

MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1883

H.P. 1254

House of Representatives, May 5, 2025

An Act to Enact the All Maine Health Act

Received by the Clerk of the House on May 1, 2025. Referred to the Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

A handwritten signature in cursive script, reading "Robert B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative MASTRACCIO of Sanford.

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

Sec. 1. 5 MRSA §12004-G, sub-§14-K is enacted to read:

14-K.

<u>Health Care</u>	<u>All Maine Health Board</u>	<u>Compensation</u>	<u>24-A MRSA</u>
		<u>determined under 24-A</u>	<u>§7810</u>
		<u>MRSA §7810, sub-§3</u>	

Sec. 2. 24-A MRSA c. 103 is enacted to read:

CHAPTER 103

ALL MAINE HEALTH ACT

§7801. Short title

This chapter may be known and cited as "the All Maine Health Act."

§7802. All Maine Health Plan

1. All Maine Health established. All Maine Health is established as an independent executive agency to oversee planning and implementation of the All Maine Health Plan, which, once fully implemented, provides comprehensive health care services to residents of this State in accordance with this chapter. The exercise by All Maine Health of the powers conferred by this chapter is deemed and held to be the performance of essential governmental functions.

2. Implementation. All Maine Health may not be fully implemented to provide comprehensive health care services through the All Maine Health Plan unless:

A. The fiscal analysis required under section 7810, subsection 5 has been completed and approved by the All Maine Health Board and the Legislature; and

B. The Secretary of the United States Department of Health and Human Services has approved the waiver requests submitted pursuant to section 7810, subsection 5.

3. Definitions. As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

A. "All Maine Health Board" or "board" means the All Maine Health Board as established in section 7810.

B. "All Maine Health Fund" or "fund" means the All Maine Health Fund as established pursuant to section 7806.

C. "All Maine Health Plan" or "plan" means the All Maine Health Plan as described in subsection 1.

D. "Institutional provider" means an inpatient hospital, nursing facility, rehabilitation facility or other health care facility that provides overnight care.

E. "Noninstitutional provider" means an individual provider, group practice, clinic, outpatient surgical center, imaging center or other health care facility that does not provide overnight care.

1 **§7803. Eligibility**

2 **1. Residency.** All residents of this State are eligible for the All Maine Health Plan.

3 **2. Enrollment; identification.** The All Maine Health Board shall establish a
4 procedure to enroll residents in the plan and provide each resident enrolled in the plan with
5 identification that may be used by health care providers to confirm eligibility for services.
6 The application for enrollment must be no more than 2 pages.

7 **3. Residents temporarily out of state.** The All Maine Health Plan must provide
8 health care coverage to residents of this State who are temporarily out of the State and
9 intend to return and reside in the State. Coverage for emergency care obtained out of the
10 State must be at prevailing local rates. Coverage for nonemergency care obtained out of
11 the State must be according to rates and conditions established by the board. The board
12 may require that a resident be transported back to the State when prolonged treatment of
13 an emergency condition is necessary and when that transport will not adversely affect a
14 patient's care or condition.

15 **4. Visitors.** Nonresidents visiting the State must be billed by the board for all services
16 received under the All Maine Health Plan. The board may enter into intergovernmental
17 arrangements or contracts with other states and countries to provide reciprocal coverage
18 for temporary visitors.

19 **5. Nonresidents employed in State.** The board shall extend eligibility for the plan to
20 nonresidents employed in this State under a premium schedule set by the board.

21 **6. Businesses outside of State employing residents of State.** The board shall apply
22 for a federal waiver to collect the employer contribution from businesses located outside
23 of this State that employ residents of this State.

24 **7. Retiree benefits.** All persons who are eligible for retiree medical benefits under an
25 employer-employee contract remain eligible for those benefits as long as the contractually
26 mandated payments for those benefits are made to the All Maine Health Fund, which
27 assumes financial responsibility for care provided under the terms of the contract along
28 with additional health care benefits covered by the All Maine Health Plan. Retirees who
29 elect to reside out of the State are eligible for benefits under the terms and conditions of the
30 retirees' employer-employee contract. The board may establish financial arrangements
31 with other states and countries in order to facilitate meeting the terms of the contracts
32 described in this subsection. Payments for care provided by providers out of the State to
33 retirees of this State enrolled in the plan must be reimbursed at rates established by the All
34 Maine Health Board. Providers who accept any payment from the All Maine Health Plan
35 for a covered service may not bill the patient for the covered service.

