

# MAINE STATE LEGISLATURE

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

**AS PASSED BY THE**

**ONE HUNDRED AND TWENTY-SEVENTH LEGISLATURE**

**FIRST REGULAR SESSION**  
**December 3, 2014 to July 16, 2015**

**THE GENERAL EFFECTIVE DATE FOR**  
**FIRST REGULAR SESSION**  
**NON-EMERGENCY LAWS IS**  
**OCTOBER 15, 2015**

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

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**Augusta, Maine**  
**2015**

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**JOINT STUDY ORDERS**

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**JOINT STUDY ORDER, ESTABLISHING  
THE MAINE HEALTH EXCHANGE  
ADVISORY COMMITTEE**

**S.P. 533**

**ORDERED**, the House concurring, that, notwithstanding Joint Rule 353, the Maine Health Exchange Advisory Committee, referred to in this order as "the advisory committee," is established to advise the Legislature regarding the interests of individuals and employers with respect to any health benefit exchange, referred to in this order as "the exchange," that may be created for this State pursuant to the federal Patient Protection and Affordable Care Act.

**1. Appointments; composition.** The advisory committee consists of 19 members appointed as follows:

A. The following 5 members of the Legislature, of whom 3 members must serve on the Joint Standing Committee on Insurance and Financial Services and 2 members must serve on the Joint Standing Committee on Health and Human Services or the Joint Standing Committee on Appropriations and Financial Affairs:

(1) Two members of the Senate, appointed by the President of the Senate, including one member recommended by the Senate Minority Leader; and

(2) Three members of the House of Representatives, appointed by the Speaker of the House of Representatives, including one member recommended by the House Minority Leader;

B. Two persons representing health insurance carriers, one of whom is appointed by the President of the Senate and one of whom is appointed by the Speaker of the House of Representatives;

C. One person representing dental insurance carriers, appointed by the Speaker of the House of Representatives;

D. One person representing insurance producers, appointed by the President of the Senate;

E. One person representing Medicaid recipients, appointed by the Speaker of the House of Representatives;

F. Two persons representing health care providers and health care facilities, including one member representing federally qualified health centers, appointed by the Speaker of the House of Representatives;

G. One person who is an advocate for enrolling hard-to-reach populations, including individuals with mental health or substance abuse disorders, appointed by the President of the Senate;

H. One member representing a federally recognized Indian tribe, appointed by the President of the Senate;

I. One member who has expertise in tax matters, appointed by the President of the Senate; and

J. Four members representing individuals and small businesses, including:

(1) One person, appointed by the President of the Senate, who has purchased or can reasonably be expected to purchase individual coverage through an exchange with the assistance of a premium tax credit and who can reasonably be expected to represent the interests of consumers purchasing individual coverage through the exchange;

(2) One person, appointed by the Speaker of the House of Representatives, representing an employer that has purchased or can reasonably be expected to purchase group coverage through an exchange and who can reasonably be expected to represent the interests of such employers;

(3) One person, appointed by the President of the Senate, representing navigators or entities likely to be licensed as navigators; and

(4) One person, appointed by the Speaker of the House of Representatives, employed by an employer that has purchased or can reasonably be expected to purchase group coverage through an exchange and who can reasonably be expected to represent the interests of such employees.

The President of the Senate and the Speaker of the House of Representatives shall invite the Superintendent of Insurance, or the superintendent's designee, and the Commissioner of Health and Human Services,

or the commissioner's designee, to participate as ex officio nonvoting members.

**2. Chairs.** The first-named Senator is the Senate chair of the advisory committee and the first-named member of the House of Representatives is the House chair of the advisory committee.

**3. Appointments; convening.** All appointments must be made no later than 30 days following passage of this order. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been made. When the appointment of all members has been completed, the chairs of the advisory committee shall call and convene the first meeting of the advisory committee. If 30 days or more after the passage of this order a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the advisory committee to meet and conduct its business.

