THE HENRY J. KAISER FAMILY FOUNDATION

JULY 2007

MEDICARE

ISSUE BRIEF

The Role of State Pharmaceutical Assistance Programs in Serving Low-Income Medicare Beneficiaries Following the Implementation of Medicare Part D

July 2007

Introduction

Prior to the implementation of the Medicare prescription drug benefit in 2006, state pharmaceutical assistance programs (SPAP) helped to fill a critical gap in coverage for Medicare beneficiaries without prescription drug coverage, targeting resources to beneficiaries with relatively low incomes. When the prescription drug benefit went into effect in 2006, many states modified their programs to coordinate benefits with the changes in Medicare. Some states terminated their SPAPs, while others continued to offer prescription drug subsidies to low-income elderly or disabled residents as supplemental or "wrap around" benefits to Part D.

This policy brief examines the role of state pharmaceutical assistance programs in the year following the implementation of the Medicare prescription drug benefit. This brief does not focus on the role of state Medicaid programs using state funding to provide supplemental or wraparound benefits for Part D enrollees who are eligible for both Medicare and Medicaid (the "dual eligible" population). The analysis focuses on the landscape of the 25 "qualified" SPAPs offered in the 20 states and one territory, as of June 2007, that are not restricted to enrollment of specific disease groups and are available to the broader Medicare population in each state/territory. The information in this brief is derived from multiple sources in order to capture a greater understanding of the state programs available to assist low-income elderly and disabled Medicare beneficiaries with their prescription drug costs.[1]

SPAP Landscape

With the inception of the Medicare drug benefit on January 1, 2006, the role of state pharmaceutical assistance programs as prescription drug subsidy programs began to change. In 2003, 22 states offered state pharmaceutical assistance programs.[2] Some states had also created demonstration programs through the "Pharmacy Plus" Medicaid Section 1115 waiver project (authorized in 2002) to extend pharmacy coverage to certain low-income elderly and disabled individuals who were not otherwise eligible for Medicaid. With the implementation of Medicare Part D, however, the need for the Pharmacy Plus waiver program ended, and the few waiver programs in operation (in Illinois, South Carolina, Florida and Maryland) were phased out. Authorization for Wisconsin's Pharmacy Plus waiver program (the current SPAP) is scheduled to expire on December 31, 2007.

As of December 31, 2006, the Centers for Medicare and Medicaid Services (CMS) recognized 25 states operating 40 distinct "qualified" SPAPs, reflecting an increase in the number of operating programs since 2003. Most states that offered a pharmaceutical assistance program in 2003 continue to offer programs in 2007; however, several programs ceased operation in Florida, Kansas, Michigan and Minnesota. Programs in both Alaska and Wisconsin are current scheduled to terminate in 2007.[3]

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[1] See References for full list of sources used to compile the information in this report.

[2] Rizzo, Jasmine, Fox, Kimberley, Trail, Thomas, and Stephen Crystal. *State Pharmacy Assistance Programs: A Chartbook – Updated and Revised.* January 2007.

[3] Parts of Alaska's SenorCare program sunset in June 2007 unless extended by the legislature. Annual funding is subject to available funds and appropriations. Wisconsin's SeniorCare program is currently operating under a

Currently, nine states operate more than one SPAP. Six of these states (California, Delaware, Maryland, Pennsylvania, Texas and Wisconsin) offer at least one program with limited eligibility, targeting specific disease populations such as chronic renal disease. Four states (Illinois, Nevada, New Jersey and Pennsylvania) offer two programs that are available to the broader Medicare population.

What is a Qualified SPAP?

Prior to the Medicare Modernization Act (MMA), SPAPs were funded and operated solely by the individual states using only state dollars. In 2006, the MMA officially recognized SPAPs in federal law and provided $62.5 million in funding grants for SPAPs to educate participants about Medicare Part D plan options and benefits, and to support the administration of these state programs. Now, SPAPs are eligible to receive federal grants if they meet the guidelines established under section 1860D-23 of the Social Security Act.

