



130th MAINE LEGISLATURE

FIRST SPECIAL SESSION-2021

Legislative Document

No. 1608

H.P. 1197

House of Representatives, April 27, 2021

An Act To Expand the MaineCare Program To Cover All Citizens of the State

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

A handwritten signature in cursive script that reads "R B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative SYLVESTER of Portland.
Cosponsored by Senator CHIPMAN of Cumberland and
Representatives: ARFORD of Brunswick, McDONALD of Stonington, O'NEIL of Saco,
TALBOT ROSS of Portland, TEPLER of Topsham, Senator: President JACKSON of
Aroostook.

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

2 **Sec. 1. 5 MRSA c. 166** is enacted to read:

3 **CHAPTER 166**

4 **MAINECARE FOR ALL PROGRAM**

5 **§2033. Establishment**

6 The MaineCare for All Program, referred to in this chapter as "the program," is
7 established to provide for the health care of residents of this State. The program must be
8 designed in accordance with the requirements of this chapter and may not be implemented
9 before January 1, 2022 as provided in this chapter.

10 **§2034. Design of program**

11 **1. Design requirements.** The Department of Health and Human Services, in
12 consultation with the Department of Labor and the Department of Professional and
13 Financial Regulation, Bureau of Insurance, shall design the program to provide coverage
14 for health care services from participating providers within the State if those services are
15 necessary or appropriate for the prevention, diagnosis or treatment of, or maintenance or
16 rehabilitation following, injury, disability or disease. At a minimum, the program must
17 provide:

18 A. Coverage for the following health care services:

19 (1) Hospital services;

20 (2) Medical and other professional services furnished by participating providers;

21 (3) Laboratory tests and imaging procedures;

22 (4) Home health care for residents of the State requiring services performed by or
23 under the supervision of professional or technical personnel, including, but not
24 limited to, home health care for acute illness, personal care attendant services and
25 the medical component of home health care for chronic illness;

26 (5) Rehabilitative services for residents of the State receiving therapeutic care;

27 (6) Prescription drugs and devices;

28 (7) Mental health services;

29 (8) Substance use disorder treatment;

30 (9) Primary and acute dental services;

31 (10) Vision appliances, including lenses, frames and contact lenses;

32 (11) Medical supplies, durable medical equipment and selected assistive devices;
33 and

34 (12) Hospice care;

35 B. Delivery of covered health care services through organized delivery systems;

36 C. Payment for covered health care services provided to a resident while the resident
37 is in the State or out of the State. The program must pay for a reasonable amount
38 charged for medically necessary emergency health care services; and

1 D. Fair rates of compensation with participating providers and organized delivery
2 systems and negotiation with pharmaceutical companies for similarly classified
3 pharmaceuticals.

4 **§2035. Implementation**

5 **1. Implementation.** Upon enactment of authorizing legislation establishing financing
6 for the program, the State shall implement the program in phases as required in subsections
7 2 to 5.

8 **2. Phase one.** In January 2022, the Department of Health and Human Services shall
9 convene a committee that shall authorize a request for proposals for a full study of the costs,
10 economic benefits and issues, including any federal waivers, related to expanding coverage
11 through the program for all residents of the State. This request for proposals must be self-
12 funded by outside sources unless covered under the normal operating budget of existing
13 programs in the State's biennial budget. Upon completion of the study, the Department of
14 Health and Human Services shall apply, no later than June 30, 2023, for all federal waivers
15 determined necessary by the study.

16 **3. Phase 2.** No later than January 31, 2023, the State shall provide coverage through
17 the program for a resident of the State who is not eligible for coverage under the MaineCare
18 program and who has an income that is below 200% of the federal poverty level.

19 **4. Phase 3.** No later than January 31, 2024 or upon receipt of any necessary federal
20 waivers, the State shall provide coverage through the program for a resident of the State
21 who has an income between 200% and 400% of the federal poverty level.

22 **5. Phase 4.** No later than January 31, 2025, the State shall provide coverage through
23 the program for a resident of the State who has an income above 400% of the federal
24 poverty level.

25 **6. Waiver; request for federal approval.** The Department of Health and Human
26 Services and any other affected department or agency of the State shall apply for all
27 waivers, exemptions and approvals from the Federal Government that are necessary to fully
28 implement the program.

29 For the purposes of this section, "federal poverty level" means that measure defined by
30 the federal Department of Health and Human Services and updated annually in the Federal
31 Register under authority of 42 United States Code, Section 9902(2).

32 **Sec. 2. MaineCare for All Implementation Task Force.** The MaineCare for
33 All Implementation Task Force, referred to in this section as "the task force," is established
34 to oversee planning and implementation of the MaineCare for All Program, established in
35 the Maine Revised Statutes, Title 5, chapter 166, as follows.

