
Amend the bill by striking out everything after the enacting clause and inserting the following:

'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 the commissioner shall adjust 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
COMMITTEE AMENDMENT “ ” to S.P. 226, L.D. 633

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

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

H. Beginning January 1, 2017, a person under 65 years of age who is not otherwise
eligible for assistance under this section 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 equal to or below 133% plus 5% of the nonfarm income official
poverty line for the applicable family size, subject to the requirements of this
paragraph.

(1) A person with income equal to or below 100% of the nonfarm income
official poverty line for the applicable family size is eligible to receive coverage
that is identical to the coverage provided to a person eligible under paragraph E.

(2) A person with income above 100% and equal to or below 133% plus 5% of
the nonfarm income official poverty line for the applicable family size is eligible
to receive coverage through a private individual or group qualified health plan
along with all other services as provided to a person eligible under paragraph E.
The department shall enroll a person in a qualified health plan and provide
premium assistance in accordance with this subparagraph, except that a person
described in this subparagraph who is defined as "medically frail" in accordance
with 42 Code of Federal Regulations, Section 440.315(f) is exempt from
mandatory enrollment in a private individual or group qualified health plan and
must receive MaineCare coverage. A person who has access to or who is
enrolled in a private group health plan or who is enrolled in the Private Health
Insurance Premium Program pursuant to section 18 may receive coverage under
this subparagraph.

(a) A person who participates in the Private Health Insurance Premium
Program under section 18 and this subparagraph is responsible for premium
payments up to 2% of annual income and copayments in accordance with 42
United States Code, Section 1396o. Premiums and allowable cost sharing
incurred by all persons in the household may not exceed an aggregate limit of
5% of the household's income.

(b) If a premium is not paid for any month for which it is due and remains
unpaid, the department shall give notice of nonpayment upon the premium
becoming overdue and again at the beginning of the 3rd month following
nonpayment. If the overdue premium is not paid within 30 days of the end of
the 3rd month, coverage must then be terminated unless the person qualifies
for a waiver of the premium for good cause as determined in rules adopted by
the department.

(c) A person whose coverage has been terminated for nonpayment of
premium and who has received coverage for a month or longer without
premium payment may not receive premium assistance until either the person
pays any unpaid premium or after a waiting period equal to the number of
months for which payment was not made, up to a maximum waiting period
of 3 months.

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COMMITTEE AMENDMENT
(3) The department may contract with health carriers authorized in this State under Title 24-A to provide coverage as authorized in this paragraph to maximize savings and to ensure access to and quality of services.

(4) The department shall develop mechanisms to create a seamless system of eligibility for premium assistance for a person who, at the time of enrollment in a qualified health plan pursuant to this paragraph, is already enrolled in a group or individual qualified health plan. If having the federally facilitated marketplace under the United States Department of Health and Human Services determine eligibility for coverage under this paragraph is more efficient and seamless, the department shall initiate a procedure to enable the federally facilitated marketplace to make those determinations, in which case the department shall establish a prompt and accessible system to resolve disputes.

(5) The department shall ensure premium and cost-sharing assistance is available to eligible persons with incomes above 100% and equal to or below 133% plus 5% of the nonfarm income official poverty line for the applicable family size who apply through the federally facilitated marketplace under the United States Department of Health and Human Services or through an application made to the department. Premium and cost-sharing assistance may not amount to less than that the individual would have received in advanced premium tax credits from purchasing a health plan on the federally facilitated marketplace or cost-sharing reductions had the individual not enrolled in a private individual or group qualified health plan pursuant to subparagraph (2).

(6) The department shall adopt rules necessary to implement this paragraph in a timely manner, including adopting emergency rules pursuant to Title 5, section 8054. These emergency rules must be adopted by January 1, 2017. Rules adopted pursuant to this subparagraph are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.

(7) This paragraph is repealed as of the earlier of the following:

(a) Upon notification to the department or other public declaration by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services that the enhanced federal medical assistance percentage that applies with respect to amounts expended for medical assistance for individuals newly eligible for Medicaid described in 42 United States Code, Section 1396a(a)(10)(A)(i)(VIII) is reduced below the amounts specified in 42 United States Code, Section 1396d(y)(1) and that reduction has taken effect. The commissioner shall notify the Secretary of State, the Secretary of the Senate, the Clerk of the House of Representatives and the Revisor of Statutes when, pursuant to this division, notification is received or public declaration is made; and

(b) June 30, 2019.

