**An Act To Expand the MaineCare Program To Cover All Citizens of the State**

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

**Sec.** **1. 5 MRSA c. 166** is enacted to read:

**CHAPTER** **166**

**MAINECARE FOR ALL PROGRAM**

**§****2033.** **Establishment**

The MaineCare for All Program, referred to in this chapter as "the program," is established to provide for the health care of residents of this State. The program must be designed in accordance with the requirements of this chapter and may not be implemented before January 1, 2022 as provided in this chapter.

**§****2034.** **Design of program**

**1.** **Design requirements.** The Department of Health and Human Services, in consultation with the Department of Labor and the Department of Professional and Financial Regulation, Bureau of Insurance, shall design the program to provide coverage for health care services from participating providers within the State if those services are necessary or appropriate for the prevention, diagnosis or treatment of, or maintenance or rehabilitation following, injury, disability or disease. At a minimum, the program must provide:

A. Coverage for the following health care services:

(1) Hospital services;

(2) Medical and other professional services furnished by participating providers;

(3) Laboratory tests and imaging procedures;

(4) Home health care for residents of the State requiring services performed by or under the supervision of professional or technical personnel, including, but not limited to, home health care for acute illness, personal care attendant services and the medical component of home health care for chronic illness;

(5) Rehabilitative services for residents of the State receiving therapeutic care;

(6) Prescription drugs and devices;

(7) Mental health services;

(8) Substance use disorder treatment;

(9) Primary and acute dental services;

(10) Vision appliances, including lenses, frames and contact lenses;

(11) Medical supplies, durable medical equipment and selected assistive devices; and

(12) Hospice care;

B. Delivery of covered health care services through organized delivery systems;

C. Payment for covered health care services provided to a resident while the resident is in the State or out of the State. The program must pay for a reasonable amount charged for medically necessary emergency health care services; and

D. Fair rates of compensation with participating providers and organized delivery systems and negotiation with pharmaceutical companies for similarly classified pharmaceuticals.

**§****2035.** **Implementation**

**1.** **Implementation.** Upon enactment of authorizing legislation establishing financing for the program, the State shall implement the program in phases as required in subsections 2 to 5.

**2.** **Phase one.** In January 2022, the Department of Health and Human Services shall convene a committee that shall authorize a request for proposals for a full study of the costs, economic benefits and issues, including any federal waivers, related to expanding coverage through the program for all residents of the State. This request for proposals must be self-funded by outside sources unless covered under the normal operating budget of existing programs in the State's biennial budget. Upon completion of the study, the Department of Health and Human Services shall apply, no later than June 30, 2023, for all federal waivers determined necessary by the study.

**3.** **Phase 2.** No later than January 31, 2023, the State shall provide coverage through the program for a resident of the State who is not eligible for coverage under the MaineCare program and who has an income that is below 200% of the federal poverty level.

**4.** **Phase 3.** No later than January 31, 2024 or upon receipt of any necessary federal waivers, the State shall provide coverage through the program for a resident of the State who has an income between 200% and 400% of the federal poverty level.

**5.** **Phase 4.**  No later than January 31, 2025, the State shall provide coverage through the program for a resident of the State who has an income above 400% of the federal poverty level.

**6.** **Waiver; request for federal approval.**  The Department of Health and Human Services and any other affected department or agency of the State shall apply for all waivers, exemptions and approvals from the Federal Government that are necessary to fully implement the program.

For the purposes of this section, "federal poverty level" means that measure defined by the federal Department of Health and Human Services and updated annually in the Federal Register under authority of 42 United States Code, Section 9902(2).

**Sec.** **2. MaineCare for All Implementation Task Force.** The MaineCare for All Implementation Task Force, referred to in this section as "the task force," is established to oversee planning and implementation of the MaineCare for All Program, established in the Maine Revised Statutes, Title 5, chapter 166, as follows.

**1. Appointments; composition.** The task force consists of members appointed as follows:

A. Four members of the Senate, appointed by the President of the Senate, including 2 members of the party holding the largest number of seats in the Senate and 2 members of the party holding the 2nd largest number of seats in the Senate, of whom at least one member is a member of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, at least one member is a member of the Joint Standing Committee on Health and Human Services and at least one member is a member of the Joint Standing Committee on Labor and Housing or the Joint Standing Committee on Taxation; and

B. Five members of the House of Representatives, appointed by the Speaker of the House of Representatives, including 2 members of the party holding the largest number of seats in the House of Representatives and 2 members of the party holding the 2nd largest number of seats in the House of Representatives, of whom at least one member is a member of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, at least one member is a member of the Joint Standing Committee on Health and Human Services and at least one member is a member of the Joint Standing Committee on Labor and Housing or the Joint Standing Committee on Taxation.