36 **8. Presumptive eligibility.** The following provisions regarding eligibility for the plan
37 apply.

38 **A.** An individual is presumed eligible for coverage under the All Maine Health Plan if
39 the individual arrives at a health care facility unconscious, comatose or otherwise
40 unable, because of the individual's physical or mental condition, to document eligibility
41 or to act on the individual's own behalf. If the individual is a minor, the individual is
42 presumed eligible, and the health care facility shall provide care as if the individual
43 were eligible.

1 B. An individual is presumed eligible for coverage under the All Maine Health Plan
2 when brought to a health care facility licensed in this State for emergency care and
3 treatment in accordance with any provision of law providing for involuntary care and
4 treatment.

5 C. An individual involuntarily committed to an acute psychiatric facility or to a
6 hospital with psychiatric beds in accordance with any provision of law providing for
7 involuntary commitment is presumed eligible for coverage under the All Maine Health
8 Plan.

9 D. All health care facilities subject to state and federal provisions governing
10 emergency medical treatment shall comply with those provisions.

11 **9. Data.** Data collected because an individual applies for or is enrolled in the All
12 Maine Health Plan is confidential, but may be released to:

13 A. Providers for purposes of confirming enrollment and processing payments for
14 benefits; or

15 B. The State Auditor for purposes of the duties of the Office of the State Auditor.

16 Aggregate data that does not identify an individual who applies for or is enrolled in the All
17 Maine Health Plan may be made available to the public for the purposes of health care
18 research and analysis.

19 **§7804. Benefits**

20 **1. General provisions.** Any eligible individual may choose to receive services under
21 the All Maine Health Plan from any participating provider.

22 **2. Covered benefits.** Covered health care benefits in this chapter include all medically
23 necessary care, subject to the limitations specified in this chapter. Covered health care
24 benefits for All Maine Health Plan enrollees include:

25 A. Inpatient and outpatient health care facility services;

26 B. Inpatient and outpatient professional provider services;

27 C. Diagnostic imaging, laboratory services and other diagnostic and evaluative
28 services;

29 D. Medical equipment, appliances and assistive technology, including prosthetics,
30 eyeglasses and hearing aids and repair, technical support and customization needed for
31 individual use;

32 E. Inpatient and outpatient rehabilitative care;

33 F. Emergency care services, including ambulance services and other services whether
34 or not transport to a hospital occurs;

35 G. Emergency transportation;

36 H. Necessary transportation for health care services for persons with disabilities or
37 who may qualify as persons with low income;

38 I. Child and adult immunizations and preventive care;

39 J. Health and wellness education;

40 K. Hospice and palliative care;

1 L. Care in a skilled nursing facility;
2 M. Home health care, including health care provided in an assisted living facility;
3 N. Mental health services;
4 O. Substance use disorder treatment;
5 P. Dental care;
6 Q. Vision care;
7 R. Hearing care;
8 S. Prescription drugs;
9 T. Podiatric care;
10 U. Chiropractic care;
11 V. Acupuncture;
12 W. Blood and blood products;
13 X. Dialysis;
14 Y. Rehabilitative and habilitative services;
15 Z. Remote monitoring and telehealth services;
16 AA. Gender-affirming health care;
17 BB. Case management and care coordination; and
18 CC. Language interpretation and translation for health care services, including sign
19 language and Braille or other services needed for individuals with communication
20 barriers.

21 **3. Benefits expansion.** The All Maine Health Board may expand health care benefits
22 beyond the minimum benefits described in this section when expansion meets the intent of
23 this chapter and when there are sufficient funds to cover the expansion.

24 **4. Exclusions.** Health care services determined by the board to have no medical
25 benefit may be excluded from coverage by the All Maine Health Plan.

26 **5. Services not covered; private insurance.** An eligible individual may purchase an
27 insurance policy to provide coverage for services not covered under this chapter or may
28 self-pay for those services.

29 **§7805. Patient care**

30 **1. Primary care.** All patients covered by the plan are entitled to have a primary care
31 provider and have access to care coordination.

