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**An Act To Make Supplemental Appropriations and Allocations
for the Expenditures of State Government and To Change Certain
Provisions of the Law Necessary to the Proper Operations of State
Government for the Fiscal Years Ending June 30, 2012 and June 30, 2013**

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the 90-day period may not terminate until after the beginning of the next fiscal year; and

Whereas, certain obligations and expenses incident to the operation of state departments and institutions will become due and payable immediately; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS)

Developmental Services - Community 0122

Initiative: Reduces funding for reimbursement in rental assistance to United States Department of Housing and Urban Development levels.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$1,200,000)
GENERAL FUND TOTAL	\$0	(\$1,200,000)

Developmental Services Waiver - MaineCare 0987

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
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SP0600, LD 1746, item 1, 125th Maine State Legislature
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All Other	\$5,808,535	\$6,299,768
GENERAL FUND TOTAL	\$5,808,535	\$6,299,768

Developmental Services Waiver - MaineCare 0987

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$1,190,669
GENERAL FUND TOTAL	\$0	\$1,190,669

Developmental Services Waiver - MaineCare 0987

Initiative: Reduces funding to reflect savings from payment reform in the Developmental Services Waiver - MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$3,000,000)
GENERAL FUND TOTAL	\$0	(\$3,000,000)

Developmental Services Waiver - Supports Z006

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$1,967,371	\$5,658,034
GENERAL FUND TOTAL	\$1,967,371	\$5,658,034

Developmental Services Waiver - Supports Z006

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$91,346

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GENERAL FUND TOTAL	\$0	\$91,346
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Disproportionate Share - Dorothea Dix Psychiatric Center 0734

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
Personal Services	\$0	\$73,700
GENERAL FUND TOTAL	\$0	\$73,700

Disproportionate Share - Riverview Psychiatric Center 0733

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
Personal Services	\$0	\$111,280
All Other	\$0	\$40,232
GENERAL FUND TOTAL	\$0	\$151,512

Dorothea Dix Psychiatric Center 0120

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
Personal Services	\$0	(\$73,700)
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$73,700)

FHM - Substance Abuse 0948

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	\$17,976

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FUND FOR A HEALTHY MAINE TOTAL	\$0	\$17,976
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Medicaid Services - Developmental Services 0705

Initiative: Reduces funding by eliminating targeted case management services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$389,340)	(\$1,772,320)
GENERAL FUND TOTAL	(\$389,340)	(\$1,772,320)

Medicaid Services - Developmental Services 0705

Initiative: Reduces funding by eliminating private nonmedical institution services as an optional service in the MaineCare program effective July 1, 2012.

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	\$0	(\$83,408)
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$83,408)

Medicaid Services - Developmental Services 0705

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$1,201,050
GENERAL FUND TOTAL	\$0	\$1,201,050

Medicaid Services - Developmental Services 0705

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$592,079

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GENERAL FUND TOTAL	\$0	\$592,079
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Mental Health Services - Child Medicaid 0731

Initiative: Reduces funding by eliminating optional coverage under the MaineCare program for persons 19 and 20 years of age with income less than or equal to 150% of the nonfarm income official poverty line.

GENERAL FUND	2011-12	2012-13
All Other	(\$64,775)	(\$351,600)
GENERAL FUND TOTAL	(\$64,775)	(\$351,600)

Mental Health Services - Child Medicaid 0731

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$5,290,051	\$4,709,869
GENERAL FUND TOTAL	\$5,290,051	\$4,709,869

Mental Health Services - Child Medicaid 0731

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$470,754
GENERAL FUND TOTAL	\$0	\$470,754

Mental Health Services - Child Medicaid 0731

Initiative: Reduces funding by reducing optional coverage for children who are behaviorally challenged and who are in a residential setting.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$500,000)

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GENERAL FUND TOTAL	\$0	(\$500,000)
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Mental Health Services - Children 0136

Initiative: Adjusts funding for the 2012-2013 biennium only for the Cub Care program for families with income greater or equal to 150% but less than 200% of the nonfarm income official poverty line as the result of contributions from the Dirigo Health Fund to provide MaineCare seed for the program.

GENERAL FUND	2011-12	2012-13
All Other	(\$17,392)	(\$94,426)
GENERAL FUND TOTAL	(\$17,392)	(\$94,426)

Mental Health Services - Children 0136

Initiative: Reduces funding by reducing contracts for residential services.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$1,250,000)
GENERAL FUND TOTAL	\$0	(\$1,250,000)

Mental Health Services - Community 0121

Initiative: Reduces funding by limiting the availability of mental health crisis intervention to persons who experience severe and persistent mental illness.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$2,084,746)
GENERAL FUND TOTAL	\$0	(\$2,084,746)

FEDERAL BLOCK GRANT FUND	2011-12	2012-13
All Other	\$0	(\$91,369)
FEDERAL BLOCK GRANT FUND TOTAL	\$0	(\$91,369)

Mental Health Services - Community Medicaid 0732

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Initiative: Reduces funding by eliminating optional coverage under the MaineCare program for persons 19 and 20 years of age with income less than or equal to 150% of the nonfarm income official poverty line.

GENERAL FUND	2011-12	2012-13
All Other	(\$37,593)	(\$204,059)
GENERAL FUND TOTAL	(\$37,593)	(\$204,059)

Mental Health Services - Community Medicaid 0732

Initiative: Reduces funding by eliminating private nonmedical institution services as an optional service in the MaineCare program effective July 1, 2012.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$12,754,745)
GENERAL FUND TOTAL	\$0	(\$12,754,745)

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	\$0	(\$341,170)
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$341,170)

Mental Health Services - Community Medicaid 0732

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$614,409
GENERAL FUND TOTAL	\$0	\$614,409

Office of Substance Abuse - Medicaid Seed 0844

Initiative: Reduces funding by eliminating private nonmedical institution services as an optional service in the MaineCare program effective July 1, 2012.

