

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 in section 1 in paragraph B in the 4th line (page 1, line 7 in L.D.) by striking out the following: "325%" and inserting the following: '300%'

Amend the bill in section 2 in paragraph D in the 4th line (page 1, line 17 in L.D.) by striking out the following: "325%" and inserting the following: '300%'

Amend the bill in section 3 in §3174-T in subsection 2 in paragraph A in the 2nd line (page 1, line 39 in L.D.) by striking out the following: "325%" and inserting the following: '300%'

Amend the bill in section 3 in §3174-T in subsection 2 by striking out all of paragraph F (page 3, lines 26 and 27 in L.D.)

Amend the bill in section 3 in §3174-T by striking out all of subsections 2-A and 2-B (page 3, lines 28 to 41 in L.D.)

Amend the bill in section 3 in §3174-T in subsection 7 by striking out all of the last sentence (page 5, lines 16 to 18 in L.D.)

Amend the bill by striking out all of sections 4 to 6 (page 6, lines 18 to 43 and page 7, lines 1 to 6 in L.D.) and inserting the following:

**‘Sec. 4. Federal funding for outreach activities.** The Department of Health and Human Services shall apply for federal grant funds available for use for outreach activities as required in the Maine Revised Statutes, Title 22, section 3174-T, subsection 7. These funds must be used to supplement the 2% funding and may not supplant that funding.

**Sec. 5. Federal Medicaid waivers or state plan amendments; eligibility.** The Department of Health and Human Services shall submit any waivers or state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services determined necessary in order to accomplish the purposes of this Act, including but not limited to removing the requirement that premiums be paid and removing the requirement that children are subject to the 3-month waiting period for enrollment in the Cub Care program following the loss of health insurance or coverage under an employer-based plan.

**Sec. 6. Appropriations and allocations.** The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

**Medical Care - Payments to Providers 0147**

Initiative: Provides appropriations and allocations due to adjustment of the eligibility requirements in the Children's Health Insurance Program.

**GENERAL FUND**  
All Other

**2019-20**  
\$1,585,983

**2020-21**  
\$5,159,028

GENERAL FUND TOTAL	\$1,585,983	\$5,159,028
<b>FEDERAL BLOCK GRANT FUND</b>	<b>2019-20</b>	<b>2020-21</b>
All Other	\$9,873,431	\$17,759,799
FEDERAL BLOCK GRANT FUND TOTAL	\$9,873,431	\$17,759,799

**Sec. 7. Contingent repeal.** The repeal of the Maine Revised Statutes, Title 22, section 3174-T, subsection 2, paragraph C, subparagraph (5) and section 3174-T, subsections 5 and 12 take effect only if the Department of Health and Human Services receives approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to remove premium and waiting period requirements for health coverage for low-income children under the Cub Care program established in Title 22, section 3174-T, subsection 1. The Commissioner of Health and Human Services, upon receipt of approval, shall notify the Secretary of State, the President of the Senate, the Speaker of the House of Representatives and the Revisor of Statutes that such approval has been received.’

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

## SUMMARY

This amendment, which is the majority report of the committee, makes the following changes to the bill.

1. It changes the maximum eligibility level for family income from 325% of the federal poverty level to 300% of the federal poverty level.
2. It directs the Department of Health and Human Services to submit any waivers or state plan amendments to accomplish the eligibility criteria established in this legislation, including but not limited to removing the 3-month waiting period for enrollment in the Cub Care program following the loss of health insurance or coverage under an employer-based plan.
3. It removes the provision that eligibility is not subject to an asset test because current rules do not make eligibility subject to an asset test.
4. It removes the requirement to provide coverage to persons 19 and 20 years of age and to noncitizens under 21 years of age.
5. It removes the requirement that the department contract for outreach activities and removes the reference to specific federal grant funds the department must seek for additional outreach activities.
6. It removes the requirement for the department to submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the use of the express lane eligibility option.

7. It makes the repeal of the waiting period and premium payment requirements under the Cub Care program contingent on the approval of a waiver of those requirements by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

8. It also adds an appropriations and allocations section.

**FISCAL NOTE REQUIRED**

**(See attached)**