
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1497 Session of 2008

INTRODUCED BY ERICKSON, LOGAN, SCARNATI, COSTA, RAFFERTY,
MADIGAN, PUNT, HUGHES, ORIE, O'PAKE, PIPPY, BOSCOLA,
GREENLEAF, DINNIMAN, STACK, FOLMER, TOMLINSON, ROBBINS,
MUSTO, RHOADES, FUMO, FONTANA, KITCHEN, D. WHITE, WONDERLING,
KASUNIC, WOZNIAK, BROWNE, A. WILLIAMS, WASHINGTON, CORMAN,
EARLL, BAKER, VANCE, BRUBAKER, McILHINNEY, REGOLA, M. WHITE,
STOUT, PICCOLA, PILEGGI AND EICHELBERGER, JUNE 19, 2008

REFERRED TO PUBLIC HEALTH AND WELFARE, JUNE 19, 2008
AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An
2 act to consolidate, editorially revise, and codify the public
3 welfare laws of the Commonwealth," in public assistance,
4 adding definitions; and further providing for established
5 drug regimens.

6 The General Assembly of the Commonwealth of Pennsylvania
7 hereby enacts as follows:

8 Section 1. Section 402 of the act of June 13, 1967 (P.L.31,
9 No.21), known as the Public Welfare Code, is amended by adding
10 definitions to read:

11 Section 402. Definitions.--As used in this article, unless
12 the content clearly indicates otherwise:

13 * * *

14 "Managed care contractor." A managed care organization
15 providing managed care services relating to physical health care
16 to recipients under one or more contracts with the Department of
17 Public Welfare for the provision of mandatory managed care or
1 voluntary managed care.

2 "Managed care organization." A public or private
3 organization that is a federally qualified health maintenance
4 organization or meets the State plan's definition of a health
5 maintenance organization or otherwise qualifies as a managed
6 care plan as defined in Article XXI of the act of May 17, 1921
7 (P.L.682, No.284), known as "The Insurance Company Law of 1921."

8 "Mandatory managed care." The Commonwealth's HealthChoices
9 Program, which provides mandatory managed health care to
10 recipients in specified areas of this Commonwealth through
11 contracts with managed care organizations.

12 "Medical assistance." The Commonwealth program authorized by
13 Subchapter XIX of the Social Security Act (49 Stat. 620, 42
14 U.S.C. § 1396 et seq.), and authorized in this Commonwealth
15 under this act and subject to regulations promulgated under
16 Subchapter XIX of the Social Security Act and this act. The term
17 includes any successor program implemented by either the Federal
18 Government or the Commonwealth, to the extent a contractor

19 provides services with respect to the program.

20 * * *

21 "Recipient." An individual eligible to receive health care
22 or health-related services under the medical assistance program.

23 * * *

24 "Voluntary managed care." The Commonwealth's program, which
25 provides voluntary managed care to recipients in specified areas
26 of the Commonwealth through contracts with managed care
27 organizations

28 * * *

29 Section 2. Section 459 of the act, added July 7, 2005

30 (P.L.177, No.42), is amended to read:

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1 Section 459. Established Drug Regimens.--(a) When
2 determining prior authorization criteria for a preferred drug
3 class, the department shall consider the potential destabilizing
4 effect on the recipient's health by any change in the
5 recipient's established drug regimen, including, but not limited
6 to, prescription drugs for human immunodeficiency virus (HIV),
7 acquired immune deficiency syndrome (AIDS), behavioral health,
8 hemophilia, hepatitis C, biologic drugs, immunosuppressants and
9 anticonvulsants.

10 (b) The department shall consider pharmaceutical services a
11 covered benefit under both mandatory managed care and voluntary
12 managed care which shall be provided and continued under
13 contracts with managed care contractors. Pharmaceutical benefits
14 shall remain a covered benefit, unless termination of this
15 benefit is approved by the General Assembly.

16 Section 3. This act shall take effect immediately.