U.S. population...But because Medicare beneficiaries are generally elderly or disabled, they are more likely to have chronic health conditions and to use more prescription drugs than the general population....Medicare beneficiaries made up almost 15 of the population that year, yet they accounted for about 70 percent of the more than \$100 billion spent on outpatient prescription drugs in the United States.

(Testimony on "Projections of Medicare and Prescription Drug Spending" presented by Dan L. Crippen, Director, CBO before the U.S. Senate Committee on Finance on March 7, 2003.)

The Joint Commission Studying Prescription Drug Assistance which was established by House Joint Resolution 810 in 2001 and continued by House Joint Resolution 90 in 2002, worked to develop strategies for providing prescription drug assistance to low-income seniors in Virginia. In 2003, the Commission issued its findings in *Report of the Joint Commission Studying Prescription Drug Assistance*, HD 32 – 2003. The report cited the following Virginia-specific statistics:

| | |
|---|---------|
| Medicare-eligible population in VA in 2001 | 930,000 |
| With some form of prescription coverage | 530,000 |
| With no prescription coverage | 400,000 |
| Medicare population with income below 200% of FPG (\$17,960 for 1; \$24,240 for 2) and no prescription coverage | 162,000 |

(*Report of the Joint Commission Studying Prescription Drug Assistance*, HD 32 – 2003, p. 3.)

Although 57 percent of Medicare beneficiaries had some form of prescription coverage, for many only a small percentage of their prescription costs were

actually paid. Of the 43 percent of Medicare beneficiaries that had no prescription coverage, more than 17 percent had incomes below 200 percent of the federal poverty guideline (FPG).

Legislation Introduced on Behalf of the Joint Commission Studying Prescription Drug Assistance

Legislation was introduced on behalf of the Joint Commission Studying Prescription Drug Assistance to begin addressing the need for prescription assistance in Virginia. The Commission decided not to introduce legislation to develop a State-funded prescription assistance program due to the serious fiscal constraints confronting the Commonwealth. Instead the Commission introduced legislation to provide more targeted assistance as noted in the following paragraphs.

The Commission introduced HB 913 in 2002 to raise eligibility for Medicaid coverage for non-institutionalized aged, blind, and disabled individuals from 80 to 100 percent of FPG. Medicaid is a means-tested, entitlement program that provides health and long-term care for specific categories of individuals (low-income children and certain aged, blind, and disabled individuals). Medicaid is supported by federal and state funding. Raising the eligibility guideline for Medicaid coverage would allow some low-income individuals to have prescription coverage. In 2001, the estimated annual cost of increasing Medicaid eligibility as proposed in HB 913 was \$38.1 million in GFs and \$39.1 million in NGFs. HB 913 was carried over in the House Appropriations Committee and tabled in November 2002.

During the 2002 General Assembly Session, the Commission also introduced Budget Amendment Item 314.1h to expand the Pharmacy Connect program statewide. Pharmacy Connect is operated by Mountain Empire Older Citizens Incorporated, the area agency on aging that serves the counties of Lee, Wise and Scott and the city of Norton. According to the *Report of the Joint Commission Studying Prescription Drug Assistance*, Pharmacy Connect employed 18 staff and was funded for \$371,000 per year to assist eligible, indigent individuals to receive free prescription medication. (It should be noted that Pharmacy Connect uses The Pharmacy Connection Program (TPC) software developed by the Virginia Health Care Foundation to assist providers in determining eligibility and filling out applications for free medication programs.) Budget Amendment Item 314.1 which included funding of \$5 million GFs per year was not included in the approved budget.

During the 2003 General Assembly Session, the Commission introduced HB 2207 to create the Healthy Lives Prescription Fund. The provisions of HB 2207 were incorporated into HB 2225.

Development of the Healthy Lives Prescription Plan

Individuals representing diverse interests including advocacy groups; health care providers and associations; pharmaceutical manufacturers; and State agencies, medical centers, and the Office of the Secretary of Health and Human Resources served on the workgroup to design the Healthy Lives Prescription Plan. In addition, Delegate Benjamin L. Cline and the legislative assistant to Senator H. Russell Potts, Jr. were involved in designing the Plan. Three workgroup meetings were held during the summer of 2003 to determine the provisions of the Plan.