CMS has outlined requirements that states must meet in order to operate a "qualified" SPAP. Once the state program is qualified, CMS will work with the state to coordinate benefits with Part D plans in the region. CMS requires each qualified SPAP to educate participants about Medicare Part D plan options and pharmacy networks, and provide equal opportunity for Part D plans to co-brand with the state program. SPAPs may not discriminate among the available Part D plans and must offer equal assistance to enrollees in all Part D plans, although some states have a preferred list of Part D plans with which they coordinate benefits. Payments made by the SPAP must count toward a beneficiary's true out-of-pocket costs, or TrOOP, an amount which is used to calculate when an enrollee reaches the initial coverage limit and catastrophic coverage limit in their Part D plan. Costs associated with deductibles, copayments, and formulary medications that are paid for by the SPAP count toward a beneficiary's TrOOP. Because payments from SPAPs count toward a beneficiary's TrOOP, enrollees in SPAPs may reach the catastrophic coverage limit sooner, at which point the enrollee is responsible for only 5 percent of their prescription drug costs. In contrast, payments by certain other third party payers, such as employer plans and AIDS Drug Assistance Programs (ADAP), do not count toward a beneficiary's TrOOP.

SPAP Eligibility

Eligibility for SPAPs are determined by the individual states and may require applicants to meet income, asset, age and Part D eligibility standards. Exhibit 1 displays the eligibility characteristics for each of the 25 qualified state programs; Exhibit 2 summarizes eligibility requirements.

Pharmacy Plus waiver, which was scheduled to expire on July 1, 2007 but has been extended through December 31, 2007.

Exhibit 1: Eligibility Requirements of Qualified State Pharmacy Assistance Programs

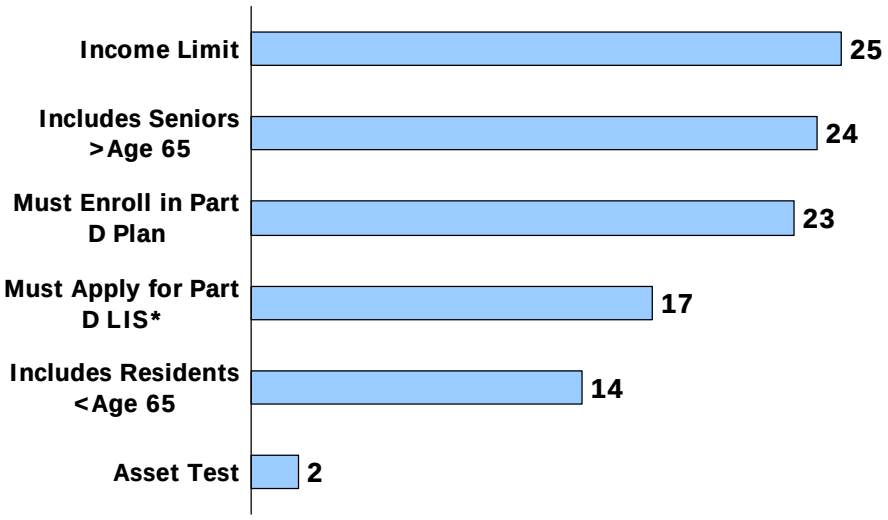
State	Program Name	Income Limit	Asset Test	Includes Medicare's Senior Population (≥ age 65)	Includes Medicare's Disability Population (< age 65)	Must Apply for Part D	Part D LIS[1] Application Required
Alaska[2]	SeniorCare	✓	✓	✓		✓	✓
Connecticut	Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled (ConnPACE)	✓		✓	✓	✓	✓
Delaware	Prescription Assistance Program	✓		✓	✓	✓	✓[4]
Illinois	Illinois Cares Basic	✓	[3]	✓	✓	✓	✓
Illinois	Illinois Cares Plus	✓		✓		✓	✓
Indiana	Hoosier Rx	✓	[3]	✓		✓	✓[5]
Maine	Low Cost Drugs for the Elderly and Disabled	✓		✓	✓	✓	
Maryland	Maryland Senior Prescription Drug Assistance Program	✓	[3]	✓		✓	✓[4]
Massachusetts	Prescription Advantage	✓	[3]	✓	✓	✓	✓[5]
Missouri	Missouri Rx Plan	✓		✓	✓	✓	
Montana	Big Sky Rx Program	✓	[3]	✓	✓	✓	✓
Nevada	Senior Rx	✓		✓	✓ (>age 62)	✓	✓
Nevada	Disability Rx	✓		-	✓	✓	✓
New Jersey	Prescription Assistance to the Aged and Disabled (PAAD)	✓	[3]	✓	✓	✓	✓
New Jersey	SeniorGold	✓		✓	✓	✓	✓
New York	Elderly Pharmaceutical Insurance Coverage (EPIC)	✓		✓			
North Carolina	NCRx	✓	✓	✓		✓	✓[5]
Pennsylvania	Pharmaceutical Assistance Contract for the Elderly (PACE)	✓		✓			
Pennsylvania	PACE Needs Enhancement Tier (PACENET)	✓		✓			
Rhode Island	Rhode Island Prescription Assistance for the Elderly (RIPAE)	✓		✓	✓ (>age 55)	✓	✓[5]
South Carolina	Gap Assistance Program for Seniors (GAPS)	✓		✓		✓	✓
U.S. Virgin Islands	Senior Citizens Affairs Pharmaceutical Assistance Program	✓		✓	✓ (>age 60)	✓	
Vermont	V-Pharm	✓		✓	✓	✓	✓
Virginia	Virginia Department of Health SPAP	✓		✓		✓	
Wisconsin[2]	SeniorCare	✓		✓			
TOTAL	**N = 25 States**	**25 Yes**	**2 Yes**	**24 Yes**	**14 Yes**	**21 Yes**	**17 Yes**

