MAINE STATE LEGISLATURE

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129th MAINE LEGISLATURE

FIRST REGULAR SESSION-2019

Legislative Document

No. 1106

H.P. 810

House of Representatives, March 5, 2019

An Act To Improve the Health and Economic Security of Older Residents

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

ROBERT B. HUNT
Clerk

Presented by Representative BRENNAN of Portland.

Cosponsored by Representative MORALES of South Portland, Senator VITELLI of Sagadahoc and Representatives: CRAVEN of Lewiston, DODGE of Belfast, FARNSWORTH of Portland, GRAMLICH of Old Orchard Beach, PERRY of Calais, TALBOT ROSS of Portland, Senator: CARSON of Cumberland.

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

- Sec. 1. 22 MRSA §254-D, sub-§4, ¶B, as amended by PL 2015, c. 267, Pt. TT, §1, is further amended to read:
 - B. An individual is eligible for the program if that individual:
 - (1) Is a legal resident of the State;

- (2) Meets the income eligibility criteria set forth in this section or is eligible for both MaineCare and Medicare Part D;
- (3) Does not receive full MaineCare pharmaceutical benefits; and
- (4) Is at least 62 years of age, or is 19 years of age or older and determined to be disabled by the standards of the federal social security program. A person who was eligible for the program at any time from August 1, 1998 to July 31, 1999 and who does not meet the requirements of this subparagraph at the time of application or renewal retains eligibility for the program if that person is a member of a household of an eligible person; and.
- (5) Does not have more than \$50,000 individually or more than \$75,000 per couple in liquid assets.
- **Sec. 2. 22 MRSA §254-D, sub-§4, ¶D,** as amended by PL 2011, c. 657, Pt. HH, §1, is further amended to read:
 - D. Income eligibility of individuals must be determined by this paragraph and by reference to the federal poverty guidelines for the 48 contiguous states and the District of Columbia, as defined by the federal Office of Management and Budget and revised annually in accordance with the United States Omnibus Budget Reconciliation Act of 1981, Section 673, Subsection 2, Public Law 97-35, reauthorized by Public Law 105-285, Section 201 (1998). If the household income is not more than 175% 185% of the federal poverty guideline applicable to the household, the individual is eligible for the basic program and the supplemental program. Individuals are also eligible for the basic and the supplemental program if the household spends at least 40% of its income on unreimbursed direct medical expenses for prescription drugs and medications and the household income is not more than 25% higher than the levels specified in this paragraph. For the purposes of this paragraph, the cost of drugs provided to a household under this section is considered a cost incurred by the household for eligibility determination purposes.
- Sec. 3. Eligibility levels increased for the Medicare savings program; state plan amendment. The Department of Health and Human Services shall increase no later than January 1, 2020 the income eligibility levels for the Medicare savings program as follows:
- 1. The Qualified Medicare Beneficiary program to income not more than 150% of the federal poverty level;
- 2. The Specified Low-Income Medicare Beneficiary program to income more than 150% but not more than 170% of the federal poverty level; and

3. The Qualified Individuals program to income more than 170% but not more than 185% of the federal poverty level.

The department shall prepare and submit any necessary Medicaid state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for approval for the increases required by this section.

6 SUMMARY

This bill removes the asset test for the Medicare savings program and the elderly low-cost drug program. It also increases the income eligibility levels for the Medicare savings program and the elderly low-cost drug program to the levels in effect prior to Public Law 2011, chapter 657. The Department of Health and Human Services is required to submit any necessary state plan amendments for approval for the increases in income eligibility.