

Date: (Filing No. S- )

**HEALTH AND HUMAN SERVICES**

Reproduced and distributed under the direction of the Secretary of the Senate.

**STATE OF MAINE**

**SENATE**

**127TH LEGISLATURE**

**SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to S.P. 226, L.D. 633, Bill, “An Act To Improve the Health of Maine Citizens and the Economy of Maine by Providing Affordable Market-based Coverage Options to Low-income Uninsured Citizens”

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

**'PART A**

**Sec. A-1. 22 MRSA §3174-G, sub-§1, ¶F**, as amended by PL 2011, c. 380, Pt. KK, §2, is further amended to read:

F. A person 20 to 64 years of age who is not otherwise covered under paragraphs A to E when the person's family income is below or equal to 125% of the nonfarm income official poverty line, provided that the commissioner shall adjust the maximum eligibility level in accordance with the requirements of the paragraph.

(2) If the commissioner reasonably anticipates the cost of the program to exceed the budget of the population described in this paragraph, the commissioner shall lower the maximum eligibility level to the extent necessary to provide coverage to as many persons as possible within the program budget.

(3) The commissioner shall give at least 30 days' notice of the proposed change in maximum eligibility level to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters; ~~and~~

**Sec. A-2. 22 MRSA §3174-G, sub-§1, ¶G**, as enacted by PL 2011, c. 380, Pt. KK, §3, is amended to read:

G. A person who is a noncitizen legally admitted to the United States to the extent that coverage is allowable by federal law if the person is:

(1) A woman during her pregnancy and up to 60 days following delivery; or

**COMMITTEE AMENDMENT**

1 (2) A child under 21 years of age; and

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

3 H. Beginning January 1, 2017, a person under 65 years of age who is not otherwise  
4 eligible for assistance under this section and who qualifies for medical assistance  
5 pursuant to 42 United States Code, Section 1396a(a)(10)(A)(i)(VIII) when the  
6 person's income is equal to or below 133% plus 5% of the nonfarm income official  
7 poverty line for the applicable family size, subject to the requirements of this  
8 paragraph.

9 (1) A person with income equal to or below 100% of the nonfarm income  
10 official poverty line for the applicable family size is eligible to receive coverage  
11 that is identical to the coverage provided to a person eligible under paragraph E.

12 (2) A person with income above 100% and equal to or below 133% plus 5% of  
13 the nonfarm income official poverty line for the applicable family size is eligible  
14 to receive coverage through a private individual or group qualified health plan  
15 along with all other services as provided to a person eligible under paragraph E.  
16 The department shall enroll a person in a qualified health plan and provide  
17 premium assistance in accordance with this subparagraph, except that a person  
18 described in this subparagraph who is defined as "medically frail" in accordance  
19 with 42 Code of Federal Regulations, Section 440.315(f) is exempt from  
20 mandatory enrollment in a private individual or group qualified health plan and  
21 must receive MaineCare coverage. A person who has access to or who is  
22 enrolled in a private group health plan or who is enrolled in the Private Health  
23 Insurance Premium Program pursuant to section 18 may receive coverage under  
24 this subparagraph.

25 (a) A person who participates in the Private Health Insurance Premium  
26 Program under section 18 and this subparagraph is responsible for premium  
27 payments up to 2% of annual income and copayments in accordance with 42  
28 United States Code, Section 1396o. Premiums and allowable cost sharing  
29 incurred by all persons in the household may not exceed an aggregate limit of  
30 5% of the household's income.

31 (b) If a premium is not paid for any month for which it is due and remains  
32 unpaid, the department shall give notice of nonpayment upon the premium  
33 becoming overdue and again at the beginning of the 3rd month following  
34 nonpayment. If the overdue premium is not paid within 30 days of the end of  
35 the 3rd month, coverage must then be terminated unless the person qualifies  
36 for a waiver of the premium for good cause as determined in rules adopted by  
37 the department.

38 (c) A person whose coverage has been terminated for nonpayment of  
39 premium and who has received coverage for a month or longer without  
40 premium payment may not receive premium assistance until either the person  
41 pays any unpaid premium or after a waiting period equal to the number of  
42 months for which payment was not made, up to a maximum waiting period  
43 of 3 months.

1           (3) The department may contract with health carriers authorized in this State  
2           under Title 24-A to provide coverage as authorized in this paragraph to maximize  
3           savings and to ensure access to and quality of services.