NOTES: ✓ = Yes [1]LIS is low-income subsidy. [2]Alaska's SeniorCare program was due to sunset June 30, 2007, and Wisconsin's SeniorCare program is scheduled to terminate on December 31, 2007. [3]State does not have an asset test to determine eligibility but the application includes questions about assets to send to the SSA for LIS determination. [4]Applicant must provide proof of LIS approval or denial. [5]Applicant must not be eligible for LIS.

SOURCE: Kaiser Family Foundation analysis of SPAP data from states, as of June 2007.

Exhibit 2

Qualified State Pharmaceutical Assistance Programs' Eligibility Requirements



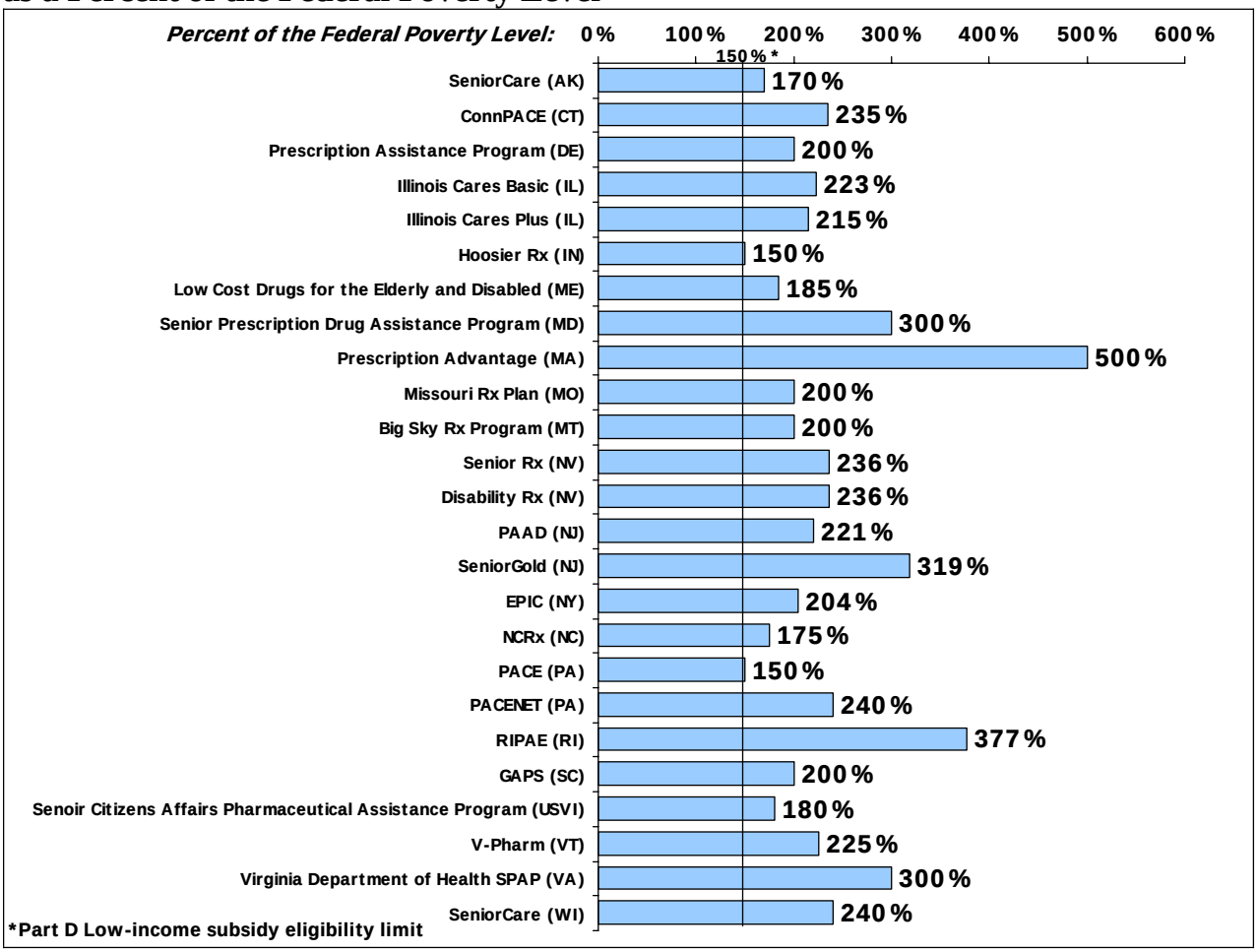
NOTE: LIS is low-income subsidy.
SOURCE: Kaiser Family Foundation analysis of SPAP data from states, as of June 2007

Income

All 25 qualified SPAPs require individuals to meet income limits. Two state programs (HoosierRx in Indiana and PACE in Pennsylvania) require applicants to have incomes below 150 percent of the federal poverty level (FPL) ($15,315 for an individual and $20,535 for a couple in 2007), which is also the income limit for the Part D low-income subsidy. These states provide extra assistance over the amount of the low-income subsidy to eligible enrollees (for more information, see the ***Benefits*** section below). All other programs have higher income limits, which is beneficial for the many Medicare enrollees who have modest incomes but are not eligible for the low-income subsidy due to incomes that exceed 150 percent of the federal poverty level.

Programs in Maryland, Massachusetts, New Jersey, New York, and Virginia are substantially more generous than most other SPAPs, extending eligibility to residents with incomes above 300 percent of the federal poverty level. Massachusetts' Prescription Advantage has the most generous income eligibility limit: a sliding scale of income up to 500 percent of the federal poverty level ($51,050 for an individual and $68,450 for a couple in 2007).

Exhibit 3: Income Eligibility Levels for State Pharmaceutical Assistance Programs, as a Percent of the Federal Poverty Level



SOURCE: Kaiser Family Foundation analysis of SPAP data from states, as of June 2007.

