



General Assembly

Bill No. 7702

November 2 Special
Session, 2005

LCO No. 8560

*08560 _____ *

Referred to Committee on No Committee

Introduced by:

REP. AMANN, 118th Dist.

SEN. WILLIAMS, 29th Dist.

AN ACT CONCERNING IMPLEMENTATION OF THE MEDICARE PART D PROGRAM.

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

1 Section 1. Section 19 of public act 05-280 is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) As used in this section, "full benefit dually eligible Medicare Part
4 D beneficiary" means a person who has coverage for Medicare Part D
5 drugs and is eligible for full medical assistance benefits pursuant to
6 section 17b-261, under any category of eligibility.

7 (b) On and after the effective date of the Medicare Part D program
8 established pursuant to Public Law 108-173, the Medicare Prescription
9 Drug, Improvement, and Modernization Act of 2003, no Medicaid
10 prescription drug coverage shall be provided to a Medicaid recipient
11 eligible for Medicare Part D for Medicare Part D [Drugs] drugs, as
12 defined in said act. Medicaid coverage [will] shall be provided to a full
13 benefit dually eligible Medicare Part D beneficiary for prescription

14 drugs that are not Medicare Part D drugs, as defined in said act.

15 (c) The department shall be responsible for payment on behalf of a
16 full benefit dually eligible Medicare Part D beneficiary of any Medicare
17 Part D prescription drug copayments imposed pursuant to Public Law
18 108-173, the Medicare Prescription Drug, Improvement, and
19 Modernization Act of 2003.

20 Sec. 2. (NEW) (*Effective from passage*) There is established a fund to
21 be known as the "Medicare Part D Supplemental Needs Fund" which
22 shall be an account within the General Fund under the Department of
23 Social Services. The Commissioner of Social Services shall, within
24 available appropriations, designate moneys to said fund. Moneys
25 available in said fund shall be utilized by the Department of Social
26 Services to provide financial assistance to Medicare Part D
27 beneficiaries who are enrolled in the ConnPACE program or who are
28 full benefit dually eligible Medicare Part D beneficiaries, as defined in
29 section 19 of public act 05-280, as amended by this act, and who lack
30 the financial means to obtain medically necessary nonformulary
31 prescription drugs. A beneficiary requesting such financial assistance
32 from the department shall be required to make a satisfactory showing
33 of the medical necessity of obtaining such nonformulary prescription
34 drug to the department. The department may require as a condition of
35 receiving such financial assistance that a beneficiary establish, to the
36 satisfaction of the department, that the beneficiary has made good faith
37 efforts to: (1) Enroll in a Medicare Part D plan recommended by the
38 commissioner or the commissioner's agent; and (2) utilize the
39 exception process established by the prescription drug plan in which
40 the beneficiary is enrolled. The department shall expeditiously review
41 all requests for financial assistance pursuant to this section and shall
42 notify the beneficiary as to whether the request for financial assistance
43 has been granted not later than two hours after receiving the request
44 from the beneficiary. The commissioner shall implement policies and
45 procedures to administer the provisions of this section and to ensure
46 that all requests for, and determinations made concerning financial

47 assistance available pursuant to this section are expeditiously
48 processed.

49 Sec. 3. Subdivision (2) of subsection (b) of section 17b-492 of the
50 general statutes, as amended by section 22 of public act 05-280, is
51 repealed and the following is substituted in lieu thereof (*Effective from*
52 *passage*):

53 (2) A Medicare Part D beneficiary shall be responsible for the
54 payment of Medicare Part D copayments, coinsurance and deductible
55 requirements for Medicare Part D covered prescription drugs, as
56 defined in Public Law 108-173, the Medicare Prescription Drug,
57 Improvement, and Modernization Act of 2003, to the extent such
58 requirements do not exceed the ConnPACE program copayment
59 requirements. The Department of Social Services shall pay Medicare
60 Part D monthly beneficiary premiums on behalf of the beneficiary. If a
61 Medicare Part D beneficiary's out-of-pocket copayment, coinsurance or
62 deductible requirements exceed the ConnPACE copayment
63 requirements, the department shall make payment to the pharmacy to
64 cover costs in excess of the ConnPACE copayment amount. The
65 department shall be responsible for payment of a Medicare Part D
66 covered prescription drug obtained during the gap in standard
67 Medicare Part D coverage. To the extent permitted under said act, such
68 payment may be made by the department for a prescription at (A) [the
69 lowest price established by the Medicare Part D plan for a preferred
70 drug in the same therapeutic class and category that is dispensed by a
71 preferred pharmacy with the client responsible for any cost differential
72 beyond the department's payment; (B)] the lower of the price that
73 would be paid under the ConnPACE program or the negotiated price
74 established by the beneficiary's Medicare Part D plan pursuant to
75 Public Law 108-173, the Medicare Prescription Drug, Improvement,
76 and Modernization Act of 2003, or [(C)] (B) in consultation with the
77 Secretary of the Office of Policy and Management, at the price that
78 would be paid under the ConnPACE program. Payment shall be made
79 under the ConnPACE program for prescription drugs that are not

