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STATE OF MAINE

ONE HUNDRED AND TWENTY-THIRD LEGISLATURE

COMMITTEE ON HEALTH AND HUMAN SERVICES

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MEMORANDUM

Date: March 12, 2007

To: Senator Margaret Rotundo, Senate Chair
Representative Jeremy R. Fischer, House Chair
Joint Standing Committee on Appropriations and Financial Affairs

From: Joseph C. Brannigan, Senate Chair
Anne C. Perry, House Chair
Joint Standing Committee on Health and Human Services

Re: Recommendations on LD 499, An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2008 and June 30, 2009

The Health and Human Services Committee is pleased to provide its report on LD 499, the 2008-2009 biennial budget. We are attaching to this memorandum as part of our report the HHS Committee worksheets, several attachments to the worksheets and the report forms from the Office of Program and Fiscal Review.

With regard to the HHS Committee worksheets, we would like to call your attention to the right hand column containing the decisions of the committee in work session and the last page, which contains entries entitled Majority Notes and Minority Notes. Split votes and minority positions are noted on the worksheets as well.

Committee members unanimously support most of the items in the budget that are within the HHS Committee jurisdiction. We would like to comment on the following issues.

- The committee unanimously opposed the $10,000,000 in General Fund savings per year attributed to standardizing mental health provider MaineCare rates and agreed to decrease the savings to $5,000,000 per year. The committee would entrust to the Department of Health and Human Services division of the $5,000,000 per year in remaining savings among the 3 MaineCare mental health services accounts in the budget. See items 28, 40 and 91 on the worksheets.

- The committee unanimously supported the departmentwide General Fund savings of $5,000,000 and $6,500,000 from the managed behavioral health care initiation scheduled to begin in July 2007 through an administrative service organization (ASO) and the language in Part CC allowing the State Budget Officer to distribute the savings among the impacted the DHHS accounts.

- The committee unanimously supported recording in the budget revenue of $1,400,000 in FY08, the revenue attributable to the sale of Freeport Towne Square. Sale of the facility was included in the FY06-07 supplemental budget, PL 2005, Chapter 457, Part NN but did not occur and the revenue booked, $1,000,000, is unrealized. The committee recognizes that it may be necessary to secure a new appraisal on the property and that a new appraisal value could affect revenue that can be booked. A copy of PL 2005, Chapter 457, Part NN is included in this packet.

- The committee voted 11-2 to decrease the departmentwide information technology initiatives by 10% of the General Fund amounts budgeted per year, which totals a savings of $696,191 in 08 and $740,000 in 09. The committee would entrust to DHHS apportionment of the 10% reduction in spending among the different initiatives proposed by the department. A minority of the committee disapproved all information technology spending by DHHS for the biennium. See items 3 and 8 on the committee worksheets.

- The committee voted unanimously to support all baseline funding in Fund for a Healthy Maine accounts and funding the development of a public health infrastructure using reprojected revenues in the Fund. The Majority Notes and Minority Notes both include proposals for redirecting some of the additional funds available from reprojected revenues in the Fund for a Healthy Maine. There was unanimous support for using $572,000 of the fiscal year 2007-08 reprojections in FHM Purchased Social Services to delay the implementation of changes to the child care system caused by decreased funding in the federal Child Care Development Fund block grant. The majority and minority proposals for reallocating the additional reprojections from the Fund meet the Fund's requirements for spending for health purposes under Title 22, section 1511, subsection 6. A copy of the Fund for a Healthy Maine law is included in this packet.

We would like to bring your attention to the entries at the end of the committee worksheets entitled Majority Notes and Minority Notes. These entries provide detail on how the majority and minority would fill the budget gap caused by decreasing by half the savings attributable to standardization of mental health provider rates. In addition the notes direct attention to funding that is recommended if additional funds are available during the budget process, and, in the case of the minority notes, recommend increased MaineCare funding for rebasing nursing facility reimbursement and wheelchair van rates.

Thank you for the opportunity to forward the recommendations of the Health and Human Services Committee on LD 499. We would be pleased to discuss the committee recommendations with the Appropriations Committee.

HHS Committee Budget Worksheets- Updated 3/11/07

All amounts GF unless otherwise noted

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
Departmental							
1	17-35	279	OMB, BDS	($5,065,544)GF	($5,115,076)GF	Transfers all 30 OMB-BDS positions (including 3 advocate positions to do adult protective type work in adult mental retardation) to accounts in DHHS.	Y, amend to move remaining $50,000GF /yr to new DHHS OMB account, item16.
1A	17-35	281	OMB, BDS	($309,198)GF	($314,916)GF	Transfers 3 positions and All Other funds to Mental Retardation-Community, adult protective work.	Y
2	17-41	287	Regional operations BDS	($4,655,485)GF	($4,725,308)GF	Reorganization. Transfers out 38.5 positions. Some to Multicultural Services, Rate Setting and QI (MCRSQI), some to OMB DHHS, one to traumatic brain injury.	Y
3	17-45	287	Departmentwide	$112,033GF $227,463GF ($5,000,000)GF	$112,750GF $228,918GF ($6,500,000)GF	Computer replacements IT maintenance and support Savings from managed behavioral health care, beginning 7/1/07 thru administrative service organization (ASO). Fed fund savings in MAP account at 17-219, item 91.	Vote split 11-2 11 favor 10% cut in GF funding, to be apportioned by DHHS. Savings from this item and item 8 total $696,191 in 08 and $740,009GF in 09. Budgeted amounts for items 3 and 8 together should total $6,961,910GF in 08 and $7,400,090GF in 09. 2 voted zero funding. Y
4	17-883	312	Aid to Charitable Institutions			No initiatives. Funded at $290,576GF for 08 and 09 in baseline budget.	Y Vote split 10-1
5	17-107	340	FHM Service Center			No initiatives. Funds licensing services for child care and residential facilities. Baseline $677,000FHM in 08 and $691,000FHM in 09	Y
6	17-109	317	Community Services Center - DHS	($1,213,640)GF	($1,248,902)GF	Reorganization. Moves 38 positions, some to Licensing and Regulatory	Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
						Services, some to Purchased Services, some to OMB DHHS.	
7	17-115	379	Office of Licensing and Regulatory Services	$1,905,800GF	$1,957,848GF	Establishes new office, with positions from Community Services Center, BEAS, BMS, OMB, CFS	Y
8	17-120	323	Departmentwide	$3,043,258GF	$3,184,982GF	Funds legal services provided by AG's Office.	Y
				$385,685GF	$396,963GF	Funds computers for staff.	Vote split 11-2
				$112,034FF	$112,750FF	Ditto.	11 favor 10% cut in GF
				$783,058GF	$805,056GF	Funds IT maintenance etc.	funding, to be apportioned by
				$227,462FF	$228,918FF	Ditto.	DHHS. Savings from this item
				$3,761,298GF	$3,928,573GF	Funds IT, vendor support contracts, software licenses, equipment maintenance. WELFRE and BULL.	and item 3 total $696,191 in 08 and $740,009GF in 09.
				$1,529,175GF	$1,483,038GF	Funding for enhanced IT services, software, vendor costs, equipment.	Budgeted amounts for items 3 and 8 together should total $6,961,910GF in 08 and
				$502,698GF	$445,698GF	Funds IT systems development and support.	$7,400,090GF in 09.
							2 voted zero funding.
				($200,000)GF	($200,000)GF	Eliminates 2 positions in Commissioner's Office (1 deputy commissioner and 1 director of special projects).	2 voted zero funding.
							Ditto
				($71,805)GF	($71,805)GF	Savings from reduced payments to Service Center.	Ditto
							Y
							Y
9	17-125	328	Disability Determination			Continues 3 positions established by financial order on temporary basis, to determine SSI and SSDI disability. Federal funds in baseline budget are $172,938 and $182,088 FF.	Y
10	17-127	327	Division of Purchased Services	$2,224,611GF	$2,287,948GF	Reorganization. New office with 31 positions transferred from OSA, OMB, Community Services Center, Risk Reduction and Child Care and costs of equity salary adjustment.	Y

	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
	17-130	394	Purchased Social Services	$158,697GF $74,293FBG ($77,030)FF Social Services Block Grant needs to be reduced.	$162,281GF $75,552FBG ($81,225)FF Social Services Block Grant needs to be reduced.	Position transfers with Community Services Center, Child Care and Office of Multicultural services, Rate Setting and QI (MCRSQI). Ditto Ditto DHHS stated at public hearing that change package will reduce federal Social Services Block Grant by $2.9m/yr. DHHS presented a list of funding changes within DHHS that will be made so that services funded by the block grant maintain level funding. See attached memo from DHHS re: Social Services Block Grant funding shortfalls dated 2/27/07.	Y Y Y Y, amend FBG line
12	17-133	339	FHM - Purchased Social Services	$572,000 FHM	$622,000 FHM	Allocates increase due to revenue reprojections in FHM.	Split vote 8-5. 8 voted to disapprove in 08 and redirect $572,000 to child care purposes under item 45 and to approve and allocate $622,000 in 09 as in budget. Funding needed because of decrease in CCDF funds. 5 voted to disapprove and redirect $572,000 in 08 only as the majority voted and voted to disapprove the allocation of $622,000 in 09 and redirect the funding as described in Minority Notes on page 9.
13	17-135	366	Multicultural Services, Rate Setting and Quality Improvement (MCRSQI)	$1,480,646GF $152,982FF	$1,512,992GF $122,306FF	Reorganization. Establishes 18 positions by transfers from OMB BDS, MH, MR, Purchased Social Services, Regional Operations BDS. Ditto	Y Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
14	17-138	371	Office of Administrative Hearings	$147,693GF $997,450OSR	$150,067GF $1,012,770OSR	Amendment needed so that account is named Division of Administrative Hearings. Creates 12 positions by transfer from OMB DHS. Ditto	Y, need to amend name to "Division of Administrative Hearings"
15	17-140	372	Office of Data, Research and Vital Statistics	$479,403GF $928,921OSR $77,048FBG	$486,617GF $955,708OSR $78,148FBG	Reorganization, was in Commissioner's office. Amendment needed so that account is named Division of Data, Research and Vital Records. Creates 20 positions by transfer from OMB DHS, BOH, Special Children's Services. Ditto Ditto	Y, need to amend name to "Division of Data, Research and Vital Statistics" Y Y

	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
16	17-142	385	Office of Management and Budget	($16,643)GF	($16,789)GF	Reallocates funding.	Y
				($144,608)FF	($146,806)FF	Ditto.	Y
				$78,493GF	$82,430GF	Transfers 1 position from Community Services Center.	Y
				$93,647GF	$98,594GF	Transfers 1 position from BDS Regional Operations.	Y
				$2,554,132FF	$2,555,735FF	Transfers 1 position and All Other funding from OMB-BDS to administer Real Choice Systems transformation Grant.	Y
				($147,693)GF	($150,067)GF	Transfers 12 positions to Office of Administrative Hearings.	Y
				($958,856)OSR	($973,583)OSR	Ditto.	Y
				$5,124,706GF	$5,174,238GF	Transfers 30 positions from OMB-BDS.	Y
				($158,794)GF	($164,016)GF	Transfers 4 positions to Office of Licensing and Reg. Services.	Y
				($97,249)FF	($120,537)FF	Ditto.	Y
				($56,964)OSR	($58,985)OSR	Ditto.	Y
				($479,403)GF	($486,617)GF	Transfers 10 positions to Office of Data, Research and Vital Statistics.	Y
				($61,078)FF	($64,016)FF	Ditto.	Y
				($208,611)OSR	($217,140)OSR	Ditto.	Y
				($11,069)FF	($11,162)FF	Part of transfer of positions to Purchased Social Services program.	Y
				($190,445)FF	($193,339)FF	Transfers 2 positions to MCRSQI.	Y
				($73,265)GF	($76,847)GF	Transfers 1 position to BOH.	Y
				($326)FF	($328)FF	Part of transfer of position funding to OSR funds in BFI-Regional.	Y
				$172,625GF	$176,341GF	Transfers 6 positions in program integrity unit SURS from BMS.	Y
				$2,632,598GF	$2,548,258GF	Funds cost allocation plan.	Y
				$218,698GF	$230,192GF	Part of program integrity unit- SURS transfer, see above.	Y
				$84,971GF	$89,269GF	Creates 1 position, made possible by elimination of pharmacist position at DDPC.	Y
				$600,000GF	$600,000GF	Funds 211 call center.	Y Amend to add $50,000GF per year for forensic evaluations. See item 1.