Forms of Prescription Assistance Considered by the Workgroup

There are a number of ways in which seniors can receive assistance in obtaining prescription medication. These forms of assistance fall into three general categories: patient assistance programs, pharmaceutical discount cards, and direct assistance by the federal, state, or local government.

Patient Assistance Programs. Patient assistance programs (PAPs) are programs created by pharmaceutical manufacturers to provide certain prescriptions at no cost to low-income "prescription-uninsured" individuals of any age. Pharmacy Connect and The Pharmacy Connection described previously are examples of programs that facilitate patient access to PAPs. According to the Virginia Health Care Foundation, there are approximately 126 PAPs, each with their "own forms, procedures, eligibility criteria and supply limitations." Most of the PAPs set income eligibility for free medication at 100 percent of FPG; some PAPs set eligibility as high as 150 percent FPG. VHCF indicates that use of The Pharmacy Connection software has allowed \$134 million (average wholesale price) of free medications to be dispensed to 75,324 Virginians since 1997.

Pharmaceutical Discount Cards. Pharmaceutical discount cards are available to individuals who are Medicare recipients who do not have any prescription coverage. These cards have only been available for several years. Descriptions of the five discount cards are shown on the next page. As shown, the benefit provided by each card varies with some cards providing a percentage

Description of Discount Cards from VA Health Care Foundation Website

| Program | Prescriptions Covered | Annual Income Below <i>(For households of 3 or > people, there may be higher income limits)</i> | Benefit | Contact & Misc. Info |
|---|--|--|---|---|
| GlaxoSmith Kline Orange Card | All drugs | \$30,000/Individual \$40,000/Couple | At participating pharmacies receive a 30% average savings | 1-888-672-6436 Patients can participate in either the Orange Card or Together RX for GSK medications (the Orange Card has higher income limits) |
| LillyAnswers (Eli Lilly & Company) | All drugs except controlled substances | \$18,000/Individual \$24,000/Household | At participating pharmacies pay \$12.00/prescription for a 30-day supply | 1-877-795-4559 www.lillyanswers.com |
| Novartis Care | Select Drugs | Two Income Categories: A. \$18,000/Individual \$24,000/Couple B. \$28,000/Individual \$38,000/Couple | At participating pharmacies: A. Pay \$12.00/mo. (per prescription) B. Receive 25% - 40% off | 1-866-974-2273 www.NovartisCarePlan.com Enrollment for the Novartis savings program will be through Together Rx. |
| Pfizer For Living Share Card | All drugs | \$18,000/Individual \$24,000/Couple | At participating pharmacies pay \$15.00/prescription for up to a 30-day supply | 1-800-717-6005 www.pfizerforliving.com |
| Together Rx Card <i>This one card can be used for many medications manufactured by: Abbott Laboratories, AstraZeneca, Aventis Pharmaceuticals, Bristol-Myers Squibb Company, GlaxoSmithKline, Johnson & Johnson, and Novartis</i> | Select drugs | \$28,000/Individual* \$38,000/Couple* *Alaska & Hawaii have higher income limits | At participating pharmacies receive a 20-40% savings off the regular prescription price of over 150 medications | 1-800-865-7211 www.together-rx.com |

All programs require that applicants be Medicare recipients and have no other prescription coverage.
These drug discount cards have no enrollment or annual fees.

Source: Virginia Health Care Foundation Internet website at: <http://www.vhcf.org/Discount%20drug%20programs.doc>

discount of the medication cost and other cards providing for a flat fee to be paid for each prescription. A single application is used to apply for three of the cards (the Orange Card, the Novartis Care Card, and Together Rx Card). The applications for the discount cards are very simple and no proof of income is required to apply.

