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Date: (Filing No. H- )

**HEALTH AND HUMAN SERVICES**

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
131ST LEGISLATURE  
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 197, L.D. 299, “An Act to Amend the Laws Regarding Health and Human Services”

Amend the bill by striking out the title and substituting the following:

**'An Act to Correct Language Related to Medicaid Coverage for Children'**

Amend the bill by striking out everything after the enacting clause and inserting the following:

**'Sec. 1. 22 MRSA §2127, sub-§2, ¶E,** as corrected by RR 2021, c. 2, Pt. A, §59, is amended to read:

E. Implement a patient screening process to determine patient eligibility for Medicaid, the ~~Cub Care program~~ Children's Health Insurance Program under section 3174-T and the sliding fee scale; and

**Sec. 2. 22 MRSA §2127, sub-§6,** as corrected by RR 2021, c. 2, Pt. A, §60, is amended to read:

**6. Coordination with Medicaid and the Cub Care program.** The department shall coordinate assistance under this chapter with Medicaid and the ~~Cub Care program~~ Children's Health Insurance Program under section 3174-T in a manner most likely to obtain and maximize federal matching funds.

**Sec. 3. 22 MRSA §3173-K, first ¶,** as enacted by PL 2023, c. 31, §1, is amended to read:

To promote public health and the health of MaineCare members, the department may authorize standing orders for the dispensing of vaccines as described in Title 32, section 13831 and nonprescription drugs as defined in Title 32, section 13702-A, subsection 20 that support access to preventive care and medically necessary services for Medicaid recipients as defined in section 3172, subsection 3; participants in the state-funded medical program for noncitizens under section 3174-FFF; elderly low-cost drug program enrollees as defined in section 254-D, subsection 1, paragraph B; qualified residents as defined in

**COMMITTEE AMENDMENT**

1 section 2681, subsection 2, paragraph F; and persons receiving benefits under the ~~Cub-Care~~  
2 ~~program~~ Children's Health Insurance Program under section 3174-T.

3 **Sec. 4. 22 MRSA §3174-B, sub-§3**, as enacted by PL 1999, c. 731, Pt. AA, §2, is  
4 amended to read:

5 **3. Monthly expenditure projections.** The commissioner shall prepare a monthly  
6 report detailing all expenditures in the Medical Care - Payments to Providers program for  
7 each month of every fiscal year. This document must include sufficient detail, including  
8 expenditures by fund and category of service, for the month as well as historical data, fiscal  
9 year-to-date amounts and projections for the remainder of the biennium and the ensuing  
10 biennium. The report also must include monthly statistics on the number of individuals  
11 eligible for Medicaid and ~~Cub-Care~~ Children's Health Insurance Program benefits. The  
12 report must be submitted to the joint standing committees of the Legislature having  
13 jurisdiction over appropriations and financial affairs and health and human services matters  
14 no later than 15 days following the end of each month.

15 **Sec. 5. 22 MRSA §3174-G, sub-§1, ¶B**, as amended by PL 2021, c. 635, Pt. CCC,  
16 §1, is further amended to read:

17 B. ~~An infant~~ A person under ~~one year~~ 21 years of age when the ~~infant's~~ person's family  
18 income is equal to or below ~~200%~~ 300% of the nonfarm income official poverty line,  
19 ~~except that the department may adopt a rule that provides that infants in families with~~  
20 ~~income over 185% and equal to or below 300% of the nonfarm income official poverty~~  
21 ~~line who meet the eligibility requirements of the Cub-Care program established under~~  
22 ~~section 3174-T are eligible to participate in the Cub-Care program instead of Medicaid.~~  
23 Rules adopted pursuant to this paragraph are routine technical rules as defined in Title  
24 5, chapter 375, subchapter 2-A;

25 **Sec. 6. 22 MRSA §3174-G, sub-§1, ¶D**, as amended by PL 2021, c. 635, Pt. CCC,  
26 §2, is repealed.

