



General Assembly

January Session, 2005

Raised Bill No. 6846

LCO No. 4217

04217 _____ HS_

Referred to Committee on Human Services

Introduced by:
(HS)

AN ACT CONCERNING IMPLEMENTATION OF THE MEDICARE PART D PROGRAM AS RELATES TO CONNPACE AND DUALY ELIGIBLE BENEFICIARIES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2005*) On and after the effective
2 date of the Medicare Part D program established pursuant to Public
3 Law 108-173, the Medicare Prescription Drug, Improvement, and
4 Modernization Act of 2003, no Medicaid prescription drug coverage
5 shall be provided to a Medicaid recipient eligible for Medicare Part D
6 for Medicare Part D Drugs, as defined in said act. Medicaid coverage
7 will be provided for prescription drugs that are not Medicare Part D
8 drugs, as defined in said act.

9 Sec. 2. Section 17b-490 of the general statutes is repealed and the
10 following is substituted in lieu thereof (*Effective July 1, 2005*):

11 As used in sections 17b-490 to 17b-498, inclusive:

12 (a) "Pharmacy" means a pharmacy licensed under section 20-594 or
13 a pharmacy located in a health care institution, as defined in
14 subsection (a) of section 19a-490, which elects to participate in the

15 program;

16 (b) "Prescription drugs" means (1) legend drugs, as defined in
17 section 20-571, [(2) any other drugs which by state law or regulation
18 require the prescription of a licensed practitioner for dispensing,
19 except products prescribed for cosmetic purposes as specified in
20 regulations adopted pursuant to section 17b-494, and on and after
21 September 15, 1991, diet pills, smoking cessation gum, contraceptives,
22 multivitamin combinations, cough preparations and antihistamines,
23 and (3)] (2) insulin [,] and insulin syringes, [and insulin needles] (3)
24 nonformulary Medicare Part D drugs, and drugs excluded from
25 coverage under Medicare Part D, (4) any other drugs covered by Title
26 XIX of the Social Security Act, for a full benefit dually eligible
27 Medicare Part D beneficiary, and (5) any other drugs which by state
28 law or regulation require the prescription of a licensed practitioner for
29 dispensing, except (A) products prescribed for cosmetic purposes as
30 specified in regulations adopted pursuant to section 17b-494, and (B)
31 on and after September 15, 1991, diet pills, smoking cessation gum,
32 contraceptives, multivitamin combinations, cough preparations and
33 antihistamines unless provided for in subdivision (4) of this
34 subsection;

35 (c) "Reasonable cost" means the cost of the prescription drug
36 determined in accordance with the formula adopted by the
37 Commissioner of Social Services in regulations for medical assistance
38 purposes plus a dispensing fee equal to the fee determined by said
39 commissioner for medical assistance purposes;

40 (d) "Resident" means a person legally domiciled within the state for
41 a period of not less than one hundred eighty-three days immediately
42 preceding the date of application for inclusion in the program. Mere
43 seasonal or temporary residences within the state, of whatever
44 duration, shall not constitute domicile;

45 (e) "Disabled" means a person over eighteen years of age who is
46 receiving disability payments pursuant to either Title 2 or Title 16 of

47 the Social Security Act of 1935, as amended;

48 (f) "Commissioner" means the Commissioner of Social Services;

49 (g) "Income" means adjusted gross income as determined for
50 purposes of the federal income tax plus any other income of such
51 person not included in such adjusted gross income minus Medicare
52 Part B premium payments. The amount of any Medicaid payments
53 made on behalf of such person or the spouse of such person shall not
54 constitute income;

55 (h) "Program" means the Connecticut [pharmaceutical assistance
56 contract to the elderly and the disabled program] Pharmaceutical
57 Assistance Contract to the Elderly and the Disabled Program otherwise
58 known as ConnPACE;

59 (i) "Pharmaceutical manufacturer" means any entity holding legal
60 title to or possession of a national drug code number issued by the
61 federal Food and Drug Administration;

62 (j) "Average manufacturer price" means the average price paid by a
63 wholesaler to a pharmaceutical manufacturer, after the deduction of
64 any customary prompt payment discounts, for a product distributed
65 for retail sale;

66 (k) "Assets" means a person's resources, as defined by Public Law
67 108-173, the Medicare Prescription Drug, Improvement, and
68 Modernization Act of 2003;

