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HOUSE BILL NO. 388

Offered January 11, 2006

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A BILL relating to the I-SaveRx program.

Patrons—Englin, Armstrong, BaCote, Bowling, Brink, Ebbin, Eisenberg, Johnson, McClellan, Miller, Moran, Plum, Poisson, Shuler, Sickles, Toscano, Tyler, Ward and Ware, O.

Referred to Committee on Rules

Whereas, many older and disabled Americans must make purchase choices relating to essential needs, such as food and medicine, on a daily basis; and

Whereas, an estimated one million to two million Americans buy drugs in Canada, where they are up to 50 percent cheaper because of price controls; and

Whereas, payment for prescription drugs is the fastest growing segment of health care expenditures in the nation and in the Commonwealth; and

Whereas, Illinois, Iowa, Kansas, Michigan, Minnesota, and Vermont have joined the I-SaveRx program to facilitate the purchase of prescription drugs from Canada as well as from Ireland and the United Kingdom; now, therefore,

Be it enacted by the General Assembly of Virginia:

1. §1. *Memorandum of understanding to enter the I-SaveRx program.*

A. *For the purpose of establishing a memorandum of understanding between the Commonwealth of Virginia and the State of Illinois that allows all Virginia citizens to purchase prescription drugs through the program, the Secretary of Health and Human Resources shall enter into discussions with the states that are participating in the I-SaveRx prescription drug program implemented by the State of Illinois in October 2004. The memorandum of understanding shall be executed by January 1, 2007.*

B. *In consultation with the Board of Pharmacy and the Office of the Attorney General, the Secretary of Health and Human Resources shall:*

1. *Evaluate the I-SaveRx prescription drug program to assess whether the proposed terms of the memorandum of understanding with the State of Illinois meet the current levels of safety and quality assurance afforded Virginia residents relating to the purchase of prescription drugs and whether the proposed terms will provide Virginians access to more affordable prescription drugs.*

2. *Evaluate the I-SaveRx prescription drug program to assess whether the legal rights of Virginians would be compromised as a condition of participating in the program.*

3. *Submit quarterly written reports to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on the status of negotiations on the I-SaveRx memorandum of understanding with the State of Illinois.*

4. *Upon implementation of the I-SaveRx prescription drug program in Virginia, submit quarterly written analysis of participation in the program by Virginians.*

5. *Upon implementation of the I-SaveRx prescription drug program in Virginia, convene a task force, which he shall chair, consisting of the Commissioner of Health, the Commissioner of Social Services, the Director of the Department of Medical Assistance Services, and the Executive Director of the Board of Pharmacy. The task force shall submit recommendations to the Governor, the House Committees on Appropriations and Health, Welfare and Institutions, and the Senate Committees on Finance and Education and Health on the funding necessary to publicize and market the program; develop communications and marketing tools for the program, including enrollment forms, brochures, information on state websites, and promotional items; and outreach to health care providers and relevant health care associations.*

C. *If a memorandum of understanding between Virginia and the State of Illinois for participation in the I-SaveRx prescription drug program is not executed prior to January 15, 2007, the Secretary of Health and Human Resources shall submit a written report to the Governor, the House Committees on Appropriations and Health, Welfare and Institutions, and the Senate Committees on Finance and Education and Health specifying the reasons why purchasing prescription drugs through the program would (i) dilute the safety and quality assurance protections currently afforded Virginians relating to the purchase of prescription drugs; (ii) not provide Virginians with increased access to more affordable prescription drugs; or (iii) compromise the legal rights of Virginia participants in the program.*

INTRODUCED

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