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CORRECTION

To Fiscal Note on
HB-5482, File No. 427

AN ACT CONCERNING TWELVE-MONTH COVERAGE FOR CONTRACEPTION AND HORMONE THERAPY.

The fiscal note on the underlying bill did not include the impact to the Department of Social Services (DSS) related to sections 2 and 3 of the bill.

The bill results in additional Medicaid costs to DSS associated with increasing the default supply of certain prescription drugs and related products to be dispensed at one time. Currently, most medications are dispensed at a three-month supply. The bill requires DSS to provide Medicaid coverage of a 12-month supply (to be dispensed at one time) of any United States Food and Drug Administration drug prescribed for (1) medically necessary hormone therapy and related supplies, and (2) contraception. The bill allows for a smaller supply to be dispensed under certain circumstances.

DSS will incur increased costs to replace medications and related products with a 12-month supply rather than a three-month supply in instances when a new prescription is needed prior to fully using the existing one. For context, FY 25 costs for hormone therapy and contraceptives totaled approximately \$200 million (prior to rebates), for over 709,000 claims. If the bill results in a 20% increase in related costs,

state Medicaid expenditures will increase by approximately \$8.5 million in FY 27 and \$10.2 million in FY 28. The actual cost to DSS is dependent on the net cost of the drugs and products being supplied and related number of replacement prescriptions.