

MAINE STATE LEGISLATURE

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122nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2005

Legislative Document

No. 32

H.P. 35

House of Representatives, January 6, 2005

Resolve, To Reestablish the Health Care System and Health Security Board

(EMERGENCY)

Reported by Representative PERRY of Calais for the Health Care System and Health Security Board pursuant to Public Law 2001, chapter 439, Pt. ZZZ, as amended by Public Law 2003, chapter 492.

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

Millicent M. MacFarland
MILLICENT M. MacFARLAND
Clerk

2 **Emergency preamble. Whereas,** acts and resolves of the
Legislature do not become effective until 90 days after
adjournment unless enacted as emergencies; and

4
6 **Whereas,** the Health Care System and Health Security Board
established in Public Law 2001, chapter 439 has determined that
additional work is needed to monitor current health care reform
efforts before making a final recommendation on a single-payer
health care plan; and

10
12 **Whereas,** the board has completed substantial work to
determine the feasibility of a single-payer health care plan for
this State; and

14
16 **Whereas,** the board intends to make recommendations to
implement a single-payer health care plan if other reform efforts
are not successful;

18
20 **Whereas,** universal health care coverage for all Maine
citizens must be achieved as soon as possible; and

22 **Whereas,** the board has adequate funds to support its
activities; and

24
26 **Whereas,** in the judgment of the Legislature, these facts
create an emergency within the meaning of the Constitution of
Maine and require the following legislation as immediately
necessary for the preservation of the public peace, health and
safety; now, therefore, be it

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32 **Sec. 1. Board reestablished. Resolved:** That the Health Care
System and Health Security Board, which was originally
established in Public Law 2001, chapter 439, Part ZZZ and
referred to in this resolve as "the board," is reestablished. The
board consists of 20 members as follows:

36 A. The Commissioner of Health and Human Services or the
38 commissioner's designee;

40 B. The Executive Director of the State Employee Health
42 Commission or the director's designee;

44 C. The State Tax Assessor or the assessor's designee;

46 D. Two members of the Senate appointed by the President of
the Senate with preference to members of the joint standing
committee of the Legislature having jurisdiction over health
and human services matters, the joint standing committee of
48 the Legislature having jurisdiction over appropriations and
50 financial affairs and the joint standing committee of the

2 Legislature having jurisdiction over insurance and financial
services matters;

4 E. Two members of the House of Representatives appointed by
the Speaker of the House of Representatives with preference
6 to members of the joint standing committee of the
Legislature having jurisdiction over health and human
8 services matters, the joint standing committee of the
Legislature having jurisdiction over appropriations and
10 financial affairs and the joint standing committee of the
Legislature having jurisdiction over insurance and financial
12 services matters;

14 F. A representative of each of the following, appointed by
the President of the Senate:

16 (1) A statewide organization that advocates universal
18 health care;

20 (2) A statewide organization that defends the rights
of children;

22 (3) A statewide organization representing health
24 insurers and health maintenance organizations;

26 (4) Health care economists;

28 (5) A statewide organization of physicians; and

30 (6) Small hospitals in the State; and

32 G. A representative of each of the following, appointed by
the Speaker of the House:

34 (1) A statewide organization that represents Maine
36 senior citizens;

38 (2) A statewide labor organization;

40 (3) A statewide organization of nurses;

42 (4) Large hospitals in the State;

44 (5) The business community;

46 (6) An organization representing the self-employed; and

48 (7) The public; and be it further

2 **Sec. 2. Chairs. Resolved:** That the first-named Senate member
3 is the Senate chair and the first-named House member is the House
4 chair of the board. The Senate and House chairs may continue to
5 serve until successors are appointed; and be it further

6 **Sec. 3. Members; appointments; meetings. Resolved:** That those
7 members serving on the Health Care System and Health Security
8 Board established by Public Law 2001, chapter 439, Part ZZZ on
9 November 1, 2004 continue to serve unless they submit their
10 resignations to the chairs. All appointments for vacancies to
11 the board as of November 1, 2004 must be made no later than 30
12 days following the effective date of this resolve. Appointed
13 members may continue to serve until their successors are
14 appointed. The chairs shall call and convene meetings of the
15 board as necessary; and be it further

16 **Sec. 4. Board purpose. Resolved:** That the purpose of the board
17 is to develop recommendations to provide health care coverage to
18 all citizens of this State through a single-payer health care
19 plan that emphasizes access to comprehensive, preventive and
20 long-term care; quality; cost containment; and choice of
21 provider; and be it further

22 **Sec. 5. Duties of board. Resolved:** That the board has the
23 following duties.