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	\$0	(\$89,487)

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OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$89,487)
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Office of Substance Abuse - Medicaid Seed 0844

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$983,953	\$869,928
GENERAL FUND TOTAL	\$983,953	\$869,928

Office of Substance Abuse - Medicaid Seed 0844

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$53,748
GENERAL FUND TOTAL	\$0	\$53,748

Riverview Psychiatric Center 0105

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
Personal Services	\$0	(\$111,280)
All Other	\$0	(\$40,232)
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$151,512)

Traumatic Brain Injury Seed Z042

Initiative: Adjusts funding for Medicaid services as a result of the decrease of the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$1,669

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GENERAL FUND TOTAL	\$0	\$1,669
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**HEALTH AND HUMAN SERVICES, DEPARTMENT
 OF (FORMERLY BDS)**

	2011-12	2012-13
DEPARTMENT TOTALS		
GENERAL FUND	\$13,540,810	(\$1,233,361)
FUND FOR A HEALTHY MAINE	\$0	\$17,976
OTHER SPECIAL REVENUE FUNDS	\$0	(\$739,277)
FEDERAL BLOCK GRANT FUND	\$0	(\$91,369)
DEPARTMENT TOTAL - ALL FUNDS	\$13,540,810	(\$2,046,031)

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)

Bureau of Medical Services 0129

Initiative: Adjusts funding for the 2012-2013 biennium only for the Cub Care program for families with income greater or equal to 150% but less than 200% of the nonfarm income official poverty line as the result of contributions from the Dirigo Health Fund to provide MaineCare seed for the program.

GENERAL FUND	2011-12	2012-13
All Other	(\$44,413)	(\$241,124)
GENERAL FUND TOTAL	(\$44,413)	(\$241,124)

Departmentwide 0640

Initiative: Reduces funding from salary savings. Notwithstanding any other provision of law, the State Budget Officer shall calculate the amount of savings in this Part that applies to each General Fund account in the Department of Health and Human Services and shall transfer the amounts by financial order upon the approval of the Governor. These transfers are considered adjustments to appropriations in fiscal year 2011-12.

GENERAL FUND	2011-12	2012-13
Personal Services	(\$5,000,000)	(\$3,000,000)
GENERAL FUND TOTAL	(\$5,000,000)	(\$3,000,000)

FHM - Bureau of Health 0953

Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy Maine.

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FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	(\$10,783,273)
FUND FOR A HEALTHY MAINE TOTAL	\$0	(\$10,783,273)

FHM - Donated Dental 0958

Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy Maine.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	(\$36,463)
FUND FOR A HEALTHY MAINE TOTAL	\$0	(\$36,463)

FHM - Drugs for the Elderly and Disabled Z015

Initiative: Reduces funding by eliminating the coinsurance deductible and copay for prescription drugs and the payment of Medicare Part D premiums for certain individuals receiving benefits from the Low-cost Drugs To Maine's Elderly program.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	(\$247,964)	(\$1,322,475)
FUND FOR A HEALTHY MAINE TOTAL	(\$247,964)	(\$1,322,475)

FHM - Drugs for the Elderly and Disabled Z015

Initiative: Reduces funding by reducing the number of prescriptions for brand name drugs for which reimbursement is allowed from 4 to 2 per month unless the prescription is determined to be medically necessary.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	(\$55,880)	(\$279,402)
FUND FOR A HEALTHY MAINE TOTAL	(\$55,880)	(\$279,402)

FHM - Drugs for the Elderly and Disabled Z015

Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy Maine.

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FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	(\$10,332,353)
FUND FOR A HEALTHY MAINE TOTAL	\$0	(\$10,332,353)

FHM - Family Planning 0956

Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy Maine.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	(\$401,430)
FUND FOR A HEALTHY MAINE TOTAL	\$0	(\$401,430)

FHM - Head Start 0959

Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy Maine.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	(\$700,000)	(\$1,354,580)
FUND FOR A HEALTHY MAINE TOTAL	(\$700,000)	(\$1,354,580)

FHM - Immunization Z048

Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy Maine.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	(\$1,078,884)
FUND FOR A HEALTHY MAINE TOTAL	\$0	(\$1,078,884)

FHM - Medical Care 0960

Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal Medical Assistance Percentage.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	\$113,010
FUND FOR A HEALTHY MAINE TOTAL	\$0	\$113,010

FHM - Medical Care 0960

Initiative: Notwithstanding any provision of law, adjusts funding by increasing funding in the Medical Care - Payments to Providers program and reducing funding in the FHM - Medical Care program to reflect a redistribution of funding within the Fund for a Healthy Maine.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$1,003,844	\$25,031,096
FUND FOR A HEALTHY MAINE TOTAL	\$1,003,844	\$25,031,096

FHM - Purchased Social Services 0961

Initiative: Reduces funding to reflect a redistribution of funding in the Fund for a Healthy Maine.

FUND FOR A HEALTHY MAINE	2011-12	2012-13
All Other	\$0	(\$3,942,236)
FUND FOR A HEALTHY MAINE TOTAL	\$0	(\$3,942,236)

Head Start 0545

Initiative: Eliminates funding for the Head Start program.

GENERAL FUND	2011-12	2012-13
All Other	(\$800,000)	(\$2,448,875)
GENERAL FUND TOTAL	(\$800,000)	(\$2,448,875)

IV-E Foster Care/Adoption Assistance 0137

Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$13,579
GENERAL FUND TOTAL	\$0	\$13,579

Low-cost Drugs To Maine's Elderly 0202

Initiative: Reduces funding by eliminating the coinsurance deductible and copay for prescription drugs and the payment of Medicare Part D premiums for certain individuals receiving benefits from the Low-cost Drugs To Maine's Elderly program.