80 Medicare Part D drugs, as defined in said act.

81 Sec. 4. Subsection (f) of section 17b-492 of the general statutes, as
82 amended by section 22 of public act 05-280, is repealed and the
83 following is substituted in lieu thereof (*Effective from passage*):

84 (f) The Commissioner of Social Services shall be the authorized
85 representative of a ConnPACE applicant or recipient for the purpose of
86 submitting an application to the Social Security Administration to
87 obtain the low income subsidy benefit provided under Public Law 108-
88 173, the Medicare Prescription Drug, Improvement, and
89 Modernization Act of 2003. As the authorized representative for this
90 purpose, the commissioner may also sign required forms and enroll
91 the applicant or recipient in a Medicare Part D plan on the applicant or
92 recipient's behalf. The applicant or recipient shall have the opportunity
93 to select a Medicare Part D plan and shall be notified of such
94 opportunity by the commissioner. The applicant or recipient, prior to
95 selecting a Medicare Part D plan, shall have the opportunity to consult
96 with the commissioner, or the commissioner's designated agent,
97 concerning the selection of a Medicare Part D plan that best meets the
98 prescription drug needs of such applicant or recipient. In the event that
99 such applicant or recipient does not select a Medicare Part D plan
100 within a reasonable period of time, as determined by the
101 commissioner, the commissioner shall enroll the applicant or recipient
102 in a Medicare Part D plan designated by the commissioner in
103 accordance with said act. The applicant or recipient shall appoint the
104 commissioner as such applicant's or recipient's representative for the
105 purpose of appealing any denial of Medicare Part D benefits and for
106 any other purpose allowed under said act and deemed necessary by
107 the commissioner.

108 Sec. 5. Section 17b-274c of the general statutes is repealed and the
109 following is substituted in lieu thereof (*Effective from passage*):

110 (a) The Commissioner of Social Services may establish a voluntary
111 mail order option for any maintenance prescription drug covered

112 under the Medicaid, state-administered general assistance, ConnPACE
 113 or Connecticut AIDS drug assistance programs.

114 (b) Notwithstanding any provision of the general statutes or
 115 regulations adopted pursuant thereto, the Commissioner of Social
 116 Services may provide a voluntary mail order option, regardless of a
 117 mail order pharmacy's location, for any prescription drug covered
 118 under the Medicare Part D program established pursuant to Public
 119 Law 108-173, the Medicare Prescription Drug, Improvement, and
 120 Modernization Act of 2003.

121 Sec. 6. (*Effective from passage*) The sum of five million dollars
 122 appropriated to the Department of Social Services in section 1 of public
 123 act 05-251, for Medicaid, for the fiscal year ending June 30, 2006, shall
 124 be transferred to the Medicare Part D Supplemental Needs Fund
 125 established pursuant to section 2 of this act.

126 Sec. 7. (*Effective from passage*) The sum of one million dollars
 127 appropriated to the Department of Social Services in section 1 of public
 128 act 05-251, for Medicaid, for the fiscal year ending June 30, 2006, shall
 129 be transferred to the other expenses account and shall be available for
 130 expenditure by the Department of Social Services to provide additional
 131 resources for current and comprehensive consultative enrollment
 132 services to persons who are initially selecting a Medicare Part D plan
 133 or currently enrolled in a plan who need to change plans in order to
 134 obtain prescription drug benefits that better meet their needs.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	PA 05-28, Sec. 19
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	17b-492(b)(2)
Sec. 4	<i>from passage</i>	17b-492(f)
Sec. 5	<i>from passage</i>	17b-274c
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	New section