

Amend LD 221 Part LL by deleting the current Part and replacing with the following:

PART LL

HHS - Voted IN 7-5

Sec. LL-1. 36 MRSA §2559, as amended by PL 2015, c. 300, Pt. A, §35, is further amended to read:

§ 2559. Application of revenues

Revenues derived by the tax imposed by this chapter must be credited to a General Fund suspense account. On or before the last day of each month, the State Controller shall transfer a percentage of the revenues received by the State Tax Assessor during the preceding month pursuant to the tax imposed by section 2552, subsection 1, paragraphs A to F and L to the Local Government Fund as provided by Title 30-A, section 5681, subsection 5. The balance remaining in the General Fund suspense account must be transferred to service provider tax General Fund revenue. On or before the 15th day of each month, the State Controller shall transfer all revenues received by the assessor during the preceding month pursuant to the tax imposed by section 2552, subsection 1, paragraphs G to J and M to the Medical Care Services Other Special Revenue Funds account, the Other Special Revenue Funds Mental Health Services - Community Medicaid program, the Medicaid Services - Adult Developmental Services program and the Office of Substance Abuse - Medicaid Seed program within the Department of Health and Human Services. Beginning July 1, 2022, on or before the 15th day of each month, the State Controller shall transfer all revenues received by the assessor during the preceding month pursuant to the tax imposed by section 2552, subsection 1, paragraphs G to J and M to the Medical Care – Payments to Providers program, Other Special Revenue Funds account.

Sec. LL-2. 36 MRSA §2873, sub-§4, as amended by PL 2011, c.411, §7, is further amended to read:

4. Application of revenues. Revenues derived by the tax imposed by this chapter must be credited to a General Fund suspense account. On the last day of each month, the State Controller shall make the following transfers:

A. All revenues received by the assessor during the month pursuant to this chapter from nursing homes net of refunds must be credited to the Nursing Facilities Other Special Revenue funds account in the Department of Health and Human Services. Beginning October 1, 2011, the revenues received in each fiscal year that result from the increase in the tax rate from 5.5% to 6% pursuant to section 2872, subsection 1, paragraph E must be applied first to reimburse nursing homes for the MaineCare portion of the increased tax expense, and all remaining revenue resulting from the increase must be applied to provide cost-of-living increases to MaineCare reimbursement to nursing homes and to medical and remedial private nonmedical institutions that are reimbursed room and board costs and certain other allowable costs under rules adopted by the Department of Health and Human Services. These rules must use a methodology that provides a cost-of-living increase that ensures that such nursing

facilities and medical and remedial private nonmedical institutions receive a share of the revenues through MaineCare reimbursement of allowable costs; and

B. All revenues received by the assessor during the month pursuant to this chapter from residential treatment facilities net of refunds must be credited to the Residential Treatment Facilities Assessment Other Special Revenue funds account in the Department of Health and Human Services. Beginning July 1, 2022, all revenues received by the assessor during the month pursuant to this chapter from residential treatment facilities net of refunds must be credited to the Nursing Facilities Other Special Revenue funds account in the Department of Health and Human Services. Beginning October 1, 2011, a percentage equal to the State's annual Federal Medical Assistance percentage of the revenues generated by the increase in the tax rate from 5.5% to 6% received by the assessor during the month must be credited to an Other Special Revenue Funds account in the Department of Health and Human Services, Developmental Services Waiver - Supports program and all revenues credited to that account must be applied to providing services to individuals on the waiting list for the community support benefit provided under a federal 1915(c) waiver under the MaineCare Benefits Manual, Chapter II, Section 29. The balance must be credited to an Other Special Revenue Funds account in the Department of Health and Human Services, Medicaid Services - Developmental Services program.

Notwithstanding the provisions of Public Law 2007, chapter 240, Part X, section 2, Public Law 2009, chapter 213, Part SSSS, section 1 or any other provision of law, any available balances in the accounts under this subsection may not be transferred between accounts by financial order or otherwise.

PART LL SUMMARY

This Part updates the programs identified to align with the MaineCare account consolidation initiative.

Amend LD 221 Part OO by deleting the current Part and replacing with the following:

PART OO

HHS - Voted IN

Sec. OO-1. 22 MRSA §3104 as amended by PL 2019, c. 492 is further amended to read:

§3104. Statewide ~~food supplement~~ Supplemental Nutrition Assistance Program (SNAP)

3-A. Authorization of emergency ~~food supplement~~ Supplemental Nutrition Assistance Program benefits prior to full verification. Whenever an applicant for benefits under the ~~food supplement~~ Supplemental Nutrition Assistance Program states to the department that the applicant is in need of immediate food assistance, the department shall, pending verification, issue and mail an electronic benefits transfer card authorizing the applicant to purchase food at the time of the department's initial interview with the applicant or within one working day of the interview, as long as all of the following conditions are met.

A. As a result of the initial interview with the applicant, the department must have determined that the household of the applicant will probably be eligible for ~~food supplement~~ Supplemental Nutrition Assistance Program benefits after full verification is completed.

B. When possible, the applicant shall submit to the department, at the time of the initial interview, adequate documentation to verify that the applicant is in need of immediate food assistance.

C. When adequate documentation is not available at the time of the initial interview, the department shall contact at least one other person for the purpose of obtaining information to confirm the applicant's statements about the applicant's need for immediate food assistance.

The authorization to receive ~~food supplement~~ Supplemental Nutrition Assistance Program benefits under this section may not exceed 30 days from the date that the applicant receives the authorizing card. Additional ~~food supplement~~ Supplemental Nutrition Assistance Program benefits may not be issued to the applicant's household until full verification has been obtained that confirms the eligibility of the household.