GENERAL FUND	2011-12	2012-13
All Other	(\$836,743)	(\$4,462,786)
GENERAL FUND TOTAL	(\$836,743)	(\$4,462,786)

Low-cost Drugs To Maine's Elderly 0202

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$1,401,437	\$0
GENERAL FUND TOTAL	\$1,401,437	\$0

Medical Care - Payments to Providers 0147

Initiative: Adjusts funding for the 2012-2013 biennium only for the Cub Care program for families with income greater or equal to 150% but less than 200% of the nonfarm income official poverty line as the result of contributions from the Dirigo Health Fund to provide MaineCare seed for the program.

GENERAL FUND	2011-12	2012-13
All Other	(\$410,995)	(\$2,231,331)
GENERAL FUND TOTAL	(\$410,995)	(\$2,231,331)

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	\$472,800	\$2,556,881
OTHER SPECIAL REVENUE FUNDS TOTAL	\$472,800	\$2,556,881

Medical Care - Payments to Providers 0147

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Initiative: Reduces funding by eliminating optional coverage under the MaineCare program for families who are covered above mandatory federal levels.

GENERAL FUND	2011-12	2012-13
All Other	(\$2,184,239)	(\$8,533,575)
GENERAL FUND TOTAL	(\$2,184,239)	(\$8,533,575)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$5,791,515)	(\$30,571,405)
FEDERAL EXPENDITURES FUND TOTAL	(\$5,791,515)	(\$30,571,405)

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	(\$1,159,127)	(\$9,614,390)
OTHER SPECIAL REVENUE FUNDS TOTAL	(\$1,159,127)	(\$9,614,390)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating optional coverage under the MaineCare program for persons 19 and 20 years of age with income less than or equal to 150% of the nonfarm income official poverty line.

GENERAL FUND	2011-12	2012-13
All Other	(\$993,649)	(\$5,393,575)
GENERAL FUND TOTAL	(\$993,649)	(\$5,393,575)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$1,898,564)	(\$10,021,863)
FEDERAL EXPENDITURES FUND TOTAL	(\$1,898,564)	(\$10,021,863)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating adult family care as an optional service in the MaineCare program.

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GENERAL FUND	2011-12	2012-13
All Other	(\$40,810)	(\$220,068)
GENERAL FUND TOTAL	(\$40,810)	(\$220,068)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$68,641)	(\$362,332)
FEDERAL EXPENDITURES FUND TOTAL	(\$68,641)	(\$362,332)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating ambulatory surgical center services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$17,200)	(\$93,274)
GENERAL FUND TOTAL	(\$17,200)	(\$93,274)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$28,155)	(\$148,619)
FEDERAL EXPENDITURES FUND TOTAL	(\$28,155)	(\$148,619)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating consumer-directed attendant services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$449,605)	(\$2,440,130)
GENERAL FUND TOTAL	(\$449,605)	(\$2,440,130)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$772,450)	(\$4,077,499)
FEDERAL EXPENDITURES FUND TOTAL	(\$772,450)	(\$4,077,499)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating targeted case management services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$94,312)	(\$429,320)
GENERAL FUND TOTAL	(\$94,312)	(\$429,320)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$908,725)	(\$4,846,533)
FEDERAL EXPENDITURES FUND TOTAL	(\$908,725)	(\$4,846,533)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating dental services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$410,611)	(\$2,225,611)
GENERAL FUND TOTAL	(\$410,611)	(\$2,225,611)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$652,668)	(\$3,445,208)
FEDERAL EXPENDITURES FUND TOTAL	(\$652,668)	(\$3,445,208)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating occupational therapy as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$78,846)	(\$426,996)

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	(\$78,846)	(\$426,996)
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FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$124,966)	(\$659,650)
FEDERAL EXPENDITURES FUND TOTAL	(\$124,966)	(\$659,650)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating vision services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$151,826)	(\$823,447)
GENERAL FUND TOTAL	(\$151,826)	(\$823,447)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$250,663)	(\$1,323,161)
FEDERAL EXPENDITURES FUND TOTAL	(\$250,663)	(\$1,323,161)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating physical therapy as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$97,657)	(\$529,071)
GENERAL FUND TOTAL	(\$97,657)	(\$529,071)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$158,352)	(\$835,885)
FEDERAL EXPENDITURES FUND TOTAL	(\$158,352)	(\$835,885)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating podiatry services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$68,407)	(\$370,903)
GENERAL FUND TOTAL	<hr/> (\$68,407)	<hr/> (\$370,903)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$110,904)	(\$585,423)
FEDERAL EXPENDITURES FUND TOTAL	<hr/> (\$110,904)	<hr/> (\$585,423)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating private nonmedical institution services as an optional service in the MaineCare program effective July 1, 2012.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$47,637,039)
GENERAL FUND TOTAL	<hr/> \$0	<hr/> (\$47,637,039)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$104,043,080)
FEDERAL EXPENDITURES FUND TOTAL	<hr/> \$0	<hr/> (\$104,043,080)

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	(\$319,609)	(\$5,113,739)
OTHER SPECIAL REVENUE FUNDS TOTAL	<hr/> (\$319,609)	<hr/> (\$5,113,739)

Medical Care - Payments to Providers 0147

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Initiative: Reduces funding by eliminating sexually transmitted disease screening clinic services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$40,397)	(\$217,951)
GENERAL FUND TOTAL	(\$40,397)	(\$217,951)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$45,771)	(\$241,610)
FEDERAL EXPENDITURES FUND TOTAL	(\$45,771)	(\$241,610)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating chiropractic services as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$69,199)	(\$375,344)
GENERAL FUND TOTAL	(\$69,199)	(\$375,344)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$114,901)	(\$606,525)
FEDERAL EXPENDITURES FUND TOTAL	(\$114,901)	(\$606,525)

Medical Care - Payments to Providers 0147

Initiative: Adjusts funding in fiscal year 2011-12 as a result of contributions from the Dirigo Health Fund to provide MaineCare seed for the childless adult waiver.