Representatives of pharmaceutical manufacturers supplied the following information with regard to enrollment by Virginians in their discount cards:

| | <u>Together Rx Card and Novartis</u> | <u>Orange Card</u> |
|------------------------|--|--------------------------|
| Enrollees | 31,522 | 3,892 |
| Claims processed | 109,866 | |
| Estimated Savings | \$4.9 million | |
| | <u>Lilly Card</u> | <u>Pfizer Share Card</u> |
| Enrollees | 7,082 | 11,692 |
| Prescriptions Provided | 16,882 | 101,907 |
| Value of Prescriptions | \$1.9 million | \$5.6 million |

Direct Assistance from Federal or State Government. Direct assistance with the cost of prescription medication can also be provided by the federal or state government. Currently the most expansive example of direct assistance is the prescription coverage provided in the Medicaid program. As noted previously, Medicaid a means-tested, entitlement program that provides health and long-term care, is supported by federal and state funding. The implementation of federal legislation to add prescription coverage to the Medicare program will have a significant impact on the final recommendations for the Healthy Lives Prescription Plan.

In the absence of prescription coverage in Medicare, a large number of states established prescription assistance programs for seniors. The National Council of State Legislatures reported that as of November 1, 2003, 29 states operated some type of prescription assistance program. An additional nine states had enacted legislation for programs that had not begun operating. The majority of state programs involved a discount card that allowed a senior to pay a discounted price for prescription medication. Three states had Medicaid waivers to provide prescription assistance. It is anticipated that some states may discontinue or significantly change their programs when Medicare prescription benefits commence.

The types of assistance programs offered in various states will be examined in greater detail, in association with the Medicare prescription coverage that is enacted, during Phase II of the Plan's development.

Provisions of the Healthy Lives Prescription Plan

The Joint Commission on Health Care unanimously approved the proposed design for the Healthy Lives Prescription Plan on November 12, 2003. The focus of the Plan is to establish a public-private partnership to develop a statewide system for assisting seniors, who do not have prescription drug coverage, in obtaining their prescription drugs. The Plan will include a two-phase implementation. The Plan was designed so that Phase I and Phase II could be implemented with no fiscal impact prior to FY 2006 when recommendations that may have a fiscal impact can be considered.

Phase I of the Plan will include such activities as informing seniors and their families regarding the existence of pharmaceutical discount cards and affiliating with existing opportunities in the community to provide one-on-one assistance in filling out applications.

Phase II of the Plan will involve continued research and consultation related to additional actions that the General Assembly may wish to implement to assist seniors in obtaining their prescription medications. These activities include:

- Monitoring the actions of Congress with regard to a prescription drug benefit for Medicare beneficiaries.
- Examining what other states have implemented to assist seniors with obtaining prescription medications.
- Examining ways that Virginia-based initiatives such as The Pharmacy Connection and Pharmacy Connect could be enhanced.
- Continuing to encourage partnerships with community-based entities such as pharmacies, faith-based organizations, human service agencies, and advocacy associations.
- Considering the impact of legislation to increase the income limits for Medicaid eligibility for non-institutionalized aged, blind, and disabled individuals.

Policy Options and Public Comments

The following Options were presented for consideration by the Joint Commission on Health Care on November 12, 2003. One public comment on the Options was received and it is summarized below. During the November 12th meeting, JCHC members voted unanimously to approve Options II and III.

Option I: Take no action.

Option II: Submit recommended two-phase Plan to chairmen of House Appropriations, Senate Finance Committee, House Committee on HWI, and Senate Committee on Education and Health and continue development of Plan on the JCHC Workplan for 2004.

Option III: Continue to address development of the Healthy Lives Prescription Plan by including the issue on the JCHC workplan for 2004.