69 (l) "Low income subsidy" means a premium and cost-sharing
70 subsidy for low-income individuals, as defined by Public Law 108-173,
71 the Medicare Prescription Drug, Improvement, and Modernization Act
72 of 2003;

73 (m) "Medicare Part D covered prescription drugs" means drugs that
74 are included in Medicare Part D plan's formulary or are treated as
75 being included in a Medicare Part D plan's formulary, as defined by

76 Public Law 108-173, the Medicare Prescription Drug, Improvement
77 and Modernization Act of 2003;

78 (n) "Medicare Part D plan" means a Medicare Part D plan, as
79 defined by Public Law 108-173, the Medicare Prescription Drug,
80 Improvement, and Modernization Act of 2003;

81 (o) "Gap in standard Medicare Part D coverage" means a drug
82 obtained after a Medicare Part D beneficiary's initial coverage limit has
83 been exceeded but before the beneficiary's annual out-of-pocket
84 threshold has been met, as defined by Public Law 108-173, the
85 Medicare Prescription Drug, Improvement, and Modernization Act of
86 2003; and

87 (p) "Full benefit dually eligible Medicare Part D beneficiary" means
88 a person who has coverage for Medicare Part D drugs and is
89 simultaneously eligible for full medical assistance benefits pursuant to
90 section 17b-261, under any category of eligibility.

91 Sec. 3. Subsection (a) of section 17b-491 of the general statutes is
92 repealed and the following is substituted in lieu thereof (*Effective July*
93 *1, 2005*):

94 (a) There shall be a "Connecticut Pharmaceutical Assistance
95 Contract to the Elderly and the Disabled Program" which shall be
96 within the Department of Social Services. The program shall consist of
97 payments by the state to pharmacies for the reasonable cost of
98 prescription drugs dispensed to eligible persons minus a copayment
99 charge. The pharmacy shall collect the copayment charge from the
100 eligible person at the time of each purchase of prescription drugs, and
101 shall not waive, discount or rebate in whole or in part such amount.
102 [Except for a replacement prescription dispensed pursuant to section
103 17b-492, the] The copayment for each prescription shall be [as follows:]
104 sixteen dollars and twenty-five cents, except that there shall be no
105 copayment for a full benefit dually eligible Medicare Part D
106 beneficiary.

107 [(1) Sixteen dollars and twenty-five cents if the participant is (A) not
108 married and has an annual income of less than twenty thousand three
109 hundred dollars, or (B) married and has an annual income that, when
110 combined with the participant's spouse, is less than twenty-seven
111 thousand five hundred dollars.

112 (2) Upon the granting of a federal waiver to expand the program in
113 accordance with section 17b-492, the copayment shall be twenty
114 dollars for a participant who is (A) not married and has an annual
115 income that equals or exceeds twenty thousand three hundred dollars,
116 or (B) married and has an annual income that, when combined with
117 the participant's spouse, equals or exceeds twenty-seven thousand five
118 hundred dollars.]

119 Sec. 4. Section 17b-492 of the general statutes is repealed and the
120 following is substituted in lieu thereof (*Effective July 1, 2005*):

121 (a) Eligibility for participation in the program shall be limited to any
122 resident (1) who is sixty-five years of age or older or who is disabled,
123 (2) whose current annual income at the time of application or
124 redetermination, if unmarried, is less than twenty thousand eight
125 hundred dollars or whose annual income, if married, when combined
126 with that of the resident's spouse is less than twenty-eight thousand
127 one hundred dollars, (3) who is not insured under a policy which
128 provides full or partial coverage for prescription drugs once a
129 deductible is met, except for a Medicare prescription drug discount
130 card endorsed by the Secretary of Health and Human Services in
131 accordance with Public Law 108-173, the Medicare Prescription Drug,
132 Improvement, and Modernization Act of 2003, [once a deductible
133 amount is met] or coverage under Medicare Part D pursuant to said
134 act, and (4) on and after September 15, 1991, who pays an annual
135 thirty-dollar registration fee to the Department of Social Services,
136 except that there shall be no registration fee for a full benefit dually
137 eligible Medicare Part D beneficiary. [Effective January 1, 2002, the
138 commissioner shall commence accepting applications from individuals

139 who will become eligible to participate in the program as of April 1,
140 2002.] On January 1, 1998, and annually thereafter, the commissioner
141 shall increase the income limits established under this subsection over
142 those of the previous fiscal year to reflect the annual inflation
143 adjustment in Social Security income, if any. Each such adjustment
144 shall be determined to the nearest one hundred dollars.