32 **2. Prior authorization and referrals not required.** Prior authorization may not be
33 required for any covered service under the plan, and referrals are not required for a patient
34 to see a health care specialist. If a patient sees a specialist and does not have a primary care
35 provider, the plan may assist with choosing a primary care provider.

36 **3. Electronic registry.** The board may establish an electronic registry to assist patients
37 covered by the plan in identifying appropriate providers.

38 **§7806. All Maine Health Fund**

1 **1. Fund established; general provisions.** The board shall establish the All Maine
2 Health Fund to implement the All Maine Health Plan and to receive premiums and other
3 sources of revenue. The fund must be administered by a director hired by the All Maine
4 Health Board.

5 A. All money collected, received and transferred according to this chapter must be
6 deposited in the All Maine Health Fund.

7 B. Money deposited in the All Maine Health Fund must be used to finance the All
8 Maine Health Plan.

9 C. All claims for health care services rendered must be made to the All Maine Health
10 Fund.

11 D. All payments made for health care services must be disbursed from the All Maine
12 Health Fund.

13 E. Premiums and other revenues collected each year must be sufficient to cover that
14 year's projected costs.

15 **2. Accounts.** The All Maine Health Fund must have start-up, operating, capital and
16 reserve accounts pursuant to subsections 3 to 6.

17 **3. Start-up account.** The start-up account in the All Maine Health Fund must be used
18 to support the initial start-up, implementation and operations of All Maine Health,
19 including the displaced worker support program required under section 7810, subsection 4,
20 paragraph P.

21 **4. Operating account.** The operating account in the All Maine Health Fund comprises
22 the accounts specified in this subsection.

23 A. The medical services account must be used to provide for all medical services and
24 benefits covered under the All Maine Health Plan.

25 B. The prevention account must be used to establish and maintain primary community
26 prevention programs, including preventive screening tests.

27 C. The plan administration, evaluation, planning and assessment account must be used
28 to monitor and improve the plan's effectiveness and operations. The board may
29 establish grant programs, including demonstration projects, for this purpose.

30 D. The training and development account must be used to incentivize the training and
31 development of health care providers and the health care workforce needed to meet the
32 health care needs of the population.

33 E. The health service research account must be used to support research and innovation
34 as determined by the All Maine Health Board.

35 **5. Capital account.** The capital account in the All Maine Health Fund must be used
36 to pay for capital expenditures for institutional providers and professional providers as
37 approved by the board and pursuant to Title 22, chapter 103-A.

38 **6. Reserve account.** The All Maine Health Plan must at all times hold in the reserve
39 account an amount estimated in the aggregate to provide for at least 10% of budgeted and
40 anticipated expenditures and to provide for at least the initial response to epidemics and
41 other extraordinary public health threats. Money held in reserve by state, county and
42 municipal health programs must be transferred to the All Maine Health Fund when the All

1 Maine Health Plan replaces those programs. The board shall adopt rules to insure the All
2 Maine Health Plan against unforeseen expenditures or revenue shortfalls not covered by
3 the reserve account. The board may borrow money to cover temporary shortfalls.

4 **§7807. Revenue sources**

5 **1. All Maine Health Plan premium.** The All Maine Health Board shall:

6 A. Determine the aggregate cost of providing health care according to this chapter;

7 B. Develop an equitable and affordable premium structure based on income, including
8 unearned income, and a business health tax based on payroll;

9 C. In consultation with the State Tax Assessor, develop an efficient means of collecting
10 premiums and the business health tax developed under paragraph B;

11 D. Coordinate with existing, ongoing funding sources from federal and state programs;

12 E. Base the premium structure developed under paragraph B on ability to pay; and

13 F. Before implementation, submit to the Governor and the Legislature a report on the
14 premium structure and business health tax developed under paragraph B to finance the
15 All Maine Health Plan.

16 **2. Federal funds.** All federal funding received by the State, including the premium
17 subsidies under the federal Affordable Care Act, is appropriated to the All Maine Health
18 Fund to be used to administer the All Maine Health Plan under this chapter. Federal
19 funding that is received for implementing and administering the All Maine Health Plan
20 must be used to provide health care for residents of this State.