**4. Duties.** The advisory committee shall:

A. Advise the Legislature regarding the interests of individuals and employers with respect to any exchange that may be created for this State;

B. Serve as a liaison between any exchange and individuals and small businesses enrolled in the exchange;

C. Evaluate the implementation and operation of any exchange with respect to the following:

(1) Whether the State should transition from a federally facilitated exchange model to a state-based exchange or partnership model;

(2) The essential health benefits benchmark plan designated in this State under the federal Patient Protection and Affordable Care Act, including whether the State should change its designation;

(3) The impact of federal and state laws and regulations governing the health insurance rating for tobacco use on accessibility and affordability of health insurance;

(4) The consumer outreach and enrollment conducted by the exchange and whether the navigator program is effective and whether navigators or other persons providing assistance to consumers are in compliance with any federal or state certification and training requirements;

(5) The coordination between the state Medicaid program and the exchange;

(6) Whether health insurance coverage through the exchange is affordable for individuals and small businesses, including whether individual subsidies are adequate;

(7) Whether the exchange is effective in providing access to health insurance coverage for small businesses;

(8) The implementation of rebates under the federal Patient Protection and Affordable Care Act and the Maine Revised Statutes, Title 24-A, section 4319;

(9) The coordination of plan management activities between the Department of Professional and Financial Regulation, Bureau of Insurance and the exchange, including the certification of qualified health plans and rate review;

(10) The potential for establishing a basic health program or seeking a Medicaid state plan amendment or state innovation waiver to provide alternative health coverage programs for individuals;

(11) Whether changes should be considered in federal law or regulations to address dental health coverage available through the marketplace, including, but not limited to, premiums and out-of-pocket costs;

(12) Whether the State should consider changes to its designated rating areas for geographic area to the extent permitted by federal law and regulations;

(13) The impact of so-called churn on the effective operation of the marketplace, public health programs and the private health insurance market;

(14) The impact of federal requirements to provide employer-sponsored health coverage;

(15) The impact of any change in the definition of "small group" for health insurance purposes;

(16) The impact of federal transitional risk adjustment programs and whether the State should consider ending the suspension of the Maine Guaranteed Access Reinsurance Association under Title 24-A, section 3953;

(17) The impact of health insurance policies continued in the State under the transitional relief granted by the federal Department of Health and Human Services; and

(18) Any issue relating to the implementation of the federal Patient Protection and Affordable Care Act agreed upon by a majority of the advisory committee; and

D. Based on the evaluations conducted by the advisory committee pursuant to this order, make recommendations for any changes in policy or law that would improve the operation of an exchange for consumers and small businesses in the State.

**5. Compensation.** The legislative members of the advisory committee are entitled to receive the legislative per diem, as defined in the Maine Revised Statutes, Title 3, section 2, and reimbursement for travel and other necessary expenses related to their attendance at authorized meetings of the advisory committee. Public members not otherwise compensated by their employers or other entities that they represent are entitled to receive reimbursement of necessary expenses and, upon a demonstration of financial hardship, a per diem equal to the legislative per diem for their attendance at authorized meetings of the advisory committee.

**6. Quorum.** A quorum is a majority of the members of the advisory committee.

**7. Meetings.** The advisory committee shall meet twice a year at regular intervals. Meetings of the advisory committee are public proceedings as provided by the Maine Revised Statutes, Title 1, chapter 13, subchapter 1.

**8. Records.** Except for information designated as confidential under federal or state law, information obtained by the advisory committee is a public record as provided by the Maine Revised Statutes, Title 1, chapter 13, subchapter 1.

**9. Staffing.** The Legislative Council shall provide staff support for the operation of the advisory committee, except that the Legislative Council staff support is not authorized when the Legislature is in regular or special session or for more than 2 meetings annually between regular or special sessions of the Legislature. In addition, the advisory committee may contract for administrative, professional and clerical services if funding permits.

**10. Funding for advisory committee activities.**

The Legislative Council on behalf of the advisory committee may apply for and receive funds, grants or contracts from public and private sources to support its activities. Contributions to support the work of the advisory committee may not be accepted from any party having a pecuniary or other vested interest in the outcome of the matters being studied. Any person, other than a state agency, desiring to make a financial or in-kind contribution shall certify to the Legislative Council that it has no pecuniary or other vested interest in the outcome of the advisory committee's activities. Such a certification must be made in the manner prescribed by the Legislative Council. All contributions are subject to approval by the Legislative Council. All funds accepted must be forwarded to the Executive Director of the Legislative Council along with an accounting record that includes the amount of funds, the date the funds were received, from whom the funds were received and the purpose of and any limitation on the use of those funds. The Executive Director of the Legislative Council shall administer any funds received by the advisory committee.

**11. Reports.** The advisory committee shall submit to the Joint Standing Committee on Insurance and Financial Services a preliminary report on its activities no later than December 4, 2015. The advisory committee shall submit to the Joint Standing Committee on Insurance and Financial Services a final report on its activities no later than November 5, 2016.

**Passed by the House of Representatives June 30, 2015 and the Senate June 30, 2015.**

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