4           (4) The department shall develop mechanisms to create a seamless system of  
5           eligibility for premium assistance for a person who, at the time of enrollment in a  
6           qualified health plan pursuant to this paragraph, is already enrolled in a group or  
7           individual qualified health plan. If having the federally facilitated marketplace  
8           under the United States Department of Health and Human Services determine  
9           eligibility for coverage under this paragraph is more efficient and seamless, the  
10           department shall initiate a procedure to enable the federally facilitated  
11           marketplace to make those determinations, in which case the department shall  
12           establish a prompt and accessible system to resolve disputes.

13           (5) The department shall ensure premium and cost-sharing assistance is available  
14           to eligible persons with incomes above 100% and equal to or below 133% plus  
15           5% of the nonfarm income official poverty line for the applicable family size  
16           who apply through the federally facilitated marketplace under the United States  
17           Department of Health and Human Services or through an application made to the  
18           department. Premium and cost-sharing assistance may not amount to less than  
19           that the individual would have received in advanced premium tax credits from  
20           purchasing a health plan on the federally facilitated marketplace or cost-sharing  
21           reductions had the individual not enrolled in a private individual or group  
22           qualified health plan pursuant to subparagraph (2).

23           (6) The department shall adopt rules necessary to implement this paragraph in a  
24           timely manner, including adopting emergency rules pursuant to Title 5, section  
25           8054. These emergency rules must be adopted by January 1, 2017. Rules  
26           adopted pursuant to this subparagraph are routine technical rules as defined by  
27           Title 5, chapter 375, subchapter 2-A.

28           (7) This paragraph is repealed as of the earlier of the following:

29           (a) Upon notification to the department or other public declaration by the  
30           United States Department of Health and Human Services, Centers for  
31           Medicare and Medicaid Services that the enhanced federal medical assistance  
32           percentage that applies with respect to amounts expended for medical  
33           assistance for individuals newly eligible for Medicaid described in 42 United  
34           States Code, Section 1396a(a)(10)(A)(i)(VIII) is reduced below the amounts  
35           specified in 42 United States Code, Section 1396d(y)(1) and that reduction  
36           has taken effect. The commissioner shall notify the Secretary of State, the  
37           Secretary of the Senate, the Clerk of the House of Representatives and the  
38           Revisor of Statutes when, pursuant to this division, notification is received or  
39           public declaration is made; and

40           (b) June 30, 2019.

41           **Sec. A-4. Substance use disorder treatments.** By June 30, 2017, the  
42 Department of Health and Human Services, after consultation with a stakeholder group  
43 that includes representatives of health insurance carriers, substance use disorder and other

1 health care providers and representatives of MaineCare members, shall seek approval  
2 from the United States Department of Health and Human Services, Centers for Medicare  
3 and Medicaid Services to provide coverage for a full continuum of substance use disorder  
4 treatment services, including inpatient and short-term residential facilities.

5 **Sec. A-5. Waivers and state plan amendment requests; accepting grant**  
6 **funding to assist with waiver submission.** The Department of Health and Human  
7 Services may apply for and accept private foundation grants to be used to cover the  
8 department's costs of preparing and submitting any waivers and state plan amendments to  
9 the Federal Government and for administering, negotiating and implementing the  
10 provisions of the Maine Revised Statutes, Title 22, section 3174-G, subsection 1,  
11 paragraph H, including writing the state implementation plan, if required as a result of the  
12 provisions of this Part.

13 On or before January 1, 2017, the commissioner shall submit to the United States  
14 Department of Health and Human Services, Centers for Medicare and Medicaid Services  
15 any waivers and state plan amendments necessary to implement Title 22, section 3174-G,  
16 subsection 1, paragraph H. The commissioner shall act expeditiously to achieve  
17 implementation of Title 22, section 3174-G, subsection 1, paragraph H. Any waiver or  
18 state plan amendment submitted pursuant to this section must include provisions to  
19 provide the following:

20 1. Coverage for services for adults described in Title 22, section 3174-G, subsection  
21 1, paragraph H, subparagraph (2) through insurance premium assistance;

22 2. Positive incentives for persons who participate in wellness initiatives, health home  
23 initiatives and other initiatives aimed at reducing and managing substance use disorders,  
24 mental health disorders or chronic diseases, including, but not limited to, diabetes and  
25 heart disease, as well as programs aimed at reducing risk factors for cancer or chronic  
26 diseases, including, but not limited to, obesity and smoking;