GENERAL FUND	2011-12	2012-13
All Other	(\$10,000,000)	\$0
GENERAL FUND TOTAL	(\$10,000,000)	\$0

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OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	\$10,000,000	\$0
OTHER SPECIAL REVENUE FUNDS TOTAL	\$10,000,000	\$0

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by reducing reimbursement for critical access hospitals from 109% to 105%.

GENERAL FUND	2011-12	2012-13
All Other	(\$290,834)	(\$1,179,804)
GENERAL FUND TOTAL	(\$290,834)	(\$1,179,804)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$503,794)	(\$1,987,455)
FEDERAL EXPENDITURES FUND TOTAL	(\$503,794)	(\$1,987,455)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by reducing the number of prescriptions for brand name drugs for which reimbursement is allowed from 4 to 2 per month unless the prescription is determined to be medically necessary.

GENERAL FUND	2011-12	2012-13
All Other	(\$1,168,120)	(\$5,840,598)
GENERAL FUND TOTAL	(\$1,168,120)	(\$5,840,598)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$2,023,465)	(\$9,838,860)
FEDERAL EXPENDITURES FUND TOTAL	(\$2,023,465)	(\$9,838,860)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by limiting reimbursement to 15 outpatient hospital visits per year.

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GENERAL FUND	2011-12	2012-13
All Other	(\$277,540)	(\$1,480,214)
GENERAL FUND TOTAL	(\$277,540)	(\$1,480,214)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$480,766)	(\$2,493,515)
FEDERAL EXPENDITURES FUND TOTAL	(\$480,766)	(\$2,493,515)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by limiting reimbursement for hospital admissions to 5 per member per year.

GENERAL FUND	2011-12	2012-13
All Other	(\$91,890)	(\$490,081)
GENERAL FUND TOTAL	(\$91,890)	(\$490,081)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$159,176)	(\$825,573)
FEDERAL EXPENDITURES FUND TOTAL	(\$159,176)	(\$825,573)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by limiting the use of Suboxone for the treatment of opioid dependency to coverage for a 2-year period.

GENERAL FUND	2011-12	2012-13
All Other	(\$147,563)	\$0
GENERAL FUND TOTAL	(\$147,563)	\$0

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$1,082,650)	\$0
FEDERAL EXPENDITURES FUND TOTAL	(\$1,082,650)	\$0

Medical Care - Payments to Providers 0147

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$91,805,960	\$38,142,642
GENERAL FUND TOTAL	\$91,805,960	\$38,142,642

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$207,077,368	\$124,626,202
FEDERAL EXPENDITURES FUND TOTAL	\$207,077,368	\$124,626,202

Medical Care - Payments to Providers 0147

Initiative: Reduces funding from the elimination of the childless adult waiver program.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$22,000,000)
GENERAL FUND TOTAL	\$0	(\$22,000,000)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$37,060,403)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$37,060,403)

Medical Care - Payments to Providers 0147

Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$6,997,873
GENERAL FUND TOTAL	\$0	\$6,997,873

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FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$10,382,324)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$10,382,324)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by eliminating the reimbursement for smoking cessation products.

GENERAL FUND	2011-12	2012-13
All Other	(\$80,000)	(\$430,000)
GENERAL FUND TOTAL	(\$80,000)	(\$430,000)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$138,580)	(\$724,363)
FEDERAL EXPENDITURES FUND TOTAL	(\$138,580)	(\$724,363)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding for outpatient services at acute care hospitals by 5%, effective July 1, 2012.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$3,180,269)
GENERAL FUND TOTAL	\$0	(\$3,180,269)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$5,357,366)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$5,357,366)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by reducing optional coverage for children who are behaviorally challenged and who are in a residential setting.

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FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$842,282)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$842,282)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding to reflect savings from payment reform in the Developmental Services Waiver - MaineCare program.

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$5,053,691)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$5,053,691)

Medical Care - Payments to Providers 0147

Initiative: Reduces funding by reducing reimbursement for hospital inpatient services by 10%.

GENERAL FUND	2011-12	2012-13
All Other	(\$768,208)	(\$3,127,406)
GENERAL FUND TOTAL	(\$768,208)	(\$3,127,406)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$2,098,929)	(\$5,268,314)
FEDERAL EXPENDITURES FUND TOTAL	(\$2,098,929)	(\$5,268,314)

Medical Care - Payments to Providers 0147

Initiative: Notwithstanding any provision of law, adjusts funding by increasing funding in the Medical Care - Payments to Providers program and reducing funding in the FHM - Medical Care program to reflect a redistribution of funding within the Fund for a Healthy Maine.

GENERAL FUND	2011-12	2012-13
All Other	(\$1,003,844)	(\$25,031,096)
GENERAL FUND TOTAL	(\$1,003,844)	(\$25,031,096)

MR/Elderly PNMI Room and Board Z009

Initiative: Reduces funding by eliminating adult family care as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$22,609)	(\$121,918)
GENERAL FUND TOTAL	(\$22,609)	(\$121,918)

MR/Elderly PNMI Room and Board Z009

Initiative: Reduces funding by eliminating occupational therapy as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$4,088)	(\$22,141)
GENERAL FUND TOTAL	(\$4,088)	(\$22,141)

MR/Elderly PNMI Room and Board Z009

Initiative: Reduces funding by eliminating physical therapy as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$4,890)	(\$26,490)
GENERAL FUND TOTAL	(\$4,890)	(\$26,490)

MR/Elderly PNMI Room and Board Z009

Initiative: Reduces funding by eliminating optional coverage under the MaineCare program for individuals in the medically needy category.