Sec. A-4. Substance use disorder treatments. By June 30, 2017, the Department of Health and Human Services, after consultation with a stakeholder group that includes representatives of health insurance carriers, substance use disorder and other
health care providers and representatives of MaineCare members, shall seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to provide coverage for a full continuum of substance use disorder treatment services, including inpatient and short-term residential facilities.

Sec. A-5. Waivers and state plan amendment requests; accepting grant funding to assist with waiver submission. The Department of Health and Human Services may apply for and accept private foundation grants to be used to cover the department's costs of preparing and submitting any waivers and state plan amendments to the Federal Government and for administering, negotiating and implementing the provisions of the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H, including writing the state implementation plan, if required as a result of the provisions of this Part.

On or before January 1, 2017, the commissioner shall submit to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services any waivers and state plan amendments necessary to implement Title 22, section 3174-G, subsection 1, paragraph H. The commissioner shall act expeditiously to achieve implementation of Title 22, section 3174-G, subsection 1, paragraph H. Any waiver or state plan amendment submitted pursuant to this section must include provisions to provide the following:

1. Coverage for services for adults described in Title 22, section 3174-G, subsection 1, paragraph H, subparagraph (2) through insurance premium assistance;

2. Positive incentives for persons who participate in wellness initiatives, health home initiatives and other initiatives aimed at reducing and managing substance use disorders, mental health disorders or chronic diseases, including, but not limited to, diabetes and heart disease, as well as programs aimed at reducing risk factors for cancer or chronic diseases, including, but not limited to, obesity and smoking;

3. Prevention initiatives to address chronic health conditions, including adequately informing newly eligible persons under Title 22, section 3174-G, subsection 1, paragraph H of primary care providers participating in the MaineCare program and accepting patients under the MaineCare program and providing incentives for adopting healthy behaviors through reduced cost sharing for accessing appropriate, clinically recommended services, including preventive visits, annual wellness exams and preventive health care services. The incentives must use relevant, evidence-based research and resources and waive or reduce premiums or copayments for participation in health improvement programs or activities;

4. A plan for providing access to services for adults described in Title 22, section 3174-G, subsection 1, paragraph H, subparagraph (2) that are provided to those eligible under Title 22, section 3174-G, subsection 1, paragraph E but are not provided by individual or group qualified health plans provided by a carrier;

5. Limitation of premium payments to up to 2% of household income and limitation of copayments as allowed under 42 United States Code, Section 1396o up to a maximum aggregate limit of 5% of household income for individuals covered under Title 22, section 3174-G, subsection 1, paragraph H, subparagraph (2);
6. A mechanism by which the department will pay directly to health care providers and private health insurance carriers any direct payment of premium assistance and cost sharing that is due to the health care providers or health insurance carriers that is beyond the maximum amount allowed by federal law and regulation;

7. A request for federal approval for brokers and agents or other qualified persons who are assisting people with applications for advanced premium tax credits, including certified application counselors based in federally qualified health centers, to also assist with applications for the MaineCare program or premium assistance through a private individual or group qualified health plan pursuant to Title 22, section 3174-G, subsection 1, paragraph H, subparagraph (2);

8. A plan for creating a seamless system of eligibility for premium assistance for those who are already enrolled in a group or individual qualified health plan, including having the federally facilitated marketplace under the United States Department of Health and Human Services determine eligibility for coverage under Title 22, section 3174-G, subsection 1, paragraph H if making the determination through the federally facilitated marketplace would be more efficient and seamless;

9. A plan for achieving savings by:
   A. Ensuring that coverage provided under Title 22, section 3174-G, subsection 1, paragraph H reduces costs for health care that would otherwise be incurred by the Department of Corrections; and
   B. Ensuring that coverage provided under Title 22, section 3174-G, subsection 1, paragraph H reduces costs for health care that would otherwise be incurred after the release of a prisoner from a state correctional facility or county or regional jail as a result of untreated mental health and substance use disorders, including assisting prisoners prior to release with applying for coverage under Title 22, section 3174-G, subsection 1, paragraph H and ensuring that applications are made for coverage under Title 22, section 3174-G, subsection 1, paragraph H for inpatient hospital services prior to release; and

10. Provisions for referring unemployed individuals who qualify for the coverage under Title 22, section 3174-G, subsection 1, paragraph H to the Department of Labor for information on job search and training opportunities.