145 (b) (1) Payment for a prescription under the program shall be made
146 only if no other plan of insurance or assistance is available to an
147 eligible person for such prescription at the time of dispensing, except
148 for benefits received from an endorsed Medicare prescription drug
149 discount card or benefits provided under Medicare Part D. The
150 pharmacy shall make reasonable efforts to ascertain the existence of
151 other insurance or assistance, including the subsidy provided by an
152 endorsed Medicare prescription drug discount card or benefits
153 provided under Medicare Part D.

154 (2) A Medicare prescription drug discount card beneficiary shall be
155 responsible for the payment of any Medicare prescription drug
156 discount card coinsurance requirements, provided such requirements
157 do not exceed the ConnPACE program copayment requirements. If a
158 Medicare prescription drug discount card beneficiary's coinsurance
159 requirements exceed the ConnPACE copayment requirements, the
160 Department of Social Services shall make payment to the pharmacy to
161 cover costs in excess of the ConnPACE copayment amount. If the cost
162 to such beneficiary exceeds the remaining available Medicare
163 prescription drug discount card subsidy, the beneficiary shall not be
164 responsible for any payment in excess of the amount of the ConnPACE
165 program copayment requirement. In such cases, the Department of
166 Social Services shall make payment to the pharmacy to cover costs in
167 excess of the ConnPACE copayment amount.

168 (3) A Medicare Part D beneficiary shall be responsible for the
169 payment of Medicare Part D copayments, coinsurance and deductible
170 requirements for Medicare Part D covered prescription drugs, as

171 defined in Public Law 108-173, the Medicare Prescription Drug,
172 Improvement, and Modernization Act of 2003, to the extent such
173 requirements do not exceed the ConnPACE program copayment
174 requirements. The Department of Social Services shall pay Medicare
175 Part D monthly beneficiary premiums on behalf of the beneficiary. If a
176 Medicare Part D beneficiary's out-of-pocket copayment, coinsurance or
177 deductible requirements exceed the ConnPACE copayment
178 requirements, the department shall make payment to the pharmacy to
179 cover costs in excess of the ConnPACE copayment amount. The
180 department shall be responsible for payment of prescription drugs,
181 whenever a ConnPACE recipient presents a prescription for such drug
182 to a pharmacy and payment for such drug is rejected by the Part D
183 plan for any reason, including, but not limited to, the recipient seeking
184 a drug during the gap in standard Medicare Part D coverage. To the
185 extent permitted under said act, payment may be made by the
186 department for a prescription at the lower of the price that would be
187 paid under the ConnPACE program or the negotiated price
188 established by the beneficiary's Medicare Part D plan pursuant to
189 Public Law 108-173, the Medicare Prescription Drug, Improvement,
190 and Modernization Act of 2003.

191 [(2)] (4) Payment for a replacement prescription under the program
192 shall be made only if the eligible person signs a statement, on such
193 form as the commissioner prescribes and subject to penalty under
194 section 17b-497, that the prescription drug is lost or was stolen or
195 destroyed and the person has made a good faith effort to recover the
196 prescription drug, except that payment for a replacement prescription
197 shall not be made on behalf of a person more than twice in a calendar
198 year. [No copayment shall be required for such replacement
199 prescription.]

200 (c) Any eligible resident who (1) is insured under a policy, including
201 an endorsed Medicare prescription drug discount card, which
202 provides full or partial coverage for prescription drugs, and (2) expects
203 to exhaust such coverage, may apply to participate in the program

204 prior to the exhaustion of such coverage. Such application shall be
205 valid for the applicable income year. To be included in the program, on
206 or after the date the applicant exhausts such coverage, the applicant or
207 the applicant's designee shall notify the department that such coverage
208 is exhausted and, if required by the department, shall submit evidence
209 of exhaustion of coverage. Not later than ten days after an eligible
210 resident submits such evidence, such resident shall be included in the
211 program. The program shall, except for those beneficiaries with an
212 endorsed Medicare prescription drug discount card, (A) cover
213 prescriptions that are not covered by any other plan of insurance or
214 assistance available to the eligible resident and that meet the
215 requirements of this chapter, and (B) retroactively cover such
216 prescriptions filled after or concurrently with the exhaustion of such
217 coverage. Nothing in this subsection shall be construed to prevent a
218 resident from applying to participate in the program as otherwise
219 permitted by this chapter and regulations adopted pursuant to this
220 chapter.

