MAINE STATE LEGISLATURE

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STATE OF MAINE

126TH LEGISLATURE SECOND REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed

JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

May 2014

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STATE OF MAINE

126_{TH} LEGISLATURE SECOND REGULAR SESSION

LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

The *Digest* is arranged within each committee by Legislative Document (LD) number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each LD title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee.

Final action on each LD is noted to the right of the LD title. The following describes the various final actions. DIED IN CONCURRENCE defeated in each house, but on different motions; legislation died DIED ON ADJOURNMENT action incomplete when session ended; legislation died EMERGENCYenacted law takes effect sooner than 90 days after session adjournment FAILED, EMERGENCY ENACTMENT or FINAL PASSAGE.....emergency failed to receive required 2/3 vote FAILED, ENACTMENT or FINAL PASSAGE....... failed to receive final majority vote FAILED, MANDATE ENACTMENT.....legislation proposing local mandate failed required 2/3 vote HELD BY GOVERNOR...... Governor has not signed; final disposition to be determined at subsequent session LEAVE TO WITHDRAW.....sponsor's request to withdraw legislation granted NOT PROPERLY BEFORE THE BODY......ruled out of order by the presiding officer: legislation died INDEF PP.....indefinitely postponed; legislation died ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X... ought-not-to-pass report accepted; legislation died VETO SUSTAINED.....Legislature failed to override Governor's veto

The effective date for non-emergency legislation enacted in the Second Regular Session of the 126 Legislature is August 1, 2014. The effective date for legislation enacted as an emergency measure may be found in the enacted law summary for that legislation.

Joint Standing Committee on Health and Human Services

under the MaineCare program of in-home and classroom-related preschool services for children with disabilities under the rules of the MaineCare program in Chapter 101, Chapter II, Section 28.

Committee Amendment "A" (H-668)

This amendment is the majority report of the committee. This amendment directs the Department of Health and Human Services, after consultation with providers of facility-based preschool services for children with disabilities, to perform an analysis of MaineCare rates for the services, including a review of rates over the past 20 years, details on the services provided, the needs of the children served and the costs of providing the services. The amendment directs the department to consider possible cost-savings initiatives, federal and state requirements for serving children with disabilities and improvements to services that may result from encouraging services at the appropriate level. The amendment directs the department to report the results of the analysis and any recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2015.

LD 1578

An Act To Increase Health Security by Expanding Federally Funded Health Care for Maine People

Veto Sustained

Sponsor(s)	Committee Report	Amendments Adopted
EVES	OTP-AM	H-704
JACKSON T	Ontp	H-849 EVES

This bill accomplishes the following.

Part A expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size, and qualifies Maine to receive federal funding for 100% of the cost of coverage for members who enroll under the expansion. Adults who will be eligible are those 21 to 64 years of age effective July 1, 2014 and adults 19 and 20 years of age beginning October 1, 2019. The expansion of Medicaid eligibility contained in this Part is repealed if three circumstances occur: the enhanced Federal Medical Assistance Percentage for calendar years 2014 through 2020 is reduced below certain stated levels; the reduced enhanced Federal Medical Assistance Percentage has taken effect; and after the occurrence of the reduction of the enhanced Federal Medical Assistance Percentage the Legislature has convened and conducted a session of at least 30 calendar days. This bill repeals the expansion of medical coverage under the MaineCare program on December 31, 2016.

Part B requires the Commissioner of Health and Human Services to take all steps necessary to secure an enhanced federal match rate for services provided to the MaineCare childless adult waiver population and to report to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services by November 1, 2014 on these efforts.

Part C requires the Office of Fiscal and Program Review to contract with a nonpartisan research organization to evaluate the impact of the MaineCare expansion on programs and services that do not currently receive Federal Medical Assistance Percentage matching funds or do not qualify for enhanced Federal Medical Assistance Percentage matching funds under the federal Patient Protection and Affordable Care Act, 42 United States Code, Section 18001, et seq., with the goal of identifying and maximizing General Fund savings. Part C requires a report by October 1st in 2014 and 2015 and February 15, 2016 to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on the amount of General Fund savings resulting from the MaineCare expansion. The report must include the amount of savings expected and realized during fiscal years 2014-15 and 2015-2016 by service area or program. Part C requires the State Budget Officer to calculate the amount of savings that applies against each General Fund account for all departments and agencies from savings

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associated with the MaineCare expansion and to transfer the amounts by financial order upon the approval of the Governor. It requires the State Controller to transfer any remaining savings to the MaineCare Stabilization Fund. Part C requires the State Budget Officer to provide a report of the transferred amounts to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs no later than June 30, 2015 for fiscal year 2014-15 and no later than June 30, 2016 for fiscal year 2015-16.

Part D provides funding for positions in the Department of Health and Human Services, Office of Family Independence.

Part E amends current law on copayments in the MaineCare program. This bill directs the Department of Health and Human Services to increase copayments for adults with income above 100% of the nonfarm income official poverty line to the maximum allowable under federal law and to increase nominal copayments by the annual percentage increase in the medical care component of the Consumer Price Index for All Urban Consumers. It directs the department to increase MaineCare copayments for services provided in a hospital emergency room when the services are not emergency services and requires the department to track aggregate copayments in compliance with federal law. Part E provides that until the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services confirms that the State will get the enhanced reimbursement rate, the expansion of medical coverage under the MaineCare program will not take effect.

Committee Amendment "A" (H-704)

This amendment, which is the majority report of the committee, replaces the bill. The amendment contains the following provisions.

