

# MAINE STATE LEGISLATURE

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L.D. 835

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DATE: 5/25/5

(Filing No. H-523)

**HEALTH AND HUMAN SERVICES**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
122ND LEGISLATURE  
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT "A" to H.P. 594, L.D. 835, "Resolve, To Establish the Blue Ribbon Commission on the Future of MaineCare"

Amend the resolve by striking out everything after the title and before the summary and inserting in its place the following:

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

**Whereas,** the cost of health care in the State is an issue requiring the immediate attention of the Legislature; and

**Whereas,** Medicaid is the largest source of funding for medical and health-related services for people with limited income; 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

**Sec. 1. Commission established. Resolved:** That the Blue Ribbon Commission on the Future of MaineCare, referred to in this resolve as "the commission," is established; and be it further

**Sec. 2. Membership. Resolved:** That the commission consists of 13 members appointed as follows:

**COMMITTEE AMENDMENT**

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COMMITTEE AMENDMENT "A" to H.P. 594, L.D. 835

2 1. Two members of the Senate appointed by the President of  
the Senate and 2 members of the House of Representatives  
4 appointed by the Speaker of the House. At least one legislative  
member appointed must be a member of the Joint Standing Committee  
6 on Health and Human Services and at least one legislative member  
appointed must be a member of the Joint Standing Committee on  
8 Appropriations and Financial Affairs. Legislative appointments  
under this subsection must be representative of the bipartisan  
10 interests of the Legislature;

12 2. Three members appointed by the President of the Senate,  
one with experience and expertise in the area of public health  
14 care policy, one with expertise in the area of public health  
financing and one with expertise regarding privately funded  
16 health care;

18 3. Three members appointed by the Speaker of the House of  
Representatives, one with expertise in the area of state fiscal  
20 policy, one with expertise in health data collection and  
interpretation and one with expertise in economic policy; and  
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24 4. Three members appointed by the Governor, one  
representing MaineCare and 2 members of the MaineCare Advisory  
Committee, one of whom represents health care providers and one  
26 of whom represents health care consumers; and be it further

28 **Sec. 3. Chairs. Resolved:** That the first-named Senator is the  
Senate chair of the commission and the first-named member of the  
30 House is the House chair of the commission; and be it further

32 **Sec. 4. Appointments. Resolved:** That all appointments must be  
made no later than 30 days following the effective date of this  
34 resolve. The appointing authorities shall notify the Executive  
Director of the Legislative Council upon making their  
36 appointments. When the appointment of all members is complete,  
the chair of the Legislative Council shall call and convene the  
38 first meeting of the commission no later than August 15th; and be  
it further

40 **Sec. 5. Duties. Resolved:** That the commission shall study the  
42 MaineCare program and make recommendations on how to improve the  
quality, adequacy, effectiveness and delivery of services under  
44 the program in the most cost-effective manner possible in an  
effort to ensure its sustainability over time, including various  
46 options for providing coverage for persons in need of health care  
services. In conducting this study, the commission shall:

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COMMITTEE AMENDMENT "A" to H.P. 594, L.D. 835

1. Review and make recommendations about the extent to which MaineCare is meeting its current and future responsibilities and include a review of the effectiveness of various models in financing and providing health care coverage to low-income and vulnerable populations, including, but not limited to, low-income families and children, the physically disabled, the elderly, the chronically ill and the uninsured;

2. Study and report eligibility levels, service benefits, expenditures and other factors affecting future costs under the MaineCare program;

3. Estimate future program costs, taking into account relevant factors, including, but not limited to, demographics; health care cost drivers; cost-savings and cost-control initiatives in place at the time of the study; other economic variables, including changes in individual and family income rates, changes in uninsured rates and changes in employer-based coverage rates; cost drivers and cost shifting related to coverage provided under the program; and other related economic factors;

4. Review and summarize the economic effect of MaineCare and its role in maintaining Maine's health care provider network, including primary, specialty and acute care;

