

MAINE STATE LEGISLATURE

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120th MAINE LEGISLATURE

FIRST REGULAR SESSION-2001

Legislative Document

No. 1303

H.P. 979

House of Representatives, February 28, 2001

An Act to Increase Access to Health Care.

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

Millicent M. MacFarland

MILLICENT M. MacFARLAND, Clerk

Presented by Speaker SAXL of Portland.

Cosponsored by Senator MARTIN of Aroostook and

Representatives: COLWELL of Gardiner, DUDLEY of Portland, KANE of Saco, MAYO of Bath, Senators: BROMLEY of Cumberland, DOUGLASS of Androscoggin, President MICHAUD of Penobscot, TREAT of Kennebec.

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

2

PART A

4

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

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

12 E. The parent or caretaker relative of a child described in
14 paragraph B or D when the child's family income is equal to
or below ~~150%~~ 200% of the nonfarm income official poverty
16 line, subject to adjustment by the commissioner under this
paragraph. Medicaid services provided under this paragraph
18 must be provided within the limits of the program budget.
Funds appropriated for services under this paragraph must
20 include an annual inflationary adjustment equivalent to the
rate of inflation in the Medicaid program. On a quarterly
22 basis, the commissioner shall determine the fiscal status of
program expenditures under this paragraph. If the
24 commissioner determines that expenditures will exceed the
funds available to provide Medicaid coverage pursuant to
this paragraph, the commissioner must adjust the income
26 eligibility limit for new applicants to the extent necessary
to operate the program within the program budget. If, after
28 an adjustment has occurred pursuant to this paragraph,
expenditures fall below the program budget, the commissioner
30 must raise the income eligibility limit to the extent
necessary to provide services to as many eligible persons as
32 possible within the fiscal constraints of the program
budget, as long as the income limit does not exceed ~~150%~~
34 200% of the nonfarm income official poverty line.

36 The following provisions apply to coverage of persons above
38 150% of the nonfarm income official poverty line.

40 (1) The department shall administer coverage together
with coverage provided under section 3174-T.

42 (2) The department must use the same enrollment and
44 eligibility procedures and the same benefit package and
46 outreach as used under section 3174-T, except that the
limitation imposed by section 3174-T, subsection 2,
paragraph C, subparagraph (3) does not apply.

48 (3) The department shall charge a premium for
50 coverage. For the purposes of section 3174-T,
subsubsection 5, premiums charged under this paragraph

count as premiums charged for one child.

(4) The provisions of section 3174-Z apply to coverage.

(5) By October 1, 2001, the department shall take all reasonable and necessary steps to obtain federal approval to provide Medicaid coverage for persons above 150% of the nonfarm income official poverty line.

(6) Beginning November 1, 2001, the department shall provide coverage up to the maximum income eligibility level possible, subject to the limitation of funds appropriated and allocated to provide services to persons above 150% of the nonfarm income official poverty line;

Sec. A-2. 22 MRSA §3174-G, sub-§1, ¶¶F and G are enacted to read:

F. Persons over 19 to 64 years of age who are not otherwise covered under paragraphs A to E when the person's family income is below or equal to 200% of the nonfarm income official poverty line. The following provisions apply to coverage under this paragraph for persons above 150% and below 200% of the nonfarm income official poverty line.

(1) The department must use the same enrollment and eligibility procedures and the same benefit package and outreach as used under section 3174-T, except that the limitation imposed by section 3174-T, subsection 2, paragraph C, subparagraph (3) does not apply.

(2) By October 1, 2001, the department shall take all reasonable and necessary steps to obtain federal approval to provide Medicaid coverage for persons eligible under this paragraph.

(3) Beginning November 1, 2001, the department shall provide coverage up to the maximum income eligibility level possible, subject to the limitation of funds appropriated and allocated to provide services under this paragraph.

