

Improving Low-Income Access to Prescription Drugs Act of 2019 (S. 1999)

Introduced by Senator Bob Casey (D-PA) and Senator Steve Daines (R-MT)

Half of all people with Medicare—nearly 30 million seniors and people with disabilities—live on annual [incomes below \\$26,200](#). Almost 15 million, one quarter of the Medicare population, live on less than [\\$15,250 per year](#) and have less than [\\$14,550 in savings](#). Created almost 15 years ago, when the Medicare prescription drug benefit (Part D) was first enacted, the Part D Low-Income Subsidy (commonly known as Extra Help) was established to help low-income seniors and people with disabilities shoulder the cost of premiums and cost-sharing (including deductibles, copayments and coinsurance) for needed medicines. In 2018, more than [12 million](#) people with Medicare were enrolled in the program.

[Since 2010](#), the Centers for Medicare & Medicaid Services (CMS) has operated a demonstration program to safeguard people with Medicare who are newly enrolled in Medicaid, Supplemental Security Income (SSI) or who otherwise qualify for Extra Help. Known as the [Limited Income Newly Eligible Transition \(LI NET\) Program](#), this demonstration provides immediate Medicare Part D prescription drug coverage and cost-sharing assistance to low-income older adults and people with disabilities through a seamless and simplified enrollment process, thereby limiting disrupted access to needed medications.

The LI NET program guarantees coverage for all Part D covered medications (with some safety exceptions) through an open pharmacy network, with cost-sharing assistance for the beneficiary. Retroactive coverage is provided for the lowest income beneficiaries, allowing select individuals to seek reimbursement for out-of-pocket prescription drug costs previously incurred. The LI NET program ensures continuity of coverage and affordability for low-income seniors and people with disabilities as they transition to the Medicare coverage option of their choice. In 2018, the LI NET program assisted almost [800,000 people with Medicare](#).¹

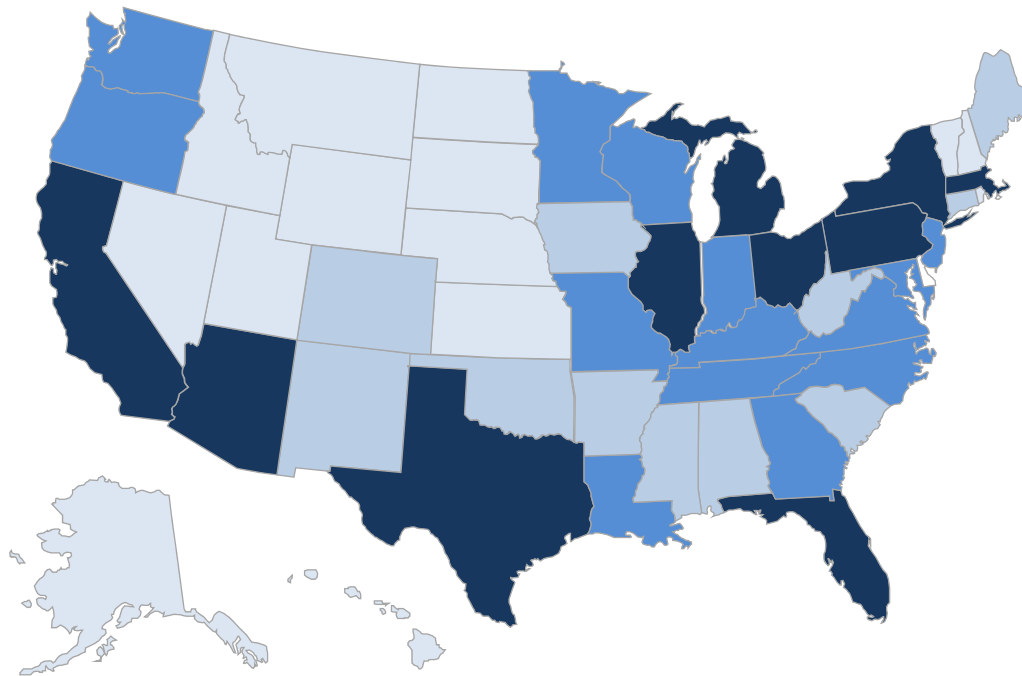
What will S. 1999 do? As requested in budget proposals by the current and prior Administrations, the *Improving Low-Income Access to Prescription Drugs Act* would permanently authorize the LINET program in a [budget neutral manner](#).

Supporters: AARP, AFL-CIO, Allies for Independence, Association of University Centers on Disabilities (AUCD), Center for Medicare Advocacy, Inc., Justice in Aging, Lutheran Services in America, Medicare Rights Center, National Academy of Elder Law Attorneys, National Adult Day Services Association, National Association of Councils on Developmental Disabilities, National Association of State Long-Term Care Ombudsman Programs (NASOP), National Council on Aging, National Disability Institute, The Gerontological Society of America, The Special Needs Alliance and Women's Institute for a Secure Retirement (WISER).

¹ 2018 data provided by Humana.

2018 LINET Enrollments by State

State	2018 Enrollments	% of total
CA	105,766	14.2%
NY	71,936	9.6%
IL	44,895	6.0%
TX	41,350	5.5%
FL	40,604	5.4%
OH	36,730	4.9%
MI	30,692	4.1%
PA	28,807	3.9%
MA	25,890	3.5%
AZ	21,173	2.8%
NC	17,912	2.4%
NJ	16,272	2.2%
GA	16,240	2.2%
KY	14,566	2.0%
TN	14,116	1.9%
MD	13,717	1.8%
WA	13,635	1.8%
OR	13,090	1.8%
VA	12,258	1.6%
IN	12,234	1.6%
LA	11,598	1.6%
WI	10,884	1.5%
MN	10,803	1.4%
MO	10,358	1.4%



2018 Enrollments	
20,000 - 110,000	Dark Blue
10,000 - 19,999	Medium Blue
5,000 - 9,999	Light Blue
< 4,999	Very Light Blue

State	2018 Enrollments	% of total
SC	9,548	1.3%
NM	8,350	1.1%
CO	7,719	1.0%
MS	7,304	1.0%
OK	7,259	1.0%
AL	7,130	1.0%
AR	7,118	1.0%
CT	6,944	0.9%
WV	4,791	0.6%
ME	4,255	0.6%
IA	4,219	0.6%
RI	3,839	0.5%
NV	3,670	0.5%
KS	3,318	0.4%
*DC	3,146	0.4%
HI	2,995	0.4%
UT	2,872	0.4%
NH	2,392	0.3%
NE	2,180	0.3%
ID	2,155	0.3%
MT	1,959	0.3%
AK	1,902	0.3%
DE	1,413	0.2%
VT	1,112	0.1%
ND	886	0.1%
SD	868	0.1%
WY	666	0.1%

Source: Humana