MAINE STATE LEGISLATURE

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	(EMERGENCY)
SECO:	ND REGULAR SESSION
ONE HUNDRED	AND ELETTENTH LEGISLATURE
Legislative Document	No. 2170
H.P. 1630	House of Representatives, March 2, 1984
Carter of Winslow, referred	House and on Motion of Representative to the Committee on Appropriations and or concurrence and ordered printed.
	EDWIN H. PERT, Clerk
Presented by Representative Cosponsors: Speaker M of Cumberland.	Connolly of Portland. artin of Eagle Lake and Senator Najarian
:	STATE OF MAINE
	HE YEAR OF OUR LORD HUNDRED AND EIGHTY-FOUR
	ng Access to Medical Care for t Adequate Health Insurance.
lature do not be	ble. Whereas, Acts of the Legis- come effective until 90 days after enacted as emergencies; and
	atastrophic illness program has a small number of people with very expenses; and
assistance program Federal Government o ther do not fall in	dically needy and other medical sprovided in cooperation with the do not cover many people who eito specific categories of coverage slightly over the so-called "pros"; and

Whereas, there are many individuals and families not covered by existing programs who cannot afford adequate health insurance; and

Whereas, the results of these gaps in coverage are both that many people go without necessary medical attention and preventive care and that medical costs place increasing demands on the general assistance programs of the municipalities; 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:

22 MRSA §§3186 and 3187 are enacted to read:

§3186. Maine Medical Assistance Fund

Access to medical care is limited or unavailable to many citizens of the State whose income, resources or health insurance are insufficient to meet the cost of necessary medical services and who are categorically ineligible for federally-assisted medical care services. The Legislature finds this situation intolerable since inadequate health coverage discourages the prevention of serious medical conditions, creates severe hardship and suffering for the individual in need of care and leads to increased use of tertiary care, particularly inpatient hospital care. It is declared to be the policy of the State to use all practicable means to provide adequate health care to all of its citizens whose incomes and resources are insufficient to meet the cost of necessary medical services.

The Department of Human Services may provide financial assistance to, or on behalf of, families or individuals residing in this State whose costs, when or wherever incurred or likely to be incurred, for hospital outpatient care, physicians' services, rural

health clinic services, dentists' services, drugs, applicants' and other related services, including skilled nursing home care, as defined by the department and as determined by the department to be necessary, cannot be met from their own or other sources, when those costs are of such magnitude as to constitute a financial catastrophe for those families or individuals, or when it can be determined that medical indigency exists. Eligible dentists' services shall be limited to acute care directly related to an accident and oral surgical and related medical procedures not involving dentition and gingivae. Skilled nursing home care shall be an eligible service only when the patient is admitted to a skilled nursing facility within 7 days of discharge from a general hospital, following a minimum inpatient stay of at least 5 days. Eligibility for payment for skilled nursing home care shall be for a maximum of 60 days in any one year or in association with any one illness episode. For the purposes of this chapter, "hospital" shall include a nursing institution conducted by and for the adherence of a recognized church or religious denomination which depends exclusively upon spiritual means through prayer for the treatment of illness.

 Application for assistance through the Maine Medical Assistance Fund shall be made by the individual who is, or has been, or will be, receiving the care for which financial assistance is being sought, or by a person who is or will be legally responsible for those costs, or by a legal representative of that individual. Assistance shall be available through this fund only on behalf of specific individuals and only for those who are not eligible for aid through federally-matched medical care programs as administered in this State. It shall terminate when any similar federal program becomes effective. The Governor shall determine by proclamation when that federal program has become effective.

Eligibility for, and aid through, this fund shall be on a year-to-year basis. Eligibility and the amount of aid shall be determined only after the full application to the costs of medical care in any 12-month period of all applicable health care insurance benefits, other 3rd party payer benefits legally provided for or liability benefits identified as be-

ing for medical or rehabilitative care. The percentage of nonexcluded assets, as defined by the United States Supplemental Security Income Program, belonging to the applicant or those legally responsible for the applicant shall be assumed to be applicable to the liabilities for care.

After the application of all of the resources mentioned in this section, applicants shall be eligible for assistance if their residual liability exceeds the following amounts.

Families with children shall be eligible for assistance for covered expenses when they have incurred or are likely to incur medical expenses during a month or months greater than the amount by which their net income for the same period, computed in accordance with the rules of the Aid to Families with Dependent Children Program, exceeds the Aid to Families with Dependent Children standard of need for family of the same size. Single individuals and couples without children shall be eligible for assistance when they have incurred or are likely to incur medical expenses during a month or months greater than the amount by which their net income for the same period, computed in accordance with the rules of the State Supplemental Security Income Program, exceeds the maximum countable income level for State Supplemental Security Income Program.

When an individual is responsible for the medical liabilities for more than one applicant in a given year, the applicant may be eligible for assistance when spend-down is met for only one applicant.

