

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

Amend the resolve by striking out everything after the title and before the summary and inserting the following:

Sec. 1 Purpose. Resolved: That it is the intent of the Legislature to ensure that all residents of the State have access to and coverage for affordable, quality health care. It is the intent of the Legislature to study the design and implementation of a universal health care plan that complies with the requirements for innovation waivers available to states pursuant to the federal Patient Protection and Affordable Care Act, Public Law 111-148, as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law 111-152, referred to in this resolve as "the Affordable Care Act"; and be it further

Sec. 2 Independent Advisory Committee; membership. Resolved: That the Independent Advisory Committee, referred to in this resolve as "the advisory committee," is established. The advisory committee consists of 11 members appointed as follows.

1. Four members appointed by the President of the Senate:

- A. One member who represents hospitals;
- B. One member who represents health insurance carriers;
- C. One member who has expertise in public health; and
- D. One member who is an independent health benefits advisor;

2. Four members appointed by the Speaker of the House:

- A. One member who represents health care providers;
- B. One member who represents consumers;
- C. One member who represents a consumer-oriented health plan doing business in this State; and
- D. One member who is an expert on health policy; and

3. Three members appointed by the Governor:

- A. The director of the state employee health plan under the Maine Revised Statutes, Title 5, section 285 or the director's designee;
- B. One member who represents a health management coalition; and
- C. One member who represents employers; and be it further

Sec. 3 Chair. Resolved: That the advisory committee shall elect a chair from its members; and be it further

Sec. 4 Appointments; convening of advisory committee. Resolved: That all appointments must be made no later than 30 days following the effective date of this resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. After appointment of all members, the Executive Director of the Legislative Council shall call and convene the first meeting of the advisory committee. If 30 days or more after

the effective date of this resolve a majority of but not all appointments have been made, the Executive Director of the Legislative Council may convene the advisory committee to meet and conduct its business; and be it further

Sec. 5 Consultant; proposal. Resolved: That the advisory committee shall solicit the services of one or more outside consultants to work with the advisory committee to propose at least 3 design options, including implementation plans, for creating a universal system of health care that ensures all residents of the State have access to and coverage for affordable, quality health care services that meet the principles and goals outlined in this resolve. By August 1, 2018, the consultant or consultants shall release a draft of the design options to the public, including the data used by the consultant or consultants to develop the design options, and provide 4 months for public review and the submission of comments on the design options. The consultant or consultants shall review and consider the public comments and revise the draft design options as necessary prior to the final submission to the advisory committee; and be it further

Sec. 6 Design options. Resolved: That the proposal under section 5 must contain the analysis and recommendations as provided for in this section.

1. The proposal must include the following design options:

A. A design for a government-administered and publicly financed universal payer health benefits system that is decoupled from employment, that prohibits insurance coverage for the health services provided by the system and that allows for private insurance coverage of only supplemental health services;

B. A design for a universal health benefits system with integrated delivery of health care and integrated payment systems for all individuals that is centrally administered by State Government or an entity under contract with State Government; and

C. A design for a public health benefit option administered by State Government or an entity under contract with State Government that allows individuals to choose between the public option and private insurance coverage and allows for fair and robust competition among public and private plans.

Additional options may be designed by the consultant or consultants, in consultation with the advisory committee, taking into consideration the parameters described in this section.

Each design option must include sufficient detail to allow the advisory committee to report back to the Legislature to enable the Legislature to consider the adoption of one design and to determine an implementation plan for that design during the First Regular Session of the 129th Legislature, including the submission of any necessary waivers pursuant to federal law.

