

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND NINETEEN

S.P. 545 - L.D. 1674

An Act To Amend the Laws Concerning the Retired County and Municipal Law Enforcement Officers and Municipal Firefighters Health Insurance Program

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

Sec. 1. 5 MRSA §286-M, sub-§3, as enacted by PL 2005, c. 636, Pt. A, §3 and amended by PL 2007, c. 58, §3, is further amended to read:

3. Eligibility for program coverage. A person must make contributions pursuant to subsection 5, paragraph D and subsection 8 for 60 months ~~or the payment required pursuant to subsection 9~~ in order to be eligible for coverage under the program. In addition, a person must satisfy the eligibility criteria specified in this subsection as follows:

- A. The person must:
- (1) Be at least 50 years of age;
 - (2) Be a retired county or municipal law enforcement officer or a retired municipal firefighter;
 - (3) Have, while actively employed as a county or municipal law enforcement officer or municipal firefighter, participated in the person's employer's health insurance plan or other fully-insured health insurance plan; and
 - (4) Receive or be eligible to receive:
 - (a) If retired from at least 25 years of service in a position as a county or municipal law enforcement officer or a municipal firefighter, a retirement benefit from the Maine Public Employees Retirement System or a defined contribution retirement plan other than the United States Social Security Act; or
 - (b) If retired from less than 25 years of service in a position as a county or municipal law enforcement officer or a municipal firefighter, a retirement benefit from the Maine Public Employees Retirement System or a defined

contribution retirement plan other than the United States Social Security Act, as long as the benefit provided is at least 50% of average final compensation, with no reduction for early retirement and with or without a cost-of-living adjustment; or

B. The person must be a dependent of a person meeting the criteria of paragraph A.

Sec. 2. 5 MRSA §286-M, sub-§§5 and 6, as enacted by PL 2005, c. 636, Pt. A, §3, are amended to read:

5. Enrollment. A county or municipal law enforcement officer, a municipal firefighter or a person retired from such a position is eligible to enroll in the program. An eligible person who fails to enroll in the program pursuant to this subsection is not otherwise eligible to enroll in the program and is not eligible for the premium subsidy provided pursuant to this section for enrollment in any other health plan. A county or municipality that employs a county or municipal law enforcement officer or municipal firefighter shall notify such an employee of the program in writing no later than 60 days following the effective date of hire of that employee. Such an employee shall choose in writing whether to enroll in the program. A copy of the form on which an employee chooses to enroll in the program or to not enroll in the program must be retained by the county or municipality. Notwithstanding the date of enrollment, insurance coverage is not effective until the date of retirement or July 1, 2007, whichever occurs later. Eligible persons may enroll themselves, their spouses and their dependents in the program during the following time periods:

A. When the effective date of hire of the eligible person is on or before November 1, 2006, the eligible person must enroll in the program before January 1, 2007, subject to the enrollment and eligibility requirements of the applicable group health plan;

B. When the effective date of hire of the eligible person is after November 1, 2006 and before October 1, 2019, the eligible person must enroll in the program no later than 60 days following the effective date of hire, subject to the enrollment and eligibility requirements of the applicable group health plan; ~~or~~

C. Notwithstanding paragraphs A and B, when the eligible person, the eligible person's spouse or the eligible person's dependent experiences an involuntary loss of other health insurance coverage carried as of January 1, 2007 or 60 days following the date of the eligible person's hire, whichever is later, the eligible person may elect to enroll in the program no later than 60 days after the effective date of the loss of that coverage, subject to the enrollment and eligibility requirements of the applicable group health plan. Involuntary loss of coverage does not include a loss of coverage arising as a result of nonpayment of premiums; or

D. When the effective date of hire of the eligible person is on or after October 1, 2019, the eligible person must enroll in the program no later than 5 years following the effective date of hire, subject to the enrollment and eligibility requirements of the applicable group health plan. If the eligible person enrolls in the program no later than 60 days following the effective date of hire, the eligible person contributes to the fund at the rate specified in subsection 8, paragraph A. If the eligible person enrolls in the program more than 60 days following the effective date of hire, the eligible

person shall contribute to the fund 2% of the eligible person's gross wages since the eligible person's effective date of hire to that person's date of enrollment in the program and shall contribute to the fund at the rate specified in subsection 8, paragraph A after the eligible person's date of enrollment.

6. Premiums; subsidy. Premiums for the program and the premium subsidy are subject to the provisions of this subsection. Premium subsidies are not provided for supplemental health insurance coverage.

