Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services Commissioner's Office 11 State House Station 109 Capitol Street Augusta, Maine 04333-0011 Tel: (207) 287-3707; Fax: (207) 287-3005 TTY: Dial 711 (Maine Relay)

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Senator Joseph Baldacci, Chair Representative Michele Meyer, Chair Members, Joint Standing Committee on Health and Human Services 100 State House Station Augusta, ME 04333-0100

Re: LD 1522, An Act to Provide Economic Justice to Historically Disadvantaged Older Citizens by Amending the Laws Governing the Medicare Savings Program

Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide input on LD 1522, An Act to Provide Economic Justice to Historically Disadvantaged Older Citizens by Amending the Laws Governing the Medicare Savings Program. DHHS has concerns with portions of the bill.

We understand the sponsor is seeking to remove the portion of the bill that would eliminate the Specified Low-Income Medicare Beneficiary (SLMB) tier of Medicare Savings Programs (MSPs). We appreciate this as SLMB is a compulsory health care option under § 1902a (10)(E)(iii) of the Social Security Act. Given the federal requirement, elimination would not be allowable.

LD 1522 additionally proposes the use of the Elder Economic Security Standard Index (the Elder Index) as a means of income assessment for MSPs. This content is not generated by the U.S. Department of Health and Human Services or other executive authority, nor is it acknowledged under governing legislation or rule. Introducing an external metric into already defined procedures is problematic. Maine's existing approach conforms to regulatory requirements, and we are concerned that use of a metric such as the Elder Index would jeopardize compliance. Each MSP is significantly dependent on established Federal Poverty Level (FPL) and SSI-guidelines, and Maine should continue to align its practices with these elements.

MSP qualifications are addressed under 10-144 C.M.R ch. 332, pt. 8, and the bill amends current criteria. Any related updates would need to be accepted by the Centers for Medicare and Medicaid Services (CMS). The Department would also need to educate both internal and public stakeholders about developments, and it would have to refine its technology to account for new data receipt and processing, as well as train Department staff.

Removal of the asset limit for this program would be contingent upon approval of an 1115 waiver by CMS.

¹ See 42 U.S.C. § 1396a(10)(E)(iii); see also 42 C.F.R. § 435.124 and 42 C.F.R. § 435.10.

Thank you again for the opportunity to provide input. If you have questions or need additional information, we will be glad to provide that for the work session.

Sincerely,

Anthony Pelotte

Director

Office for Family Independence