MAINE STATE LEGISLATURE

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Date: 'e[11][9	(Filing No. S- 259)
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3	HEALTH AND HUMAN SERVICES
4	Reproduced and distributed under the direction of the Secretary of the Senate.
5	STATE OF MAINE
6	SENATE
7	129TH LEGISLATURE
8	FIRST REGULAR SESSION
9 10	COMMITTEE AMENDMENT "A" to S.P. 418, L.D. 1350, Bill, "An Act To Improve Rural Health Care"
11 12 13	Amend the bill in section 1 in paragraph QQ in the 2nd line (page 1, line 4 in L.D.) by inserting after the following: "income" the following: 'and not subtracted under paragraph FF'

Amend the bill by striking out all of sections 3 and 4 and inserting the following:

- 'Sec. 3. Reimbursement for acute care critical access hospitals. The Department of Health and Human Services shall amend its rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 45 regarding acute care critical access hospital physician services to require MaineCare reimbursement of 100% for all hospital-based physician costs.
- Sec. 4. Reimbursement for rural health clinics. The Department of Health and Human Services shall amend its rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 103 regarding the department's reimbursement methodology to provide an alternative payment methodology option that, effective January 1, 2020, is the same as the existing methodology except that rural health clinics may be reimbursed on the basis of 100% of the average of the reasonable costs of providing MaineCare-covered services during calendar years 2016 and 2017 as long as reimbursement is no less than reimbursement received under the prospective payment system described in Section 1902(bb) of the United States Social Security Act. Each rural health clinic must be given the option to be reimbursed under the methodology required by this section or under the existing prospective payment system methodology.
- Sec. 5. State plan amendments; rulemaking. The Department of Health and Human Services shall submit any necessary state plan amendments to implement the requirements of this Act to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services no later than January 1, 2020. Upon approval, the department shall amend its rules within 180 days of approval. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

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	COMMITTEE AMENDMENT " A " to S.P. 418, L.D. 1350 (S	259)		
1 2	Sec. 6. Appropriations and allocations.		opriations and	
3	ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF			
4	Revenue Services, Bureau of 0002			
5	Initiative: Provides one-time funding for computer prog	gramming to update	the individua	
6	income tax return.			
7	GENERAL FUND	2019-20	2020-21	
8	All Other	\$0	\$11,000	
9 10	GENERAL FUND TOTAL	\$0	\$11,000	
11	ADMINISTRATIVE AND FINANCIAL			
12	SERVICES, DEPARTMENT OF			
13	DEPARTMENT TOTALS	2019-20	2020-21	
14 15	GENERAL FUND	\$0	\$11,000	
16	GDI (DZCILLI I GI (D			
17	DEPARTMENT TOTAL - ALL FUNDS	\$0	\$11,000	
18	HEALTH AND HUMAN SERVICES, DEPARTME	NT OF		
19	Medical Care - Payments to Providers 0147			
20 21	Initiative: Provides appropriations and allocations to all of 100% for all hospital-based physician costs.	ow for MaineCare r	eimbursement	
22	GENERAL FUND	2019-20	2020-21	
23	All Other	\$371,768	\$753,736	
24 25	GENERAL FUND TOTAL	\$371,768	\$753,736	
26	FEDERAL EXPENDITURES FUND	2019-20	2020-21	
27	All Other	\$793,942	\$1,577,684	
28	PEDED AT EVDENING DEAD TOTAL	9702.042	Ø1 577 CO4	
29	FEDERAL EXPENDITURES FUND TOTAL	\$793,942	\$1,577,684	
30	Medical Care - Payments to Providers 0147			
31 32	Initiative: Provides appropriations and allocations to allo for rural hospitals at 100% of inpatient hospital-ba	sed physician cos	ts, outpatient	

A. d.S.

33 34

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COMMITTEE AMENDMENT

emergency room hospital-based physician costs, outpatient nonemergency room hospital-

based physician costs and graduate medical education costs and to allow for MaineCare

