

HB

543

Analysis of CSHB543

Section 1

47.07.037 (a) (1) and (2): Requires the Department to establish regulations to develop preferred drug list or to limit coverage of a drug.

This bill is unnecessary because the Department already has the authority to implement a Preferred Drug List (PDL) through 7 AAC 43.594 which provides for pharmaceutical prior authorization. In addition, AS 47.07.036 (a) (b) authorizes the Department to implement cost containment measures that will not adversely affect Medicaid recipient services.

47.07.037 (a) (3): Allows physicians the ability to prescribe non preferred drugs without prior authorization or justification, other than "medically necessary".

This requirement eliminates the Department's to require any pre authorization for drugs on the PDL or other means to manage drugs utilization. Based upon the experience in other states, voluntary utilization of drugs on a PDL will not exceed 25%. The Departments budget savings for the PDL in FY 05 is \$20,000.0. The impact of this section will result in an annual loss of \$15,000.0 of the budget savings.

In addition, this eliminates the Department's ability to conduct utilization review for safety, abuse and waste of those drugs on the PDL.

This section would also jeopardize federal funding by eliminating the required drug utilization review process (ProDUR) that has been in place since 1995.

47.07.037 (b): Requires the Department to contract the PDL management services under AS 36 30.

This requirement is unnecessary since the contract for management of the PDL was procured in accordance with the State Procurement Code (AS 36.30) and has been previously approved by the federal Centers for Medicare and Medicaid Services.

47.07.037 (c): Requires the Department to establish a drug review committee to select drugs for the PDL; and establish criteria for drug selection, and conduct public meetings.

This requirement is unnecessary since the Department has already established a Pharmacy and Therapeutics Committee (P&T) with By-Laws, Procedures, and criteria for drugs selection. The Committee holds noticed public meetings;

provides the opportunity for pharmacy manufactures to submit briefing materials, and the opportunity for public comment at the meetings.

47.07.037 (d): Requires the Committee to serve without compensation other than travel and per diem; and to select a chair.

This requirement is unnecessary since the Department has already established a Pharmacy and Therapeutics Committee and provides travel and per diem costs.

47.07.037 (e) (1) (2) and (3): Defines drug and preauthorization and preferred drug list.

The definition limits the Department's ability to manage drugs paid for through the Medicaid Program. This will greatly limit the ability of the Department to control costs, abuse, fraud and waste of pharmaceuticals.

The definition of PDL in Sec 47.07.037 (e)(3) defines, in part, the list as a "restrictive formulary" which is not allowed by federal regulations and if implemented would result in the loss of federal match for pharmaceuticals. The department's current PDL is not a restrictive formulary, but rather contains a list of drugs that are first and second choices for prescribing, which is compatible with federal regulations.

Section 2

(a): Requires the Department to review drugs previously added to the PDL in accordance with regulations, with the exception of the Senior Care Program.

This section eliminates the Departments' ability to implement the PDL without regulations. This requires review of the present PDL for consistency with the adopted regulations. The time required to establish regulations and review all the drugs on the PDL in accordance with the regulations, would be approximately 10 months from the effective date of the act. This will delay implementation of the PDL until May, 2005, with an estimated loss in savings of \$18,000.0.

(b): Requires the Department to delay implementation of mental health drugs until January 1, 2005.

This section is unnecessary since the Department intends to postpone implementing mental health drugs until the beginning of calendar year 2005.

(c): Authorizes the Department's current P&T Committee as the Prescription Drug Review Advisory Committee.

This section is unnecessary since the Department has already established a P&T Committee.

AMENDMENT #1 *Passed*

OFFERED IN THE HOUSE

BY REPRESENTATIVE WILSON

TO: HB 543

1 Page 3, lines 27 - 30:

2 Delete "a preferred drug list adopted by the Department of Health and Social Services
3 before the effective date of this Act may be implemented until the effective date of regulations
4 adopted under this Act or until six months after the effective date of this Act, whichever date
5 occurs first"

6 Insert "a preferred drug list initiated by the Department of Health and Social Services
7 before the effective date of this Act must be reviewed for consistency with regulations
8 adopted under this Act and may not be implemented before the effective date of the
9 regulations adopted under this Act, except that a prescription drug list initiated before the
10 effective date of this Act may be implemented for prescription drug coverage under the senior
11 care program established under ch. 3, SLA 2004, until the effective date of regulations
12 adopted under this Act or until six months after the effective date of this Act, whichever date
13 first occurs"

AMENDMENT #2 Failed

OFFERED IN THE HOUSE

BY REPRESENTATIVE WILSON

TO: HB 543

- 1 Page 4, line 2:
- 2 Delete "January 1"
- 3 Insert "March 1"

