

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act To Promote Healthy Practices for MaineCare Members

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §3173-C, sub-§7, as amended by PL 2003, c. 451, Pt. H, §1 and affected by §3, is further amended to read:

7. Copayments. Notwithstanding any other provision of law, the following copayments per service per day are imposed and reimbursements are reduced, or both, to the following levels:

- A. Outpatient hospital services, \$3;
- B. Home health services, \$3;
- C. Durable medical equipment services, \$3;
- D. Private duty nursing and personal care services, \$5 per month;
- E. Ambulance services, \$3;
- F. Physical therapy services, \$2;
- G. Occupational therapy services, \$2;
- H. Speech therapy services, \$2;
- I. Podiatry services, \$2;
- J. Psychologist services, \$2;
- K. Chiropractic services, \$2;
- L. Laboratory and x-ray services, \$1;
- M. Optical services, \$2;
- N. Optometric services, \$3;
- O. Mental health clinic services, \$2;
- P. Substance abuse services, \$2;
- Q. Hospital inpatient services, \$3 per patient day;
- R. Federally qualified health center services, \$3 per patient day, effective July 1, 2004; and
- S. Rural health center services, \$3 per patient day.

The department may adopt rules to adjust the copayments set forth in this subsection. The rules may adjust amounts to ensure that, except as provided in subsection 8, copayments are deemed considered nominal in amount and may include monthly limits or exclusions per service category. The need to maintain provider participation in the Medicaid program to the extent required by 42 United States Code, Section 1392(a)(30)(A) or any successor provision of law must be considered in any reduction in reimbursement to providers or imposition of copayments.

Sec. 2. 22 MRSA §3173-C, sub-§8 is enacted to read:

8. Increased copayments. Notwithstanding any provision of this section to the contrary, beginning January 1, 2008, increased copayments per service per day are imposed and reimbursements are reduced, or both, as provided in this subsection.

A. The department shall adopt rules to increase the copayments of MaineCare members who smoke tobacco products, as defined in section 1580, miss appointments with health care practitioners, as defined in section 1711-C, subsection 1, paragraph F, or misuse prescription drugs, which, for purposes of this paragraph, means using prescription drugs in a manner that is not in compliance with the instructions of the prescribing health care practitioner after the MaineCare member has been instructed in the proper use and warned against misuse on more than one occasion.

B. The rules adopted under paragraph A must double the copayment otherwise applicable to a MaineCare member described under paragraph A and make payment mandatory for the MaineCare member to obtain service under the MaineCare program.

C. Rules adopted pursuant to this subsection are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.

SUMMARY

This bill requires increased copayments that are mandatory for the MaineCare program beginning January 1, 2008 for members who smoke tobacco products, who miss appointments with health care practitioners without just cause or who misuse prescription drugs. The copayments are double the normal amount and are mandatory for the member to obtain MaineCare services. The bill requires the Department of Health and Human Services to adopt routine technical rules to impose the new copayments.