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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

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A N A C T

RELATING TO HUMAN SERVICES -- MEDICARE SAVINGS PROGRAMS

Introduced By: Representatives Alzate, Spears, Ajello, Morales, Shanley, Felix, Cruz,
Giraldo, Diaz, and Potter

Date Introduced: January 26, 2024

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. The general assembly makes the following findings of fact:

2 (1) Payment of the Medicare monthly premium and out-of-pocket costs for low-income
3 seniors and people with disabilities enhances their economic well-being.

4 (2) Expanding eligibility for the Medicare savings programs will provide thousands of
5 seniors and people with disabilities with help paying for prescriptions through the “Extra Help”
6 program, ensuring they can purchase necessary medications and further supporting their economic
7 well-being.

8 (3) The federal government pays the full cost for those enrolled as qualified individuals
9 and over half the costs for those enrolled as qualified Medicare beneficiaries.

10 (4) Expanding eligibility for the Medicare savings programs, will significantly aid those
11 eligible as well as infuse significant federal funds into our state’s economy.

12 SECTION 2. Title 40 of the General Laws entitled "HUMAN SERVICES" is hereby
13 amended by adding thereto the following chapter:

14 CHAPTER 8.16

15 MEDICARE SAVINGS PROGRAMS

16 40-8.16-1. Short Title.

17 This chapter shall be known and may be cited as the “Medicare Savings Programs”.

18 40-8.16-2. Purpose.

19 The Medicare savings programs, established in the Social Security Act [42 U.S.C. 1396a]

1 §§ 1902(a)(10), 1905(p) and 1933, pay the monthly Medicare Part B premium for enrollees and
2 provide certain enrollees with help paying for out-of-pocket costs. For individuals who are disabled
3 and working, the program pays the Part A premium only. The programs are designed to improve
4 access to necessary medical services and to address financial insecurity of low-income Medicare
5 enrollees: people age sixty-five (65) and older and people with severe disabilities. States are
6 allowed to set income and asset limits for the Medicare savings programs that exceed the federally
7 mandated minimum levels. The federal government pays all or some of the costs for those enrolled
8 in the Medicare savings programs. The federally-mandated minimum eligibility is too low to
9 adequately address the needs of thousands of needy Rhode Islanders age sixty-five (65) and older
10 and people with severe disabilities. It is the intent of the general assembly to increase eligibility
11 for the Medicare savings programs consistent with federal law and so long as federal cost-sharing
12 is provided.

13 **40-8.16-3. Definitions.**

14 As used in this chapter:

15 (1) "Income" means the income of the family unit of an individual as determined by the
16 income-counting rules used for determining eligibility for federal Supplemental Security Income
17 benefits under title XVI of the Social Security Act, 42 U.S.C. 1396a.

18 (2) "Medicare Part A" means the program established under Part A of title XVIII of the
19 Social Security Act.

20 (3) "Medicare Part B" means the program established under Part B of title XVIII of the
21 Social Security Act.

22 (4) "Medicare savings programs" and "Medicare premium payment programs" mean,
23 collectively, the state-administered programs described in § 40-8.16-4.

24 (5) "Qualified disabled and working individual" means an individual who is not otherwise
25 eligible for medical assistance; who is entitled to enroll in hospital insurance benefits under section
26 1818A of Title VIII of the Social Security Act; whose income does not exceed two hundred percent
27 (200%) of the federal poverty line applicable to the person's family size; and whose resources do
28 not exceed twice the maximum amount that an individual (or a couple, in the case of a married
29 individual) may have and obtain federal supplemental security income benefits under title XVI of
30 the Social Security Act.

31 (6) "Qualified individual" means an individual who is not otherwise enrolled in medical
32 assistance and who is entitled to hospital insurance benefits under part A of title XVIII of the Social
33 Security Act whose income is greater than one hundred thirty-eight percent (138%) but less than
34 or equal to one hundred eighty-six percent (186%) of the federal poverty line applicable to the

1 person's family size. Insofar as federal financial participation is available, an individual's resources
2 shall not be considered in determining whether an individual is a qualified individual.