27 **Sec. 7. 22 MRSA §3174-G, sub-§1, ¶E**, as amended by PL 2011, c. 477, Pt. Z,  
28 §1, is further amended to read:

29 E. On or before September 30, 2012, the parent or caretaker relative of a child  
30 described in paragraph B ~~or D~~ when the child's family income is equal to or below  
31 200% of the nonfarm income official poverty line, subject to adjustment by the  
32 commissioner under this paragraph and, beginning October 1, 2012, the parent or  
33 caretaker relative of a child described in paragraph B ~~or D~~ when the child's family  
34 income is equal to or below 133% of the nonfarm income official poverty line, subject  
35 to adjustment by the commissioner under this paragraph. Medicaid services provided  
36 under this paragraph must be provided within the limits of the program budget. Funds  
37 appropriated for services under this paragraph must include an annual inflationary  
38 adjustment equivalent to the rate of inflation in the Medicaid program. On a quarterly  
39 basis, the commissioner shall determine the fiscal status of program expenditures under  
40 this paragraph. If the commissioner determines that expenditures will exceed the funds  
41 available to provide Medicaid coverage pursuant to this paragraph, the commissioner  
42 must adjust the income eligibility limit for new applicants to the extent necessary to  
43 operate the program within the program budget. If, after an adjustment has occurred  
44 pursuant to this paragraph, expenditures fall below the program budget, the

1 commissioner must raise the income eligibility limit to the extent necessary to provide  
2 services to as many eligible persons as possible within the fiscal constraints of the  
3 program budget, as long as on or before September 30, 2012 the income limit does not  
4 exceed 200% of the nonfarm income official poverty line and, beginning October 1,  
5 2012, the income limit does not exceed 133% of the nonfarm income official poverty  
6 line;

7 **Sec. 8. 22 MRSA §3174-G, sub-§1, ¶E**, as amended by PL 2011, c. 657, Pt. Z, §1  
8 and affected by §2, is further amended to read:

9 E. On or before September 30, 2012, the parent or caretaker relative of a child  
10 described in paragraph B ~~or D~~ when the child's family income is equal to or below  
11 200% of the nonfarm income official poverty line, subject to adjustment by the  
12 commissioner under this paragraph and, beginning October 1, 2012, the parent or  
13 caretaker relative of a child described in paragraph B ~~or D~~ when the child's family  
14 income is equal to or below 100% of the nonfarm income official poverty line.  
15 Medicaid services provided under this paragraph must be provided within the limits of  
16 the program budget. Funds appropriated for services under this paragraph must include  
17 an annual inflationary adjustment equivalent to the rate of inflation in the Medicaid  
18 program. On a quarterly basis, the commissioner shall determine the fiscal status of  
19 program expenditures under this paragraph. If the commissioner determines that  
20 expenditures will exceed the funds available to provide Medicaid coverage pursuant to  
21 this paragraph, the commissioner must adjust the income eligibility limit for new  
22 applicants to the extent necessary to operate the program within the program budget.  
23 If, after an adjustment has occurred pursuant to this paragraph, expenditures fall below  
24 the program budget, the commissioner must raise the income eligibility limit to the  
25 extent necessary to provide services to as many eligible persons as possible within the  
26 fiscal constraints of the program budget, as long as on or before September 30, 2012  
27 the income limit does not exceed 200% of the nonfarm income official poverty line;

28 **Sec. 9. 22 MRSA §3174-G, sub-§1-D**, as enacted by PL 2007, c. 539, Pt. NNN,  
29 §1, is amended to read:

30 **1-D. Enrollment fee.** The department may assess an annual enrollment fee of \$25 for  
31 participation in the MaineCare program for a family including a parent or caretaker relative  
32 of a child described in subsection 1, paragraph B ~~or D~~ when the family's income exceeds  
33 150% of the nonfarm income official poverty line.

34 **Sec. 10. 22 MRSA §3174-G, sub-§4**, as enacted by PL 2019, c. 485, §2, is  
35 amended to read:

36 **4. Transitional Medicaid.** The department shall administer a program of transitional  
37 Medicaid to families receiving benefits under Section 1931 of the federal Social Security  
38 Act in accordance with 42 United States Code, Section 1396r-6 and this subsection. The  
39 amount, duration and scope of services provided under this subsection must be the same as  
40 that provided to a parent or caretaker relative of a child described in subsection 1, paragraph  
41 B ~~or D~~.