27 3. Prevention initiatives to address chronic health conditions, including adequately  
28 informing newly eligible persons under Title 22, section 3174-G, subsection 1, paragraph  
29 H of primary care providers participating in the MaineCare program and accepting  
30 patients under the MaineCare program and providing incentives for adopting healthy  
31 behaviors through reduced cost sharing for accessing appropriate, clinically  
32 recommended services, including preventive visits, annual wellness exams and  
33 preventive health care services. The incentives must use relevant, evidence-based  
34 research and resources and waive or reduce premiums or copayments for participation in  
35 health improvement programs or activities;

36 4. A plan for providing access to services for adults described in Title 22, section  
37 3174-G, subsection 1, paragraph H, subparagraph (2) that are provided to those eligible  
38 under Title 22, section 3174-G, subsection 1, paragraph E but are not provided by  
39 individual or group qualified health plans provided by a carrier;

40 5. Limitation of premium payments to up to 2% of household income and limitation  
41 of copayments as allowed under 42 United States Code, Section 1396o up to a maximum  
42 aggregate limit of 5% of household income for individuals covered under Title 22,  
43 section 3174-G, subsection 1, paragraph H, subparagraph (2);

1           6. A mechanism by which the department will pay directly to health care providers  
2 and private health insurance carriers any direct payment of premium assistance and cost  
3 sharing that is due to the health care providers or health insurance carriers that is beyond  
4 the maximum amount allowed by federal law and regulation;

5           7. A request for federal approval for brokers and agents or other qualified persons  
6 who are assisting people with applications for advanced premium tax credits, including  
7 certified application counselors based in federally qualified health centers, to also assist  
8 with applications for the MaineCare program or premium assistance through a private  
9 individual or group qualified health plan pursuant to Title 22, section 3174-G, subsection  
10 1, paragraph H, subparagraph (2);

11           8. A plan for creating a seamless system of eligibility for premium assistance for  
12 those who are already enrolled in a group or individual qualified health plan, including  
13 having the federally facilitated marketplace under the United States Department of Health  
14 and Human Services determine eligibility for coverage under Title 22, section 3174-G,  
15 subsection 1, paragraph H if making the determination through the federally facilitated  
16 marketplace would be more efficient and seamless;

17           9. A plan for achieving savings by:

18           A. Ensuring that coverage provided under Title 22, section 3174-G, subsection 1,  
19 paragraph H reduces costs for health care that would otherwise be incurred by the  
20 Department of Corrections; and

21           B. Ensuring that coverage provided under Title 22, section 3174-G, subsection 1,  
22 paragraph H reduces costs for health care that would otherwise be incurred after the  
23 release of a prisoner from a state correctional facility or county or regional jail as a  
24 result of untreated mental health and substance use disorders, including assisting  
25 prisoners prior to release with applying for coverage under Title 22, section 3174-G,  
26 subsection 1, paragraph H and ensuring that applications are made for coverage under  
27 Title 22, section 3174-G, subsection 1, paragraph H for inpatient hospital services  
28 prior to release; and

29           10. Provisions for referring unemployed individuals who qualify for the coverage  
30 under Title 22, section 3174-G, subsection 1, paragraph H to the Department of Labor for  
31 information on job search and training opportunities.

32           **Sec. A-6. Interim reporting.** Between the effective date of the Maine Revised  
33 Statutes, Title 22, section 3174-G, subsection 1, paragraph H and the dates of approval of  
34 the waiver and state plan amendment by the United States Department of Health and  
35 Human Services, Centers for Medicare and Medicaid Services necessary for  
36 implementation of Title 22, section 3174-G, subsection 1, paragraph H, the Department  
37 of Health and Human Services shall provide monthly reports to the joint standing  
38 committee of the Legislature having jurisdiction over health and human services matters  
39 and to the joint standing committee of the Legislature having jurisdiction over  
40 appropriations and financial affairs on the progress of implementation of that paragraph,  
41 any issues that might delay implementation or act as barriers to implementation and any  
42 possible solutions to those issues and barriers.

43           **Sec. A-7. Reporting on implementation status.** By June 1, 2017, the  
44 Commissioner of Health and Human Services shall report to the joint standing committee

1 of the Legislature having jurisdiction over health and human services matters and to the  
 2 joint standing committee of the Legislature having jurisdiction over appropriations and  
 3 financial affairs on the status of implementation of the Maine Revised Statutes, Title 22,  
 4 section 3174-G, subsection 1, paragraph H, including information on enrollment, costs,  
 5 revenues generated from the Federal Government and other revenues, anticipated state  
 6 savings and other issues pertinent to implementation.