10. Supplemental monthly issuance. Whenever a household receiving benefits through the ~~food supplement~~ Supplemental Nutrition Assistance Program informs the department of a change in circumstances that will result in an increase in its SNAP benefit, the department shall issue a supplemental allotment to that household for the month in which the change is reported. The supplemental allotment must represent the difference between the amount for which the household was originally certified in that month and the amount for which it is actually eligible as a result of its reported change in circumstances.

The department shall issue that supplemental allotment within 5 working days of the date that the change in circumstances was reported.

11. ~~Food supplement~~ Supplemental Nutrition Assistance Program overpayment recovery. The Food Supplement Administration account is established as a nonlapsing Other Special Revenue Funds account in the Department of Health and Human Services, Food Supplement Administration program. Any allowable portion of money, as determined pursuant to federal law, recovered by the department as a result of the overpayment of food supplement benefits must be deposited into the Other Special Revenue Funds, Food Supplement Administration account.

13. Categorical eligibility. The department shall adopt rules that maximize access to the

~~food-supplement~~ Supplemental Nutrition Assistance Program for households in which there is a child who would be a dependent child under the Temporary Assistance for Needy Families program but that do not receive a monthly cash assistance grant from the Temporary Assistance for Needy Families program. Under rules adopted pursuant to this subsection, certain of these families must be authorized to receive referral services provided through the Temporary Assistance for Needy Families block grant and be categorically eligible for the ~~food-supplement~~ Supplemental Nutrition Assistance Program in accordance with federal law. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

15. Certain felons convicted of violent crimes and sexual assault ineligible. An individual who is convicted in any jurisdiction on or after January 1, 2018 under federal or state law of aggravated sexual abuse under 18 United States Code, Section 2241; murder under 18 United States Code, Section 1111; an offense under 18 United States Code, Chapter 110; a federal or state offense involving sexual assault, as defined in Section 40002(a) of the federal Violence Against Women Act of 1994, 42 United States Code, Section 13925(a); or an offense under a law of this State that is substantially similar to a federal offense described in this subsection and who is not in compliance with the terms of the individual's sentence, parole or probation or is a fleeing felon is ineligible to receive food assistance through the ~~food-supplement~~ Supplemental Nutrition Assistance Program.

16. Certain lottery and gambling winners ineligible. A recipient of food assistance through the ~~food-supplement~~ Supplemental Nutrition Assistance Program may be denied food assistance as described in this subsection.

A. Lottery and gambling winnings of \$5,000 or more, actually received after any offsets to the winnings required by law by an individual in the recipient's household within one calendar month, disqualifies the household from receiving food assistance through the ~~food-supplement~~ Supplemental Nutrition Assistance Program until financial eligibility guidelines set forth in department rule are met.

17. Preenrollment for persons released from a correctional facility. The department shall apply for and implement a waiver pursuant to 7 Code of Federal Regulations, Part 273 to promote streamlined and timely access to ~~food-supplement~~ Supplemental Nutrition Assistance Program benefits for a person who is being released from incarceration. The waiver must:

A. Serve a person who is incarcerated in any state or county correctional facility and who, upon the person's release, is not entering a household that is receiving ~~food-supplement program~~ SNAP benefits;

B. Permit a person described in paragraph A to submit an application for ~~food-supplement program~~ SNAP benefits sufficiently in advance of the person's release date to ensure the availability of benefits on that date; and

C. Establish that the release date of a person described in paragraph A is the first day the person is eligible for ~~food-supplement program~~ SNAP benefits.

Sec. OO-2. 22 MRSA §3104-A as amended by PL 2013, c. 368 is further amended to read:

§3104-A. ~~Food-supplement~~ Supplemental Nutrition Assistance Program for legal aliens

Sec OO-3. 22 MRSA §3108 is amended to read:

§3108. Standard utility allowance

When the department becomes aware of any decisions made by a public entity or an entity operating a publicly subsidized assistance program that adversely impacts eligibility for, or the amount of assistance to, households receiving assistance under the ~~food-stamp~~ Supplemental Nutrition Assistance Program pursuant to section 3104, the department shall work in cooperation with that entity to achieve a resolution that minimizes the adverse impact on households receiving ~~food-stamp~~ SNAP benefits.

1. Examination of options. When federal law governing either the ~~food-stamp~~ Supplemental Nutrition Assistance Program or the Low-Income Home Energy Assistance Program is amended to eliminate the eligibility link whereby the ~~food-stamp~~ SNAP standard utility allowance is automatically available to households receiving low-income home energy assistance benefits, the department shall immediately:

A. Examine and, if feasible, seek a waiver or grant of demonstration authority from the federal Department of Agriculture to continue to use the ~~food-stamp~~ SNAP standard utility allowance in determining the amount of ~~food-stamp~~ SNAP benefits available to households that previously qualified for that allowance solely by reason of receipt of low-income home energy assistance benefits;

B. Determine, in cooperation with all appropriate entities operating publicly subsidized housing programs, a method of providing individualized bills or appropriate documentation for tenants in subsidized housing that would identify the tenants' shares of incurred heating costs, if doing so would qualify these tenants for the ~~food-stamp~~ SNAP standard utility allowance;

C. Determine if federal law would permit the use of the standard utility allowance by households that previously qualified for that allowance solely on the basis of receipt of low-income home energy assistance benefits and implement that section of law if doing so would not result in any increase in the households' rent and energy costs or any reduction in ~~food-stamp~~ SNAP allotments to either those households or any other households receiving ~~food-stamp~~ SNAP benefits; and

D. If none of the alternatives listed in paragraphs A to C result in making the ~~food-stamp~~ SNAP standard utility allowance available to households that had received it before the change in federal law, immediately estimate the General Fund cost of providing allotments to affected households in an amount equal to the amount they would have received had the federal law not been amended, and promptly provide that information to the joint standing committee of the Legislature having jurisdiction over human resources matters.

