

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)



118th MAINE LEGISLATURE

SECOND REGULAR SESSION-1998

Legislative Document

No. 2225

H.P. 1595

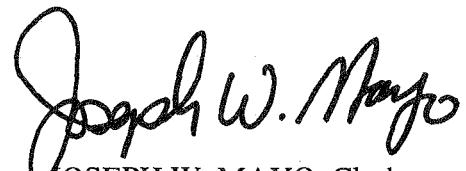
House of Representatives, February 23, 1998

**An Act to Implement the Recommendations of the Maine Commission
on Children's Health Care.**

(EMERGENCY)

Reported by Representative BERRY for the Maine Commission on Children's Health Care pursuant to Public Law 1997, chapter 560, Part B.

Reference to the Joint Standing Committee on Health and Human Services suggested and printing ordered under Joint Rule 218.


JOSEPH W. MAYO, Clerk

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

Sec. A-2. 22 MRSA §3174-R is enacted to read:

§3174-R. Cub Care program

1. Program established. The Cub Care program is established to provide health coverage for low-income children who are ineligible for benefits under the Medicaid program and who meet the requirements of subsection 2. The purpose of the Cub Care program is to provide health coverage to as many children as possible within the fiscal constraints of the program budget and without forfeiting any federal funding that is available to the State for the State Children's Health Insurance Program through the federal Balanced Budget Act of 1997, Public Law 105-33, 111 Stat. 251, referred to in this section as the Balanced Budget Act of 1997.

2. Eligibility; enrollment. Health coverage under the Cub Care program is available to children one year of age or older and under 18 years of age whose family income is above the eligibility level for Medicaid under section 3174-G and below the maximum eligibility level established under paragraphs A and B, who meet the requirements set forth in paragraph C and for whom premiums are paid under subsection 5.

A. The maximum eligibility level, subject to adjustment by the commissioner under paragraph B, is 185% of the nonfarm income official poverty line.

B. If the commissioner has determined the fiscal status of the Cub Care program under subsection 8 and has determined that an adjustment in the maximum eligibility level is required under this paragraph, the commissioner shall adjust the maximum eligibility level in accordance with the requirements of this paragraph.

(1) The adjustment must accomplish the purposes of the Cub Care program set forth in subsection 1.

(2) If Cub Care program expenditures are reasonably anticipated to exceed the program budget, the commissioner shall lower the maximum eligibility level set in paragraph A to the extent necessary to bring the program within the program budget.

(3) If Cub Care program expenditures are reasonably anticipated to fall below the program budget, the commissioner shall raise the maximum eligibility level set in paragraph A to the extent necessary to provide coverage to as many children as possible within the fiscal constraints of the program budget.

2 (4) The commissioner shall give at least 30 days'
4 notice of the proposed change in maximum eligibility
6 level to the joint standing committee of the
8 Legislature having jurisdiction over appropriations and
 financial affairs and the joint standing committee of
 the Legislature having jurisdiction over health and
 human services matters.

10 C. All children resident in the State are eligible except a
 child who:

12 (1) Is eligible for coverage under the Medicaid program;

14 (2) Is covered under a group health insurance plan or
16 under health insurance, as defined in Section 2791 of
18 the federal Public Health Service Act, 42 United States
 Code, Section 300gg(c) (Supp. 1997);

20 (3) Is a member of a family that is eligible under
22 Title 5, section 285 for health coverage under the
24 state employee health insurance program;

26 (4) Is an inmate in a public institution or a patient
 in an institution for mental diseases; or

28 (5) Within the 3 months prior to application for
30 coverage under the Cub Care program, was insured or
32 otherwise provided coverage under an employer-based
 health plan for which the employer paid 50% or more of
 the cost for the child's coverage, except that this
 subparagraph does not apply if:

34 (a) The cost to the employee of coverage for the
36 family exceeds 10% of the family's income;

38 (b) The parent lost coverage for the child because
40 of a change in employment, termination of coverage
42 under the Consolidated Omnibus Budget
44 Reconciliation Act of 1985, COBRA, of the Employee
46 Retirement Income Security Act of 1974, as
 amended, 29 United States Code, Sections 1161 to
 1168 (Supp. 1997) or termination for a reason not
 in the control of the employee; or

48 (c) The department has determined that grounds
 exist for a good-cause exception.