A. An enrollee participating in the majority multiple-employer welfare arrangement is responsible for the premium payment associated with the cost of the majority multiple-employer welfare arrangement benefit option in which the enrollee is participating, to the extent such premium obligations exist following the application of any premium subsidy authorized by law. An enrollee who fails to remit the premium payments as established and required by the majority multiple-employer welfare arrangement must be disenrolled from the program. Beginning July 1, 2007, the State shall provide a premium subsidy for enrollees in the form of a direct payment to the majority multiple-employer welfare arrangement for each enrollee. ~~The~~ Prior to July 1, 2021, the level of the subsidy must equal 45% of the individual premium cost for the enrollee and varies among enrollees depending upon the terms of the majority multiple-employer welfare arrangement coverage plan in which each enrollee is participating. Beginning July 1, 2021, the level of the subsidy must equal 55% of the individual premium cost for the enrollee and varies among enrollees depending upon the terms of the majority multiple-employer welfare arrangement coverage plan in which each enrollee is participating. Enrollees are responsible for the balance of the applicable individual premium, as well as the total cost of the premium for any applicable dependent coverage, and shall make payments directly to the majority multiple-employer welfare arrangement.

B. Enrollees retiring from counties or municipalities that do not participate in the majority multiple-employer welfare arrangement but who are eligible and elect to participate in that county's or municipality's fully insured health benefits plan are responsible for the premium payment associated with the cost of that plan, to the extent such premium obligations exist following the application of any premium subsidy authorized by law. An enrollee who fails to remit the premium payments as established and required by the fully insured plan must be disenrolled from the program. Beginning July 1, 2007, the State shall provide a premium subsidy for enrollees participating in fully insured health benefits plans pursuant to this subsection. ~~This~~ Prior to July 1, 2021, this subsidy must be made in the form of a direct payment to the enrollee's health benefits plan and must equal 45% of the individual premium cost for the enrollee or a dollar amount equivalent to the highest premium subsidy provided in accordance with paragraph A, whichever is less. Beginning July 1, 2021, this subsidy must be made in the form of a direct payment to the enrollee's health benefits plan and must equal 55% of the individual premium cost for the enrollee or a dollar amount equivalent to the highest premium subsidy provided in accordance with paragraph A, whichever is less. A retiree electing to enroll a spouse or a dependent in the program is responsible for payment of 100% of such coverage in addition to that portion of the retiree's individual premium cost not contributed by the State.

C. Enrollees retiring from counties or municipalities that do not participate in the majority multiple-employer welfare arrangement and do not provide health insurance coverage for retirees may enroll in the group health plan available to state employees and other eligible persons under section 285 and are responsible for the premium payment associated with the cost of that plan, to the extent such premium obligations exist following the application of any premium subsidy authorized by law. An enrollee who fails to remit the premium payments as established and required by the group health plan available to state employees and other eligible persons must be disenrolled from the program. The State shall provide a premium subsidy for enrollees participating in the group health plan available to state employees and other eligible persons pursuant to this paragraph. Prior to July 1, 2021, this subsidy must be made in the form of a direct payment to the group health plan available to state employees and other eligible persons and must equal 45% of the individual premium cost for the enrollee or a dollar amount equivalent to the highest premium subsidy provided in accordance with paragraph A, whichever is less. Beginning July 1, 2021, this subsidy must be made in the form of a direct payment to the group health plan available to state employees and other eligible persons and must equal 55% of the individual premium cost for the enrollee or a dollar amount equivalent to the highest premium subsidy provided in accordance with paragraph A, whichever is less. A retiree electing to enroll a spouse or a dependent in the program is responsible for payment of 100% of such coverage in addition to that portion of the retiree's individual premium cost not contributed by the State.

D. An enrollee may participate in the group health insurance plan in which the enrollee's spouse participates if that plan is offered in this State or in another group health insurance plan that is offered in this State. An enrollee is responsible for the premium payment associated with the cost of the group health insurance plan in which the enrollee is participating, to the extent such premium obligations exist following the application of any premium subsidy authorized by law. An enrollee who fails to remit the premium payments as established and required by the group health insurance plan in which the enrollee is participating must be disenrolled from the program. The State shall provide a premium subsidy for each enrollee in the form of a direct payment to the group health insurance plan in which the enrollee is participating. Prior to July 1, 2021, the level of the premium subsidy must equal 45% of the individual premium cost for the enrollee or a dollar amount equivalent to the highest premium subsidy provided in accordance with paragraph A, whichever is less. Beginning July 1, 2021, the level of the premium subsidy must equal 55% of the individual premium cost for the enrollee or a dollar amount equivalent to the highest premium subsidy provided in accordance with paragraph A, whichever is less. Enrollees are responsible for the balance of the applicable individual premium, as well as the total cost of the premium for any applicable dependent coverage, and shall make payments directly to the group health insurance plan in which the enrollee is participating.

Sec. 3. 5 MRSA §286-M, sub-§8, ¶¶C to E are enacted to read:

C. An enrollee who is not receiving wages from a county or municipal employer on account of an absence from work due to an injury compensable under the Maine Workers' Compensation Act of 1992, a disability for which the enrollee is receiving a

disability retirement benefit from the Maine Public Employees Retirement System or a leave of absence must contribute to the fund for the period of time of the absence from work based on the enrollee's gross wages immediately before the absence from work in order for the enrollee to be eligible for coverage under the program.

