

(1) provide a prescription drug benefit subsidy, as determined by the Board, that may pay all or some of the deductibles, coinsurance payments, premiums, and copayments under the federal Medicare Part D Pharmaceutical Assistance Program for enrollees of the Program; and

(2) provide the subsidy to the maximum number of individuals eligible for enrollment in the Program, subject to the moneys available in the segregated account under § 14-504 of this subtitle.

**(B) THE PROGRAM MAY LIMIT PAYMENT OF ANY SUBSIDY BY PAYING THE SUBSIDY ONLY ON BEHALF OF ELIGIBLE INDIVIDUALS ENROLLED IN A MEDICARE PART D PRESCRIPTION DRUG PLAN OR MEDICARE ADVANTAGE PLAN THAT COORDINATES WITH THE PROGRAM IN ACCORDANCE WITH FEDERAL REQUIREMENTS.**

[(b)] (C) The Program may annually provide an additional subsidy, up to the full amount of the Medicare Part D Prescription Drug Plan premium, for individuals who qualify for a partial federal low-income subsidy.

[(c)] (D) The Program shall maintain a waiting list of individuals who meet the eligibility requirements for the Program but who are not served by the Program due to funding limitations.

[(d)] (E) The Board shall determine annually:

(1) the number of individuals to be enrolled in the Program;

(2) the amount of subsidy to be provided under subsection (a) of this section; and

(3) the amount of any additional subsidy provided under subsection [(b)] (C) of this section.

[(e)] (F) On or before January 1 of each year, the Board, in accordance with § 2-1246 of the State Government Article, shall report to the General Assembly on:

(1) the number of individuals on the waiting list for the Program; and

(2) to the extent that the Board is able to collect the information:

(i) the number of enrollees with out-of-pocket prescription drug costs that exceed \$2,250, broken down for each fiscal quarter; and

(ii) the total annual out-of-pocket prescription drug costs for enrollees.