

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

PART A

Sec. A-1. 22 MRSA §3174-G, sub-§1, ¶F, as amended by PL 2011, c. 380, Pt. KK, §2, is further amended to read:

F. A person 20 to 64 years of age who is not otherwise covered under paragraphs A to E when the person's family income is below or equal to 125% of the nonfarm income official poverty line, ~~provided that as long as~~ the commissioner ~~shall adjust~~ adjusts the maximum eligibility level in accordance with the requirements of the paragraph.

(2) If the commissioner reasonably anticipates the cost of the program to exceed the budget of the population described in this paragraph, the commissioner shall lower the maximum eligibility level to the extent necessary to provide coverage to as many persons as possible within the program budget.

(3) The commissioner shall give at least 30 days' notice of the proposed change in maximum eligibility level to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters; ~~and~~

Sec. A-2. 22 MRSA §3174-G, sub-§1, ¶G, as enacted by PL 2011, c. 380, Pt. KK, §3, is amended to read:

G. A person who is a noncitizen legally admitted to the United States to the extent that coverage is allowable by federal law if the person is:

(1) A woman during her pregnancy and up to 60 days following delivery; or

(2) A child under 21 years of age; ~~and~~

Sec. A-3. 22 MRSA §3174-G, sub-§1, ¶H is enacted to read:

H. No later than 180 days after the effective date of this paragraph, a person under 65 years of age who is not otherwise eligible for assistance under this chapter and who qualifies for medical assistance pursuant to 42 United States Code, Section 1396a(a)(10)(A)(i)(VIII) when the person's income is at or below 133% plus 5% of the nonfarm income official poverty line for the applicable family size. The department shall provide such a person, at a minimum, the same scope of medical assistance as is provided to a person described in paragraph E.

Cost sharing, including copayments, for coverage established under this paragraph may not exceed the maximum allowable amounts authorized under section 3173-C, subsection 7.

No later than 90 days after the effective date of this paragraph, the department shall submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services ensuring MaineCare eligibility

for people under 65 years of age who qualify for medical assistance pursuant to 42 United States Code, Section 1396a(a)(10)(A)(i)(VIII).

The department shall adopt rules, including emergency rules pursuant to Title 5, section 8054 if necessary, to implement this paragraph in a timely manner to ensure that the persons described in this paragraph are enrolled for and eligible to receive services no later than 180 days after the effective date of this paragraph. Rules adopted pursuant to this paragraph are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.

Sec. A-4. Interim reporting. Between the effective date of the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H and the dates of approval of the state plan amendment by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services necessary for implementation of Title 22, section 3174-G, subsection 1, paragraph H, the Department of Health and Human Services shall provide monthly reports to the joint standing committee of the Legislature having jurisdiction over health and human services matters and to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs on the progress of implementation of that paragraph, any issues that might delay implementation or act as barriers to implementation and any possible solutions to those issues and barriers.

Sec. A-5. Reporting on implementation status. No later than one year after the effective date of the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H, the Commissioner of Health and Human Services shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters and to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs on the status of implementation of Title 22, section 3174-G, subsection 1, paragraph H, including information on enrollment, costs, revenues generated from the Federal Government and other revenues, anticipated state savings and other issues pertinent to implementation.

PART B

Sec. B-1. Calculation and transfer of savings. The Commissioner of Health and Human Services, the Commissioner of Corrections and any state agency that recognizes savings as a result of implementation of the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H shall report within 60 days prior to the end of the first 12 months of enrollment under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H to the joint standing committee of the Legislature having jurisdiction over health and human services matters, the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on the amount of General Fund savings and other savings resulting from coverage provided under that paragraph, including but not limited to savings to substance abuse and mental health programs; medical services provided to persons in the care and custody of, or upon release by, the Department of Corrections or a county jail or regional jail; reimbursement to cities and towns for general assistance provided under Title 22, chapter 1161; services provided for individuals 21 years of age or older and

under 64 years of age who are currently eligible for the MaineCare program under medically needy, spend-down criteria; services provided under the MaineCare program, Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS; services provided for parents participating in family reunification activities under Title 22, chapter 1071; an estimate of savings for services provided to individuals who previously would have pursued a disability determination to qualify for coverage; services provided to individuals awaiting a MaineCare program disability determination for whom the applications are subsequently granted; services provided under the State's breast and cervical cancer treatment program; and other programs in which savings are achieved. The report must include the amount of savings realized during the preceding fiscal year by service area or program and the amount of savings projected to be achieved during the remainder of that fiscal year and during the next fiscal year by service area or program.

Sec. B-2. Reporting of revenue. The Department of Administrative and Financial Services, Maine Revenue Services shall report to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs no later than 60 days following the end of the first 12 months of enrollment under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H regarding any new revenues, including any increase in federal medical assistance payments resulting from coverage provided under Title 22, section 3174-G, subsection 1, paragraph H. Prior to the end of state fiscal year 2018-19, the State Controller shall transfer any savings amounts identified under this section to the MaineCare Stabilization Fund established under Title 22, section 3174-KK.

Sec. B-3. Evaluation by legislative office. Within 90 days after the end of the first 12 months of enrollment under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H, the Office of Fiscal and Program Review shall independently review reports required pursuant to sections 1 and 2 of this Part and report to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters on its determination of the savings and new revenue, if any, resulting from implementation of Title 22, section 3174-G, subsection 1, paragraph H. This report must also include information about the amount of federal funds received by the State as a result of coverage authorized under that paragraph.

SUMMARY

This initiated bill requires the State to provide federally approved Medicaid services through MaineCare to qualifying persons under 65 years of age with income equal to or below 133% plus 5% of the nonfarm income official poverty line.

The initiated bill requires the Department of Health and Human Services to prepare and submit to the Federal Government any state plan amendments, no later than 90 days after the effective date of the initiated bill, necessary to implement the provisions of the initiated bill. The initiated bill requires monthly reporting by the department to the appropriate joint standing committees of the Legislature on the status of a state plan amendment submission until such an amendment is approved and reporting on the status

of implementation of the expanded coverage under MaineCare and on the status of implementation and savings generated to state-funded programs as a result of the expanded coverage. It requires the Department of Administrative and Financial Services, Maine Revenue Services to report on revenues generated as a result of expanded coverage. It requires any savings to be transferred to the MaineCare Stabilization Fund prior to the end of fiscal year 2018-19. It requires the Office of Fiscal and Program Review to independently review these reports and report its findings to the appropriate joint standing committees of the Legislature.