GENERAL FUND	2011-12	2012-13
All Other	(\$2,533,359)	(\$13,511,247)
GENERAL FUND TOTAL	(\$2,533,359)	(\$13,511,247)

MR/Elderly PNMI Room and Board Z009

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$8,210,778
GENERAL FUND TOTAL	\$0	\$8,210,778

Nursing Facilities 0148

Initiative: Reduces funding by eliminating occupational therapy as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$7,516)	(\$40,706)
GENERAL FUND TOTAL	(\$7,516)	(\$40,706)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$11,088)	(\$58,532)
FEDERAL EXPENDITURES FUND TOTAL	(\$11,088)	(\$58,532)

Nursing Facilities 0148

Initiative: Reduces funding by eliminating physical therapy as an optional service in the MaineCare program.

GENERAL FUND	2011-12	2012-13
All Other	(\$9,087)	(\$49,230)
GENERAL FUND TOTAL	(\$9,087)	(\$49,230)

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	(\$13,732)	(\$72,488)
FEDERAL EXPENDITURES FUND TOTAL	(\$13,732)	(\$72,488)

Nursing Facilities 0148

Initiative: Provides funding in the MaineCare and MaineCare-related accounts necessary to make cycle payments through the remainder of the 2012-2013 biennium.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$7,036,142
GENERAL FUND TOTAL	\$0	\$7,036,142

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	\$11,852,830
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$11,852,830

Nursing Facilities 0148

Initiative: Adjusts funding for Medicaid services as a result of the decrease in the Federal Medical Assistance Percentage.

GENERAL FUND	2011-12	2012-13
All Other	\$0	\$1,538,014
GENERAL FUND TOTAL	\$0	\$1,538,014

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	(\$1,538,014)
FEDERAL EXPENDITURES FUND TOTAL	\$0	(\$1,538,014)

State-funded Foster Care/Adoption Assistance 0139

Initiative: Eliminates funding for the supplemental services for children with complex emotional and behavioral needs.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$1,999,984)

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GENERAL FUND TOTAL	\$0	(\$1,999,984)
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State-funded Foster Care/Adoption Assistance 0139

Initiative: Reduces funding by reducing contracts in the family reunification program.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$1,007,112)
GENERAL FUND TOTAL	\$0	(\$1,007,112)

State-funded Foster Care/Adoption Assistance 0139

Initiative: Reduces funding by reducing contracts in the alternative response program.

GENERAL FUND	2011-12	2012-13
All Other	\$0	(\$1,290,000)
GENERAL FUND TOTAL	\$0	(\$1,290,000)

**HEALTH AND HUMAN SERVICES, DEPARTMENT
 OF (FORMERLY DHS)**

DEPARTMENT TOTALS	2011-12	2012-13
GENERAL FUND	\$65,008,940	(\$100,989,688)
FEDERAL EXPENDITURES FUND	\$189,638,913	(\$106,792,941)
FUND FOR A HEALTHY MAINE	\$0	(\$4,386,990)
OTHER SPECIAL REVENUE FUNDS	\$8,994,064	(\$12,171,248)
DEPARTMENT TOTAL - ALL FUNDS	\$263,641,917	(\$224,340,867)

SECTION TOTALS	2011-12	2012-13
GENERAL FUND	\$78,549,750	(\$102,223,049)
FEDERAL EXPENDITURES FUND	\$189,638,913	(\$106,792,941)
FUND FOR A HEALTHY MAINE	\$0	(\$4,369,014)
OTHER SPECIAL REVENUE FUNDS	\$8,994,064	(\$12,910,525)
FEDERAL BLOCK GRANT FUND	\$0	(\$91,369)
SECTION TOTAL - ALL FUNDS	\$277,182,727	(\$226,386,898)

PART B

Sec. B-1. 22 MRSA §3173-A, as reallocated by PL 1979, c. 127, §145 and amended by PL 2003, c. 689, Pt. B, §6, is repealed.

PART C

Sec. C-1. 22 MRSA §3173-C, sub-§7, as amended by PL 2009, c. 415, Pt. A, §12, is further amended to read:

7. Copayments. Notwithstanding any other provision of law, the following copayments per service per day are imposed and reimbursements are reduced, or both, to the following levels:

- A. Outpatient hospital services, \$3;
- B. Home health services, \$3;
- C. Durable medical equipment services, \$3;
- D. Private duty nursing and personal care services, \$5 per month;
- E. Ambulance services, \$3;
- F. ~~Physical therapy services, \$2;~~
- G. ~~Occupational therapy services, \$2;~~
- H. ~~Speech therapy services, \$2;~~
- I. ~~Podiatry services, \$2;~~
- J. Psychologist services, \$2;
- K. ~~Chiropractic services, \$2;~~
- L. Laboratory and x-ray services, \$1;
- M. ~~Optical services, \$2;~~
- N. ~~Optometric services, \$3;~~
- O. Mental health clinic services, \$2;
- P. Substance abuse services, \$2;
- Q. Hospital inpatient services, \$3 per patient day;
- R. Federally qualified health center services, \$3 per patient day, effective July 1, 2004; and
- S. Rural health center services, \$3 per patient day.

The department may adopt rules to adjust the copayments set forth in this subsection. The rules may adjust amounts to ensure that copayments are deemed nominal in amount and may include monthly limits or exclusions per service category. The need to maintain provider participation in the Medicaid program to the extent required by 42 United States Code, Section 1396a(a)(30)(A) or any successor provision of law must be considered in any reduction in reimbursement to providers or imposition of copayments.

PART D

Sec. D-1. 22 MRSA §3174-A, as amended by PL 2001, c. 559, Pt. X, §5, is repealed.

Sec. D-2. Effective date. This Part takes effect July 1, 2012.

PART E

Sec. E-1. 22 MRSA §3174-F, as amended by PL 1997, c. 159, §§1 and 2 and PL 2003, c. 689, Pt. B, §6, is repealed.

