

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

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
130TH LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 1197, L.D. 1608, “An Act To Expand the MaineCare Program To Cover All Citizens of the State”

Amend the bill by striking out the title and substituting the following:

'An Act To Expand MaineCare Eligibility to All Residents of the State'

Amend the bill by striking out everything after the enacting clause and inserting the following:

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

CHAPTER 166

PROGRAM TO ALLOW MAINECARE ELIGIBILITY FOR ALL

§2033. Establishment

The Program to Allow MaineCare Eligibility for All, referred to in this chapter as "the program," is established to provide for the health care eligibility of all 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, 2023 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 eligibility for 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 to any resident who is a MaineCare member the following:

A. Coverage for the following health care services:

COMMITTEE AMENDMENT

- 1 (1) Hospital services;
- 2 (2) Medical and other professional services furnished by participating providers;
- 3 (3) Laboratory tests and imaging procedures;
- 4 (4) Home health care for MaineCare members requiring services performed by or
5 under the supervision of professional or technical personnel, including, but not
6 limited to, home health care for acute illness, personal care attendant services and
7 the medical component of home health care for chronic illness;
- 8 (5) Rehabilitative services for MaineCare members receiving therapeutic care;
- 9 (6) Prescription drugs and devices;
- 10 (7) Mental health services;
- 11 (8) Substance use disorder treatment;
- 12 (9) Primary and acute dental services;
- 13 (10) Vision appliances, including lenses, frames and contact lenses;
- 14 (11) Medical supplies, durable medical equipment and selected assistive devices;
15 and
- 16 (12) Hospice care;
- 17 B. Delivery of covered health care services through organized delivery systems;
- 18 C. Payment for covered health care services provided to a member while the member
19 is in the State or out of the State. The program must pay for a reasonable amount
20 charged for medically necessary emergency health care services; and
- 21 D. Fair rates of compensation with participating providers and organized delivery
22 systems and negotiation with pharmaceutical companies for similarly classified
23 pharmaceuticals.

24 **§2035. Implementation**

25 **1. Implementation.** Upon enactment of authorizing legislation establishing financing
26 for the program, the State shall implement the program in phases as required in subsections
27 2 to 5.

28 **2. Phase 1.** In January 2023, the Department of Health and Human Services shall
29 convene a committee that shall authorize a request for proposals for a full study of the costs,
30 economic benefits and issues, including any federal waivers, related to expanding
31 eligibility for coverage through the program for all residents of the State. This request for
32 proposals must be self-funded by outside sources unless covered under the normal
33 operating budget of existing programs in the State's biennial budget. Upon completion of
34 the study, the Department of Health and Human Services shall apply, no later than June 30,
35 2024, for all federal waivers determined necessary by the study.

36 **3. Phase 2.** No later than January 31, 2024, the State shall provide eligibility for
37 coverage through the program for a resident of the State who is not eligible for coverage
38 under the MaineCare program and who has an income that is below 200% of the federal
39 poverty level.

1 **4. Phase 3.** No later than January 31, 2025 or upon receipt of any necessary federal
2 waivers, the State shall provide eligibility for coverage through the program for a resident
3 of the State who has an income between 200% and 400% of the federal poverty level.

4 **5. Phase 4.** No later than January 31, 2026, the State shall provide eligibility for
5 coverage through the program for a resident of the State who has an income above 400%
6 of the federal poverty level.

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

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

14 **Sec. 2. MaineCare Eligibility for All Implementation Task Force.** The
15 MaineCare Eligibility for All Implementation Task Force, referred to in this section as "the
16 task force," is established to oversee planning and implementation of the Program to Allow
17 MaineCare Eligibility for All, established in the Maine Revised Statutes, Title 5, chapter
18 166, as follows.

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

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

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

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

40 A. One person representing the interests of hospitals;

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

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

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

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

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

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

16 **5. Recommendations.** The task force shall submit recommended legislation by
17 November 2, 2022 to the First Regular Session of the 131st Legislature to fully implement
18 the Program to Allow MaineCare Eligibility for All. The task force shall include in its
19 recommended legislation provisions to:

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

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

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

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

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

37 F. Effectuate a smooth and efficient transfer of the programs and responsibilities and
38 enable affected departments and agencies to assist the Program to Allow MaineCare
39 Eligibility for All in the assumption of its duties;

40 G. Establish an ongoing revenue stream to adequately fund the Program to Allow
41 MaineCare Eligibility for All; and

42 H. Establish a rate board to oversee the true cost of providing care for all MaineCare
43 members.

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

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

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

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

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

23 **Sec. 3. Contract limitation.** A contract chosen in response to the request for
24 proposals issued pursuant to the Maine Revised Statutes, Title 5, section 2035, subsection
25 2 must be no more than \$200,000.

26 **Sec. 4. Contingent effective date.** The Maine Revised Statutes, Title 5, section
27 2035, subsections 3, 4 and 5 take effect only upon the enactment into law of legislation
28 providing financing for the Program to Allow MaineCare Eligibility for All established in
29 Title 5, chapter 166.'

30 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
31 number to read consecutively.

32 SUMMARY

33 This amendment, which is the minority report of the committee, replaces the bill.
34 Rather than establishing a single-payer health care program in the State that provides health
35 care services for Maine residents as in the bill, the amendment establishes the Program to
36 Allow MaineCare Eligibility for All. It allows any resident of the State to enroll as a
37 MaineCare member rather than providing a single program of MaineCare for all residents
38 of the State. The amendment uses the same process as the bill to implement the program
39 in 4 phases based on income beginning in 2024 for those residents not already eligible for
40 the MaineCare program. The amendment changes the name of the implementation task
41 force to the MaineCare Eligibility for All Implementation Task Force. The amendment
42 changes all dates in the bill to one year later than in the bill. It also clarifies that the contract
43 chosen in response to the request for proposals must be no more than \$200,000 and that

COMMITTEE AMENDMENT

COMMITTEE AMENDMENT “ ” to H.P. 1197, L.D. 1608

1 consultants who are compensated through a contract are not entitled to other compensation
2 for participating in the implementation task force.

3

FISCAL NOTE REQUIRED

4

(See attached)