## A BILL FOR AN ACT

RELATING TO HUMAN SERVICES.

### BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

| 1   | PART I  |
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| 2   | SECTION 1. The State's worsening economy has impacted many      |
| 3   | state programs, including those overseen by the department of   |
| 4   | human services which serves the neediest populations in Hawaii. |
| 5   | A continued bleak economic outlook jeopardizes the services     |
| 6   | provided by the department of human services. Families closest  |
| 7   | to the poverty line will suffer the most with funding for basic |
| 8   | necessities being eliminated. The legislature finds that it is  |
| 9   | important to reduce costs where possible in order to restore    |
| 10  | many human services programs that are vital to our communities. |
| 11. | SECTION 2. Chapter 346, Hawaii Revised Statutes, is             |
| 12  | amended by adding a new section to be appropriately designated  |
| 13  | and to read as follows:   |
| 14  | "§346- QUEST managed care plans. (a) In contracting             |
| 15  | with managed-care organizations for the provision of medicaid   |
| 16  | benefits under the QUEST program, the department shall ensure:  |

| 1  | (1)                                   | That each managed-care health plan includes provisions  |
|----|---------------------------------------|---|
| 2  |                                       | for a co-payment, which shall be not less than \$5 and  |
| 3  |                                       | not more than \$20 for each:                            |
| 4  |                                       | (A) Office visit;                                       |
| 5  | e e e e e e e e e e e e e e e e e e e | (B) Filling or re-filling of prescription drugs;        |
| 6  |                                       | (C) Outpatient service; and                             |
| 7  |                                       | (D) Emergency-room visit;                               |
| 8  |                                       | provided that these co-payments shall not be applied    |
| 9  |                                       | to inpatient admission or services;                     |
| 10 | (2)                                   | That proposed co-payment schedules in each managed-     |
| 11 |                                       | care health plan are reviewed prior to implementation   |
| 12 |                                       | by the managed-care organization;                       |
| 13 | (3)                                   | That a formulary for prescription-drug coverage is      |
| 14 |                                       | developed and mandated for use by each managed-care     |
| 15 |                                       | health plan; and  |
| 16 | (4)                                   | That the medical necessity provision, pursuant to       |
| 17 |                                       | section 432E-1.4, is applied with respect to health     |
| 18 |                                       | care coverage provided under each managed-care health   |
| 19 |                                       | plan.   |
| 20 | (b)                                   | Subsection (a) shall apply after January 1, 2011, and   |
| 21 | shall be                              | restricted to the provision of medical benefits to non- |
| 22 | pregnant a                            | adults over eighteen years of age.                      |
|    |                                       |   |

1 The department shall report annually to the 2 legislature on the aggregate number of recipients receiving 3 benefits under both QUEST and a private health care plan no 4 later than twenty days prior to the convening of each regular 5 session." 6 PART II 7 SECTION 3. The number of individuals who require treatment 8 for mental health issues is growing. Prescription medications, 9 such as psychotropic drugs, have become increasingly expensive **10** and are not always effective on every patient. With the current 11 difficult economic climate, alternatives must be explored to 12 implement cost saving measures while preserving an appropriate 13 level of care. The legislature believes that patients should 14 have access to necessary medication, the medication should also be monitored for effectiveness, and the possibility of using 15 16 generic medications should be explored. 17 SECTION 4. Section 346-59.9, Hawaii Revised Statutes, is 18 amended to read as follows: 19 "\$346-59.9 Psychotropic medication. (a) This section 20 shall apply only to the QUEST, QUEST Expanded Access, and fee-21 for-service programs administered by the department when the 22 department or the department's contracted health plan is the

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| . 1 | primary insurer. When the department is the secondary insurer,               |
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| 2   | the department and its contracted health plans shall be                      |
| 3   | responsible for the secondary insurer's share of any                         |
| 4   | psychotropic medication covered by the primary insurer.                      |
| ,5  | [ <del>(a)</del> ] <u>(b)</u> The department and its contracted health plans |
| 6   | shall not impose any restriction or limitation on the coverage               |
| 7   | for, or a recipient's access to, [psychotropic medication;                   |
| 8   | provided that the psychotropic medication shall be prescribed by             |
| 9   | a psychiatrist, physician, or an advanced practice registered                |
| 10  | nurse with prescriptive authority under chapter 457, duly                    |
| 11  | licensed in the State. antipsychotic medication.                             |
| 12  | (c) The department and its contracted health plans shall                     |
| 13  | not impose any restriction or limitation on the coverage for, or             |
| 14  | a recipient's access to, antidepressant medication other than:               |
| 15  | (1) Requiring that an individual must have two failed                        |
| 16  | attempts on a generic antidepressant medication to                           |
| 17  | receive coverage for all new brand antidepressant                            |
| 18  | prescriptions; and   |
| 19  | (2) Requiring that if an individual does not have two                        |
| 20  | failed attempts on a generic antidepressant                                  |
| 21  | medication, that individual shall receive coverage for                       |
| 22  | a brand-name antidepressant medication with prior                            |