Sec. A-6. 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 waiver and 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-7. Reporting on implementation status. By June 1, 2017, 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 the Maine Revised Statutes, 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.

Sec. A-8. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)

Medical Care - Payments to Providers 0147

Initiative: Deappropriates funds for an adjustment in the MaineCare baseline.

### GENERAL FUND

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Medical Care - Payments to Providers 0147

Initiative: Provides funding for additional medical claims due to expanding medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size.

### GENERAL FUND

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### FEDERAL EXPENDITURES FUND

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Office of Family Independence - District 0453

Initiative: Provides funding for 79 Eligibility Specialist positions, 8 Family Independence Unit Supervisor positions and 16 Office Assistant II positions.
PART B

Sec. B-1. Calculation and transfer of savings. Notwithstanding any other provision of law, the State Budget Officer shall calculate the amount of savings identified in this Part that applies against each General Fund account statewide as a result of the expansion of MaineCare eligibility authorized in the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H and shall transfer the amounts up to the amounts as specified in section 4 of this Part by financial order upon the approval of the Governor. These transfers are considered adjustments to appropriations in fiscal year 2016-17 and fiscal year 2017-18. The State Controller shall transfer any amounts identified under this Part greater than the amounts specified in this Part to the MaineCare Stabilization Fund established under Title 22, section 3174-KK. The State Budget Officer shall provide a report of the transferred amounts to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs no later than May 31, 2017 for fiscal year 2016-17 and no later than May 31, 2018 for fiscal year 2017-18 and shall submit adjustments to baseline budget requests totaling no less than $27,000,000 per year to reflect the continuation of the identified savings in the 2018-2019 biennium.

COMMITTEE AMENDMENT “ ” to S.P. 226, L.D. 633

The Commissioner of Health and Human Services, the Commissioner of Corrections and the commissioner of any other department that recognizes savings as a result of implementation of the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H shall report no later than April 30, 2017, April 30, 2018 and April 30, 2019 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 fund 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 between 21 and 64 years of age who are currently eligible for the MaineCare program under medically needy, spend-down criteria; services provided under the Maine Medicaid 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; services provided for disabled individuals between 21 and 64 years of age with incomes below 139% of the federal poverty level; services provided to individuals awaiting a MaineCare program disability determination for whom the applications are subsequently granted; services provided to individuals who would have been considered eligible on the basis of a disability but for whom the full determination process was not completed; 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 fiscal year 2017-18 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 April 30, 2017 and April 30, 2018 regarding any new revenues resulting from coverage provided under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H.

Sec. B-3. Evaluation by legislative offices. By May 15, 2017 and May 15, 2018, the Office of Fiscal and Program Review, referred to in this section as "the fiscal office," 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 government oversight matters on its determination of the savings and new revenue, if any, that have been achieved as a result of implementation of the Maine Revised Statutes, 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.

After reviewing the information provided by the fiscal office, the joint standing committee of the Legislature having jurisdiction over government oversight matters shall determine if additional information is needed to determine the effectiveness of providing
health coverage under Title 22, section 3174-G, subsection 1, paragraph H and may request further review by the Office of Program Evaluation and Government Accountability. If the joint standing committee of the Legislature having jurisdiction over government oversight matters makes a request to the Office of Program Evaluation and Government Accountability, the Office of Program Evaluation and Government Accountability shall conduct an independent, objective review of the report provided by the fiscal office and of the information provided to the fiscal office by state agencies. The Office of Program Evaluation and Government Accountability may request additional information from any state agencies as appropriate to evaluate the effectiveness of providing health coverage under Title 22, section 3174-G, subsection 1, paragraph H. In its review, the Office of Program Evaluation and Government Accountability shall take into consideration revenues generated as a result of providing health coverage under Title 22, section 3174-G, subsection 1, paragraph H, savings to state-funded programs including Maine's criminal justice programs, savings to the counties from health care costs associated with the operation of the county jails and regional jails, savings in reimbursement to cities and towns for general assistance provided under Title 22, chapter 1161 and other factors including: the effectiveness of coverage in reducing uncompensated care provided by hospitals and federally qualified health centers; the reduction in the State's rate of uninsured persons; and increased access to preventive care and treatment services that help to reduce cancer risks and chronic disease, substance use disorder and mental health disorders, obesity and heart disease. If the Office of Program Evaluation and Government Accountability conducts a review pursuant to this section, the report must be completed by June 30, 2018.