One comment was received **in support of Option III** from the Virginia Association of Area Agencies on Aging

Excerpt of Comment by Virginia Association of Area Agencies on Aging:

"In the Healthy Lives Prescription Assistance Plan outlined, we are supportive of the Phase I and Phase II activities contained in the report. We ask, however, that the Commission act upon all of Phase I and Phase II in the upcoming 2004 General Assembly Session, including legislation to increase the income limits for Medicaid eligibility for Seniors. Second, we ask that the Commission proposes by resolution to continue to refine the Healthy Lives Prescription Assistance Plan to include more aggressive activities that result in more comprehensive solutions for the greatest number of Virginia's Seniors in need. For example, after a closer examination of the successes achieved in other states, a specific program should be developed and recommended to allow the greatest number of needful Seniors to benefit. Attempts to address this issue with low or no-cost programs will not provide the Assembly with the assurance that the all Virginians have access to needed medications as they age."

Appendix A:
Chapter 661 and 674
Virginia Acts of Assembly – 2003 Session

VIRGINIA ACTS OF ASSEMBLY -- 2003 SESSION

CHAPTER 661

An Act to amend the Code of Virginia by adding in Article 6 of Chapter 2 of Title 2.2 a section numbered 2.2-214.1 and by adding in Article 3 of Chapter 1 of Title 32.1 a section numbered 32.1-23.1, relating to the Healthy Lives Prescription Fund.

[H 2225]

Approved March 19, 2003

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 6 of Chapter 2 of Title 2.2 a section numbered 2.2-214.1 and by adding in Article 3 of Chapter 1 of Title 32.1 a section numbered 32.1-23.1 as follows:

§ 2.2-214.1. Healthy Lives Prescription Fund; nonreverting; purposes; report.

A. There is hereby created in the Department of the Treasury a special nonreverting fund that shall be known as the Healthy Lives Prescription Fund.

B. The Fund shall be established on the books of the Comptroller. The Fund shall consist of such moneys appropriated by the General Assembly and any funds available from the federal government, donations, grants, and in-kind contributions made to the Fund for the purposes stated herein. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund.

C. Moneys in the Fund shall be available to develop and implement programs that will enhance current prescription drug programs for citizens of the Commonwealth who are without insurance or ability to pay for prescription drugs and to develop innovative programs to make such prescription drugs more available.

D. The Secretary shall provide an annual report on the status of the Fund and efforts to meet the goals of the Fund.

§ 32.1-23.1. Alternative delivery of certain information.

A. The Commissioner shall create links from the Virginia Department of Health's website to the Virginia Department for the Aging's website and its affiliated sites pertaining to pharmaceutical assistance programs and pharmaceutical discount purchasing cards. The Commissioner of the Department for the Aging shall cooperate with the Commissioner of Health by ensuring that such information is available on the Department for the Aging's website.

B. The Commissioner shall ensure that all clinical sites administered by local health departments are provided with adequate information concerning the services of the Virginia Department for the Aging, including, but not limited to, its toll-free telephone number and its website information on pharmaceutical assistance programs and pharmaceutical discount purchasing cards.

C. The Commissioner of Health and the Commissioner of the Department for the Aging shall coordinate the dissemination of information to the public regarding any pharmaceutical discount purchasing card programs while maintaining a neutral posture regarding such programs.

D. The Commissioner shall establish a toll-free telephone number, to be administered by the Virginia Department of Health, which shall provide recorded information concerning services available from the Department for the Aging, the Virginia Area Agencies on Aging, and other appropriate organizations for senior citizens.

2. That the Joint Commission on Health Care or any successor in interest thereof shall prepare a plan to establish the Healthy Lives Prescription Assistance Program to provide prescription drug benefits for low-income senior citizens and persons with disabilities, which shall include consideration of the resources of both the public and private sectors. The Joint Commission on Health Care shall prepare the plan in cooperation with the Secretary of Health and Human Resources, the Virginia Health Care Foundation, pharmaceutical manufacturers, health care provider organizations, advocacy groups, and other interested parties. In preparing the plan, the Joint Commission on Health Care shall review and incorporate, to the maximum extent possible, the conclusions of the Joint Commission on Prescription Drug Assistance, established pursuant

to HJR 810 of 2001 and continued pursuant to HJR 90 of 2002. The plan shall coordinate state, federal and private programs providing such assistance, including any programs the federal government may implement. The Joint Commission on Health Care shall report its recommended plan to the Governor, the Chairmen of the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Health, Welfare and Institutions, and the Senate Committee on Education and Health by October 15, 2003.