**2. Consultants.** The chairs of the task force may appoint the following persons as consultants to the task force:

A. One person representing the interests of hospitals;

B. Two persons representing the interests of health care providers, including one person from an organization representing physicians and one person from an organization representing nurses;

C. Two persons representing the interests of health care consumers;

D. One person representing the interests of employers with fewer than 50 employees; and

E. One person representing the interests of employers with 50 or more employees.

**3. Chairs.** The first-named Senator is the Senate chair of the task force, and the first-named member of the House of Representatives is the House chair of the task force. The chairs may invite individuals with expertise in health care policy, health care financing or health care delivery to assist the task force.

**4. Appointments; convening.** All appointments must be made no later than 30 days following the effective date of this Act. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been made. When the appointment of all members has been completed, the chairs of the task force shall call and convene the first meeting of the task force. If 30 days or more after the effective date of this Act a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the task force to meet and conduct its business.

**5. Recommendations.** The task force shall submit recommended legislation by January 15, 2022 to the Second Regular Session of the 130th Legislature to fully implement the MaineCare for All Program. The task force shall include in its recommended legislation provisions to:

A. Transfer responsibility for administering the MaineCare program and the children's health insurance program established in the Maine Revised Statutes, Title 22, section 3174-T from the Department of Health and Human Services to the MaineCare for All Program;

B. Transfer responsibility for administering any other state or federal health care program to the MaineCare for All Program;

C. Apply for all waivers, exemptions and approvals from State Government and the Federal Government that are necessary to transfer health care funding from the Federal Government and from any state departments and agencies to the MaineCare for All Program;

D. Transfer to the MaineCare for All Program all state and federal funds associated with programs for which the MaineCare for All Program will assume responsibility;

E. Enable the MaineCare for All Program to receive the appropriate federal fund contribution in lieu of the federal premium tax credits, cost-sharing subsidies and small business tax credits provided in the federal Patient Protection and Affordable Care Act or its successor acts;

F. Ensure that the State's expenditures for health care services, including the State's responsibility for providing matching funds for the MaineCare program and other federally supported health care programs, do not fall below the expenditure levels for health care services in the year preceding the effective date of this Act;

G. Effectuate a smooth and efficient transfer of the programs and responsibilities and enable affected departments and agencies to assist the MaineCare for All Program in the assumption of its duties;

H. Establish an ongoing revenue stream to adequately fund the MaineCare for All Program; and

I. Establish a rate board to oversee the true cost of providing care for all the State's residents.

**6. Oversight of planning.** At every meeting of the task force, the Commissioner of Health and Human Services, the Commissioner of Labor and the Superintendent of Insurance or their designees shall brief the task force on planning issues, progress, challenges and the timeline for implementation.

**7. Compensation.** The legislative members of the task force are entitled to receive the legislative per diem, as defined in the Maine Revised Statutes, Title 3, section 2, and reimbursement for travel and other necessary expenses related to their attendance at authorized meetings of the task force. Those persons appointed as consultants not otherwise compensated by their employers or other entities that they represent are entitled to receive reimbursement of necessary expenses and, upon a demonstration of financial hardship, a per diem equal to the legislative per diem for their attendance at authorized meetings of the task force.

**8. Quorum.** A quorum is a majority of the members of the task force.

**9. Staffing.** The Legislative Council shall provide staff support for the task force. To the extent needed when the Legislature is in session, the Legislative Council may contract for such staff support if sufficient funding is available.

**10. Experts; additional staff assistance.** The task force may solicit the services of one or more outside experts to assist the task force to the extent resources are available. Upon request, the Department of Health and Human Services, the Department of Professional and Financial Regulation, Bureau of Insurance and the Department of Labor shall provide any additional staffing assistance to the task force to ensure the task force has the information necessary to make the recommendations required by subsection 5.

**Sec.** **3. Contingent effective date.** The Maine Revised Statutes, Title 5, section 2035, subsections 3, 4 and 5 take effect only upon the enactment into law of legislation providing financing for the MaineCare for All Program established in Title 5, chapter 166.

**SUMMARY**

This bill establishes a single-payer health care program in the State that provides health care services for Maine residents. The bill directs the Department of Health and Human Services to consult with the Department of Labor and the Department of Professional and Financial Regulation, Bureau of Insurance to develop the program. The bill requires the State to implement the program in 4 phases, based on income, beginning in 2023 for those residents not already eligible for the MaineCare program. The bill also creates the MaineCare for All Implementation Task Force to advise the departments and make recommendations to fully implement the single-payer health care program. The program may not be implemented in 2023 without prior legislative approval.