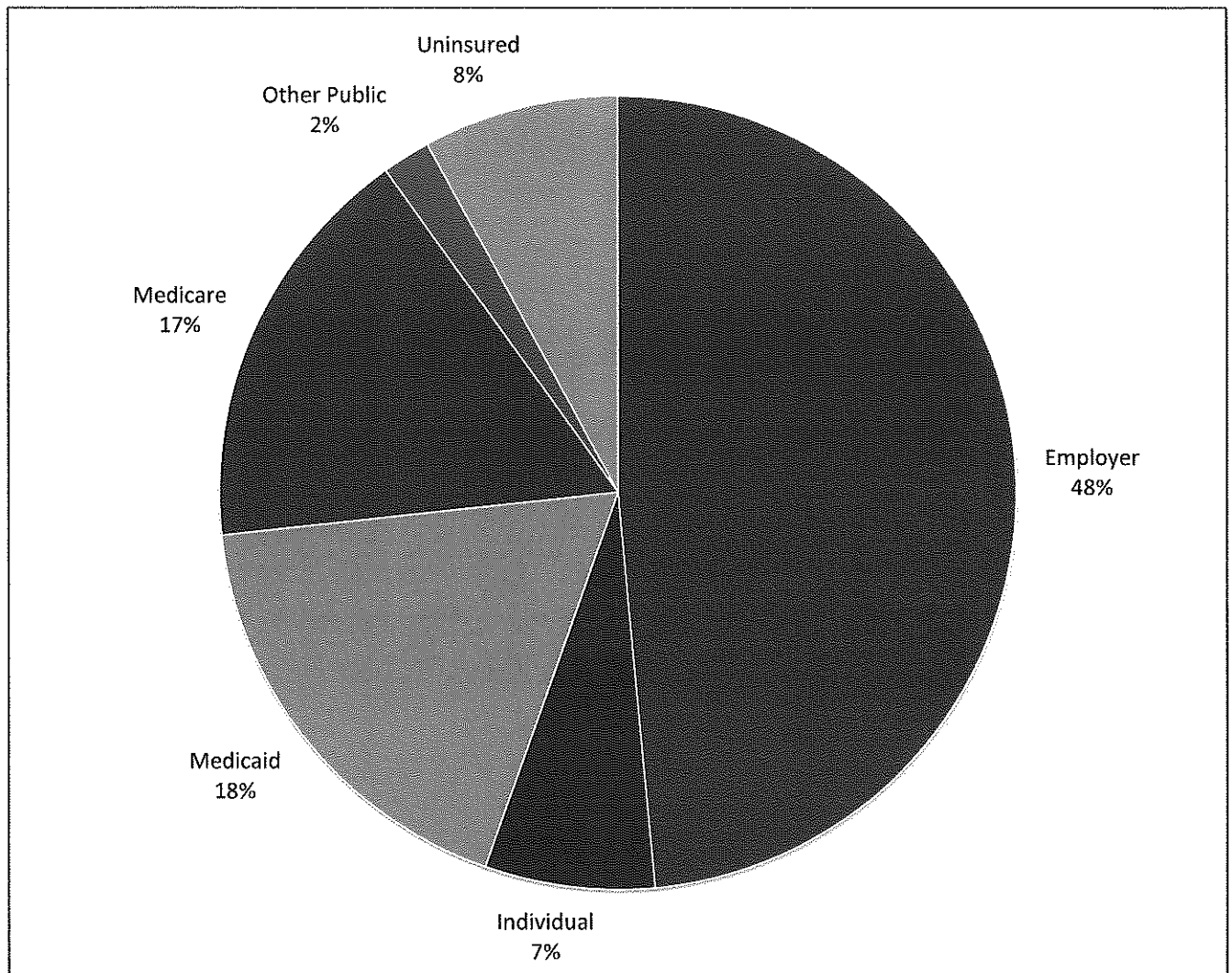


# HEALTH CARE COVERAGE IN MAINE-2017

Type of Coverage	Employer	Individual	Medicaid	Medicare	Other Public Coverage	Uninsured
Number Enrolled	639,100	84,100	235,800	216,800	22,400	101,800



Source: Kaiser Family Foundation (KFF) estimates based on the Census Bureau's American Community Survey, 2008-2017. <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (retrieved 9/22/2019) The sum of percentages may not be 100% due to rounding.

