

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 A in the first line (page 1, line 4 in L.D.) by striking out the following: "12" and inserting the following: '6'

Amend the bill in section 2 in paragraph G in subparagraph (1) in the first line (page 1, line 11 in L.D.) by striking out the following: "12" and inserting the following: '6'

Amend the bill by inserting after section 2 the following:

Sec. 3. Federal Medicaid waivers or state plan amendments; cost neutrality. The Department of Health and Human Services shall, no later than January 1, 2021, submit requests for 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. The department shall take all reasonable and necessary steps to seek approval of the waiver or state plan amendment. The department shall demonstrate cost neutrality in the waiver or state plan amendment, including, but not limited to, using savings from premium tax credits on health insurance obtained through the health insurance marketplace for which MaineCare members receiving services under this Act would be eligible, savings on limited family planning coverage and any other source of savings.

Sec. 4. Funding. In order to implement those sections of this Act that amend the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraphs A and G, if the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services does not grant a waiver or state plan amendment under section 3, the Department of Health and Human Services shall use federal funds first, if allowable under federal law, and then shall use the General Fund.

Sec. 5. Rulemaking. Within 180 days of receiving a decision regarding coverage by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services pursuant to a request in accordance with section 3, the Department of Health and Human Services shall adopt rules to implement the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraphs A and G. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. Upon adoption of the rules, the Commissioner of Health and Human Services shall notify the Secretary of State, the Secretary of the Senate, the Clerk of the House of Representatives and the Revisor of Statutes.

Sec. 6. Report. The Department of Health and Human Services shall report quarterly to the joint standing committee of the Legislature having jurisdiction over health and human services matters, beginning April 1, 2021, on the department's progress in seeking a waiver or state plan amendment under section 3 until the process is complete. The joint standing committee of the Legislature having jurisdiction over health and human services matters is authorized to report out a bill to the Legislature regarding each report.

Sec. 7. Effective date. Those sections of this Act that amend the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraphs A and G take effect upon the adoption of rules pursuant to section 5.'

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

SUMMARY

This amendment, which is the unanimous report of the committee, amends the bill to provide that the period of time following delivery of a baby for which a woman may be eligible for services under MaineCare is 6 months. The amendment directs the Department of Health and Human Services to submit a waiver or state plan amendment request no later than January 1, 2021 to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the provisions of this legislation that extend MaineCare coverage to a woman following delivery of a baby from 60 days to 6 months. The department is required to take all reasonable and necessary steps to seek approval of the waiver or state plan amendment. In the event the waiver or state plan amendment is not granted, the department is directed to implement the coverage provisions using federal funds, if allowable, and then using the General Fund. Upon approval or denial of the waiver or state plan amendment, the department is directed to adopt rules no later than 180 days after the decision of the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. The department is required to report on a quarterly basis beginning April 1, 2021 to the joint standing committee of the Legislature having jurisdiction over health and human services matters its progress in seeking a waiver or state plan amendment until the decision by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services has been made. The committee is authorized to report out legislation related to each report.