Reimbursements shall not be made for bills already paid or for the amount incurred by the applicant to meet program eligibility. Payments from this fund shall only be made directly to the vendors or providers of care. This section shall not be deemed to create any rights or causes of action against the State in such a vendor or provider of care, his heirs or assigns. When eligibility has been established, the department may make payments from this fund, during the remainder of the year of eligibility, for those goods and services provided for in this section.

Funds from this program may be used during the eligibility period to assist persons covered by the program in obtaining and maintaining private health insurance if the cost to the department of the premiums for private health insurance would be less than the cost of providing the same services to the person being assisted by the program. In addition, the department may establish an assisgned risk pool which would cover those individuals who were refused coverage by at least 3 carriers or private health insurance.

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The Department of Human Services shall adopt and promulgate the additional rules which may be necessary for proper, equitable and effective administration of this section.

The adoption, amendment or repeal of any rules governing this section are subject to the requirements of the Maine Administrative Procedure Act, Title 5, chapter 375.

Any balances of funds appropriated for medical expenses under this section shall not lapse, but shall be carried forward from year to year to be expended for the same purpose.

The receipt of benefits under the Maine Medical Assistance Program shall constitute an assignment by the recipient to the department of the right to recover from 3rd parties for medical costs of injury, disease, disability or similar occurrence for which the recipient receives medical benefits. The department's assigned right to recover shall be limited the amount of medical benefits received by the recipient. The recipient shall be considered to have appointed the commissioner as his attorney in fact to perform the specific act of submitting claims to insurance carriers or endorsing to the department any and all drafts, checks, money orders or other negotiable instruments collected with the payment of 3rd party medical claims. For the purposes of this paragraph, "3rd party" means any entity that is or may be liable to pay all or part of the medical costs of in-jury, disease, disability or similar occurrence, of an applicant or recipient of benefits under the Maine Medical Assistance Program.

§3187 Purchase of Medicare insurance for eligible participants

The department shall enroll and pay the Part B premium for Medicare recipients who are also recipients of Maine's Medically Needy Program. The enrollment period covered by the department by Part B Medicare shall be for the period the person is enrolled in the Maine Medically Needy Program or for one year, whichever is longer.

- 1. Commission established. There is established a Special Select Commission on Access to Health Care that shall investigate the extent to which citizens of this State are without access to adequate health care and the level of medical care available to persons without adequate health insurance.
- 2. Membership. The commission shall have 11 members as follows: Three members of the Legislature, including one Senator and 2 Representatives; 2 members representing providers of direct medical care, one of whom is a physician and the other an allied health professional; one member representing medical researchers; one member representing health care institutions; one member representing the health insurance industry; one member representing the general public; and 2 members representing low income consumers of health care.
- 3. Appointment. The members of the commission shall be appointed by the Speaker of the House of Representatives and the President of the Senate.
- 4. Duties. The commission shall inquire into the extent to which citizens of this State are without adequate health care because their incomes and resources are insufficient to meet the cost of necessary health care. The commission shall make recommendations to the First Regular Session of the 112th Legislature as to how universal access to necessary medical care may be achieved for all citizens. The inquiry shall include, but not be limited to, a review of those Medicaid options in which the State does not presently participate, the possibility of providing health coverage to needy citizens presently without coverage through the purchase of private

group insurance, or the feasibility of expanding comprehensive state-funded medical assistance programs to needy persons.

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5. Staff and assistance. In order to carry out duties, a commission shall be appropriated \$50,000, of which up to \$40,000 shall be used to undertake a study of the citizens of this State to determine the extent to which citizens of this are without adequate health care because of their income and resources, the extent to which citizens of this State lack adequate health insurance the cost of medical care and the extent to which they are medically disadvantaged because of the lack of adequate income, resources and health insurance. The study shall be conducted by a person or organization has experience in health care and medical research. The methods for conducting the study and the amount to be awarded by the commission shall be done on a competitive bid process after the commission has made a public notification of the specifications of the study and the time period for its conduct. person or organization chosen to conduct this study shall work with the commission in completing the port to be submitted to the 112th Legislature. Department of Human Services and the Bureau of Insurance shall provide research, clerical and computer assistance to the commission and give unrestricted access to its records, rules, policies and data, except for those items which the department is legally obligated to keep confidential.

31 Emergency clause. In view of the emergency 32 cited in the preamble, this Act shall take effect 33 when approved.

34 STATEMENT OF FACT

Access to physician care, emergency dental services, prescription drugs and related services are limited or unavailable to many citizens of the State whose income and resources are insufficient to meet the cost of necessary care and who are categorically ineligible for federally-assisted medical care services. The Catastrophic Illness Program presently does not provide assistance to financially eligible

persons until medical expenses in excess of \$7,000 have been incurred and then will pay only those expenses which exceed \$7,000.

The result of these gaps in coverage are both that many people go without necessary medical attention and preventative care and that medical costs place increasing burdens on general assistance programs of the municipalities.

This bill would provide assistance for hospital outpatient services, physicians' services, drugs, appliances and other related services, including limited nursing home care to persons whose medical expenses exceed certain specified limits. It also creates a special select commission to investigate the extent to which Maine citizens continue to be without adequate access to necessary health care.

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