5. Provide an analysis of changes in federal funding and health care policy, including changes in the federal match rate formula, and how such changes will affect MaineCare; and

6. Review and make recommendations related to actions taken by the federal Bipartisan Commission on Medicaid and the Medically Underserved. Recommendations based on the federal commission's study must be included in the commission's interim and final reports; and be it further

**Sec. 6. Meetings. Resolved:** That the commission is authorized to meet 4 times in 2005 and 8 times in 2006 and may hold meetings at various locations throughout the State. Meetings must be open to the public. The commission may hold public hearings and shall consult stakeholders and health care and medical organizations for information and assistance in gathering information related to the duties described in section 5; and be it further

**Sec. 7. Staff assistance. Resolved:** That, upon approval of the Legislative Council, the Office of Policy and Legal Analysis and the Office of Fiscal and Program Review shall provide staffing assistance to the commission. The Department of Health and Human Services, the Governor's Office of Health Policy and

**COMMITTEE AMENDMENT**

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2 Finance, the Maine Health Data Organization and the Maine Health  
Data Processing Center shall provide information and assistance  
as requested by the commission; and be it further

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6 **Sec. 8. Compensation. Resolved:** That legislative members are  
entitled to receive the legislative per diem and reimbursement of  
necessary expenses for their attendance at authorized meetings of  
8 the commission. Public members not otherwise compensated by  
their employers or other entities that they represent are  
10 entitled to receive reimbursement of necessary expenses and a per  
diem equal to the legislative per diem for their attendance at  
12 authorized meetings of the commission. The Executive Director of  
the Legislative Council shall administer the commission's budget;  
14 and be it further

16 **Sec. 9. Budget. Resolved:** That, within 10 days after its first  
meeting, the commission shall present a work plan and proposed  
18 budget to the Legislative Council for its approval. The  
commission may not incur expenses that would result in the  
20 commission exceeding its approved budget. Upon request from the  
commission, the executive director shall promptly provide the  
22 commission chairs and staff with a status report on the  
commission's budget, expenditures incurred and paid and available  
24 funds; and be it further

26 **Sec. 10. Receipt of outside funds authorized. Resolved:** That the  
commission may seek outside funds to fund costs of the commission  
28 other than authorized per diem and expenses of the members  
authorized by section 8. Contributions to support the work of  
30 the commission may not be accepted from any party having a  
pecuniary or other vested interest in the outcome of the matters  
32 being studied. Any person, other than a state agency, desiring to  
make a financial or in-kind contribution must certify to the  
34 Legislative Council that it has no pecuniary or other vested  
interest in the outcome of the study. The certification must be  
36 made in the manner prescribed by the Legislative Council. All  
contributions are subject to approval by the Legislative  
38 Council. All funds accepted must be forwarded to the Executive  
Director of the Legislative Council along with an accounting  
40 record that includes the amount of the funds, the date the funds  
were received, from whom the funds were received and the purpose  
42 of or any limitation on the use of the funds. The Executive  
Director of the Legislative Council shall administer any funds  
44 received by the commission; and be it further

46 **Sec. 11. Reports. Resolved:** That the commission shall submit  
an interim report with preliminary findings and recommendations  
48 to the Joint Standing Committee on Health and Human Services and  
the Joint Standing Committee on Appropriations and Financial  
50 Affairs by December 7, 2005. The commission shall

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2 submit a final report with accompanying recommendations for  
3 legislation to the Joint Standing Committee on Health and Human  
4 Services and the Joint Standing Committee on Appropriations and  
5 Financial Affairs by November 1, 2006; and be it further

6 **Sec. 12. Appropriations and allocations. Resolved:** That the  
7 following appropriations and allocations are made.

8 **LEGISLATURE**

9 **Miscellaneous Studies 0444**

10 Initiative: Provides a base allocation of Other Special Revenue  
11 Funds in the event outside funding is collected to support the  
12 activities of the Blue Ribbon Commission on the Future of  
13 MaineCare.