2. Notice. The department shall provide prompt written notice to households affected by any change in federal law related to the eligibility link between the ~~food-stamp~~ Supplemental Nutrition Assistance Program and the Low-Income Energy Assistance Program, or by any waiver received pursuant to this section, of the steps that households may take to gain eligibility for the ~~food-stamp~~ SNAP

SNAP standard utility allowance.

3. Waiver. The department shall immediately seek a waiver or demonstration authority to operate a demonstration project from the federal Department of Agriculture that would make the ~~food stamp~~ SNAP standard utility allowance available to households that incur a heating or cooling cost separate from their rent or mortgage, even if those bills are not based on actual usage as determined by individualized metering.

Sec OO-4. 22. §3109 is amended to read:

2. Identify measures of child and family economic security. Beginning October 15, 2019 and annually thereafter, the department shall obtain and compile the following data for the State regarding child and family economic security from those sources reasonably available to the department, including, but not limited to, data collected and maintained by the department, data available from the Department of Labor and the Department of Administrative and Financial Services, Bureau of Revenue Services or other state or federal agencies and such other data as can reasonably be obtained from other public or private sources upon request. The data must include:

C. The percentage of children under 5 years of age receiving ~~food supplement~~ Supplemental Nutrition Assistance Program benefits ~~assistance~~ that also receive assistance from WIC in the current year and in the previous 4 years;

F. The ratio of persons receiving ~~food supplement assistance~~ Supplemental Nutrition Assistance Program benefits to the total number of potentially eligible persons; the ratio of persons 60 years of age or older receiving ~~food supplement assistance~~ Supplemental Nutrition Assistance Program benefits to the total number of potentially eligible persons 60 years of age or older; the ratio of nonelderly persons with a disability receiving ~~food supplement assistance~~ Supplemental Nutrition Assistance Program benefits to the total number of potentially eligible nonelderly persons with a disability; and the ratio of children under 18 years of age receiving ~~food supplement assistance~~ Supplemental Nutrition Assistance Program benefits to the total number of potentially eligible children under 18 years of age;

G. The number and percentage of adult parents or caretaker relatives who have children in the household and who are receiving ~~food supplement assistance~~ Supplemental Nutrition Assistance Program benefits, grouped by highest level of educational attainment of the adult parent or caretaker relative;

Sec. OO-5. 22 §3762 is amended to read:

(7-E) For any period during which a household's ~~food supplement assistance~~ Supplemental Nutrition Assistance Program benefit is reduced as a result of earnings and receipt of the earned income disregard applied under subparagraph (7-D), division (a) or (b), the household must receive additional ~~food supplement assistance~~ in an amount that will, in addition to the ~~food supplement assistance~~ Supplemental Nutrition Assistance Program benefits for which the household remains eligible, provide the household with a minimum of \$50 in food supplement assistance. Additional

food supplement assistance under this subparagraph is a noncash benefit and may be used to purchase only those food items permitted under the ~~food supplement program~~ Supplemental Nutrition Assistance Program;

(a) Before the first month in which child care assistance is available to an ASPIRE-TANF recipient under this paragraph and periodically thereafter, the department shall notify the recipient of the total benefit package and the following options of the recipient: to receive the total benefit package directly; or to have the department pay the recipient's child care assistance directly to the designated child care provider for the recipient and pay the balance of the total benefit package to the recipient.

F. The department may provide limited transitional food benefits to meet the needs of ~~food supplement benefit~~ SNAP recipients living with one or more dependent children under 18 years of age who are working at least 30 hours per week or who are working at least 20 hours per week if one or more dependent child is under 6 years of age. The benefit may not exceed \$100 per month per family.

Sec. OO-6. 22-A MRSA §206 is amended to read:

9. Annual reporting. The commissioner shall report annually as set out in this subsection.

A. After the end of the state fiscal year and no later than July 30th of each year, the commissioner shall issue a press release and post on the department's publicly accessible website a report of the total annual spending in the following programs: the MaineCare program, the Temporary Assistance for Needy Families program under Title 22, chapter 1053-B, the statewide ~~food supplement p~~ Supplemental Nutrition Assistance Program under Title 22, section 3104 and municipal general assistance under Title 22, chapter 1161. This report must include a specific breakdown of General Fund funds spent and other spending, including spending figures from the 5 previous years for comparison.

B. After the end of the calendar year and no later than January 30th of each year, the commissioner shall issue a press release and post on the department's publicly accessible website the following welfare fraud-related statistics for the MaineCare program, the Temporary Assistance for Needy Families program under Title 22, chapter 1053-B, the statewide ~~food supplement p~~ Supplemental Nutrition Assistance Program under Title 22, section 3104 and municipal general assistance under Title 22, chapter 1161: the number of cases investigated, the number of cases referred to the Office of the Attorney General for prosecution, the number of cases referred to district attorneys' offices for prosecution and the number of cases successfully prosecuted. The department shall follow the same procedure outlined in this paragraph for all intentional program violations.