21 **3. Funds from outside sources.** Institutional providers operating under All Maine
22 Health Plan operating budgets may raise and expend funds from sources other than the All
23 Maine Health Plan, including private donors.

24 **4. Governmental payments.** The Governor and, if required under federal law, the
25 Commissioner of Health and Human Services and the Commissioner of Economic and
26 Community Development shall seek all necessary waivers, exemptions, agreements and
27 legislation so that all applicable federal payments to the State, including the premium tax
28 credits under the federal Affordable Care Act, are paid directly to the All Maine Health
29 Fund. When all required waivers, exemptions, agreements and legislation are obtained, the
30 All Maine Health Plan assumes responsibility for all health care benefits and health care
31 services previously paid for with federal funds. In obtaining the waivers, exemptions,
32 agreements or legislation, the Governor and, if required, commissioners shall seek from the
33 Federal Government a contribution for health care services in the State that reflects:
34 medical inflation, the state gross domestic product, the size and age of the population of
35 the State, the number of residents of the State living below the poverty level and the number
36 of individuals in this State eligible for Medicare and services from the United States
37 Department of Veterans Affairs and that does not decrease in relation to the federal
38 contributions to other states as a result of the waivers, exemptions, agreements or savings
39 from implementation of the All Maine Health Plan.

40 **5. Federal preemption.** The board shall seek to secure a repeal or a waiver of any
41 provision of federal law that preempts any provision of this chapter. The Commissioner of
42 Health and Human Services shall provide all necessary assistance in this matter. In the
43 application for an innovation waiver under Section 1332 of the federal Affordable Care

1 Act, the board shall request to waive any provisions of the federal Social Security Act and
2 any of the following provisions of the federal Affordable Care Act to the extent necessary
3 to implement this Act:

4 A. In 42 United States Code, Sections 18021 to 18024;

5 B. In 42 United States Code, Sections 18031 to 18033;

6 C. In 42 United States Code, Section 18071; and

7 D. In 26 United States Code, Sections 36B and 5000A.

8 The request for a waiver of the federal Social Security Act must seek authorization for the
9 All Maine Health Plan to operate as a Medicare Advantage plan for eligible individuals.

10 If a repeal or a waiver of law or regulations cannot be secured, the board shall adopt rules,
11 or seek conforming state legislation or state plan amendments, consistent with federal law,
12 in an effort to best fulfill the purposes of this chapter.

13 **6. Secondary to federal government programs.** The All Maine Health Plan's
14 responsibility for providing care is secondary to existing federal government programs for
15 health care services to the extent that funding for these programs is not transferred to the
16 All Maine Health Fund or that the transfer is delayed beyond the date on which initial
17 benefits are provided under the All Maine Health Plan.

18 **7. Minimal cost sharing.** The board may impose a minimal deductible, copayment,
19 coinsurance or other cost-sharing requirement with respect to covered benefits.

20 **§7808. Subrogation**

21 **1. Collateral source.** If coverage of an individual by other payers for health care has
22 been terminated, All Maine Health shall seek to collect the cost of medical services
23 provided to the individual that are, or may be, covered services under a policy of insurance
24 from any other collateral source available to that individual, or to collect the cost of medical
25 services when the individual has a right of action for compensation for those services under
26 law.

27 A. As used in this section, "collateral source" includes:

28 (1) Health insurance policies and the medical components of automobile,
29 homeowner's and other forms of insurance;

30 (2) Medical components of workers' compensation;

31 (3) Pension plans;

32 (4) Employer plans;

33 (5) Employee benefit contracts;

34 (6) Government benefit programs;

35 (7) A judgment for damages for personal injury;

36 (8) The state of last domicile for individuals moving to the State for medical care
37 who have extraordinary medical needs; and

38 (9) Any 3rd party who is or may be liable to an individual for health care services
39 or costs.

1 B. As used in this section, "collateral source" does not include:

2 (1) A contract or plan that is subject to federal preemption; or

3 (2) Any governmental unit, agency or service to the extent that subrogation is
4 prohibited by law. An entity described in paragraph A is not excluded from the
5 obligations imposed by this section by virtue of a contract or relationship with a
6 governmental unit, agency or service.

7 C. The board shall negotiate waivers, seek federal legislation or make other
8 arrangements to incorporate collateral sources into the All Maine Health Plan.