(4) Coverage is not available under this paragraph for a person who, within the 3 months prior to application for coverage, was insured or otherwise provided coverage under an employer-based health plan for which the employer paid 50% or more of the cost, except that this subparagraph does not apply if:

2 (a) The cost to the employee of coverage exceeds
3 10% of income;

4 (b) The person lost coverage because of a change
5 in employment, termination of coverage under the
6 Consolidated Omnibus Budget Reconciliation Act of
7 1985, COBRA, of the Employee Retirement Income
8 Security Act of 1974, as amended, 29 United States
9 Code, Sections 1161 to 1168 (Supp. 1997) or
10 termination for a reason not in the control of the
11 person; or

12 (c) The department has determined that grounds
13 exist for a good-cause exception; and

14 G. Persons who are self-employed or sole proprietors and
15 their immediate family members and who may purchase coverage
16 under this subsection, subject to the following provisions.

17 (1) The department shall charge premiums to cover the
18 cost of benefits under this paragraph, plus a
19 contribution to administrative costs, minus the value
20 of any subsidy provided by the department.

21 (2) Premiums charged under this paragraph may not
22 exceed the maximum cost allowable under the
23 Consolidated Omnibus Budget Reconciliation Act of 1985,
24 COBRA, of the Employee Retirement Income Security Act
25 of 1974, as amended, 29 United States Code, Sections
26 1161 to 1168 (Supp. 1997).

27 (3) Premiums charged under this paragraph may be
28 calculated on a sliding scale that varies with family
29 income.

30 (4) By October 1, 2001, the department shall take all
31 reasonable and necessary steps to obtain federal
32 approval to provide Medicaid coverage for persons who
33 are self-employed or sole proprietors.

34 (5) Beginning November 1, 2001, the department shall
35 provide coverage up to the maximum income eligibility
36 level possible, subject to the limitation of funds
37 appropriated and allocated to provide services to
38 persons who are self-employed or sole proprietors.

39 (6) Coverage is not available under this paragraph for
40 persons eligible for Medicaid under paragraphs A to F.

2 (7) Coverage is not available under this paragraph for
4 a person whose family income is equal to or above 200%
6 of the nonfarm income official poverty line and who,
8 within the 3 months prior to application for coverage,
 was insured or otherwise provided coverage under an
 employer-based health plan for which the employer paid
 50% or more of the cost, except that this subparagraph
 does not apply if:

10 (a) The cost to the employee of coverage exceeds
12 10% of income;

14 (b) The person lost coverage because of a change
16 in employment, termination of coverage under the
18 Consolidated Omnibus Budget Reconciliation Act of
20 1985, COBRA, of the Employee 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
 person; or

22 (c) The department has determined that grounds
24 exist for a good-cause exception; and

26 **Sec. A-3. 22 MRSA §3174-G, sub-§4** is enacted to read:

28 **4. Rulemaking.** The department shall adopt rules to
30 implement this section. Rules adopted pursuant to this
 subsection are routine technical rules as defined by Title 5,
 chapter 375, subchapter II-A.

32 **Sec. A-4. 22 MRSA §3174-T, sub-§2, ¶A,** as amended by PL 1999,
34 c. 401, Pt. QQ, §1 and affected by §5, is further amended to read:

36 A. The maximum eligibility level, subject to adjustment by
38 the commissioner under paragraph B, is ~~200%~~ 300% of the
 nonfarm income official poverty line.

40 **Sec. A-5. 22 MRSA §3174-T, sub-§2, ¶¶D and E,** as reallocated by
 RR 1997, c. 2, §46, are amended to read:

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

46 (1) Children must be enrolled for ~~6-month~~ 12-month
48 enrollment periods. Prior to the end of each ~~6-month~~
 12-month enrollment period the department shall
 redetermine eligibility for continuing coverage; and

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

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

36 (1) A child who is enrolled under paragraph A or B
38 and whose family income at the end of the child's
40 ~~6-month~~ 12-month enrollment term exceeds the maximum
42 allowable income set in that paragraph; and

44 (2) A child who is enrolled in the Medicaid program
46 and whose family income exceeds the limits of that
48 program. The department shall terminate Medicaid
50 coverage for a child who enrolls in the Cub Care
program under this subparagraph.

