

MAINE STATE LEGISLATURE

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121st MAINE LEGISLATURE

FIRST REGULAR SESSION-2003

Legislative Document

No. 585

H.P. 448

House of Representatives, February 11, 2003

An Act to Establish a Statewide Primary and Preventive Health Care Program

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

Millicent M. MacFarland
MILLICENT M. MacFARLAND
Clerk

Presented by Representative TRAHAN of Waldoboro.
Cosponsored by Senator HALL of Lincoln and
Representatives: BUNKER of Kossuth Township, CUMMINGS of Portland, DUNLAP of Old
Town, McKEE of Wayne.

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

2
4 **Sec. 1. 5 MRSA §12004-I, sub-§36-E** is enacted to read:

6 **36-E. Statewide Expenses 22 MRSA**
8 **Human Services Primary and for Members §3174-DD,**
10 **Preventative sub-§4**
12 **Health Care**
14 **Program**
16 **Advisory**
18 **Committee**

20 **Sec. 2. 22 MRSA §3174-DD** is enacted to read:

22 **§3174-DD. Statewide primary and preventive health care program**

24 **1. Program established.** There is established a statewide
26 **primary and preventive health care program, referred to in this**
28 **section as the "program," to provide primary and preventive**
30 **health care for residents of the State who lack health insurance**
32 **and meet the requirements of subsection 2.**

34 **2. Eligibility; enrollment.** Primary and preventive health
36 **care benefits under the program are available to adults whose**
38 **family income is above the eligibility level for MaineCare under**
40 **section 3174-G and below the maximum eligibility level**
42 **established under paragraph A, as adjusted under paragraph B, and**
44 **subject to the requirements of paragraph C. If premiums are**
46 **established for the program under rules adopted by the**
48 **department, payment of the premium is required for enrollment and**
 continued enrollment.

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

B. If the commissioner has determined the fiscal status of
 the program under subsection 6 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
 program set forth in subsection 1.

(2) If program expenditures are reasonably anticipated
 by the commissioner to exceed the program budget, the
 commissioner shall lower the maximum eligibility level

2 set in paragraph A to the extent necessary to bring the
3 program within the program budget.

4 (3) If program expenditures are reasonably anticipated
5 by the commissioner to fall below the program budget,
6 the commissioner shall raise the maximum eligibility
7 level set in paragraph A to the extent necessary to
8 provide coverage to as many persons as possible within
9 the fiscal constraints of the program budget.

10 (4) The commissioner shall give at least 30 days'
11 notice of the proposed change in maximum eligibility
12 level to the joint standing committee of the
13 Legislature having jurisdiction over appropriations and
14 financial affairs and the joint standing committee of
15 the Legislature having jurisdiction over health and
16 human services matters.

17 C. Subject to the other requirements in this subsection, a
18 person who is resident in the State is eligible for the
19 program unless that person:

20 (1) Is eligible for coverage under the MaineCare
21 program;

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

26 (3) Is eligible under Title 5, section 285 for health
27 coverage under the state employee health insurance
28 program as an individual or as a member of a family.

29 D. Notwithstanding changes in the maximum eligibility level
30 determined under paragraphs A and B, the following
31 requirements apply to enrollment and eligibility:

32 (1) A program participant must be enrolled for a
33 12-month enrollment period. Prior to the end of each
34 12-month enrollment period the department shall
35 redetermine eligibility for continuing coverage; and

36 (2) Persons of higher family income may not be covered
37 unless persons of lower family income are also
38 covered. This subparagraph may not be applied to
39 disqualify a person during the 12-month enrollment
40 period. A person of higher family income may be
41 disqualified at the end of the 12-month enrollment

2 period if the commissioner has lowered the maximum
3 eligibility level under paragraph B.

4 E. A person whose family income meets the eligibility
5 requirements at the time of enrollment and increases to
6 disqualify the person at the end of the 12-month enrollment
7 period may purchase coverage under the program for a period
8 of up to 18 months at a premium level that is revenue
9 neutral and that covers the cost of the benefit and a
10 contribution toward administrative costs no greater than the
11 maximum level allowable under COBRA. The department shall
12 adopt rules to implement this paragraph.

14 3. Program administration; benefit design. With the
15 exception of premium payments under subsection 5 and any other
16 requirements imposed under this section, the program must be
17 coordinated and integrated with the MaineCare program and
18 administered with it in one administrative structure within the
19 department, with the same enrollment and eligibility processes
20 and outreach. The department shall adopt and promote a
21 simplified eligibility form and eligibility process. In order to
22 maximize the use of federal and other nonstate funds, the
23 delivery of primary and preventive health care services must be
24 coordinated with the delivery of those services in other health
25 care programs and settings in this State, including without
26 limitation rural health clinics, federally qualified health
27 centers, federally qualified look-alikes and Indian health
28 services. The program must use, but is not limited to, the same
29 benefit delivery system as the MaineCare program and provide
30 benefits through the same health plans, contracting process and
31 providers.