9 **2. Notification.** When an individual who receives health care services under the All
10 Maine Health Plan is entitled to coverage, reimbursement, indemnity or other
11 compensation from a collateral source, the individual shall notify the health care provider
12 and provide information identifying the collateral source, the nature and extent of coverage
13 or entitlement and other relevant information. The health care provider shall forward this
14 information to the board. The individual entitled to coverage, reimbursement, indemnity
15 or other compensation from a collateral source shall provide additional information as
16 requested by the board.

17 **3. Reimbursement.** The All Maine Health Board shall seek reimbursement from the
18 collateral source for services provided to the individual and may institute appropriate
19 action, including legal proceedings, to recover the reimbursement. Upon demand, the
20 collateral source shall pay to the All Maine Health Fund the sums it would have paid or
21 expended on behalf of the individual for the health care services provided by the All Maine
22 Health Plan.

23 A. In addition to any other right to recovery provided in this section, the board has the
24 same right to recover the reasonable value of health care benefits from a collateral
25 source as provided to the Commissioner of Health and Human Services.

26 B. If a collateral source is exempt from subrogation or the obligation to reimburse the
27 All Maine Health Plan, the board may require that an individual who is entitled to
28 medical services from the source first seek those services from that source before
29 seeking those services from the All Maine Health Plan.

30 C. To the extent permitted by federal law, the board has the same right of subrogation
31 over contractual retiree health care benefits provided by employers as other contracts,
32 allowing the All Maine Health Plan to recover the cost of health care services provided
33 to individuals covered by the retiree benefits, unless arrangements are made to transfer
34 the revenues of the health care benefits directly to the All Maine Health Fund.

35 **4. Defaults, underpayments and late payments.** Default, underpayment or late
36 payment of any tax or other obligation imposed by this chapter results in the remedies and
37 penalties provided by law, except as provided in this section. Eligibility for health care
38 benefits under this chapter may not be impaired by any default, underpayment or late
39 payment of any premium or other obligation imposed by this chapter.

40 **§7809. Provider payments**

41 **1. General provisions.** All health care providers licensed to practice in this State, and
42 other providers as determined by the board, may participate in the All Maine Health Plan.
43 A participating health care provider shall comply with all federal laws and regulations

governing referral fees and fee splitting, including, but not limited to, 42 United States Code, Sections 1320a-7b and 1395nn, whether reimbursed by federal funds or not. A fee schedule or financial incentive may not adversely affect the care a patient receives or the care a health care provider recommends.

2. Payments to noninstitutional providers. The All Maine Health Board shall establish and oversee a fair and efficient payment system for noninstitutional providers in accordance with this subsection.

A. The board shall pay noninstitutional providers based on rates negotiated with providers. Rates must take into account the need to address provider shortages.

B. The board shall establish payment criteria and methods of payment for care coordination for patients, especially those with chronic illness and complex medical needs.

C. Providers who accept any payment from the All Maine Health Plan for a covered health care service may not bill the patient for the covered health care service except as provided under a federal program.

D. Providers must be paid in a timely manner for claims filed in accordance with procedures established by the board.

3. Payments to institutional providers. The board shall set annual budgets for institutional providers. These budgets must consist of an operating budget and a capital budget. An institution's annual budget must be set to cover its anticipated health care services costs for the next year based on past performance and projected changes in prices and health care service levels. The annual budget for each institutional provider must be set separately. The board may not set a joint budget for a group of more than one institutional provider or for a parent corporation that owns or operates one or more institutional providers.

4. No balance billing. Providers who accept any payment from the All Maine Health Plan for a covered health care service may not bill the patient for the covered health care service except as provided under a federal program.

5. Capital investment plan. The board shall periodically develop a capital investment plan that will serve as a guide in determining the annual budgets of institutional providers and in deciding whether to approve applications for approval of capital expenditures by noninstitutional providers in accordance with the criteria described in Title 22, section 327. The board may alter the threshold expenditure level that triggers the requirement to submit information on capital expenditures. Institutional providers shall propose these expenditures and submit the required information as part of the annual budget they submit to the board. Noninstitutional providers shall submit applications for approval of these expenditures to the board. The board shall respond to capital expenditure applications in a timely manner.