Summary of Carry Over Bills Relating to Health Reform:  
LD 1591, LD 1611, LD 1617 and LD 1755  
(reflects changes/amendments suggested by sponsors)

LD #	Title	Summary
1591	An Act To Provide Access to Health Care for Maine Citizens (Rep. Brennan)	<p><i>Reflects amendments suggested by sponsor:</i></p> <ul style="list-style-type: none"> <li>• Current law provides that each hospital may voluntarily hold its consolidated operating margin to no more than 3% and its increase in its expense per case mix-adjusted inpatient and volume-adjusted outpatient discharge to no more than 110% of the forecasted increase in the hospital market basket index for the coming federal fiscal year</li> <li>• Proposal does not change those percentages but requires the Department of Health and Human Services to annually establish recommended percentages for each hospital and specifies that the base year for the hospital tax imposed under the Maine Revised Statutes, Title 36, section 2892 is 2018</li> <li>• Directs the Department of Health and Human Services to submit a plan by January 15, 2020 to develop a plan regarding how the additional state revenue resulting from that change and other proposed revenue can be used to achieve universal health care for the State, including, but not limited to, a Medicaid Buy-in Program, a premium subsidy and wraparound program for coverage through the Affordable Care Act and other health insurance coverage and subsidy strategies to achieve universal coverage by 2021</li> <li>• Requires the Department of Health and Human Services, in consultation with relevant other state agencies, federal agencies and interested parties, to design a wholesale prescription drug importation program (<i>already addressed by Legislature through LD 1272, An Act to Increase Access to Low-cost Prescription Drugs, enacted as Public Law 2019, chapter 472</i>)</li> </ul>
1611	An Act To Support Universal Health Care (Rep. Brooks)	<ul style="list-style-type: none"> <li>• Establishes the Maine Health Plan to provide universal health care coverage to all residents of this State</li> <li>• Modeled on proposed legislation considered in Minnesota</li> </ul>
1617	An Act To Create a Single-payer Health Care Program in Maine (Rep. Sylvester)	<ul style="list-style-type: none"> <li>• Establishes a single-payer health care program in the State that provides health care services for Maine residents</li> <li>• 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</li> <li>• Requires the State to implement the program in 3 phases, based on income, beginning in 2022 for those residents not eligible for the MaineCare program</li> <li>• Creates the Single-payer 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 2022 without prior legislative approval</li> </ul>

Summary of Carry Over Bills Relating to Health Reform:  
LD 1591, LD 1611, LD 1617 and LD 1755  
(reflects changes/amendments suggested by sponsors)