COMMITTEE AMENDMENT " /-] " to S.P. 418, L.D. 1350	(5-259)
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1	reimbursement for nonrural hospitals at 93.3% of inpatient hospital-based physician			
2	costs, 93.4% of outpatient emergency room hospital-based physician costs and 83.8% of			
3	outpatient nonemergency room hospital-based physicia	an costs.		
4	GENERAL FUND	2019-20	2020-21	
5	All Other	\$263,428	\$534,084	
6				
7	GENERAL FUND TOTAL	\$263,428	\$534,084	
8	FEDERAL EXPENDITURES FUND	2019-20	2020-21	
9	All Other	\$562,573	\$1,117,918	
10				
11	FEDERAL EXPENDITURES FUND TOTAL	\$562,573	\$1,117,918	
12	Medical Care - Payments to Providers 0147			
13	Initiative: Provides appropriations and allocations to			
14	methodology option that, effective January 1, 201	9, is the same as	the existing	
15	methodology except that rural health clinics may be re			
16	the average of the reasonable costs of providing M			
17	calendar years 2016 and 2017 as long as reimbursem	ent is no less than r	eimbursement	
18	received under the prospective payment system.			
19	GENERAL FUND	2019-20	2020-21	
20	All Other	\$739,449	\$1,499,185	
21		(
22	GENERAL FUND TOTAL	\$739,449	\$1,499,185	
23	FEDERAL EXPENDITURES FUND	2019-20	2020-21	
24	All Other	\$1,579,154	\$3,138,020	
25	7 - 12 C - 13	4-,- ,	+- ,,	
26	FEDERAL EXPENDITURES FUND TOTAL	\$1,579,154	\$3,138,020	
27	HEALTH AND HUMAN SERVICES,			
28	DEPARTMENT OF			
29	DEPARTMENT TOTALS	2019-20	2020-21	
30				
31	GENERAL FUND	\$1,374,645	\$2,787,005	
32	FEDERAL EXPENDITURES FUND	\$2,935,669	\$5,833,622	
33				
34	DEPARTMENT TOTAL - ALL FUNDS	\$4,310,314	\$8,620,627	

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COMMITTEE AMENDMENT

R. dS. COMMITTEE AMENDMENT "H" to S.P. 418, L.D. 1350 ($S \cdot 259$)

1 2	SECTION TOTALS	2019-20	2020-21
3 4 5	GENERAL FUND FEDERAL EXPENDITURES FUND	\$1,374,645 \$2,935,669	\$2,798,005 \$5,833,622
6 7	SECTION TOTAL - ALL FUNDS	\$4,310,314	\$8,631,627
8 9	Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.		
10	SUMMARY		
11	This amendment makes the following changes to the bill.		
12 13	1. It changes the reimbursement for acute care critical access hospitals to 100% for all hospital-based physician costs rather than facility and physician costs.		
14 15 16 17	2. It clarifies that rural health clinics are paid under an alternative payment methodology option that is the same as the current system except for rebasing costs to 2016 and 2017 costs as long as the rural health clinics are not paid less than the current reimbursement rate.		
18 19 20 21	3. It requires the Department of Health and Human Services to submit any necessary state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services no later than January 1, 2020. Rulemaking must be completed by the department within 180 days of receiving federal approval.		
22 23	4. It adds language to clarify that taxpayers cannot educational opportunity tax credits.	claim a doubl	e benefit for
24	5. It adds an appropriations and allocations section.		
25	FISCAL NOTE REQUIRED)	
26	(See attached)		



129th MAINE LEGISLATURE

LD 1350

LR 749(02)

An Act To Improve Rural Health Care

Fiscal Note for Bill as Amended by Committee Amendment ''A'' (5.259)

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note				
	FY 2019-20	FY 2020-21	Projections FY 2021-22	Projections FY 2022-23
Net Cost (Savings)				
General Fund	\$1,374,645	\$2,931,005	\$2,921,472	\$2,921,472
Appropriations/Allocations				
General Fund	\$1,374,645	\$2,798,005	\$2,788,472	\$2,788,472
Federal Expenditures Fund	\$2,935,669	\$5,833,622	\$5,832,155	\$5,832,055
Revenue				
General Fund	\$0	(\$133,000)	(\$133,000)	(\$133,000)
Federal Expenditures Fund	\$2,936,669	\$5,833,622	\$5,832,155	\$5,832,155
Other Special Revenue Funds	\$0	(\$7,000)	(\$7,000)	(\$7,000)

Fiscal Detail and Notes

The bill includes General Fund appropriations to the Department of Health and Human Services of \$1,374,645 in fiscal year 2019-20 and \$2,787,005 in fiscal year 2020-21 for the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 45 regarding the department's total annual obligation to rural and nonrural hospitals and acute care critical access hospitals and to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 103 regarding the department's reimbursement methodology to provide an alternative payment methodology option for rural health clinics. Federal Expenditures Fund allocations are also included for the FMAP match.

The bill provides a subtraction modification from income tax for student loan payments made by a taxpayer's employer directly to a lender on behalf of a qualified health care employee. It would result in a reduction of General Fund revenue of \$133,000 in fiscal year 2020-21 and a reduction in Local Government Fund revenue of \$7,000 in fiscal year 2020-21. The bill includes a one-time General Fund appropriation of \$11,000 in fiscal year 2020-21 for computer programming to update the individual income tax return.