2. In creating the design options under subsection 1, the consultant or consultants shall review and consider the following fundamental elements:

- A. The findings and reports from previous studies of health care reform in the State, including the December 2002 document titled "Feasibility of a Single-Payer Health Care Model for the State of Maine" produced by Mathematica Policy Research, Inc., and studies and reports provided to the Legislature;
 - B. The State's current health care reform efforts, including the State's innovation model project;
 - C. The health care reform efforts in other states, including any efforts in other states to develop state innovation waivers for universal health coverage plans as an alternative to the Affordable Care Act; and
 - D. The Affordable Care Act; the federal Employee Retirement Income Security Act of 1974, as amended; and the Medicare program, the Medicaid program and the State Children's Health Insurance Program under Titles XVIII, XIX and XXI, respectively, of the federal Social Security Act.
3. The design options under subsection 1 must maximize federal funds to support the system and be composed of the following components:
- A. A payment system for health services that includes one or more packages of health services providing for the integration of physical and mental health services; budgets, payment methods and a process for determining payment amounts; and cost-reduction and cost-containment mechanisms and that is aligned with the State's innovation model project to advance delivery system and payment reform initiatives already in place throughout the State and that is consistent with the terms and conditions of any federal grant awarded to the State's innovation model project;
 - B. Coordinated regional delivery systems;
 - C. Health system planning and regulation and public health;
 - D. Financing and estimated costs, including federal financing. The design options must provide:
 - (1) An estimate of the total costs of the design options, including any additional costs for providing access to and coverage for health services to the uninsured and underinsured, any estimated costs necessary to build a new system and any estimated savings from implementing a single system;
 - (2) Financing proposals for sustainable revenue, including by maximizing federal revenues, or reductions from existing health care programs, services, state agencies or other sources necessary for funding the cost of the new system;
 - (3) A proposal to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to waive provisions of Titles XVIII, XIX and XXI of the federal Social Security Act, if necessary, to align the federal programs with the proposals contained within the design option in order to maximize federal funds or to promote the simplification of administration, cost containment or promotion of health care reform initiatives; and
 - (4) A proposal to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to waive provisions of the Affordable Care Act, if necessary, to implement the proposals contained within the design options in order to maximize federal funds;

E. A method to address compliance of the proposed design option with federal law. Unless specifically authorized by federal law, the proposed design options must provide coverage supplemental to coverage available under the Medicare program of the federal Social Security Act, Title XVIII and the federal TRICARE program, 10 United States Code, Chapter 55;

F. A benefit package or packages of health services that meet the requirements of the Affordable Care Act and provide for the integration of physical and mental health care, including access to and coverage for primary care, preventive care, chronic care, acute episodic care, palliative care, hospice care, hospital services, prescription drugs and mental health and substance abuse services;

G. A method for administering payment for health services, which may include administration by a government agency, under an open bidding process soliciting bids from insurance carriers or 3rd-party administrators, through a private nonprofit insurer or 3rd-party administrator, through private insurers or from a combination thereof;

H. Enrollment processes;

I. Integration of pharmacy best practices and cost control programs and other mechanisms to promote evidence-based prescribing, clinical efficacy and cost containment, such as a single statewide preferred drug list, prescriber education or utilization reviews;

J. Appeals processes for decisions made by entities or agencies administering coverage for health services;

K. A recommendation for budgets and payment methods and a process for determining payment amounts. Payment methods for mental health services must be consistent with mental health parity. The design options must consider:

(1) Recommending a global health care budget when it is appropriate to ensure cost containment by a health care facility, a health care provider, a group of health care professionals or a combination thereof. Any recommendation must include a process for developing a global health care budget, including circumstances under which an entity may seek an amendment of its budget;

(2) Payment methods to be used for each health care sector that are aligned with the goals of this section and provide for cost containment, provision of high-quality, evidence-based health services in a coordinated setting, patient self-management and healthy lifestyles; and

(3) What process or processes are appropriate for determining payment amounts with the intent to ensure reasonable payments to health care professionals and providers and to eliminate the shift of costs between the payers of health services by ensuring that the amount paid to health care professionals and providers is sufficient. Payment amounts must be sufficient to provide reasonable access to health services, provide sufficient uniform payments to health care professionals and assist in creating financial stability for health care professionals. Payment amounts for mental health services must be consistent with mental health parity;

L. Cost-reduction and cost-containment mechanisms and oversight mechanisms to ensure accountability and transparency of all financial transactions;

M. A regional health system that ensures that the delivery of health services to the citizens of the State is coordinated in order to improve health outcomes, improve the efficiency of the health system and improve patients' experiences of health services; and

N. An overall approach to funding that is broad-based to ensure financial stability.

4. The proposal must include a method to address compliance of the proposed design options under subsection 1 with federal law, if necessary, including the Affordable Care Act; the federal Employee Retirement Income Security Act of 1974, referred to in this subsection as "ERISA"; and Titles XVIII, XIX and XXI of the federal Social Security Act. In the case of ERISA, the consultant or consultants may propose a strategy to seek an ERISA exemption from the United States Congress if necessary for the design options.