Part A expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size, and qualifies Maine to receive federal funding for 100% of the cost of coverage for members who enroll under the expansion. Adults eligible are those 21 to 64 years of age, effective July 1, 2014, and, if the expansion of MaineCare coverage is not repealed, adults 19 and 20 years of age, beginning October 1, 2019. The expansion of Medicaid eligibility contained in this Part is repealed the earlier of either December 31, 2016 or three circumstances occuring: the enhanced Federal Medical Assistance Percentage for calendar years 2014 to 2016 is reduced below certain stated levels; the reduced enhanced Federal Medical Assistance Percentage has taken effect; and after the occurrence of the reduction of the enhanced Federal Medical Assistance Percentage the Legislature has convened and conducted a session of at least 30 calendar days.

Part B requires the Office of Fiscal and Program Review to contract with a nonpartisan research organization to evaluate the financial feasibility of providing health care coverage to newly eligible MaineCare members through the health insurance marketplace, modeled after Medicaid expansion coverage in Arkansas or Iowa, and the feasibility of establishing a state basic health program similar to Washington's basic health plan and to report the findings of the evaluation to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 15, 2015. It directs the Office of Fiscal and Program Review to contract for an examination of the impact of the MaineCare expansion on programs and services that do not currently receive Federal Medical Assistance Percentage matching funds or do not qualify for enhanced Federal Medical Assistance Percentage matching funds under the federal Patient Protection and Affordable Care Act, 42 United States Code, Section 18001 et seq., with the goal of identifying and maximizing General Fund savings. It requires that the research organization report by February 15, 2015 and February 15, 2016 to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters, and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on the amount of General Fund savings resulting from the MaineCare expansion. The reports must include the amount of savings expected and realized during fiscal years 2014-15 and 2015-16 by service area or program. It requires the State Budget Officer to calculate the amount of savings that applies against each General Fund account for all departments and agencies from savings associated with the MaineCare expansion and to transfer the amounts by financial order upon the

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approval of the Governor. It requires the State Controller to transfer any remaining savings to the MaineCare Stabilization Fund. It requires the State Budget Officer to provide a report of the transferred amounts to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs no later than April 30, 2015 for fiscal year 2014-15 and to submit adjustments to baseline budget requests totaling no less than \$11,800,000 per year to reflect the continuation of the identified savings in the 2016-2017 biennium.

Part C provides funding for positions in the Department of Health and Human Services, Office of Family Independence - District program.

Part D requires the department, when enrolling a MaineCare member who is eligible under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H or I, to provide written notice that is readable at the 6th-grade reading level to the member that the member's MaineCare coverage will end no later than December 31, 2016 unless a law is passed to extend coverage past that date.

Part E directs the department to implement reforms specified in Public Law 2013, chapter 368, Part SS, section 4, to carry out the directives and implement the initiatives contained in Resolve 2013, chapter 24 and Public Law 2013, chapter 368, Part NN and Part SS, section 1 and to consider five reforms. This Part requires that savings resulting from accomplishing the required reforms in programs for adults with intellectual disabilities and autism be used to serve persons on the waiting lists for benefits under the MaineCare Benefits Manual, Chapter 101, Chapter II, Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder and Section 29, Support Services for Adults with Intellectual Disabilities or Autistic Disorder. This Part directs the department to develop a plan with clear steps and a timeline to ensure that waiting lists for services under Sections 21 and 29 do not exceed six months by January 15, 2015, and to present the plan to the Legislature by October 1, 2014. This Part authorizes the department to adopt emergency rules to accomplish the duties contained in law.

Part F directs the Department of the Attorney General to undertake an initiative to strengthen fraud investigation in the MaineCare program. The Department of the Attorney General is directed to establish two new positions within the Health Care Crimes Unit to investigate allegations of misuse of public funds in the MaineCare program and to aid the Attorney General in the prosecution of crimes and other legal actions related to misuse of public funds.

House Amendment "A" To Committee Amendment "A" (H-849)

This amendment is modeled on the marketplace premium assistance program enacted into law in New Hampshire. Beginning August 1, 2014, it provides medical assistance under the MaineCare program as a bridge to purchasing insurance coverage from qualified health plans on the federally facilitated exchange for newly eligible adult populations. Beginning July 1, 2015, medical assistance for childless adults is limited to assistance in purchasing insurance coverage from qualified health plans on the federally facilitated exchange under a new program, the Maine Marketplace Premium Assistance program, administered by the Department of Health and Human Services and any additional services approved by the federal Centers for Medicare and Medicaid Services pursuant to a waiver submitted by the department. The person purchasing such insurance coverage is responsible for assuming cost sharing authorized under federal law, and employees who have access to employer health plans are required to participate in those plans. In order for qualified health plans to participate in the Maine Marketplace Premium Assistance program, plans must offer to each federally qualified health center an opportunity to contract with the plans and ensure that reimbursement for each center is according to the federal Patient Protection and Affordable Care Act. The amendment directs the Commissioner of Health and Human Services to prepare and submit to the federal Centers for Medicare and Medicaid Services any necessary waivers to implement the Maine Marketplace Premium Assistance program and provides funding for the one-time costs of preparing and submitting any Maine Marketplace Premium Assistance program waivers. The amendment retains the provisions in Committee Amendment "A" providing for the repeal of the expansion of MaineCare if the enhanced Federal Medical Assistance Percentage for calendar years 2014 to 2016 is reduced below certain stated levels or December 31, 2016, whichever is earlier. In addition, it provides that if a waiver to implement the Maine Marketplace Premium Assistance program has not been approved by July 1, 2015, the expansion of MaineCare eligibility provided under this legislation is repealed 90 days thereafter.