

# MAINE STATE LEGISLATURE

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**LAWS**  
**OF THE**  
**STATE OF MAINE**

**AS PASSED BY THE**

**ONE HUNDRED AND TWENTIETH LEGISLATURE**

**SECOND REGULAR SESSION**  
**January 2, 2002 to April 25, 2002**

**THE GENERAL EFFECTIVE DATE FOR**  
**SECOND REGULAR SESSION**  
**NON-EMERGENCY LAWS IS**  
**JULY 25, 2002**

**PUBLISHED BY THE REVISOR OF STATUTES**  
**IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,**  
**TITLE 3, SECTION 163-A, SUBSECTION 4.**

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**J.S. McCarthy Company**  
**Augusta, Maine**  
**2002**

G. Provide that in the event of widespread power outages due to weather or other emergency the time requirements for dispute resolution under sections 4, 5 and 8 of the rule do not apply; and

H. Make the heading of the subsection consistent with these changes.

4. In section 1, subsection D in the last sentence, the number of years is changed from 10 to 20, and in section 9, subsection C, paragraph 1, the number of years is changed from 10 to 20.

The Public Utilities Commission is not required to hold hearings or conduct other formal proceedings prior to finally adopting the rule in accordance with this resolve.

**Emergency clause.** In view of the emergency cited in the preamble, this resolve takes effect when approved.

Effective March 21, 2002.

**CHAPTER 84**

**H.P. 1497 - L.D. 2000**

**Resolve, Directing the Department of Human Services to Apply for a Federal Waiver to Provide Medicaid Benefits to Uninsured Residents with a Diagnosis of Cancer**

**Sec. 1. Waiver application for Medicaid cancer program. Resolved:** That the Department of Health and Human Services, Centers for Medicare and Medicaid Services for a waiver to provide coverage limited to cancer under the Medicaid program. Coverage under a Medicaid cancer program must comply with the following terms.

1. Coverage must be available to a person who has:
  - A. A confirmed diagnosis of cancer by a qualified physician;
  - B. A gross family income at or below 250% of the federal poverty level; and
  - C. No health insurance or no insurance coverage that is adequate for the diagnosis or treatment of cancer.

Age, assets and family status may not be factors in determining eligibility.

2. The department shall adopt rules to implement the program. The rules must contain the following provisions.

- A. Coverage is limited to the enrollee and does not include family members.
- B. An enrollee must pay minimal copayments.
- C. Coverage is limited to the diagnosis and treatment costs for cancer and treatment costs for medical care required as a result of cancer treatment and must last as long as the person is receiving treatment for cancer.
- D. Coverage must include the costs for the diagnosis and treatment of cancer that were incurred within 3 months prior to the date of enrollment.
- E. For an enrollee who has health coverage, coordination of benefits, subrogation of coverage or redirection of the premium payments must occur in order to decrease costs to the State. Medicaid rules regarding estate recovery apply to Medicaid expenditures incurred under the waiver.
- F. Coverage must last as long as the enrollee is a resident of the State, is undergoing treatment and the program is operated by the State.

3. Coverage may not begin under the Medicaid cancer program until the waiver has been obtained from the Centers for Medicare and Medicaid Services and the Legislature has approved the operation of the program and appropriated funding for coverage in the biennial budget.

4. Rules adopted pursuant to this resolve are routine technical rules as defined by the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A.

See title page for effective date.

**CHAPTER 85**

**H.P. 1504 - L.D. 2007**

**Resolve, to Address the Crisis in Direct-care Staff in the Long-term Care System**

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

**Whereas,** in one recent month alone, up to 299 state long-term care consumers did not receive needed home care services and hundreds more did not receive all the home care services they were scheduled to receive, due to shortages of unlicensed direct-care