VIRGINIA ACTS OF ASSEMBLY -- 2003 SESSION

CHAPTER 674

An Act to amend the Code of Virginia by adding in Article 6 of Chapter 2 of Title 2.2 a section numbered 2.2-214.1 and by adding in Article 3 of Chapter 1 of Title 32.1 a section numbered 32.1-23.1, relating to the Healthy Lives Prescription Fund.

[S 1341]

Approved March 19, 2003

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 6 of Chapter 2 of Title 2.2 a section numbered 2.2-214.1 and by adding in Article 3 of Chapter 1 of Title 32.1 a section numbered 32.1-23.1 as follows:

§ 2.2-214.1. Healthy Lives Prescription Fund; nonreverting; purposes; report.

A. There is hereby created in the Department of the Treasury a special nonreverting fund that shall be known as the Healthy Lives Prescription Fund.

B. The Fund shall be established on the books of the Comptroller. The Fund shall consist of such moneys appropriated by the General Assembly and any funds available from the federal government, donations, grants, and in-kind contributions made to the Fund for the purposes stated herein. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund.

C. Moneys in the Fund shall be available to develop and implement programs that will enhance current prescription drug programs for citizens of the Commonwealth who are without insurance or ability to pay for prescription drugs and to develop innovative programs to make such prescription drugs more available.

D. The Secretary shall provide an annual report on the status of the Fund and efforts to meet the goals of the Fund.

§ 32.1-23.1. Alternative delivery of certain information.

A. The Commissioner shall create links from the Virginia Department of Health's website to the Virginia Department for the Aging's website and its affiliated sites pertaining to pharmaceutical assistance programs and pharmaceutical discount purchasing cards. The Commissioner of the Department for the Aging shall cooperate with the Commissioner of Health by ensuring that such information is available on the Department for the Aging's website.

B. The Commissioner shall ensure that all clinical sites administered by local health departments are provided with adequate information concerning the services of the Virginia Department for the Aging, including, but not limited to, its toll-free telephone number and its website information on pharmaceutical assistance programs and pharmaceutical discount purchasing cards.

C. The Commissioner of Health and the Commissioner of the Department for the Aging shall coordinate the dissemination of information to the public regarding any pharmaceutical discount purchasing card programs while maintaining a neutral posture regarding such programs.

D. The Commissioner shall establish a toll-free telephone number, to be administered by the Virginia Department of Health, which shall provide recorded information concerning services available from the Department for the Aging, the Virginia Area Agencies on Aging, and other appropriate organizations for senior citizens.

2. That the Joint Commission on Health Care or any successor in interest thereof shall prepare a plan to establish the Healthy Lives Prescription Assistance Program to provide prescription drug benefits for low-income senior citizens and persons with disabilities, which shall include consideration of the resources of both the public and private sectors. The Joint Commission on Health Care shall prepare the plan in cooperation with the Secretary of Health and Human Resources, the Virginia Health Care Foundation, pharmaceutical manufacturers, health care provider organizations, advocacy groups, and other interested parties. In preparing the plan, the Joint Commission on Health Care shall review and incorporate, to the maximum extent possible, the conclusions of the Joint Commission on Prescription Drug Assistance, established pursuant

to HJR 810 of 2001 and continued pursuant to HJR 90 of 2002. The plan shall coordinate state, federal and private programs providing such assistance, including any programs the federal government may implement. The Joint Commission on Health Care shall report its recommended plan to the Governor, the Chairmen of the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Health, Welfare and Institutions, and the Senate Committee on Education and Health by October 15, 2003.

JOINT COMMISSION ON HEALTH CARE

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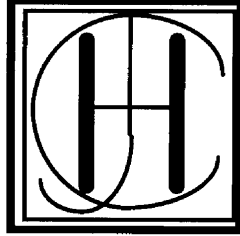
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