

(4) BEGINNING JULY 1 OF EACH YEAR AND QUARTERLY THEREAFTER, THE BOARD SHALL REIMBURSE THE ADMINISTRATOR FOR PRESCRIPTION DRUG CLAIMS AND ADMINISTRATIVE EXPENSES INCURRED ON BEHALF OF THE PROGRAM.

(5) ANY REBATES OR OTHER DISCOUNTS OBTAINED BY THE PROGRAM ADMINISTRATOR AS A RESULT OF PRESCRIPTION DRUG PURCHASES ON BEHALF OF PROGRAM ENROLLEES FROM A PHARMACEUTICAL BENEFIT MANAGER OR PHARMACEUTICAL MANUFACTURER SHALL INURE TO THE BENEFIT OF THE PROGRAM AND BE DEPOSITED TO THE FUND.

14-514.

(A) ON OR BEFORE JUNE 30 OF EACH YEAR, THE BOARD SHALL SUBMIT A REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY THAT INCLUDES A SUMMARY OF PROGRAM ACTIVITIES FOR THE YEAR AND ANY RECOMMENDATIONS FOR CONSIDERATION BY THE GENERAL ASSEMBLY.

(B) THE BOARD SHALL ADOPT REGULATIONS TO CARRY OUT PART II OF THIS SUBTITLE.

14-515.

(A) FOR THE PURPOSE OF MAXIMIZING PARTICIPATION IN THE PROGRAM, THE BOARD MAY DEVELOP OUTREACH MATERIALS FOR DISTRIBUTION TO ELIGIBLE INDIVIDUALS.

(B) THE BOARD SHALL PUBLICIZE THE EXISTENCE AND ELIGIBILITY REQUIREMENTS OF THE PROGRAM THROUGH THE FOLLOWING ENTITIES:

- (1) THE DEPARTMENT OF AGING;
- (2) LOCAL HEALTH DEPARTMENTS;
- (3) CONTINUING CARE RETIREMENT COMMUNITIES;
- (4) PLACES OF WORSHIP;
- (5) CIVIC ORGANIZATIONS;
- (6) COMMUNITY PHARMACIES; AND
- (7) ANY OTHER ENTITY THAT THE BOARD DETERMINES APPROPRIATE.

(C) THE DEPARTMENT OF AGING, THROUGH ITS SENIOR HEALTH INSURANCE PROGRAM, SHALL:

(1) ASSIST ELIGIBLE INDIVIDUALS IN APPLYING FOR COVERAGE UNDER THE PROGRAM; AND

(2) PROVIDE NOTICE OF THE PROGRAM AND ITS ELIGIBILITY REQUIREMENTS TO POTENTIALLY ELIGIBLE INDIVIDUALS WHO SEEK HEALTH INSURANCE COUNSELING SERVICES THROUGH THE DEPARTMENT OF AGING.

(D) THE BOARD SHALL DEVELOP A MAIL-IN APPLICATION FOR THE PROGRAM.