42 A. The department shall provide transitional Medicaid for a 12-month extension period  
43 in accordance with 42 United States Code, Section 1396r-6, Subsection (a), Paragraph  
44 (5) to families whose eligibility for Medicaid assistance terminated due to an increase

1 in earned income, an increase in hours of employment or a loss of a time-limited  
2 earnings disregard.

3 B. The department shall provide transitional Medicaid for 4 months to families whose  
4 eligibility for Medicaid assistance terminated due to an increase in the amount of child  
5 support received by the family.

6 **Sec. 11. 22 MRSA §3174-T**, as amended by PL 2023, c. 405, Pt. A, §62, is further  
7 amended to read:

8 **§3174-T. ~~Cub-Care program~~ Children's Health Insurance Program**

9 **1. Program established.** The ~~Cub-Care program~~ Children's Health Insurance Program  
10 is established to provide health coverage for low-income children who are ineligible for  
11 benefits under the Medicaid program and who meet the requirements of subsection 2 ~~or~~  
12 ~~2-A~~. The purpose of the ~~Cub-Care program~~ Children's Health Insurance Program is to  
13 provide health coverage to as many children as possible within the fiscal constraints of the  
14 program budget and without forfeiting any federal funding that is available to the State for  
15 the State Children's Health Insurance Program through the federal Balanced Budget Act of  
16 1997, Public Law 105-33, 111 Stat. 251, referred to in this section as the Balanced Budget  
17 Act of 1997.

18 **2. Eligibility; enrollment.** Health coverage under the ~~Cub-Care program~~ Children's  
19 Health Insurance Program is available to children under 19 years of age whose family  
20 income is above the eligibility level for Medicaid under section 3174-G and below the  
21 maximum eligibility level established under paragraphs A and B and who meet the  
22 requirements set forth in paragraph C.

23 A. The maximum eligibility level, subject to adjustment by the commissioner under  
24 paragraph B, is 300% of the nonfarm income official poverty line department may  
25 adopt rules regarding federal funding of the program within federal guidelines up to  
26 the maximum eligibility levels described under section 3174-G.

27 B. If the commissioner has determined the fiscal status of the ~~Cub-Care program~~  
28 Children's Health Insurance Program under subsection 8 and has determined that an  
29 adjustment in the maximum eligibility level is required under this paragraph, the  
30 commissioner shall adjust the maximum eligibility level in accordance with the  
31 requirements of this paragraph.

32 (1) The adjustment must accomplish the purposes of the ~~Cub-Care program~~  
33 Children's Health Insurance Program set forth in subsection 1.

34 (3) If ~~Cub-Care program~~ Children's Health Insurance Program expenditures are  
35 reasonably anticipated to fall below the program budget, the commissioner shall  
36 raise the maximum eligibility level set in paragraph A to the extent necessary to  
37 provide coverage to as many children as possible within the fiscal constraints of  
38 the program budget. If ~~Cub-Care program~~ Children's Health Insurance Program  
39 expenditures are reasonably anticipated to exceed the program budget after raising  
40 the maximum eligibility level pursuant to this subparagraph, the commissioner  
41 may lower the maximum eligibility level ~~to the level established in paragraph A.~~

42 (4) The commissioner shall give at least 30 days' notice of the proposed change in  
43 maximum eligibility level to the joint standing committee of the Legislature having  
44 jurisdiction over appropriations and financial affairs and the joint standing

1 committee of the Legislature having jurisdiction over health and human services  
2 matters.

3 C. All children resident in the State are eligible except a child who:

4 (1) Is eligible for coverage under the Medicaid program;

5 (2) Is covered under a group health insurance plan or under health insurance, as  
6 defined in Section 2791 of the federal Public Health Service Act, 42 United States  
7 Code, Section 300gg(c) (Supp. 1997); or

8 (4) Is ~~an inmate~~ a resident in a public institution or a patient in an institution for  
9 mental diseases.

10 (5) Within the 3 months prior to application for coverage under the ~~Cub-Care~~  
11 ~~program~~ Children's Health Insurance Program, was insured or otherwise provided  
12 coverage under an employer-based health plan for which the employer paid 50%  
13 or more of the cost for the child's coverage, except that this subparagraph does not  
14 apply if:

15 (a) The cost to the employee of coverage for the family exceeds 10% of the  
16 family's income;

17 (b) The parent lost coverage for the child because of a change in employment,  
18 termination of coverage under the Consolidated Omnibus Budget  
19 Reconciliation Act of 1985, COBRA, of the Employee Retirement Income  
20 Security Act of 1974, as amended, 29 United States Code, Sections 1161 to  
21 1168 (Supp. 1997) or termination for a reason not in the control of the  
22 employee; or

23 (c) The department has determined that grounds exist for a good-cause  
24 exception.