7 **Sec. A-8. Appropriations and allocations.** The following appropriations and  
 8 allocations are made.

9 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)**

10 **Medical Care - Payments to Providers 0147**

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

12	<b>GENERAL FUND</b>	<b>2015-16</b>	<b>2016-17</b>
13	All Other	\$0	(\$6,936,665)
14			
15	<b>GENERAL FUND TOTAL</b>	<u>\$0</u>	<u>(\$6,936,665)</u>

16 **Medical Care - Payments to Providers 0147**

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

21	<b>GENERAL FUND</b>	<b>2015-16</b>	<b>2016-17</b>
22	All Other	\$0	\$30,551,956
23			
24	<b>GENERAL FUND TOTAL</b>	<u>\$0</u>	<u>\$30,551,956</u>

25	<b>FEDERAL EXPENDITURES FUND</b>	<b>2015-16</b>	<b>2016-17</b>
26	All Other	\$0	\$222,859,155
27			
28	<b>FEDERAL EXPENDITURES FUND TOTAL</b>	<u>\$0</u>	<u>\$222,859,155</u>

29 **Office of Family Independence - District 0453**

30 Initiative: Provides funding for 79 Eligibility Specialist positions, 8 Family Independence  
 31 Unit Supervisor positions and 16 Office Assistant II positions.

1	<b>GENERAL FUND</b>	<b>2015-16</b>	<b>2016-17</b>
2	POSITIONS - LEGISLATIVE COUNT	0.000	79.000
3	Personal Services	\$0	\$1,786,743
4	All Other	\$0	\$147,214
5			
6	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$1,933,957</u>
7	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2015-16</b>	<b>2016-17</b>
8	POSITIONS - LEGISLATIVE COUNT	0.000	24.000
9	Personal Services	\$0	\$4,023,188
10	All Other	\$0	\$540,422
11			
12	OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$0</u>	<u>\$4,563,610</u>
13	<b>HEALTH AND HUMAN SERVICES,</b>		
14	<b>DEPARTMENT OF (FORMERLY DHS)</b>		
15	<b>DEPARTMENT TOTALS</b>	<b>2015-16</b>	<b>2016-17</b>
16			
17	GENERAL FUND	\$0	\$25,549,248
18	FEDERAL EXPENDITURES FUND	\$0	\$222,859,155
19	OTHER SPECIAL REVENUE FUNDS	\$0	\$4,563,610
20			
21	DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$252,972,013</u>

22 **PART B**

23 **Sec. B-1. Calculation and transfer of savings.** Notwithstanding any other  
 24 provision of law, the State Budget Officer shall calculate the amount of savings identified  
 25 in this Part that applies against each General Fund account statewide as a result of the  
 26 expansion of MaineCare eligibility authorized in the Maine Revised Statutes, Title 22,  
 27 section 3174-G, subsection 1, paragraph H and shall transfer the amounts up to the  
 28 amounts as specified in section 4 of this Part by financial order upon the approval of the  
 29 Governor. These transfers are considered adjustments to appropriations in fiscal year  
 30 2016-17 and fiscal year 2017-18. The State Controller shall transfer any amounts  
 31 identified under this Part greater than the amounts specified in this Part to the MaineCare  
 32 Stabilization Fund established under Title 22, section 3174-KK. The State Budget  
 33 Officer shall provide a report of the transferred amounts to the joint standing committee  
 34 of the Legislature having jurisdiction over appropriations and financial affairs no later  
 35 than May 31, 2017 for fiscal year 2016-17 and no later than May 31, 2018 for fiscal year  
 36 2017-18 and shall submit adjustments to baseline budget requests totaling no less than  
 37 \$27,000,000 per year to reflect the continuation of the identified savings in the 2018-2019  
 38 biennium.