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
17	17-153	389	OMB Operations - Regional	$4,131,312GF	$4,180,846GF	Reorganizes positions - transfers with CFS, Regional Operations BDS, MCRSQI. Transfers funding for 137.5 positions from federal and 5 federal block grant to 142.5 OSR.	Y
18	17-158	403	Training programs and employee assistance	Note: Reductions in Social Services Block Grant.	Note: Reductions in Social Services Block Grant.	DHHS plans no initiative here. Funded at $99,780/yr FBG in baseline budget. DHHS says that due to reductions in federal Social Services Block Grant, this account should have no allocations for 08 and 09.	No 2-27. Amend to reduce allocation to 0 each year.
19	17-160	599	Part AA Language (Legal fees)			State Budget Officer to direct apportionment within DHHS for legal services fees from GF accounts. See item 8.	Y
20	17-161	599	Part BB Language (IT)			State Budget Officer to direct apportionment for IT from GF accounts.	Y, vote split 11-2. See items 3 and 8 departmentwide IT initiatives.
21	17-162	600	Part DD Language (Reorg)			State Budget Officer to direct savings and headcount from reorganization.	Y
22	17-163	600	Part EE Language (Service Center)			State Budget Officer to direct savings from DHHS Service Center	Y
Adult Mental Health Services							
23	17-47	255	Disproportionate Share - Dorothea Dix Psychiatric Center (DDPC)	$27,255GF ($30,031) GF	$27,256GF ($33,008)GF	Increases GF to pay for contracted pharmacist services. Decreases GF due to increased FFP.	Y Y
24	17-51	258	DDPC	$326,169OSR $556,001GF $200,000GF $46,745OSR $30,031OSR	$326,169OSR $556,001GF $160,000GF $46,744OSR $33,008OSR	Funds with Disproportionate Share Medicaid funds. Funds medications for patients. Funds furniture replacement and capital equipment. Eliminates 1 pharmacist position, funds contracted pharmacist. Increases federal funding from increased FFP.	Y Y Y Y Y
25	17-49	256	Disproportionate Share- Riverview Psychiatric Center	0	0	Self-funds $1/hour increased pay for staff at admissions unit. Change package expected for self-funded	Y

	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
			(RPC)	($36,631)GF	($40,222)GF	initiative at other admissions unit. Decreases GF due to increased FFP.	Y
26	17-55	290	RPC	0	0	Self-funds $1/hour increased pay for staff at admissions unit. Change package expected for self-funded initiative at other admissions unit.	Y
				$95,229GF	$96,902GF	Transfers 1 nurse position for Homestead program from Children's MH .	Y
				$284,662OSR	$284,662OSR	Increases fed Dispro Share funding.	Y 3-1
				$849,682OSR	$282,138OSR	Funds adding 1 function to Meditech electronic medical records.	Y 3-1
				$36,631OSR	$40,222OSR	Increases funding due to increased FFP.	Y
27	17-68	269	MH Community (Adult)	($84,391)GF	($85,545)GF	Transfers 1 position to MCRSQI.	Y
				($35,223)FF	0	Ditto.	Y
				0	$195,000GF	Creates 3 positions in employment and training services. DHHS says this is error in budget and will be fixed in change package. Connected to AMHI Consent Decree and compliance plan.	Y, amendment needed
				0	$180,000GF	Funding for Bridging Rental Assistance Program (BRAP). Connected to AMHI Consent Decree approved plan.	Y
				0	$100,000GF	Funding for peer services in hospitals. Connected to AMHI Consent Decree approved plan.	Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
28	17-72	271	MH Community Medicaid	($124,545)GF	($134,712)GF	Decreases GF as result of increases FFP.	Y
				($1,303,339)GF	($1,352,930))GF	Decreases GF as result of increased service provider tax revenues.	Y
				$1,303,339OSR	$1,352,930OSR	Increases OSR service provider taxes.	Y
				($4,000,000)GF	($4,000,000)GF	Reduces funding due to savings from standardized provider rates. Federal match reduction is in MAP account.	Y, amended to savings of $5million GF/yr total for items 28, 40 and 91, apportionment to be determined by DHHS. See Majority and Minority Notes page 26 to fill the gap.
				$11,532,244GF	$22,279,979GF	Increases funding for MaineCare services. Federal match is in MAP account, item 91.	Y
							Y
29	17-76	598	Part Z Language. MH-IAS positions			Allows DHHS to transfer up to 30 positions from MH-Medicaid as they become vacant to OIAS to provide additional family independence specialist positions, with adjustments in funding. Report to AFA and HHS by 1/15/08 and 1/15/09 on position count and funds transferred.	Y
30	17-77	599	Part CC Language. Managed behavioral health savings			State Budget Officer directed to apportion savings from managed care in behavioral health services across DHHS. See item 3.	Y
Assistance							
31	17-181	293	ASPIRE			No initiatives. Funded at $23,272,660 all funds in 08 and $23,346,192 all funds in 09 in baseline budget.	Y

	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
32	17-183	298	Bureau of Family Independence - Central	$4,136,823FF	$4,226,230FF	Transfers funding for 39 positions from OSR to FF.	Y
				($4,136,823)OSR	($4,226,230)OSR	Ditto.	Y
				($2,553,171)OSR	($2,549,712)OSR	Transfers funding from BFI – Central to OIAS, per food stamp and child support audit recommendations.	Y
				($799,713)FBG	($799,713)FBG	Ditto.	Y
				($41,931)FF	($42,962))FF	Transfers 1 position from BFI-Central to OIAS.	Y
				($41,938)OSR	($42,970)OSR	Ditto.	Y
				$210,263GF	$221,760GF	Establishes 10 positions in child support enforcement. Generates $528k undedicated General Fund revenue.	Y
				$438,050FF	$462,027FF	Ditto.	Y
33	17-188	304	BFI-Regional	$2,899,580 net to GF	$2,529,009 net to GF	8 positions transferred from Fed Block Grant to OSR. 175.5 positions transferred from fed funds to OSR. 21 positions transferred from fed funds to GF. Connection to cost allocation plans.	Y
34	17-193	331	FHM- BFI Central	$6246FHM	$6,366FHM	Funds STA-CAP (cost allocation plan) and overhead costs in BFI Central. Funded at $52,531FHM in 08 and $55,532FHM in 09 in baseline budget.	Y
35	17-195	341	Food Stamps Admin.	($600,000)GF	($600,000)GF	Transfers funding from FS Admin. to OIAS-Central.	Y
36	17-197	344	General Assistance	($1,815,244)FBG	($1,815,244)FBG	Transfers funding from GA to TANF Block Grant	Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
37	17-199	375	OIAS Central	$2,553,171OSR	$2,549,712OSR	Transfers funding from BFI Central.	Y
				$799,713OSR	$799,713OSR	Ditto.	Y
				$55,953OSR	$56,886OSR	Transfers 1 position from BOH.	Y
				($149,098)FF	($155,561)FF	Transfers funding source for 3 positions.	Y
				$149,098OSR	$155,561OSR	Ditto.	Y
				$600,000GF	$600,000GF	Transfers funding from Food Stamps Admin account.	Y
				$83,869OSR	$85,932OSR	Transfers 1 position from BFI Central.	Y
				$713,253GF	$667,556GF	Funds cost allocation plan.	Y
38	17-204	400	State Supplement to SSI			No initiative. Funded at $8,167,196 GF in 08 and $8,167,196GF in 09. DHHS says account usually funded higher and carries.	Y, amended to reduce by $1mGF/yr, funding to be added to item 39. Change package expected.
39	17-206	401	TANF	$400,000GF	$946,000GF	Fed. TANF penalty for not meeting 2-parent 90% work requirement	Y
				$1,200,000GF	$1,200,000GF	Funding for increased maintenance of effort	Y amended to increase by $1mGF/yr, funding from item 38. Change package expected.
				$1,815,244FBG	$1,815,244FBG	Transfers funding from General Assistance account.	Y
				($1,000,000)GF	(1,000,000)GF	Savings from admin side of transitional child care.	Y
				($317,737)GF	($306,240)GF	Savings from increased support enforcement. See BFI Regional. Expected to generate GF revenue $528,000/yr.	Y

	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
Children's Services							
40	17-61	264	MH Child Medicaid	($94,392)GF ($4,000,000)GF	($102,098)GF ($4,000,000)GF	Decreased GF due to increased FFP. Savings from standardizing rates for MH services. See items 28 on adult MH and 91 on MAP MH.	Y Y, amended to savings of $5million GF/yr total for items 28, 40 and 91, apportionment to be determined by DHHS. See Majority and Minority Notes page 26 to fill the gap.
				$7,967,297	$15,392,598	Increased MAP Medicaid seed.	Y
41	17-64	266	Mental health Children	($95,229)GF ($34,810)FF	($96,902)GF ($36,349)GF	Transfers 1 nurse position to Homestead program (adult MH) Transfers funding for positions to MCRSQI	Y Y
				($71,242)GF	($72,273)GF	Transfers 1 position to Licensing and Reg. Services	Y
				$1,995,000FF	$1,995,000FF	Funds trauma-informed system of care for children project. FF SAMHSA.	Y
42	17-78.	275	BCFS Central	$175,150GF $602,631FF	$180,185GF $616,907FF	Transfers 11.5 positions from OMB Central. Transfers 8 positions from Foster Care.	Y Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
43	17-81	278	BCFS Regional	($56,628)GF	($57,521)GF	Transfers positions to Licensing and Reg. Services. Connected to cost allocation.	Y
44	17-85	313	Child Care Food Program			No initiatives. All fed funds.. Baseline budget is $15.6m FF /year.	Y
45	17-87	314	Child Care Services	$300,000GF	$300,000GF	Funds children with special needs in child care.	Y
				($78,532)FBG	($79,985)FBG	Transfers 1 position to Purchased Social Services.	Y
				$277,065FBG	$283,785FBG	Transfers 4 positions from Community Services Center.	Y
				$90,649FBG	$95,590FBG	Transfers 1 position from OMB BDS.	Y
				Note: Reduced federal block grant.	Note: Reduced federal block grant.	DHHS plans to submit a change package reducing the CCDF funds baseline from $29m/yr to $15.8m/yr to reflect the amount of the grant. In recent years the grant has been declining and DHHS has been making up the difference from other grants and TANF funds to continue payments to providers at the amounts of prior years. Although not reflected in the budget, DHHS plans to decrease expenditures to providers by $2.8m/yr as DHHS lacks funds with which to make up the difference. See attached letter dated 1/17/07 for detail.	Y, amend FBG line Voted to redirect in FY08 only reprojected revenues for Purchased Social Services-FHM $572,000 to child care services to delay implementation of cuts described in the DHHS letter of 1/17/07 initiative 6 on child care voucher management until 7/1/08. Funding needed because of decrease in CCDF funds. See item 12.
46	17-91	315	Child Welfare Services			No initiatives. Baseline budget $38.4m GF /yr.	Y
47	17-93	342	Foster Care	($585,737)FF	($599,613)FF	Transfers 8 positions to BCFS Central.	Y
				($50,011)GF	($54,093)GF	Decreases GF due to increase in FFP.	Y
48	17-97	345	Head Start			No initiatives. Baseline budget $109,152 FF /yr, and $2,448,875 GF /yr.	Y
49	17-99	336	FHM Head Start	$198,500FHM	$198,500FHM	Increased due to revenue reprojections.	Y