LD #	Title	Summary
LD 1755	An Act to Move Maine Toward Affordable Health Care for Everyone (Sen. Jackson)	<p><i>Reflects amendments suggested by sponsor:</i></p> <ul style="list-style-type: none"> <li>• Establishes the Maine Health Benefit Marketplace (MHBM) as the State's health benefit exchange as authorized by the federal Patient Protection and Affordable Care Act to facilitate the purchase of health care coverage by individuals and small businesses</li> <li>• Requires coverage to be available through the state-based marketplace no later than January 1, 2021 and requires the executive director of the MHBM to submit a declaration of intent to establish a state-based exchange under federal law to the federal Department of Health and Human Services no later than November 18, 2019</li> <li>• All individual and small group plans offered in the State must be offered on the exchange. Carriers must offer a standard plan that conforms to requirements set by the executive director of the exchange at each medal level the carrier offers plans; the standard plans must have no or low deductibles and cost-sharing for certain medical care, including urgent care, mental health, and primary care. Every standard plan offered within a medal level must include access to benefits at the same deductible and cost-sharing amounts. Carriers that offer a plan on the exchange must also offer a plan with benefits substantially similar to the benefits offered under Medicaid, with actuarially-set premiums.</li> <li>• All policies sold on the exchange are subject to a fee to fund the administrative costs of the exchange</li> <li>• Also establishes the Health Reinvestment Program to provide premium and cost-sharing subsidies to individuals enrolled in a qualified health plan (<i>contingent on sufficient funding</i>):             <ul style="list-style-type: none"> <li>○ Individuals eligible for premium and cost-sharing subsidies under the program must not have an income of more than 150% of the federal poverty level, must have been residents of the State for at least the 6 months preceding enrollment, are not eligible for coverage under MaineCare or Medicare, and do not have access to an affordable plan through an employer; and</li> <li>○ Individuals up to 35 years of age who are not eligible for coverage under a parent's policy are eligible for premium and cost-sharing subsidies under the program if their income exceeds 150% of the federal poverty level but is less than 500% of the federal poverty level.</li> </ul> </li> <li>• DHHS and the MHBM would be required to develop a method to identify savings from the implementation of the exchange and the MaineCare expansion to the State</li> <li>• Any identified savings would be deposited into the Health Reinvestment Program Fund</li> </ul>

**Recommendations and Legislative Action from the November 2018 Report  
of the Task Force on Health Care Coverage for All of Maine**

<b>Recommendation</b>	<b>Legislative Action</b>
<p><i>Recommendations related to the task force and legislative oversight of health reform proposals</i></p> <ul style="list-style-type: none"> <li>Propose by letter to the Presiding Officers that the Legislature identify one joint standing committee to centralize oversight of health care reform efforts and that that committee consider any proposed legislation related to cost containment, to access and affordability of health care coverage and to the structure of the health care system</li> </ul>	<ul style="list-style-type: none"> <li>Committee jurisdiction guidelines changed in 129<sup>th</sup> Legislature to reflect intention for legislation related to health reform efforts be considered by Joint Standing Committee on Health Coverage, Insurance and Financial Services</li> </ul>
<ul style="list-style-type: none"> <li>As recommended by the legislative members, propose by letter to the Presiding Officers that the Joint Standing Committee on Insurance and Financial Services be renamed the Joint Standing Committee on Health Care, Insurance and Financial Services and that its jurisdiction be expanded to oversee health care reform efforts and to consider proposed legislation related to cost containment, to access and affordability of health care coverage and to the structure of the health care system</li> </ul>	<ul style="list-style-type: none"> <li>Joint Standing Committee on Insurance and Financial Services renamed Joint Standing Committee on Health Coverage, Insurance and Financial Services</li> <li>Scope of HCIFS Committee jurisdiction expanded as recommended (oversight over bills related to prescription drug coverage and health care professional licensing also included)</li> </ul>
<ul style="list-style-type: none"> <li>Reestablish the task force in the 129th Legislature to allow the task force additional time to continue its work to develop, study and analyze options for health care reform</li> </ul>	<ul style="list-style-type: none"> <li>HCIFS Committee authorized to meet 4 times during interim to consider carry over bills that propose significant reform to Maine's health care system</li> </ul>
<ul style="list-style-type: none"> <li>Pursue additional funding to provide consulting and actuarial support for the task force</li> </ul>	