25 D. Notwithstanding changes in the maximum eligibility level determined under  
26 paragraph B, the following requirements apply to enrollment and eligibility:

27 (1) Children must be enrolled for 12-month enrollment periods. Prior to the end  
28 of each 12-month enrollment period the department shall redetermine eligibility  
29 for continuing coverage; and

30 (2) Children of higher family income may not be covered unless children of lower  
31 family income are also covered. This subparagraph may not be applied to  
32 disqualify a child during the 12-month enrollment period. Children of higher  
33 family income may be disqualified at the end of the 12-month enrollment period if  
34 the commissioner has lowered the maximum eligibility level under paragraph B.

35 E. Coverage under the ~~Cub-Care program~~ Health Insurance Purchase Option of the  
36 Children's Health Insurance Program may be purchased for children under 19 years of  
37 age described in subparagraphs (1) and (2) for a period of up to 18 months as provided  
38 in this paragraph at a premium level that is revenue neutral and that covers the cost of  
39 the benefit and a contribution toward administrative costs no greater than the maximum  
40 level allowable under the Consolidated Omnibus Budget Reconciliation Act of 1985,  
41 COBRA, of the Employee Retirement Income Security Act of 1974, as amended, 29  
42 United States Code, Sections 1161 to 1168 (Supp. 1997). The department shall adopt

1 rules to implement this paragraph. The following children are eligible to enroll under  
2 this paragraph:

3 (1) A child who is enrolled under paragraph A or B and whose family income at  
4 the end of the child's 12-month enrollment term exceeds the maximum allowable  
5 income set in that paragraph; and

6 (2) A child who is enrolled in the Medicaid program and whose family income  
7 exceeds the limits of that program. The department shall terminate Medicaid  
8 coverage for a child who enrolls in the ~~Cub-Care program~~ Children's Health  
9 Insurance Program under this subparagraph.

10 F. The department may not apply an asset test to a child or child's family when the  
11 child is otherwise eligible for the ~~Cub-Care program~~ Children's Health Insurance  
12 Program under this section.

13 ~~**2-A. Persons 19 and 20 years of age.** Health coverage under the Cub-Care program~~  
14 ~~is available to a person 19 or 20 years of age whose family income is above the eligibility~~  
15 ~~level for Medicaid under section 3174-G and below the maximum eligibility level~~  
16 ~~established under subsection 2, paragraphs A and B and who meets the requirements set~~  
17 ~~forth in subsection 2, paragraph C. All the requirements of eligibility, program~~  
18 ~~administration, benefit delivery and outreach established in this section apply to persons~~  
19 ~~19 and 20 years of age.~~

20 **3. Program administration; benefit design.** With the exception of any requirements  
21 imposed under this section, the ~~Cub-Care program~~ Children's Health Insurance Program  
22 must be integrated with the Medicaid program and administered with it in one  
23 administrative structure within the department, with the same enrollment and eligibility  
24 processes, benefit package and outreach and in compliance with the same laws and policies  
25 as the Medicaid program, except when those laws and policies are inconsistent with this  
26 section and the Balanced Budget Act of 1997. The department shall adopt and promote a  
27 simplified eligibility form and eligibility process.

28 **4. Benefit delivery.** The ~~Cub-Care program~~ Children's Health Insurance Program  
29 must use, but is not limited to, the same benefit delivery system as the Medicaid program,  
30 providing benefits through the same health plans, contracting process and providers.  
31 Copayments and deductibles may not be charged for benefits provided under the program.

32 **5. Premium payments.** Premiums must be paid in accordance with this subsection.