24 A. In developing a proposal to implement a single-payer
25 plan to provide health care coverage to all citizens of this
26 State, the board shall make recommendations related to
27 standards for:

28 (1) Eligibility for coverage under the plan for
29 residents of this State, including a requirement that
30 residents must apply for an identification card to
31 enroll in the plan, responsibility for collection from
32 individuals and insurance companies and reimbursement
33 for providers in the State;

34 (2) The types of health care services covered under
35 the plan. The plan must provide coverage for health
36 care services from a provider within the State if those
37 services are determined medically necessary by the
38 provider for the patient, except that the plan may not
39 provide cosmetic services. Copayments may be charged
40 only as charged under current MaineCare coverage.
41 Deductibles may not be charged to plan enrollees. The
42 plan must be at least as inclusive as MaineCare
43 coverage. This paragraph does not preclude supplemental
44 insurance coverage for services that are
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2 not medically necessary. Covered health care must
include all services and providers for which coverage
4 is mandated under the Maine Revised Statutes, Title
24-A and must include all coverage offered by the
MaineCare program;

6
8 (3) A system for the delivery of health care services
throughout the State. Covered health care services must
be provided to plan enrollees by participating
10 providers who are located within the State and who are
chosen by plan enrollees. The plan must pay for health
12 care services provided to a plan enrollee while the
enrollee is temporarily outside the State. The maximum
14 period of time a plan enrollee may be covered while out
of state is 90 days per year. A plan enrollee may
16 qualify to begin services out of state but, in order to
receive continued treatment, may be required to receive
18 treatment within the State. Reimbursement for services
rendered out of state must be at rates set by the
20 board. A participating provider may not charge plan
enrollees or 3rd parties for covered health care
22 services in excess of the amount reimbursed to that
provider by the plan. A participating provider may not
24 refuse to provide services to a plan enrollee on the
basis of health status, medical condition, previous
26 insurance status, race, color, creed, age, national
origin, citizenship status, gender, sexual orientation,
28 disability or marital status;

30 (4) The role of other health care programs, including,
but not limited to, the following programs: the
32 Medicare program of the federal Social Security Act,
Title XVIII; the Medicaid program of the federal Social
34 Security Act, Title XIX; the civilian health and
medical program as referred to in 10 United States
36 Code, Sections 1071 to 1106; the federal Indian Health
Care Improvement Act, 25 United States Code, Sections
38 1601 to 1682; the statewide plan provided through
Dirigo Health; other 3rd party payers who may be
40 billable for health care services; and any state and
local health programs, including, but not limited to,
42 workers' compensation and employers' liability
insurance pursuant to the Maine Revised Statutes, Title
44 39-A; and

46 (5) Other issues such as: promoting the purposes of
the plan; setting reimbursement rates for participating
48 providers; rules necessary to implement the plan;
systems for enrollment, registration of providers for
50 participation, rate setting and contracts with

2 providers of services and pharmaceuticals; developing
3 budgets with hospitals and institutional providers;
4 administration of revenues of the plan; employment of
5 necessary staff to implement the plan; development of
6 plans and funding for training and assistance of health
7 care workers displaced by the State's moving to a
8 single-payer health care plan; addressing the unique
9 issues related to the delivery of a single-payer health
10 care plan among the State's border communities and the
11 impact on providers and residents of those communities;
12 and conducting public hearings annually or more
13 frequently regarding resource allocation, revenues and
14 services;

15
16 B. The board shall examine funding for the single-payer
17 plan from a combination of sources, including payments from
18 government sources, including federal, state and other
19 governmental health care and aid programs; payments from
20 workers' compensation, pension and health insurance employee
21 benefit plans; payments from state, county and municipal
22 governmental units for coverage; payments from tobacco
23 settlement funds; and payment from any taxes or fees based
24 on the results of the feasibility study prepared under
25 contract with the board in December 2002;

26 C. The board shall stress prevention of disease and
27 maintenance of health in developing proposals to implement
28 the single-payer plan and shall attempt to retain and
29 strengthen existing health care facilities whenever possible
30 in developing those proposals; and

31 D. The board shall evaluate current health care reform
32 efforts, including but not limited to Dirigo Health, and may
33 examine any other issues or gather information as necessary
34 to fulfill its purpose and duties; and be it further

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36 **Sec. 6. Staff assistance. Resolved:** That upon approval of the
37 Legislative Council, the Office of Policy and Legal Analysis may
38 provide necessary staffing services to the board. The board may
39 also contract with and retain staffing and technical assistance
40 from a health policy organization; and be it further

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42 **Sec. 7. Funding. Resolved:** That the board may seek and accept
43 outside funding through the public or private sector to advance
44 its work and support its activities. Any unexpended funds
45 allocated to the board as of November 1, 2004 must be carried
46 forward for use by the board and may not lapse. Funds may not be
47 appropriated from the General Fund to support any activity of the
48 board, nor may expenses exceed available funding; and be it
49 further
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