

HOUSE JOINT RESOLUTION NO. 555

Directing the Joint Commission on Health Care's Long-Term Care Subcommittee to examine Medigap and Medicare managed care programs in Virginia.

Agreed to by the House of Delegates, February 5, 1999

Agreed to by the Senate, February 18, 1999

WHEREAS, Medicare is a health care financing program authorized by Title XVIII of the Social Security Act and funded by payroll taxes; and

WHEREAS, Medicare provides the primary sources of health insurance coverage for an estimated 12 percent of Virginians; and

WHEREAS, Medicare provides coverage both to persons age 65 and older and to certain disabled persons under age 65; and

WHEREAS, Medicare has traditionally been a fee-for-services program that does not require recipients to choose a health plan; and

WHEREAS, there are important gaps in Medicare coverage, particularly regarding prescription medications; and

WHEREAS, Medigap policies provide supplemental health insurance for Medicare recipients; and

WHEREAS, Medicare managed care plans are a relatively new option for Medicare recipients that may offer additional benefits beyond those offered in the standard fee-for-services Medicare program; and

WHEREAS, there has been a nationwide trend of health plans discontinuing Medicare managed care products; and

WHEREAS, in addition, certain disabled persons receiving Medicare who are not yet 65 are reporting difficulty in obtaining Medigap policies; and

WHEREAS, limited Medicaid coverage for low-income Medicare beneficiaries is available, but underutilized; and

WHEREAS, the Joint Commission on Health Care has formed a Long-Term Care Subcommittee to address various long-term care and aging issues; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care's Long-Term Care Subcommittee be directed to examine insurance options for Medicare beneficiaries in Virginia, including (i) the availability of Medicare managed care products, (ii) the availability of Medigap policies for Medicare beneficiaries who are not yet 65, (iii) increasing utilization of available Medicaid coverage for low-income Medicare beneficiaries; and (iv) other issues as they may seem appropriate.

The Joint Commission shall report its findings and recommendations to the Governor and the 2000 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.