OFFERED IN THE HOUSE HESS COMMITTEE

TO: HB543 Version H

DATE: April 20, 2004

AMENDMENT #3 BY REP. SEATON - Passed

1 Page 2, Line 2-4 (Subsection 3):

2 Delete entire lines

AMENDMENT #4 BY REP. SEATON - Passed

3 Page 2, Line 9:

4 Delete "dispense as written,"

5 Page 2, Line 10:

6 Delete comma after "medically necessary

7 Insert period

8 Page 2, Line 10:

9 Delete "or other wording with similar import."

Alaska State Hospital & Nursing Home Association
Comments on HB 535 Before House Health, Education and Social Services
April 13, 2004

ASHNHA requests that the intent of HB 535 be further clarified either by adding the following sentence to the Letter of Intent submitted by the Department (Option 1), or by amending HB 535 to add the following subsection (Option 2).

OPTION 1 - Add the following sentence to the Letter of Intent:

If the department implements Section 2 of HB 535 due to insufficient funding, the department will work with impacted community hospitals to transfer these patients to API as soon as their medical condition permits.

OPTION 2 - **Sec. 2.** AS 47.31 is amended by adding a new subsection to read:

(c) If the department must implement the provisions of AS 47.31.007 due to lack of sufficient appropriation, the department will work with impacted community hospitals to transfer these patients to API as soon as their medical condition permits.



Health, Education, and Social Services Committee
Alaska State Legislature
House of Representatives
Representative Peggy Wilson - Chair

SPONSOR STATEMENT

HB 543
"Medicaid and Prescription Drugs"

HB 543 will in no way stop or delay the implementation of the Senior Care Program.

The Department of Health and Social Services is currently in the process of implementing a preferred drug list (PDL). This limitation on medical assistance coverage is being done as a cost containment measure. While we believe that cost containment measures are a necessary step in achieving cost savings we believe that we must proceed carefully and judiciously. To that end, the state will need to adopt formal regulations in order to ensure that our efforts to achieve cost saving is not at the expense of Alaskan patients health and well being. HB543 ensures that those protective measures are in place prior to the actual implementation of a PDL.

Under HB 543 the regulations must include: standards, opportunity for public comment, an appeal process, and a provision for approved coverage of a drug that is not on preferred drug list when it is deemed medically necessary.

HB 543 provides that the commissioner must appoint a Prescription Drug Review Advisory Committee prior to the department establishing a PDL or placing any limitation on coverage of a medication. HB543 also establishes the membership of the committee as well as the duties.

HB 543 places a temporary moratorium on the implementation of a PDL, or restricted access to medication coverage, for drugs used to treat mental illness. This temporary moratorium expires January 1, 2005. Mental health patients are especially vulnerable to adverse effects from changes to their medications. HB 543 gives the department ample time to ensure that the necessary protective measures are in place prior to discussion of this drug class.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

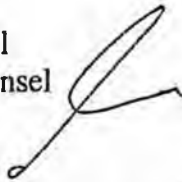
State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

March 31, 2004

SUBJECT: Medical Assistance Coverage for Prescription Drugs (HB 543)

TO: Representative Peggy Wilson
Attn: Linda Miller

FROM: Jean M. Mischel
Legislative Counsel 

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Requires the Department of Health and Social Services to adopt regulations before implementing a preferred drug list or a limitation on medical assistance coverage for a prescription drug. The regulations must include standards for placing a drug on a preferred drug list or otherwise limiting coverage for a drug, an opportunity for public comment, an appeal process, and a provision under which the department will approve unlimited coverage in certain circumstances. Authorizes the department to contract for services to establish a preferred drug list or otherwise limit drug coverage and requires the commissioner to appoint a Prescription Drug Review Advisory Committee. Establishes duties, reimbursement and procedural rules of the committee. Defines certain terms as used in this section.

Section 2. Adds a transitional provision allowing for (1) the continuing implementation of a preferred drug list adopted by the department before the effective date of the bill for up to six months and (2) the continuation of an existing committee to serve as the Prescription Drug Review Advisory Committee under the bill. Prohibits the implementation of a cost containment measure pertaining to drugs used to treat mental illness, as defined in this section, before January 1, 2005.

Section 3. Establishes an immediate effective date for the bill.

