

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

Bill Version HB 218
 Fiscal Note Number _____
 () Publish Date _____

Identifier (file name) HB218-DCCED-INS-02-23-12 Dept. Affected DCCED
 Title Prescription Drug Specialty Tiers Appropriation Insurance Operations
 Allocation Insurance Operations
 Sponsor House Health & Social Services
 Requester House Health & Social Services OMB Component Number 354

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates				
			FY14	FY15	FY16	FY17	FY18
OPERATING EXPENDITURES	FY13	FY13	FY14	FY15	FY16	FY17	FY18
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants, Benefits							
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE		(Thousands of Dollars)					
1002	Federal Receipts						
1003	GF Match						
1004	GF						
1005	GF/Prgm (DGF)						
1037	GF/MH (UGF)						
1178	temp code (UGF)						
TOTAL		0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS							
Full-time							
Part-time							
Temporary							

CHANGE IN REVENUES							
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Estimated SUPPLEMENTAL (FY12) operating costs _____ (separate supplemental appropriation required,
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs _____ (separate capital appropriation required,
 (discuss reasons and fund source(s) in analysis section)

Why this fiscal note differs from previous version (if initial version, please note as such)

Initial Version

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Phone 907-465-2560
 Date/Time 2/23/12 5:00 PM
 Date 2/24/2012

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Analysis

Section 1 lists legislative findings including the cost sharing obligations for certain drugs are becoming prohibitively expensive, that some health plans have established specialty tiers for drugs and are requiring patients to pay a higher percentage of the costs of these drugs, seeking to ensure patients are well informed about cost sharing requirements and recognizing the disparities caused by these cost burdens.

Section 2 lists legislative intent of providing patients with timely information relating to the cost of prescription drugs essential for treatment of certain diseases.

Section 3 amends AS 21.42 to only allow cost sharing for specialty tiers of drugs that exceed the cost sharing for a non-preferred brand drug, only if the insurer notifies the insured of the cost sharing at least 90 days before the terms apply.

These provisions have no anticipated fiscal impact on the Division of Insurance.