

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the amendment in Part A by inserting after section 4 the following:

‘Sec. A-5. Repeal. The Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraphs H and I are repealed December 31, 2016.’

Amend the amendment in Part B by striking out all of section 1 and inserting the following:

‘Sec. B-1. Obtaining federal approval for enhanced federal match. The Commissioner of Health and Human Services shall take all steps necessary to secure an enhanced Federal Medical Assistance Percentage for services provided to the MaineCare childless adult waiver population in the State equal to that available under the federal Patient Protection and Affordable Care Act for newly eligible Medicaid individuals. By July 1, 2013, the commissioner shall prepare and submit to the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services in a format required by the Secretary of the federal Department of Health and Human Services an analysis of the benefits available under the MaineCare childless adult waiver population as of December 1, 2009 and all necessary information to certify that members of the childless adult population were not eligible on December 1, 2009 to receive full benefits, benchmark coverage as described in Section 1937(b)(1), subparagraph (A), (B) or (C) of the United States Social Security Act or benchmark equivalent coverage as described in 42 United States Code, Section 1397(b)(2). In preparing and submitting this analysis, the commissioner shall compare the services available to the childless adult population, specifically hearing services, to those of the 3 benchmark plans specified by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services and shall indicate to the secretary whether hearing services were a covered service for the childless adult population as of December 1, 2009 and whether they are a covered service under the 3 benchmark plans. The Commissioner of Health and Human Services shall submit information certified by an actuary for the purpose of certifying the benefits available to the childless adult population on December 1, 2009 if required to do so by the secretary. If the secretary does not require information certified by an actuary for that purpose, the commissioner may not pursue the services of an actuary or submit information certified by an actuary for the purpose of certifying the benefits available to the childless adult population on December 1, 2009. If the secretary requires the submission of additional information to demonstrate that members of the childless adult population otherwise qualify as "newly eligible" individuals as described in Section 1905(y)(2) of the United States Social Security Act, in order for the State to secure an enhanced Federal Medical Assistance Percentage as set forth in Section 1905(y)(1) of the United States Social Security Act, the Department of Health and Human Services shall provide all required information to the secretary within 30 days of the secretary's sending notification that additional information is required.’

Amend the amendment in Part C by striking out all of sections 1 and 2 and inserting the following:

‘Sec. C-1. Research organization evaluation. The Office of Fiscal and Program Review shall contract with a private, nonpartisan research organization to evaluate the impact of the MaineCare expansion authorized in Part A on programs and services that do not currently receive Federal Medical Assistance Percentage matching funds or do not qualify for enhanced Federal Medical Assistance Percentage matching funds under the federal Patient Protection and Affordable Care Act, with the goal of

identifying and maximizing General Fund savings. The Commissioner of Health and Human Services, the Commissioner of Corrections and the Executive Director of the State Board of Corrections shall provide to the research organization information and assistance requested for preparation of the evaluation. In evaluating the programs and services under this Part, the research organization shall at a minimum evaluate the impact on the following programs and services: the state-funded Mental Health Services - Community, Office of Substance Abuse and General Assistance - Reimbursement to Cities and Towns programs; the elderly low-cost drug program under the Maine Revised Statutes, Title 22, section 254-D; services provided for individuals between 21 and 64 years of age who are currently eligible for MaineCare under medically needy, spend-down criteria; services provided under the Maine HIV/AIDS Section 1115 Demonstration Waiver; services provided for parents participating in family reunification activities; services provided for disabled individuals between 21 and 64 years of age with incomes below 139% of the federal poverty level; services provided to individuals awaiting a MaineCare disability determination for whom the applications are subsequently granted; services provided to individuals who would have been considered eligible on the basis of a disability but for whom the full determination process was not completed; medical services provided to persons in the care and custody of the Department of Corrections or a county correctional facility; and the amount of payment for services that hospitals received during calendar years 2014 and 2015 as a result of the expansion of MaineCare eligibility pursuant to Part A. In addition, the research organization shall evaluate any savings and the impact on health outcomes achieved through initiatives implemented pursuant to the State Innovation Models Initiative grant.

Sec. C-2. Report. The research organization that conducts the evaluation under section 1 shall report no later than March 1st in 2014 and 2015 and February 15th in 2016 to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on the amount of General Fund savings resulting from the MaineCare expansion authorized in Part A and identified in section 1. The reports must include the amount of savings realized during calendar years 2014 and 2015 by service area or program, the amount deposited in the MaineCare Stabilization Fund pursuant to section 3 and the amount of savings projected to be achieved through state fiscal year 2020-21 by service area or program.'

