



# House of Representatives

General Assembly

**File No. 316**

February Session, 2006

House Bill No. 5639

*House of Representatives, April 3, 2006*

The Committee on Human Services reported through REP. VILLANO of the 91st Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

***AN ACT CONCERNING THE ESTABLISHMENT OF A COUNCIL TO ADVISE THE COMMISSIONER OF SOCIAL SERVICES ON MATTERS RELATING TO THE IMPLEMENTATION AND OPERATION OF THE MEDICARE PART D PROGRAM.***

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

1 Section 1. (NEW) (*Effective from passage*) (a) There is established a  
2 council which shall advise the Commissioner of Social Services on  
3 matters relating to the administration and implementation of the  
4 Medicare Part D program, established pursuant to Public Law 108-173,  
5 the Medicare Prescription Drug, Improvement, and Modernization Act  
6 of 2003. The council shall advise on matters that include, but are not  
7 limited to, (1) the effect of the implementation of the Medicare Part D  
8 program on: (A) The administration and operation of the ConnPACE  
9 and Medicaid programs, (B) persons in the state who are full benefit  
10 dually eligible Medicare Part D beneficiaries, as defined in subsection  
11 (a) of section 17b-265d of the 2006 supplement to the general statutes,  
12 (C) state pharmacies and pharmacists, (D) physicians and other  
13 persons who are authorized to prescribe drugs within the state, and (E)

14 prescription drug coverage, benefits and costs for program  
15 beneficiaries, and (2) the administration of the Medicare Part D  
16 Supplemental Needs Fund, established pursuant to section 17b-265e of  
17 the 2006 supplement to the general statutes. In addition, the council  
18 shall provide legislative recommendations to the General Assembly  
19 concerning the administration and implementation of the Medicare  
20 Part D program by the Department of Social Services, and may  
21 provide federal legislative recommendations concerning the Medicare  
22 Part D program to members of the state's congressional delegation.

23 (b) The council shall consist of the following members:

24 (1) Two appointed by the speaker of the House of Representatives,  
25 who shall be pharmacists, licensed pursuant to chapter 400j of the  
26 general statutes, employed at pharmacies located in urban areas;

27 (2) Two appointed by the president pro tempore of the Senate, who  
28 shall be pharmacists, licensed pursuant to chapter 400j of the general  
29 statutes, employed at pharmacies located in rural areas;

30 (3) One appointed by the majority leader of the House of  
31 Representatives, who shall be a physician licensed pursuant to chapter  
32 370 of the general statutes;

33 (4) One appointed by the majority leader of the Senate, who shall be  
34 a psychiatrist licensed pursuant to chapter 370 of the general statutes;

35 (5) One appointed by the minority leader of the House of  
36 Representatives, who shall be a consumer representative;

37 (6) One appointed by the minority leader of the Senate, who shall be  
38 an attorney with expertise in Medicare advocacy;

39 (7) The Commissioners of Social Services and Public Health, or their  
40 designees; and

41 (8) The chairpersons and ranking members of the joint standing  
42 committees of the General Assembly having cognizance of matters

43 relating to human services and public health and the chairpersons and  
44 ranking members of the select committee of the General Assembly  
45 having cognizance of matters relating to aging.

46 (c) All appointments to the council shall be made not later than  
47 thirty days after the effective date of this section. Any vacancy shall be  
48 filled by the appointing authority.

49 (d) The speaker of the House of Representatives and the president  
50 pro tempore of the Senate shall select the chairpersons of the council,  
51 from among the members of the council. The chairpersons shall  
52 schedule the first meeting of the council, which shall be held not later  
53 than sixty days after the effective date of this section. Thereafter, the  
54 council shall meet quarterly and more often upon the call of the  
55 chairpersons or a majority of its members.

56 (e) The Joint Committee on Legislative Management shall provide  
57 administrative support to the council.

58 (f) On or before January 15, 2007, and annually thereafter, the  
59 council shall report, in accordance with section 11-4a of the general  
60 statutes, on its activities to the joint standing committees of the General  
61 Assembly having cognizance of matters relating to human services and  
62 public health and to the select committee of the General Assembly  
63 having cognizance of matters relating to aging.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

**HS**      *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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**OFA Fiscal Note**

**State Impact:** Minimal Cost

**Municipal Impact:** None

**Explanation**

This bill establishes a council to advise the Department of Social Services (DSS) on the administration and implementation of the Medicare Part D program. This council consists of twelve legislators, eight individuals appointed by legislators, and representatives from DSS and the Department of Public Health.

