

SB 545-FN - AS INTRODUCED

2026 SESSION

26-2127  
05/08

SENATE BILL        **545-FN**

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

SPONSORS:        Sen. Rosenwald, Dist 13; Sen. Long, Dist 20; Sen. Fenton, Dist 10; Sen. Watters,  
Dist 4; Sen. Perkins Kwoka, Dist 21; Sen. Altschiller, Dist 24; Rep. Wallner, Merr.  
19; Rep. Weber, Ches. 5; Rep. Telerski, Hills. 11; Rep. Hakken-Phillips, Graf. 12;  
Rep. Nagel, Belk. 6

COMMITTEE:      Health and Human Services

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ANALYSIS

This bill removes the resource limit for the Medicare savings program and, subject to CMS approval, makes the low income subsidy for Medicare Part D available to residents to assist with prescription drug costs.

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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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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-Six*

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 of 2026".

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.

5 I. The department shall administer the Medicare savings program as described in 42 U.S.C.  
6 section 1396a(a)(10)(E) in accordance with federal law and this section.

7 II. Financial eligibility for the Medicare savings program shall:

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

9 (b) Subject to CMS approval, make the low income subsidy for Medicare Part D available  
10 to residents to assist with prescription drug costs.

11 3 Effective Date. This act shall take effect 60 days after its passage.

**SB 545-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.

<b>Estimated State Impact</b>				
	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>	<b>FY 2029</b>
<b>Revenue</b>	\$0	\$0	\$0	\$0
<i>Revenue Fund(s)</i>	None			
<b>Expenditures*</b>	\$0	\$2.3 million general funds; \$3.6 million federal funds	\$2.3 million general funds; \$3.6 million federal funds	\$2.3 million general funds; \$3.6 million federal funds
<i>Funding Source(s)</i>	General funds; federal funds			
<b>Appropriations*</b>	\$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 for the Medicare Savings Program and, subject to approval by the federal Centers for Medicare and Medicaid Services (CMS), makes the low income subsidy for Medicare Part D available to residents to assist with prescription drug costs. Per the Department of Health and Human Services, there are multiple groups within the Medicare Savings Program, each with their own eligibility requirements. In the aggregate, removing the asset limits would result in an estimated 2,033 new individuals qualifying for the program, based on Department data detailing the number of people previously denied for being over the resource limit. Of these, 884 are qualified Medicaid beneficiaries, for whom the Department will be responsible for paying an estimated \$3,519 per year, and 1,149 are specified low-income beneficiaries, for whom the Department will be responsible for paying \$2,436 per year. Total costs are therefore expected to be \$5,909,760 per year. Since the general fund / federal fund split does not apply to all categories, the Department anticipates that \$3,582,150 will be federal funds, with the remaining \$2,327,610 a general fund expense. As the low-income subsidy for Medicare Part D is administered by the federal government, that aspect of the bill is not expected to have a state impact.

**AGENCIES CONTACTED:**

Department of Health and Human Services