Sec. OO-7. 22. §22 as amended by PL 2017, c. 284, Pt. NNNNNNN, §5, is further amended to read:

The department is authorized to establish an electronic benefits transfer system for the issuance of benefits under the statewide ~~food supplement~~ Supplemental Nutrition Assistance Program under section 3104, the Temporary Assistance for Needy Families program under chapter 1053-B, the Women, Infants and Children Special Supplemental Food Program of the federal Child Nutrition Act of 1966 and the Parents as Scholars and Medicaid programs and for child care subsidies under chapter 1052-A; all recipients of benefits under these programs or another program approved for addition under subsection 2 must participate in the EBT system.

Sec. OO-8. 21-A §181 is amended to read:

1. Designated voter registration agencies. The designated voter registration agencies pursuant to NVRA include, but are not limited to:

A. Inside agencies that include the Department of the Secretary of State, Bureau of Corporations, Elections and Commissions and Bureau of Motor Vehicles; and

B. Outside agencies, or their successors, which include the following:

(1) All state agencies that provide public assistance, including the Department of Health and Human Services and the offices within the department that provide assistance under the Temporary Assistance for Needy Families program under Title 22, chapter 1053-B, the Women, Infants and Children Special Supplemental Food Program of the United States Child Nutrition Act of 1966, the federal Medicaid program and the statewide ~~food supplement~~ Supplemental Nutrition Assistance Program under Title 22, section 3104;

Sec. OO-9. 17-A §905-C is amended to read:

2. As used in this section, "public benefits instrument" means electronic benefits transfer cards, coupons, vouchers and any other means for distributing benefits from the following programs:

C. The statewide ~~food supplement~~ Supplemental Nutrition Assistance Program under Title 22, section 3104;

Sec. OO-10. Rename the Food Supplement Administration program to the Supplemental Nutrition Administration Program.

PART OO SUMMARY

This Part renames the statewide food supplemental program the Supplemental Nutrition Assistance Program.

Amend LD 221 Part RR as follows:

PART RR

HHS - Voted IN 7-4

Current

Sec. RR-1. 22-A MRSA, §205, sub-§4, as amended by PL 2007, c. 539, Pt. N, §44, is further amended to read:

4. Appointments. All deputy commissioners, all office directors, the senior legal advisor for the commissioner, the regional systems integration directors and the superintendents of any state institutions are appointed by the commissioner and serve at the pleasure of the commissioner.

Revised

Sec. RR-1. 22-A MRSA, §205, sub-§4, as amended by PL 2007, c. 539, Pt. N, §44, is further amended to read:

4. Appointments. All deputy commissioners, all office directors, the senior legal advisor for the commissioner, the state-based marketplace director, the regional systems integration directors and the superintendents of any state institutions are appointed by the commissioner and serve at the pleasure of the commissioner.

**PART RR
SUMMARY**

This Part establishes a Senior Legal Advisor within the Department of Health and Human Services that is appointed by the commissioner and serves at the pleasure of the commissioner. This Part also makes the Executive Director of the State-Based Marketplace appointed by the commissioner and serves at the pleasure of the commissioner.

Amend LD 221 Part SS as follows:

PART SS

HHS - Voted IN 7-5

Current

Sec. SS-1. Transfer provision. Notwithstanding any other provision of law, at the close of fiscal year 2020-21, the State Controller shall transfer, after the deduction of all allocations, financial commitments and other designated funds and any other transfer authorized by statute, any remaining balances in the Low-Cost Drugs to Maine's Elderly program, the Mental Health Services - Community Medicaid program and the Office of Substance Abuse and Mental Health Services - Medicaid Seed program, General Fund to the Medical Care - Payments to Providers program, General Fund. Additionally, all existing contracts, agreements and compacts currently in effect in the Department of Health and Human Services continue in effect.

Sec. SS-2. Transfer provision. Notwithstanding any other provision of law, at the close of fiscal year 2020-21, the State Controller shall transfer, after the deduction of all allocations, financial commitments and other designated funds and any other transfer authorized by statute, any remaining balances in the Private Non-Medical Institutions Room and Board program, General Fund to the Nursing Facilities program, General Fund. Additionally, all existing contracts, agreements and compacts currently in effect in the Department of Health and Human Services continue in effect.

Sec. SS-3. Transfer provision. Notwithstanding any other provision of law, at the close of fiscal year 2020-21, the State Controller shall transfer, after the deduction of all allocations, financial commitments and other designated funds and any other transfer authorized by statute, any remaining balances in the Developmental Services Waiver - MaineCare program, the Developmental Services Waiver - Supports program, the Medicaid Waiver for Other Related Conditions program, the Traumatic Brain Injury Seed program and the Medicaid Waiver for Brain Injury Residential and Community Services program, General Fund to the Medicaid Services - Developmental Services program, General Fund. Additionally, all existing contracts, agreements and compacts currently in effect in the Department of Health and Human Services continue in effect.

Sec. SS-4. Transfer of funds. Notwithstanding any other provision of law, the Department of Health and Human Services may transfer available balances in the accounts by financial order upon the recommendation of the State Budget Officer and approval of the Governor. These transfers are considered adjustments to appropriations.

Revised

Sec. SS-1. Transfer provision. Notwithstanding any other provision of law, at the close of fiscal year 2021-22, the State Controller shall transfer, after the deduction of all allocations, financial commitments and other designated funds and any other transfer authorized by statute, any remaining balances in the Low-Cost Drugs to Maine's Elderly program, the Mental Health Services - Community Medicaid program and the Office of Substance Abuse and Mental Health

Services - Medicaid Seed program, General Fund to the Medical Care - Payments to Providers program, General Fund. Additionally, all existing contracts, agreements and compacts currently in effect in the Department of Health and Human Services continue in effect.