	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
50	17-101	398	Special Children's Services	$6,419FBG ($74,067)FBG	$7,202FBG ($75,124)FBG	Reorg. 1 position (lab tech to microbiologist) Transfers 1 position to Office of Data, Research and Vital Statistics.	Y Y
51	17-103	404	Youth in Need of Services Pilot Program			No initiatives. Baseline budget $401,160GF /yr.	Y, amend to rename program Homeless Youth Program
52	17-105	317	Community Services Block Grant			No initiatives. FBG funding $4.8m/yr.	Y
53	17-167	241	Ombudsman Program (Child Welfare) – Funded in the Administrative-Executive-Governor's Office, account 0165			No initiatives. Baseline budget $57,150GF /yr. to match FF and $127,000GF /yr grant funds.	Y
Elder Services							
54	17-233	322	Congregate Housing			No initiatives. Baseline budget $1.5m GF /yr.	Y
55	17-235	330	Elder and Adult Services – Bureau	($5,110,466)GF ($711,866)GF ($71,616)OSR	($5,226,324)GF ($725,974)GF ($73,635)OSR	Transfers 68 positions to OES Adult Protective Services account. Transfers 17 positions to Office of Licensing and Reg. Services. Ditto	Y Y Y
56	17-240	355	Long Term Care			No initiatives. Baseline budget $10.6m GF /yr.	Y
57	17-246	369	Nursing Facilities	0 GF 0 FF ($221,495)GF $331,977FF $233,132GF 0 FF	$6,000,000 GF $10,353,230FF ($239,577)GF $359,078FF 0 GF $1,037,980FF	Funds rebasing to 2004 audited costs for NF care. Ditto. Decreases GF due to increase in FFP. Ditto. Swaps funds due to reprojection of provider tax revenue. Ditto	Y, vote split 10-2 Ditto Y Y Y Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
				($223,132)OSR	$610,540OSR	Ditto	Y Minority voted to increase funding for rebasing nursing facility rates, see Minority Notes page 26.
58	17-250	373	Office of Elder Services Adult Protective Services	$5,110,466GF	$5,226,324GF	Transfers 68 positions from Elder and Adult Services-Bureau.	Y
59	17-252	400	State Boarding Homes	$3,040,430GF	$5,874,026GF	Increases GF funding for residential care, assisted living and Alzheimer's residential care homes. Baseline budget is $4.9mGF/yr.	Y, amend name to better reflect use of account
60	17-22	291	Traumatic brain injury	~~$93,647GF~~	~~$98,594GF~~	~~New initiative, staff from regional operations of BDS.~~	Moved to item 95A
61	17-18	254	Consumer directed services	$2,700,761GF	$2,700,761GF	Transfer from DOL of consumer directed program, with its funding, 100%GF.	Y
62	17-254	597	Part Y Language			Unexpended balance in NF OSR 6/30/07 and 6/30/08 carries to fund COLA for NF and residential care (ICF-MR?). DHHS to provide to NF and res care in 08 and 09 COLA of 2% of all costs except fixed costs, to the extent of available funds. DHHS publish projection of funds available by 5/25/07 and 5/26/08. If accept COLA under this part, NF or res care provides equal % increase in wages and benefits to all frontline employees (not administrator). Limits on recoup for noncompliance with formula.	Y
Health							
63	17-256	293	Abstinence education			Allocates $191,394FBG baseline budget. No initiatives. DHHS says inclusion in budget was an error, expect CP to zero out this account.	No. Voted to amend to remove allocation from bill. Zero out account.
64	17-258	294	AIDS Lodging House			No initiatives. Funded at $37,869/yr GF in baseline budget.	Y
65	17-260	312	Cerebral Palsy Centers- Grants			No initiatives. Funded at $18,900/yr GF in baseline budget.	Y
66	17-	316	Community Family			No initiatives. Funded at	Y

	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
	17-262		Planning			$225,322/yr GF in baseline budget.	
67	17-264	322	Cystic Fibrosis			No initiatives. Funded at $5,323/yr GF in baseline budget.	Y
68	17-266	323	Dental Disease Prevention			No initiatives. Allocated at $180,588FBG 08 and $185,321FBG 09 in baseline budget.	Y
69	17-277	337	FHM Human Leukocyte	$11,700FHM	$11,700FHM	Increases funding due to revenue reprojections in FHM. See related checkoff account, item 70.	Y
70	17-296	353	Human Leukocyte Antigen Screening Fund			No initiatives. Allocation in baseline budget is $54,521/yr OSR from income tax checkoff. Checkoff produces closer to $2000/yr. See also item 69.	Y, amend to allocate $10,000 OSR /yr and to change name of fund to Bone Marrow Screening Fund.
71	17-298	354	Hypertension Control			No initiatives. Allocated at $79,965FBG in 08 and $81,363FBG in 09 in baseline budget.	Y
72	17-300	355	Maine Asthma and Lung Disease Research Fund	$42,500OSR	$42,500OSR	Provides allocation for revenues from income tax checkoff.	Y
73	17-302	357	Maine School Oral Health Fund			No initiatives. Allocated at $25,000/yr OSR in baseline budget.	Y
74	17-304	357	Maine Small Business Health Coverage			No initiatives. Allocated at $546/yr OSR in baseline budget. Small Business coverage enacted in 2002 under law authorizing board to contract for or offer coverage. (22 MRSA chapter 854, sections 3161 to 3169. Chapter sunsets 12/31/08.) See attached copy of law.	No. Voted to amend to take out allocation completely and repeal Title 22 chapter 854.
75	17-314	396	Rape Crisis Control			No initiatives. Allocated at $32,720/yr FBG in baseline budget.	Y
76	17-316	397	Risk Reduction	($88,617))FBG ($90,414)FBG	($93,090)FBG ($91,897)FBG	Transfers 1 position funded from FBG to BOH. Transfers 1 position funded from	Y Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
						FBG to Division of Purchased Services.	
77	17-318	398	Sexually Transmitted Diseases			No initiatives. Allocated at $27,763/yr FBG in baseline budget.	Y
78	17-320	403	Tuberculosis Control			No initiatives. Allocated at $88,131 in 08 and $89,055 in 09 in FBG grants in baseline budget.	Y
79	17-268	328	Drinking Water Enforcement			No initiatives. Allocated at $902,359OSR in 08 and $912,489 in OSR funds in 09 in baseline budget.	Y
80	17-312	393	Plumbing, Control Over			No initiatives. Allocates $633,610OSR in 08 and $646,403 in 09 in OSR funds.	Y
81	17-306	358	Maine Water Well Drilling Program			No initiatives. Allocates $97,142OSR in 08 and $99,466OSR in 09 in baseline budget.	Y
82	17-310	358	Maternal and Child Health Block Grant Match			No initiatives. Baseline budget $5,245,159/yr GF. Funds match to FBG in 17-308, item 83.	Y
83	17-308	3588	Maternal and Child Health	$103,561FF ($102,492)FBG	$105,243FF ($104,157)FBG	Transfers funding for 1 position from FBG to FF. Ditto.	Y Y
84	17-284	350	Health – Bureau of (Maine Center for Disease Control and Prevention)	$85,258FF $9,537OSR $6,213OSR $2,613OSR $3,496FF $4,994OSR $4,665OSR $4,994OSR $155,000OSR	$89,960FF $8,069OSR $6,390OSR $2,829OSR $3,496FF $5,262OSR $5,415OSR $5,261OSR $192,500OSR	Funds 1 position established by financial order, in HIV, STD, viral hepatitis. Reorg in HETL lab. Reorg in HETL lab. Reorg in HETL lab. Reorg in HETL lab. Reorg in HETL lab. Reorg in HETL lab. Reorg in HETL lab. Funds BOH public health nursing program, supported by fees.	Y Y Y Y Y Y Y Y Y

#	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
84 (continued)				$88,617FF	$93,090FF	Transfers 1 position from Risk Reduction to BOH.	Y
				($623,290)FF	($637,573)FF	Transfers 9 positions to Office of Data, Research and Vital Statistics.	Y
				($55,953)FF	($56,886)FF	Transfers 1 position to OIAS.	Y
				$73,265GF	$76,847GF	Transfers 1 position from OMB.	Y
				($87,264)FF	($88,445)FF	Transfers funding for 1 position, stays in BOH.	Y
				$90,776OSR	$92,004OSR	Ditto.	Y
				$2,694FF	$5,799FF	Reorg.	Y
				$11,501FF	$12,214FF	Increases hours of staff from 30 to 40/wk.	Y
				$115,705FF	$117,490FF	Creates 1 position for veterinarian, infectious disease division, BOH.	Y
				$3,085FF	$3,256FF	Reorg.	Y
				$14,285FF	$17,153FF	Reorg.	Y
				$5,928FF	$6,030FF	Reorg.	Y
				$4,442FF	$4,779FF	Reorg.	Y
				$1,981FBG	$2,120FBG	Reorg.	Y
				$209,439OSR	$208,563OSR	Allocates funding from Robert Wood Johnson Foundation grant to develop a health information system to meet public health preparedness needs.	Y
85	17-270	332	FHM Bureau of Health	$1,800,000FHM	$1,800,000FHM	Allocates funding for development of public health infrastructure, related to community health coalitions. $1.4m to Healthy Maine Partnerships and $400,000 to regional coordinating councils.	Y
				$1,000,000FHM	$1,000,000FHM	Allocates funding for increased use of tobacco helpline and medication voucher, to accommodate increased use as a result of tobacco tax increase.	Y, vote split 9-4
				$2,878,400FHM	$3,178,400FHM	Allocates funding for increases due to revenue reprojection increases in FHM. Funds in this last account are divided into sub-accounts for FHM accounts	Y vote split 7-5-1. 7 voted to approve allocation of funding as in budget, minus $939,200 in 08 from tobacco prevention and $1m in 09 from tobacco prevention, which

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
85 (continued)						for tobacco prevention and control, oral health, home visits, community school grants and public health infrastructure are in this account. 08 and 09 FHM reprojection proposals for this initiative total $2,878,400 in 08 and $3,178,400 in 09. They include: Oral health $139,900 in 08 and $139,900 in 09;Tobacco prevention and control $939,200 in 08 and $1,039,200 in 09;Home visits $667,000 in 08 and $717,000 in 09;Community school grants $1,132,300 in 08 and $1,282,300 in 09.	would be redirected to other health spending. Net amount approved by vote of 7 on this line is $1,939,200 in 08 and $2,178,400 in 09. See Majority Notes page 26. 5 voted to approve only the allocation of $139,900 for oral health in 08 and $139,900 in 09. Net amount approved by vote of 5 on this line is $139,900 in 08 and $139,900 in 09. Remainder of budgeted amount would be redirected to other health spending. See Minority Notes page 26. 1 voted to approve funding as in budget in both years.
86	17-273	334	FHM Donated Dental	$5,400FHM	$5,400FHM	Increases due to revenue reprojections in FHM.	Y
87	17-275	335	FHM Family Planning	$58,900FHM	$58,900FHM	Increases due to revenue reprojections in FHM.	Y
88	17-279	337	FHM Immunization	$1,100,000FHM $158,000FHM	$1,100,000FHM $158,000FHM	Transfers funding from FHM-Medical Care account to FHM Immunization account to pay for vaccines- flu and pneumococcal. Increases due to revenue reprojections in FHM. New account	Y Y
89	17-281	338	FHM Medical Care	($1,100,000)FHM ($23,437)FHM $854,000FHM	($1,100,000)FHM ($25,351)FHM $954,000FHM	Transfers funding to FHM-Immunization for vaccine administration. Decreases due to increased FFP. Increases due to revenue reprojections in FHM.	Y Y Y, vote split 8-4.
MaineCare Services							