33 A. Premiums must be paid at the beginning of each month for coverage for that month  
34 according to the following scale:

35 (1) Families with incomes between 150% and 160% of the federal nonfarm income  
36 official poverty line pay premiums of 5% of the benefit cost per child, but not more  
37 than 5% of the cost for 2 children;

38 (2) Families with incomes between 160% and 170% of the federal nonfarm income  
39 official poverty line pay premiums of 10% of the benefit cost per child, but not  
40 more than 10% of the cost for 2 children;

41 (3) Families with incomes between 170% and 185% of the federal nonfarm income  
42 official poverty line must pay premiums of 15% of the benefit cost per child, but  
43 not more than 15% of the cost for 2 children; and

1 (4) Families with incomes between 185% and 200% of the federal nonfarm income  
2 official poverty line must pay premiums of 20% of the benefit cost per child, but  
3 not more than 20% of the cost for 2 children.

4 B. When a premium is not paid at the beginning of a month, the department shall give  
5 notice of nonpayment at that time and again at the beginning of the 6th month of the 6-  
6 month enrollment period if the premium is still unpaid, and the department shall  
7 provide an opportunity for a hearing and a grace period in which the premium may be  
8 paid and no penalty will apply for the late payment. If a premium is not paid by the  
9 end of the grace period, coverage must be terminated unless the department has  
10 determined that waiver of premium is appropriate under paragraph D. The grace period  
11 is determined according to this paragraph.

12 (1) If nonpayment is for the first, 2nd, 3rd, 4th or 5th month of the 6-month  
13 enrollment period, the grace period is equal to the remainder of the 6-month  
14 enrollment period.

15 (2) If nonpayment is for the 6th month of the 6-month enrollment period, the grace  
16 period is equal to 6 weeks.

17 C. A child whose coverage under the ~~Cub-Care program~~ Children's Health Insurance  
18 Program has been terminated for nonpayment of premium and who has received  
19 coverage for a month or longer without premium payment may not reenroll until after  
20 a waiting period that equals the number of months of coverage under the ~~Cub-Care~~  
21 ~~program~~ Children's Health Insurance Program without premium payment, not to  
22 exceed 3 months.

23 D. The department shall adopt rules allowing waiver of premiums for good cause.

24 **6. Incentives.** In the contracting process for the ~~Cub-Care program~~ Children's Health  
25 Insurance Program and the Medicaid program, the department shall create incentives to  
26 reward health plans that contract with school-based clinics, community health centers and  
27 other community-based programs.

28 **7. Administrative costs.** The department shall budget 2% of the costs of the ~~Cub-Care~~  
29 ~~program~~ Children's Health Insurance Program for outreach activities. After the first 6  
30 months of the program and to the extent that the program budget allows, the department  
31 may expend up to 3% of the program budget on activities to increase access to health care.  
32 In addition, the department shall apply for additional federal funds available for Medicaid  
33 outreach activities. The goal of outreach activities under this subsection is to enroll 100%  
34 of children eligible for the ~~Cub-Care program~~ Children's Health Insurance Program or the  
35 MaineCare program.

36 **8. Quarterly determination of fiscal status; reports.** On a quarterly basis, the  
37 commissioner shall determine the fiscal status of the ~~Cub-Care program~~ Children's Health  
38 Insurance Program, determine whether an adjustment in maximum eligibility level is  
39 required under subsection 2, paragraph B and report to the joint standing committee of the  
40 Legislature having jurisdiction over appropriations and financial affairs and the joint  
41 standing committee of the Legislature having jurisdiction over health and human services  
42 matters on the following matters:

43 A. Enrollment approvals, denials, terminations, reenrollments, levels and projections.  
44 With regard to denials, the department shall gather data from a statistically significant

1 sample and provide information on the income levels of children who are denied  
2 eligibility due to family income level;

3 B. ~~Cub-Care program~~ Children's Health Insurance Program expenditures, expenditure  
4 projections and fiscal status;

5 C. Proposals for increasing or decreasing enrollment consistent with subsection 2,  
6 paragraph B;

7 D. Proposals for enhancing the ~~Cub-Care program~~ Children's Health Insurance  
8 Program;

9 E. Any information the department has from the ~~Cub-Care program~~ Children's Health  
10 Insurance Program or from the Department of Professional and Financial Regulation,  
11 Bureau of Insurance or the Department of Labor on employer health coverage and  
12 insurance coverage for low-income children;

13 F. The use of and experience with the ~~purchase option~~ Health Insurance Purchase  
14 Option under subsection 2, paragraph E; and

15 G. ~~Cub-Care program~~ Children's Health Insurance Program administrative costs.

16 **9. Provisions applicable to federally recognized Indian tribes.** After consultation  
17 with federally recognized Indian nations, tribes or bands of Indians in the State, the  
18 commissioner shall adopt rules regarding eligibility and participation of children who are  
19 members of a nation, tribe or band, consistent with Title 30, section 6211, in order to best  
20 achieve the goal of providing access to health care for all qualifying children within  
21 program requirements, while using all available federal funds.