221 (d) (1) [As] Until the effective date of the Medicare Part D program
222 pursuant to Public Law 108-173, the Medicare Prescription Drug,
223 Improvement, and Modernization Act of 2003, as a condition of
224 eligibility for participation in the ConnPACE program, a resident with
225 an income at or below one hundred thirty-five per cent of the federal
226 poverty level, who is Medicare Part A or Part B eligible, shall obtain
227 annually an endorsed Medicare prescription drug discount card
228 designated by the Commissioner of Social Services for use in
229 conjunction with the ConnPACE program. The commissioner shall be
230 the authorized representative of such resident for the purpose of
231 enrolling a resident in the transitional assistance program of Public
232 Law 108-173, the Medicare Prescription Drug, Improvement, and
233 Modernization Act of 2003. As the authorized representative for this
234 purpose, the commissioner may sign required forms and enroll such
235 resident in an endorsed Medicare prescription drug discount card on
236 [his or her] the resident's behalf. Such resident shall have the
237 opportunity to select an endorsed Medicare prescription drug discount

238 card designated by the commissioner for use in conjunction with the
239 ConnPACE program, and shall be notified of such opportunity by the
240 commissioner. In the event that such resident does not select an
241 endorsed Medicare prescription drug discount card designated by the
242 commissioner for use in conjunction with the ConnPACE program
243 within a reasonable period of time, as determined by the
244 commissioner, the department shall enroll the resident in an endorsed
245 Medicare prescription drug discount card designated by the
246 commissioner.

247 (2) [The] Until the effective date of the Medicare Part D program
248 pursuant to Public Law 108-173, the Medicare Prescription Drug,
249 Improvement, and Modernization Act of 2003, the commissioner may
250 require, as a condition of eligibility for participation in the ConnPACE
251 program, that a resident with an income above one hundred thirty-five
252 per cent of the federal poverty level, who is Medicare Part A or Part B
253 eligible, obtain an endorsed Medicare prescription drug discount card
254 designated by the commissioner for use in conjunction with the
255 ConnPACE program if obtaining such discount card is determined by
256 the commissioner to be cost-effective to the state. In such an event, the
257 commissioner may provide payment for any Medicare prescription
258 drug discount card enrollment fees.

259 (e) On and after the effective date of the Medicare Part D program
260 pursuant to Public Law 108-173, the Medicare Prescription Drug,
261 Improvement, and Modernization Act of 2003, enrollment in the
262 Medicare Part D program, for individuals eligible for such program in
263 accordance with said act, shall be a condition of eligibility for the
264 ConnPACE program. The ConnPACE program shall cover the
265 financial costs of Medicare Part D participation for ConnPACE
266 recipients enrolled in Medicare Part D in accordance with subsection
267 (b) of this section. Effective July 1, 2005, a ConnPACE recipient shall, as
268 a condition of eligibility, provide information regarding the recipient's
269 assets and income, as defined by said act, and that of the recipient's
270 spouse, provided said spouse resides in the same household, as

271 required by the Department of Social Services in order to determine
272 the extent of benefits for which the recipient is eligible under Medicare
273 Part D.

274 (f) As a condition of eligibility for the ConnPACE program, an
275 applicant or recipient shall appoint the Commissioner of Social
276 Services as such recipient's authorized representative for the purpose
277 of submitting an application to the Social Security Administration to
278 obtain the low income subsidy benefit provided under Public Law 108-
279 173, the Medicare Prescription Drug, Improvement, and
280 Modernization Act of 2003. As the authorized representative for this
281 purpose, the commissioner may sign required forms and enroll the
282 applicant or recipient in a Medicare Part D plan on the applicant or
283 recipient's behalf. The applicant or recipient shall have the opportunity
284 to select a Medicare Part D plan and shall be notified of such
285 opportunity by the commissioner. In the event that such applicant or
286 recipient does not select a Medicare Part D plan within a reasonable
287 period of time, as determined by the commissioner, the department
288 shall enroll the applicant or recipient in a Medicare Part D plan
289 designated by the commissioner in accordance with said act. The
290 applicant or recipient shall appoint the Commissioner of Social
291 Services as such recipient's authorized representative for purpose of
292 claiming and appealing any denial of Medicare Part D benefits and for
293 any other purpose allowed under said act and deemed necessary by
294 the commissioner.