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
50	17-210	308	Bureau of Medical Services (Office of MaineCare Services)	($27,176)GF	($27,638)GF	Reorg.	Y
				$196,011FF	$198,930FF	Reorg.	Y
				($48,286)GF	($50,686)GF	Reallocates funding for positions.	Y
				$15,121FF	$15,913FF	Ditto.	Y
				($23,134)OSR	($23,457)OSR	Ditto.	Y
				$60,586FBG	$62,695FBG	Ditto.	Y
				($207,986)GF	($215,480)GF	Transfers 3 positions to Office of Licensing and Reg. Services.	Y
				($4,450,131)FF	($4,585,935)FF	Transfers 59 positions to Office of Licensing and Reg. Services.	Y
				($180,064)GF	($184,196)GF	Reallocates funding for positions.	Y
				$7,439FF	$7,855FF	Ditto.	Y
				$11,681,674GF	$9,133,627GF	Funds professional and technical services in OMS, IT related. $4.7mGF in 08 and $3.1mGF in 09 are for continued operation of MECMS system.	Y, vote split 11-2
				$4,960,811FF	$2,140,870FF	Ditto.	Y, vote split 11-2
				$218,730FF	$230,213FF	Creates 6 positions, SURS unit collections.	Y
				$300,000OSR	$300,000OSR	Allocates funding DHHS clinical drug trial duties as required by Title 22, section 2700-A (public education re: clinical trials, assess potential harm of drugs and maintain links to publicly accessible web sites on which drug manufacturers post info on clinical trial).	Y
				$2,600,000GF	$2,700,000GF	Provides funding for clinical management program.	Y
				$2,600,000FF	$2,700,000FF	Ditto. Federal match.	Y
				($14,386)GF	($14,386)GF	Reduces funding by requiring employers of certified nursing assistants to pay for criminal background checks of the CNAs.	Y
				Not applicable	0	Eliminates 100 positions (21 GF funded and 79 FF funded) due to reorg. and use of fiscal agent for MaineCare claims processing.	Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
91	17-219	361	Medical Care Payments to Providers (MAP account)	$68,136,020FF	$139,542,927FF	Funds FF for increased MaineCare costs. GF funds are in MH-Medicaid, MH- Child Medicaid, MR Waiver.	Y
	17-220			($275,250)GF	($2,201,400))GF	Funds new position costs in BMS account, for SURS.	Y
				($474,750)FF	($3,798,600)FF	Ditto.	Y
				($1,315,758)GF	($1,423,304)GF	Decreases GF funding due to increased FFP.	Y
				$2,351,496FF	$2,544,719FF	Increases fed funding due to increased FFP.	Y
				$2,302,826FF	$4,474,238FF	Fed funds for increases in MR waiver account in 17-13, $1.3m and $2.2m.	Y Y
				($923,964)GF	($1,305,043)GF	Adjusts funding due to increased service provider tax revenues.	Y
				$923,964OSR	$1,305,043OSR	Ditto.	Y
				($20,360,000)GF	($27,440,000)GF	Savings from clinical management. Net GF savings. Based on $20.3 savings minus $2.6 costs = $17.7 net savings in 08 and $27.4 savings minus $2.7 costs = $24.7 net savings in 09.	Y, majority voted to increase savings to $22,324,609GF in 08 and $30,699,991GF in 09.
				($35,116,839)FF	($47,348,771)FF	Ditto.	Y, majority vote on GF side causes need to adjust FF entry.
				($8,623,978)FF	($11,215,999)FF	Fed fund savings from managed behavioral health care. (GF savings are in departmentwide account, item	Y

Item	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
						3, at 171-45, $5m in 08 and $6.5m in 09).	
				($2,000,000)GF	($2,000,000)GF	Savings from standardizing rates for MaineCare services. Savings are in $4m MH Child Medicaid, $4m MH Community and $2m in MAP account/ per year GF savings.	Y, amended to savings of $5million GF/yr total for items 28, 40 and 91, apportionment to be determined by DHHS. See Majority and Minority Notes page 26 to fill the gap.
				($17,247,956)FF	($17,255,383)FF	FF, Ditto.	Ditto
				0GF	$3,000,000GF	Increases fees for non-hospital based physician services.	Y
				0FF	$5,176,615FF	Ditto.	Y
				($5,000,000)GF	($5,000,000)GF	Savings from capping noncategorical MaineCare members by program costs, not number of members, at $90,000,000/yr GF and FF costs. Current cap is $104m/yr GF and FF. Ditto.	Y
				($8,624,000)FF	($8,624,000)FF	Allocates increased funding due to	Y
				$1,472,975FF	$1,646,163FF	revenue reprojections in FHM.	Y
							Minority voted to add funding for rate increase for wheelchair van services, $254,000GF in 08 and $345,000GF in 09. See Minority Notes page 26.
92	17-230	596	Part W Language Hospital settlements and PIPS			Requires State Controller on 6//30/08 to transfer up to $77,500,000 from unappropriated surplus of GF to MAP. Transfers to be used for Cascade under Title 5, sections 1507 and 1511 and then under W-2 before section 1536. Transfer made under Part W-1 to be used for payment to MAP up to $52m, less transfer made at end of 07, for PIP payments to hospitals. Next priority payments to MAP $25.5m, up to $102m total, for	Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
						hospital settlements. Transfers are adjustments, may be allotted by financial order.	
93	17-231	597	Part X Language Any All Other line in BMS GF carries forward to 6/30/09 for same purposes.			Balances of appropriations in MAP GF may be transferred between accounts by financial order.	Y
94	17-232	600	Part GG Language DHHS review OMS for purposes of transfer of management information system to fiscal agent model.			DAFS OIT to cooperate. DHHS identify position eliminations, Personal Services savings and All Other. State Budget Office shall transfer position counts and balances between line categories by financial order to achieve position eliminations. These are considered adjustments. Commissioner and SBO report to AFA and HHS on progress to achieve new org structure and any transferred amounts by 12/15 and 6/15 each year of biennium.	Y
Mental Retardation Services							
95	17-3	263	Freeport Towne Square	$89,085 OSR	$89,085 OSR	Provides funding for contracted services to FTS. DHHS working on planning for consumers to move and sale of building.	Y
95A	17-22	291	Traumatic brain injury	$93,647GF	$98,594GF	New initiative, staff from regional operations of BDS (Moved from item 60)	Y, DHHS requested renaming account "Brain Injury"
96	17-5	263	Medicaid Services – MR	($56,884)GF ($704,449)GF $796,667OSR	($61,528)GF ($767,154)GF $810,294OSR	Decreases GF due to increased FFP. Decreases GF due to increased provider tax revenue. Increases provider tax expenditures. Account funds ICF-MR and day habilitation. MACSP testimony questions sufficiency of funding. Day habilitation is a MR-Medicaid entitlement.	Y Y Y HHS Committee voted to approve additional appropriation of $23,192,357GF in 09. (Was

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
							incorrectly included in request for 09 in item 99.) Change package expected.
97	17-7	274	Mental Retardation Services - Community	($63,764)GF $309,198GF $4,000,000GF Note: Reductions in Federal Block Grant will reduce grant to $150,000.	($67,026)GF $314,916GF $4,000,000GF Note: Reductions in Federal Block Grant will reduce grant to $150,000.	Transfers 1 position to MCRSQI. Transfers 3 positions from OMB for advocacy for persons with MR. Funds room and board costs for 2000 persons not eligible for MaineCare. DHHS will submit change package to reduce federal block grant to $150,000 each year.	Y Y Y Y
98	17-11	276	Mental Retardation Waiver – Supports	($3650)GF	($3948)GF	Decreases GF due to increased FFP.	Y
99	17-13	276	Mental Retardation Waiver – MaineCare	$1,335,130GF ($233,744)GF $20,004,281GF	$2,273,218GF ($252,825)GF $43,196,638GF	Funds services for 156 new clients per year who age into the adult MR system and who are identified by qualifying for adult protective services, as required by federal waiver approval. Federal match in MAP account. Decreases GF due to increased FFP. Provides funding for MaineCare services. Federal match in MAP account, item 91.	Y Y Y, amended to $20,004,281GF in 09. (Remainder moved to appropriation for 09 in Medicaid-MR account – item 96)
100	17-16	289	Residential Treatment Facilities Assessment	($92,2188)OSR	($43,140)OSR	Decreases funding from health care provider tax. Baseline budget is all provider tax funded.	Y
101	17-59	260	Elizabeth Levinson Center (ICF-MR)			No initiatives. Funded at $3,195,217GF in 08 and $3,270,651GF in 09 in baseline	Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
						budget.	
Miscellaneous							
102	17-164	93	Maine Children's Trust	($56,506)OSR	($56,506)OSR	Reduces allocation to adjust for decreased revenues from income tax checkoff. Baseline budget allocation is $104,806OSR /yr.	Y
103	17-170	178	Disability Rights Center			No initiatives. Baseline budget is $135,543/yr GF.	Y
104	17-173	252	Maine Health Data Organization (MHDO)	($4,192)OSR $91,045OSR	($3,763)OSR $164,939OSR	Reduces allocation for STA-CAP. Increases allocation for operation of MHDO.	Y Y
105	17-175	407	Maine Hospice Council			No initiatives. Funded at $65,884/yr.	Y
106	17-179	474	Board of Licensure of Water Systems Operators			No initiatives. Allocated at $86,539/yr OSR, fees.	Y
107	17-20	277	Office of Advocacy			No initiatives. Provides advocacy for persons with cognitive and physical disabilities. 7 positions. Baseline budget funding $577,369GF in 08 and $587,108GF in 09.	Y
Prescription Drugs							
108	17-238	334	FHM Drugs for the Elderly and Disabled	$2,159,154FHM	$3,909,695FHM	Allocates increases due to revenue reprojections in FHM.	Y
109	17-242	357	Low-Cost Drugs to Maine's Elderly (DEL)			No initiatives. Funded at $8,827,168GF in 08 and 09. GOHPF says to expect change package for 6 positions established as limited period positions by financial order.	Y Voted to approve 6 new positions that will be presented in change package by DHHS.
110	17-245	356	Maine RxPlus Program			No initiatives. Funded at $18,000GF in 08 and $1,341,334OSR in 08 and $18,000GF in 09 and $1,348,136OSR in 09.	Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session
Office of Substance Abuse							
111	17-24	260	DEEP - OSA	$697,000GF	$697,000GF	Increase in fees for DEEP programs, funded by increase in GF revenue in same amount.	Y 2-27
112	17-27	261	FHM – Substance Abuse	($3,161) FHM $812,000FHM	($3,419) FHM $912,000FHM	Decreases FHM costs due to increase in FFP. Allocates increase in FHM funding due to revenue reprojections.	Y Y
113	17-29	284	Office of Substance Abuse	($144,989)GF ($68,535)FBG $100,000GF	($150,095)GF ($71,836)FBG $500,000GF	Transfers 3 positions to Division of Purchased Services. Ditto. Funds medication (but not methadone) for opiate addicted persons (prescription drug abusers).	Y Y Y, amendment needed to budget blippie and departmental statement re: use of funds.
114	17-31	285	Office of Substance Abuse – Medicaid Seed	($9,499)GF $25,888GF ($25,888)OSR	($10,274)GF $11,816GF ($11,816)OSR	Decreases GF due to increased FFP. Increases GF due to decreased provider tax revenues. Decreased OSR due to decreased provider tax revenues.	Y Y Y

Item #	Book page	LD page	Account	08 budget increase	09 budget increase	Comments	Decisions in Work Session

MAJORITY NOTES

A. Majority voted to close the gap caused by decreasing savings from the mental health rate standardization initiative to $5mGF/yr for items 28, 40 and 91 by:
   1. Increasing savings attributable to clinical management in MaineCare MAP account by $1,964,609GF in 08 and $3,259,991GF in 09 (item 91 in HHS Committee worksheets). Savings in item 91 for clinical management of care would total $22,324,609GF in 08 and $30,699,991GF in 09.
   2. Recording revenue from selling Freeport Towne Square for $1.4m in 08 and using it for mental health services
   3. Redirecting 10% of the GF funding that was proposed for departmentwide information technology initiatives on lines 3 and 8, totaling $696,191GF in 08 and $740,009GF in 09 to be used to fund mental health services
   4. Redirecting FHM Bureau of Health reprojected revenue increase to tobacco prevention and control $939,200 in 08 and $1,000,000 in 09 (part of item 85) to health care purposes for mental health services.

