

## **Advocates for a North Carolina Prescription Drug Assistance Program**

*A brief history*

**16 May 2008**

**Who are we?** A broad alliance of statewide organizations and community-based agencies that have come together in response to enactment of the Medicare Modernization Act and our shared concern for Medicare beneficiaries in North Carolina. When Medicare-approved drug benefits began in January 2006, NC Senior Care ended and many of the drug manufacturers were pulling away from helping Medicare beneficiaries.

**How often have we met and what have we accomplished?** This is our third meeting.

Our first meeting was on **March 7<sup>th</sup> 2006** and was supported with a small grant from the Robert Wood Johnson Foundation's Community Health Leadership Program. A facilitator helped the group prioritize state and national concerns. A steering group was formed to ensure the issues we raised – particularly at the state level – would continue on the front burner. We created a listserv – thanks to Health and Disability Advocates. We considered trying to raise North Carolina's eligibility guidelines for Medicare Savings Programs (QMB, SLMBY, E1) up to 200% FPL as a way to automatically qualify many more Medicare beneficiaries for the federal low income subsidy or "extra help" with Medicare D.

The steering committee began meeting regularly to discuss "wrap around" options and collectively "crunch numbers." By April 27, we had ironed out our Basic Tenets and asked organizations to begin formally endorsing these tenets. We began creating position papers to share with leadership at the NC Health and Wellness Trust Fund (HWTF) Commission and the NC General Assembly. We noted that an investment in a qualified SPAP (State Pharmacy Assistance Program) would help Medicare beneficiaries "pull down" federal funds.

**On September 25, 2006** – the statewide coalition met again and we agreed to:

1. Send the basic tenets back out to the group and ask each agency to re-enlist their support of these tenets and grow the list of supporters.
2. Ensure that NC DHHS Secretary Hooker Odom and her office understand our concerns.
3. Create legislative strategies for the upcoming long session.
4. Work with the NC Hospital Association, Rural Health Clinics, etc. to get them more on board as they can greatly benefit from a SPAP.
5. Monitor the work of the HWTFC study group that will look at access to medications.
6. Articulate where the funding for a SPAP could come from without dictating where it has to come from.
7. Educate others about what can count towards TrOOP and what does not.
8. Help educate folks about the drug company PAPs and how they interact with Medicare Part D benefits.
9. Help educate doctors about Medicare Part D via AHEC system, etc.

We then worked with NC Senate (Bill 1651) and House (Bill 2320) leadership to obtain:

- (1) \$20,000,000 to be used to provide prescription drug premium assistance for Medicare beneficiaries at or below 200% of the federal poverty level.
- (2) \$5,000,000 to be used to provide grants-in-aid to local agencies to provide prescription drug access and medication therapy management services and to be used for administrative and management costs for the program.

The NCGA did not support our proposals.

## **October 2006**

October 13<sup>th</sup> – Lt. Governor Perdue announced a medication therapy management program for seniors in the state – now known as ChecKmeds NC. It is administered by Outcomes Pharmaceutical Care and run by the NC DHHS – Office of Rural Health and Community Care. The HWTF earmarked \$2 million for the program and it was to last 30 months – until June 2009. It did not begin until October 2007.

October 18<sup>th</sup> - Governor Easley announced \$24M over 30 months to begin NCRx (only for seniors 65 and older with incomes up to 175% FPL with an assets test). The funding was to come from the Health and Wellness Trust Fund Commission.

**Late 2006/Early 2007** – Several Advocates attended and made presentations at two meetings with the Task Force *for a Healthier North Carolina*. We provided input to the Task Force’s report: Findings and Recommendations on Medicare Part D and Access to Prescription Drug Coverage for North Carolina’s Seniors.

**Summer 2007** – We worked with the leadership in the NCGA to request \$500,000. This money was to be used to improve outreach for the federal LIS and NCRx and to improve community capacity around Medicare-approved drug benefits. Ultimately, \$250,000 was approved.

**September 2007** – SHIIP (with help from several members of the statewide Medicare Partners group) created RFP’s and SHIIP began administering \$250,000 in grants mentioned above. SHIIP (via NC DHHS) allocated roughly 25 grants of \$10,000 each as one-time funding.

**December 2007** – We sent a letter to Governor Easley and Lt. Governor Perdue to thank them for their leadership and to share our concerns with NC’s SPAP (NCRx). We understood that only “adjustment” they were recommending (despite such low enrollment) was to increase the premium assistance from \$18 “up to” \$29. (See letter) We asked them to re-consider and:

- 1. Include younger individuals with disabilities in the NCRx benefit**
- 2. Increase the income eligibility guidelines from 175% to 200% FPL**
- 3. NCRx assets limits (\$20,412/single or \$30,618) are higher than the federal subsidy benefit; however, they could be waived as another method to decrease administrative burden, increase enrollment, and not punish the frugal**
- 4. Include cost-sharing assistance for co-pays, deductible and co-insurance (via a medication debit card) and/or increase the amount of premium assistance**

**May 2008** – Third statewide summit of the Advocates in Durham. The group re-affirmed the 4 basic tenets and agreed to work together to advocate with the Health and Wellness Trust Fund and the NC General Assembly to make these needed changes to NCRx. The group also agreed to support the continuation of ChecKmeds NC. The Steering committee for the Advocates and this meeting are: Mary Bethel, AARP NC; John Coburn, Health & Disability Advocates; Abby Carter Emanuelson, National Multiple Sclerosis Society; Jennifer Mahan, Mental Health Association in North Carolina; Detra Morton, RxAP, and a voice for the NC Association of Free Clinics; and Gina Upchurch, Senior PharmAssist and the Durham Medicare Rx Network.

**On-going** – Carla Obiol (SHIIP) continues to share information that comes from CMS and John Coburn (Health and Disability Advocates) also share important Medicare advocacy information (Center for Medicare Advocacy, Kaiser Family Foundation, etc.). Several members of the steering committee follow the HWTF and NCGA budget processes.