

HB1370/786889/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 1370
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “Maryland Health Insurance Plan –”; in line 3, after “Modifications” insert “and Sunset Extension”; strike beginning with “requiring” in line 4 down through “definition” in line 6 and substitute “prohibiting the subsidy required under the Senior Prescription Drug Assistance Program from exceeding a certain amount in certain fiscal years; authorizing the Program to limit payments of certain subsidies under certain circumstances”; in line 7, after “Program;” insert “altering certain references to a certain obsolete program to clarify that the program being extended under this Act and that is funded by a certain carrier is the Senior Prescription Drug Assistance Program;”; in the same line, strike “clarifying” and substitute “conforming”; in line 11, strike “14-510” and substitute “14-106(e) and 14-512”; and after line 13 insert:

“BY repealing and reenacting, without amendments,
Article – Insurance
Section 14-511
Annotated Code of Maryland
(2006 Replacement Volume and 2006 Supplement)”.

AMENDMENT NO. 2

On page 2, strike in their entirety lines 1 through 24, inclusive, and substitute:

“14-106.

(e) The subsidy required under the Senior Prescription Drug Assistance Program may not exceed:

(1) for the period of January 1, 2006 through June 30, 2006,
\$8,000,000;

(Over)

(2) [for fiscal year 2007, \$14,000,000;

(3)] for fiscal [year] YEARS 2008 THROUGH 2010, \$14,000,000; and

[(4)] (3) for any year, the value of the nonprofit health service plan's premium tax exemption under § 6-101(b) of this article.

14-511.

(a) There is a Senior Prescription Drug Assistance Program.

(b) The purpose of the Program is to provide Medicare Part D beneficiaries, who meet Program eligibility requirements, with a State subsidy.

(c) The Board shall contract with a third party to administer the Program.

(d) The Administrator of the Program shall:

(1) submit a detailed financial accounting of the Program to the Board as often as the Board requires;

(2) collect and submit to the Board data regarding the utilization patterns and costs for Program enrollees; and

(3) develop and implement a marketing plan targeted at eligible individuals throughout the State.

14-512.

(a) The Program shall:

(1) provide a prescription drug benefit subsidy, as determined by the Board, that may pay all or some of the deductibles, coinsurance payments, premiums, and copayments under the federal Medicare Part D Pharmaceutical Assistance Program for enrollees of the Program; and

(2) provide the subsidy to the maximum number of individuals eligible for enrollment in the Program, subject to the moneys available in the segregated account under § 14–504 of this subtitle.

(B) THE PROGRAM MAY LIMIT PAYMENT OF ANY SUBSIDY BY PAYING THE SUBSIDY ONLY ON BEHALF OF ELIGIBLE INDIVIDUALS ENROLLED IN A MEDICARE PART D PRESCRIPTION DRUG PLAN OR MEDICARE ADVANTAGE PLAN THAT COORDINATES WITH THE PROGRAM IN ACCORDANCE WITH FEDERAL REQUIREMENTS.

[(b)] (C) The Program may annually provide an additional subsidy, up to the full amount of the Medicare Part D Prescription Drug Plan premium, for individuals who qualify for a partial federal low–income subsidy.

[(c)] (D) The Program shall maintain a waiting list of individuals who meet the eligibility requirements for the Program but who are not served by the Program due to funding limitations.

[(d)] (E) The Board shall determine annually:

- (1) the number of individuals to be enrolled in the Program;
- (2) the amount of subsidy to be provided under subsection (a) of this section; and
- (3) the amount of any additional subsidy provided under subsection [(b)] (C) of this section.

[(e)] (F) On or before January 1 of each year, the Board, in accordance with § 2–1246 of the State Government Article, shall report to the General Assembly on:

- (1) the number of individuals on the waiting list for the Program; and
- (2) to the extent that the Board is able to collect the information:
 - (i) the number of enrollees with out–of–pocket prescription drug costs that exceed \$2,250, broken down for each fiscal quarter; and

(ii) the total annual out-of-pocket prescription drug costs for enrollees.”.

AMENDMENT NO. 3

On page 3, in line 24, after “Drug” insert “Assistance”; and in line 25, strike “July 1, 2003,” and substitute “January 1, 2006.”.