JMM:lmb
04-089.lmb

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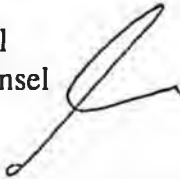
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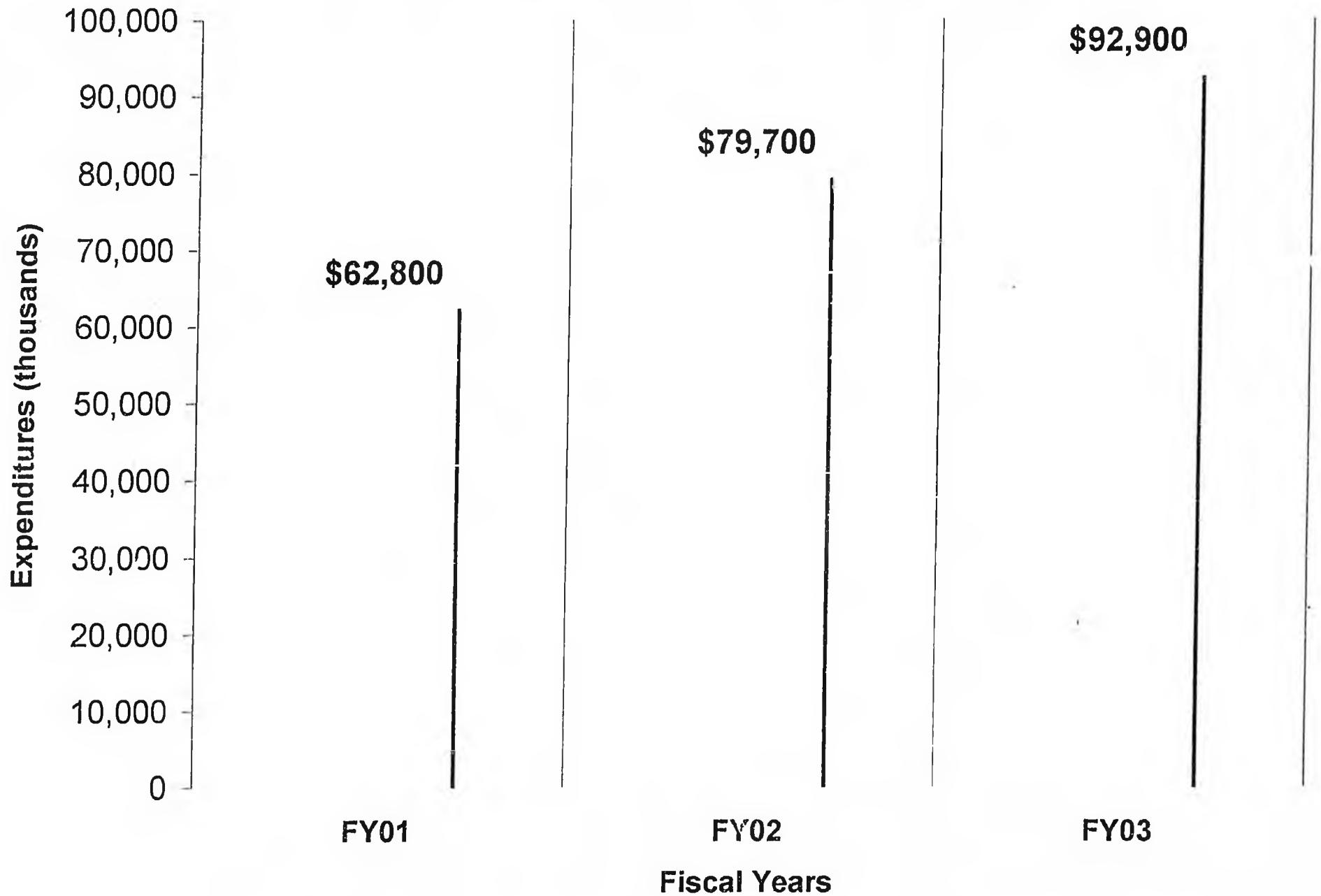