Sec. SS-2. Transfer provision. Notwithstanding any other provision of law, at the close of fiscal year 2021-22, the State Controller shall transfer, after the deduction of all allocations, financial commitments and other designated funds and any other transfer authorized by statute, any remaining balances in the Private Non-Medical Institutions Room and Board program, General Fund to the Nursing Facilities program, General Fund. Additionally, all existing contracts, agreements and compacts currently in effect in the Department of Health and Human Services continue in effect.

Sec. SS-3. Transfer provision. Notwithstanding any other provision of law, at the close of fiscal year 2021-22, the State Controller shall transfer, after the deduction of all allocations, financial commitments and other designated funds and any other transfer authorized by statute, any remaining balances in the Developmental Services Waiver - MaineCare program, the Developmental Services Waiver - Supports program, the Medicaid Waiver for Other Related Conditions program, the Traumatic Brain Injury Seed program and the Medicaid Waiver for Brain Injury Residential and Community Services program, General Fund to the Medicaid Services - Developmental Services program, General Fund. Additionally, all existing contracts, agreements and compacts currently in effect in the Department of Health and Human Services continue in effect.

Sec. SS-4. Transfer of funds. Notwithstanding any other provision of law, the Department of Health and Human Services may transfer available balances in the accounts by financial order upon the recommendation of the State Budget Officer and approval of the Governor. These transfers are considered adjustments to appropriations.

PART SS SUMMARY

This Part contains transition provisions for the consolidation of General Fund programs from 13 to 4 in the Department of Health and Human Services, Office of MaineCare Services. Additionally, all existing contracts, agreements and compacts currently in effect in the Department of Health and Human Services continue in effect.

Amend LD 221 Part WW by deleting the current Part and replacing with the following:

PART WW

HHS - Voted IN 7-5

Sec. WW-1. Department of Health and Human Services; Medical Care Services account; lapsed balances. Notwithstanding any other provision of law, \$20,000,000 of unencumbered balance forward from the Department of Health and Human Services, Medical Care Services, General Fund carrying account, All Other line category lapses to the unappropriated surplus of the General Fund no later than June 30, 2021.

Sec. WW-2. Department of Health and Human Services; Nursing Facilities account; lapsed balances. Notwithstanding any other provision of law, \$5,000,000 of unencumbered balance forward from the Department of Health and Human Services, Nursing Facilities, General Fund carrying account, All Other line category lapses to the unappropriated surplus of the General Fund no later than June 30, 2021.

Sec. WW-3. Department of Health and Human Services; Developmental Services Waiver – MaineCare account; lapsed balances. Notwithstanding any other provision of law, \$10,000,000 of unencumbered balance forward from the Department of Health and Human Services, Developmental Services Waiver – MaineCare, General Fund carrying account, All Other line category lapses to the unappropriated surplus of the General Fund no later than June 30, 2021.

Sec. WW-4. Department of Health and Human Services; Developmental Services Supports Waiver account; lapsed balances. Notwithstanding any other provision of law, \$7,000,000 of unencumbered balance forward from the Department of Health and Human Services, Developmental Services Supports Waiver, General Fund carrying account, All Other line category lapses to the unappropriated surplus of the General Fund no later than June 30, 2021.

Sec. WW-5. Department of Health and Human Services; PNMI Room & Board account; lapsed balances. Notwithstanding any other provision of law, \$3,000,000 of unencumbered balance forward from the Department of Health and Human Services, PNMI Room & Board General Fund carrying account, All Other line category lapses to the unappropriated surplus of the General Fund no later than June 30, 2021.

Sec. WW-6. Transfer to MaineCare Stabilization Fund. Notwithstanding any law to the contrary, the State Controller shall transfer \$90,000,000 from the unappropriated surplus of the General Fund to the MaineCare Stabilization Fund established in the Maine Revised Statutes, Title 22, section 3174-KK on or before June 30, 2021.

Sec. WW-7. Transfer for MaineCare payments. Notwithstanding any law to the contrary, the State Controller may transfer from the balance available in the MaineCare Stabilization Fund established in the Maine Revised Statutes, Title 22, section 3174-KK for MaineCare payments in the Department of Health and Human Services. Amounts transferred may be expended based on allotment established by financial order approved by the Governor. The amounts transferred are considered adjustments to appropriations. The Governor shall inform the Legislative Council and

the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and health and human services matters immediately upon such a transfer from the MaineCare Stabilization Fund.

**PART WW
SUMMARY**

This Part lapses \$45,000,000 of the unencumbered balances of the Department of Health and Human Services, Medical Care Services, General Fund accounts to the unappropriated surplus of the General Fund in fiscal year 2021-21 and transfers of \$90,000,000 in fiscal year 2020-21 from the unappropriated surplus of the General Fund to the MaineCare Stabilization Fund. Balances in the MaineCare Stabilization Fund may be allotted by financial order upon recommendation of the State Budget Officer and approval of the Governor

Amend LD 221 Part BBB by deleting the current Part and leaving it blank:

PART BBB

HHS - Voted IN

Sec. BBB-1. 22 MRSA §3790-A, sub-§1, as enacted by PL 2017, c. 387, §1 is amended to read:

1. Program established. The department shall establish a student financial aid program based on need to be known as the Higher Opportunity for Pathways to Employment Program, referred to in this chapter as “the program”, for a parent or caretaker relative of a minor child who is qualified to received federal Temporary Assistance for Needy Families funds but does not receive Temporary Assistance for Needy Families cash assistance pursuant to chapter 1053-B and is matriculating in an education or training program, or is enrolled in a program providing remedial services necessary for the parent or caretaker relative to matriculate, that results in a high-value, industry-recognized certificate or similar credential, a postsecondary undergraduate 2-year degree or a postsecondary undergraduate 4-year degree in a health care, technology or engineering field. The department shall specify the health care, technology and engineering fields for the postsecondary undergraduate 4-year degree in department rules.