Asset Test

Only two programs (SeniorCare in Alaska and NCRx in North Carolina) require individuals to meet an asset test in order to be eligible for assistance under the SPAP. This differs considerably from the Part D low-income subsidy which requires all beneficiaries to meet an asset test to qualify for assistance. An additional seven state programs include questions pertaining to assets on the program's application in order to send information to the Social Security Administration (SSA) for facilitation of low-income subsidy eligibility screening under the Medicare Part D drug benefit.

Another 17 SPAPs require the applicant to apply for the low-income subsidy under the Medicare Part D drug benefit prior to or in conjunction with applying for assistance from the SPAP, in order to identify individuals who may be eligible for assistance from the Part D low-income subsidy program and, therefore, reduce the state's expenditures. Four programs (Indiana, Massachusetts, North Carolina, and Rhode Island) exclude individuals who are determined to be eligible for low-income subsidy assistance under Part D.

Age

All but one of the 25 qualified SPAPs include residents age 65 and over, while 14 state programs include residents under age 65 with disabilities. Of these 14 programs, two limit the age range for eligibility: Rhode Island's program, RIPAE, includes residents over age 55, and the U.S. Virgin Islands's program includes residents over age 60.

Part D

Most qualified SPAPs require participants to be enrolled in a Medicare Part D plan. Eleven states work with CMS to automatically enroll applicants in a Part D plan if they are not already enrolled. CMS guidance asserts that SPAPs may automatically enroll beneficiaries at random into all Part D plans in the state and may take the personal circumstances of beneficiaries into account when assigning participants to plans. As outlined in the CMS guidelines for qualified SPAPs, states are not allowed to select one drug plan as "preferred" over any others, but may consider a plan's pharmacy network or formulary when making decisions on automatically enrolling applicants in a Part D plan.[4]

SPAP Benefits

As Medicare beneficiaries transitioned to receiving primary drug coverage through Medicare Part D, all but one SPAP (New York's EPIC program) have become secondary payers to Part D and many SPAPs report substantial changes in their benefits and program design. Most states modified their programs to offer "wrap around" benefits to fill in cost sharing and gaps in coverage provided by stand-alone prescription drug plans (PDPs) and Medicare Advantage prescription drug plans (MA-PDs), including premiums, deductibles, coinsurance and assistance in the so-called "doughnut hole." Medicare beneficiaries whose prescription drug costs exceed the initial coverage limit ($2,400 in 2007) fall into the coverage gap, or "doughnut hole," and may face the full cost of their prescriptions until they reach the catastrophic coverage limit ($5,451 in 2007).

SPAPs vary in how they help address these financial burdens by offering low-income enrollees assistance with their premiums, deductibles, cost-sharing, assistance in the coverage gap, and help with the cost of prescriptions not covered by an enrollee's Part D plan. Table 2 shows the range of benefits offered by qualified state pharmaceutical assistance programs.

[4] CMS, "Qualified SPAP Guidelines," as of December 31, 2006. Available at: http://www.cms.hhs.gov/States/Downloads/QualifiedSPAPGuidelines.pdf.

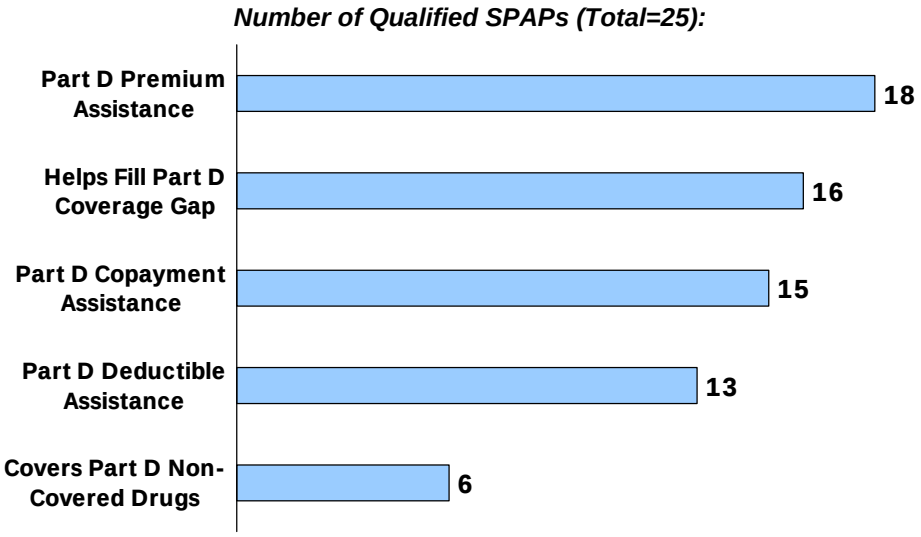
Exhibit 4: Benefits Offered by Qualified State Pharmaceutical Assistance Programs