52 **Sec. A-6. 22 MRSA §§3174-Z and 3174-AA to 3174-CC** are enacted
54 to read:

56 **§3174-Z. Asset limits**

58 In determining eligibility for medical assistance under the
60 Medicaid program for all individuals and families subject to an
62 asset test, the department shall exempt from consideration all
64 assets exempt pursuant to program rule on January 1, 2001 and the
66 assets listed in this section:

68 1. Second vehicle. A 2nd vehicle that is necessary for
70 employment, to secure medical treatment or to provide
72 transportation for essential daily activities or a vehicle that
74 has been modified for operation by or the transportation of a
76 person with a disability;

78 2. Certain savings. Any individual retirement account,
80 self-employed plan, tax sheltered annuity or Keogh or comparable
retirement account of an adult family member;

2 3. Life insurance. Any life insurance policy covering a
family member;

4 4. Educational savings accounts. Any educational savings
6 plan or account reserved exclusively for educational purposes,
including postsecondary education, for a child or an adult; and

8 5. Savings. An amount up to \$8,000 for an individual and
10 up to \$12,000 for a household of more than one person.

12 **§3174-AA. Electronic application**

14 The department shall establish and implement an electronic
16 application and enrollment procedure for the Medicaid program.
The procedure must include a process for applicants or their
18 representatives to apply for benefits electronically and to
receive electronically a preliminary determination of eligibility.

20 **§3174-BB. Enrollment periods**

22 The department shall establish enrollment periods for
24 medical assistance as provided in this section. Prior to the end
of the enrollment period, the department shall determine
26 continuing eligibility for the next enrollment period and notify
the enrollee of the determination.

28 1. Children. In the Medicaid program and the Cub Care
program under section 3174-T, the enrollment period for children
30 under 19 years of age must be 12 months.

32 2. Adults. In the Medicaid program the enrollment period
must be the longest period allowed by law, rule or regulation,
34 but not exceed 12 months.

36 **§3174-CC. Outreach services**

38 The department shall provide outreach services, including
40 Medicaid managed care ombudsman services, for the Medicaid
program and the Cub Care program, under section 3174-T. Outreach
42 services must provide information on program eligibility,
enrollment and benefits to enrollees and potentially eligible
44 families to the greatest extent possible. The department shall
contract for outreach services, which may be provided by
46 independent entities, including participating insurance producers
licensed to sell health insurance pursuant to Title 24-A, chapter
48 16. Outreach services must include a toll-free telephone number
operated by a nonprofit entity independent of the department and
50 the health benefits advisor to provide information and assistance
to the public.

2 A. One hundred fifty thousand dollars per year must be
4 provided as Medicaid seed for a contract with the Maine
6 Ambulatory Care Coalition to provide financial and other
8 support to health centers in assisting individuals in
applying for Medicaid program and Cub Care program
benefits. This funding is provided to meet the federal
requirement to provide Medicaid outstationing services at
health centers;

10 B. Three hundred seventy-five thousand dollars per year
12 must be provided as the Medicaid seed to provide incentives
14 under Medicaid to improve the quality of services and
16 enhance the delivery of preventive services at health
18 centers. The Department of Human Services, Bureau of Medical
20 Services shall work collaboratively with the Maine
22 Ambulatory Care Coalition in developing this program and
provide \$75,000 each year for the state seed for a contract
with the Maine Ambulatory Care Coalition to assist health
centers in designing and participating in the incentive
program. This program will enhance the provision of
preventive services and improve the quality of services at
health centers provided through Medicaid; and

24 C. One million, one hundred seventy-five thousand dollars
26 per year must be provided by August 1st of each year to
28 health center grantees to support the infrastructure of
these programs in providing primary care services to
underserved populations. Fifty thousand dollars per year
30 must be provided to each grantee with an additional \$10,000
for the 2nd and each additional site operated by a grantee.
32 The remainder must be allocated among health center grantees
34 according to a formula that provides that a grantee will
receive funding in proportion to its total number of
36 encounters as reported to the federal Bureau of Primary
Health Care for the previous calendar year as compared to
38 the number of encounters provided by all health center
grantees for that calendar year. For the purposes of this
40 paragraph, "site" means a site or sites operated by the
grantee within its scope of service that meet all health
42 center requirements, including providing primary care
services, regardless of patients' ability to pay, 5 days a
44 week with extended hours. This program will support the
primary care infrastructure providing services to
underserved populations.

46 **2. Program to support federally qualified look-alikes.**

48 Three hundred thousand dollars per year must be provided to
support federally qualified look-alikes that meet standards that
50 may be imposed by the Department of Human Services, including

2 reporting requirements. Each federally qualified look-alike must
3 receive \$50,000 or an amount equal to \$300,000 divided by the
4 total number of eligible entities, whichever is less.