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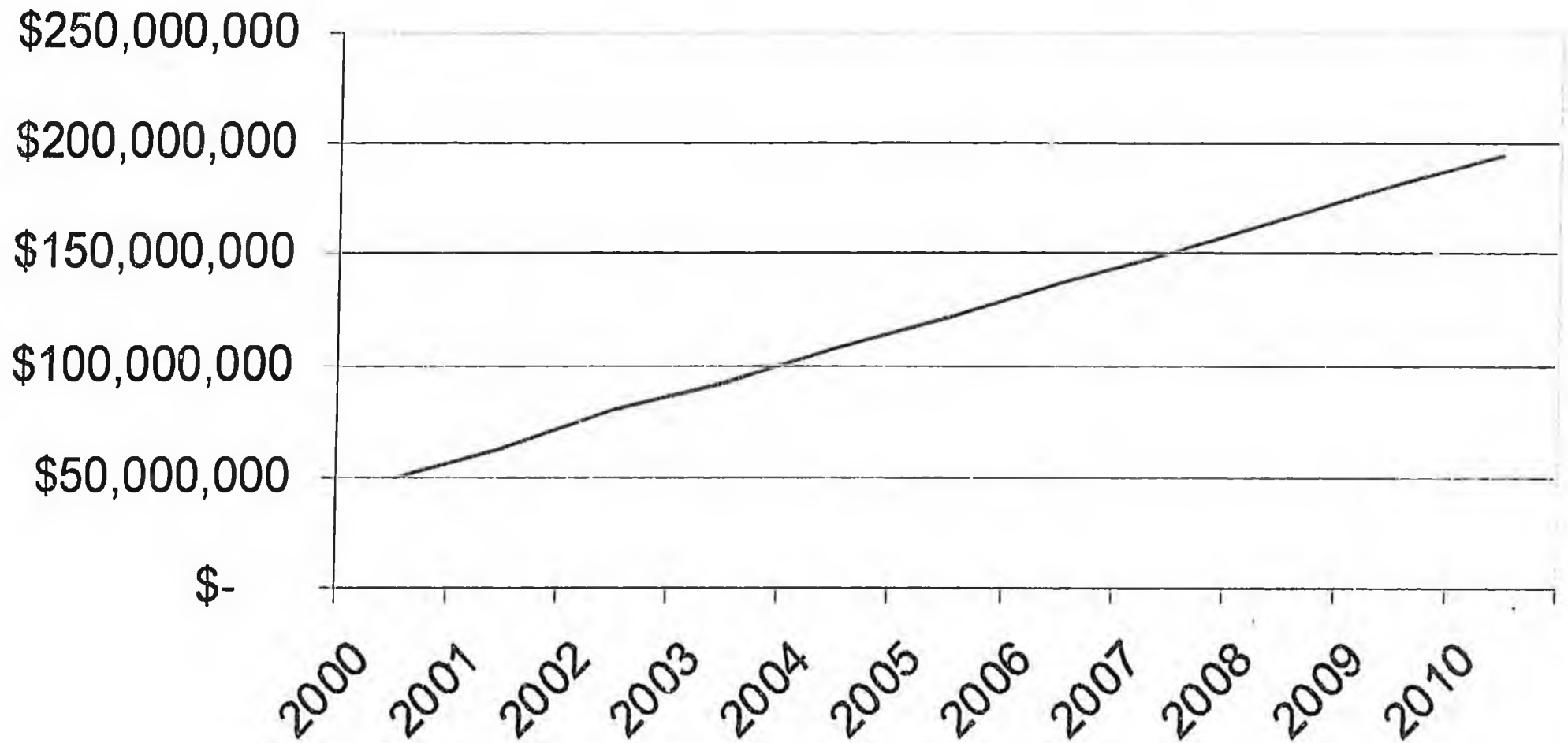
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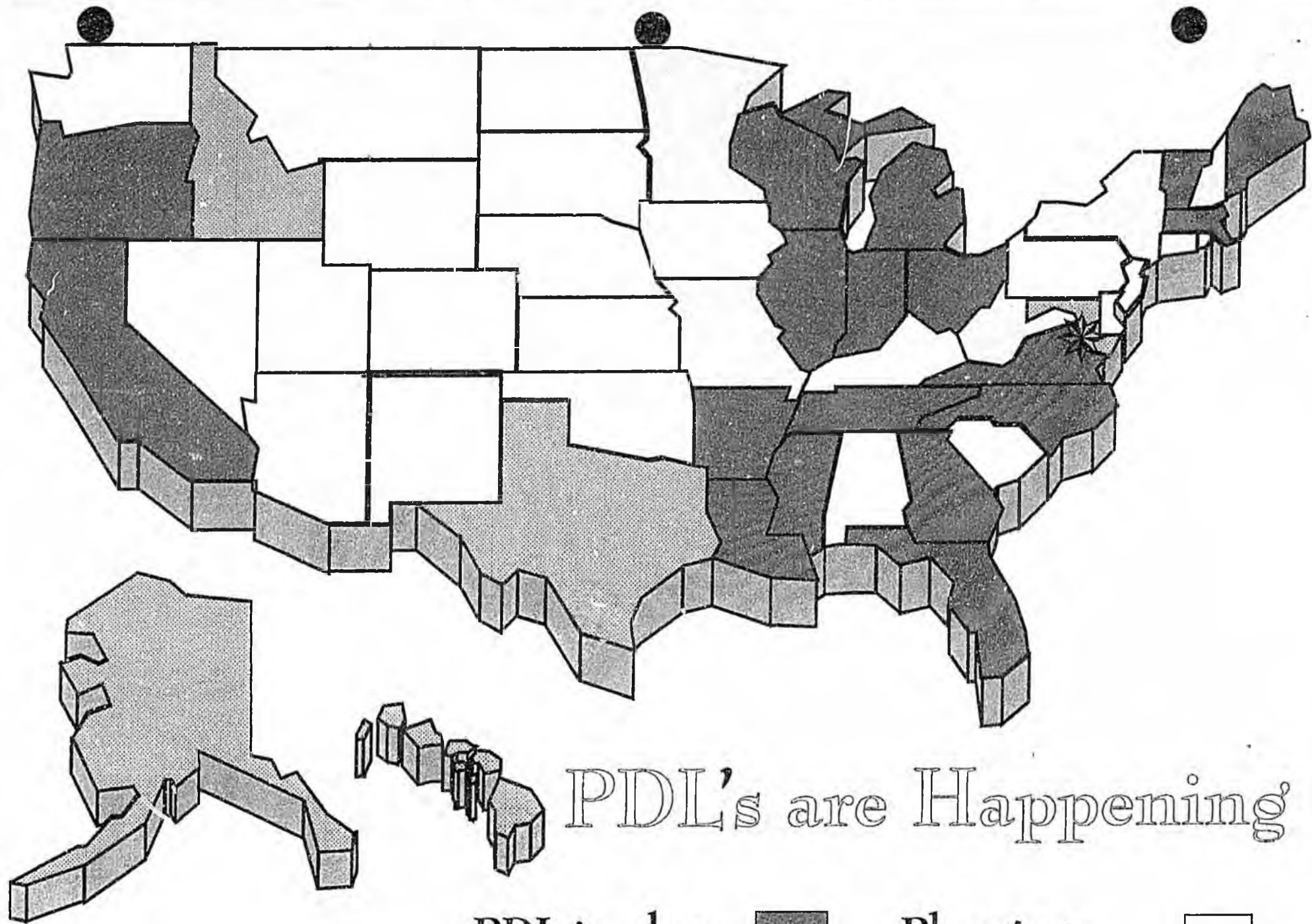
Medicaid Pharmacy Expenditures