PART F

Sec. F-1. 22 MRSA §3174-G, sub-§1, ¶D, as repealed and replaced by PL 2007, c. 695, Pt. C, §10, is amended to read:

D. A child one year of age or older and under 19 years of age when the child's family income is equal to or below 200% of the nonfarm income official poverty line, except that the department may adopt a rule that provides that children described in this paragraph in families with income over 150% and equal to or below 200% of the nonfarm income official poverty line who meet the eligibility requirements of the Cub Care program established under section 3174-T are eligible to participate in the Cub Care program instead of Medicaid. Rules adopted pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A; and

Sec. F-2. 22 MRSA §3174-G, sub-§1, ¶¶E and F, as amended by PL 2011, c. 380, Pt. KK, §2, are repealed.

PART G

Sec. G-1. 22 MRSA §254-D, as amended by PL 2007, c. 240, Pt. RR, §1, is repealed.

Sec. G-2. 22 MRSA §258, sub-§1, ¶A, as amended by PL 2005, c. 401, Pt. C, §2, is repealed.

Sec. G-3. 22 MRSA §258, sub-§§3 to 5, as enacted by PL 2001, c. 293, §5, are amended to read:

3. Administration; components. The department shall administer the prescription program. ~~The elderly low-cost drug program is a component of the prescription program.~~

4. Benefit eligibility. Benefits are subject to the following provisions.

~~A. An individual enrolled in both the elderly low-cost drug program and the prescription program is eligible for the more generous discount authorized under either program in the event overlapping benefits exist.~~

~~B. If a drug rebate is paid for any prescription under the prescription program, a rebate is not due under the elderly low-cost drug program.~~

~~C. The department shall issue a single certificate for eligibility to an individual who is eligible for both the benefit under the elderly low-cost drug program and the benefit under the prescription program.~~

5. Copayments. Notwithstanding section 3173-C, a beneficiary of the prescription program shall make the copayments authorized under the prescription program ~~and the elderly low-cost drug program.~~

Sec. G-4. 22 MRSA §1711-E, sub-§4, ¶C, as enacted by PL 2007, c. 460, §1, is amended to read:

C. The department shall assess an annual fee payable by October 1st each year beginning in 2007 on manufacturers of prescription drugs whose drugs are dispensed to members of the MaineCare program under chapter 855 ~~and enrollees in the elderly low-cost drug program under section 254-D.~~ Eighty percent of the fees collected under this paragraph must be deposited in a separate account that does not lapse at the end of the fiscal year and must be used to cover the costs of the Maine Health Data Organization pursuant to paragraph A and section 8713. Twenty percent of the assessments must be retained by the department.

Sec. G-5. 22 MRSA §2681, sub-§3, as amended by PL 2005, c. 401, Pt. C, §3, is further amended to read:

3. Rebate agreement. A drug manufacturer or labeler that sells prescription drugs in this State through ~~the elderly low-cost drug program under section 254-D or any other publicly supported pharmaceutical assistance program~~ shall enter into a rebate agreement with the department for this program. The rebate agreement must require the manufacturer or labeler to make rebate payments to the State each calendar quarter or according to a schedule established by the department.

Sec. G-6. 22 MRSA §2681, sub-§9, as amended by PL 2005, c. 401, Pt. C, §4, is further amended to read:

9. Dedicated fund. The Maine Rx Plus Dedicated Fund, referred to in this section as the "fund," is established to receive revenue from manufacturers and labelers who pay rebates as provided in subsection 4 and any appropriations or allocations designated for the fund. The purposes of the fund are to reimburse retail pharmacies for discounted prices provided to qualified residents pursuant to subsection 5; and to reimburse the department for contracted services including pharmacy claims processing fees, administrative and associated computer costs and other reasonable program costs; ~~and to benefit the elderly low-cost drug program under section 254-D.~~ The fund is a nonlapsing dedicated fund. Interest on

fund balances accrues to the fund. Surplus funds in the fund must be used for the benefit of the program. ~~Notwithstanding Title 5, section 1585, surplus funds may also be transferred to the elderly low-cost drug program established under section 254-D.~~

Sec. G-7. 22 MRSA §2685, sub-§2, ¶E, as enacted by PL 2007, c. 327, §1, is repealed.

Sec. G-8. 22 MRSA §2685, sub-§4, as enacted by PL 2007, c. 327, §1, is amended to read:

4. Program coverage. The program must provide outreach and education to prescribers and dispensers who participate in, contract with or are reimbursed by state-funded health care programs, including but not limited to the MaineCare program, the Maine Rx Plus Program, Dirigo Health insurance; ~~the elderly low-cost drug program~~ and the state employee health insurance program. The program may provide outreach and education to carriers, health plans, hospitals, employers and other persons interested in the program on a subscription or fee-paying basis under rules adopted by the department.

Sec. G-9. 22 MRSA §2685, sub-§5, as amended by PL 2011, c. 461, §2, is further amended to read:

5. Funding. The program may be funded from the General Fund, from federal funds and from other special revenue funds. Beginning April 1, 2012 each manufacturer of prescription drugs that are provided to Maine residents through the MaineCare program ~~or the elderly low-cost drug program~~ shall pay a fee of \$500 per calendar year to the department to provide funding for the program. The program may accept funds from nongovernmental health access foundations, the Tobacco Manufacturers Act under chapter 263, subchapter 3, undesignated funds associated with pharmaceutical marketing and pricing practices acquired through litigation or action of the Office of the Attorney General and fees from subscriptions, contracts and agreements with private payors as established by rule. Savings achieved as a result of the program may be retained for operation of the program or paid into the General Fund, at the option of the department.

Sec. G-10. 22 MRSA §3174-G, sub-§1-B, as amended by PL 2005, c. 401, Pt. C, §5, is repealed.