| 1  | authorization by the prescriber; provided that one               |
|----|--|
| 2  | three-day supply of the brand-name antidepressant                |
| 3  | medication shall be covered if requested by the                  |
| 4  | prescriber while a prior authorization request                   |
| 5  | submitted by that prescriber is pending.                         |
| 6  | For purposes of this subsection, a "failed attempt" means        |
| 7  | that the prescribed generic antidepressant at maximum approved   |
| 8  | dosage is not effective in treating the individual or the        |
| 9  | individual's compliance is compromised due to the side effects   |
| 10 | caused by the medication.  |
| 11 | (d) The department and its contracted health plans shall         |
| 12 | not require any individual that is stable on a brand-name        |
| 13 | antidepressant as of the effective date of Act , Session Laws    |
| 14 | of Hawaii 2010, to transfer to a different antidepressant,       |
| 15 | generic or brand-name, unless the individual becomes unstable    |
| 16 | and requires the medication to be altered.                       |
| 17 | (e) The department and its contracted health plans shall         |
| 18 | not require any individual that is stable on a brand-name anti-  |
| 19 | anxiety medication as of the effective date of Act , Session     |
| 20 | Laws of Hawaii 2010, to transfer to a different anti-anxiety     |
| 21 | medication, generic or brand-name, unless the individual becomes |
| 22 | unstable and requires the medication to be altered.              |

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| 1  | (f) Measures to ensure patient safety shall not constitute  |
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| 2  | a restriction or limitation on the coverage for, or a   |
| 3  | recipient's access to, a medication under subsections (b) and   |
| 4  | <u>(c).</u>   |
| 5  | $\left[\frac{\left(c\right)}{\left(c\right)}\right]$ (g) The department shall report to the legislature |
| 6  | no later than twenty days before the convening of each regular  |
| 7  | session on:   |
| 8  | (1) The number of <u>brand-name and generic</u> prescriptions   |
| 9  | written pursuant to this section; and   |
| 10 | (2) The [ <del>cost and impact of psychiatrists, physicians, or</del>                                   |
| 11 | advanced practice nurses prescribing medications,   |
| 12 | pursuant to this section, that are not part of the  |
| 13 | existing formulary; and   |
| 14 | (3) The overall use of psychotropic medication under  |
| 15 | chapter 346.] amount expended on brand-name and   |
| 16 | generic prescriptions written each fiscal year  |
| 17 | pursuant to this chapter.   |
| 18 | [ <del>(e)</del> ] (h) All psychotropic medications covered by this                                     |
| 19 | section shall be prescribed by a psychiatrist, a physician, or  |
| 20 | an advanced practice registered nurse with prescriptive   |
| 21 | authority under chapter 457 and duly licensed in the State.   |
| 22 | [ <del>(c)</del> ] <u>(i)</u> As used in this section[ <del>, "psychotropic</del> ]:                    |
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| 1  | "Anti-anxiety medication" means those medications included       |
|----|--|
| 2  | in the United States Pharmacopeia's anxiolytic therapeutic       |
| 3  | category.  |
| 4  | "Antidepressant medication" means those medications              |
| 5  | included in the United States Pharmacopeia's antidepressant      |
| 6  | therapeutic category.  |
| 7  | "Antipsychotic medication means those medications included       |
| 8  | in the United States Pharmacopeia's antipsychotic therapeutic    |
| 9  | category.  |
| 10 | "Psychotropic medication" means only those agents approved       |
| 11 | by the United States Food and Drug Administration for the        |
| 12 | treatment of mental or emotional disorders."                     |
| 13 | PART III   |
| 14 | SECTION 5. The department of human services currently            |
| 15 | provides certain death benefits for individuals who were medical |
| 16 | assistance or financial assistance recipients at the time of     |
| 17 | death. The legislature finds that it is appropriate for the      |
| 18 | department of human services to issue a death benefit amount     |
| 19 | equivalent to the Social Security Administration's lump-sum      |
| 20 | death benefit if the deceased individual is ineligible for the   |
| 21 | Social Security Administration's lump-sum death benefit, and to  |