Enrollment in the program may not exceed ~~500~~ 800 participants. To administer the program, the department may not divert funding from assistance and support services to families under the Temporary Assistance for Needy Families program pursuant to chapter 1053-B or from the operation of the Additional Support for People in Retraining and Employment – Temporary Assistance for Needy Families program pursuant to chapter 1054-A. If the commissioner reasonably anticipates that available funds will not support continued operation of the program, the commissioner shall limit or suspend enrollment or program services to the extend necessary to avoid negative effects to services provided under chapters 1053-B and 1054-A.

**PART BBB
SUMMARY**

This Part expands the capacity of the Higher Opportunity for Pathways to Employment (HOPE) Program from a statewide cap of 500 to 800 program participants.

Amend LD 221 Part CCC by deleting the current Part and replacing with the following:

PART CCC

HHS - Voted IN

Sec. CCC-1. 22 MRSA §3174-F, sub-§1, as amended by PL 1997, c. 159, §§1 and 2 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

1. Coverage provided. The Department of Health and Human Services shall provide the following dental services, reimbursed under the United States Social Security Act, Title XIX, or successors to it, to individuals 21 years of age and over, ~~limited to:~~

A. Acute surgical care directly related to an accident where traumatic injury has occurred. This coverage will only be provided for the first 3 months after the accident;

B. Oral surgical and related medical procedures not involving the dentition and gingiva;

C. Extraction of teeth that are severely decayed and pose a serious threat of infection during a major surgical procedure of the cardiovascular system, the skeletal system or during radiation therapy for a malignant tumor;

D. Treatment necessary to relieve pain, eliminate infection or prevent imminent tooth loss; ~~and~~

F. ~~Other dental services, including full~~ Full and partial dentures, ~~medically necessary to correct or ameliorate an underlying medical condition, if the department determines that provision of those services will be cost-effective in comparison to the provision of other covered medical services for the treatment of that condition;~~ and

G. Other comprehensive preventive, diagnostic and restorative dental services to maintain good oral and overall health in accordance with rules adopted by the department.

Sec. CCC-2. Rulemaking. By July 1, 2022, the Department of Health and Human Services shall adopt emergency rules to implement provisions of the Maine Revised Statutes, Title 22, section 3174-F. When adopting rules under this section, the department shall consider recommendations provided by the Dental Subcommittee of the MaineCare Advisory Committee.

Sec. CCC-3. Benefit Development Process. In developing the adult dental coverage, the Department shall consider and consult with the Dental Subcommittee of the MaineCare Advisory Committee to ensure inclusion of the following:

A. Dental procedures and services that are aligned with evidence-based care, are medically necessary to maintain good oral and overall health and are appropriate to be included in an adult dental benefit under the MaineCare program;

B. Strategies to improve oral health education within the MaineCare program; and

C. Metrics to measure outcomes including measures of provider participation and utilization of services, and oral health disparities for Maine racial minority, Indigenous and tribal populations.

Sec. CCC-4. Department of Health and Human Services to work with providers to encourage participation. The Department of Health and Human Services shall work with providers of oral health care and dental services to encourage participation in the MaineCare program to ensure access to the services required by the Maine Revised Statutes, Title 22, section 3174-F, subsection 1.

PART CCC SUMMARY

This Part adds comprehensive preventive, diagnostic and restorative dental services to the limited dental services currently available to MaineCare members 21 years of age and over. It requires the Department of Health and Human Services to consult with the Dental Subcommittee of the MaineCare Advisory Committee in creating a plan to implement and monitor the adult health benefit. It requires the department to work with providers of oral health care and dental services to encourage participation in the MaineCare program.

Amend LD 221 Part DDD by deleting the current Part and replacing with the following:

PART DDD

HHS - Voted IN 7-4

Sec. DDD-1. 22 MRSA §3174-FFF is enacted to read:

§3174-FFF. State funded medical program for noncitizens

1. Coverage provided. Effective July 1, 2022, a person is eligible for the same scope of medical assistance provided under section 3174-G if the person is:

A. A child under 21 years of age who would be eligible for assistance under the federal Medicaid program under Title XIX of the federal Social Security Act but for their immigration status. In accordance with 8 United States Code, Section 1621, the State shall appropriate funds in the state budget to provide state funded medical assistance through the MaineCare program and the Children's Health Insurance Program as defined in section 3174-T, subsection 1, paragraph A for noncitizen individuals who reside in the State and are ineligible for coverage due to federal restrictions in the federal Medicaid program and the Children's Health Insurance Program.

B. Rulemaking. The department shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

**PART DDD
SUMMARY**

This Part provides state funded MaineCare and the Children's Health Insurance Program coverage for noncitizen residents of this State who are ineligible for coverage under the federal Medicaid program or Children's Health Insurance Program due to their immigration status.

Amend LD 221 Part 000 by deleting the current Part and replacing it with the following:

PART 000

**HHS - Voted IN-AMD
See amended language attached**

Sec. 000-1. 22 MRSA § 3173, as amended by PL 1997, c. 676, §1 is further amended as follows:

Section 3173. Powers and duties of department

The department is authorized to administer programs of aid, medical or remedial care and services for medically indigent persons. It is empowered to employ, subject to the Civil Service Law, such assistants as may be necessary to carry out this program and to coordinate their work with that of the other work of the department.

