

SENATE No. 00277

The Commonwealth of Massachusetts

PRESENTED BY:

Mark C. Montigny

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act restoring the Medicare Part D safety net prescription drug coverage for seniors and the disabled..

PETITION OF:

NAME:

Mark C. Montigny

DISTRICT/ADDRESS:

Second Bristol and Plymouth

SENATE No. 00277

By Mr. Montigny, petition (accompanied by bill, Senate, No. 277) of Montigny for legislation restoring the Medicare Part D safety net prescription drug coverage for seniors and the disabled [Joint Committee on Elder Affairs].

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE
□ SENATE
□ , NO. 315 OF 2009-2010.]

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act restoring the Medicare Part D safety net prescription drug coverage for seniors and the disabled..

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Said chapter 175 of the acts of 2005, as so amended, is hereby amended
2 by striking out sections 7A and 7B and inserting in place thereof the following sections:-

3 Section 7A. Notwithstanding any general or special law to the contrary, the
4 subsidized catastrophic prescription drug insurance program established in section 39 of chapter
5 19A of the General Laws shall provide coverage each calendar year for a 1-time supply of
6 prescribed medications in the amount prescribed, up to a 30-day supply, to enrollees who are
7 also eligible for Medicare prescription drug coverage and who have not already received during
8 the current calendar year a 1-time supply under this section. After an enrollee exhausts the

9 availability of the annual 1-time 30-day supply of a medication under this section, the program
10 shall provide coverage, free of charge, for a 1-time, 72-hour supply of the medication each
11 calendar year. Both the 30-day supply and the 72-hour supply shall be available in all instances
12 in which the pharmacist cannot bill a Medicare prescription drug plan at the time the prescription
13 is presented. Any co-pay or deductible that would have been charged to the enrollee under
14 section 39 of chapter 19A shall not apply to the annual 1-time 30 day supply.

15 Section 7B. Notwithstanding any general or special law to the contrary, the secretary
16 of health and human services, in consultation with the director of Medicaid, shall authorize
17 MassHealth payment each calendar year for a 1-time supply of prescribed medications in the
18 amount prescribed, up to a 30-day supply, to beneficiaries under chapter 118E of the General
19 Laws who are also eligible for Medicare prescription drug coverage and who have not already
20 received during the current calendar year a 1-time supply under this section. After a beneficiary
21 exhausts the availability of the annual 1-time, 30-day supply of a medication under this section,
22 MassHealth shall provide coverage, free of charge, for a 1-time, 72-hour supply of the
23 medication each calendar year. Both the 30-day supply and the 72-hour supply shall be available
24 in all instances in which the pharmacist cannot bill a Medicare prescription drug plan at the time
25 the prescription is presented. Any co-pay or deductible that would have been charged to the
26 beneficiary under MassHealth shall apply to the annual 1-time, 30-day supply.

27 SECTION 2. Said chapter 175 of the acts of 2005, as so amended, is hereby amended
28 by inserting after section 7B the following 2 sections:-

29 Section 7C. Notwithstanding section 7D or any general or special law to the contrary,
30 between January 1, 2007 and December 31, 2007, in the event that the Medicare prescription

31 drug plan covers the prescribed medication at the time the prescription is presented, but charges a
32 co-pay or deductible to a MassHealth member that exceeds the amount federal Medicare law
33 permits the plan to charge a non-institutionalized full benefit dual eligible member with income
34 less than or equal to 100% of the federal poverty line, MassHealth shall pay the amount of such
35 excess and the beneficiary shall pay the balance.

36 Section 7D. Notwithstanding any general or special law to the contrary, in the event
37 that the Medicare prescription drug plan covers the prescribed medication at the time the
38 prescription is presented, but charges a co- pay or deductible to a MassHealth member whose
39 MassHealth co-pay would be zero, MassHealth shall pay the entire amount of that co-pay or
40 deductible. In the event that the Medicare prescription drug plan covers the prescribed
41 medication at the time the prescription is presented, but charges a co-pay or deductible to a
42 MassHealth member in excess of what would have been charged to the beneficiary under
43 MassHealth, MassHealth shall pay the excess amount and the beneficiary shall pay what would
44 be payable under MassHealth.

45 SECTION 3. Said chapter 175 of the acts of 2005, as so amended, is hereby amended
46 by inserting after section 8 the following 2 sections:-

47 Section 9. Notwithstanding any general or special law to the contrary, the secretary of
48 health and human services, in consultation with the director of Medicaid, shall authorize
49 MassHealth coverage for beneficiaries under chapter 118E of the General Laws who are also
50 eligible for Medicare prescription drug coverage for all medications which are excluded from
51 coverage under Medicare under 42 U.S.C. 1395w-102(e)(2) but would be covered for that
52 beneficiary under MassHealth, or appropriate regulations, were he not eligible for Medicare

53 prescription drug coverage. Any co-pay or deductible that would have been charged to the
54 beneficiary under MassHealth shall apply thereto.

55 Section 10. Notwithstanding any general or special law to the contrary, the subsidized
56 catastrophic prescription drug insurance program established in section 39 of chapter 19A of the
57 General Laws shall provide coverage for all medications which are excluded from coverage
58 under Medicare under 42 U.S.C. 1395w-102(e)(2) but would be covered for that beneficiary
59 under said section 39, or appropriate regulations, were he not eligible for Medicare prescription
60 drug coverage. Any co-pay or deductible that would have been charged to the enrollee under
61 said section 39 shall apply thereto.