295 [(e)] (g) The Commissioner of Social Services may adopt regulations,
296 in accordance with the provisions of chapter 54, to implement the
297 provisions of subsection (c) of this section. Such regulations may
298 provide for the electronic transmission of relevant coverage
299 information between a pharmacist and the department or between an
300 insurer and the department in order to expedite applications and
301 notice. The commissioner may implement the policies and procedures
302 necessary to carry out the provisions of this section while in the
303 process of adopting such policies and procedures in regulation form,

304 provided notice of intent to adopt the regulations is published not later
305 than twenty days after the date of implementation. Such policies and
306 procedures shall be valid until the time the final regulations are
307 adopted.

308 Sec. 5. Section 17b-280 of the general statutes is repealed and the
309 following is substituted in lieu thereof (*Effective July 1, 2005*):

310 (a) The state shall reimburse for all legend drugs provided under
311 the Medicaid, state-administered general assistance, ConnPACE and
312 Connecticut AIDS drug assistance programs at the rate established by
313 the [Health Care Finance Administration] Centers for Medicare and
314 Medicaid Services as the federal [acquisition cost] upper limit, or, if no
315 such rate is established, the commissioner shall establish and
316 periodically revise the estimated acquisition cost in accordance with
317 federal regulations. The commissioner shall also establish a
318 professional fee of three dollars and fifteen cents for each prescription
319 to be paid to licensed pharmacies for dispensing drugs to Medicaid,
320 ConnPACE and Connecticut AIDS drug assistance recipients in
321 accordance with federal regulations, [; and on and after September 4,
322 1991, payment] except that no such fee shall be paid for a prescription
323 drug dispensed to a ConnPACE or Medicaid recipient who is a
324 Medicare Part D beneficiary when the prescription drug is a Medicare
325 Part D drug, as defined in Public Law 108-173, the Medicare
326 Prescription Drug, Improvement, and Modernization Act of 2003.
327 Payment for legend and nonlegend drugs provided to Medicaid
328 recipients shall be based upon the actual package size dispensed.
329 Effective October 1, 1991, reimbursement for over-the-counter drugs
330 for such recipients shall be limited to those over-the-counter drugs and
331 products published in the Connecticut Formulary, or the cross
332 reference list, issued by the commissioner. The cost of all over-the-
333 counter drugs and products provided to residents of nursing facilities,
334 chronic disease hospitals, and intermediate care facilities for the
335 mentally retarded shall be included in the facilities' per diem rate.

336 (b) The Department of Social Services may provide an enhanced
337 dispensing fee to a pharmacy enrolled in the federal Office of
338 Pharmacy Affairs Section 340B drug discount program established
339 pursuant to 42 USC 256b or a pharmacy under contract to provide
340 services under said program.

341 Sec. 6. Section 17b-264 of the general statutes is repealed and the
342 following is substituted in lieu thereof (*Effective July 1, 2005*):

343 All of the provisions of sections 17b-22, 17b-75 to 17b-77, inclusive,
344 17b-79 to 17b-103, inclusive, and 17b-600 to 17b-604, inclusive, are
345 extended to the medical assistance program except such provisions as
346 are inconsistent with federal law and regulations governing Title XIX
347 of the Social Security Amendments of 1965 and sections 17b-260 to 17b-
348 262, inclusive, 17b-264 to 17b-285, inclusive, and 17b-357 to [17b-362]
349 17b-361, inclusive.

350 Sec. 7. Subsection (a) of section 17b-266 of the general statutes is
351 repealed and the following is substituted in lieu thereof (*Effective July*
352 *1, 2005*):

353 (a) The Commissioner of Social Services may, when [he] the
354 commissioner finds it to be in the public interest, fund part or all of the
355 cost of benefits to any recipient under sections 17b-260 to 17b-262,
356 inclusive, 17b-264 to 17b-285, inclusive, 17b-357 to [17b-362] 17b-361,
357 inclusive, 17b-289 to 17b-303, inclusive, and section 16 of public act 97-
358 1 of the October 29 special session*, through the purchase of insurance
359 from any organization authorized to do a health insurance business in
360 this state or from any organization specified in subsection (b) of this
361 section.