6 Funding under this initiative may not supplant other sources
7 of funding. The Department of Human Services may adopt rules to
8 implement this initiative. Rules adopted pursuant to this
9 section are routine technical rules as defined by the Maine
10 Revised Statutes, Title 5, chapter 375, subchapter II-A.

12 **Sec. B-4. Medicaid recovery.** The Department of Human Services
13 shall pursue the recovery of overcharges through the Medicaid
14 program by manufacturers of prescription drugs that may have
15 resulted from manipulation of the reporting of average wholesale
16 prices of drugs by the manufacturers. To the extent allowable by
17 the terms of any settlement agreement entered into by the
18 department, all funds recovered by the department as a result of
19 litigation against manufacturers of prescription drugs with
20 regard to manipulation of prices must be deposited in the Maine
21 Health Access Fund established pursuant to the Maine Revised
22 Statutes, Title 22, section 258. By October 1, 2002, the
23 department shall report to the Joint Standing Committee on
24 Appropriations and Financial Affairs and the Joint Standing
25 Committee on Health and Human Services regarding its efforts to
26 recover Medicaid overcharges under this section.

28 **Sec. B-5. Appropriation.** The following funds are appropriated
29 from the General Fund to carry out the purposes of this Act.

30 2001-02 2002-03

32 **HUMAN SERVICES,
33 DEPARTMENT OF**

34 **Bureau of Health**

36 **Office of Health, Data
38 and Program Management**

40 **Office of Rural Health
and Primary Care**

42 All Other \$10,000 \$10,000

44 Provides funding to match
46 available federal funding to
48 promote the delivery of
health care in rural areas.

2 **Sec. B-6. Allocation.** The following funds are allocated from
the Federal Expenditures Fund to carry out the purposes of this
Act.

	2001-02	2002-03
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**HUMAN SERVICES,
DEPARTMENT OF**

Bureau of Health

All Other	\$150,000	\$150,000
Provides funding from Maine Health Access Fund for school-based dental health screenings and dental sealants.		

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

	2001-02	2002-03
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**HUMAN SERVICES,
DEPARTMENT OF**

Purchased Social Services

All Other	\$2,000,000	\$2,000,000
Provides funding from the Maine Health Access Fund for grants to federally qualified health centers to provide direct primary and preventive care to rural and underserved areas of the state and to underserved populations.		

PART C

Sec. C-1. 22 MRSA §258 is enacted to read:

§258. Maine Health Access Fund

There is established the Maine Health Access Fund, referred to in this section as the "fund," as a dedicated fund to provide expanded access to health care.

2 1. Transfers to fund. Beginning November 1, 2001, the
3 State Controller shall transfer to the fund money representing 25
4 mills per cigarette from the tax levied under Title 36, section
5 4365. The fund may also receive funds from other sources that
6 are designated for the fund. To the extent allowable by the
7 terms of any settlement agreement entered into by the State, all
8 funds recovered as a result of litigation with regard to health
9 care must be deposited in the fund. Interest earned on fund
10 balances and investment income on balances in the fund accrue to
11 the fund.

12 2. Nonlapsing. Any unexpended balances in the fund may not
13 lapse but must be carried forward to be used pursuant to
14 subsection 3.

15 3. Payments from fund; contingency reserve. Beginning
16 January 1, 2002 and semiannually thereafter, the Treasurer of
17 State shall report to the joint standing committee of the
18 Legislature having jurisdiction over health and human services
19 matters and the joint standing committee of the Legislature
20 having jurisdiction over appropriations and financial affairs the
21 amount in the fund and the activity in the fund. Ninety percent
22 of the amount in the fund must be allocated by the Legislature
23 for the purpose of access to health care. Ten percent of the
24 amount in the fund must be held in a contingency reserve in the
25 fund for use if expenses for health programs supported by
26 allocations from the fund exceed the allocations. If funds held
27 in the contingency reserve are required for program use to
28 supplement allocations from the fund, the balance in the
29 contingency reserve must be returned to 10% of the fund balance
30 at the time that the next allocations from the fund are made.

31 4. Restriction. Allocations from the fund must be used to
32 supplement and not supplant appropriations from the General Fund
33 and in accordance with subsection 3.