36 **1. Appointments; composition.** The task force consists of members appointed as
37 follows:

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

1 Joint Standing Committee on Labor and Housing or the Joint Standing Committee on
2 Taxation; and

3 B. Five members of the House of Representatives, appointed by the Speaker of the
4 House of Representatives, including 2 members of the party holding the largest number
5 of seats in the House of Representatives and 2 members of the party holding the 2nd
6 largest number of seats in the House of Representatives, of whom at least one member
7 is a member of the Joint Standing Committee on Health Coverage, Insurance and
8 Financial Services, at least one member is a member of the Joint Standing Committee
9 on Health and Human Services and at least one member is a member of the Joint
10 Standing Committee on Labor and Housing or the Joint Standing Committee on
11 Taxation.

12 **2. Consultants.** The chairs of the task force may appoint the following persons as
13 consultants to the task force:

- 14 A. One person representing the interests of hospitals;
- 15 B. Two persons representing the interests of health care providers, including one
16 person from an organization representing physicians and one person from an
17 organization representing nurses;
- 18 C. Two persons representing the interests of health care consumers;
- 19 D. One person representing the interests of employers with fewer than 50 employees;
20 and
- 21 E. One person representing the interests of employers with 50 or more employees.

22 **3. Chairs.** The first-named Senator is the Senate chair of the task force, and the first-
23 named member of the House of Representatives is the House chair of the task force. The
24 chairs may invite individuals with expertise in health care policy, health care financing or
25 health care delivery to assist the task force.

26 **4. Appointments; convening.** All appointments must be made no later than 30 days
27 following the effective date of this Act. The appointing authorities shall notify the
28 Executive Director of the Legislative Council once all appointments have been made.
29 When the appointment of all members has been completed, the chairs of the task force shall
30 call and convene the first meeting of the task force. If 30 days or more after the effective
31 date of this Act a majority of but not all appointments have been made, the chairs may
32 request authority and the Legislative Council may grant authority for the task force to meet
33 and conduct its business.

34 **5. Recommendations.** The task force shall submit recommended legislation by
35 January 15, 2022 to the Second Regular Session of the 130th Legislature to fully implement
36 the MaineCare for All Program. The task force shall include in its recommended legislation
37 provisions to:

- 38 A. Transfer responsibility for administering the MaineCare program and the children's
39 health insurance program established in the Maine Revised Statutes, Title 22, section
40 3174-T from the Department of Health and Human Services to the MaineCare for All
41 Program;
- 42 B. Transfer responsibility for administering any other state or federal health care
43 program to the MaineCare for All Program;

- 1 C. Apply for all waivers, exemptions and approvals from State Government and the
2 Federal Government that are necessary to transfer health care funding from the Federal
3 Government and from any state departments and agencies to the MaineCare for All
4 Program;
- 5 D. Transfer to the MaineCare for All Program all state and federal funds associated
6 with programs for which the MaineCare for All Program will assume responsibility;
- 7 E. Enable the MaineCare for All Program to receive the appropriate federal fund
8 contribution in lieu of the federal premium tax credits, cost-sharing subsidies and small
9 business tax credits provided in the federal Patient Protection and Affordable Care Act
10 or its successor acts;
- 11 F. Ensure that the State's expenditures for health care services, including the State's
12 responsibility for providing matching funds for the MaineCare program and other
13 federally supported health care programs, do not fall below the expenditure levels for
14 health care services in the year preceding the effective date of this Act;
- 15 G. Effectuate a smooth and efficient transfer of the programs and responsibilities and
16 enable affected departments and agencies to assist the MaineCare for All Program in
17 the assumption of its duties;
- 18 H. Establish an ongoing revenue stream to adequately fund the MaineCare for All
19 Program; and
- 20 I. Establish a rate board to oversee the true cost of providing care for all the State's
21 residents.

22 **6. Oversight of planning.** At every meeting of the task force, the Commissioner of
23 Health and Human Services, the Commissioner of Labor and the Superintendent of
24 Insurance or their designees shall brief the task force on planning issues, progress,
25 challenges and the timeline for implementation.

26 **7. Compensation.** The legislative members of the task force are entitled to receive the
27 legislative per diem, as defined in the Maine Revised Statutes, Title 3, section 2, and
28 reimbursement for travel and other necessary expenses related to their attendance at
29 authorized meetings of the task force. Those persons appointed as consultants not otherwise
30 compensated by their employers or other entities that they represent are entitled to receive
31 reimbursement of necessary expenses and, upon a demonstration of financial hardship, a
32 per diem equal to the legislative per diem for their attendance at authorized meetings of the
33 task force.

34 **8. Quorum.** A quorum is a majority of the members of the task force.

35 **9. Staffing.** The Legislative Council shall provide staff support for the task force. To
36 the extent needed when the Legislature is in session, the Legislative Council may contract
37 for such staff support if sufficient funding is available.

38 **10. Experts; additional staff assistance.** The task force may solicit the services of
39 one or more outside experts to assist the task force to the extent resources are available.
40 Upon request, the Department of Health and Human Services, the Department of
41 Professional and Financial Regulation, Bureau of Insurance and the Department of Labor
42 shall provide any additional staffing assistance to the task force to ensure the task force has
43 the information necessary to make the recommendations required by subsection 5.