362 Sec. 8. Subsection (a) of section 17b-267 of the general statutes is
363 repealed and the following is substituted in lieu thereof (*Effective July*
364 *1, 2005*):

365 (a) If any group or association of providers of medical assistance

366 services wishes to have payments as provided for under sections 17b-
367 260 to 17b-262, inclusive, 17b-264 to 17b-285, inclusive, and 17b-357 to
368 [17b-362] 17b-361, inclusive, to such providers made through a
369 national, state or other public or private agency or organization and
370 nominates such agency or organization for this purpose, the
371 Commissioner of Social Services is authorized to enter into an
372 agreement with such agency or organization providing for the
373 determination by such agency or organization, subject to such review
374 by the Commissioner of Social Services as may be provided for by the
375 agreement, of the payments required to be made to such providers at
376 the rates set by the hospital cost commission, and for the making of
377 such payments by such agency or organization to such providers. Such
378 agreement may also include provision for the agency or organization
379 to do all or any part of the following: With respect to the providers of
380 services which are to receive payments through it, (1) to serve as a
381 center for, and to communicate to providers, any information or
382 instructions furnished to it by the Commissioner of Social Services, and
383 to serve as a channel of communication from providers to the
384 Commissioner of Social Services; (2) to make such audits of the records
385 of providers as may be necessary to insure that proper payments are
386 made under this section; and (3) to perform such other functions as are
387 necessary to carry out the provisions of sections 17b-267 to 17b-271,
388 inclusive.

389 Sec. 9. Section 17b-272 of the general statutes is repealed and the
390 following is substituted in lieu thereof (*Effective July 1, 2005*):

391 Effective July 1, 1998, the Commissioner of Social Services shall
392 permit patients residing in nursing homes, chronic disease hospitals
393 and state humane institutions who are medical assistance recipients
394 under sections 17b-260 to 17b-262, inclusive, 17b-264 to 17b-285,
395 inclusive, and 17b-357 to [17b-362] 17b-361, inclusive, to have a
396 monthly personal fund allowance of fifty dollars. Effective July 1, 1999,
397 the commissioner shall increase such allowance annually to reflect the
398 annual inflation adjustment in Social Security income, if any.

399 Sec. 10. Section 53a-290 of the general statutes is repealed and the
400 following is substituted in lieu thereof (*Effective July 1, 2005*):

401 A person commits vendor fraud when, with intent to defraud and
402 acting on such person's own behalf or on behalf of an entity, such
403 person provides goods or services to a beneficiary under sections 17b-
404 22, 17b-75 to 17b-77, inclusive, 17b-79 to 17b-103, inclusive, 17b-180a,
405 17b-183, 17b-260 to 17b-262, inclusive, 17b-264 to 17b-285, inclusive,
406 17b-357 to [17b-362] 17b-361, inclusive, 17b-600 to 17b-604, inclusive,
407 17b-749, 17b-807 and 17b-808 or provides services to a recipient under
408 Title XIX of the Social Security Act, as amended, and, (1) presents for
409 payment any false claim for goods or services performed; (2) accepts
410 payment for goods or services performed, which exceeds either the
411 amounts due for goods or services performed, or the amounts
412 authorized by law for the cost of such goods or services; (3) solicits to
413 perform services for or sell goods to any such beneficiary, knowing
414 that such beneficiary is not in need of such goods or services; (4) sells
415 goods to or performs services for any such beneficiary without prior
416 authorization by the Department of Social Services, when prior
417 authorization is required by said department for the buying of such
418 goods or the performance of any service; or (5) accepts from any
419 person or source other than the state an additional compensation in
420 excess of the amount authorized by law.

421 Sec. 11. Sections 17b-274b and 17b-362 of the general statutes are
422 repealed. (*Effective July 1, 2005*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2005</i>	New section
Sec. 2	<i>July 1, 2005</i>	17b-490
Sec. 3	<i>July 1, 2005</i>	17b-491(a)
Sec. 4	<i>July 1, 2005</i>	17b-492
Sec. 5	<i>July 1, 2005</i>	17b-280
Sec. 6	<i>July 1, 2005</i>	17b-264
Sec. 7	<i>July 1, 2005</i>	17b-266(a)

Sec. 8	<i>July 1, 2005</i>	17b-267(a)
Sec. 9	<i>July 1, 2005</i>	17b-272
Sec. 10	<i>July 1, 2005</i>	53a-290
Sec. 11	<i>July 1, 2005</i>	17b-274b and 17b-362 repealed

Statement of Purpose:

To ensure that ConnPace and full benefit dually eligible Medicare Part D beneficiaries continue to receive the same level of prescription drug coverage and benefits when the Medicare Part D program is fully implemented.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]