

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)



120th MAINE LEGISLATURE

FIRST REGULAR SESSION-2001

Legislative Document

No. 679

H.P. 524

House of Representatives, February 13, 2001

An Act to Expand Access to Health Care for Adults.

Reference to the Committee on Health and Human Services suggested and ordered printed.

Millicent M. MacFarland

MILLICENT M. MacFARLAND, Clerk

Presented by Representative KANE of Saco.
Cosponsored by Senator PENDLETON of Cumberland and
Representatives: BERRY of Livermore, COLWELL of Gardiner, FULLER of Manchester,
JONES of Greenville, TARAZEWICH of Waterboro, TWOMEY of Biddeford, Senators:
DAGGETT of Kennebec, MILLS of Somerset.

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

2
4 **Sec. 1. 22 MRSA §3174-G, sub-§1, ¶¶D and E,** as enacted by PL 1999, c. 731, Pt. 00, §1, are amended to read:

6 D. A child one year of age or older and under 19 years of
8 age when the child's family income is equal to or below 150%
of the nonfarm income official poverty line; and

10 E. The parent or caretaker relative of a child described in
12 paragraph B or D when the child's family income is equal to
or below 150% of the nonfarm income official poverty line,
14 subject to adjustment by the commissioner under this
paragraph. Medicaid services provided under this paragraph
16 must be provided within the limits of the program budget.
Funds appropriated for services under this paragraph must
18 include an annual inflationary adjustment equivalent to the
rate of inflation in the Medicaid program. On a quarterly
20 basis, the commissioner shall determine the fiscal status of
program expenditures under this paragraph. If the
22 commissioner determines that expenditures will exceed the
funds available to provide Medicaid coverage pursuant to
24 this paragraph, the commissioner must adjust the income
eligibility limit for new applicants to the extent necessary
to operate the program within the program budget. If, after
26 an adjustment has occurred pursuant to this paragraph,
expenditures fall below the program budget, the commissioner
28 must raise the income eligibility limit to the extent
necessary to provide services to as many eligible persons as
30 possible within the fiscal constraints of the program
budget, as long as the income limit does not exceed 150% of
32 the nonfarm income official poverty line; and

34 **Sec. 2. 22 MRSA §3174-G, sub-§1, ¶F** is enacted to read:

36 F. A person over 18 years of age and under 65 years of age
38 who is not otherwise covered under paragraphs A to E when
the person's family income is equal to or below 150% of the
40 nonfarm income official poverty line. By October 1, 2001 the
department shall take all necessary and reasonable steps to
42 obtain federal approval to provide coverage for persons
described in this paragraph. Medicaid services under this
44 paragraph must be provided beginning 30 days after the date
of federal approval. Pending federal approval, the
46 department shall provide medical assistance to persons
described in this paragraph to the same extent as persons
48 who receive Medicaid, provided that the department may
establish an income eligibility standard for those persons
50 at a level that will provide medical assistance to
low-income persons to the extent that funds appropriated for
this purpose permit.

2

SUMMARY

4

6 This bill requires the Department of Human Services to seek
8 federal approval by October 1, 2001 to provide Medicaid coverage
10 to persons aged 18 to 65 with income below 150% of the federal
12 poverty level who are not otherwise covered by Medicaid. Medicaid
14 coverage begins 30 days following federal approval. While
 waiting for federal approval, the department shall provide
 medical assistance coverage to the same extent that they provide
 Medicaid coverage, except that the department may lower the
 income eligibility level to the extent necessary to keep the
 program within the budget appropriated for it.