§7810. All Maine Health Board

1. Establishment. The All Maine Health Board is established under Title 5, section 12004-G, subsection 14-K to oversee All Maine Health and supervise the All Maine Health Plan.

1 **2. Board composition.** The board consists of 20 members, appointed by the Governor
2 and subject to review by the joint standing committee of the Legislature having jurisdiction
3 over health coverage matters and to confirmation by the Legislature, as follows:

4 A. Ten members that include 4 patient members, at least one of whom must be 65 years
5 of age or older, one of whom must represent federally recognized Indian tribes in this
6 State and one of whom must represent rural areas in this State; one attorney; one health
7 care economist; one member with expertise in public health; and 3 employers, at least
8 one of whom must be an employer with more than 100 employees and one of whom
9 must be an employer with less than 50 employees; and

10 B. Ten members that are providers: 3 physicians, at least one of whom must be a
11 primary care provider; one advanced practice provider; one registered nurse; one
12 mental health care provider; one dentist; one pharmacist; one direct care worker; and
13 one member representing hospitals.

14 **3. Terms and compensation; selection of chair.** Board members serve 3-year terms
15 and may not serve more than 3 terms. Board members may continue to serve an expired
16 term until a replacement member is appointed. A vacancy for an unexpired term must be
17 filled in accordance with subsection 2, paragraph A or B. Board members shall set the
18 board's compensation at an amount not to exceed the compensation of Public Utilities
19 Commission members. The board shall select the chair from its membership.

20 **4. General duties.** The board shall:

21 A. Ensure that all of the requirements of this chapter are met;

22 B. Hire a chief executive officer for the All Maine Health Plan to administer all aspects
23 of the plan as directed by the board;

24 C. Hire a director for the All Maine Health Fund;

25 D. Conduct necessary investigations and inquiries and require the submission of
26 information, documents and records the board considers necessary to carry out the
27 purposes of this chapter;

28 E. Establish a process for the board to receive the concerns, opinions, ideas and
29 recommendations of the public regarding all aspects of the All Maine Health Plan and
30 establish the means of addressing those concerns;

31 F. Establish regional planning boards to assist the board in carrying out its duties;

32 G. Establish an ombudsman position to represent the interests of consumers of health
33 care and to advocate on behalf of consumers;

34 H. Establish a grievance process for complaints by enrollees in the All Maine Health
35 Plan;

36 I. Conduct activities the board considers necessary to carry out the purposes of this
37 chapter;

38 J. Collaborate with the Maine Health Data Organization, the Maine Quality Forum and
39 the Department of Health and Human Services, Office of Data, Research and Vital
40 Statistics to assist the board in carrying out the purposes of this chapter;

1 K. Collaborate with the agencies that license health care facilities to ensure that facility
2 performance is monitored and that deficient practices are recognized and corrected in
3 a timely manner;

4 L. Adopt rules as necessary to carry out the duties assigned under this chapter. Rules
5 adopted pursuant to this paragraph are routine technical rules as defined in Title 5,
6 chapter 375, subchapter 2-A;

7 M. Establish conflict-of-interest standards prohibiting providers from any financial
8 benefit from their medical decisions outside of board reimbursement;

9 N. Establish conflict-of-interest standards related to pharmaceutical marketing to
10 providers;

11 O. Require that all electronic health records used by providers be fully interoperable
12 with the open-source electronic health records system used by the United States
13 Department of Veterans Affairs;

14 P. Develop and implement a displaced worker support program to provide financial
15 help and assistance in retraining and job placement to workers in the State who may be
16 displaced because of the administrative efficiencies of the All Maine Health Plan. To
17 alleviate staffing displacements in the medical field, the displaced worker support
18 program must emphasize retraining and placement into health care-related positions if
19 appropriate. As residents of this State, all displaced workers must be covered under
20 the All Maine Health Plan; and

21 Q. Develop and implement a program to negotiate prices paid by the All Maine Health
22 Plan for covered pharmaceuticals, medical supplies, including biological products, and
23 medically necessary assistive equipment at the lowest possible cost on an annual basis.