2 D. Notwithstanding changes in the maximum eligibility level
3 determined under paragraph B, the following requirements
4 apply to enrollment and eligibility:

5 (1) Children must be enrolled for 6-month enrollment
6 periods. Prior to the end of each 6-month enrollment
7 period the department shall redetermine eligibility for
8 continuing coverage; and

9 (2) Children of higher family income may not be
10 covered unless children of lower family income are also
11 covered. This subparagraph may not be applied to
12 disqualify a child during the 6-month enrollment
13 period. Children of higher income may be disqualified
14 at the end of the 6-month enrollment period if the
15 commissioner has lowered the maximum eligibility level
16 under paragraph B.

17 E. Coverage under the Cub Care program may be purchased for
18 children described in subparagraphs (1) and (2) for a period
19 of up to 18 months as provided in this paragraph at a
20 premium level that is revenue neutral and that covers the
21 cost of the benefit and a contribution toward administrative
22 costs no greater than the maximum level allowable under
23 COBRA. The department shall adopt rules to implement this
24 paragraph. The following children are eligible to enroll
25 under this paragraph:

26 (1) A child who is enrolled under paragraph A or B
27 and whose family income at the end of the child's
28 6-month enrollment term exceeds the maximum allowable
29 income set in that paragraph; and

30 (2) A child who is enrolled in the Medicaid program
31 and whose family income exceeds the limits of that
32 program. The department shall terminate Medicaid
33 coverage for a child who enrolls in the Cub Care
34 program under this subparagraph.

35 3. Program administration; benefit design. With the
36 exception of premium payments under subsection 5 and any other
37 requirements imposed under this section, the Cub Care program
38 must be integrated with the Medicaid program and administered
39 with it in one administrative structure within the department,
40 with the same enrollment and eligibility processes, benefit
41 package and outreach and in compliance with the same laws and
42 policies as the Medicaid program, except when those laws and
43 policies are inconsistent with this section and the Balanced
44 Budget Act of 1997. The department shall adopt and promote a
45 simplified eligibility form and eligibility process.

2 4. Benefit delivery. The Cub Care program must use, but is
not limited to, the same benefit delivery system as the Medicaid
4 program, providing benefits through the same health plans,
contracting process and providers. Copayments and deductibles
6 may not be charged for benefits provided under the program.

8 5. Premium payments. Premiums must be paid in accordance
with this subsection.

10 A. Premiums must be paid at the beginning of each month for
12 coverage for that month according to the following scale:

14 (1) Families with incomes between 150% and 160% of the
16 nonfarm income official poverty line pay premiums of 5%
18 of the benefit cost per child, but not more than 5% of
20 the cost for 2 children;

22 (2) Families with incomes between 160% and 170% of the
24 nonfarm income official poverty line pay premiums of
26 10% of the benefit cost per child, but not more than
28 10% of the cost for 2 children; and

30 (3) Families with incomes between 170% and 185% of the
32 nonfarm income official poverty line must pay premiums
34 of 15% of the benefit cost per child, but not more than
36 15% of the cost for 2 children.

38 B. When a premium is not paid at the beginning of a month,
40 the department shall give notice of nonpayment at that time
42 and again at the beginning of the 6th month of the 6-month
44 enrollment period if the premium is still unpaid, and the
46 department shall provide an opportunity for a hearing and a
48 grace period in which the premium may be paid and no penalty
50 will apply for the late payment. If a premium is not paid
by the end of the grace period, coverage must be terminated
unless the department has determined that waiver of premium
is appropriate under paragraph D. The grace period is
determined according to this paragraph.

 (1) If nonpayment is for the first, 2nd, 3rd, 4th or
5th month of the 6-month enrollment period, the grace
period is equal to the remainder of the 6-month
enrollment period.

 (2) If nonpayment is for the 6th month of the 6-month
enrollment period, the grace period is equal to 6 weeks.

C. A child whose coverage under the Cub Care program has
been terminated for nonpayment of premium and who has

2 received coverage for a month or longer without premium
3 payment may not reenroll until after a waiting period that
4 equals the number of months of coverage under the Cub Care
5 program without premium payment, not to exceed 3 months.

6 D. The department shall adopt rules allowing waiver of
7 premiums for good cause.

8
9
10 6. Incentives. In the contracting process for the Cub Care
11 program and the Medicaid program, the department shall create
12 incentives to reward health plans that contract with school-based
13 clinics, community health centers and other community-based
14 programs.

