

MAINE STATE LEGISLATURE

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Date 6/14/23

MAJORITY

(Filing No S-321)

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

Reproduced and distributed under the direction of the Secretary of the Senate

**STATE OF MAINE
SENATE
131ST LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT "A" to S P 150, L D 329, "An Act to Ensure Health Care for All Maine Residents"

Amend the bill by striking out the title and substituting the following

'Resolve, to Establish the Blue Ribbon Commission on Guaranteed Health Care'

Amend the bill by striking out everything after the title and inserting the following

'Sec. 1. Commission established. Resolved: That the Blue Ribbon Commission on Guaranteed Health Care, referred to in this resolve as "the commission," is established to study the design and implementation of options for a system that guarantees health care for all residents of the State as follows

Sec. 2. Appointments; composition. Resolved: That, notwithstanding Joint Rule 353, the commission consists of 21 members as follows

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

2 Four members of the House of Representatives, appointed by the Speaker of the House of Representatives, including 2 members of the party holding the largest number of seats in the House of Representatives and 2 members of the party holding the 2nd largest number of seats in the House of Representatives, of whom at least 3 members are members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services or the Joint Standing Committee on Health and Human Services,

3 One member representing the interests of hospitals, appointed by the President of the Senate,

1 4 Three members representing the diverse interests of health care providers, including
 2 members representing licensed health care practitioners, one appointed by the President of
 3 the Senate and 2 appointed by the Speaker of the House of Representatives,

4 5 Two members representing the interests of health insurance carriers, including one
 5 member who is a nonprofit health insurance carrier, one appointed by the President of the
 6 Senate and one appointed by the Speaker of the House of Representatives,

7 6 Two members representing the interests of consumers, one appointed by the
 8 President of the Senate and one appointed by the Speaker of the House of Representatives,

9 7 One member representing the interests of employers with 50 or more employees,
 10 appointed by the President of the Senate,

11 8 One member representing the interests of employers with fewer than 50 employees,
 12 appointed by the Speaker of the House of Representatives, and

13 9 Three ex officio, nonvoting members

14 A The director of the Office of Affordable Health Care or the director's designee,

15 B The Commissioner of Health and Human Services or the commissioner's designee,
 16 and

17 C The Superintendent of Insurance or the superintendent's designee

18 **Sec. 3. Chairs. Resolved:** That the first-named Senate member is the Senate chair
 19 and the first-named House of Representatives member is the House chair of the
 20 commission Notwithstanding Joint Rule 353, the chairs may appoint, as nonvoting
 21 members, individuals with expertise in health care policy, health care financing or health
 22 care delivery Any additional members appointed pursuant to this section are not entitled
 23 to compensation or reimbursement under section 6

24 **Sec. 4. Appointments; convening of commission. Resolved:** That all
 25 appointments must be made no later than 30 days following the effective date of this
 26 resolve The appointing authorities shall notify the Executive Director of the Legislative
 27 Council once all appointments have been completed After appointment of all members,
 28 the chairs shall call and convene the first meeting of the commission If 30 days or more
 29 after the effective date of this resolve a majority of but not all appointments have been
 30 made, the chairs may request authority and the Legislative Council may grant authority for
 31 the commission to meet and conduct its business

32 **Sec. 5. Duties; design options. Resolved:** That the commission shall consider,
 33 evaluate and make recommendations, including implementation plans, for creating a
 34 system of health care that guarantees all residents of the State affordable, quality health
 35 care The options considered by the commission must, at a minimum, include

36 1 The Maine Health Care Plan established in the Maine Revised Statutes, Title 24-A,
 37 section 7502, including determination of the necessary steps that must be taken on a policy
 38 and legislative basis in order to fully implement the plan and an assessment of what
 39 information is needed to apply for a federal waiver,

40 2 A model following the German model of nonprofit employer-based insurance with
 41 the ability to seamlessly transition individuals to public health coverage when they leave

COMMITTEE AMENDMENT

1 or change employment, including the establishment of standard coverage and uniform
2 agreed-upon payments for all health care services and treatments, and

3 3 A design for a government-administered and publicly financed universal payer
4 health benefits system for all children in the State, beginning with children under 5 years
5 of age and continuing until all children under 18 years of age are covered