The department is authorized and empowered to make all necessary rules and regulations consistent with the laws of the State for the administration of these programs including, but not limited to, establishing conditions of eligibility and types and amounts of aid to be provided, and defining the term "medically indigent," and the type of medical care to be provided. In administering programs of aid, the department shall, among other services, emphasize developing and providing financial support for preventive health care and home health care in order to assure that a comprehensive range of health care services is available to Maine citizens. Preventive health services shall include, but need not be limited to, programs such as early periodic screening, diagnosis and treatment; public school nursing services; child and maternal health services; and dental health education services. To meet the expenses of emphasizing preventive health care and home health care, the department is authorized to expend for each type of care no less than 1.5% of the total sum of all funds available to administer medical or remedial care and services eligible for participation under the United States Social Security Act, Title XIX and amendments and successors to it.

The department shall provide all applicants for aid under this chapter with information in written form, and verbally as appropriate or if requested, about coverage, conditions of eligibility, scope of programs, existence of related services and the rights and responsibilities of applicants for and recipients of assistance under this chapter

All applications for aid under this chapter shall be acted upon and a decision made as soon as possible, but in no case shall the department fail to notify the applicant of its decision within 45 days after receipt of his application. Failure of the department to meet the requirements of this 45-day time standard, except where there is documented noncooperation by the applicant or the source of his medical information, shall lead to the immediate and automatic issuance of a temporary medical card which shall be valid only until such time as the applicant receives actual notice of a departmental denial of his application or he receives a replacement medical card. Notwithstanding an applicant's appeal of a denial of his application, the validity of the temporary medical card shall cease immediately upon receipt of the notice of denial. Any benefits received by the applicant during the interim period when he has actual use of a valid, temporary medical card shall not be recoverable by the department in any legal or administrative proceeding against the applicant.

Whenever an applicant is determined by the department to be ineligible for a program for which he has applied, he shall be immediately so notified in writing. Any notification of denial shall contain a statement of the denial action, the reasons for denial, the specific regulations supporting the denial, an explanation of the applicant's right to request a hearing and a recommendation to the applicant of any other

program administered by the department for which he may be eligible. Whenever an individual's application for Temporary Assistance for Needy Families is denied by the department, the notice of this denial shall also include, in a clear and conspicuous manner, a statement that the applicant is likely to be eligible for medical assistance and shall include information about the availability of applications for the program upon request to the department either in writing or through a toll-free telephone number.

Any applicant for benefits under the medically needy program whose countable income exceeds the applicable state protected income level maximum shall be eligible for the program when his incurred medical expenses are found to exceed the difference between his countable income and the applicable state maximum. Whenever the applicant incurs sufficient medical expenses to be eligible for the medically needy program and provides reasonable proof thereof to the department, a medical card shall be issued within 10 days of the presentation of proof that eligibility has been met. Failure of the department to meet the requirements of this 10-day time standard, except where there is documented noncooperation by the applicant or the source of his medical information, shall lead to the immediate and automatic issuance of a temporary medical card which shall be valid only until such time as the applicant receives actual notice of a departmental denial of his application or he receives a replacement medical card. Any benefits received by the applicant during the interim period when he has actual use of a valid temporary medical card shall not be recoverable by the department in any legal or administrative proceeding against the applicant.

In all situations where prior authorization of the department is required before a particular medical service can be provided, the department shall authorize or deny the request for treatment within 30 days of the completion and presentation of the request to the department. The department's response to such a request shall be supplied to both the provider and the recipient. Whenever the provider is unable or unwilling to provide the service requested within a reasonable time after approval of the request by the department, the recipient shall have the right to locate another approved provider whose sole duty shall be to notify the department of his intention to provide the service subject to the original approval. It shall be the duty of the department to vigorously assist any recipient in his search for an approved provider of a necessary medical service where, through reasonable effort, the recipient has been unable to locate a provider on his own.

No time standard established by this section shall be used as a waiting period before granting aid, or as a basis for denial of an application or for terminating assistance.

The department shall make and enforce reasonable rules and regulations governing the custody, use and preservation of the records, papers, files and communications of the department. The use of those records, papers, files and communications by any other agency or department of government to which they may be furnished shall be limited to the purposes for which they are furnished and by the law under which they may be furnished.

The department shall initiate and monitor ongoing efforts performed cooperatively with other public and private agencies, religious, business and civic groups, pharmacists and other medical providers, professional associations, community organizations, unions, news media and other groups, organizations and associations to inform low-income households eligible for programs under this chapter of the availability and benefits of these programs and to insure the participation of eligible households which wish to participate by providing those households with reasonable and convenient access to the programs.

All moneys made available to fund programs authorized by this chapter shall be expended under the direction of the department, and the department is empowered to direct the expenditures therefrom of those sums which may be necessary for purposes of administration.

Relating to the determination of eligibility for medical care to be provided to a beneficiary of state or federal supplemental income for the blind, disabled and elderly, the department may enter into an agreement with the Secretary of the United States Department of Health and Human Services, whereby the secretary shall determine eligibility on behalf of the department.

The Department of Health and Human Services may establish fee schedules governing reimbursement for services provided under this chapter. In establishing the fee schedules, the department shall consult with individual providers and their representative associations. The fee schedules shall be subject to department annual review on a regular schedule set by the department. Except as otherwise provided in this chapter, fee schedules are not required to be adopted as rules but shall be made available on the department's website.