15
16 7. Administrative costs. The department shall budget 2% of
17 the costs of the Cub Care program for outreach activities. After
18 the first 6 months of the program and to the extent that the
19 program budget allows, the department may expend up to 3% of the
20 program budget on activities to increase access to health care.
21 Administrative costs must include the cost of staff with
22 experience in health policy administration equal to one full-time
23 equivalent position.

24 8. Quarterly determination of fiscal status: reports. On a
25 quarterly basis, the commissioner shall determine the fiscal
26 status of the Cub Care program, determine whether an adjustment
27 in maximum eligibility level is required under subsection 2,
28 paragraph B and report to the joint standing committee of the
29 Legislature having jurisdiction over appropriations and financial
30 affairs and the joint standing committee of the Legislature
31 having jurisdiction over health and human services matters on the
32 following matters:

33
34 A. Enrollment approvals, denials, terminations,
35 reenrollments, levels and projections. With regard to
36 denials, the department shall gather data from a
37 statistically significant sample and provide information on
38 the income levels of children who are denied eligibility due
39 to family income level;

40
41 B. Cub Care program expenditures, expenditure projections
42 and fiscal status;

43
44 C. Proposals for increasing or decreasing enrollment
45 consistent with subsection 2, paragraph B;

46
47 D. Proposals for enhancing the Cub Care program;

48
49 E. Any information the department has from the Cub Care
50 program or from the Bureau of Insurance or the Department of

2 Labor on employer health coverage and insurance coverage for
3 low-income children;

4 F. The use of and experience with the purchase option under
5 subsection 2, paragraph D; and

6 G. Cub Care program administrative costs.

7
8 9. Rulemaking. The department shall adopt rules in
9 accordance with Title 5, chapter 375 as required to implement
10 this section. Rules adopted pursuant to this subsection are
11 routine technical rules as defined by Title 5, chapter 375,
12 subchapter II-A.

13 **Sec. A-3. PL 1997, c. 560, Pt. B, §7** is amended by adding at the
14 end a new paragraph to read:

15 In addition, the Commission on Children's Health Care shall
16 oversee the expansion of the Medicaid program under the Maine
17 Revised Statutes, Title 22, section 3174-G and the establishment
18 of the Cub Care program under Title 22, section 3174-R. The
19 commission shall receive quarterly reports from the Commissioner
20 of Human Services. The commission is authorized to meet up to 2
21 times during 1998 and shall submit a report and recommendations
22 to the joint standing committee of the Legislature have
23 jurisdiction over appropriations and financial affairs and the
24 joint standing committee of the Legislature having jurisdiction
25 over health and human services matters of the 119th Legislature
26 by December 15, 1998 on the operation of the Cub Care program.

27 **Sec. A-4. Children's Health Reserve Account; lapsed balances.**
28 Notwithstanding any other provision of law, \$1,970 in fiscal year
29 1997-98, \$3,382,199 in fiscal year 1998-99, \$4,478,437 in fiscal
30 year 1999-2000 and \$137,394 in fiscal year 2000-01 from available
31 balances in the Children's Health Reserve Account, Other Special
32 Revenue, established by Public Law 1997, chapter 560, Part C,
33 lapse to the General Fund.

34 **Sec. A-5. Legislative intent.** It is the intent of the
35 Legislature that the new or expanded programs authorized in this
36 Act be included in the Governor's current services
37 recommendations for the 2000-2001 biennium. If the Governor
38 submits legislation setting forth appropriations and allocations
39 for the new or expanded programs authorized in this Act that
40 differ from the full budget request submitted by the Department
41 of Human Services for the 2000-2001 biennium, the Governor must
42 simultaneously submit a report to the joint standing committee of
43 the Legislature having jurisdiction over appropriations and
44 financial affairs and the joint standing committee of the
45 Legislature having jurisdiction over health and human services

2 matters explaining why the Governor's legislation differs from
the Department of Human Services' budget submission.

4 **Sec. A-6. Appropriation.** The following funds are appropriated
6 from the General Fund to carry out the purposes of this Act.

8 **1997-98 1998-99**

10 **HUMAN SERVICES, DEPARTMENT OF**

12 **Bureau of Family Independence - Regional**

14	Positions - Legislative Count	(7,000)
	Personal Services	\$229,299
	All Other	56,800
16		
18	TOTAL	\$286,099

20 Provides funds to support the
22 additional eligibility
24 determination costs of
extending Medicaid and Cub
7 Care coverage to additional
26 children, including funds for
Income Maintenance
Specialist positions and
related costs.