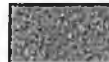
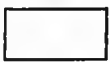

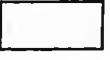
Forecast Drug Expenditure



Forecasted Drug Expenditure To 2010



PDL's are Happening

| | | | |
|--------------|---|-----------|---|
| PDL in place |  | Planning |  |
| Implementing |  | RFP's out |  |

Health Care Services

HCS>Preferred Drug List Program

Preferred Drug List Program

About the program

General Information about PDL:

- What is a Preferred Drug List?
- The PDL is a list of prescription medications within a therapeutic class determined to be effective which would be Medicaid's first choice when prescribing for Medicaid patients.

Under a PDL program:

- All currently approved drugs remain available
- Preferred drugs require no special authorization
- Non-preferred drugs will require a prescriber's documentation of medical necessity
- Certain groups of recipients based on age or other criteria may be exempt from the PDL requirements

CXZCZX

How are drugs placed on the PDL?

- The Alaska Medicaid Pharmacy and Therapeutics (P&T) Committee will be responsible for determining the most effective drug or reference drug to be placed on the Preferred Drug List
- Drugs in specified drug classes are approved for the PDL based on safety, clinical efficacy, and cost

sdasd

The Advantages of a PDL:

- The PDL ensures continued patient care while reducing the expenditure growth of the pharmacy program through supplemental rebate Agreements.
- All drugs currently covered will be available to Medicaid patients.
- Non-preferred drugs will require a prescriber's documentation of medical necessity.

Exemptions

- Certain groups of recipients based on age or other criteria may be exempt from the PDL requirements.
- The PDL will be phased in by sets of drug classes. Each set will include approximately five drug classes.

Criteria for non-PDL drug approval

PDL

▼ PDL

- › Abou
- › Com
- › AK P
- › Drug
- › Meet
- › Publi
- › FAQ
- › Dowr
- › Cont.

PDL QL

Choos

- The prescriber will determine and document that the non-PDL drug is medically necessary. The exact criteria for this approval is to be determined by therapeutic class by the Pharmacy and Therapeutics Committee.

Provider Notification

- Providers will be notified in advance through this Website and mailings.
- The Alaska PDL processing for the first set of therapeutic classes will start by early 2004. At this time pharmacies will be notified with alerts but claims will not deny.
- Full Implementation:
The first therapeutic class will be fully implemented 60 to 90 days after the pharmacy alerts are active. When providers have been notified that the therapeutic class is in effect, individual drugs must be on the PDL List, determined to be medically necessary, or exempt from the PDL.