State	Program Name	Premium Assistance	Deductible Assistance	Part D Copayment Assistance	Helps Fill Coverage Gap	Covers Part D Non-Covered Drugs
Alaska	SeniorCare	✓	✓			
Connecticut	ConnPACE	✓	✓	✓	✓	✓
Delaware	Prescription Assistance	✓	✓		✓	✓
Illinois	Illinois Cares Basic	✓	✓	✓	✓	
Illinois	Illinois Cares Plus	✓	✓	✓	✓	✓
Indiana	Hoosier Rx	✓				
Maine	Low Cost Drugs for the Elderly and Disabled	✓	✓	✓	✓	
Maryland	MD Senior Prescription Drug Assistance Program	✓				
Massachusetts	Prescription Advantage	✓		✓	✓	✓
Missouri	Missouri Rx Plan		✓	✓	✓	
Montana	Big Sky Rx Program	✓				
Nevada	Senior Rx	✓			✓	
Nevada	Disability Rx	✓			✓	
New Jersey	PAAD	✓	✓	✓	✓	
New Jersey	SeniorGold		✓	✓	✓	
New York	EPIC		✓	✓	✓	✓
North Carolina	NCRx	✓				
Pennsylvania	PACE	✓		✓	✓	
Pennsylvania	PACENET			✓	✓	
Rhode Island	RIPAE			✓		
South Carolina	GAPS				✓	
U.S. Virgin Islands	Senior Citizens Affairs Pharmaceutical Assistance Program	✓	✓	✓		
Vermont	V-Pharm	✓	✓	✓	✓	✓
Virginia	VA Department of Health SPAP	✓				
Wisconsin	SeniorCare		✓	✓		
TOTAL	**N = 25 States**	**18 Yes**	**13 Yes**	**15 Yes**	**16 Yes**	**6 Yes**

NOTES: ✓ = Yes.
SOURCE: Kaiser Family Foundation analysis of SPAP data from states, as of June 2007.

Exhibit 5

Benefits Offered by Qualified State Pharmaceutical Assistance Programs



SOURCE: Kaiser Family Foundation analysis of SPAP data from states, as of June 2007

Premium Assistance

Eighteen SPAPs offer Part D premium assistance that varies in generosity by state. Some states offer full coverage of the Part D premium (for example, New Jersey's PAAD program), while nine states provide premium assistance only for those plans with premiums that do not exceed the benchmark premium in the state.[5] HoosierRx in Indiana limits premium assistance to plans with premiums that do not exceed $70 in Indiana in 2007.[6] Massachusetts' Prescription Advantage offers premium assistance to participants using a sliding scale for income up to 225 percent of the federal poverty level. Participants between 225 percent and 500 percent of the federal poverty level receive other wrap around benefits discussed in further detail later, but do not receive premium assistance.

