

S 1185

Medicare Financial Stability for Beneficiaries Act of 2009

Congress: 111 (2009–2011, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jun 4, 2009

Current Status: Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S6194-6201)

Latest Action: Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S6194-6201) (Jun 4, 2009)

Official Text: <https://www.congress.gov/bill/111th-congress/senate-bill/1185>

Sponsor

Name: Sen. Bingaman, Jeff [D-NM]

Party: Democratic • **State:** NM • **Chamber:** Senate

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Stabenow, Debbie [D-MI]	D · MI		Jun 9, 2009

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jun 4, 2009

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
111 HR 2700	Related bill	Jun 8, 2009: Referred to the Subcommittee on Health.
111 HR 2716	Related bill	Jun 8, 2009: Referred to the Subcommittee on Health.

Medicare Financial Stability for Beneficiaries Act of 2009 - Amends part D (Voluntary Prescription Drug Benefit Program) of title XVIII (Medicare) of the Social Security Act (SSA), as amended by the Medicare Improvements for Patients and Providers Act of 2008, to disregard part D premium or cost-sharing subsidies for low-income individuals (LIS program) for purposes of determining eligibility for, or the amount of assistance or benefits provided under, any federal and state public benefit programs.

Amends SSA title XIX (Medicaid) with respect to Medicare Savings Programs (MSP programs) to disregard any medical assistance for some or all Medicare cost-sharing for qualified Medicare beneficiaries (QMBs) in determining eligibility for, or the amount of assistance or benefits provided under, any federal, state, or local public benefit program.

Limits cost-sharing under the part D LIS program for a year to a maximum 2.5% of income.

Exempts pension and retirement benefits from resources under the LIS and MSP programs and modifies the resource standards for determination of eligibility for the LIS program.

Increases the income eligibility to: (1) 150% of the federal poverty level (FPL) for full benefits and 200% of the FPL for partial benefits (sliding scale premium subsidy) under the LIS program, and (2) 150% of the FPL for QMB benefits under the MSP program.

Expands the special enrollment process to individuals eligible for an income-related subsidy under the LIS program.

Eliminates part D cost-sharing for certain non-institutionalized full-benefit dual eligible individuals.

Repeals authority for states to pay Medicare cost-sharing at Medicaid rates and authorizes medical assistance to dual eligibles in MedicareAdvantage (MA) plans.

Authorizes cross deeming between LIS and MSP so that qualifying for one program would automatically qualify an individual for the other programs.

Amends the Food and Nutrition Act of 2008 with respect to temporary supplemental nutrition assistance program (SNAP) benefits under the LIS program.

Requires targeted outreach for low-income subsidies under the Medicare prescription drug program.

Amends the Internal Revenue Code to require the Secretary of the Treasury to disclose tax return information to the Social Security Administration to facilitate identification of individuals likely to be eligible for low-income subsidies under the Medicare prescription drug program.

Prescribes requirements for enhanced oversight and enforcement relating to reimbursements for retroactive LIS enrollment.

Requires the award of grants to: (1) states for outreach regarding Medicare enrollment assistance and benefit availability; and (2) Aging and Disability Resource Centers.

Makes the date of the electronic transmission of low income subsidy (LIS) program data from the Commissioner of Social Security to the state Medicaid agency the date of filing of the application for MSP benefits

Requires a state Medicaid plan to provide that the state enters into a modification of a Medicaid agreement with the Secretary to provide for enrollment in (buy-in to) the Medicare part A (Hospital Insurance) program by QMBs who are uninsured elderly individuals not otherwise eligible for hospital insurance benefits.

Requires states to: (1) make MSP applications available on the Internet; and (2) allow individuals to specify a preferred language other than English for subsequent communication.

Actions Timeline

- **Jun 4, 2009:** Introduced in Senate
- **Jun 4, 2009:** Sponsor introductory remarks on measure. (CR S6193-6194)
- **Jun 4, 2009:** Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S6194-6201)