

# LAWS

### **OF THE**

## **STATE OF MAINE**

AS PASSED BY THE

ONE HUNDRED AND THIRTIETH LEGISLATURE

SECOND SPECIAL SESSION September 29, 2021

SECOND REGULAR SESSION January 5, 2022 to May 9, 2022

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Augusta, Maine 2022

#### **CHAPTER 517**

#### H.P. 1045 - L.D. 1429

#### An Act To Achieve Carbon Neutrality in Maine by the Year 2045

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

Sec. 1. 38 MRSA §576-A, sub-§2-A is enacted to read:

**2-A. Carbon neutrality.** Beginning January 1, 2045, net annual greenhouse gas emissions may not exceed zero metric tons.

See title page for effective date.

#### **CHAPTER 518**

#### H.P. 1329 - L.D. 1778

#### An Act To Improve Health Care Affordability and Increase Options for Comprehensive Coverage for Individuals and Small Businesses in Maine

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

**Sec. 1. 5 MRSA §3122, sub-§3**, as enacted by PL 2021, c. 459, §3, is amended by enacting a new first blocked paragraph to read:

Beginning in 2023, the office shall analyze barriers to affordable health care and coverage and develop for consideration by the legislative oversight committee proposals on potential methods to improve health care affordability and coverage for individuals and small businesses in the State.

**Sec. 2. 5 MRSA §3124,** as enacted by PL 2021, c. 459, §3, is amended to read:

#### §3124. Annual public hearing

Beginning in In 2022, the office shall convene an annual a public hearing on cost trends no later than October 1st. Beginning in 2023, the office shall convene an annual public hearing no later than October 1st on cost trends and barriers to health care affordability. The hearing must provide an opportunity for public comment on health care cost trends and, beginning in 2023, on barriers to health care affordability. The executive director shall preside over the hearing.

**Sec. 3. Health care and coverage study.** The Office of Affordable Health Care, established under the Maine Revised Statutes, Title 5, section 3122, shall study the effects of policies aimed at improving health

care affordability and coverage, including effects on the affordability of premiums and cost-sharing in the individual and small group health insurance markets, and the effects of the policies on enrollment in comprehensive health coverage. The office shall consider, but is not limited to considering:

1. Creating a public option health benefit plan;

2. Creating a Medicaid buy-in program;

3. Increasing enrollment in Medicaid and the federal Children's Health Insurance Program, including by increasing income eligibility levels;

4. Providing state-level subsidies to populations that do not qualify for federal subsidies through the Maine Health Insurance Marketplace, established under Title 22, section 5403; and

5. Other policies as identified by the office and the Advisory Council on Affordable Health Care, established in Title 5, section 12004-I, subsection 31-B.

The office shall provide a report of its findings to the joint standing committee of the Legislature having jurisdiction over health coverage and insurance matters no later than January 1, 2024.

See title page for effective date.

#### CHAPTER 519

#### S.P. 617 - L.D. 1781

#### An Act To Align Postpartum MaineCare Coverage with Federal Law

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

**Sec. 1. 22 MRSA §3174-G, sub-§1,** ¶**A**, as enacted by PL 1999, c. 731, Pt. OO, §1, is amended to read:

A. A qualified woman during her pregnancy and up to 60 days following delivery when the woman's family income is equal to or below 200% 209% of the nonfarm income official poverty line;

**Sec. 2. 22 MRSA §3174-G, sub-§1, ¶A-1,** as enacted by PL 2021, c. 461, §1, is amended to read:

A-1. Notwithstanding paragraph A, beginning January 1, 2022 and until June 30, 2022 August 1, 2022 and for as long as coverage is allowable by federal law, a qualified woman during her pregnancy and up to  $\frac{6}{12}$  months following delivery when the woman's family income is equal to or below 200% 209% of the nonfarm income official poverty line;

Sec. 3. 22 MRSA §3174-G, sub-§1, ¶A-2, as enacted by PL 2021, c. 461, §2, is repealed.