Deductibles and Copayments

Many SPAPs also offer deductible and copayment assistance for their participants. Thirteen state pharmaceutical assistance programs provide deductible assistance and 15 programs offer Part D copayment assistance. Of the 15 programs that offer copayment assistance, 11 programs require enrollees to pay a flat amount ranging from $2 for generics and $5 for brand-name drugs to $16.25 for each prescription. Programs in Missouri and Rhode Island offer assistance as a percentage of the prescription cost. In Missouri, 50 percent of the full cost of the prescription is

[5] Benchmark premiums vary by state but the national average is $27.35 for 2007.
[6] Emergency Rule of the Indiana General Assembly, LSA Document #06-607(E), Available at: http://www.in.gov/legislative/register/20070117-IR-405060607ERA.xml.html.

covered, and in Rhode Island, the program covers 15 percent, 30 percent, or 60 percent of the cost of prescriptions depending on the participant's income.

Coverage Gap

SPAPs also help participants with the cost of their prescription drugs while in the coverage gap. Sixteen state programs help to fill the coverage gap, which is a common feature of PDPs and MA-PD plans.[7] Twelve programs cover the cost of brand-name and generic drugs for enrollees in the doughnut hole, while four programs cover only the cost of generic drugs or the lowest-cost drug in the coverage gap.

Non-Formulary Drugs

The Medicare drug benefit does not cover benzodiazepines or barbiturates. However, six SPAPs provide coverage of these non-covered drugs for their participants: Connecticut, Delaware, Illinois, Massachusetts, New York, and Vermont.

Other Fees and Benefit Limits

While most qualified SPAPs do not charge fees for enrollment, some states impose fees and/or cost-sharing requirements in order for an individual to participate in the SPAP. The most common fees are enrollment fees and deductibles. In addition, some states cap benefits or reduce assistance once a benefit limit is reached.

- **Fee/Premium**: State programs in Connecticut, New York, Vermont, and Wisconsin require applicants to pay a fee or premium in order to enroll. Enrollees in Vermont pay a $13 annual fee to receive assistance through VPHARM. Participants in Connecticut and Wisconsin pay a $30 annual enrollment fee regardless of income, while individuals in New York's EPIC program pay enrollment fees based on income, ranging from $8 to $230 (single) or $8 to $300 (couple).

- **Deductible**: Two SPAPs (in New York and Wisconsin) have deductibles that participants must meet before assistance begins. Participants in the "Deductible plan" in New York must meet an annual deductible instead of paying a fee to EPIC. The deductible schedule varies by income and ranges from $530 to $1,230 for single participants and $650 to $1,715 for couples. Participants in Wisconsin's SeniorCare pay annual deductibles of $500 or $850, depending on income. However, participants in Wisconsin with incomes below 160 percent of the federal poverty level do not pay a deductible.

- **Benefit Cap**: Six SPAPs (in Alaska, Delaware, Nevada, Illinois (both programs), and Indiana) include a benefit cap in their program design in order to control expenditures. Programs with benefit caps usually set a dollar amount that the program will pay for each enrollee's prescription drugs. After this limit is reached, the participant is responsible for all prescription drug costs above this dollar amount. Benefit caps range from $670 a year

[7] Cubanski, Juliette, and Patricia Neuman. "Status Report On Medicare Part D Enrollment In 2006: Analysis Of Plan-Specific Market Share And Coverage," *Health Affairs Web Exclusive*, January/February 2007.

in Alaska to $5,000 in Nevada. Illinois' two programs, Illinois Cares Basic and Illinois Cares Plus, both apply a limit on full benefits of $1,750. Once this limit is reached, both programs continue to offer assistance but participants are required to pay higher cost-sharing amounts.

Other State-Based Pharmacy Assistance Programs

In addition to programs broadly available to seniors with limited incomes and people with disabilities, nine states provide prescription drug assistance to residents with specific diseases or conditions. CMS includes these programs among the qualified SPAPs, even though enrollment is not open to all Medicare beneficiaries. They are counted as qualified SPAPs because they meet the requirements under the MMA and have features in common with the more traditional state pharmaceutical assistance programs discussed above.

