



131st MAINE LEGISLATURE

FIRST SPECIAL SESSION-2023

Legislative Document

No. 1522

H.P. 977

House of Representatives, April 5, 2023

An Act to Provide Economic Justice to Historically Disadvantaged Older Citizens by Amending the Laws Governing the Medicare Savings Program

Reference to the Committee on Health and Human Services suggested and ordered printed.

R(+ B. Hunt

ROBERT B. HUNT Clerk

Presented by Representative FAY of Raymond. Cosponsored by President JACKSON of Aroostook and Representatives: CLOUTIER of Lewiston, GATTINE of Westbrook, MEYER of Eliot, Speaker TALBOT ROSS of Portland, Senator: MOORE of Washington.

1 Be it enacted by the People of the State of Maine as follows: 2 Sec. 1. 22 MRSA §3174-KKK is enacted to read: 3 §3174-KKK. Medicare savings program 4 The department shall administer the Medicare savings program as described in 42 5 United States Code, Section 1396a(a)(10)(E) in accordance with this section. 6 **1.** Asset test. The department may not apply an asset test in determining eligibility 7 for the program. 8 2. Income eligibility. The department shall establish income disregards for eligibility 9 for the program using a method that recognizes the necessary adequate income for meeting 10 basic needs in this State. 11 3. Rules. The department shall adopt rules to implement this section. Rules adopted 12 pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. 13 14 Sec. 2. Income eligibility for Medicare savings program; rules. The Department of Health and Human Services shall amend its rule Chapter 332: MaineCare 15 Eligibility Manual to implement income eligibility requirements that use the Maine data 16 identified for singles and couples in the Elder Economic Security Standard Index developed 17 18 by the Gerontology Institute at the University of Massachusetts Boston and linking it to the nearest federal poverty level that is equivalent or above. The department shall use the filters 19 20 identified by the index as "homeowner with a mortgage" and "poor health" and the 21 equivalent federal poverty income level to establish the upper income levels for qualifying 22 individuals. The department shall decrease the maximum income level for qualifying 23 individuals by 15% to determine the upper income level for qualified Medicare 24 beneficiaries. The department shall amend the rule to provide that if the index is no longer annually updated by the Gerontology Institute at the University of Massachusetts Boston, 25 the department must apply an annual cost-of-living adjustment based on the Consumer 26 27 Price Index. The department shall adopt rules pursuant to this section no later than January 28 1, 2024. Rules adopted pursuant to this section are routine technical rules as defined in the 29 Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A. 30 Sec. 3. State plan amendment. The Department of Health and Human Services 31 shall prepare and submit any necessary Medicaid state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid 32 33 Services for approval for the removal of the asset test and income eligibility guidelines 34 required by this Act. 35 **SUMMARY** 36 This bill makes 3 changes to the Medicare savings program. 37 1. It removes the asset test. 38 2. It changes the income eligibility methodology by setting the federal poverty level 39 at income levels established using the Elder Economic Security Standard Index developed 40 by the Gerontology Institute at the University of Massachusetts Boston. It sets the upper limit for qualifying individuals at a federal poverty level that is equivalent to or above the 41

- income level established by the index using the filters "homeowner with a mortgage" and
 "poor health." The upper limit for the qualified Medicare beneficiaries is 15% below that
 level.
 - 3. It eliminates the specified low-income Medicare beneficiary as a category.

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5 The Department of Health and Human Services must amend its rules to implement the 6 new income levels no later than January 1, 2024 and submit any necessary state plans to 7 the United States Department of Health and Human Services, Centers for Medicare and 8 Medicaid Services.