1 The Commissioner of Health and Human Services, the Commissioner of Corrections  
2 and the commissioner of any other department that recognizes savings as a result of  
3 implementation of the Maine Revised Statutes, Title 22, section 3174-G, subsection 1,  
4 paragraph H shall report no later than April 30, 2017, April 30, 2018 and April 30, 2019  
5 to the joint standing committee of the Legislature having jurisdiction over health and  
6 human services matters, the joint standing committee of the Legislature having  
7 jurisdiction over appropriations and financial affairs and the joint standing committee of  
8 the Legislature having jurisdiction over criminal justice and public safety matters on the  
9 amount of General Fund savings and other fund savings resulting from coverage provided  
10 under that paragraph, including, but not limited to, savings to substance abuse and mental  
11 health programs; medical services provided to persons in the care and custody of or upon  
12 release by the Department of Corrections or a county jail or regional jail; reimbursement  
13 to cities and towns for general assistance provided under Title 22, chapter 1161; services  
14 provided for individuals between 21 and 64 years of age who are currently eligible for the  
15 MaineCare program under medically needy, spend-down criteria; services provided under  
16 the Maine Medicaid Section 1115 Health Care Reform Demonstration for Individuals  
17 with HIV/AIDS; services provided for parents participating in family reunification  
18 activities under Title 22, chapter 1071; services provided for disabled individuals between  
19 21 and 64 years of age with incomes below 139% of the federal poverty level; services  
20 provided to individuals awaiting a MaineCare program disability determination for whom  
21 the applications are subsequently granted; services provided to individuals who would  
22 have been considered eligible on the basis of a disability but for whom the full  
23 determination process was not completed; services provided under the State's breast and  
24 cervical cancer treatment program; and other programs in which savings are achieved.  
25 The report must include the amount of savings realized during fiscal year 2017-18 by  
26 service area or program and the amount of savings projected to be achieved during the  
27 remainder of that fiscal year and during the next fiscal year by service area or program.

28 **Sec. B-2. Reporting of revenue.** The Department of Administrative and  
29 Financial Services, Maine Revenue Services shall report to the joint standing committee  
30 of the Legislature having jurisdiction over appropriations and financial affairs no later  
31 than April 30, 2017 and April 30, 2018 regarding any new revenues resulting from  
32 coverage provided under the Maine Revised Statutes, Title 22, section 3174-G,  
33 subsection 1, paragraph H.

34 **Sec. B-3. Evaluation by legislative offices.** By May 15, 2017 and May 15,  
35 2018, the Office of Fiscal and Program Review, referred to in this section as "the fiscal  
36 office," shall independently review reports required pursuant to sections 1 and 2 of this  
37 Part and report to the joint standing committee of the Legislature having jurisdiction over  
38 appropriations and financial affairs and the joint standing committee of the Legislature  
39 having jurisdiction over government oversight matters on its determination of the savings  
40 and new revenue, if any, that have been achieved as a result of implementation of the  
41 Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H. This report  
42 must also include information about the amount of federal funds received by the State as  
43 a result of coverage authorized under that paragraph.

44 After reviewing the information provided by the fiscal office, the joint standing  
45 committee of the Legislature having jurisdiction over government oversight matters shall  
46 determine if additional information is needed to determine the effectiveness of providing

1 health coverage under Title 22, section 3174-G, subsection 1, paragraph H and may  
 2 request further review by the Office of Program Evaluation and Government  
 3 Accountability. If the joint standing committee of the Legislature having jurisdiction  
 4 over government oversight matters makes a request to the Office of Program Evaluation  
 5 and Government Accountability, the Office of Program Evaluation and Government  
 6 Accountability shall conduct an independent, objective review of the report provided by  
 7 the fiscal office and of the information provided to the fiscal office by state agencies.  
 8 The Office of Program Evaluation and Government Accountability may request  
 9 additional information from any state agencies as appropriate to evaluate the  
 10 effectiveness of providing health coverage under Title 22, section 3174-G, subsection 1,  
 11 paragraph H. In its review, the Office of Program Evaluation and Government  
 12 Accountability shall take into consideration revenues generated as a result of providing  
 13 health coverage under Title 22, section 3174-G, subsection 1, paragraph H, savings to  
 14 state-funded programs including Maine's criminal justice programs, savings to the  
 15 counties from health care costs associated with the operation of the county jails and  
 16 regional jails, savings in reimbursement to cities and towns for general assistance  
 17 provided under Title 22, chapter 1161 and other factors including: the effectiveness of  
 18 coverage in reducing uncompensated care provided by hospitals and federally qualified  
 19 health centers; the reduction in the State's rate of uninsured persons; and increased access  
 20 to preventive care and treatment services that help to reduce cancer risks and chronic  
 21 disease, substance use disorder and mental health disorders, obesity and heart disease. If  
 22 the Office of Program Evaluation and Government Accountability conducts a review  
 23 pursuant to this section, the report must be completed by June 30, 2018.

