

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

Amend the bill by inserting after the enacting clause and before section 1 the following:

PART A

Sec. .

Amend the bill by striking out all of section 3 and inserting the following:

Sec. 3. 22 MRSA §3174-G, sub-§1, ¶H is enacted to read:

H. Beginning January 1, 2016, a person under 65 years of age who is not otherwise eligible for medical assistance under this section, who qualifies for medical assistance pursuant to 42 United States Code, Section 1396a(a)(10)(A)(i)(VIII) and who has income at or below 133% of the nonfarm income official poverty line plus 5% for the applicable family size as required by federal law. A person eligible for medical assistance under this paragraph must receive the same coverage as is provided to a person eligible under paragraph E. The following program requirements and contingencies apply.

(1) Medicaid services provided under this paragraph must be provided within the limits of the state and federal funds provided and allocated for the program budget. Funds budgeted for services under this paragraph must include an annual inflationary adjustment equivalent to the rate of inflation in the Medicaid program.

(2) On a quarterly basis, the commissioner shall determine the fiscal status of program expenditures as a result of expansion under this paragraph and report the fiscal status of the program to the joint standing committees having jurisdiction over health and human services matters and appropriations and financial affairs. A committee reported to may request and receive information necessary to determine the fiscal status of the program.

(3) After the first quarter of fiscal year 2016-17, if the commissioner reasonably anticipates that the cost of the program will exceed the budgeted amount for the population described in this paragraph after considering any administrative changes available that may reduce program cost and all savings achieved and anticipated to be achieved in the MaineCare or state funded-programs as a result of this coverage, the commissioner may terminate the program 90 days after reporting to the joint standing committees having jurisdiction over health and human services matters and appropriations and financial affairs that expenses for services provided under this subsection are anticipated to exceed the appropriated funds.

(4) If the federal medical assistance percentage for individuals eligible under this paragraph is, by federal law, reduced below the amounts specified in 42 United States Code, Section 1396d(y)(1), the commissioner has the authority to terminate the program 90 days after the change is made to the federal law.

The commissioner shall adopt rules pursuant to this paragraph, as necessary, to establish program requirements and to ensure that program expenditures are within the budgeted amounts. Rules adopted pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. Notwithstanding Title 5, section 8054, if it is necessary to meet the requirements set forth in this paragraph, the department shall adopt emergency rules under Title 5, chapter 375 without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health or safety or the general welfare.

PART B

Sec. B-1. Evaluation report. The Office of Fiscal and Program Review, referred to in this section as "the fiscal office," shall study the impact of the MaineCare expansion authorized in the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H on programs and services under this Part 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, 42 United States Code, Section 18001, et seq., 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 fiscal office information and assistance requested for preparation of the evaluation. In evaluating the programs and services under this Part, the fiscal office 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 Title 22, section 254-D; services provided for individuals 21 to 64 years of age who are currently eligible for MaineCare under the medically needy program; services provided under the State's demonstration project waiver under Section 1115 of the United States Social Security Act, 42 United States Code, Section 301, et seq., for individuals with HIV/AIDS; services provided for parents participating in family reunification activities; services provided for disabled individuals 21 to 64 years of age with incomes below 139% of the federal poverty level as defined by the federal Department of Health and Human Services and updated annually in the Federal Register under authority of 42 United States Code, Section 9902(2); services provided to individuals awaiting a MaineCare disability determination who are subsequently determined disabled; 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; and medical services provided to persons in the care and custody of the Department of Corrections or a county correctional facility. The fiscal office also shall examine the amount of payment for services that hospitals received during fiscal years 2015-16 and 2016-17 as a result of the expansion of MaineCare eligibility pursuant to Title 22, section 3174-G, subsection 1, paragraph H.

The fiscal office shall report, no later than February 15, 2016 and February 15, 2017, 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 Title 22, section 3174-G, subsection 1, paragraph H and by the fiscal office pursuant to this section. The reports must include the amount of savings expected and realized during fiscal years 2015-16 and 2016-17 by service area or program, the amount deposited in the MaineCare Stabilization Fund pursuant to section 2 of this Part and the amount of savings projected to be achieved through fiscal year 2020-21 by service area or program.