34 5. Investment. Notwithstanding the provisions of Title 5,
35 section 135, the Treasurer of State shall invest and reinvest the
36 funds in the contingency reserve under subsection 3 in accordance
37 with the standards provided in Title 18-A, section 7-302. The
38 Treasurer of State shall develop and implement a prudent and
39 profitable investment plan for balances held in the fund. The
40 plan must maximize return and minimize risk.

41 Sec. C-2. 36 MRSA §4365, as amended by PL 1999, c. 414, §37,
42 is further amended by inserting at the end a new paragraph to
43 read:

44 Beginning November 1, 2001, as a further public health

2 measure, the tax imposed under this section is 62 mills per
3 cigarette. The revenue generated by the tax increase imposed by
4 this paragraph must be deposited in the Maine Health Access Fund
5 established pursuant to Title 22, section 258.

6
7 **PART D**

8
9 **Sec. D-1. Commission to Study the Group Purchasing of Prescription**
10 **Drugs**

11
12 **1. Commission established.** The Commission to Study the
13 Group Purchasing of Prescription Drugs, referred to in this
14 section as the "commission," is established.

15
16 A. The commission shall study the group purchasing of
17 prescription drugs, with the goals of expanding access to
18 prescription drugs, increasing efficiency in purchasing and
19 decreasing the prices paid by consumers and 3rd-party
20 payors. The commission shall consider the formation of a
21 group that would include public and private health insurance
22 and health benefit programs, with the limitation that no
23 group would be required to participate unless the costs for
24 the group and its members for prescription drugs are
25 decreased as a result of group purchasing.

26
27 B. The commission shall make recommendations regarding
28 group purchasing, with the goal of implementing a group
29 purchasing initiative that includes the maximum number of
30 consumers in the State no later than July 1, 2002.

31
32 **2. Membership.** The commission consists of 11 members.

33
34 A. The President of the Senate shall appoint:

35
36 (1) Three members of the Senate, at least one of whom
37 must be from each of the 2 major political parties;

38
39 (2) One person representing the State Employee Health
40 Commission and one person representing statewide
41 organizations of consumers of health care services.

42
43 B. The Speaker of the House of Representatives shall
44 appoint:

45
46 (1) Three members of the House, at least one of whom
47 must represent the minority party; and

48
49 (2) One person representing the University of Maine
50 System and one person representing the Maine Education
Association.

2 C. The Commissioner of Human Services or a
4 representative of the commissioner is a member of the
commission.

6 When making the appointments, the President of the Senate and the
8 Speaker of the House shall give preference to members from the
10 Joint Standing Committee on Health and Human Services, the Joint
Standing Committee on Banking and Insurance and the Joint
Standing Committee on Appropriations and Financial Affairs.

12 **3. Appointments; chairs; convening of commission.** All
14 appointments must be made no later than 30 days following the
effective date of this section. The appointing authorities shall
16 notify the Executive Director of the Legislative Council once all
appointments have been made. The first named Senate member is
18 the Senate chair and the first named House of Representatives
member is the House chair. The first meeting must be called by
the chairs no later than September 31, 2001.

20 **4. Duties.** The commission shall consider the purposes
22 outlined in subsection 1 and shall review initiatives for the
group purchasing of prescription drugs. The commission shall
24 consider for potential inclusion in the group purchasing program
persons provided health benefits or prescription drug coverage
26 through governmental programs, county and municipal health
benefits coverage, the University of Maine System, the technical
28 colleges and private colleges located in the State, the Maine
Education Association, the State Employee Health Program and any
30 other groups that may benefit from inclusion in a group
purchasing program.

32 **5. Staff assistance.** Upon approval of the Legislative
34 Council, the Office of Policy and Legal Analysis shall provide
necessary staffing services to the commission.

36 **6. Compensation.** Members of the commission are entitled to
38 receive the legislative per diem as defined in the Maine Revised
Statutes, Title 3, section 2 and reimbursement for travel and
40 other necessary expenses for attendance at authorized meetings of
the commission.

42 **7. Report.** The commission shall submit a report and any
44 necessary implementing legislation to the Second Regular Session
of the 120th Legislature no later than November 15, 2001. If the
46 commission requires an extension of time to make its report, it
may apply to the Legislative Council, which may grant the
48 extension.