Sec. G-11. 22 MRSA §3174-G, sub-§1-C, as amended by PL 2005, c. 401, Pt. C, §6, is repealed.

Sec. G-12. 22 MRSA §3174-G, sub-§2, as enacted by PL 1989, c. 502, Pt. A, §72 and amended by PL 1997, c. 530, Pt. A, §34, is repealed.

Sec. G-13. 22 MRSA §3174-G, sub-§3, as enacted by PL 1989, c. 502, Pt. A, §72, is repealed.

Sec. G-14. 22 MRSA §3174-KK, sub-§3, as amended by PL 2005, c. 683, Pt. A, §35, is further amended to read:

3. Fund purposes. Allocations from the fund must prevent any loss of services or increased cost of services to a MaineCare member ~~or a person receiving benefits under the elderly low-cost drug program under section 254-D~~ that would otherwise result from insufficient General Fund appropriations,

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insufficient federal matching funds or any other shortage of funds, changes in federal or state law, rule or
policy or the implementation of the federal Medicare Prescription Drug, Improvement, and Modernization
Act of 2003.

Sec. G-15. 24-A MRSA §4317, sub-§3, as amended by PL 2011, c. 443, §5, is further amended to read:

3. Exception. Subsections 1 and 2 do not apply to any medical assistance or public health programs administered by the Department of Health and Human Services, including, but not limited to, the Medicaid program ~~and the elderly low-cost drug program under Title 22, section 254-D.~~

Sec. G-16. 24-A MRSA §5002-B, sub-§2-A, as amended by PL 2005, c. 401, Pt. C, §7, is repealed.

PART H

Sec. H-1. 22 MRSA §3174-Q, sub-§2, as amended by PL 2009, c. 571, Pt. PPP, §1, is further amended to read:

2. Services covered. Elimination of services covered under the program on August 1, 1996, except when immediately necessary to comply with federal law or to comply with balanced budget provisions described in Title 5, section 1664, subsection 1. The department may not eliminate a service if modification of that service can achieve compliance with federal law unless such elimination is required as a result of balanced budget provisions described in Title 5, section 1664, subsection 1. Any modification may be made only to the extent necessary to achieve compliance with federal law or with balanced budget provisions described in Title 5, section 1664, subsection 1. Any elimination or modification made under this subsection must be done through rulemaking under the Maine Administrative Procedure Act. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

If the department takes action to eliminate or modify a service under this subsection, it shall provide notice of the rule-making proceedings to members of the Legislature.

PART I

Sec. I-1. 22 MRSA §3174-FF, as amended by PL 2007, c. 71, §1, is repealed.

PART J

Sec. J-1. 22 MRSA §3174-HH, as enacted by PL 2005, c. 401, Pt. B, §1, is repealed.

PART K

Sec. K-1. 22 MRSA §3174-RR, sub-§1, as reallocated by RR 2011, c. 1, §32, is amended to read:

1. Reimbursement. By October 1, 2012, the department shall provide for the reimbursement under the MaineCare program of independent practice dental hygienists practicing as authorized under Title 32, section 1094-I only for members 21 years of age or younger for the following procedures:

- A. ~~Prophylaxis performed on a person who is 21 years of age or younger;~~
- B. ~~Topical application of fluoride performed on a person who is 21 years of age or younger;~~
- C. Provision of oral hygiene instructions;
- D. The application of sealants;
- E. Temporary fillings; and
- F. X-rays.

Reimbursement must be provided to independent practice dental hygienists directly or to a federally qualified health center pursuant to section 3174-V when an independent practice dental hygienist is employed as a core provider at the center.

PART L

Sec. L-1. Emergency rule-making authority; health and human services matters.

The Department of Health and Human Services is authorized to adopt emergency rules on or before June 30, 2013 under the Maine Revised Statutes, Title 5, sections 8054 and 8073 in order to implement those provisions of this Act over which the department has subject matter jurisdiction for which specific authority has not been provided in any other part of this Act. Notwithstanding Title 5, section 8054, subsections 1 and 2, the Department of Health and Human Services is not required to find that immediate adoption is necessary to avoid a threat to public health, safety or general welfare.

PART M

Sec. M-1. 22 MRSA §1714-B, as amended by PL 2009, c. 213, Pt. CC, §1, is further amended to read:

§ 1714-B. Critical access hospital reimbursement

For state fiscal years beginning on or after July 1, 2005 through June 30, 2009, the department shall reimburse licensed critical access hospitals at 117% of MaineCare allowable costs for both inpatient and outpatient services provided to patients covered by the MaineCare program. For state fiscal years beginning on or after July 1, 2009, for each critical access hospital fiscal year up to but not including the hospital fiscal year beginning on or after April 1, 2011, the department shall reimburse licensed critical access hospitals at ~~109%~~ 105% of MaineCare allowable costs for both inpatient and outpatient services

provided to patients covered by the MaineCare program. Of the total allocated from hospital tax revenues under Title 36, chapter 375, \$1,000,000 in state and federal funds must be distributed annually among critical access hospitals for staff enhancement payments. ~~This section is repealed April 1, 2012.~~

Sec. M-2. 22 MRSA §3174-NN, as enacted by PL 2009, c. 213, Pt. CC, §5, is repealed.

Sec. M-3. 22 MRSA §3174-OO, as enacted by PL 2009, c. 213, Pt. CC, §6, is repealed.

