

SB 122-FN - AS INTRODUCED

2025 SESSION

25-0947

05/08

SENATE BILL **122-FN**

AN ACT relative to financial eligibility for the Medicare savings program.

SPONSORS: Sen. Rosenwald, Dist 13; Sen. Watters, Dist 4; Sen. Long, Dist 20; Sen. Perkins Kwoka, Dist 21; Sen. Prentiss, Dist 5; Sen. Rochefort, Dist 1; Rep. Wallner, Merr. 19; Rep. Weber, Ches. 5; Rep. Nagel, Belk. 6; Rep. Telerski, Hills. 11

COMMITTEE: Health and Human Services

ANALYSIS

This bill directs the department of health and human services to remove asset limits and increase income thresholds for the Medicare savings program and to submit any amendment to the state Medicaid plan required for implementation.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struckthrough.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Five

AN ACT relative to financial eligibility for the Medicare savings program.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Short Title. This act shall be known as "The Help for Low Income Seniors Act".

2 2 New Section; Financial Eligibility for Medicare Savings Program. Amend RSA 167 by
3 inserting after section 4-f the following new section:

4 167:4-g Medicare Savings Program. The department shall administer the Medicare savings
5 program as described in 42 U.S.C. section 1396a(a)(10)(E) in accordance with federal law and this
6 section.

7 I. Financial eligibility for the Medicare savings program shall include:

8 (a) A resource disregard, thereby eliminating the resource test; and

9 (b) Income disregards so that a person with income that is no more than 185 percent of
10 the federal poverty level is qualified as a qualified Medicare beneficiary and a person with income
11 that is more than 185 percent and no more than 250 percent of the federal poverty level is qualified
12 as a qualified individual.

13 II. The commissioner of the department of health and human services shall adopt rules
14 under RSA 541-A relative to the Medicare savings program in accordance with the requirements of
15 this section.

16 III. On or before November 1, 2025, the department of health and human services shall
17 prepare and submit to the Centers for Medicare and Medicaid Services any amendments to the state
18 Medicaid plan necessary for implementation of the Medicare savings program, including eliminating
19 the financial eligibility resource test and increasing the financial eligibility income limits as provided
20 in paragraph I.

21 3 Effective Date. This act shall take effect 60 days after its passage.

SB 122-FN- FISCAL NOTE
 AS INTRODUCED

AN ACT relative to financial eligibility for the Medicare savings program.

FISCAL IMPACT: This bill does not provide funding, nor does it authorize new positions.

Estimated State Impact				
	FY 2025	FY 2026	FY 2027	FY 2028
Revenue	\$0	\$0	\$0	\$0
<i>Revenue Fund(s)</i>	None			
Expenditures*	\$0	\$14.3 million general funds; indeterminable federal funds	\$14.3 million general funds; indeterminable federal funds	\$14.3 million general funds; indeterminable federal funds
<i>Funding Source(s)</i>	General Fund, Federal Funds			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

METHODOLOGY:

This bill removes asset limits and increases income thresholds for the Medicare Savings Program. It requires the Department of Health and Human Services to adopt rules relative to the Program and submit to the federal Center for Medicaid and Medicare Services (CMS) any amendments to the State Plan Amendment (SPA) for the purposes of complying with the new requirements. The Department anticipates that the bill will result in an increase of approximately \$14.3 million in general fund expenditures per year. This number includes the amount the Department will pay to cover additional Medicare Part A and B premiums and cost sharing for the additional beneficiaries as described below.

Per the Department, the bill may result in a larger number of lower income individuals on Medicare or those dually eligible for Medicare and Medicaid remaining in their homes as opposed to institutionalization based on economic circumstances and the ability to fully access their Medicare benefit. Indirectly there may be future costs savings to the Medicaid program for defraying the costs of institutional services. The Department estimates that as a result of the bill, 10,000 individuals will transition into a coverage category for which the Department pays for the following: 1) Medicare Part A and Part B premiums; 2) premium penalties for late

Medicare enrollments; and 3) Medicare deductibles and Medicare coinsurance expenses. These expenses are split 50 percent general funds and 50 percent federal funds.

AGENCIES CONTACTED:

Department of Health and Human Services