32 4. Advisory committee. The department shall convene an
33 advisory committee, as established in Title 5, section 12004-I,
34 subsection 36-E, to provide advice regarding benefit design and
35 primary and preventive health care services to be covered by the
36 program. The advisory committee, which may not exceed 10
37 members, must include consumers, providers of health care
38 services, carriers licensed under Title 24 and Title 24-A, and
39 representatives of Indian health care services. Members of the
40 advisory committee not otherwise reimbursed for expenses may be
41 reimbursed for expenses by the department.

44 5. Consumer copayments and premium payments. In
45 consultation with the advisory committee formed pursuant to
46 subsection 4, the department may charge reasonable consumer
47 copayments and premiums for primary and preventive health care
48 services under the program. If the department adopts rules
49 establishing premiums for the program, the department shall
50 include a provision waiving premiums for good cause.

2 6. Quarterly determination of fiscal status; reports. On a
3 quarterly basis, the commissioner shall determine the fiscal
4 status of the program, determine whether an adjustment in maximum
5 eligibility level is required under subsection 2, paragraph B and
6 report to the joint standing committee of the Legislature having
7 jurisdiction over appropriations and financial affairs and the
8 joint standing committee of the Legislature having jurisdiction
9 over health and human services matters on enrollment, utilization
10 and costs of the program.

12 7. Provisions applicable to federally recognized Indian
13 tribes. After consultation with federally recognized Indian
14 nations, tribes or bands of Indians in the State, the
15 commissioner shall adopt rules regarding eligibility and
16 participation of persons who are members of a nation, tribe or
17 band, consistent with Title 30, section 6211, in order to best
18 achieve the goal of providing access to primary and preventive
19 health care while maximizing the use of federal funding.

20 8. Resource guide. The program must post on the Internet a
21 resource guide to primary and preventive health care services for
22 use by consumers and providers of health care services.

23 9. Health weeks. Twice per year the program must undertake
24 a health week promotional campaign to provide free health
25 screening services and encourage enrollment in the program.

26 10. Rulemaking. The department shall adopt rules in
27 accordance with Title 5, chapter 375 as required to implement
28 this section. Rules adopted pursuant to this subsection are
29 routine technical rules as defined by Title 5, chapter 375,
30 subchapter 2-A.

31 **Sec. 3. Public hearings.** In performing its duties under the
32 Maine Revised Statutes, Title 22, section 3174-DD, subsection 4,
33 between October 1, 2003 and the date that the statewide primary
34 and preventive health care program, established in Title 22,
35 section 3174-DD, subsection 1, begins providing services, the
36 statewide preventive and health care program advisory committee
37 shall convene 4 public hearings, one of which must be held in
38 York County, Cumberland County, Oxford County or Androscoggin
39 County, one of which must be held in Franklin County, Kennebec
40 County, Lincoln County, Sagadahoc County, Knox County or Waldo
41 County, one of which must be held in Aroostook County, Penobscot
42 County, Somerset County or Piscataquis County and one of which
43 must be held in Washington County or Hancock County.

44 **Sec. 4. Waiver application.** By January 1, 2004 the Department
45 of Human Services shall submit an application for a
46

2 waiver under the federal Medicaid program to the federal
3 Department of Health and Human Services, Centers for Medicare and
4 Medicaid Services. The waiver application must propose a
5 statewide primary and preventive health care program in
6 accordance with the provisions of the Maine Revised Statutes,
7 Title 22, section 3174-DD.

8 **Sec. 5. Effective date.** This Act takes effect October 15, 2003,
9 except that primary and preventive health care coverage under
10 that section of this Act that enacts the Maine Revised Statutes,
11 Title 22, section 3174-DD takes effect 90 days after notification
12 to the Department of Human Services that the waiver application
13 submitted pursuant to this Act has been approved.
14

16 SUMMARY

18 This bill establishes a statewide primary and preventive
19 health care program, a Medicaid waiver program to serve children
20 and adults with family incomes up to 300% of the federal poverty
21 level, subject to adjustment by the Commissioner of Human
22 Services in order to maximize coverage and prevent overspending
23 by the program. The program will include an Internet resource
24 guide and health weeks twice per year to promote good health and
25 encourage enrollment in the program. The program includes an
26 advisory committee to advise the Department of Human Services on
27 consumer copayments and premiums. The bill requires
28 administration of the program to be coordinated and integrated
29 with the MaineCare program. The bill requires 4 public hearings
30 on a statewide basis prior to the operation of the program. The
31 bill requires quarterly fiscal reports. The bill requires the
32 waiver application to be filed by January 1, 2004.