B. Majority priorities for additional spending if money is available are:
   1. Meals on Wheels, cost $75,000GF/yr
   2. 1 new behavioral health nurse consultant position in Office of Elder Services, estimated at $80,000-$100,000/yr (Medicaid funding possible)
   3. Wheelchair van services rate increase, through MaineCare MAP account, cost $450,000GF/yr
   4. 3 adult protective workers in Office of Elder and Adult Services, Adult Protective Services, cost $201,150GF in 08 and $210,486GF in 09
   5. Fund emergency services and beds in Office of Elder Services, Adult Protective Services, cost $75,000GF/yr
   6. Fund increased care management through Elder Independence of Maine in Office of Elder Services, cost $550,000GF/yr
   7. Lift cap applicable to the MaineCare members under the noncategorical adult waiver
   8. Fund Maine HealthInfoNet at $2,000,000GF in 08 only.

MINORITY NOTES

A. Minority voted to close the gap caused by decreasing the savings from the mental health rate standardization initiative to $5mGF/yr for items 28, 40 and 91 by:
   1. Recording revenue from selling Freeport Towne Square for $1.4m in 08
   2. Redirecting 10% of the GF funding that was proposed for departmentwide information technology initiatives on lines 3 and 8, totaling $696,191 in 08 and $740,009 in 09
   3. Redirecting proposed increases in FHM funding for tobacco prevention and control of $939,200 in 08 and $1,039,200 in 09, and $1,000,000 in 08 and $1,000,000 in 09 (parts of item 85), for purchased social services of $622,000 in 09 (part of item 85), for community school grants of $1,132,000 in 08 and $1,282,300 in 09 (part of item 85), for medical care of $854,000 in 08 and $954,000 in 09 (item 89) and for home visits of $667,000 in 08 and $717,000 in 09 (part of item 85).

B. Minority voted additional funding as follows:
   1. $2,000,000GF in 08 Nursing Facility MaineCare account to begin rebasing for nursing facilities in 08 and an additional $1,000,000GF in 09 for rebasing
   2. $254,200GF in 08 to increase the MaineCare rate for wheelchair van rates and $345,500GF in 09 for the same purpose, MaineCare MAP account
   3. Strongly urge AFA Committee to review required payments from Dirigo Health Agency to MaineCare for parent expansion members, for prior years and what is planned for 08 and 09 to assure that payments are made as required by law.

C. Minority priorities for additional spending if money is available, including from Dirigo health Agency, are:
   1. Increase funding for nursing facility rebasing funding to a total of $6,000,000GF in 08 and $12,000,000 rebasing funding in 09 and increase MaineCare reimbursement for wheelchair van services to $450,000GF/yr total new funding.
   2. Fund Meals on Wheels, cost $75,000GF/yr
   3. Fund volunteer medical ride program, cost $50,000GF/yr
   4. Fund Maine HealthInfoNet, cost $2,000,000GF in 08 only
   5. Fund 1 nurse consultant in Office of Elder Services, estimate cost at $80,000-$100,000/yr (Medicaid funding possible)
   6. Fund 3 adult protective workers in Office of Elder and Adult Services, Adult Protective Services, cost $201,150GF in 08 and $210,486GF in 09.

John E. Baldacci
Governor

Maine Department of Health and Human Services
Office of Child and Family Services
Early Childhood Division
221 State Street, #11 State House Station
Augusta, Maine 04333-0011

Brenda M. Harvey
Commissioner

Patti Woolley, Director
Early Childhood Division

January 17, 2007

Dear Provider:

For the last several years, the Governor and the Department have supported early childhood and have "held providers harmless" despite the state experiencing annual funding reductions. Because of carryover balances in other grants and a TANF surplus through 2006, it has not been necessary to cut contract allocations to community service providers. Given implementation of the federal Deficit Reduction Act (DRA) requirements and reduction in federal and state funding streams, it is no longer possible to sustain the practice of maintaining current contract funding levels for FY'08 and '09.

As a result, the Early Childhood Division of DHHS is proposing a $2,830,394 reduction to Child Care and Development fund expenditures for FY'08 and '09 that support the following:

- A shift in resource alignment to achieve parent friendly, flexible services;
- A streamlining of eligibility processes;
- An improvement in access to vouchers across the state;
- A reduction in administrative burden and costs;
- A standardization of practice and policy.

Proposed reductions in Child Care and Development Fund Expenditures are:

1. Reduce contracts for child care "slots" to programs that are not serving the full number of units in their current '07 contract. *This will not mean a reduction in current service levels.*

   Reduction **$500,000**

2. Eliminate family child care networks. Move children receiving child care subsidy through the networks to the centralized voucher management system. Training and technical assistance provided by the family child care networks will be provided by the Resource Development Centers.

   a. Catholic Charities Maine — Current contract $1,266,717

   Reduction **$506,632**

b. HomeStart Networks – Head Start agencies with child care contracts.
Reduce administration costs from 16% to 7% in slots contracts.

Current contracts	$777,558
Reduction	**$60,328**

c. Small Family Networks
Move child care subsidy to the centralized voucher management system.

Reduction	**$122,434**

Impact: *Subsidy services to children would be continued.* Family Childcare Providers in networks would lose monthly technical assistance visits, collection of parent fees by agency, and other support by network. Family Childcare Network contracts were developed prior to the Resource Development Centers (RDC's) and Maine Roads to Quality (MRTQ) support systems being implemented. A majority of the support functions provided by the Family Childcare Networks are now duplicative of those received through RDC's and MRTQ.

3. Eliminate the Cross –Disciplinary Training contract with University of Southern Maine. The CD training has been recently revised; it is embedded in the training modules offered by the regional RDC's.

Reduction $191,000

4. Reduce the Muskie Research Contract by $250,000. The research requirements for systemic change involving QRS will be completed in '07, allowing for this reduction.

Reduction $250,000

5. Reduce payment to legal-unlicensed child care providers (family, friends, and neighbors) from 90% to 70% of family child care market rate.

In most other states, the rates of reimbursement to family, friend and neighbor caregivers (informal care) is no more than 50% of the market rate. Studies have suggested that when the rates of reimbursement for informal care are reduced, caregivers choose to become licensed, increasing the numbers of regulated caregivers available to parents.

Reduction $500,000

6. Simplify the voucher management system for parents and providers; eliminate administration duplication; reduce required site reviews and reduce error rates in eligibility determination: Move the administration of voucher management from 11 contracted agencies to within state government in partnership with the Office of Integrated Access and Support:

- Administrative cost reduction - $1million.

Phone: (207) 287-5060 Fax: (207) 287-5282 TDD: 1-800-606-021

- In-house" program initiative support" - $300,000 to support systems transfer/ongoing management.

Net Reduction $700,000

There is a national trend to centralize voucher delivery systems, in response to leaner fiscal times at both the federal and state levels. Given the additional federal requirements to reduce/eliminate eligibility, administrative, and client errors, this plan supports the capacity to meet compliance expectations by centralizing delivery and reducing the need for statewide site reviews. Parents will apply at their childcare provider location, utilizing a web-based process or hard-copy application, eliminating the voucher management administrator "middle man." Centralization of service will also support broader access to vouchers in the provider field. Currently, vouchers are more readily utilized in close proximity to the VMA agencies, based on "familiarity." *This proposal will not reduce the current level of vouchers available statewide or in each region.*

(TANF Transitional voucher management/delivery, fully funded by TANF federal funds, will return to OIAS for service delivery, reducing administrative costs to TANF by approximately $1,000,000.)

The Governor's office, the Commissioner, and Early Childhood Division placed high priority on reducing administrative costs rather than cuts in subsidies for children. Commissioner Harvey, the Office of Child and Family Services Director, Jim Beougher, Carolyn Drugge and I are in ongoing discussion on how best to re-design child care subsidy funding. We heard Governor Baldacci's challenge to the field and state departments to generate ideas that support efficiencies and savings.

Acknowledging this proposal is significant in scope and content, we invite you to an informational meeting to address your questions, concerns and suggestions, as we move forward. ***The informational meeting is scheduled for Monday, January 29th from 2:30-4:00 p.m. in the Main Conference Room at DHHS, 221 State Street, Augusta.***

I look forward to continuing dialogue with you.

Sincerely,

Patti Woolley
Director, Early Childhood Division
Office of Child and Family Services, DHHS
221 State Street, Augusta, ME 04333
Phone: (207) 287-5311, patti.woolley@maine.gov

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John Elias Baldacci
Governor

Maine Department of Health and Human Services

Commissioner's Office

221 State Street
#11 State House Station
Augusta, ME 04333-0011

Brenda M. Harvey
Commissioner

February 27, 2007

MEMORANDUM

TO: Joseph C. Brannigan, Chair
Anne C. Perry, Chair
Members of the Joint Standing Committee on Health and Human Services

FROM: Brenda M. Harvey, Commissioner

SUBJECT: Funding Shortfalls for services funded by federal Social Services Block Grant (SSBG) Account: Purchased Social Services, 0228

Since state fiscal year 1999, the SSBG has decreased from $11.3 million to $7.9 million. During that period, we drew down a $20 million TANF surplus in order to keep contracts whole. The surplus, mostly created by incentives and bonuses, is now exhausted and due to changes in the federal Deficit Reduction Act, will not be restored. Based on expenditures, a $2.9 million shortfall is estimated each fiscal year. A summary of proposed steps that will be taken to deal with the shortfall follows:

Move three positions funded by SSBG to general fund vacant positions. This will be done	$180,000
MH Services funded by SSBG will be reduced by $260,463, and covered by existing Adult MH Services resources.	$260,463
This reduction will be covered within existing resources, including the new MR Supports Waiver, effective 7/1/2007.	$774,149
Home-based family services to provide short-term, crisis-oriented family counseling services will be provided for by other community based initiatives, such as Family Reunification Program, Alternative Response, and Kinship services.	$75,338
Services to survivors of child abuse and neglect will be covered with existing resources as waiting lists are virtually non-existent.	$200,000
We are combining homemaker services into one program managed by the Office of Elder Services.	$933,756
An allocation formula for supervised visitation for children in state custody will be developed using the number of children in each district as a basis for the level of contracts for each agency.	$300,000
The Department will seek to support Cross-Disciplinary training with in-house training options are being explored.	$191,036
Total Proposed Cuts	**$ 2,914,742**

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Historical and Statutory Notes

2003 Legislation

Laws 2003, ch. 689, § B–6, provides:

"**Sec. B–6. Maine Revised Statutes amended; revision clause.** Wherever in the Maine Revised Statutes the words 'Department of Human Services' or 'Department of Behavioral and Developmental Services' appear or reference is made to either of those departments with reference to the duties transferred to the Department of Health and Human Services as set forth in this Act, they are amended to read or mean, as the case may be, 'Department of Health and Human Services.' The Revisor of Statutes shall implement this revision when updating, publishing or republishing statutes."

CHAPTER 260–A

SETTLEMENT FUNDS

Section
1511. Fund for a Healthy Maine established.

§ 1511. Fund for a Healthy Maine established

1. Fund established. The Fund for a Healthy Maine, referred to in this chapter as the "fund," is established as an Other Special Revenue fund for the purposes specified in this chapter.

2. Sources of fund. The State Controller shall credit to the fund:

A. All money received by the State in settlement of or in relation to the lawsuit State of Maine v. Philip Morris, et al., Kennebec County Superior Court, Docket No. CV–97–134;

B. Money from any other source, whether public or private, designated for deposit into or credited to the fund; and

C. Interest earned or other investment income on balances in the fund.

3. Repealed. Laws 2001, c. 358, § Q–1.

3–A. Unencumbered balances. Any unencumbered balance remaining at the end of any fiscal year lapses back to the Fund for a Healthy Maine, the account within the Department of Administrative and Financial Services established pursuant to this section, and may not be made available for expenditure without specific legislative approval.

3–B. Departmental indirect cost allocation plans. Any revenue transfer made on or after July 1, 2000 from a Fund for a Healthy Maine account to another account pursuant to an approved departmental indirect cost allocation plan is determined by the Legislature to be an authorized use of revenue credited to the Fund for a Healthy Maine. The State Budget Officer shall reduce allotment for the amount of any transfer made from a Fund for a Healthy Maine account for the purpose authorized in this subsection.