22 **10. Rulemaking.** The department shall adopt rules in accordance with Title 5, chapter  
23 375 as required to implement this section. Rules adopted pursuant to this subsection are  
24 routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.

25 **11. ~~Cub-Care~~ Children's Health Insurance Program drug rebate program**  
26 **agreement.** Effective October 1, 1999, the department shall enter into a drug rebate  
27 agreement with each manufacturer of prescription drugs that results in a rebate equal to that  
28 which would be achieved under the federal Social Security Act, Section 1927.

29 **12. Premium rate review; adjustment.** Effective July 1, 2004, the department shall  
30 periodically evaluate the amount of premiums charged under this section to ensure that the  
31 premiums charged reflect the most current benefit cost per child. The commissioner shall  
32 adjust the premiums by rule. Rules adopted pursuant to this subsection are routine technical  
33 rules as defined in Title 5, chapter 375, subchapter 2-A.

34 **Sec. 12. 22 MRSA §3174-U**, as enacted by PL 1999, c. 301, §1, is amended to read:

35 **§3174-U. Medicaid reimbursement for dental services**

36 The department shall conduct an annual review of the adequacy of reimbursement rates  
37 for dental services for dentists who provide care for a disproportionate number of patients  
38 whose care is reimbursed through the Medicaid program and the ~~Cub-Care program~~  
39 Children's Health Insurance Program established in section 3174-T. By December 31,  
40 1999, the department shall report to the joint standing committee of the Legislature having  
41 jurisdiction over health and human services matters on the results of the study, including  
42 the costs in General Fund and other money.



1           **Sec. 13. 22 MRSA §3174-X, sub-§1, ¶A**, as enacted by PL 2015, c. 511, §1, is  
2 amended to read:

3           A. "Children's health insurance program" means the state children's health insurance  
4 program under Title XXI of the Social Security Act. "Children's health insurance  
5 program" includes the ~~Cub-Care program, which is~~ established in section 3174-T, the  
6 federal Children's Health Insurance Program, or CHIP, and the federal State Children's  
7 Health Insurance Program, or S-CHIP.

8           **Sec. 14. 22 MRSA §3174-BB, sub-§1**, as enacted by PL 2001, c. 450, Pt. A, §4,  
9 is amended to read:

10           **1. Children.** In the Medicaid program and the ~~Cub-Care program~~ Children's Health  
11 Insurance Program under section 3174-T, the enrollment period for children under 19 years  
12 of age must be 12 months.

13           **Sec. 15. 22 MRSA §3174-NNN** is enacted to read:

14           **§3174-NNN. MaineCare eligibility for persons under 21 years of age**

15           The department may seek authority from the United States Department of Health and  
16 Human Services, Centers for Medicare and Medicaid Services using a state plan option or  
17 a waiver through the Medicaid program or the federal State Children's Health Insurance  
18 Program to reduce barriers to coverage or increase MaineCare eligibility for persons under  
19 21 years of age.

20           **Sec. 16. 24 MRSA §2332-A, sub-§2**, as amended by PL 2005, c. 683, Pt. A, §38,  
21 is further amended to read:

22           **2. Medicaid and ~~Cub-Care programs~~ Children's Health Insurance Program.**  
23 Nonprofit service organizations may not consider the availability or eligibility for medical  
24 assistance under 42 United States Code, Section 13969, referred to as "Medicaid," or Title  
25 22, section 3174-T, referred to as the "~~Cub-Care program~~ Children's Health Insurance  
26 Program," when considering coverage eligibility or benefit calculations for subscribers and  
27 covered family members.