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Behavioral Health | Health Care Services | Juvenile Justice | Office of Children's Services
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Health Care Services

HCS>Preferred Drug List Program

Preferred Drug List Program Pharmacy and Therapeutics Committee

| Name: | City: |
|--------------------------------|------------|
| Michale Boothe, DDS | Anchorage |
| Heidi Brainerd, RPh | Anchorage |
| Richard E. Brodsky, MD (Chair) | Anchorage |
| Robert H. Carlson, MD | Sitka |
| Kelly C. Conrighnt, MD | Anchorage |
| Jeffery Demain, MD | Anchorage |
| Traci Gale, RPh | Sitka |
| Nathaniel Haddock, MD | Juneau |
| Charlene Hampton, RPh | Anchorage |
| Arthur S. Hansen, DDS | Fairbanks |
| R. Duane Hopson, MD | Anchorage |
| Thomas Hunt, MD | Anchorage |
| Diane Liljegren, MD | Ketchikan |
| Ronald J. Miller, RPh | Chugiak |
| Michael C. Norman, MD | Anchorage |
| Gregory R. Polston, MD | Anchorage |
| Richard C. Reem, MD | Fairbanks |
| Sherrie D. Richey, MD | Anchorage |
| Janice L. Stables, MSN, ANP | North Pole |
| George Stransky, MD | Anchorage |
| Alexander H. vonHafften, MD | Anchorage |
| Trish D. White, RPh | Sitka |

PDL

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- › Cont.

PDL QL

[:Choos

Alaska Department of Health and Social Services Pharmacy & Therapeutics Committee Procedures

In November 2003, the Pharmacy and Therapeutics (P&T) Committee appointed by Commissioner Gilbertson began reviewing pharmaceutical classes to identify drugs that are clinically and therapeutically equivalent, and potentially cost less than other drugs in the same class.

- The P&T Committee Website provides public notice of the drug classes to be considered, drugs adopted, public notices, meeting agendas, meeting minutes, drug review schedules, clinical submission forms, committee membership and Department of Health and Social Service contact individuals.
<http://hss.state.ak.us/dhes/PDL/>
- Additional meeting notices are published in Anchorage, Juneau and Fairbanks newspapers at least ten days prior to the meeting.
- Clinical Submission forms are posted on the P&T Website for pharmaceutical companies to submit drug information for review and consideration by the P&T Committee.
- The Department's contractor, First Health Services Corporation, prepares a pharmaceutical analysis of each drug to be reviewed and compiles the Clinical Submission forms for P&T Committee review.
- At least two weeks prior to the meeting, P&T Committee members are provided packets containing analytical information on the drug classes under review. The Committee members review the materials in preparation for the meeting.
- Prior to the beginning of the P&T Committee meeting, persons wishing to testify on the drug classes under review indicate their intent by registering at the door, listing name, title, company or agency they are representing.
- Following the call to order, presenters testify before the P&T Committee in the order they registered. Each presenter is allowed five (5) minutes to testify. At the end of public testimony the P&T Committee members are provided time to ask questions or make comments to the public presenters.
- After testimony from all registered parties is completed, the P&T Committee reviews the drug classes to determine clinical efficacy and therapeutic equivalency. Physicians who are specialists in the particular clinical area under review are invited to testify on the drugs to provide additional information.

- The First Health Service Corporation and Department of Health and Social Services Pharmacists also provide clinical information on each drug class, along with guidelines and scientific evidence on equivalency of drugs.
- The P&T Committee also takes under consideration the medical necessity exclusions or special criteria of a single or multiple agents.
- After testimony and discussion, P&T Committee members vote on each drug class. At least 51% of P&T committee quorum must vote to adopt the preferred drug.
- A representative of First Health Services Corporation and Department staff review the Committee-adopted drug classes, identify which drugs are included in the multi-state supplemental rebate agreement, and report their findings to the P&T Committee.
- Recommendations made by the P&T Committee are considered final and are not reviewed again until new clinical information is presented to the P&T Committee. After the P&T Committee completes its review of all drug classes. The P&T Committee will continue meeting on a quarterly basis to review new drugs and new research as it becomes available.
- Breakthrough drugs in a class containing preferred drugs may be addressed upon a call for a special meeting of the P&T Committee outside of the quarterly meeting.