Exhibit 6 displays the characteristics of these nine state programs. Five of these programs (in Delaware, Maryland, Pennsylvania, Texas, and Wisconsin) offer medical assistance exclusively for people with chronic renal disease. In Maryland and Wisconsin, individuals qualify if they have renal disease, regardless of their income; however, in the other three states applicants must have incomes below 300 percent of the federal poverty level (Delaware and Pennsylvania) or 150 percent of the federal poverty level (Texas) in order to be eligible. All nine programs cover drugs that are not available under PDPs and MA-PDs, such as barbiturates and benzodiazepines, and many also provide assistance with the Part D deductible and copayments. Pennsylvania's Chronic Renal Disease Program also provides assistance with Part D premiums.

Exhibit 6: Characteristics of Qualified State Pharmaceutical Assistance Programs that Limit Enrollment to Disease Groups, as of June 2007

State	Program Name	Eligibility Requirements			Benefits	
		Condition-Specific Enrollment	Age	Income	Offers Part D Wrap-Around Benefits	Covers Part D Non-Covered Drugs
California	Genetically Handicapped Persons Program	✓	✓ >21 years			✓
Delaware	Chronic Renal Disease Program	✓		✓ <300%	Copayments	✓
Maryland	Kidney Disease Program of MD	✓			Deductible & Copayments	✓
Pennsylvania	PA Chronic Renal Disease Program and General Assistance	✓		✓ <300%	Premium	✓
Texas	Kidney Health Care Program	✓		✓ <150%	Deductible & Copayments	✓
Wisconsin	Chronic Renal Disease Program	✓			Deductible & Copayments	✓
Wisconsin	Cystic Fibrosis Program	✓	✓ >18 years			✓
Wisconsin	Hemophilia Home Care	✓				✓
Wisconsin	Health Insurance Risk Sharing Plan					✓
TOTAL		**8 Yes**	**2 Yes**	**3 Yes**	**5 Yes**	**9 Yes**

NOTES: ✓ = Yes. Two programs are not shown in above: the Florida Comprehensive Health Association and the Washington State Health Insurance Pool, both of which are the states' high risk pools. According to the eligibility requirements for these programs, Medicare beneficiaries are eligible for these programs if they received notification of rejection from an insurance carrier for medical reasons or have received substantially reduced coverage on a Medicare supplemental insurance policy from a state licensed carrier due to restrictive riders, an up-rated premium, or a pre-existing condition limitation. Although some residents in both Florida and Washington continue to receive assistance through these programs, enrollment is closed to new applicants.
SOURCE: Kaiser Family Foundation analysis of SPAP data from states, as of June 2007.

Conclusion

State pharmaceutical assistance programs are evolving in response to Medicare Part D. Despite the availability of the Medicare drug benefit, few states have terminated their SPAPs altogether. In fact, most states have changed their pharmacy assistance program benefits to provide coverage that supplements Part D. However, there is wide variation across programs in terms of eligibility requirements and benefits. Some programs are more generous than others, and program designs continue to evolve as the states and beneficiaries gain more experience with the Medicare drug benefit.

Medicare beneficiaries have access to SPAPs that offer additional help with prescription drug costs in 25 states. Just over half of the ongoing state programs (14 programs) include residents under age 65 who are disabled. The majority of state programs (23 programs) provide assistance for people with incomes above the Part D low-income subsidy level (150 percent of the federal

poverty level), and do not apply an asset test. Most SPAPs assist participants with premiums (18 programs) and cost-sharing requirements (15 programs) for Part D plans; and a few SPAPs (6 programs) even pay for prescription drugs not covered by Part D.

In the future, SPAPs could play an increasingly significant role in lowering the out-of-pocket prescription drug costs for Medicare beneficiaries, as Medicare Part D cost-sharing amounts and the amount of the coverage gap are expected to increase each year. In the coming months and years, some states will face funding shortfalls and may decide to terminate their SPAPs or alter eligibility requirements and benefits. Overall, the landscape of state pharmaceutical assistance programs continues to evolve, while offering important secondary coverage of prescription drugs to elderly and disabled Medicare beneficiaries.

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