14	<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2005-06</b>	<b>2006-07</b>
15	All Other	\$500	\$500
16		<hr/>	<hr/>
17	<b>OTHER SPECIAL REVENUE FUNDS TOTAL</b>	<b>\$500</b>	<b>\$500</b>

18 **Emergency clause.** In view of the emergency cited in the  
19 preamble, this resolve takes effect when approved.'

20 **SUMMARY**

21 This resolve creates the Blue Ribbon Commission on the  
22 Future of MaineCare. The commission, composed of 13 persons, is  
23 directed to study the MaineCare program and make recommendations  
24 on how to improve the quality, adequacy, effectiveness and  
25 delivery of services under the program in the most cost-effective  
26 manner possible in an effort to ensure its sustainability over  
27 time, including various options for providing coverage for  
28 persons in need of health care services. In conducting this  
29 study, the commission is required to make recommendations about  
30 the extent to which MaineCare is meeting its current and future  
31 responsibilities; review the effectiveness of various models in  
32 financing and providing health care coverage to low-income and  
33 vulnerable populations; study and report on eligibility levels,  
34 service benefits, expenditures and other factors affecting future  
35 costs under the MaineCare program; estimate future program costs;  
36 review and summarize the economic impact of MaineCare, including  
37 its role in maintaining Maine's health care provider network;  
38 provide an analysis of changes in funding and health care policy  
39 at the federal level, including changes in the federal match rate  
40 formula and how such changes will affect MaineCare; and review  
41 and make recommendations related to actions taken by the federal  
42 Bipartisan Commission on Medicaid and the Medically Underserved.  
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COMMITTEE AMENDMENT "A" to H.P. 594, L.D. 835

2           The commission may hold public hearings and public  
3 meetings. Commission staffing may be provided by the Office of  
4 Policy and Legal Analysis and the Office of Fiscal and Program  
5 Review. The Department of Health and Human Services, the  
6 Governor's Office of Health Policy and Finance, the Maine Health  
7 Data Organization and the Maine Health Data Processing Center are  
8 directed to provide information and assistance as requested.

10           The commission is required to provide reports and any  
11 accompanying legislation by December 7, 2005 and November 1,  
12 2006.

14           The commission is authorized to accept outside funds to fund  
15 any necessary expenses of the commission beyond legislative per  
16 diem and expenses of commission members.

FISCAL NOTE REQUIRED  
(See attached)

**COMMITTEE AMENDMENT**



# 122nd MAINE LEGISLATURE

LD 835

LR 0014(02)

**Resolve, To Establish the Blue Ribbon Commission on the Future of MaineCare**

**Fiscal Note for Bill as Amended by Committee Amendment "A"**

**Committee: Health and Human Services**

**Fiscal Note Required: Yes**

## Fiscal Note

Current Costs - Commission/Study

	2005-06	2006-07	Projections 2007-08	Projections 2008-09
<b>Appropriations/Allocations</b>				
Other Special Revenue Funds	\$500	\$500	\$0	\$0

### Legislative Study

The projected operating expenses of this study are \$6,080 in fiscal year 2005-06 and \$10,410 in fiscal year 2006-07. The Legislature's current budget includes \$30,000 in fiscal year 2005-06 and \$20,000 in fiscal year 2006-07 for legislative studies. Whether the amounts are sufficient to fund all studies will depend on the number of studies authorized by the Legislative Council and the Legislature.

Authorizing the commission to seek outside funds may result in the collection of Other Special Revenue funds in fiscal year 2005-06 and fiscal year 2006-07. A base allocation of Other Special Revenue funds is included in both fiscal years in the event outside funding is collected to support the activities of the commission.

Additional costs to the Department of Health and Human Services, the Governor's Office of Health Policy and Finance, the Maine Health Data Organization and the Maine Health Data Processing Center can be absorbed utilizing existing resources.