Timeline of Public Process

| Date | Activity |
|----------------------|---|
| Aug 26, 2003 | Medical Services Networking Committee at ANTHC-Presentation |
| Sep 3 rd | Dillingham-Presentation |
| Sep 4 th | Fairbanks-Presentation |
| Sep 11 th | ASHNA-Presentation |
| Sep 16 th | Physicians and Surgeons group-Presentation |
| Sep 18 th | Soldotna/Homer Pioneers' Home convention-Presentation |
| Sep 19 th | Advisory Boards of the Alaska Mental Health Trust Authority-Statewide |
| Sep 22 nd | Ketchikan General Hospital-Presentation |
| Sep 23 rd | Sitka Hospital-Presentation |
| Sep 25 th | Children's Trust Fund meeting-Presentation |
| Sep 29 th | Public meeting at the Anchorage Legislative Office |
| Sep 30 th | Public meeting at the Fairbanks Legislative Office |
| Oct 2 nd | Public meeting at the Juneau Legislative Office |
| Oct 7 th | Bartlett Regional Hospital, Juneau-Presentation (Over 50 physicians and other staff attended) |
| Oct 7 th | First Health signed the contract Amendment |
| Oct 9 th | Governor's Council in Talkeetna- Presentation |
| Oct 9 th | Advance Planning Document completed for CMS |
| Oct 10 th | First meeting of the Pharmacy & Therapeutics Committee <i>Adopted by-laws and selected the first drug classes to be reviewed</i> |
| Oct 11 th | ASMA-Presentation |
| Oct 20 th | Circulate draft educational letters to Medicaid providers and beneficiaries for internal approval |
| Oct 28 th | Presentation to Bethel Hospital |

| <i>Date</i> | <i>Activity</i> |
|---------------------------|--|
| Nov 1 st | Distribute meeting materials for next Pharmacy & Therapeutics Committee meeting |
| Nov 21 st | Pharmacy and Therapeutics Committee Meeting <i>Approve preferred drugs for initial four classes</i> |
| Dec 1 st | Distribute materials to Pharmacy and Therapeutics Committee members for the next meeting |
| Dec 7 th | CMS approves contract amendment for pharmacy program change |
| Dec 19 th | First notification of Preferred Drug List to all providers. |
| Dec 31 st | Second notification of pharmacy program changes to all registered Medicaid providers |
| Dec 31 st | Submit the Medicaid State Plan Amendment |
| Jan 5, 2004 th | Send recipient letter explaining Preferred Drug List |
| Jan 2 nd | Publish the drug classes to be reviewed in February |
| Jan 16 th | Pharmacy & Therapeutics Committee meeting |
| Jan 21 st | Presentation to Anchorage Nurse Practitioner Association |
| Feb 13 th | Pharmacy & Therapeutics Committee meeting |
| Feb 28/29 th | Presentation to Pharmacy Association |
| Mar 19 th | Pharmacy & Therapeutics Committee meeting |
| Apr 9 th | Presentation to Anchorage Regional Hospital Grand Rounds |
| May 19 th | Implement 14 classes of drugs with soft edits |
| May 21 st | Pharmacy & Therapeutics Committee meeting |

Alaska Medicaid Pharmacy and Therapeutics Committee

Meeting date March 19, 2004

Frontier Building, 3601 C Street; Room 880/890

Agenda

Call in: 1-800-315-6338. Use access code 735#.

| | | |
|---|----------------------|-------------------|
| Drug classes to be discussed as time allows. Call to order - Chair | Richard Brodsky, MD | 8:00 a.m. |
| Introduce New Members | Richard Brodsky, MD | |
| Roll call | Richard Brodsky, MD | 8:00 – 8:10 |
| Public Comment - (See guidelines on page 2) | | 8:10 – 8:55 |
| P&T Questions & Comments for public | | |
| President of AK State Medical Association | Alex Malter, MD | |
| Review / Approve Minutes from earlier meetings | Richard Brodsky, MD | |
| Calcium Channel Blockers: Dihydropyridine Calcium Channel Blockers Non-Dihydropyridine Calcium Channel Blockers <ul style="list-style-type: none">• Time for Calcium Channel Blockers - discussion & vote• Vote on motions | Sandy Kapur, Pharm D | Time as needed |
| BREAK | | Approx 10:00 a.m. |
| Inhaled and Nebulized Corticosteroids Time for discussion on Inhaled and Nebulized Corticosteroids <ul style="list-style-type: none">• Vote on motions | Sandy Kapur, Pharm D | Time as needed |
| Nasal Steroids Time for discussion and vote on Nasal Steroids <ul style="list-style-type: none">• Vote on motions | Sandy Kapur, Pharm D | Time as needed |
| Quinolones: Second Generation & Third Generation Time for discussion & vote on Quinolones: Second & Third Generation <ul style="list-style-type: none">• Vote on motions | Sandy Kapur, Pharm D | Time as needed |
| Lipotropics: Fibric acid derivatives & Statins <ul style="list-style-type: none">• Time for discussion & vote on Lipotropics: Fibric acid derivatives & Statins• Vote on motions | Sandy Kapur, Pharm D | Time as needed |
| Classes for next P&T meeting | | 5 minutes |
| Final Comments by Chair or other members | | 5 minutes |
| Closing | | Noon or before |