Sec. B-4. Appropriations and allocations. The following appropriations and allocations are made.

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF Executive Branch Departments and Independent Agencies - Statewide 0017

Initiative: Deappropriates funds on a statewide basis for initial savings to be identified under this Part in existing state programs that result from the expansion of MaineCare eligibility.

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SUMMARY

This amendment is the majority report of the committee and replaces the bill, which is a concept draft. It authorizes the State to accept federal funds to provide health insurance coverage to adults with incomes equal to or below 133% plus 5% of the nonfarm income official federal poverty line. Individuals with incomes equal to or below 100% of the nonfarm income official poverty line receive coverage through the MaineCare program. Individuals with income levels over 100% of the federal poverty line...
line and up to 138% of the federal poverty line would receive coverage through private
health insurance plans, through premium assistance at the same level that would be
provided through advanced premium tax credits. Individuals within this group defined as
"medically frail" in accordance with 42 Code of Federal Regulations, Section 440.315(f)
are exempt from mandatory enrollment in a private individual or group qualified health
plan.

The amendment requires MaineCare members with incomes over 100% and equal to
or below 138% of the federal poverty line who are receiving private health coverage
through a private individual or group qualified health plan to pay premiums and cost
sharing up to a maximum of 5% of the household's income. The amendment provides for
termination of coverage for nonpayment of premium without good cause. Good cause
must be defined by rules adopted by the Department of Health and Human Services.

The amendment authorizes the Department of Health and Human Services to contract
with health insurance plans to provide coverage in order to maximize savings and to
ensure access to and quality of services.

The amendment repeals the expanded coverage if the enhanced federal medical
assistance percentage is reduced below that specified in the federal law or if expanded
coverage is not reauthorized by the Legislature by June 30, 2019.

The amendment requires the Department of Health and Human Services to prepare
and submit to the Federal Government any state plan amendments and federal waivers by
January 1, 2017 necessary to implement the program.

The amendment authorizes the Department of Health and Human Services to apply
for and accept private foundation grants to be used to cover the cost of preparing and
submitting any waivers and state plan amendments to the Federal Government required as
a result of expanding coverage. It requires the department to develop mechanisms to
create a seamless system for determining eligibility for the MaineCare program and for
premium assistance for those who are already enrolled in a group or individual qualified
health plan, using the federally facilitated marketplace to determine eligibility for the
MaineCare program and for individuals in a private individual or group qualified health
plan if it is determined to be more efficient. The amendment also requires the
department, after consultation with a stakeholder group, to file a waiver to test a full
continuum of substance use disorder treatment that will, among other things, authorize
Medicaid coverage for services provided in inpatient and short-term residential facilities.

The amendment requires monthly reporting to the committees of jurisdiction on the
status of waiver submission until the disposition of such a waiver is determined, and on
the status of implementation of the Maine Revised Statutes, Title 22, section 3174-G,
subsection 1, paragraph H no later than June 1, 2017 and by April 30, 2017, April 30,
2018 and April 30, 2019 on savings generated for state-funded programs as a result of
implementation. It requires the Department of Administrative and Financial Services,
Maine Revenue Services to report by April 30, 2017 and April 30, 2018 on revenues
generated as a result of expanded coverage. It requires that savings and revenues be
It transfers any savings to the MaineCare Stabilization Fund prior to the next fiscal year.
It requires the Office of Fiscal and Program Review to report its findings to the joint
standing committee of the Legislature having jurisdiction over appropriations and
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financial affairs and to the joint standing committee of the Legislature having jurisdiction
over government oversight matters and authorizes the latter committee to request further
review and reporting by the Office of Program Evaluation and Government
Accountability on the effectiveness of providing coverage through expanded MaineCare
coverage.

FISCAL NOTE REQUIRED

(See attached)