28 **Bureau of Medical Services**

30	Positions - Legislative Count	(1,000)
32	Personal Services	\$48,272
	All Other	2,500
34		
36	TOTAL	\$50,772

38 Provides funds to support one
40 Social Services Program
Manager position and related
costs.

42 **Bureau of Medical Services**

44	All Other	\$77,894
----	-----------	----------

46 Provides funds to support the
48 state share of outreach costs.

Medical Care - Payments to Providers

2
4 All Other \$1,166,062
6 Provides funds for the state
8 share of the costs of
10 expanding Medicaid coverage
to children whose family
incomes are below 150% of the
federal poverty level.

12
Medical Care - Payments to Providers

14 All Other \$633,589
16 Provides funds for the state
18 share of the costs associated
with the Cub Care program.

20
Medical Care - Payments to Providers

22 All Other \$1,134,743
24 Provides funds for the state
26 share of the additional
28 Medicaid benefit costs due to
outreach efforts.

30
OMB Operations - Regional

32 Positions - Legislative Count (1,000)
34 Personal Services \$25,890
All Other 7,150
36
TOTAL \$33,040

38 Provides funds to support the
40 additional eligibility
42 determination costs of
extending Medicaid coverage
44 to additional children,
including funds for one Clerk
46 Typist II position and
related costs.

48
**DEPARTMENT OF HUMAN SERVICES
TOTAL**

\$3,382,199

50

2
4
6
8
10
12
14
16
18
20
22
24
26
28
30
32
34
36
38
40
42
44
46
48
50

LEGISLATURE

**Maine Commission on
Children's Health Care**

Personal Services \$770
All Other 1,200

Provides funds for the per diem and expenses of legislative members and miscellaneous costs, including printing of the report of the Maine Commission on Children's Health Care.

LEGISLATURE

TOTAL \$1,970

TOTAL APPROPRIATIONS \$1,970 \$3,382,199

Sec. A-7. Allocation. The following funds are allocated from the Federal Expenditures Fund to carry out the purposes of this Act.

1998-99

HUMAN SERVICES, DEPARTMENT OF

Bureau of Family Independence - Regional

Positions - Legislative Count (6,000)
Personal Services \$196,542
All Other 42,900

TOTAL \$239,442

Provides funds to support the additional eligibility determination costs of extending Medicaid and Cub Care coverage to additional children, including funds for 6 Income Maintenance Specialist positions and related costs.

Medical Care - Payments to Providers

All Other \$2,233,447

2 Provides funds for the federal share of the
4 additional Medicaid benefit costs due to
outreach efforts.

6 **OMB Operations - Regional**

8	Positions - Legislative Count	(1,000)
	Personal Services	\$25,890
10	All Other	7,150

12	TOTAL	<hr/>
		\$33,040

14 Provides funds to support the additional
16 eligibility determination costs of extending
18 Medicaid coverage to additional children,
including funds for one Clerk Typist II
20 position and related costs.

22 **DEPARTMENT OF HUMAN SERVICES**

22	TOTAL	<hr/>
		\$2,505,929

24 **Sec. A-8. Allocation.** The following funds are allocated from
26 the Federal Block Grant Fund to carry out the purposes of this
Act.

28 **1998-99**

30 **HUMAN SERVICES, DEPARTMENT OF**

32 **Bureau of Family Independence - Regional**

34	Positions - Legislative Count	(8,000)
	Personal Services	\$262,056
36	All Other	50,450

38	TOTAL	<hr/>
		\$312,506

40 Provides funds to support the additional
42 eligibility determination costs of extending
44 Medicaid and Cub Care coverage to additional
children, including funds for 8 Income
Maintenance Specialist positions and related
costs.

46 **Bureau of Medical Services**

48	All Other	\$249,803
----	-----------	-----------

50

2 Provides funds to support the federal share
of outreach costs.

4 **Medical Care - Payments to Providers**

6 All Other \$3,739,541

8 Provides funds for the federal share of the
costs of expanding Medicaid coverage to
10 children whose family incomes are below 150%
of the federal poverty level.

12 **Medical Care - Payments to Providers**

14 All Other \$2,031,910

16 Provides funds for the federal share of the
costs associated with the Cub Care program.

20 **DEPARTMENT OF HUMAN SERVICES**
22 **TOTAL**

\$6,333,760

24 **Sec. A-9. Retroactivity.** Section 3 of this Part applies
retroactively to December 15, 1997.