6 The commission may consider additional options as determined by the commission
7 The commission shall consider each option in sufficient detail to allow the commission to
8 report to the Legislature to enable the Legislature to consider the option and to determine
9 whether further legislative action is warranted The commission shall review the findings
10 and reports from previous studies of health care reform in the State, including the studies
11 and reports provided to the Legislature

12 **Sec. 6. Compensation. Resolved:** That the legislative members of the commission
13 are entitled to receive the legislative per diem, as defined in the Maine Revised Statutes,
14 Title 3, section 2, and reimbursement for travel and other necessary expenses related to
15 their attendance at authorized meetings of the commission Public members not otherwise
16 compensated by their employers or other entities that they represent are entitled to receive
17 reimbursement of necessary expenses and, upon a demonstration of financial hardship, a
18 per diem equal to the legislative per diem for their attendance at authorized meetings of the
19 commission

20 **Sec. 7. Quorum. Resolved:** That a quorum is a majority of the voting members of
21 the commission

22 **Sec. 8. Staffing. Resolved:** That the Legislative Council shall provide staff support
23 for the commission To the extent staff support is needed when the Legislature is in session,
24 the Legislative Council may contract for such staff support if sufficient funding is available

25 **Sec. 9. Consultants; additional staff assistance. Resolved:** That the
26 commission may solicit the services of one or more outside consultants to assist the
27 commission to the extent resources are available Upon request, the Office of Affordable
28 Health Care, the Department of Health and Human Services, the Department of
29 Professional and Financial Regulation, Bureau of Insurance, the Maine Health Data
30 Organization and the University of Maine System shall provide any additional staffing
31 assistance to the commission to ensure the commission and its consultant or consultants
32 have the information necessary to fulfill the requirements of this resolve

33 **Sec. 10. Reports. Resolved:** That, notwithstanding Joint Rule 353, the commission
34 may submit an initial report, including suggested legislation, no later than February 1, 2024
35 to the Joint Standing Committee on Health Coverage, Insurance and Financial Services and
36 the Joint Standing Committee on Health and Human Services Either committee may
37 submit legislation based on the initial report to the Second Regular Session of the 131st
38 Legislature No later than November 1, 2024, the commission shall submit a final report
39 that includes its findings and recommendations, including suggested legislation, to the joint
40 standing committee of the Legislature having jurisdiction over health coverage, insurance
41 and financial services matters and the joint standing committee of the Legislature having
42 jurisdiction over health and human services matters Following submission of the final
43 report, either committee may submit legislation to the 132nd Legislature in 2025



131st MAINE LEGISLATURE

LD 329

LR 2051(02)

An Act to Ensure Health Care for All Maine Residents

Fiscal Note for Bill as Amended by Committee Amendment "A" (S 321)
 Committee: Health Coverage, Insurance and Financial Services

Fiscal Note Required: Yes

Fiscal Note

Legislative Cost/Study

Legislative Cost/Study

The general operating expenses of this study are projected to be \$5,850 in fiscal year 2023-24 and \$5,850 in fiscal year 2024-25. The Legislature's proposed budget for the 2024-2025 biennium includes \$14,500 in each of fiscal years 2023-24 and 2024-25 for the costs of legislative studies, as well as \$2,234 in projected balances from fiscal year 2022-23 and \$36,777 of balances carried over from prior years for this purpose. Whether these amounts are sufficient to fund all studies will depend on the number of studies authorized by the Legislative Council and the Legislature. The additional costs of providing staffing assistance to the study during the interim can be absorbed utilizing existing budgeted staff resources.

Fiscal Detail and Notes

Any additional costs to the Department of Health and Human Services, the Department of Professional and Financial Regulation, Bureau of Insurance and the Office of Affordable Health Care to take part in the Blue Ribbon Commission on Guaranteed Health Care are expected to be minor and can be absorbed within existing budgeted resources.

Additional costs to the University of Maine System, the Maine Health Data Organization and the Department of Professional and Financial Regulation, Bureau of Insurance to provide staffing assistance to the commission, if requested, can be absorbed within existing budgeted resources.