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

26 **ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF**  
 27 **Executive Branch Departments and Independent Agencies - Statewide 0017**

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

31	<b>GENERAL FUND</b>	<b>2015-16</b>	<b>2016-17</b>
32	Unallocated	\$0	(\$13,000,000)
33			
34	GENERAL FUND TOTAL	<u>\$0</u>	<u>(\$13,000,000)</u>
35			

36 **SUMMARY**

37 This amendment is the majority report of the committee and replaces the bill, which  
 38 is a concept draft. It authorizes the State to accept federal funds to provide health  
 39 insurance coverage to adults with incomes equal to or below 133% plus 5% of the  
 40 nonfarm income official federal poverty line. Individuals with incomes equal to or below  
 41 100% of the nonfarm income official poverty line receive coverage through the  
 42 MaineCare program. Individuals with income levels over 100% of the federal poverty

1 line and up to 138% of the federal poverty line would receive coverage through private  
2 health insurance plans, through premium assistance at the same level that would be  
3 provided through advanced premium tax credits. Individuals within this group defined as  
4 "medically frail" in accordance with 42 Code of Federal Regulations, Section 440.315(f)  
5 are exempt from mandatory enrollment in a private individual or group qualified health  
6 plan.

7 The amendment requires MaineCare members with incomes over 100% and equal to  
8 or below 138% of the federal poverty line who are receiving private health coverage  
9 through a private individual or group qualified health plan to pay premiums and cost  
10 sharing up to a maximum of 5% of the household's income. The amendment provides for  
11 termination of coverage for nonpayment of premium without good cause. Good cause  
12 must be defined by rules adopted by the Department of Health and Human Services.

13 The amendment authorizes the Department of Health and Human Services to contract  
14 with health insurance plans to provide coverage in order to maximize savings and to  
15 ensure access to and quality of services.

16 The amendment repeals the expanded coverage if the enhanced federal medical  
17 assistance percentage is reduced below that specified in the federal law or if expanded  
18 coverage is not reauthorized by the Legislature by June 30, 2019.

19 The amendment requires the Department of Health and Human Services to prepare  
20 and submit to the Federal Government any state plan amendments and federal waivers by  
21 January 1, 2017 necessary to implement the program.

22 The amendment authorizes the Department of Health and Human Services to apply  
23 for and accept private foundation grants to be used to cover the cost of preparing and  
24 submitting any waivers and state plan amendments to the Federal Government required as  
25 a result of expanding coverage. It requires the department to develop mechanisms to  
26 create a seamless system for determining eligibility for the MaineCare program and for  
27 premium assistance for those who are already enrolled in a group or individual qualified  
28 health plan, using the federally facilitated marketplace to determine eligibility for the  
29 MaineCare program and for individuals in a private individual or group qualified health  
30 plan if it is determined to be more efficient. The amendment also requires the  
31 department, after consultation with a stakeholder group, to file a waiver to test a full  
32 continuum of substance use disorder treatment that will, among other things, authorize  
33 Medicaid coverage for services provided in inpatient and short-term residential facilities.

34 The amendment requires monthly reporting to the committees of jurisdiction on the  
35 status of waiver submission until the disposition of such a waiver is determined, and on  
36 the status of implementation of the Maine Revised Statutes, Title 22, section 3174-G,  
37 subsection 1, paragraph H no later than June 1, 2017 and by April 30, 2017, April 30,  
38 2018 and April 30, 2019 on savings generated for state-funded programs as a result of  
39 implementation. It requires the Department of Administrative and Financial Services,  
40 Maine Revenue Services to report by April 30, 2017 and April 30, 2018 on revenues  
41 generated as a result of expanded coverage. It requires that savings and revenues be  
42 verified by the Office of Fiscal and Program Review by May 15, 2017 and May 15, 2018.  
43 It transfers any savings to the MaineCare Stabilization Fund prior to the next fiscal year.  
44 It requires the Office of Fiscal and Program Review to report its findings to the joint  
45 standing committee of the Legislature having jurisdiction over appropriations and

1 financial affairs and to the joint standing committee of the Legislature having jurisdiction  
2 over government oversight matters and authorizes the latter committee to request further  
3 review and reporting by the Office of Program Evaluation and Government  
4 Accountability on the effectiveness of providing coverage through expanded MaineCare  
5 coverage.

6 **FISCAL NOTE REQUIRED**

7 **(See attached)**