24 **5. Waiver request duties.** Before submitting an application for an innovation waiver
25 under Section 1332 of the federal Affordable Care Act, the board shall do the following, as
26 required by federal law:

27 A. Conduct or contract for any necessary actuarial analyses and actuarial certifications
28 needed to support the board's estimates that the waiver will comply with the
29 comprehensive coverage, affordability and scope of coverage requirements in federal
30 law;

31 B. Conduct or contract for any necessary economic analyses needed to support the
32 board's estimates that the waiver will comply with the comprehensive coverage,
33 affordability, scope of coverage and federal deficit requirements in federal law. These
34 analyses must include:

35 (1) A detailed 10-year budget plan; and

36 (2) A detailed analysis regarding the estimated impact of the waiver on health
37 insurance coverage in the State;

38 C. Establish a detailed draft implementation timeline for the waiver; and

39 D. Establish quarterly, annual and cumulative targets for the comprehensive coverage,
40 affordability, scope of coverage and federal deficit requirements in federal law.

41 **6. Financial duties.** The board shall:

1 A. Establish and collect premiums and the business health tax according to this
2 chapter;

3 B. Approve statewide and regional budgets that include budgets for accounts in
4 accordance with this chapter;

5 C. Negotiate and establish payment rates for providers;

6 D. Monitor compliance with all budgets and payment rates;

7 E. Pay claims for medical products or services as negotiated and issue requests for
8 proposals from nonprofit organizations and business corporations in the State for a
9 contract to process claims;

10 F. Seek federal approval to bill other states for health care coverage provided to
11 residents from out of the State who come to the State for long-term care or other costly
12 treatment when the resident's home state fails to provide such coverage, unless a
13 reciprocal agreement with those states to provide similar coverage to residents of this
14 State relocating to those states is negotiated;

15 G. Administer the All Maine Health Fund;

16 H. Annually determine the appropriate level for the All Maine Health Plan reserve
17 account under section 7806, subsection 6 and implement policies needed to establish
18 the appropriate reserve;

19 I. Implement fraud prevention measures necessary to protect the operation of the All
20 Maine Health Plan; and

21 J. Work to ensure appropriate cost control by:

22 (1) Instituting aggressive public health measures, early intervention and preventive
23 care, health and wellness education and promotion of personal health
24 improvement;

25 (2) Making changes in the delivery of health care services and administration that
26 improve efficiency and care quality;

27 (3) Minimizing administrative costs;

28 (4) Ensuring that the delivery system does not contain excess capacity; and

29 (5) Negotiating the lowest possible prices for prescription drugs, medical
30 equipment and medical services.

31 If the board determines that there will be a revenue shortfall despite the cost control
32 measures mentioned in paragraph J, the board shall implement measures to correct the
33 shortfall, including an increase in premiums and other revenues. The board shall report to
34 the Legislature on the causes of the shortfall, reasons for the inadequacy of cost controls
35 and measures taken to correct the shortfall.

36 **7. Management duties.** The board shall:

37 A. Develop and implement enrollment procedures for the All Maine Health Plan;

38 B. Implement eligibility standards for the All Maine Health Plan;

39 C. Arrange for health care to be provided at convenient locations, including ensuring
40 the availability of school nurses so that all students have access to health care,

1 immunizations and preventive care at public schools and encouraging providers to
2 open small health clinics at larger workplaces and retail centers;

3 D. Establish an electronic claims and payments system for the All Maine Health Plan;

4 E. Monitor the operation of the All Maine Health Plan through consumer surveys and
5 regular data collection and evaluation activities, including evaluations of the adequacy
6 and quality of services provided under the plan, the need for changes in the benefit
7 package, the cost of each type of service and the effectiveness of cost control measures
8 under the plan;

9 F. Disseminate information and establish a publicly accessible health care website to
10 provide information to the public about the All Maine Health Plan;

11 G. Collaborate with public health agencies, schools and community clinics;

12 H. Ensure that All Maine Health Plan policies and providers, including public health
13 providers, support all residents of this State in achieving and maintaining optimum
14 physical and mental health; and

15 I. Annually report to the joint standing committee of the Legislature having jurisdiction
16 over health coverage matters on the performance of the All Maine Health Plan, the
17 fund's fiscal condition and any need for payment adjustments, recommendations for
18 statutory changes, receipt of revenue from all sources, whether current year goals and
19 priorities are being met, future goals and priorities, major new technology or
20 prescription drugs and other circumstances that may affect the cost or quality of health
21 care.