As legislators are appointed to the council, Legislative Management will incur minimal costs for legislator mileage reimbursement (currently 44.5 cents per mile). However, these costs are budgeted and part of the agency's normal resources. Additionally, the bill requires the Joint Committee on Legislative Management to provide administrative support to the council which results in no fiscal impact. It is expected that DSS and DPH can participate on the council within normal budgetary resources.

**The Out Years**

There is minimal cost in the out years.

**OLR Bill Analysis****HB 5639*****AN ACT CONCERNING THE ESTABLISHMENT OF A COUNCIL TO ADVISE THE COMMISSIONER OF SOCIAL SERVICES ON MATTERS RELATING TO THE IMPLEMENTATION AND OPERATION OF THE MEDICARE PART D PROGRAM.*****SUMMARY:**

This bill creates a 22-member council to advise the Department of Social Services (DSS) commissioner on matters relating to the administration and implementation of the federal Medicare Part D program, which began January 1, 2006 and helps Medicare beneficiaries pay for their prescription drugs. The bill specifically allows the council to advise on Part D's effect on the Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled (ConnPACE) and Medicaid programs, the full-benefit Medicare-Medicaid dually eligible beneficiaries, pharmacists, and physicians. It must also advise on the administration of the state's Medicare Part D Supplemental Needs Fund. The council must make legislative recommendations and annual reports to the General Assembly and may make them to the state's congressional delegation.

EFFECTIVE DATE: Upon passage

**MEDICARE PART D COUNCIL DUTIES**

The council must advise the commissioner on matters such as Part D's effect on the state's ConnPACE and Medicaid programs' administration and operation; Medicare-Medicaid full-benefit dually eligible beneficiaries; state pharmacies and pharmacists; physicians and other authorized prescribers; and prescription drug coverage, benefits, and costs for program beneficiaries.

The council must also advise on administration of the state's

Medicare Part D Supplemental Needs Fund. By law, DSS must use available fund money to provide financial assistance to Part D beneficiaries enrolled in ConnPACE or full-benefit dual eligibles who cannot pay for their “nonformulary” drugs (Part D covered drugs that are not on their particular plan’s formulary).

Finally, the bill (1) requires the council to make legislative recommendations to the General Assembly about Medicare Part D administration by DSS and (2) allows it to make federal legislative recommendations about Part D to members of the state’s congressional delegation.

### **COUNCIL MEMBERSHIP, MEETINGS, AND REPORTING DUTIES**

The bill requires the council to consist of:

1. two licensed pharmacists employed at pharmacies in urban areas of the state, appointed by the House speaker;
2. two licensed pharmacists employed at pharmacies in rural areas of the state, appointed by the Senate president pro tempore;
3. one licensed physician, appointed by the House majority leader;
4. one licensed psychiatrist, appointed by the Senate majority leader;
5. one consumer representative, appointed by the House minority leader;
6. one attorney with expertise in Medicare advocacy, appointed by the Senate minority leader;
7. the DSS and Department of Public Health commissioners, or their designees; and
8. the chairmen and ranking members of the Human Services, Public Health, and Aging committees.

All council appointments must be made within 30 days after the

bill's effective date. The appointing authority must fill any subsequent vacancies.

The House speaker and Senate president pro tempore must choose the council chairmen from among its members. The chairmen must schedule the council's first meeting for no later than 60 days after the bill's effective date. After that, the council must meet quarterly or more often at the call of the chairmen or a majority of its members.

The bill requires the Legislative Management Committee to provide administrative support to the council.

The council must report annually to the Human Services, Public Health, and Aging committees, beginning January 15, 2007.

**BACKGROUND**

***2005 Related State Law***

2005 Connecticut legislation required ConnPACE participants and Medicare-Medicaid dually eligible people to enroll in a Medicare Part D plan, gave them an opportunity to consult with the DSS commissioner's representatives as to which plan is best for them, and required automatic enrollment for those who did not enroll themselves. It filled in some of the federal gaps for these two groups and coordinated their benefits with the Part D program (PA 05-280; PA 05-2, November 2 Special Session, and PA 05-3, November 2 Special Session).

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable

Yea 12 Nay 2 (03/16/2006)