26 **PART B**

28 **Sec. B-1. 24 MRSA §2332-A, sub-§2,** as enacted by PL 1993, c.
30 666 Pt. B, §1, is amended to read:

32 **2. Medicaid and Cub Care programs.** Nonprofit service
organizations may not consider the availability or eligibility
34 for medical assistance under 42 United States Code, Section
13969, referred to as "Medicaid," or Title 22, section 3174-R,
36 referred to as the "Cub Care program," when considering coverage
eligibility or benefit calculations for subscribers and covered
38 family members.

40 A. To the extent that payment for coverage expenses has
been made under the Medicaid program or the Cub Care program
42 for health care items or services furnished to an
individual, the State is considered to have acquired the
44 rights of the covered subscriber or family member to payment
by the nonprofit service organization for those health care
46 items or services. Upon presentation of proof that the
Medicaid program or the Cub Care program has paid for
48 covered items or services, the nonprofit service
organization shall make payment to the Medicaid program or

2 the Cub Care program according to the coverage provided in
the contract or certificate.

4 B. A nonprofit service organization may not impose
6 requirements on a state agency that has been assigned the
rights of an individual eligible for Medicaid or Cub Care
8 coverage and covered by a subscriber contract that are
different from requirements applicable to an agent or
assignee of any other covered individual.

10 **Sec. B-2. 24-A MRSA §2808-B, sub-§1, ¶E,** as enacted by PL
12 1995, c. 332, Pt. D, §1, is amended to read:

14 E. "Late enrollee" means an eligible employee or dependent
16 who requests enrollment in a small group health plan
following the initial minimum 30-day enrollment period
18 provided under the terms of the plan, except that, an
eligible employee or dependent is not considered a late
20 enrollee if the eligible employee or dependent meets the
requirements of section 2849-B, subsection 3, paragraph A,
B, & C-1 or D.

22 **Sec. B-3. 24-A MRSA §2844, sub-§2,** as enacted by PL 1993, c.
24 666, Pt. B, §2, is amended to read:

26 2. **Medicaid and Cub Care programs.** Insurers may not
28 consider the availability or eligibility for medical assistance
under 42 United States Code, Section 13969, referred to as
30 "Medicaid," or Title 22, section 3174-R, referred to as the "Cub
Care program," when considering coverage eligibility or benefit
calculations for insureds and covered family members.

32 A. To the extent that payment for coverage expenses has
34 been made under the Medicaid program or the Cub Care program
for health care items or services furnished to an
36 individual, the State is considered to have acquired the
rights of the insured or family member to payment by the
38 insurer for those health care items or services. Upon
presentation of proof that the Medicaid program or the Cub
40 Care program has paid for covered items or services, the
insurer shall make payment to the Medicaid program or the
42 Cub Care program according to the coverage provided in the
contract or certificate.

44 B. An insurer may not impose requirements on a state agency
46 that has been assigned the rights of an individual eligible
for Medicaid or Cub Care coverage and covered by a
48 subscriber contract that are different from requirements
applicable to an agent or assignee of any other covered
50 individual.

2 **Sec. B-4. 24-A MRSA §2848, sub-§1-B, ¶A,** as enacted by PL
1997, c. 445, §20 and affected by §32, is amended to read:

4
6 A. Health benefits or coverage provided under any of the
following:

8 (1) An employee welfare benefit plan as defined in
10 Section 3(1) of the federal Employee Retirement Income
12 Security Act of 1974, 29 United States Code, Section
14 1001, or a plan that would be an employee welfare
16 benefit plan but for the "governmental plan" or
 "nonelecting church plan" exceptions, if the plan
 provides medical care as defined in subsection 2-A, and
 includes items and services paid for as medical care
 directly or through insurance, reimbursement or
 otherwise;

18 (2) Benefits consisting of medical care provided
20 directly, through insurance or reimbursement and
22 including items and services paid for as medical care
 under a policy, contract or certificate offered by a
 carrier; ~~or~~

24 (3) Part A or Part B of Title XVIII of the Social
26 Security Act, Medicare;

28 (4) Title XIX of the Social Security Act, Medicaid,
30 other than coverage consisting solely of benefits under
32 Section 1928 of the Social Security Act or a state
 children's health insurance program under Title XXI of
 the Social Security Act;

