

130th Maine Legislature
Committee Amendment to L.D. 811,
Retitled “An Act To Compensate Sexual and Reproductive Health Care Providers Fairly for Comprehensive
Primary Care Delivery”

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, current MaineCare reimbursement rates for services delivered by sexual and reproductive health care providers are based primarily on family planning services and have not been adjusted for the evolution of the care delivered by these providers to address a wide range of health conditions and concerns in a segment of the population that may not be served by other primary care providers; and

Whereas, the population served by sexual and reproductive health care providers is distinct from other types of providers; and

Whereas, these providers play a unique role in preventive health care, and avoiding health risks for patients typically not characterized as high risk who are unlikely to have a relationship with a primary care provider and for whom these providers may be the only point of access to the health care system; and

Whereas, the Department of Health and Human Services is currently engaged in a process of revising its payment method for primary care services but has not similarly addressed the inadequate reimbursement provided to sexual and reproductive health providers due to the historically narrow focus on payment for traditional family planning services; and

Whereas, sexual and reproductive health care has been undervalued and requires more, not less, investment as Maine moves to a health care system that is person-centered and equity-focused; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §3174-III, sub-§1 is enacted to read:

1. Comprehensive Services Payment. Notwithstanding any other provision of law, beginning July 1, 2022, the department shall provide reimbursement for activities and services of sexual and reproductive health care providers, addressing the health for MaineCare members in accordance with this subsection.

A. For purposes of this subsection, “sexual and reproductive health care provider” means an enrolled MaineCare provider engaged primarily in the delivery of services described at 42 United States Code, Section 1396d(a)(4)(C).

B. The department shall determine and pay each sexual and reproductive health care provider an amount based on the total number of MaineCare covered patient encounters per month. This payment must be designed to compensate sexual and reproductive health care providers for the difference between the payments made for services described in subsection 1 and 100% of the reasonable costs of operation, including without limitation the costs of all services. In developing the payment, the department may only exclude those incremental operating costs directly attributable to specific items and services that federal law explicitly prohibits Medicaid programs from reimbursing.

C. The payment required by this subsection must be made for all encounters with a sexual and reproductive health care provider by any MaineCare member, regardless of the category or other basis for the member’s eligibility for MaineCare coverage.

130th Maine Legislature
Committee Amendment to L.D. 811,
Retitled “An Act To Compensate Sexual and Reproductive Health Care Providers Fairly for Comprehensive
Primary Care Delivery”

Sec. 2. Rulemaking. The Department of Health and Human Services shall propose rules to implement the comprehensive services payment required by Title 22, section 3174-III, subsection 4 1 no later than May 1, 2022. The final rule adopted following publication of the proposed rule required by this section must make the equity payment effective retroactively to July 1, 2022.

Sec. 3. Federal reimbursement. The department shall pursue all opportunities to maximize available federal reimbursement, including available Medicaid match rates for or other opportunities to maximize state resources for family planning services.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

SUMMARY

This bill provides that:

1. Beginning July 1, 2022, an additional payment must be made to sexual and reproductive health care providers primarily providing services described in section 3174-III, subsection 4 1 for each MaineCare covered patient encounter, to compensate for the additional services delivered by these providers in addition to the services described in subsection 1. This payment must cover the difference between total operating costs and the payments made for billed services described in subsection 1.

2. Rules implementing this requirement must be proposed by May 1, 2022 and must be retroactive to July 1, 2022, when finally adopted.

3. The Department must pursue available federal matching funds to support this additional payment.