D. An enrollee who retires and is subsequently hired as a county or municipal law enforcement officer or municipal firefighter must contribute to the fund while employed as a county or municipal law enforcement officer or municipal firefighter in order for the enrollee to be eligible for coverage under the program.

E. An enrollee who is not receiving wages from a county or municipal employer because the enrollee is a member of the United States Armed Forces or state military forces on active duty and deployed is not required to contribute to the fund while deployed.

Sec. 4. 5 MRSA §286-M, sub-§9, as enacted by PL 2005, c. 636, Pt. A, §3, is repealed.

Sec. 5. 5 MRSA §286-N is enacted to read:

§286-N. Retired County and Municipal Law Enforcement Officers and Municipal Firefighters Health Insurance Program Advisory Committee

1. Composition; designation. The Retired County and Municipal Law Enforcement Officers and Municipal Firefighters Health Insurance Program Advisory Committee, referred to in this section as "the advisory committee," is composed of the following 8 members:

A. Six voting members who are members of the organizations listed in subparagraphs (1) to (4), duly designated by their respective organizations as follows:

- (1) One member duly designated by a statewide association of fire chiefs;
- (2) One member duly designated by a statewide association of police chiefs;
- (3) Two members duly designated by a statewide association of professional firefighters; and
- (4) Two members duly designated by a statewide association of police; and

B. Two ex officio nonvoting members as follows:

- (1) The executive director of the office of employee health and benefits within the Department of Administrative and Financial Services, Bureau of Human Resources or the executive director's designee; and
- (2) The employee of the Department of Administrative and Financial Services, Bureau of Human Resources, office of employee health and benefits assigned to the program.

2. Compensation of members. The members of the advisory committee are not entitled to receive compensation for their participation in the advisory committee's activities.

3. Chair. The executive director of the office of employee health and benefits within the Department of Administrative and Financial Services, Bureau of Human Resources, or the executive director's designee, shall serve as chair.

4. Term. The terms of the members are as follows.

A. Each member serves a term of 5 years.

B. A member shall continue to serve after the expiration of that member's term until a qualified successor is designated. The member's continuation as a member does not change the expiration of that member's term.

C. The term of a member designated to succeed a member whose term has expired expires 5 years after the expiration date of the term of the previous member, regardless of the effective date of the new designation. There is no limit to the number of terms to which a member may be designated.

D. The designating authority shall designate a person to fill a vacancy caused by death, resignation or ineligibility within 60 days. This designation is for the unexpired portion of the term and must be made from a designation provided by the organization the former member represented, as provided in subsection 1. With the agreement of the member being replaced and of the designating authority, the member being replaced serves until a replacement is designated. Otherwise, a vacancy exists until a replacement is designated.

E. A member is considered to have resigned if:

(1) The member severs the affiliation with the organization that designated the member in accordance with subsection 1; or

(2) The member is absent from 3 consecutive meetings of the advisory committee without good cause as determined by the advisory committee.

5. Transaction of business. The transaction of business by the advisory committee is governed as follows.

A. Four voting members constitute a quorum for the transaction of any business.

B. Each member is entitled to one vote.

C. Affirmative votes of a simple majority of the quorum or, if greater, of the voting members present are necessary for the passage of any resolution or any other action by the advisory committee.

6. Rules. Rules authorized by section 286-M, subsection 4, paragraph C must be submitted to the advisory committee for the advisory committee's review and recommendations before those rules may be adopted.

Sec. 6. 5 MRSA §12004-I, sub-§74-J is enacted to read:

74-J.

Public Safety

Retired County and
Municipal Law
Enforcement
Officers and
Municipal
Firefighters Health
Insurance Program
Advisory Committee

Not Authorized

5 MRSA §286-N

Sec. 7. Open enrollment. Notwithstanding the Maine Revised Statutes, Title 5, section 286-M, subsection 5, a county or municipal law enforcement officer or a municipal firefighter, as defined in Title 5, section 286-M, subsection 2, paragraphs A and H, respectively, who is employed as a county or municipal law enforcement officer or a municipal firefighter at any time beginning October 1, 2019 and ending December 31, 2021 may enroll in the Retired County and Municipal Law Enforcement Officers and Municipal Firefighters Health Insurance Program established in Title 5, section 286-M, subsection 1 at any time during that period while employed as a county or municipal law enforcement officer or a municipal firefighter. Such a person who enrolls in the program and is not otherwise eligible to enroll in the program under Title 5, section 286-M, subsection 5 shall contribute to the Firefighters and Law Enforcement Officers Health Insurance Program Fund established in Title 5, section 286-M, subsection 7 a percentage of that person's gross wages since that person's effective date of hire as a county or municipal law enforcement officer or a municipal firefighter to that person's date of enrollment in the program equal to 1.5% for the first 5 years and 3% for additional years.