4. Restrictions. This section does not require the provision of services for the purposes specified in subsection 6. When allocations are made to direct services, services to lower income consumers must have priority over services to higher income consumers. Allocations from the fund must be used to supplement, not supplant, appropriations from the General Fund.

5. General Fund limitation. Notwithstanding any provision to the contrary in this section, any program, expansion of a program, expenditure or transfer authorized by the Legislature using the Fund for a Healthy Maine may not be transferred to the General Fund without specific legislative approval.

6. Health purposes. Allocations are limited to the following health-related purposes:

A. Smoking prevention, cessation and control activities, including, but not limited to, reducing smoking among the children of the State;

B. Prenatal and young children's care including home visits and support for parents of children from birth to 6 years of age;

C. Child care for children up to 15 years of age, including after-school care;

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D. Health care for children and adults, maximizing to the extent possible federal matching funds;

E. Prescription drugs for adults who are elderly or disabled, maximizing to the extent possible federal matching funds;

F. Dental and oral health care to low-income persons who lack adequate dental coverage;

G. Substance abuse prevention and treatment; and

H. Comprehensive school health programs, including school-based health centers.

7. Repealed. Laws 2001, c. 358, § Q–3.

8. Report by Treasurer of State. The Treasurer of State shall report at least annually on or before the 2nd Friday in December to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters. The report must summarize the activity in any funds or accounts directly related to this section.

9. Working capital advance. Beginning July 1, 2003, the State Controller is authorized to provide an annual advance up to $37,500,000 from the General Fund to the fund to provide money for allocations from the fund. This money must be returned to the General Fund as the first priority from the amounts credited to the fund pursuant to subsection 2, paragraph A.

10. Repealed. Laws 2003, c. 687, § B–6.

11. Restricted accounts. The State Controller is authorized to establish separate accounts within the fund in order to segregate money received by the fund from any source, whether public or private, that requires as a condition of the contribution to the fund that the use of the money contributed be restricted to one or more of the purposes specified in subsection 6. Money credited to a restricted account established under this subsection may be applied only to the purposes to which the account is restricted.

1999, c. 401, § V–1, eff. June 4, 1999; 2001, c. 358, §§ Q–1 to Q–4, eff. June 4, 2001; 2001, c. 559, § AA–3; 2001, c. 714, § OO–1; 2003, I.B. 2, c. 1, § 6; 2003, c. 513, § Y–1; 2003, c. 687, §§ A–9, B–6.

Historical and Statutory Notes

2003 Legislation

Laws 2003, I.B. 2, c. 1, § 6, added subsec. 10.

Laws 2003, I.B. 2, was contingent upon approval by the voters of the state of Maine at the election held Nov. 4, 2003. Laws 2003, I.B. 2, was approved by the voters at the election held on Nov. 4, 2003, and took effect Jan. 4, 2004, pursuant to M.R.S.A. Const. Art. 4, Pt. 3, § 19.

Laws 2003, c. 513, § Y–1, inserted subsec. 3–B.

Laws 2003, c. 687, § A–9, added subsec. 11.

Laws 2003, c. 687, § B–6, repealed subsec. 10, which prior thereto read:

"10. **Restricted accounts.** The State Controller is authorized to establish separate accounts within the fund in order to segregate money received by the fund from any source, whether public or private, that requires as a condition of the contribution to the fund that the use of the money contributed be restricted to one or more of the purposes specified in subsection 6. Money credited to a restricted account established under this subsection may be applied only to the purposes to which the account is restricted."

Laws 2003, c. 687, § B–11, provides:

"**Sec. B–11. Retroactivity.** The Act applies retroactively to January 3, 2004."

CHAPTER 262

SMOKING

surplus of the Highway Fund no later than June 30, 2007.

Sec. JJ-4. Other drug subsidy payment uses. Notwithstanding any other provision of law, the State Budget Officer shall calculate the amount of drug subsidy payments received under the federal Medicare Prescription Drug, Improvement, and Modernization Act of 2003 that applies against all funds other than the General Fund and the Highway Fund. Based on this calculation, the State Controller shall make the appropriate transfers from the Accident, Sickness and Health Insurance Internal Service Fund to the affected funds no later than June 30, 2007.

PART KK

Sec. KK-1. Achievement of reduction through maximizing access to existing resources. The reduction made in this Part may not result in the loss of access to health care for individuals eligible under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph F but must be achieved by maximizing access to existing community resources available to those individuals.

Sec. KK-2. Application of reduction. The Department of Health and Human Services shall apply the reduction made in this Part based on the results of an impact analysis determining the most equitable manner of application considering the capacity and other obligations of each available community resource.

Sec. KK-3. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Deappropriates and deallocates funds for savings achieved in the MaineCare childless adult waiver program.

GENERAL FUND	**2005-06**	**2006-07**
All Other	$0	($1,500,000)
GENERAL FUND TOTAL	$0	($1,500,000)
FEDERAL EXPENDITURES FUND	**2005-06**	**2006-07**
All Other	$0	($2,543,127)
FEDERAL EXPENDITURES FUND TOTAL	$0	($2,543,127)

PART LL

Sec. LL-1. Hospital lawsuit payment timing. The Department of Health and Human Services shall make payments to hospitals required under the recently concluded settlements of the MaineCare hospital reimbursement lawsuits prior to September 30, 2005.

Sec. LL-2. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (Formerly DHS)

Medical Care - Payments to Providers 0147

Initiative: Adjusts funding appropriated and allocated for payments required under the settlements of the MaineCare hospital reimbursement lawsuits to reflect the impact of making the payments prior to September 30, 2005.

GENERAL FUND	**2005-06**	**2006-07**
All Other	$16,210,850	($17,860,850)
GENERAL FUND TOTAL	$16,210,850	($17,860,850)
FEDERAL EXPENDITURES FUND	**2005-06**	**2006-07**
All Other	$31,931,603	($30,281,603)
FEDERAL EXPENDITURES FUND TOTAL	$31,931,603	($30,281,603)

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (Formerly DHS) DEPARTMENT TOTALS	**2005-06**	**2006-07**
GENERAL FUND	**$16,210,850**	**($17,860,850)**
FEDERAL EXPENDITURES FUND	**$31,931,603**	**($30,281,603)**
DEPARTMENT TOTAL - ALL FUNDS	**$48,142,453**	**($48,142,453)**

PART MM

Sec. MM-1. Dirigo Health Enterprise Fund transfer. Notwithstanding any other provision of law, the State Controller shall transfer from the unallocated surplus of the Dirigo Health Enterprise Fund to the unappropriated surplus of the General Fund $1,125,000 no later than June 30, 2006 and $1,125,000 no later than June 30, 2007 in a manner to be determined in consultation with the Executive Director of Dirigo Health.

PART NN

Sec. NN-1. 34-B MRSA §1001, sub-§8, ¶¶B and D, as enacted by PL 1983, c. 459, §7, are amended to read:

B. The Bangor Mental Health Institute; or

D. The Elizabeth Levinson Center;.

Sec. NN-2. 34-B MRSA §1001, sub-§8, ¶E, as amended by PL 1997, c. 393, Pt. A, §38, is repealed.

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Sec. NN-3. 34-B MRSA §1001, sub-§8, ¶H, as reallocated by RR 1995, c. 2, §82, is repealed.

Sec. NN-4. 34-B MRSA §1409, sub-§1, ¶C, as enacted by PL 1983, c. 580, §5, is repealed.

Sec. NN-5. 34-B MRSA c. 5, sub-c. 3, art. 1, as amended, is repealed.

Sec. NN-6. Sale of Freeport Towne Square. The Commissioner of Administrative and Financial Services is authorized to negotiate the sale of the Freeport Towne Square property and to convey the State's interest in the property. The proceeds of the sale must be deposited in the Mental Retardation Services - Community Other Special Revenue Funds account within the Department of Health and Human Services. This section takes effect 90 days after adjournment of the First Special Session of the 122nd Legislature.

Sec. NN-7. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (Formerly BDS)

Freeport Towne Square 0118

Initiative: Deappropriates funds to reflect the privatization of Freeport Towne Square, including the elimination of one Maintenance Mechanic position, 11 Houseparent I positions, 2 Houseparent II positions, one Manual Training Coordinator position and one Mental Health Worker II position and the transfer of one Developmental Disability Center Manager position and one MH & MR Caseworker position to the Mental Retardation Services - Community program. This request will decrease General Fund undedicated revenue by $464,682 in fiscal year 2005-06 and $824,685 in fiscal year 2006-07.

GENERAL FUND	2005-06	2006-07
POSITIONS - LEGISLATIVE COUNT	(18.000)	(18.000)
Personal Services	($737,762)	($1,204,848)
All Other	($37,272)	($74,344)
GENERAL FUND TOTAL	($775,034)	($1,279,192)

Mental Retardation Waiver - MaineCare 0987

Initiative: Appropriates funds for the state share of the costs of services to individuals as a result of the privatization of Freeport Towne Square.

GENERAL FUND	2005-06	2006-07
All Other	$282,000	$376,000
GENERAL FUND TOTAL	$282,000	$376,000

Mental Retardation Services - Community 0122

Initiative: Appropriates funds for one Developmental Disabilities Center Manager position and one MH & MR Caseworker position to reflect a transfer from Freeport Towne Square. This request will increase General Fund undedicated revenue by $75,149 in fiscal year 2005-06 and $99,412 in fiscal year 2006-07.

GENERAL FUND	2005-06	2006-07
POSITIONS - LEGISLATIVE COUNT	2.000	2.000
Personal Services	$103,501	$156,192
GENERAL FUND TOTAL	$103,501	$156,192

Mental Retardation Services - Community 0122

Initiative: Adjusts appropriations to reserve funding for Freeport Towne Square's estimated distribution of statewide Personal Services deappropriations.

GENERAL FUND	2005-06	2006-07
Personal Services	$0	($78,273)
GENERAL FUND TOTAL	$0	($78,273)

Mental Retardation Services - Community 0122

Initiative: Provides a one-time adjustment to appropriations and allocations to reflect the availability of Other Special Revenue Funds from the sale of the Freeport Towne Square property.

GENERAL FUND	2005-06	2006-07
All Other	$0	($1,000,000)
GENERAL FUND TOTAL	$0	($1,000,000)

OTHER SPECIAL REVENUE FUNDS	2005-06	2006-07
All Other	$0	$1,000,000
OTHER SPECIAL REVENUE FUNDS TOTAL	$0	$1,000,000

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (Formerly BDS) DEPARTMENT TOTALS	2005-06	2006-07
GENERAL FUND	($389,533)	($1,825,273)
OTHER SPECIAL REVENUE FUNDS	$0	$1,000,000
DEPARTMENT TOTAL - ALL FUNDS	($389,533)	($825,273)

Sec. NN-8. Effective date. Those sections of this Part that amend the Maine Revised Statutes, Title 34-B, section 1001, subsection 8 and Title 34-B, section 1409 and that repeal Title 34-B, chapter 5, subchapter 3, Article 1 take effect October 1, 2005.

PART OO

Sec. OO-1. 34-B MRSA §1001, sub-§4-A is enacted to read:

4-A. Office of advocacy. "Office of advocacy" means a private entity contracted with by the commissioner to perform the duties described in section 1205.

Sec. OO-2. 34-B MRSA §1205, as amended by 1995, c. 560, Pt. K, §18, is further amended to read:

CHAPTER 605

PRESCRIPTION DRUG ADVERTISING

Historical and Statutory Notes

Laws 2005, c. 392, § 1, enacted Chapter 605, "Prescription Drug Advertising", consisting of § 2700–A.

§ 2700–A. Prohibitions and required disclosures

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

A. "Clinical trial" means a clinical investigation as defined by the federal Food and Drug Administration that involves any trial to test the safety or efficacy of a drug or biological product with one or more human subjects and that is intended to be submitted to, or held for inspection by, the federal Food and Drug Administration as part of an application for a research or marketing permit.

