An Act to Require Medicaid Coverage for Certain Children Under 7 Years of Age

Reference to the Committee on Health and Human Services suggested and ordered printed.

Presented by Representative MADIGAN of Waterville.
Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §3174-G, sub-§1, ¶G-1, as amended by PL 2021, c. 519, §6, is further amended by amending subparagraph (2) to read:

(2) A child under 21 years of age; and

Sec. 2. 22 MRSA §3174-G, sub-§1, ¶H, as enacted by IB 2017, c. 1, Pt. A, §3, is amended by amending the 3rd blocked paragraph to read:

The department shall adopt rules, including emergency rules pursuant to Title 5, section 8054 if necessary, to implement this paragraph in a timely manner to ensure that the persons described in this paragraph are enrolled for and eligible to receive services no later than 180 days after the effective date of this paragraph. Rules adopted pursuant to this paragraph are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A; and

Sec. 3. 22 MRSA §3174-G, sub-§1, ¶I is enacted to read:

I. A child under 7 years of age, regardless of the child's family's nonfarm income official poverty line, if the child is not covered by an employer-sponsored or private health plan.

Sec. 4. Federal Medicaid waivers or state plan amendments; funding. The Department of Health and Human Services shall establish coverage under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph I using state funds. The department may seek to acquire matching federal funds under the Medicaid program by submitting to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services any waivers or state plan amendments determined necessary.

SUMMARY

This bill requires the Department of Health and Human Services to provide Medicaid coverage to a child under 7 years of age, regardless of the child's family's nonfarm income official poverty line, if the child is not covered by an employer-sponsored or private health plan. It directs the department to seek any waivers and make amendments to the state Medicaid plan as needed, but does not make coverage contingent on federal approval.