3 (7) "Qualified Medicare beneficiary" means an individual who is entitled to hospital
4 insurance benefits under part A of title XVIII of the Social Security Act whose income does not
5 exceed one hundred thirty-eight percent (138%) of the federal poverty line applicable to the
6 person's family size. Insofar as federal financial participation is available, an individual's resources
7 shall not be considered in determining whether an individual is a qualified Medicare beneficiary.

8 (8) "Resources" means the resources of the family unit of an individual as determined by
9 the resource-counting rules used for determining eligibility for federal Supplemental Security
10 Income benefits under title XVI of the Social Security Act. Insofar as federal financial participation
11 is available, resources shall not be considered in determining an individual's status as a qualified
12 Medicare beneficiary or qualified individual.

13 (9) "Secretary" means the secretary of the executive office of health and human services.

14 **40-8.16-4. Payments.**

15 (a) The state shall provide for enrollment in Medicare Part B, and shall make payments for
16 the Medicare Part B premium and any Medicare Part A premium, as well as for other Medicare
17 cost-sharing including co-insurance and deductibles, for any individual who is a qualified Medicare
18 beneficiary.

19 (b)(1) To the extent that federal financial participation is available at a one hundred percent
20 (100%) federal medical assistance percentage and subject to §§ 1933 and 1902(a)(10)(E)(iv) of the
21 Social Security Act, the state shall provide for enrollment in Medicare Part B, and shall make
22 payments for the Medicare Part B premium, for any individual who is a qualified individual.

23 (2) Premium payments for qualified individuals will be one hundred percent (100%)
24 federally funded up to the amount of the federal allotment. The secretary of health and human
25 services shall discontinue enrollment into the program when the Part B premium payments made
26 pursuant to subsection (b)(1) of this section meet the yearly federal allotment.

27 (c) The state shall make payment for the Medicare Part A premium for any individual who
28 is a qualified disabled and working individual.

29 **40-8.16-5. Application process and outreach.**

30 The secretary shall ensure that an individual's data in an application for the Low-Income
31 Subsidy (LIS) program that is transmitted by the Social Security Administration to the executive
32 office of health and human services is used to begin the process of application for said individual's
33 eligibility as a qualified Medicare beneficiary or qualified individual. The secretary shall maintain
34 a simplified application form, consistent with federal law for enrollment into these programs, for

1 [application by individuals whose application is not started by transmission of LIS information from](#)
2 [the Social Security Administration. The secretary shall publicize the availability of the Medicare](#)
3 [savings programs.](#)

4 **40-8.16-6. Federal approval and implementation.**

5 [The secretary shall submit any necessary amendments to the Medicaid state plan or the](#)
6 [1115 waiver to implement the provisions of this section.](#)

7 **40-8.16-7. Rules and regulations.**

8 [The secretary shall make and promulgate rules and regulations not inconsistent with state](#)
9 [law, pursuant to chapter 35 of title 42 \("administrative procedures"\) as the secretary deems](#)
10 [necessary for the proper administration of this chapter and to carry out the policy and purposes](#)
11 [thereof, and to ensure conformance to the provisions of the Social Security Act, 42 U.S.C. § 1396](#)
12 [et seq., and to any rules or regulations promulgated pursuant thereto.](#)

13 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

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RELATING TO HUMAN SERVICES -- MEDICARE SAVINGS PROGRAMS

1 This act would expand eligibility for the qualified Medicare beneficiary program by
2 increasing the income limit from 100% to 138% of the federal poverty line and expand eligibility
3 for the qualified individual program by establishing an income limit of 138% to 186% of the federal
4 poverty line. There would be no asset limit applied to eligibility for these programs.

5 This act would take effect upon passage.

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