22 **8. Policy duties.** The board shall:

23 A. Develop and implement cost control and quality assurance procedures;

24 B. Implement policies to ensure strong public health services, including education and
25 community-based preventive health care and clinical services;

26 C. Implement policies to ensure a continuum of coordinated high-quality primary to
27 tertiary care to all residents of this State; and

28 D. Implement policies to ensure that all residents of this State receive culturally and
29 linguistically competent care.

30 **9. Self-insurance.** The board shall determine the feasibility of self-insuring providers
31 for malpractice and shall establish a self-insurance system and create a special fund for
32 payment of losses incurred if the board determines self-insuring providers would reduce
33 costs.

34 **10. Audit.** The All Maine Health Plan must be audited annually by the State Auditor.
35 A copy of the audit must be made available to the public and provided to the State
36 Controller, to the joint standing committee of the Legislature having jurisdiction over
37 appropriations and financial affairs and to the joint standing committee of the Legislature
38 having jurisdiction over health coverage matters.

39 **11. Meetings.** The board shall meet monthly beginning no later than 30 days following
40 appointment of all members by the Governor in accordance with subsection 2. The board
41 may also meet at other times at the call of the chair. All meetings of the board are public
42 proceedings within the meaning of Title 1, chapter 13, subchapter 1.

1 **12. Immunity of board members.** The board members and the board staff are
2 immune from suit on any tort claims seeking recovery of damages to the same extent as
3 governmental entities under the Maine Tort Claims Act.

4 **§7811. Construction**

5 This chapter may not be construed to:

6 **1. Supervision or control over practice of medicine.** Authorize All Maine Health
7 to exercise supervision or control over the practice of medicine other than monitoring for
8 fraud, setting limited and medically appropriate coverage requirements and denying claims
9 for medical services that are not covered by the All Maine Health Plan;

10 **2. Assist in investigation or enforcement based on religion, national origin,**
11 **ethnicity or immigration status.** Authorize the use of any funds, facility, property,
12 equipment or employee of All Maine Health to investigate, enforce or assist in the
13 investigation or enforcement of any criminal, civil or administrative violation or warrant
14 for a violation of any requirement that individuals register with the Federal Government or
15 any federal agency based on religion, national origin, ethnicity or immigration status; or

16 **3. Employer right to self-insure.** Limit or restrict the right of any employer to
17 self-insure health coverage for its employees under an employee benefit plan established
18 in accordance with the federal Employee Retirement Income Security Act of 1974.

19 **Sec. 3. Staggered terms.** Notwithstanding the Maine Revised Statutes, Title 24-A,
20 section 7810, subsection 3, with regard to the initial appointments of the members of the
21 All Maine Health Board, within 60 days of the effective date of this Act, the Governor shall
22 appoint 5 members for a one-year term, 6 members for a 2-year term and the 9 remaining
23 members for a 3-year term.

24 **Sec. 4. Transition and implementation.** Within 60 days of the effective date of
25 this Act, the State Controller shall transfer the funding amounts necessary for start-up and
26 implementation of All Maine Health to the All Maine Health Fund established pursuant to
27 the Maine Revised Statutes, Title 24-A, section 7806. Once all initial appointments have
28 been made by the Governor pursuant to this Act and confirmed by the Legislature, the All
29 Maine Health Board shall promptly schedule its first meeting in accordance with Title
30 24-A, section 7810, subsection 11 to fulfill its duties to implement All Maine Health
31 pursuant to Title 24-A, chapter 103. The Office of Affordable Health Care shall provide
32 temporary staff support to the All Maine Health Board until a chief executive officer is
33 hired.

34 **SUMMARY**

35 This bill establishes All Maine Health as an independent executive agency to oversee
36 planning and implementation of the All Maine Health Plan, which, once fully implemented,
37 provides comprehensive health care services to residents of this State with public funding.
38 The bill provides that the plan may not be fully implemented to provide benefits to residents
39 of the State until a fiscal analysis of the costs of the plan is approved by the Legislature and
40 the Secretary of the United States Department of Health and Human Services has approved
41 a waiver required under federal law pursuant to the federal Patient Protection and
42 Affordable Care Act.