5. The proposal must include an analysis of:

A. The impact of the design options on the State's current private and public insurance system;

B. The expected net fiscal impact;

C. The impact of the design options on the State's economy;

D. The benefits and drawbacks of alternative timing for the implementation of the designs, including the sequence and rationale for the phasing in of the major components; and

E. The benefits and drawbacks of the design options and of not changing the current system; and be it further

Sec. 7 Additional staff assistance. Resolved: That, upon request, the Department of Health and Human Services and the Department of Professional and Financial Regulation, Bureau of Insurance shall provide any additional staffing assistance to the advisory committee to ensure the advisory committee and its consultant or consultants have the information necessary to create the design options required by this resolve; and be it further

Sec. 8 Report. Resolved: That, the advisory committee shall submit progress reports no later than January 1, 2016 and January 1, 2017 to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters on the status of the work of the advisory committee and its consultant or consultants pursuant to this resolve. No later than December 5, 2018, the advisory committee shall submit a final report that includes findings and recommendations, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters. The joint standing committee of the Legislature having jurisdiction over insurance and financial services matters may report out a bill to the First Regular Session of the 129th Legislature based on the report that adopts one of the design options proposed under section 6 and establishes an implementation plan; and be it further

Sec. 9 Funding; sources. Resolved: That the advisory committee shall apply for and receive funds, grants or contracts from public and private sources to support its activities up to a maximum amount of \$300,000. No General Fund appropriations may be used to support its activities. Contributions to support the work of the advisory committee may not be accepted from any party having a pecuniary or other vested interest in the outcome of the matters being studied. Any person, other than a state agency, desiring to make a financial or in-kind contribution shall certify to the Legislative Council that

it has no pecuniary or other vested interest in the outcome of the advisory committee's activities. Such a certification must be made in the manner prescribed by the Legislative Council. All contributions are subject to approval by the Legislative Council. All funds accepted must be forwarded to the Executive Director of the Legislative Council along with an accounting record that includes the amount of the funds, the date the funds were received, from whom the funds were received and the purpose of and any limitation on the use of those funds. The Executive Director of the Legislative Council shall administer any funds received by the advisory committee; and be it further

Sec. 10 Appropriations and allocations. Resolved: That the following appropriations and allocations are made.

LEGISLATURE

Study Commissions - Funding 0444

Initiative: Provides allocations for any funds received to support the work of the Independent Advisory Committee, including the costs of one or more consultants to study and propose design options for creating a universal system of health care in the State.

OTHER SPECIAL REVENUE FUNDS	2015-16	2016-17
All Other	\$5,000	\$295,000
OTHER SPECIAL REVENUE FUNDS TOTAL	\$5,000	\$295,000

SUMMARY

This amendment is the majority report of the committee and replaces the resolve.

As in the resolve, the amendment expresses the Legislature's intent that all Maine residents have access to and coverage for affordable, quality health care.

1. The amendment establishes the Independent Advisory Committee with 11 members to solicit and oversee the services of one or more consultants to propose design options for creating a universal system of health care in the State. The amendment requires the consultant or consultants to draft design options by August 1, 2018. Following a public comment period, the amendment requires the advisory committee to submit a final report proposing adoption of one of the design options to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters by December 5, 2018. The joint standing committee of the Legislature having jurisdiction over insurance and financial services matters may report out a bill based on the advisory committee's report to the First Regular Session of the 129th Legislature. Preliminary progress reports must be filed by the advisory committee by January 1, 2016 and January 1, 2017.

2. The amendment requires the Independent Advisory Committee to apply for and receive funds from public and private sources to support its activities up to a maximum amount of \$300,000.

3. The amendment also adds an appropriations and allocations section.

FISCAL NOTE REQUIRED
(See attached)