50 **8. Commission budget.** The chairs of the commission, with

2 assistance from the commission staff, shall administer the
3 commission budget. Within 10 days after its first meeting, the
4 commission shall present a work plan and proposed budget to the
5 Legislative Council for its approval. The commission may not
6 incur expenses that would result in the commission's exceeding
7 its approved budget. Upon request from the commission, the
8 Executive Director of the Legislative Council or the executive
9 director's designee shall provide the commission chairs and staff
10 with a status report on the commission budget, expenditures
11 incurred and paid and available funds.

12 SUMMARY

13
14 This bill contains a number of provisions to expand access
15 to health care and increase the cigarette tax. This bill also
16 does the following:

17
18 1. It increases income eligibility for the Medicaid program
19 for parents and caretaker relatives of children receiving
20 Medicaid coverage from 150% to 200% of the nonfarm income
21 official poverty line;

22
23 2. It provides eligibility for Medicaid coverage to
24 noncategorically eligible adults with an income up to 200% of the
25 federal nonfarm official poverty line and to self-employed
26 persons and sole proprietors and members of their immediate
27 families on a buy-in basis;

28
29 3. It increases the income eligibility for children in the
30 Cub Care program from 200% to 300% of the federal nonfarm
31 official poverty line;

32
33 4. It provides for an enrollment period in the Cub Care
34 program of 12 months;

35
36 5. It provides asset exemptions in the Medicaid program for
37 adults for certain 2nd vehicles, certain savings accounts, life
38 insurance, educational savings and savings for a single person or
39 married person living alone of \$8,000 and for married persons
40 living together of \$12,000. The bill requires the Department of
41 Human Services to implement an electronic benefit transfer system
42 for the delivery of services under the Medicaid program by
43 October 1, 2001;

44
45 6. It requires the Department of Human Services to
46 implement an electronic application system that will receive
47 applications electronically and provide electronically a
48 preliminary determination of eligibility;

50

2 7. It provides for 12-month enrollment periods in the
3 Medicaid program for children and for adults to the extent
4 possible under federal law or pursuant to a waiver;

6 8. It requires outreach services, including Medicaid
7 managed care ombudsman services, under the Medicaid and Cub Care
8 programs and provides for the Department of Human Services to
9 contract with independent entities, including participating
10 insurance producers for outreach services and an independent
11 nonprofit entity to provide the toll-free telephone number
12 services;

14 9. It expands the basic component of the elderly low-cost
15 drug program to cover cancer drugs. This means that prescription
16 drugs for cancer will be provided to the consumer with a maximum
17 co-pay of 20%;

18 10. It requires the Department of Human Services to amend
19 the rules allowing persons with disabilities to purchase coverage
20 in the Medicaid program. The rules must maintain income
21 eligibility limits while removing separate limits of earned and
22 unearned income and provide eligibility for employed persons who
23 have a medically improved disability;

24 11. It allocates funds from the Maine Health Access Fund
25 for dental health screenings and dental sealants of \$150,000 in
26 each year;

28 12. It directs the Department of Human Services, Bureau of
29 Health to undertake an initiative to expand access to primary and
30 preventive health care. It appropriates \$2,000,000 in each year
31 for the support of the community health centers and the federally
32 qualified health center look-alikes. Because some of this
33 funding will be used for Medicaid match to federal funds, the
34 bill also allocates matching federal funding;

36 13. It appropriates \$10,000 in each year to be used as the
37 match for federal funds available for the Department of Human
38 Services, Bureau of Health, Office of Health, Data and Program
39 Management and funding for the Office for Rural Health and
40 Primary Care;

42 14. It requires the Department of Human Services to pursue
43 the recovery of overcharges by prescription drug manufacturers
44 through the Medicaid program;

46 15. It establishes the Maine Health Access Fund to receive
47 funds from the tobacco tax increase and to allocate those funds
48 to health care expansion initiatives;

50

2 16. It increases the tobacco tax by 25 mills per cigarette,
4 which equals 50¢ for each package of cigarettes beginning
 November 1, 2001 and dedicates the tax increase to the Maine
 Health Access Fund; and

6 17. It establishes the Commission to Study the Group
 Purchasing of Prescription Drugs.