



NEW YORK STATE SENATOR

Jeffrey D. Klein

## Klein Plan to Increase Access to Healthcare

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**Proposes Expanding EPIC eligibility**

**Coverage for An Additional 5,000 Seniors**

ALBANY, NY-Senators Jeff Klein (D-Bronx/Westchester) and Ruben Diaz Sr., Chairman of the Aging Committee, joined with AARP and the Statewide Senior Action Network to call for passage of his legislation which would increase medical coverage for thousands of seniors by

raising the income threshold of EPIC (Elderly Pharmaceutical Insurance Coverage). Currently, the eligibility requirements for EPIC are capped at 35K for an individual and 50K for a couple. Klein's legislation (S.1839) would expand the income threshold to 50K for an individual and 75K for a couple. EPIC helps 315,000 seniors pay for their prescription drugs, but Klein's proposal would add an estimated 5,450 more seniors to the rolls: 2,462 individuals, and 2,982 couples.

"In these tough fiscal times we need to do more for seniors and recognize that middle class people on a fixed income need, and deserve, support. EPIC is a great program that makes a difference in people's lives where it matters most," said Klein.

More than a quarter of a million EPIC enrollees are saving an average of 90% of the cost of their medicines. Most enrollees have Medicare Part D or other drug coverage, and use EPIC to lower their drug costs even more by helping them pay the deductibles and co-payments required by their other drug plan. EPIC also helps members pay for Medicare Part D premiums.

All newly eligible seniors would be protected from the gap in Medicare Part D coverage, which totals \$1,650, the Medicare Part D "blackout" period between \$2,400 and \$4,050 in prescription expenses.

The measure would also result in considerable Medicaid savings as well.

"As Chairman of the Senate Committee on Aging, I am very proud to be a supporter and co-sponsor of this important piece of legislation. We need to increase income eligibility in EPIC in order for this wonderful program to be available for more seniors. During this economic downturn when many retirees are facing reductions in their retirement portfolios, New York State should do everything possible to ensure that seniors continue to have access to life-

saving prescription drugs. Our seniors should not be put in the horrible position of choosing between buying groceries, paying the rent, or purchasing their prescription medications,” added Senator Ruben Diaz.

“AARP thanks Senator Klein and Senator Diaz for introducing this important proposal that will expand access to affordable prescription drugs for older New Yorkers,” said Lois Aronstein, AARP NY State Director. “Brand name prescription drug prices have risen steadily at two to three times the rate of inflation since 2002 while income eligibility levels for EPIC have not changed since 2000. This proposal will provide relief to thousands of New Yorkers who are struggling to afford needed medications.”

According to the Department of Health, it would cost approximately \$1.6 million to expand EPIC in SFY 2009-2010.

Senator Klein has made healthcare reform a priority and introduced a number of bills that would not only increase access to healthcare but put patients before profits in the following ways:

#### Long Term Care Insurance

S.1981 A -would enable policy holders to accelerate the death benefit of their life insurance, allowing New Yorkers to tap into an additional reserve of funding and save the State an estimated \$1.1 billion in Medicaid dollars over five years. If the industry were to merge life and long-term care insurance into a single product it could provide more options and be more beneficial to individuals who desperately need the funds for quality long-term care.

#### Single-Source Drug Coverage

S.2938-would ensure coverage of all single source drugs and prevent drug companies from changing their formulary to exclude those previously covered. New York's major HMOs place life threatening restrictions on what are known as "single source drugs". Single source drugs are unique medications for which there are no generic alternatives. Big insurance companies are denying or restricting access to these medications which in many cases disproportionately impact minority communities which suffer from cardiovascular disease, HIV/AIDS, high cholesterol, depression, and asthma.

Limiting HMO Mail Order Pharmaceuticals: Protecting the Pharmacist/Patient Relationship.

S1843-allows employees to opt out of using a mail order prescription drug plan without incurring any financial penalties. Many employees feel safer having their prescriptions dispensed in person by a licensed pharmacist who can answer their questions and provide necessary counseling on the possible side effects of a particular medication.

Preventing Prescription Dispensing Errors

S.2484 A- would reduce prescription dispensing errors by requiring all pharmacies to prominently display information on how consumers can file a complaint about pharmacy-related practices with the Office of Professions in NYSED. In 2006 alone, there were over 210 million prescriptions filled in New York by 4,700 retail pharmacists. Of those prescriptions, Klein's office calculated that based on national studies of prescription error rates, a projected 210,000 were in error with serious health threatening consequences, although only 1,275 complaints were filed. In addition, the legislation empowers the New York State Board of Pharmacy to monitor prescription volume and staffing ratios at pharmacies, as done by the North Carolina Board of Pharmacy, to ensure that quality is not compromised for speed.

Lastly, the legislation enables the New York State Department of Education (NYSED) to establish licensure fees, subject to modification by the state legislature, for professions overseen by the Office of Professions so it can maintain adequate funding to monitor professions it oversees.

Klein's proposal also incentivizes electronic prescribing (E-Prescribing). E-prescribing refers to the creation, transmission, recording, or storage of prescriptions electronically (including but not limited to the use of faxes). Doctors can send prescriptions to pharmacies electronically through computers, handheld devices, or faxes rather than using the traditional pen and pad. This would increase efficiency and accuracy.

Despite a 2003 law authorizing e-prescribing in New York State, less than 2% of prescriptions were "written" electronically in 2007. Just 7 % of office-based physicians were e-prescribers and 56 % of community pharmacies received e-prescriptions.