During the ~~annual~~ review of fee schedules required by this section, the department shall consult with individual providers participating in the Medical Assistance Program and their representative associations to consider, among other factors, the cost of providing specific services, the effect of inflation or other economic factors on the adequacy of the existing fee schedule and its obligation under the federal Medicaid program to ensure sufficient provider participation in the program and member access to services. For services where rulemaking is otherwise required under this chapter to make changes to the reimbursement methodology, the department may issue annual cost of living increases, as appropriate, without engaging in rulemaking. Any changes to fee schedules, including cost of living adjustments, shall be incorporated into the annual Medicaid report established by section 3174-B made available on the department's website at the time they are put into effect.

~~The annual review of fee schedules shall be incorporated into the annual Medicaid report established by section 3174-B.~~

The department may enter into contracts with health care servicing entities for the provision, financing, management and oversight of the delivery of health care services in order to carry out these programs. For the purposes of this section, "health care servicing entity" means a partnership, association, corporation, limited liability company or other legal entity that enters into a contract to provide or arrange for the provision of a defined set of health care services; to assume responsibility for some aspects of quality assurance, utilization review, provider credentialing and provider relations or other related network management functions; and to assume financial risk for provision of such services to recipients through capitation reimbursement or other risk-sharing arrangements. "Health care servicing entity" does not include insurers or health maintenance organizations. In all contracts with health care servicing entities, the department shall include standards, developed in consultation with the Superintendent of Insurance, to be met by the contracting entity in the areas of financial solvency, quality assurance, utilization review, network sufficiency, access to services, network performance, complaint and grievance procedures and records maintenance. Prior to contracting with any health care servicing entity, the department must have in place a memorandum of understanding with the Superintendent of Insurance for the provision of technical assistance, which must provide for the sharing of information between the department and the superintendent and the analysis of that information by the superintendent as it relates to the fiscal integrity of the contracting entity. The department may require periodic reporting by the health care servicing entity

as to activities and operations of the entity, including the entity's activities undertaken pursuant to commercial contracts with licensed insurers and health maintenance organizations. The department may share with the Superintendent of Insurance all documents filed by the health care servicing entity, including documents subject to confidential treatment if that information is treated with the same degree of confidentiality as is required of the department.

PART 000 SUMMARY

This Part amends the existing authority of the Department of Health and Human Services to establish fee schedules for MaineCare Services to require review on a regular schedule, to clarify that rulemaking is not required for the adoption of fee schedules except where specifically provided in Title 22, Chapter 855, and to require that rate schedules and cost of living increases be posted on the department's website.

Amend LD 221 by adding the following Part:

PART WWW

HHS - Voted IN 7-4

Sec. WWW-1. 22 MRSA §1551, sub-§1-D, as enacted by PL 2017, c. 308, §1, is amended to read:

1-D. Electronic smoking device. "Electronic smoking device" has the same meaning as in section 1541, subsection 1-A means any device that may be used to deliver any aerosolized or vaporized substance to the person inhaling from the device, including, but not limited to, an electronic cigarette, electronic cigar, electronic pipe, vape pen or electronic hookah. "Electronic smoking device" includes any component, part or accessory of the device and also includes any substance that may be aerosolized or vaporized by that device, whether or not the substance contains nicotine. "Electronic smoking device" does not include drugs, devices or combination products authorized for sale by the United States Food and Drug Administration, as those terms are defined in the Federal Food, Drug, and Cosmetic Act.

Sec. WWW-2. 22 MRSA §1551, sub-§1-E is enacted to read:

1-E. Flavored tobacco product. Flavored tobacco product" means any tobacco product that imparts a taste or smell, other than the taste or smell of tobacco, that is distinguishable by an ordinary consumer either prior to or during the consumption of a tobacco product, including, but not limited to, any taste or smell relating to fruit, menthol, mint, wintergreen, chocolate, cocoa, vanilla, honey or any candy, dessert, beverage, herb or spice. "Flavored tobacco product" does not include marijuana for medical use pursuant to 22 MRS Chapter 558-C, adult use marijuana pursuant to 28-B MRS Chapter 1, or hemp as defined in 7 MRS 2231, Section 1-A.

Sec. WWW-3. 22 MRSA c. 262-A, sub-c. 5, as amended, is amended by amending the subchapter headnote to read:

SUBCHAPTER 5

FLAVORED CIGARS TOBACCO PRODUCTS

Sec. WWW-4. 22 MRSA §1560-D, as amended by PL 2011, c. 380, Pt. II, §2, is repealed.

Sec. WWW-5. 22 MRSA §1560-E is enacted to read:

§1560-E. Flavored tobacco products

1. Prohibition on sale or distribution of flavored tobacco products. A tobacco retailer

may not sell or offer to sell, and a tobacco distributor may not distribute or offer to distribute in this State any flavored tobacco product. A public statement or claim made or disseminated by the retailer or manufacturer of a tobacco product, or by a person authorized or permitted by the retailer or manufacturer to make or disseminate public statements concerning a tobacco product, that a tobacco product has or produces a taste or smell other than tobacco constitutes presumptive evidence that the tobacco product is a flavored tobacco product.

2. Violation. A tobacco retailer or distributor who violates this section commits a civil violation for which a fine up to \$1,000 may be adjudged for a first offense, and up to \$5,000 may be adjudged for each subsequent offense.

Sec. WWW-6. Effective date. This Part takes effect January 1, 2022.

PART WWW SUMMARY

Part WWW prohibits the sale and distribution of flavored tobacco products, including flavored cigars and flavored electronic smoking devices but not including marijuana for medical use, adult use marijuana or hemp beginning on January 1, 2022.