- 1 bear a larger cost for certain services for unclaimed corpses,
- 2 if necessary.
- 3 SECTION 6. Section 346-15, Hawaii Revised Statutes, is
- 4 amended to read as follows:
- 5 "§346-15 [Burial of] Death benefits for deceased medical
- 6 or financial assistance recipients [or] and disposition of
- 7 unclaimed corpses. (a) Where the decedent was a medical
- 8 assistance or financial assistance recipient at the time of
- 9 death and is ineligible for the social security lump-sum death
- 10 benefit, [The] the department of human services may [bear the
- 11 cost of the burial of deceased medical or financial assistance
- 12 recipients or unclaimed corpses. Burial services include the
- 13 customary mortuary, crematory, cemetery, and other services
- 14 essential in providing a dignified burial.] issue a lump-sum
- 15 death benefit in an amount equal to the Social Security
- 16 Administration's lump-sum death benefit for the year in which
- 17 the recipient died.
- 18 (b) [The department may pay for mortuary and crematory
- 19 services to be furnished by any licensed provider of mortuary
- 20 and crematory services. Mortuary and crematory payments shall
- 21 be made to the extent of cost, or in the sum of \$400, whichever
- 22 is less.] The department may authorize and bear the cost of the

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- 1 mortuary and crematory services for unclaimed corpses furnished
- 2 by any licensed provider of mortuary or crematory services.
- 3 Payments for mortuary and crematory services shall be made to
- 4 the extent of the cost, or in the sum of \$800 in total,
- 5 whichever is less, for each unclaimed corpse.
- 6 (c) [The department may pay for cemetery services, to be
- 7 furnished by any licensed provider of cemetery services.
- 8 Cemetery payments shall be made to the extent of cost, or in the
- 9 sum of \$400, whichever is less.
- 10 (d) In cases where the decedent is survived by relatives,
- 11 the relatives shall be permitted to make their own arrangements
- 12 for the burial or cremation of their deceased relative.
- (e) The person submitting an application for funeral
- 14 payments under the department's funeral payment program, ] Any
- 15 person submitting an application for the lump-sum death benefit
- 16 described in subsection (a) on behalf of a deceased medical or
- 17 financial assistance recipient, shall have sixty days from the
- 18 date of the death of the deceased to submit the application [for
- 19 funeral payments] to the department. [This subsection shall not
- 20 apply to applications submitted by the respective county medical
- 21 examiner or coroner on behalf of unclaimed corpses.

1 (f) All unclaimed corpses shall be cremated. The 2 department of human services shall authorize the cremation of 3 unclaimed corpses.] 4  $\left[\frac{\langle q \rangle}{\langle q \rangle}\right]$  (d) A person or public or private agency, including 5 the department of human services, shall not be liable for any 6 damage or subject to criminal prosecution for any act done 7 pursuant to and in compliance with this section. 8 [<del>(h)</del>] (e) For the purposes of this section, "unclaimed 9 corpse" means the remains of any deceased person for whom no one 10 has assumed responsibility for disposition of the body within five working days, excluding weekends, from the date of death 11 12 and about whom the department and the respective county medical 13 examiner or coroner have no actual knowledge of a legally 14 responsible party. 15 [(i)] (f) The department shall adopt rules pursuant to 16 chapter 91 for purposes of administering and implementing this 17 section." 18 SECTION 7. The department of human services is prohibited 19 for expending any moneys from the medicaid budget on purposes or 20 programs that have not been specifically authorized by the 21 legislature. Moneys appropriated for medicaid programs may not

be transferred, shifted, moved, changed, or spent on any

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- 1 programs other than programs directly related to medicaid or
- 2 programs specifically appropriated for by the legislature.
- 3 SECTION 8. If any provision of this Act, or the
- 4 application thereof to any person or circumstance is held
- 5 invalid, the invalidity does not affect other provisions or
- 6 applications of the Act, which can be given effect without the
- 7 invalid provision or application, and to this end the provisions
- 8 of this Act are severable.
- 9 SECTION 9. Statutory material to be repealed is bracketed
- 10 and stricken. New statutory material is underscored.
- 11 SECTION 10. This Act shall take effect on July 1, 2050.

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### Report Title:

Department of Human Services; QUEST

#### Description:

Requires the department of human services to include certain provisions in each contract with managed care organizations for the provision of Medicaid benefits under QUEST; makes amendments to the QUEST psychotropic benefits; provides a state lump-sum death benefit in an amount equal to the Social Security Administration's lump-sum death benefit for deceased medical or financial assistance recipients who are ineligible for the Social Security Administration benefit. Prohibits the DHS from any expenditures appropriated for Medicaid on any programs not specifically related to Medicaid or not authorized by the Legislature. Effective July 1, 2050. (SD1)

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