Recommendation	Legislative Action
<p><i>Recommendations related to suggested legislation for consideration by 129th Legislature</i></p> <ul style="list-style-type: none"> <li>Propose legislation in the 129th Legislature to address the transparency, accountability and oversight of pharmacy benefits managers {supported by 12 members of the task force}</li> <li>Introduce concept draft legislation in the 129th Legislature to review the Maine Health Data Organization's enabling statutes and consider statutory changes to MHDO's structure, funding and capacity for the reporting and analysis of health care costs and quality {supported by 12 members of the task force}</li> </ul>	<ul style="list-style-type: none"> <li>LD 1504, An Act To Protect Consumers from Unfair Practices Related to Pharmacy Benefits Management, introduced by Sen. Heather Sanborn (Task Force chair) and considered by HCIFS Committee</li> <li>LD 1504 enacted as Public Law 2019, chapter 469</li> <li>LD 30, An Act To Improve Health Care Data Analysis, introduced by Rep. Anne Perry (Task Force member) and carried over by HCIFS Committee to the Second Regular Session</li> </ul>
<p><i>Recommendations related to continued study and monitoring of issues discussed by the task force's study groups related to prescription drug pricing and changes in federal law and regulation</i></p>	
<ul style="list-style-type: none"> <li>Monitor activity in Vermont and any other state to implement a state-sponsored wholesale importation program for certain high cost prescription drugs from Canada and explore opportunities for regional collaboration with Vermont and other New England states on wholesale importation program</li> </ul>	<ul style="list-style-type: none"> <li>LD 1272, An Act to Provide Access to Low-Cost Prescription Drugs, introduced by Sen. Troy Jackson and considered by HCIFS Committee</li> <li>LD 1272 enacted as Public Law 2019, chapter 472</li> </ul>
<ul style="list-style-type: none"> <li>Continue to study and analyze model legislation to establish a state commission authorized to set maximum rates paid for certain high cost prescription drugs</li> </ul>	<ul style="list-style-type: none"> <li>LD 1499, An Act To Establish the Maine Prescription Drug Affordability Board, introduced by Sen. Troy Jackson and considered by HCIFS Committee</li> <li>LD 1499 enacted as Public Law 2019, chapter 471</li> </ul>

Recommendation	Legislative Action
<ul style="list-style-type: none"> <li>Monitor the practice of “silver loading” of federal Affordable Care Act marketplace policies to mitigate the impact of the elimination of federal reimbursement to carriers for cost sharing reductions</li> </ul>	<ul style="list-style-type: none"> <li>Part SSS of Public Law 2019, chapter 343 (Biennial budget bill) authorizes the Department of Health and Human Services in Services, in consultation with the Superintendent of Insurance, to apply for a Section 1332 waiver of applicable provisions of the federal Patient Protection and Affordable Care Act with respect to health insurance coverage in the State for the purposes of improving affordability by June 30, 2022</li> </ul>
<ul style="list-style-type: none"> <li>Monitor federal activity related to the Section 1332 waiver process under the federal Affordable Care Act and consider engaging Congressional delegation to seek changes to streamline the waiver process</li> </ul>	<ul style="list-style-type: none"> <li>LD 815, An Act To Regulate the Issuance of Short-term, Limited-duration Health Insurance Policies in the State, introduced by Sen. Troy Jackson, and LD 1260, An Act Regarding Short-term, Limited-duration Health Plans, introduced by Rep. Victoria Foley (HCIFS Committee member); both bills considered by HCIFS Committee</li> <li>LD 1260 enacted as Public Law 2019, chapter 330</li> <li>LD 1274, An Act To Enact the Health Insurance Consumer Assistance Program, introduced by Sen. Linda Sanborn and considered by HCIFS Committee</li> <li>LD 1274 enacted as Public Law 2019, chapter 522</li> </ul>
<ul style="list-style-type: none"> <li>Monitor activity in states that have enacted a state-level individual mandate</li> </ul>	
<ul style="list-style-type: none"> <li>Monitor how changes in federal rules for short-term health insurance policies impact Maine’s individual market</li> </ul>	
<ul style="list-style-type: none"> <li>Monitor impact of reduction in federal funding for navigators and consider the possibility of providing State funding for navigators</li> </ul>	