B. "Manufacturer of prescription drugs" or "manufacturer" means a manufacturer of prescription drugs or biological products or an affiliate of the manufacturer or a labeler that receives prescription drugs or biological products from a manufacturer or wholesaler and repackages those drugs or biological products for later retail sale and that has a labeler code from the federal Food and Drug Administration under 21 Code of Federal Regulations, 2027.20 (1999).

C. "Regulated advertisement" means the presentation to the general public of a commercial message regarding a prescription drug or biological product by a manufacturer of prescription drugs that is:

(1) Broadcast on television or radio from a station that is physically located in the State;

(2) Broadcast over the Internet from a location in the State; or

(3) Printed in magazines or newspapers that are printed, distributed or sold in the State.

2. Regulated advertisement requirement. Beginning October 15, 2005, a manufacturer may not present or cause to be presented in the State a regulated advertisement, unless that advertisement meets the requirements concerning misbranded drugs and devices and prescription drug advertising of federal law and regulations under 21 United States Code, Sections 331 and 352(n) and 21 Code of Federal Regulations, Part 202 and state rules.

3. Disclosure of clinical trials of prescription drugs. Beginning October 15, 2005, a manufacturer or labeler of prescription drugs that is required to report marketing costs for prescription drugs pursuant to section 2698–A shall post, with regard to those prescription drugs, on the publicly accessible Internet website of the federal National Institutes of Health or its successor agency or another publicly accessible website the following information concerning any clinical trial that the manufacturer conducted or sponsored on or after October 15, 2002:

A. The name of the entity that conducted or is conducting the clinical trial;

B. A summary of the purpose of the clinical trial;

C. The dates during which the trial has taken place; and

D. Information concerning the results of the clinical trial, including potential or actual adverse effects of the drug.

In order to satisfy the requirements of this subsection, the publicly accessible website and manner of posting must be acceptable to the department.

(9)

4. Fees. Beginning April 1, 2006, each manufacturer of prescription drugs that are provided to Maine residents through the MaineCare program under section 3174–G or the elderly low-cost drug program under section 254–D shall pay a fee of $1,000 per calendar year to the State. Fees collected under this subsection must be used to cover the cost of overseeing implementation of this section, including but not limited to maintaining links to publicly accessible websites to which manufacturers are posting clinical trial information under subsection 3 and other relevant sites, assessing whether and the extent to which Maine residents have been harmed by the use of a particular drug and undertaking the public education initiative under subsection 5. Revenues received under this subsection must be deposited into an Other Special Revenue Funds account to be used for the purposes of this subsection.

5. Public education initiative. The department shall undertake a public education initiative to inform residents of the State about clinical trials and drug safety information.

6. Penalties. A violation of this section is a violation of the Maine Unfair Trade Practices Act. Each day a manufacturer is in violation of this chapter is considered a separate violation.

7. Rulemaking. The department may adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2–A. [1]

2005, c. 392, § 1; 2005, c. 589, § 2; 2005, c. 683, § B–17, eff. June 2, 2006.

[1] 5 M.R.S.A. § 8071 et seq.

Historical and Statutory Notes

2005 Legislation

Laws 2005, c. 589, § 2, in subsec. 4, in the first sentence, substituted "State" for "department".

Laws 2005, c. 683, § B–17, in subsec. 4, in the first sentence, substituted "section 254–D" for "section 254".

CHAPTER 250–A

HUMAN LEUKOCYTE ANTIGEN SCREENING FUND

Laws 1999, c. 731, § SS–1, enacted Chapter 250–A, Human Leukocyte Antigen Screening Fund, consisting of § 851.

Section

§ 851. Human Leukocyte Antigen Screening Fund

1. Creation of fund. The Human Leukocyte Antigen Screening Fund, referred to in this section as the "fund," is established as a nonlapsing fund to support bone marrow screening by individuals and organizations determined to be eligible according to rules adopted by the department under subsection 2. Money in the fund must be expended as allocated by the Legislature for the purposes of the fund and may be invested as provided by law. Interest on these investments must be credited to the fund.

2. Administration. The department shall administer the fund and shall adopt rules as necessary to administer the fund and to determine the criteria for eligible recipients. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter II–A.[1]

3. Income tax checkoff funding. Revenue collected from the income tax checkoff pursuant to Title 36, section 5285–A must be credited to the fund.

4. Other funds. The fund may receive money from any source, including grants, gifts, bequests and donations.

1999, c. 731, § SS–1.

[1] 5 M.R.S.A. § 8071 et seq.

Library References

States ⇐127.
WESTLAW Topic No. 360.
C.J.S. States § 228.

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3. Deleted. Laws 1993, c. 600, § A–280, eff. April 7, 1994.

1985, c. 441, § 4; 1987, c. 402, § A, 193, eff. June 24, 1987; 1993, c. 253, § 2; 1993, c. 600, § A–280, eff. April 7, 1994; 1995, c. 639, § 31, eff. April 10, 1996.

[1] 22 M.R.S.A. § 3881 et seq.

Historical and Statutory Notes

1993 Legislation

Laws 1993, c. 253, § 2, rewrote subsec. 1, which prior thereto read:

"1. **Maine Children's Trust Fund.** Taxpayers who, when filing their returns, are entitled to a refund under this Part may designate a portion of that refund, to be paid into the Maine Children's Trust Fund established in Title 22, chapter 1052. Each individual in substantially the following form: 'Contributions to Maine Children's Trust Fund: ( ) $1, ( ) $5, ( ) $10 or ( ) Other $.' "

Laws 1993, c. 600, § A–280, in subsecs. 1 and 2, substituted references to the Maine Children's Trust Incorporated for references to the Maine Children's Trust Fund, and substituted references to 22 M.R.S.A. chapter 1058 for references to 22 M.R.S.A. chapter 1052, wherever appearing; and deleted subsec. 3, which related to a limitation on contributions to the children's trust.

Laws 1993, c. 600, was presented to the Governor by the Senate on March 30, 1994, and became law without his signature pursuant to M.R.S.A. Const. Art. IV, Pt. 3. Under M.R.S.A. Const. Art. IV, Pt. 3, § 2, the Governor must sign or veto a bill within 10 days, excluding Sundays, after it has been presented to him and, if the Governor does neither, the bill becomes law as if he had signed it. Laws 1993, c. 600, was returned unsigned by the Governor to the Legislature on April 7, 1994, before the 10 day period had run. For purposes of the emergency clause of Laws 1993, c. 600, April 7, 1994, is treated here as the day of approval for Laws 1993, c. 600, becoming effective.

1995 Legislation

Laws 1995, c. 402, § A–46, provided:

"The Maine Children's Trust Incorporated is the successor in every way to the Maine Children's Trust Fund.

"All accrued expenditures, assets, liabilities, balances of funds, transfers, revenues or other available funds of the former Maine Children's Trust Fund must be reallocated to the Maine Children's Trust Incorporated.

"All existing rules, regulations and procedures in effect, in operation or promulgated by the former Maine Children's Trust Fund or any of its administrative units or officers are in effect and continue in effect until rescinded, revised or amended by the proper authority.

"All existing contracts, agreements and compacts that are in effect for the Maine Children's Trust Fund continue in effect.

"Any positions authorized and allocated subject to the personnel laws to the Maine Children's Trust Fund may continue to be authorized.

"All records, property and equipment belonging to or allocated for the use of the Maine Children's Trust Fund may be used by the Maine Children's Trust Incorporated until existing supplies of those items are exhausted.

"This section applies retroactively to July 1, 1994."

Laws 1995, c. 639, § 31, in subsec. 1, provided that a taxpayer who is not entitled to a refund may contribute to the Trust by including the necessary funds with his tax return.

§ 5285–A. Human Leukocyte Antigen Screening Fund checkoff

1. Human Leukocyte Antigen Screening Fund. When filing a return, a taxpayer entitled to a refund under this Part [1] may designate that a portion of that refund be paid into the Human Leukocyte Antigen Screening Fund established in Title 22, chapter 250–A.[2] A taxpayer who is not entitled to a refund under this Part may contribute to the Human Leukocyte Antigen Screening Fund by including with that taxpayer's return sufficient funds to make the contribution. Each individual income tax return form must contain a designation in substantially the following form: "Human Leukocyte Antigen Screening Fund: ( ) $5, ( ) $10, ( ) $25 or ( ) Other $."

2. Contributions credited to the Human Leukocyte Antigen Screening Fund. The State Tax Assessor shall determine annually the total amount contributed pursuant to subsection 1. Prior to the beginning of the next year, the State Tax Assessor shall deduct the cost of administering the Human Leukocyte Antigen Screening Fund checkoff, but not exceeding $2,000 annually, and report the remainder to the Treasurer of State, who shall forward that amount to the Human Leukocyte Antigen Screening Fund.

3. Effective date. This section applies to tax years beginning on and after January 1, 2000.

1999, c. 731, §§ SS–2.

[1] 36 M.R.S.A. § 5101 et seq.

[2] 22 M.R.S.A. § 851.

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CHAPTER 854

MAINE SMALL BUSINESS HEALTH COVERAGE PLAN

Laws 2001, c. 677, § 1, enacted Chapter 854, "Maine Small Business Health Coverage Plan", consisting of §§ 3161 to 3169.

Repeal

Chapter 854 is repealed, effective December 31, 2008, pursuant to 22 M.R.S.A. § 3169.

Section

§ 3161. Definitions

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

1. Administrator. "Administrator" means any person who, on behalf of the board, receives or collects charges, contributions or premiums for, or adjusts or settles claims on residents of this State in connection with, any type of health benefit provided under the plan as an alternative to insurance as described in Title 24–A, sections 702 to 704, other than any person listed in Title 24–A, section 1901, subsection 1, paragraphs A to O.

2. Board. "Board" means the board of directors of the Maine Small Business Health Coverage Plan.

3. Charges. "Charges" means any compensation paid by the board for services performed by the administrator.

4. Contribution. "Contribution" means the value of the funds that have been provided or are to be applied by a small employer to fund the plan including any money charged an eligible employer to provide for stop loss or excess insurance coverage to the plan. Contributions include any fees charged to an enrollee for participation in the plan.

5. Eligible employee. "Eligible employee" or "employee" means an individual who:

A. Meets the definition set forth in Title 24–A, section 2808–B, subsection 1, paragraph C;

B. Is self-employed as described in subsection 9, paragraph C; or

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C. Is a sole employee of a nonprofit organization that has been determined by the Internal Revenue Service to be exempt from taxation under 26 Internal Revenue Service Code, Section 501(c)(3), (4) or (6) who has a normal work week of at least 20 hours and is not covered under a public or private plan for health insurance or other health benefit arrangement.

6. **Enrollee.** "Enrollee" means an individual who is enrolled in the plan.

7. **Loss ratio.** "Loss ratio" means the ratio between the amount of contributions received and the amount of claims paid by the administrator under the plan.

8. **Plan.** "Plan" means the Maine Small Business Health Coverage Plan established by this chapter.

9. **Small employer.** "Small employer" or "employer" means a person that:

A. On at least 50% of its working days during the preceding calendar quarter, employed at least 2 but not more than 50 eligible employees, the majority of whom are employed in the State;

B. If an employer was not in existence throughout the preceding calendar year, on at least 50% of the working days during its first year employed at least 2 but not more than 50 eligible employees, the majority of whom are employed in this State;

C. Is a self-employed individual who:

(1) Works and resides in the State; and

(2) Is organized as a sole proprietorship or in any other legally recognized manner that a self-employed individual may organize, a substantial part of whose income derives from a trade or business through which the individual has attempted to earn taxable income, and who has filed the appropriate internal revenue form for the previous taxable year and for whom a copy of the appropriate internal revenue form or forms and schedule has been filed with the plan or its administrator; or

D. Is a nonprofit organization that has been determined by the Internal Revenue Service to be exempt from taxation under 26 Internal Revenue Code, Section 501(c)(3), (4) or (6) and has at least one eligible employee.