Amend the amendment in Part C in section 3 in the 5th line (page 4, line 7 in amendment) by striking out the following: "section 4" and inserting the following: 'section 6'

Amend the amendment in Part C in section 3 in the 8th line (page 4, line 10 in amendment) by striking out the following: "section 4" and inserting the following: 'section 6'

Amend the amendment in Part C by inserting after section 3 the following:

'Sec. C-4. Review and responsibility. Following receipt of the reports from the research organization as required under section 2, the joint standing committee of the Legislature having jurisdiction over health and human services matters shall review the information provided in the reports and shall determine if the net cost to the General Fund of providing coverage under the MaineCare program to individuals pursuant to Part A, section 3 exceeds the savings to the General Fund, including any amount deposited in the MaineCare Stabilization Fund pursuant to section 3, due to the expansion

of coverage for those individuals. Following its review of the report received on February 15, 2016, the joint standing committee may report out a bill to the 127th Legislature regarding its determinations and conclusions.

Sec. C-5. Appropriations and allocations. The following appropriations and allocations are made.

LEGISLATURE

Legislature 0081

Initiative: Provides funding for the Office of Fiscal and Program Review to contract with a private, nonpartisan research organization to evaluate the impact of Medicaid expansion.

GENERAL FUND	2013-14	2014-15
All Other	\$100,000	\$0
GENERAL FUND TOTAL	\$100,000	\$0

Amend the amendment by inserting after Part D the following:

PART E

Sec. E-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.

For an adult when the adult's family income is above 100% of the nonfarm income official poverty line, the department shall adopt rules to adjust the copayments established under this subsection to reflect the maximum allowable amounts authorized under 42 United States Code, Section 1396o; to increase copayments as authorized by 42 United States Code, Section 1396o(h); and in compliance with Section 1396o(b)(3) to impose a copayment for services received at a hospital emergency room of up to twice the amount established as the copayment for outpatient services if the services are not emergency services. The department shall track aggregate copayments in compliance with 42 Code of Federal Regulations, Section 447.68 and, by rule, make adjustments to copayments to ensure compliance with federal law.

Sec. E-2. Contingent effective date. Those sections of this Act that enact the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraphs H and I take effect 30 days after the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services confirms in writing to the Commissioner of Health and Human Services that the enhanced Federal Medical Assistance Percentage set forth in Section 1905(y)(1) of the United States Social Security Act is applicable to the individuals who received coverage as of December 1, 2009, who are described in Title 22, section 3174-G, subsection 1, paragraph F and who are defined in Section 1905(y)(2) of the United States Social Security Act. Upon receipt of confirmation from the federal Centers for Medicare and Medicaid Services,

the Commissioner of Health and Human Services shall notify in writing the President of the Senate, the Speaker of the House of Representatives and the Revisor of Statutes and shall provide them with a copy of the written confirmation.'

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

SUMMARY

This amendment repeals the expansion of medical coverage under the MaineCare program on December 31, 2016.

This amendment requires the Commissioner of Health and Human Services to provide certain information to the Secretary of the United States Department of Health and Human Services to enable the secretary to make the determination as to the eligibility of the State to obtain an enhanced Federal Medical Assistance Percentage for services for MaineCare members eligible as childless adults. The amendment provides in Part E that until the secretary confirms that the State will get the enhanced reimbursement rate, which is 100% federal Medicaid reimbursement for calendar years 2014, 2015 and 2016 and as further set forth in the federal Patient Protection and Affordable Care Act, for the childless adult population in MaineCare, including persons who were members under that eligibility grouping on December 1, 2009, the expansion of medical coverage under the MaineCare program will not take effect. The amendment requires the commissioner, upon receiving confirmation from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, to notify the President of the Senate, the Speaker of the House of Representatives and the Revisor of Statutes and to provide them with a copy of the written confirmation.

This amendment requires the Office of Fiscal and Program Review to contract with a private, nonpartisan research organization to evaluate the impact of the MaineCare expansion authorized in Part A and changes the reporting entity to the research organization. This amendment adds to the services evaluated under Part C, section 1 the amount of payment for services that hospitals received during calendar years 2014 and 2015 as a result of the expansion of MaineCare eligibility pursuant to Part A, section 3 and any savings and impact on health outcomes achieved through the State Innovation Models Initiative grant. The amendment changes the reporting dates for the reports on General Fund savings in Part C, section 2 to March 1st in 2014 and 2015 and February 15th in 2016, includes in savings any amount credited to the MaineCare Stabilization Fund and extends the years for projecting savings through fiscal year 2020-21. The amendment directs the joint standing committee of the Legislature having jurisdiction over health and human services matters to review the information provided in the reports from the research organization under Part C, section 2 and to determine if the net cost to the General Fund of providing coverage under the MaineCare program to individuals pursuant to Part A, section 3 exceeds the savings to the General Fund, including any amount deposited in the MaineCare Stabilization Fund pursuant to Part C, section 3, due to the expansion of coverage for those individuals.

It adds a new Part E that amends current law on copayments in the MaineCare program. This amendment directs the Department of Health and Human Services to increase copayments for adults with income above 100% of the nonfarm income official poverty line to the maximum allowable under federal law and to increase nominal copayments by the annual percentage increase in the medical care component

of the Consumer Price Index for All Urban Consumers. This amendment directs the department to increase MaineCare copayments for services provided in a hospital emergency room when the services are not emergency services. This amendment requires the department to track aggregate copayments in compliance with federal law.

FISCAL NOTE REQUIRED
(See attached)