

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

OVHA

Office of Vermont Health Access

BULLETIN NO.: 06-01

FROM: Joshua N. Slen, Director
Office of Vermont Health Access

DATE: 5/24/06

SUBJECT: Elimination of Medicaid Coverage for Prescription Drugs used to Treat Erectile or Sexual Dysfunction

CHANGES ADOPTED EFFECTIVE 7/1/06

INSTRUCTIONS

- Maintain Manual - See instructions below.**
 Proposed Regulation - Retain bulletin and attachments until you receive Manual Maintenance Bulletin: _____
 Information or Instructions - Retain until _____

MANUAL REFERENCE(S):

M800 TOC
M812.1

This bulletin rescinds rule M812.1. The elimination of rule M812.1 shall result in the termination of Medicaid coverage for prescription drugs used to treat erectile or sexual dysfunction. Section 104(a) of Public Law 109-91 has amended Section 1927 (d) (2) of the Social Security Act (42 U.S.C. 1396r-8 (d) (2)) to add such drugs to the list of drugs that shall be excluded from coverage or otherwise restricted. The following new subparagraph has been added to the list of non-covered drugs in Section 1927 (d) (2):

“(K) Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than sexual or erectile dysfunction, for which the agents have been approved by the Food and Drug Administration.”

Section 104(b) of Public Law 109-91 expressly eliminates federal financial participation for said prescription drugs by amending Section 1903(i) of the Social Security Act (42 U.S.C. 1396b (i)) to add said prescription drugs to the list of drugs not subject to federal payment under the Medicaid program. The following new paragraph has been added to Section 1903(i) of such Act:

“(21) with respect to amounts expended for covered outpatient drugs described in section 1927 (d) (2) (K) (relating to drugs when used for treatment of sexual or erectile dysfunction).”

Specific Changes

Section	Description of change
M800 TOC	Change in M800 Table of Contents to reflect repeal of M812.1
M812.1	This section is deleted.

Comment Period

A public hearing was held on April 3, 2006 at 1:00 p.m., in the Economic Services Large Conference Room (Building A, Top Floor in the Agency for Human Services complex), Waterbury, Vermont. No commenters attended.

No written comments were received.

This rule change was considered and subsequently approved by the Legislative Committee on Administrative Rules on May 10, 2006.

To get more information about the Administrative Procedures Act and the rules applicable to state rulemaking go to the website of the Office of the Vermont Secretary of State at: <http://vermont-archives.org/apa/rules.html> or call Louise Corliss at 828-2863

For information on upcoming hearings before the Legislative Committee on Administrative Rules go to the website of the Vermont Legislature at: <http://www.leg.state.vt.us/schedule/schedule2.cfm> or call 828-5760.

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Vertical lines in the left margin indicate significant changes. Dotted lines at the left indicate changes to clarify, rearrange, correct references, etc., without changing content.

Manual Maintenance

Medicaid Rules

Remove

M800 TOC (05-24)
M812.1 (00-31F)

Insert

M800 TOC (06-01)
M812 (06-01)

M800	Drugs and Pharmaceutical Items, Medical Supplies and Equipment
M801	Beneficiaries Eligible for Medicaid and Medicare
M810	Prescribed Drugs
M811	Smoking Cessation Products
M811.1	Non-Drug Items
M811.2	Anorexics and Amphetamines
M811.3	Vitamins and Minerals
M811.4	Other Preparations
M812	Family Planning Items
M813	Payment Conditions
M813.1	Lower of Price Ingredients plus Dispensing Fee or Charge
M813.2	Price for Ingredients
M813.3	Compounded Prescriptions
M813.4	Beneficiaries in Long-Term Care Facilities
M813.5	Return of Unused Drugs From Long-Term Care Facilities
M820	Whole Blood
M830	Medical Supplies
M830.1	Definition
M830.2	Eligibility for Care
M830.3	Covered Services
M830.4	Conditions for Coverage
M830.5	Prior Authorization Requirements
M830.6	Non-Covered Services/Supplies
M830.7	Qualified Providers
M830.8	Reimbursement
M840	Durable Medical Equipment (DME)
M840.1	Definition
M840.2	Eligibility for Care
M840.3	Covered Services
M840.4	Conditions for Coverage
M840.5	Prior Authorization Requirements
M840.6	Non-Covered Services
M840.7	Qualified Providers
M840.8	Reimbursement
M841	Wheelchairs, Mobility Devices and Seating Systems
M841.1	Definition
M841.2	Eligibility for Care
M841.3	Covered Services
M841.4	Conditions for Coverage
M841.5	Prior Authorization Requirements
M841.6	Non-Covered Services
M841.7	Qualified Providers
M841.8	Reimbursement

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M812

M812 Family Planning Items

Contraceptive drugs, supplies, and devices are covered when provided on a physician's order. Birth control pills may be dispensed in a quantity not to exceed a 92-day supply. Payments made for these items will be deemed to qualify for the increased federal financial participation contained in section 1903 (a)(5) of the Social Security Act.