2001, c. 677, § 1; R.R.2001, c. 2, § A–35, eff. Oct. 1, 2002.

Repeal

This section is repealed, effective December 31, 2008, pursuant to 22 M.R.S.A. § 3169.

Historical and Statutory Notes

Revisor Report 2001, c. 2, § A–35, in subsec. 1, corrected a clerical error by deleting "by" following "as described in".

Library References

Insurance ⇐2452.
WESTLAW Topic No. 217.

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§ 3162. Maine Small Business Health Coverage Plan

1. Plan established. The Maine Small Business Health Coverage Plan is established to provide comprehensive health care coverage at affordable prices to small employers, including self-employed individuals, their employees and dependents on a voluntary basis. The plan operates under the supervision of the board and in coordination with the department.

2. Board. The board of directors is comprised of 11 voting members and one ex officio nonvoting member.

A. Members must be appointed as follows:

(1) The President of the Senate shall appoint 2 members, one of whom is a representative of the self-employed and one of whom is a representative of organized labor;

(2) The Speaker of the House of Representatives shall appoint 2 members, one of whom represents small businesses in this State and one of whom represents health care consumers in this State;

(3) The Governor shall appoint 2 members, one of whom is a health policy expert with expertise in both the public and private health sectors and one of whom represents low-income people in this State; and

(4) The Governor, the President of the Senate and the Speaker of the House of Representatives shall jointly agree on the appointment of a representative of small employers with 20–50 employees, a representative of a nonprofit community development financial institution that assists small businesses in the State, a representative of health care consumers, a health economist and a representative of health care providers.

B. Members shall serve 3–year terms. Members may serve up to 3 consecutive terms. Of the initial appointees, the 5 members appointed by joint agreement of the Governor, the President of the Senate and the Speaker of the House shall serve initial terms of 2 years.

C. The commissioner is an ex officio nonvoting member of the board.

D. Vacancies must be filled by the remaining members of the board for the remainder of the unexpired term. The board shall select a member to fill a vacancy from a list of nominations submitted by the appointing officer of the member whose seat is to be filled.

E. Board members shall elect a chair. All meetings of the board are public meetings within the meaning of Title 1, chapter 13, subchapter I.

F. Board members are entitled to reimbursement for necessary expenses according to the provisions of Title 5, chapter 379.

G. Initial appointments must be made no later than August 15, 2002.

3. Powers and duties. The board may take action in accordance with the following provisions.

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A. The board shall design, implement and oversee the plan. The board may design a comprehensive managed care plan or a comprehensive indemnity plan or both that complies with the provisions of this chapter.

B. The board shall contract with a qualified bidder to provide health care coverage or act as administrator for health care coverage under the plan pursuant to subsection 5.

C. The board, in consultation with the department, may establish conditions for enrollment and participation by eligible small employers. These conditions must require employers to offer enrollment to all employees and their spouses and dependents who are not enrolled in another health plan.

D. The board shall negotiate rates with participating providers for health care services rendered under the plan. The rates must be sufficient to ensure adequate access to health care services to those employers and employees enrolled in the plan. The rates may not be less than current reimbursement rates under the Medicaid program.

E. The board shall regularly review rates and benefits provided under the plan and the financial stability of the plan and shall propose by rule any adjustments considered necessary.

F. The board may contract with qualified 3rd parties for any service necessary to carry out the purposes of this chapter, employ necessary staff and set up a suitable office.

G. Until the board is able to contract or make other arrangements for staffing and services, the board may call upon the department and the Office of Fiscal and Program Review for staffing and services within the department's and the Legislature's current available resources.

H. The board may accept grant funding from any public or private sources identified by the board or department.

I. Repealed. Laws 2001, c. 714, § II–1.

J. The board may obtain stop loss or excess insurance coverage if necessary. The department shall coordinate its medically needy program under Medicaid so as to maximize Medicaid in a manner that will most effectively reduce the potential liability of the reinsurance plan.

K. The board shall establish a loss ratio for health care coverage through the plan. The board shall increase the loss ratio periodically in order to achieve a maximum level of administrative efficiency.

L. The board shall establish reserves at levels sufficient to protect the enrollees and ensure the fiscal solvency of the plan.

M. The board shall develop a statewide marketing plan. The marketing plan must be designed to inform employers and employees of eligibility requirements under the plan. The marketing plan must use insurance producers, consumer organizations, toll-free help lines, the department and health care providers as well as using other methods to achieve awareness of and participation in the plan to the greatest extent possible.

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N. Beginning April 1, 2004, and annually thereafter, the board shall report to the joint standing committee of the Legislature having jurisdiction over health insurance matters and the joint standing committee of the Legislature having jurisdiction over human services matters on the impact of the plan on the overall small group market. The board shall also report on the extent of coverage, the effect on premiums, the number of covered lives, the number of policies issued or renewed and the amount of premiums earned and claims incurred.

4. **Business plan.** Before implementation of the plan, the board shall develop a business plan, including an actuarial and marketing analysis describing the request-for-proposal process, implementation of the plan and other customary requirements, that meets the requirements of this subsection.

A. By September 1, 2002, the board shall initiate planning and research for the development of the plan by contracting with health policy and economics experts. The initial planning and research must address, consistent with this chapter, at least the following information:

(1) The potential pool of enrollees in the plan, the cost of providing them health care and proposed participation goals for enrollment;

(2) A sample of potential provider rate schedules designed to control costs and provide access while fairly addressing the costs of providing medical care in the State;

(3) Sample contribution and cost-sharing rate schedules for small employers, employees and their dependents;

(4) The financial savings realized from coordinating with Medicaid and the method of that coordination; and

(5) The level of reserves and amount of stop loss or excess insurance coverage needed.

B. The board, in conjunction with the department, is required to prepare and submit as part of the business plan any federal Medicaid waivers that will be necessary to implement the plan. The department shall submit and pursue any necessary waivers in preparation for the Legislature's review of the business plan.

5. **Purchase of health care coverage.** The board shall issue a request for proposals that solicits bids from qualified bidders to provide health care coverage or act as administrator for health care coverage for small employers, their employees and dependents enrolled in the plan.

A. At a minimum, the request for proposals must require bids to provide health care coverage for a benefit package actuarially equivalent to the health care plan provided to State employees as of December 31, 2001 pursuant to Title 5, section 285 and any other benefit package designed by the board. The bids must otherwise comply with the requirements of this chapter.

B. The department shall submit a bid to provide health care coverage or act as the administrator of health care coverage under this chapter and include an adequate plan for capitalization.

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C. Health insurers, nonprofit hospital and medical service organizations or health maintenance organizations licensed pursuant to Title 24 or Title 24-A may submit bids pursuant to this subsection.

D. The board shall issue the request for proposals under this subsection by August 1, 2003 and make a bid award to a qualifying bidder or bidders no later than October 1, 2003. The initial award must be for a period of 2 years. The board may extend its contract with the winner of the initial bid for an additional 2-year period without a competitive bid process. After one extension, the board shall initiate a competitive bid process for future contracts.

2001, c. 677, § 1; 2001, c. 714, § II-1.

Repeal

This section is repealed, effective December 31, 2008, pursuant to 22 M.R.S.A. § 3169.

Historical and Statutory Notes

Laws 2001, c. 714, § II-1, in subsec. 3, repealed par. I, which prior thereto read:

"I. The board may receive any funds necessary, not to exceed $1,000,000, as a working capital advance for initial operating expenses in administering the plan. Notwithstanding section 2861, subsection 9, these funds may be transferred from the Maine Rx Dedicated Fund, as established in section 2861, subsection 9, or other sources identified by the department or board and, if transferred, must be repaid no later than 2 years following start-up of the plan."

Library References

Insurance ⇐2452.
WESTLAW Topic No. 217.

§ 3163. Contributions; payment for coverage

1. Contributions. The board shall establish contributions for enrolled employers, employees and their dependents. Employers shall pay the cost of the contribution except for that portion, if any, of the contribution permitted by the board to be charged to the employee. Enrolled employers may require that their employees make a contribution toward the cost of coverage under this plan in compliance with the contribution limits set by the board under subsection 2.

2. Maximum employee contributions. The board shall set a maximum employee contribution on a sliding fee scale based on the employee's income, except that:

A. An enrolled employee with family income below 150% of the nonfarm income official poverty line may not be required to pay a contribution for coverage of that employee or dependent, or any other cost sharing in excess of the amount allowable under the Medicaid program;

B. A pregnant woman with income below 200% of the nonfarm income official poverty line may not be required to pay a contribution for coverage of herself, or any other cost sharing in excess of the amount allowable under the Medicaid program;

C. An enrolled employee with income between 150% and 200% of the nonfarm income official poverty line may not be required to pay a contribution in excess

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of that required by section 3174–T, subsection 5 for a dependent child under 19 years of age; and

D. An enrolled employee with income below 300% of the nonfarm income official poverty line not included in paragraphs A to C may not be required to pay an aggregate contribution for all family members in excess of 5% of the enrolled employee's family income.

2001, c. 677, § 1.

Repeal

This section is repealed, effective December 31, 2008, pursuant to 22 M.R.S.A. § 3169.

Library References

Insurance ⇐2452.
WESTLAW Topic No. 217.

§ 3164. Coordination with Medicaid

The department shall maximize the use of federal funds available through the Medicaid program to provide health care coverage to all individuals enrolled in the plan who are or could become eligible for Medicaid pursuant to 42 United States Code, Sections 1396a (r) (2), 1396u–1 or 1397bb. For enrollees and dependents eligible for Medicaid with income below 200% of the federal nonfarm income official poverty line, health care services provided by Medicaid must continue to be provided in coordination with health care services covered under the plan. The department shall apply for any necessary federal Medicaid waivers to provide health care coverage through the plan or to extend coverage to any individuals who do not meet the categorical eligibility requirements of the Medicaid program but for whom a waiver might reasonably be granted. Contribution payments must be structured and paid in a manner most likely to permit matching those payments with federal dollars.

2001, c. 677, § 1.

Repeal

This section is repealed, effective December 31, 2008, pursuant to 22 M.R.S.A. § 3169.

Library References

Insurance ⇐2453.
WESTLAW Topic No. 217.

§ 3165. Application of insurance laws

Health care coverage offered through the plan must comply with all requirements of Title 24–A applicable to small group health plans, including, but not limited to, mandated benefits, section 2808–B, chapter 36 and chapter 56–A.

2001, c. 677, § 1.

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Repeal

This section is repealed, effective December 31, 2008, pursuant to 22 M.R.S.A. § 3169.

Library References

Insurance ⇐2452.
WESTLAW Topic No. 217.

§ 3166. Data collection

The administrator shall report to the board and the Maine Health Data Organization, established under section 8703. The plan is subject to the same reporting requirements as a 3rd-party payor under section 1683.

2001, c. 677, § 1.

Repeal

This section is repealed, effective December 31, 2008, pursuant to 22 M.R.S.A. § 3169.

Library References

Insurance ⇐2451.
WESTLAW Topic No. 217.
C.J.S. Insurance § 923.

§ 3167. Rules

The board may adopt rules necessary to administer the plan. Rules adopted pursuant to this chapter are routine technical rules as defined in Title 5, chapter 375, subchapter II-A.

2001, c. 677, § 1.

Repeal

This section is repealed, effective December 31, 2008, pursuant to 22 M.R.S.A. § 3169.

Library References

Insurance ⇐2451.
WESTLAW Topic No. 217.
C.J.S. Insurance § 923.

§ 3168. Operation

Health care coverage through the plan must be available to enrolled employers and their employees beginning January 1, 2004.

2001, c. 677, § 1.

Repeal

This section is repealed, effective December 31, 2008, pursuant to 22 M.R.S.A. § 3169.

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Library References

Insurance ⇐2452.
WESTLAW Topic No. 217.

§ 3169. Repeal

This chapter is repealed December 31, 2008.

2001, c. 677, § 1.

Library References

Insurance ⇐2451.
WESTLAW Topic No. 217.
C.J.S. Insurance § 923.

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