34 (5) The Civilian Health and Medical Program for the
36 Uniformed Services, CHAMPUS, 10 United States Code,
Chapter 55;

38 (6) A medical care program of the federal Indian
40 Health Care Improvement Act, 25 United States Code,
Section 1601 or of a tribal organization;

42 (7) A state health benefits risk pool;

44 (8) A health plan offered under the federal Employees
46 Health Benefits Amendments Act, 5 United States Code,
Chapter 89;

48 (9) A public health plan as defined in federal
regulations authorized by the federal Public Health

2 Service Act, Section 2701(c)(1)(I), as amended by
Public Law 104-191; or

4 (10) A health benefit plan under Section 5(e) of the
6 Peace Corps Act, 22 United States Code, Section
2504(e).

8 **Sec. B-5. 24-A MRSA §2849-B, sub-§3, ¶C**, as amended by PL
10 1995, c. 332, Pt. F, §5, is repealed.

12 **Sec. B-6. 24-A MRSA §2849-B, sub-§3, §C-1** is enacted to read:

14 C-1. That person was covered by the Cub Care program under
Title 22, section 3174-R, and the request for replacement
coverage is made while coverage is in effect or within 30
16 days from the termination of coverage; or

18 **Emergency clause.** In view of the emergency cited in the
20 preamble, this Act takes effect July 1, 1998.

22

FISCAL NOTE

24

1997-98 1998-99

26

APPROPRIATIONS/ALLOCATIONS

28

General Fund	\$1,970	\$3,382,199
Other Funds		8,839,689

30

32

REVENUES

34

General Fund	\$1,970	\$3,382,199
Other Funds		8,839,689

36

38

40 This bill has no net General Fund impact in fiscal years
42 1997-98, 1998-99 and 1999-2000. The additional General Fund
44 costs of this bill in fiscal years 1997-98, 1998-99 and 1999-2000
46 are offset by the requirement that available balances from the
48 Children's Health Reserve Account, Other Special Revenue lapse to
the General Fund. The \$8,000,000 in the Children's Health
Reserve Account is sufficient to offset the General Fund costs
such that the bill has no net General Fund cost in fiscal year
1997-98, fiscal year 1998-99 or fiscal year 1999-2000. However,
the estimated balance in the account in fiscal year 2000-01,
\$137,394, only partially offsets the total projected General Fund

2 cost for that fiscal year, approximately \$4,740,000, resulting in
a net General Fund cost in fiscal year 2000-01 of approximately
4 \$4,600,000. The amounts lapsing to the General Fund are
considered "adjustments to balance."

6 This bill provides the Department of Human Services with
General Fund appropriations totaling \$3,382,199, Federal
8 Expenditure Fund allocations totaling \$2,505,929 and Federal
Block Grant allocations totaling \$6,333,760 in fiscal year
10 1998-99.

12 The total amount funded in fiscal year 1998-99 is
\$12,221,888: \$4,905,603 to expand Medicaid coverage to children
14 whose family incomes are below 150% of the federal poverty level,
\$2,665,499 for the net of premiums cost of the Cub Care program,
16 \$3,368,190 for additional Medicaid costs resulting from outreach
efforts, \$954,899 for administrative costs, including funds for
18 24 positions and \$327,697 for outreach programs.

20 This bill also provides a General Fund appropriation of
\$1,970 in fiscal year 1997-98 to the Legislature for costs
22 associated with continuing the Maine Commission on Children's
Health Care.

24

26

28 SUMMARY

28

This bill contains the recommendations of the Maine
30 Commission on Children's Health Care. It does the following:

32 1. Expands coverage under the Medicaid program for children
one year of age or older and under 18 years of age whose family
34 income is below 150% of the federal poverty level;

36 2. Establishes the Cub Care program to provide health
insurance coverage to children whose family income is between
38 150% and 185% of the federal poverty level and whose family pays
a monthly premium. Families whose income exceeds 185% of the
40 federal poverty level may continue Cub Care coverage for their
children for 18 additional months at premium levels that equal
42 the benefit cost plus an administrative fee;

44 3. Reauthorizes the Maine Commission on Children's Health
Care for a period of one year;

46

48 4. Appropriates and allocates the necessary funding to
support the expansion of the Medicaid program and creation of the
Cub Care program; and

50

2 5. Amends provisions in the Maine Revised Statutes, Title
24 and Title 24-A related to insurance coordination of benefits,
late enrollee status and continuity of coverage.