## MAINE STATE LEGISLATURE

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## 121st MAINE LEGISLATURE

## FIRST REGULAR SESSION-2003

**Legislative Document** 

No. 1540

H.P. 1129

House of Representatives, April 10, 2003

An Act To Implement the Recommendations of the Health Care System and Health Security Board

Reported by Representative O'NEIL of Saco for the Health Care System and Health Security Board pursuant to Public Law 2001, c. 439, Pt. ZZZ, section 1.

Reference to the Committee on Insurance and Financial Services suggested and ordered printed under Joint Rule 218.

Millicent M. Mac Farland MILLICENT M. MacFARLAND Clerk

Be it	t enacted b	y the People of	the State of Mai	ne as follows:
	Sec. 1. 5	MRSA §12004-	<b>G, sub-§14-D</b> is	enacted to read:
		•		
	14-D.	<u>Health</u>	<b>Expenses</b>	24-A MRSA
<u>Heal</u>	<u>lth</u>	<u>Security</u>	<u>Only</u>	<u>§6903</u>
Secu	<u>ırity</u>	Board		
	Sec. 2. 2	4-A MRSA c. 87	7 is enacted to	read:
			CHAPTER 87	
		MAINE SING	LE-PAYOR HEALTI	H CARE PLAN
<u>§690</u>	Defi	<u>nitions</u>		
	<u>As use</u>	<u>d in this c</u>	hapter, unles	s the context otherwise
<u>indi</u>	icates, t	<u>he following t</u>	erms have the	following meanings.
			-	<u> Mealth Security Board as </u>
<u>esta</u>	ablished	<u>in Title 5, se</u>	ction 12004-G,	subsection 14-D.
		<b>n.</b> "Plan" me	ans the Maine	Single-payor Health Care
Plar	<u>1.</u>			
			"Plan enrollee	" means a person enrolled
ın t	he plan.			
	4 D-			
4. Provider. "Provider" means any person, organization corporation or association that provides health care services of				
	-		<del></del>	
				to provide those services
<u>ana</u>	products	under the law	rs of this Stat	<del>.</del>
	E 70	idont "Do	donti mana -	mangan who masidas within
- h -		ident. "Kesi	dent means a	person who resides within
спе	State.			
8604	12 Mai-	a Singla sere-	Health Care D	lan established
ROAL	ve. Main	<u>е этийте-Баао</u> г	. nearth Care P	Tan Ascantionen
	1. 01.	n establishe	d. There is	established the Maine
Sinc				le health care coverage to
_				emphasizes quality, cost
				cess to comprehensive and
	ventive c		.vviuer and ac	cess to combienensive and
hr s.	AGHUTAG C	are.		
	2 T===	lementation of	nd operation of	f plan. Coverage under the
n]				eginning January 1, 2005.
_				
				ge, the board must develop
				and administration of the
_		<del>-</del>		e the recommendations in
acco	<u> ordance W</u>	TOU SECTION 02	03, subsection	s 4 and 3.

2	§6903. Health Security Board
4	1. Board membership. The board consists of 19 members as follows:
6	A. The Commissioner of Human Services or the commissioner's
8	designee;
10	B. The Executive Director of the State Employee Health Commission or the executive director's designee:
12	C. The State Tax Assessor or the assessor's designee;
14	D. The Senate chair of the joint standing committee of the
16	Legislature having jurisdiction over health insurance matters;
18	E. The House chair of the joint standing committee of the
20	Legislature having jurisdiction over health insurance matters;
22	F. A representative of each of the following, appointed by
24	the Governor and confirmed by the Legislature:
26	(1) A statewide organization that advocates universal health care:
28	(2) A statewide organization that represents senior
30	citizens in this State;
32	(3) A statewide organization that defends the rights of children;
34	(4) An statewide organization that represents health
36	insurers and health maintenance organizations;
38	(5) A statewide labor organization;
40	(6) Health care economists;
42	(7) A statewide organization of physicians;
44	(8) A statewide organization of nurses; and
46	(9) A statewide organization of hospitals;
48	G. Two representatives of the business community, appointed by the Governor and confirmed by the Legislature, including:
50	

	<ol> <li>A person representing the self-employed; and</li> </ol>
2	
4	(2) A person representing businesses with 50 or fewer employees; and
6	H. Three members of the public appointed by the Governor and confirmed by the Legislature.
8	
10	2. Development of implementation and administration of plan. The board shall develop recommendations for the implementation and administration of the plan. At a minimum, the
12	board's recommendations must address the following:
14	A. The organizational and governance structure for the oversight and administration of the plan;
16	
18	B. The coverage available to plan enrollees, including the benefit design or designs and any cost-sharing required from plan enrollees;
20	
22	C. The requirements for eligibility of plan enrollees:
24	D. The development of a global budget, including the use of a certificate of need process or other methods of cost containment;
26	
28	E. The method for setting reimbursement rates for participating providers;
30	F. The transition to a single-payor health care system and
0.0	the coordination needed with federal and state programs that
32	provide health care coverage; and
34	G. The method and sources for financing the plan.
36	3. Approval of implementation and administration of plan. The board shall submit a report, along with its recommendations
38	and any necessary legislation, to the joint standing committee of the Legislature having jurisdiction over health insurance matters
40	no later than January 1, 2004. The joint standing committee may
	report out legislation to the Second Regular Session of the 121st
42	Legislature approving the board's implementation and administration of the plan and affirming the provisions of this
44	chapter.
46	SUMMARY
48	
	This bill implements the recommendations of the Health Care
EΛ	Courtem and Health Coqueity Board to actablish a single payor

- health plan for the State. The bill establishes the Maine Single-payor Health Care Plan and requires that the plan begin offering coverage on January 1, 2005. The bill also establishes
- 4 the Health Security Board to develop recommendations for the implementation and administration of the single-payor plan. Under
- the bill, the implementation plan and any necessary legislation must be approved by the Legislature before the single-payor plan
- 8 begins offering coverage.