28           A. To the extent that payment for coverage expenses has been made under the  
29 Medicaid program or the ~~Cub-Care program~~ Children's Health Insurance Program for  
30 health care items or services furnished to an individual, the State is considered to have  
31 acquired the rights of the covered subscriber or family member to payment by the  
32 nonprofit service organization for those health care items or services. Upon  
33 presentation of proof that the Medicaid program or the ~~Cub-Care program~~ Children's  
34 Health Insurance Program has paid for covered items or services, the nonprofit service  
35 organization shall make payment to the Medicaid program or the ~~Cub-Care program~~ Children's  
36 Health Insurance Program according to the coverage provided in the  
37 contract or certificate.

38           B. A nonprofit service organization may not impose requirements on a state agency  
39 that has been assigned the rights of an individual eligible for Medicaid or ~~Cub-Care~~ Children's  
40 Health Insurance Program coverage and covered by a subscriber contract  
41 that are different from requirements applicable to an agent or assignee of any other  
42 covered individual.

1         **Sec. 17. 24-A MRSA §2844, sub-§2**, as amended by PL 2005, c. 683, Pt. A, §41,  
2 is further amended to read:

3         **2. Medicaid and ~~Cub-Care programs~~ Children's Health Insurance Program.**  
4 Insurers may not consider the availability or eligibility for medical assistance under 42  
5 United States Code, Section 13969, referred to as "Medicaid," or Title 22, section 3174-T,  
6 referred to as the "~~Cub-Care program~~ Children's Health Insurance Program," when  
7 considering coverage eligibility or benefit calculations for insureds and covered family  
8 members.

9             A. To the extent that payment for coverage expenses has been made under the  
10 Medicaid program or the ~~Cub-Care program~~ Children's Health Insurance Program for  
11 health care items or services furnished to an individual, the State is considered to have  
12 acquired the rights of the insured or family member to payment by the insurer for those  
13 health care items or services. Upon presentation of proof that the Medicaid program  
14 or the ~~Cub-Care program~~ Children's Health Insurance Program has paid for covered  
15 items or services, the insurer shall make payment to the Medicaid program or the ~~Cub~~  
16 ~~Care program~~ Children's Health Insurance Program according to the coverage provided  
17 in the contract or certificate.

18             B. An insurer may not impose requirements on a state agency that has been assigned  
19 the rights of an individual eligible for Medicaid or ~~Cub-Care~~ Children's Health  
20 Insurance Program coverage and covered by a subscriber contract that are different  
21 from requirements applicable to an agent or assignee of any other covered individual.

22         **Sec. 18. 24-A MRSA §2849-B, sub-§3, ¶C-1**, as amended by PL 2005, c. 683,  
23 Pt. A, §42, is further amended to read:

24             C-1. That person was covered by the ~~Cub-Care program~~ Children's Health Insurance  
25 Program under Title 22, section 3174-T, and the request for replacement coverage is  
26 made while coverage is in effect or within 30 days from the termination of coverage;  
27 or

28         **Sec. 19. 32 MRSA §18377, sub-§4**, as amended by PL 2019, c. 388, §10, is further  
29 amended to read:

30         **4. Dental coverage and reimbursement.** Notwithstanding Title 24-A, section 2752,  
31 any service performed by a dentist, dental assistant or dental hygienist licensed in this State  
32 that is reimbursed by private insurance, a dental service corporation, the MaineCare  
33 program under Title 22 or the ~~Cub-Care program~~ Children's Health Insurance Program  
34 under Title 22, section 3174-T must also be covered and reimbursed when performed by a  
35 dental therapist authorized to practice under this chapter.'

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

38   **SUMMARY**

39         This amendment replaces the bill, which is a concept draft, and changes the title. The  
40 amendment updates language in the laws regarding Maine's federally approved state plan  
41 for Medicaid and the Children's Health Insurance Program filed pursuant to Public Law  
42 2021, chapter 635, Part CCC by making the following modifications to statutory language.

- 1           1. It removes the Children's Health Insurance Program references to higher family  
2 income and lower family income limits for infants and children under 19 years of age to  
3 provide the department with future flexibility to maximize funding sources through the  
4 Children's Health Insurance Program.
- 5           2. It standardizes language for Medicaid coverage for persons 19 and 20 years of age  
6 to be consistent with current policy.
- 7           3. It changes the name of the Cub Care program to the Children's Health Insurance  
8 Program.
- 9           4. It updates cross-references.