GUIDELINES FOR PROVIDING COMMENT to the ALASKA P&T COMMITTEE
February 13, 2004

1. All interested speakers will be required to provide the Committee with the name of their organization, the speaker's relationship to the organization and topic area.
2. The time on the agenda for each agenda item is limited. An individual's comments to the committee are limited to a maximum of five (5) minutes in total.
3. Only one speaker "slot" will be available per meeting representing a single manufacturer or interest group. Within the allowable five (5) minute time period, multiple speakers may share this "slot".
4. NO reference or information as to pricing is allowed in any comment(s). Such information will be considered reason for immediately ending the comment opportunity.
5. It is requested that comment provided in relation to specific medications be directed toward how this product is clinically superior or the specific advantage(s) it offers, new evidence/research results or synergistic outcomes which have been demonstrated.
6. Written medical information is not accepted at the P&T meeting. This is to be submitted First Health prior to the meeting.

Medicaid Recipients visits his/her doctor Doctor prescribes a Medicaid Non-preferred drug

- Patient visits doctor.
- Doctor completes exam.
- Doctor prescribes a Medicaid Non-preferred drug due to an adverse drug reaction to the preferred drug.
- Doctor writes prescription with statement of medical necessity.
- Patient takes prescription to pharmacy.
- Pharmacist checks recipient identification, takes name, address, Medicaid eligibility sticker and the prescription.
- Pharmacist enters prescription into pharmacy computer with patient demographic information.
- Pharmacist sends prescription claim to First Health over point-of-sale system.
- Two seconds later, the pharmacist receives an alert that the prescription drug is a Medicaid Non-preferred drug.
- Pharmacist re-sends the prescription claim with an "8" in the prior authorization type code field.
- In two seconds the pharmacist receives a paid claim status.
- Pharmacist counsels the patient on the drug.
- Patient pays the co-pay and leaves the pharmacy with the filled prescription.

| RX PRESCRIPTION | |
|----------------------------|--|
| Name: Ms. Recipient | John Doe, M.D. 1120 Any Street Anchorage, AK 99501 |
| Address: 1011 Any Lane | |
| <i>Medically necessary</i> | |
| RX | Atacand 16 mg #30 Sig: 1 tab daily |
| Signed | <i>John Doe, MD</i> |

States with PDLs

- Alabama
- Alaska
- Connecticut
- District of Columbia
- Florida
- Georgia
- Idaho
- Iowa
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Mississippi
- Montana
- Missouri
- Michigan
- Minnesota
- Nevada
- New Hampshire
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Tennessee
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

States with rules/regulations

- Alabama
-
- Connecticut
- District of Columbia
- Florida
- Georgia
- Idaho
- Iowa
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Mississippi
- Montana
- Missouri
- Michigan
- Minnesota
- Nevada
- New Hampshire
- North Dakota
-
- Oklahoma
- Oregon
- Tennessee
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House HESS

Committee on HB 543 Committee Name
 Dated 4/13/04
 Bill / Subject

Madam Chair Wilson and members of the House Health, Education and Social Services committee,

Thank you for scheduling this public testimony on HB 543.

My name is Betsy Turner-Bogren, Fairbanks District Manager for the American Diabetes Association. Over 40,000 Alaskans are affected by diabetes - a serious and deadly disease. Although we generally support HB 543 at this time, we do have questions.

These include: does the language "prescription drugs", "drug lists", etc. include the medically prescribed supplies that are necessary to manage diabetes? Examples of such supplies are blood sugar monitors, test strips, insulin syringes, pens and pumps. Without these supplies, the daily challenge of blood sugar and disease management cannot be achieved.

We urge you to make sure this legislation will actually support the needs of the 40,000 Alaskans living with diabetes.

SIGNED:

Betsy Turner-Bogren Thank you for your time.
 Testifier

American Diabetes Association
 Representing

PO Box 80728 Fairbanks, AK 99708 / 907/457-1557
 Address / Phone Number

**Alaska
Breast
Cancer
Advocacy
Partners**



RECEIVED

APR 16 2004

April 13, 2004

To House HESS Committee:

Subject: HB 543 –Medicaid and Prescription Drugs

Reference: To be submitted as testimony at April 13, 2004 Hearing

Dear Committee Members:

Alaska Breast Cancer Advocacy Partners (ABCAP) supports HB 543 because we feel it is important for licensed medical providers to have the option of choosing a prescription drug that best fits the medical history of their patient. Physicians need to prescribe the drug that gives the patient the best outcome. People's tolerances to drugs are different. Physicians should not be forced into making a decision that could put the patient's health at risk because of a PDL. Although PDL's are cost effective measures, this is not a "one-size-fits-all" world.

Sincerely,

A handwritten signature in cursive script that reads "Carla Williams".

Carla Williams
President
345-8060