PART N

Sec. N-1. 8 MRSA §1036, sub-§2, ¶E, as amended by PL 2011, c. 380, Pt. II, §1, is further amended to read:

E. Ten percent of the net slot machine income must be forwarded by the board to the State Controller ~~to be and except as otherwise provided in this paragraph~~ credited to the Fund for a Healthy Maine established by Title 22, section 1511 and segregated into a separate account under Title 22, section 1511, subsection 11, with the use of funds in the account restricted to the purposes described in Title 22, section 1511, subsection 6, paragraph E. For the fiscal years ending June 30, 2010, June 30, 2011, ~~and June 30, 2012 and June 30, 2013~~, the amount credited annually by the State Controller to the Fund for a Healthy Maine under this paragraph may not exceed \$4,500,000 annually and any funds in excess of \$4,500,000 annually during these fiscal years must be credited as General Fund undedicated revenue, ~~and, for the fiscal year ending June 30, 2013, the amount credited by the State Controller to the Fund for a Healthy Maine under this paragraph is \$0;~~

PART O

Sec. O-1. Lapse available balance. Notwithstanding any other provision of law, at the close of fiscal year 2011-12, the State Controller shall lapse \$5,000,000 from the Bureau of Medical Services account within the Department of Health and Human Services to the unappropriated surplus of the General Fund.

PART P

Sec. P-1. PL 2011, c. 380, Pt. JJJ, §1 is amended to read:

Sec. JJJ-1. Transfer from Other Special Revenue Funds to unappropriated surplus of the General Fund. Notwithstanding any other provision of law, the State Controller shall transfer ~~\$43,000,000~~\$102,000,000 on June 30, 2012 from Other Special Revenue Funds to the unappropriated surplus of the General Fund. On July 1, 2012, the State Controller shall transfer ~~\$43,000,000~~\$102,000,000 from the General Fund unappropriated surplus to Other Special Revenue Funds as repayment. This transfer is considered an interfund advance.

PART Q

Sec. Q-1. Transfer from unappropriated surplus; Maine Budget Stabilization

Fund. Notwithstanding any other provision of law, the State Controller shall transfer \$39,500,000 during fiscal year 2012-13 from the General Fund unappropriated surplus to the Maine Budget Stabilization Fund within the Department of Administrative and Financial Services in order to ensure that funds will be available to fund necessary services through the Department of Health and Human Services for the State's most vulnerable citizens.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved, except as otherwise indicated.

SUMMARY

PART A

This Part makes appropriations and allocations.

PART B

This Part repeals the requirement that MaineCare cover optional services under the MaineCare program for adults for physical and occupational therapy services provided to residents of intermediate care or skilled nursing facilities.

PART C

This Part repeals provisions requiring copayments from MaineCare members for physical therapy services, occupational therapy services, speech therapy services, podiatry services, chiropractic services, optical services and optometric services. These services are proposed for elimination from the MaineCare program subject to federal guidelines and approval.

PART D

This Part repeals the requirement that the Department of Health and Human Services administer a program of medical coverage for persons residing in cost reimbursement boarding homes effective July 1, 2012.

PART E

This Part repeals the requirement that the MaineCare program provide coverage for adult dental services as a service to Medicaid-eligible people.

PART F

This Part does the following.

1. It reduces eligibility for Medicaid services of a parent or caretaker relative of an eligible child from a maximum income of 200% of the nonfarm income official poverty line to the minimum federal requirement of no less than standard of need for Aid to Families with Dependent Children as of 1996, which is approximately 51% of the nonfarm income official poverty line.

- SP0600, LD 1746, item 1, 125th Maine State Legislature
An Act To Make Supplemental Appropriations and Allocations for the Expenditures of
State Government and To Change Certain Provisions of the Law Necessary to the Proper
Operations of State Government for the Fiscal Years Ending June 30, 2012 and June 30, 2013
2. It eliminates medical coverage for childless adults from 20 to 64 years of age.

PART G

This Part does the following.

1. It repeals the elderly low-cost drug program.
2. It repeals the requirement that the Department of Health and Human Services apply for a federal waiver to use federal matching dollars to enhance the elderly low-cost drug program.
3. It repeals the restriction on the use of a resource test by the Department of Health and Human Services for children and pregnant women eligible for Medicaid coverage.

PART H

This Part authorizes the Department of Health and Human Services to make changes to MaineCare service provisions if necessary to comply with state balanced budget provisions.

PART I

This Part repeals the MaineCare Basic program.

PART J

This Part repeals the provision authorizing the Department of Health and Human Services to provide prescription drug services for MaineCare members through the elderly low-cost drug program.

PART K

This Part eliminates the requirement that the MaineCare program cover optional dental services provided by independent practice dental hygienists to persons who are older than 21 years of age.

PART L

This Part gives the Department of Health and Human Services the authority to adopt emergency rules to implement any provisions of this legislation over which it has specific authority that has not been addressed by some other part of this legislation.

PART M

This Part does the following.

1. It reduces the reimbursement rate for critical access hospitals from 109% to 105% of MaineCare allowable costs and strikes the provision that repeals, effective April 1, 2012, the section that establishes this reimbursement rate.
2. It repeals the provision that requires the Department of Health and Human Services to phase in a system to reimburse critical access hospitals for inpatient services under the MaineCare program based on diagnosis-related groupings.

3. It repeals the provision that requires the Department of Health and Human Services to phase in a system to reimburse critical access hospitals for outpatient services under the MaineCare program based on ambulatory payment classifications.

PART N

This Part eliminates the transfer of up to \$4,500,000 of slot machine income to the Fund for a Healthy Maine for the fiscal year ending June 30, 2013.

PART O

This Part lapses \$5,000,000 from the Bureau of Medical Services account within the Department of Health and Human Services to the unappropriated surplus of the General Fund at the end of fiscal year 2011-12.

PART P

This Part increases the interfund advance from Other Special Revenue Funds to the General Fund unappropriated surplus required for one day at the end of fiscal year 2011-12 from \$43,000,000 to \$102,000,000.

PART Q

This Part transfers \$39,500,000 from the General Fund unappropriated surplus to the Maine Budget Stabilization Fund during fiscal year 2012-13 in order to ensure funds will be available to fund services through the Department of Health and Human Services for the State's most vulnerable citizens.