

MAINE STATE LEGISLATURE

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129th MAINE LEGISLATURE

FIRST REGULAR SESSION-2019

Legislative Document

No. 1617

H.P. 1169

House of Representatives, April 23, 2019

An Act To Create a Single-payer Health Care Program in Maine

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

A handwritten signature in cursive script that reads "R B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative SYLVESTER of Portland.
Cosponsored by Senator BELLOWS of Kennebec and
Representatives: BAILEY of Saco, BROOKS of Lewiston, HANDY of Lewiston, MADIGAN
of Waterville, MAXMIN of Nobleboro, TALBOT ROSS of Portland, TEPLER of Topsham,
WARREN of Hallowell.

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

2 **Sec. 1. 5 MRSA c. 167** is enacted to read:

3 **CHAPTER 167**

4 **MAINE SINGLE-PAYER HEALTH CARE PROGRAM**

5 **§2041. Establishment**

6 The Maine Single-payer Health Care Program, referred to in this chapter as "the
7 program," is established to provide for the health care of residents of this State. The
8 program must be designed in accordance with the requirements of this chapter and may
9 not be implemented before January 2022 as provided in this chapter.

10 **§2042. Design of program**

11 **1. Design requirements.** The Department of Health and Human Services, in
12 consultation with the Department of Labor and the Department of Professional and
13 Financial Regulation, Bureau of Insurance, shall design the program to provide coverage
14 for health care services from participating providers within the State if those services are
15 necessary or appropriate for the prevention, diagnosis or treatment of, or maintenance or
16 rehabilitation following, injury, disability or disease. At a minimum, the program must
17 provide:

18 **A. Coverage for the following health care services:**

19 (1) Hospital services;

20 (2) Medical and other professional services furnished by participating providers;

21 (3) Laboratory tests and imaging procedures;

22 (4) Home health care for residents of the State requiring services performed by
23 or under the supervision of professional or technical personnel, including, but not
24 limited to, home health care for acute illness, personal care attendant services and
25 the medical component of home health care for chronic illness;

26 (5) Rehabilitative services for residents of the State receiving therapeutic care;

27 (6) Prescription drugs and devices;

28 (7) Mental health services;

29 (8) Substance use disorder treatment;

30 (9) Primary and acute dental services;

31 (10) Vision appliances, including lenses, frames and contact lenses;

32 (11) Medical supplies, durable medical equipment and selected assistive devices;
33 and

34 (12) Hospice care;

35 **B. Delivery of covered health services through organized delivery systems;**

1 C. Payment for covered health care services provided to a resident while the resident
2 is in the State or out of the State. The program must pay for a reasonable amount
3 charged for medically necessary emergency health care services; and

4 D. Fair rates of compensation with participating providers and organized delivery
5 systems and negotiation with pharmaceutical companies for similarly classified
6 pharmaceuticals.

7 **§2043. Implementation**

8 **1. Implementation.** Upon enactment of authorizing legislation establishing
9 financing for the program, the State shall implement the program in phases as required in
10 subsections 2 to 4.

11 **2. Phase one.** Beginning in January 2022, the State shall provide coverage through
12 the program for a resident of the State who is not eligible for coverage under the
13 MaineCare program and who has an income that is below 250% of the federal poverty
14 level.

15 **3. Phase 2.** No later than January 2024, the State shall provide coverage through the
16 program for a resident of the State who has an income between 250% and 400% of the
17 federal poverty level.

18 **4. Phase 3.** No later than January 2026, the State shall provide coverage through the
19 program for a resident of the State who has an income above 400% of the federal poverty
20 level.

21 **5. Waiver; request for federal approval.** The Department of Health and Human
22 Services and any other affected department or agency of the State shall apply for all
23 waivers, exemptions and approvals from the Federal Government that are necessary to
24 fully implement the program.

25 For the purposes of this section, "federal poverty level" means that measure defined
26 by the federal Department of Health and Human Services and updated annually in the
27 Federal Register under authority of 42 United States Code, Section 9902(2).

28 **Sec. 2. Single-payer Implementation Task Force.** The Single-payer
29 Implementation Task Force, referred to in this section as "the task force," is established to
30 oversee planning and implementation of the Maine Single-payer Health Care Program,
31 established in the Maine Revised Statutes, Title 5, chapter 167, as follows.

32 **1. Appointments; composition.** The task force consists of members appointed as
33 follows:

34 A. Four members of the Senate, appointed by the President of the Senate, including 2
35 members of the party holding the largest number of seats in the Senate and 2
36 members of the party holding the 2nd largest number of seats in the Senate, of whom
37 at least one member is a member of the Joint Standing Committee on Health
38 Coverage, Insurance and Financial Services, at least one member is a member of the
39 Joint Standing Committee on Health and Human Services and at least one member is

1 a member of the Joint Standing Committee on Labor and Housing or the Joint
2 Standing Committee on Taxation; and

3 B. Five members of the House of Representatives, appointed by the Speaker of the
4 House of Representatives, including 2 members of the party holding the largest
5 number of seats in the House of Representatives and 2 members of the party holding
6 the 2nd largest number of seats in the House of Representatives, of whom at least one
7 member is a member of the Joint Standing Committee on Health Coverage, Insurance
8 and Financial Services, at least one member is a member of the Joint Standing
9 Committee on Health and Human Services and at least one member is a member of
10 the Joint Standing Committee on Labor and Housing or the Joint Standing Committee
11 on Taxation.

