

MAINE STATE LEGISLATURE

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SPECIAL SELECT COMMISSION ON ACCESS TO HEALTH CARE

Summary of Recommendations and Discussion
December 13, 1988

1. Legislative Recommendation: Health Care Coverage for the Uninsured, to 150% of poverty.
 - a. Medicaid-like benefits, fees, administration.
 - b. Population between 72% and 100% of poverty receive full subsidy.
 - c. Population to 150%, participate through "buy-in," to 100% of the premium.
 - d. Transition period; 2 years at 100% of premium.
 - e. Those individuals medically eligible for high risk pool, who are below 150% of poverty will be included in "buy-in."

Still to be determined: Design of Program (Specifics not necessarily to be determined by Commission).

- a. Mechanics of "wrap-around" with other coverage.
- b. Conversion from other coverage?
- c. Eligibility period and review?
- d. How to protect insurance for those in employer-based program.
- e. Coordination with small group coverage and employer contribution to minimize shift between coverage options.
- f. Rates: premium or capitations?
Rate structure: single, couple, family, single with child?

The population and cost estimates are being revised once again, but it appears that the initial cost of such a program will approach \$30 million. Cost of administration and fee increases for services need to be considered.

2. Legislative Recommendation: Small Group Multiple Employer Trust (METS).
 - a. Eligible employers; groups less than three, industries excluded from the commercial market, and non-profit employers with less than 20 employees.
 - b. State determines plan design, benefits, and eligibility.
 - c. State-administered stop-loss pool through offset of bad debt/charity care allowance, reducing risk of insuring.
 - d. Any private insurer can offer coverage, if according to specified criteria.
 - e. Liberal conversion privileges.

The Commission rejected a proposal to incorporate a hospital differential as a means of further reducing the costs of this program. It was felt that a hospital differential could not be justified because the eligible population does not present the same need as an indigent population.

Tax Credit for Employers Currently Offering Health Insurance.

- a. Employer Eligible for Subsidy (reinsurance provision) or credit, not both.
- b. Credit must be on parity with subsidy (per member per month reinsurance coverage.)

Specific proposals for the above, with population and cost estimates, and design features need to be developed. Information from a "tax incentive" program in Oregon is being sent to Debbie.

3. Health Loan Repayment Program.

- a. Need to determine need, by profession.
- b. Need to also address training and preparation issues, community incentives beyond loan repayment.
- c. Need any experience information from Health Occupations Training Program.
- d. Need to contact Nursing Commission which is studying shortage of health care providers.

A title for legislation will be submitted by cloture, so that the Commission may pursue a legislative recommendation at a later date.

4. Medical Malpractice.

Proposal prepared by Ron Deprez was discussed by remaining members of Commission. Follow-up meeting on this issue scheduled for January 10 at 11:00 a.m.

- Bonnie Post will speak with Representative John Martin about sponsorship and submission of recommendations 1 and 2.
- Lewin staff will prepare a summary report, detailing the Commission's recommendations and further concerns. The draft will be available in early January.
- The Commission elected to not include financing and revenue recommendations in its proposals.