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Testimony of the Office of MaineCare Services
Maine Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In support of 2153, "*An Act to Clarify MaineCare Copayments.*"

Hearing Date: January 24, 2024

Senator Baldacci, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Molly Slotznick, and I serve as the Chief Operating Officer of the Office of MaineCare Services (OMS) in the Department of Health and Human Services. I am here today to testify in support of LD 2153, "*An Act to Clarify MaineCare Copayments.*" Our thanks to Representative Zager for providing the opportunity for the Department to introduce this bill.

This bill will remove outdated references and update services subject to copayments. It will prohibit copayments for community-based behavioral health services and primary care, in alignment with similar requirements for private carriers in the Made for Maine Health Care Act and simplify the Department's ability to update and simplify nominal copayments and associated caps by allowing these to be set by rule rather than requiring a statute change.

Given the suspension of copays during the Public Health Emergency, which continues to be effective for many services through September 2024, making these changes will allow a simpler copayment schema to be implemented when Maine is required to restart collection on all copays. Current copay amounts noted in statute range from \$1.00 and \$5.00, depending on the service. Charging a standard, modest copay amount, instead, would be easier for both members and providers to remember and for the Department and providers to administer, and would better enable member payment at time of service, so providers would be less likely to need to absorb the cost.

A simplified copay structure would reduce the likelihood that providers would need to absorb losses due to non-payment. Today, copays are collected by providers, and the Department deducts the amount of the copay from the MaineCare payments to those providers. If a provider is unable to collect a copay, they must absorb this cost. Individual member copayments would remain subject to the limitations in 42 U.S.C. 1396o-1, which include limitations on total family copayments based on annual income amounts.

Simplifying the copayments will help ensure easier and less costly systems changes and upgrades for the MaineCare program while also ensuring sufficient access to care. These changes can be accomplished via configuration updates in both MePOPS, our retail pharmacy claims system, and MIHMS, our claims processing system, at no charge from the vendors who maintain those systems.

We appreciate the committee's consideration of the information provided and welcome further discussion on the matter.

Thank you for your time and attention. I would be happy to answer any questions you may have and to make myself available for questions at the work session.