Sec. B-2. Calculation and transfer. Notwithstanding any other provision of law, the State Budget Officer shall calculate the amount of savings identified in this Part that applies against each General Fund account statewide as a result of the expansion of MaineCare eligibility authorized in the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H and shall transfer the amounts up to the amounts specified in section 4 of this Part by financial order upon the approval of the Governor. These transfers are considered adjustments to appropriations in fiscal year 2015-16 and fiscal year 2016-17. The State Controller shall transfer any amounts identified under this Part greater than the amounts specified in section 4 of this Part to the MaineCare Stabilization Fund established under Title 22, section 3174-KK. The State Budget Officer shall provide a report of the transferred amounts to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs no later than April 30, 2016 for fiscal year 2015-16 and no later than April 30, 2017 for fiscal year 2016-17 and shall submit adjustments to baseline budget requests totaling no less than \$27,000,000 per year to reflect the continuation of the identified savings in the 2017-2018 biennium.

Sec. B-3. Review and responsibility. Following receipt of the reports from the fiscal office as required under section 1 of this Part, 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 the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H exceeds the savings to the General Fund, including any amount deposited in the MaineCare Stabilization Fund pursuant to section 2 of this Part, due to the expansion of coverage for those individuals.

Sec. B-4. Appropriations and allocations. The following appropriations and allocations are made.

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF

Executive Branch Departments and Independent Agencies - Statewide 0017

Initiative: Deappropriates funds on a statewide basis for initial savings to be identified under this Part in existing State programs that result from the expansion of MaineCare eligibility.

GENERAL FUND	2015-16	2016-17
Unallocated	(\$13,000,000)	(\$27,000,000)

GENERAL FUND TOTAL (\$13,000,000) (\$27,000,000)

PART C

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

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)

Medical Care - Payments to Providers 0147

Initiative: Deappropriates and deallocates funds for an adjustment in the MaineCare baseline.

GENERAL FUND	2015-16	2016-17
All Other	(\$6,936,665)	(\$6,936,665)
GENERAL FUND TOTAL	(\$6,936,665)	(\$6,936,665)

Medical Care - Payments to Providers 0147

Initiative: Provides funding for additional medical claims due to expanding medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size.

GENERAL FUND	2015-16	2016-17
All Other	\$12,001,246	\$34,478,786
GENERAL FUND TOTAL	\$12,001,246	\$34,478,786

FEDERAL EXPENDITURES FUND	2015-16	2016-17
All Other	\$205,254,579	\$420,496,553
FEDERAL EXPENDITURES FUND TOTAL	\$205,254,579	\$420,496,553

Office of Family Independence - District 0453

Initiative: Provides Personal Services and All Other funding for 79 Eligibility Specialist positions, 8 Family Independence Unit Supervisor positions and 16 Office Assistant II positions.

GENERAL FUND	2015-16	2016-17
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POSITIONS - LEGISLATIVE COUNT	79.000	79.000
Personal Services	\$1,786,743	\$2,382,324
All Other	\$147,214	\$196,285
GENERAL FUND TOTAL	\$1,933,957	\$2,578,609

OTHER SPECIAL REVENUE FUNDS	2015-16	2016-17
POSITIONS - LEGISLATIVE COUNT	24.000	24.000
Personal Services	\$4,023,188	\$5,364,250
All Other	\$540,422	\$720,560
OTHER SPECIAL REVENUE FUNDS TOTAL	\$4,563,610	\$6,084,810

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)		
DEPARTMENT TOTALS	2015-16	2016-17
GENERAL FUND	\$6,998,538	\$30,120,730
FEDERAL EXPENDITURES FUND	\$205,254,579	\$420,496,553
OTHER SPECIAL REVENUE FUNDS	\$4,563,610	\$6,084,810
DEPARTMENT TOTAL - ALL FUNDS	\$216,816,727	\$456,702,093

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

SUMMARY

This amendment replaces the substantive provisions of the bill, designating as Part A the provision of the bill that expands medical coverage under the Medicaid program to adults under 65 years of age who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size, and qualifies the State to receive enhanced federal funding for the cost of coverage of newly eligible members. It further provides for an annual expenditure cap for services, requiring quarterly expenditure reporting and a mechanism for terminating coverage if it is determined that expenditures will not remain within the cap. It also terminates coverage if the enhanced federal share drops below the amount specified in the federal Patient Protection and Affordable Care Act, 42 United States Code, Section 18001, et seq., as enacted in 2010.

Part B requires the Office of Fiscal and Program Review to study the impact of the MaineCare expansion 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 fiscal office shall report twice, no later than February 15, 2016 and February 15, 2017, respectively, 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. It requires the State Budget Officer to calculate the amount of savings that applies against each General Fund account for all departments and agencies from savings associated with the MaineCare expansion and to transfer the amounts by financial order upon the approval of the Governor. Any remaining savings must be transferred to the MaineCare Stabilization Fund. It adds an appropriations and allocations section.

FISCAL NOTE REQUIRED
(See attached)