12 **2. Consultants.** The chairs of the task force may appoint the following persons as
13 consultants to the task force:

- 14 A. One person representing the interests of hospitals;
- 15 B. Two persons representing the interests of health care providers, including one
16 person from an organization representing physicians and one person from an
17 organization representing nurses;
- 18 C. Two persons representing the interests of health care consumers;
- 19 D. One person representing the interests of employers with fewer than 50 employees;
20 and
- 21 E. One person representing the interests of employers with 50 or more employees.

22 **3. Chairs.** The first-named Senator is the Senate chair of the task force, and the first-
23 named member of the House of Representatives is the House chair of the task force. The
24 chairs may invite individuals with expertise in health care policy, health care financing or
25 health care delivery to assist the task force.

26 **4. Appointments; convening.** All appointments must be made no later than 30 days
27 following the effective date of this Act. The appointing authorities shall notify the
28 Executive Director of the Legislative Council once all appointments have been made.
29 When the appointment of all members has been completed, the chairs of the task force
30 shall call and convene the first meeting of the task force. If 30 days or more after the
31 effective date of this Act a majority of but not all appointments have been made, the
32 chairs may request authority and the Legislative Council may grant authority for the task
33 force to meet and conduct its business.

34 **5. Recommendations.** The task force shall submit recommended legislation by
35 January 15, 2021 to the First Regular Session of the 130th Legislature to fully implement
36 the Maine Single-payer Health Care Program. The task force shall include in its
37 recommended legislation provisions to:

- 38 A. Transfer responsibility for administering the MaineCare program and the
39 children's health insurance program established in the Maine Revised Statutes, Title
40 22, section 3174-T from the Department of Health and Human Services to the Maine
41 Single-payer Health Care Program;

1 B. Transfer responsibility for administering any other state or federal health care
2 program to the Maine Single-payer Health Care Program;

3 C. Apply for all waivers, exemptions and approvals from State Government and the
4 Federal Government that are necessary to transfer health care funding from the
5 Federal Government and from any state departments and agencies to the Maine
6 Single-payer Health Care Program;

7 D. Transfer to the Maine Single-payer Health Care Program all state and federal
8 funds associated with programs for which the Maine Single-payer Health Care
9 Program will assume responsibility;

10 E. Enable the Maine Single-payer Health Care Program to receive the appropriate
11 federal fund contribution in lieu of the federal premium tax credits, cost-sharing
12 subsidies and small business tax credits provided in the federal Patient Protection and
13 Affordable Care Act or its successor acts;

14 F. Ensure that the State's expenditures for health care services, including the State's
15 responsibility for providing matching funds for the MaineCare program and other
16 federally supported health care programs, do not fall below the expenditure levels for
17 health care services in the year preceding the effective date of this Act;

18 G. Effectuate a smooth and efficient transfer of the programs and responsibilities and
19 enable affected departments and agencies to assist the Maine Single-payer Health
20 Care Program in the assumption of its duties; and

21 H. Establish an ongoing revenue stream to adequately fund the Maine Single-payer
22 Health Care Program.

23 **6. Oversight of planning.** At every meeting of the task force, the Commissioner of
24 Health and Human Services, the Commissioner of Labor and the Superintendent of
25 Insurance or their designees shall brief the task force on planning issues, progress,
26 challenges and the timeline for implementation.

27 **7. Compensation.** The legislative members of the task force are entitled to receive
28 the legislative per diem, as defined in the Maine Revised Statutes, Title 3, section 2, and
29 reimbursement for travel and other necessary expenses related to their attendance at
30 authorized meetings of the task force. Those persons appointed as consultants not
31 otherwise compensated by their employers or other entities that they represent are entitled
32 to receive reimbursement of necessary expenses and, upon a demonstration of financial
33 hardship, a per diem equal to the legislative per diem for their attendance at authorized
34 meetings of the task force.

35 **8. Quorum.** A quorum is a majority of the members of the task force.

36 **9. Staffing.** The Legislative Council shall provide staff support for the task force. To
37 the extent needed when the Legislature is in session, the Legislative Council may contract
38 for such staff support if sufficient funding is available.

39 **10. Experts; additional staff assistance.** The task force may solicit the services of
40 one or more outside experts to assist the task force to the extent resources are available.
41 Upon request, the Department of Health and Human Services, the Department of

1 Professional and Financial Regulation, Bureau of Insurance and the Department of Labor
2 shall provide any additional staffing assistance to the task force to ensure the task force
3 has the information necessary to make the recommendations required by subsection 5.

4 **Sec. 3. Contingent effective date.** The Maine Revised Statutes, Title 5, section
5 2043, subsections 2, 3 and 4 take effect only upon the enactment into law of legislation
6 providing financing for the Maine Single-payer Health Care Program established in Title
7 5, chapter 167.

8 **SUMMARY**

9 This bill establishes a single-payer health care program in the State that provides
10 health care services for Maine residents. The bill directs the Department of Health and
11 Human Services to consult with the Department of Labor and the Department of
12 Professional and Financial Regulation, Bureau of Insurance to develop the program. The
13 bill requires the State to implement the program in 3 phases, based on income, beginning
14 in 2022 for those residents not eligible for the MaineCare program. The bill also creates
15 the Single-payer Implementation Task Force to advise the departments and make
16 recommendations to fully implement the single-payer health care program. The program
17 may not be implemented in 2022 without prior legislative approval.