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Date: (Filing No. H- )

**HEALTH AND HUMAN SERVICES**

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
129TH LEGISLATURE  
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 1122, L.D. 1539, Bill, “An Act To Provide Maine Children Access to Affordable Health Care”

Amend the bill by striking out all of sections 1 and 2.

Amend the bill in section 3 in §3174-T in subsection 2 in paragraph A in the 2nd line (page 1, line 39 in L.D.) by striking out the following: "~~200%~~ 325%" and inserting the following: '200%'

Amend the bill in section 3 in §3174-T in subsection 2 by striking out all of paragraph F (page 3, lines 26 and 27 in L.D.)

Amend the bill in section 3 in §3174-T by striking out all of subsections 2-A and 2-B (page 3, lines 28 to 41 in L.D.)

Amend the bill in section 3 in §3174-T in subsection 7 by striking out all of the last sentence (page 5, lines 16 to 18 in L.D.)

Amend the bill by striking out all of sections 4 to 6 (page 6, lines 18 to 43 and page 7, lines 1 to 6 in L.D.) and inserting the following:

**'Sec. 4. Federal funding for outreach activities.** The Department of Health and Human Services shall apply for federal grant funds available for use for outreach activities as required in the Maine Revised Statutes, Title 22, section 3174-T, subsection 7. These funds must be used to supplement the 2% funding and may not supplant that funding.

**Sec. 5. Federal Medicaid waivers or state plan amendments; eligibility.** The Department of Health and Human Services shall submit any waivers or state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services determined necessary in order to accomplish the purposes of this Act, including but not limited to removing the requirement that premiums be paid and removing the requirement that children are subject to the 3-month waiting period for enrollment in the Cub Care program following the loss of health insurance or coverage under an employer-based plan.

**COMMITTEE AMENDMENT**



1 3. It removes the provision that eligibility is not subject to an asset test because  
2 current rules do not make eligibility subject to an asset test.

3 4. It removes the requirement to provide coverage to persons 19 and 20 years of age  
4 and to noncitizens under 21 years of age.

5 5. It removes the requirement that the department contract for outreach activities and  
6 removes the reference to specific federal grant funds the department must seek for  
7 additional outreach activities.

8 6. It removes the requirement for the department to submit a state plan amendment to  
9 the United States Department of Health and Human Services, Centers for Medicare and  
10 Medicaid Services to implement the use of the express lane eligibility option.

11 7. It makes the repeal of the waiting period and premium payment requirements  
12 under the Cub Care program contingent on the approval of a waiver of those requirements  
13 by the United States Department of Health and Human Services, Centers for Medicare  
14 and Medicaid Services.

15 8. It also adds an appropriations and allocations section.

16 **FISCAL NOTE REQUIRED**

17 **(See attached)**