



119th MAINE LEGISLATURE

FIRST REGULAR SESSION-1999

Legislative Document

No. 1947

H.P. 1347

House of Representatives, March 18, 1999

An Act to Ensure Access to Prescription Drugs for the Elderly.

Reference to the Committee on Health and Human Services suggested and ordered printed.

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JOSEPH W. MAYO, Clerk

Presented by Representative SAXL of Portland. Cosponsored by Representatives: GAGNON of Waterville, KANE of Saco, LEMONT of Kittery, NORBERT of Portland, QUINT of Portland, Senator: RUHLIN of Penobscot.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §254, sub-§2, as amended by PL 1983, c. 290, is repealed and the following enacted in its place:

6	2. Individuals eligible for participation. An individual
	is eligible under this program if the household income, as
8	defined in Title 36, section 6201, subsection 7, is less than or
	equal to 185% of the nonfarm income official poverty line. The
10	nonfarm income official poverty line is that applicable to a
	household of the size involved, as defined by the federal Office
12	of Management and Budget and revised annually in accordance with
	the United States Omnibus Budget Reconciliation Act of 1981,
14	Section 673, Subsection 2. Individuals are also eligible for
	this program if the household spends at least 40% of its income
16	on unreimbursed direct medical expenses for prescription drugs
	and the household income is not more than 25% higher than the
18	levels specified in this subsection. For the purposes of this
	section, the cost of drugs provided to a household under this
20	section is considered a cost spent by the household for
	eligibility determination purposes;

Sec. 2. 24-A MRSA §4255 is enacted to read:

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§4255. Gross direct premium tax

All health maintenance organizations except those organized as nonprofit entities shall pay a tax on all gross direct premiums written on persons residing in the State in accordance with the provisions of Title 36, chapter 357.

32 Sec. 3. 36 MRSA §2513-C is enacted to read:

34 §2513-C. Gross direct premium tax payable by certain health maintenance organizations

All health maintenance organizations except those organized as nonprofit entities shall pay a tax on all gross direct premiums written on persons residing in the State at the rate of 2% a year.

42 Sec. 4. 36 MRSA §2515, as amended by PL 1997, c. 435, §3, is further amended to read:

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§2515. Amount of tax

In determining the amount of tax due under section 2513 er, 48 2513-B or 2513-C, each company or health maintenance organization shall deduct from the full amount of gross direct premiums the 50 amount of all direct return premiums on the gross direct premiums and all dividends paid to policyholders on direct premiums, and the tax must be computed by those companies or <u>health maintenance</u> <u>organizations or</u> their agents.

Sec. 5. 36 MRSA §6162-A, sub-§2, as amended by PL 1997, c. 6 643, Pt. RR, §6, is further amended to read:

8 Eligibility for this program is determined by 2. Income. the-same--income-levels-as--oligibility-fer-elderly-households-is determined-under--chapter-907---except-that--individuals--are--alse 10 eligible-for-this-program-if-the-household-spends-at-least-40%-of 12 its---income---on---unreimbursed---direct---medical---expenses---for preseription-drugs-and-the household-income-is-not-more-than-25% 14 higher-than-the-levels--specified-in-chapter-907 according to Title 22, section 254, subsection 2. For-the-purposes-of-this 16 subsection,-the-costs-of-drugs-provided-to-a-household-under-this ehapter--is--considered--a--cest--spent--by---the--household--for 18 eligibility-determination-purposes.

20 Sec. 6. 36 MRSA §6162-A, sub-§6, as enacted by PL 1987, c. 528, §2, is repealed.

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Sec. 7. Effective date. This Act takes effect January 1, 2000.

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SUMMARY

This bill expands eligibility for the elderly low-cost drug program to 185% of the federal poverty line. It preserves the provisions that allow eligibility to be determined in part based on the cost of prescription drugs. It imposes a gross premium tax on for-profit health maintenance organizations in the amount that is paid by health insurers at the rate of 2% a year. The bill contains an effective date of January 1, 2000.