

SENATE No. 371

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 adoption of the accompanying bill:

An Act relative to the prescription drug coverage for seniors and the disabled.

PETITION OF:

NAME:

Mark C. Montigny

DISTRICT/ADDRESS:

Second Bristol and Plymouth

SENATE No. 371

By Mr. Montigny, a petition (accompanied by bill, Senate, No. 371) of Mark C. Montigny for legislation relative to the prescription drug coverage for seniors and the disabled. Elder Affairs.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 357 OF 2017-2018.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-First General Court
(2019-2020)**

An Act relative to the 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 amended by section 86 of Chapter
2 139 of the Acts of 2006, is hereby amended by striking out sections 7A and 7B and inserting in
3 place thereof the following sections:-

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

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

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

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

30 Section 7C. Notwithstanding any general or special law to the contrary, in the event that
31 the Medicare prescription drug plan covers the prescribed medication at the time the prescription
32 is presented, but charges a co- pay or deductible to a MassHealth member whose MassHealth co-

33 pay would be zero, MassHealth shall pay the entire amount of that co-pay or deductible. In the
34 event that the Medicare prescription drug plan covers the prescribed medication at the time the
35 prescription is presented, but charges a co-pay or deductible to a MassHealth member in excess
36 of what would have been charged to the beneficiary under MassHealth, MassHealth shall pay the
37 excess amount and the beneficiary shall pay what would be payable under MassHealth.

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

40 Section 9. Notwithstanding any general or special law to the contrary, the secretary of
41 health and human services, in consultation with the director of Medicaid, shall authorize
42 MassHealth coverage for beneficiaries under chapter 118E of the General Laws who are also
43 eligible for Medicare prescription drug coverage for all medications which are excluded from
44 coverage under Medicare under 42 U.S.C. 1395w-102(e)(2) but would be covered for that
45 beneficiary under MassHealth, or appropriate regulations, were he not eligible for Medicare
46 prescription drug coverage. Any co-pay or deductible that would have been charged to the
47 beneficiary under MassHealth shall apply thereto.

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

55 SECTION 4. Notwithstanding any special or general law, or rule or regulation to the
56 contrary, Prescription Advantage shall pay, in whole or in part, for the premiums for Medicare
57 Part D enrollees with income below 225% of the Federal poverty level, unless prohibited by
58 Federal law.