

FOR HEIFFS REVIEW

7/27/20

W/ Fiscal OTP-A (8)

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L.D. 1611

2

Date:

ONTP (5)

(Filing No. H-)

3

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

4

Reproduced and distributed under the direction of the Clerk of the House.

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STATE OF MAINE

6

HOUSE OF REPRESENTATIVES

7

129TH LEGISLATURE

8

SECOND SPECIAL SESSION

9

COMMITTEE AMENDMENT " " to H.P. 1163, L.D. 1611, "An Act To Support Universal Health Care"

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Amend the bill by striking out the title and substituting the following:

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'Resolve, To Establish the Commission To Plan for Universal Health Care in Maine'

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

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'Sec. 1. Commission established. Resolved: That the Commission To Plan for Universal Health Care in Maine, referred to in this resolve as "the commission," is established for the following purposes:

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1. To examine and develop a universal health care system to provide quality and affordable health care to all persons living in the State, including the uninsured and underinsured and persons who are not eligible for health care coverage through federal programs or the federal Patient Protection and Affordable Care Act; and

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2. To examine and develop a single-payer system instituted at either the state or federal level and to develop a plan to institute such a system in the State.

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Sec. 2. Commission membership. Resolved: That, notwithstanding Joint Rule 353, the commission consists of 15 members appointed as follows:

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1. Three members of the Senate, appointed by the President of the Senate, of whom at least one member is a member of the Joint Standing Committee on Health Coverage, Insurance and Financial Services and at least one member is a member of the Joint Standing Committee on Health and Human Services;

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2. Three members of the House of Representatives, appointed by the Speaker of the House of Representatives, of whom at least one member is a member of the Joint Standing Committee on Health Coverage, Insurance and Financial Services and at least one member is a member of the Joint Standing Committee on Health and Human Services;

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3. One member representing the interests of hospitals, appointed by the President of the Senate;

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COMMITTEE AMENDMENT

1 4. One member who represents a statewide advocacy organization providing health
2 care coverage consumer assistance to the uninsured, underinsured and insured in the effort
3 to improve availability and affordability of health care coverage, appointed by the President
4 of the Senate;

5 5. One member representing the interests of employers with 50 or more employees,
6 appointed by the President of the Senate;

7 6. Two members representing the interests of health care providers, one appointed by
8 the President of the Senate and one appointed by the Speaker of the House of
9 Representatives;

10 7. One member representing the interests of health insurance carriers, appointed by the
11 Speaker of the House of Representatives;

12 8. One member who represents a statewide advocacy organization with the mission of
13 providing universal health care, appointed by the Speaker of the House of Representatives;

14 9. One member with expertise in health care policy and health care financing, appointed
15 by the Speaker of the House of Representatives; and

16 10. One member representing the interests of employers with fewer than 50 employees,
17 appointed by the Speaker of the House of Representatives.

18 The President of the Senate and the Speaker of the House of Representatives shall
19 invite to participate as nonvoting members of the commission the Commissioner of Health
20 and Human Services or the commissioner's designee and the Superintendent of Insurance
21 or the superintendent's designee.

22 **Sec. 3. Chairs. Resolved:** That the first-named Senate member is the Senate chair
23 and the first-named House of Representatives member is the House chair of the
24 commission.

25 **Sec. 4. Appointments; convening of commission. Resolved:** That all
26 appointments must be made no later than 30 days following the effective date of this
27 resolve. The appointing authorities shall notify the Executive Director of the Legislative
28 Council once all appointments have been completed. After appointment of all members,
29 the chairs shall call and convene the first meeting of the commission. The first meeting
30 must be a full meeting of the commission and, thereafter, each working group formed
31 pursuant to section 5 may schedule separate meetings. If 30 days or more after the effective
32 date of this resolve a majority of but not all appointments have been made, the chairs may
33 request authority and the Legislative Council may grant authority for the commission and
34 its working groups to meet and conduct their business.

35 **Sec. 5. Working groups. Resolved:** That the commission shall form 2 working
36 groups, one to fulfill each duty identified in section 6.

37 **Sec. 6. Duties. Resolved:** That the commission has the following duties, to be
38 fulfilled by each working group formed pursuant to section 5 as follows.

39 1. One working group shall examine and make recommendations on developing a
40 system for providing quality and affordable health care to all persons living in the State,
41 including the uninsured and underinsured and persons who are not eligible for health care
42 coverage through federal programs or the federal Patient Protection and Affordable Care

1 Act, in a cost-efficient manner, including, but not limited to, expanded access to health care
2 coverage through:

- 3 A. Medicare or a Medicare-like program;
- 4 B. The MaineCare program;
- 5 C. Federal Patient Protection and Affordable Care Act plans;
- 6 D. Individual or group private insurance plans;
- 7 E. A single-payer system; and
- 8 F. State employee and other public employee or employer-sponsored health plans.

9 The working group's recommendations may include the provision of state-funded health
10 care coverage, or additional state subsidies for coverage, to uninsured persons and persons
11 with low income through the methods described in this subsection or the provision of
12 coverage through a new coverage method created to achieve universal health care coverage
13 in the State. The working group shall also investigate the effectiveness of various health
14 care coverage plans and safety programs in providing access to quality and affordable
15 coverage to all persons living in the State and make recommendations for improving
16 coverage affordability in the State.

17 2. One working group shall investigate the development of a single-payer system
18 instituted at either the state or federal level and develop a plan to institute such a system in
19 the State. In developing its plan, the working group shall consider:

- 20 A. Coverage for health care services, including:
 - 21 (1) Hospital services;
 - 22 (2) Medical and other professional services furnished by participating providers;
 - 23 (3) Laboratory tests and imaging procedures;
 - 24 (4) Home health care for residents of the State requiring services performed by or
25 under the supervision of professional or technical personnel, including, but not
26 limited to, home health care for acute illness, personal care attendant services and
27 the medical component of home health care for chronic illness;
 - 28 (5) Rehabilitative services for residents of the State receiving therapeutic care;
 - 29 (6) Prescription drugs and devices;
 - 30 (7) Mental health services;
 - 31 (8) Substance use disorder treatment;
 - 32 (9) Primary and acute dental services;
 - 33 (10) Eyewear, including lenses, frames and contact lenses;
 - 34 (11) Medical supplies, durable medical equipment and selected assistive devices;
 - 35 and
 - 36 (12) Hospice care;
- 37 B. Delivery of covered health care services through organized delivery systems;

1 C. Payment for covered health care services provided to a resident of the State while
2 the resident is in the State or out of the State. The system must pay for a reasonable
3 amount charged for medically necessary emergency health care services;

4 D. Fair rates of compensation for participating providers and organized delivery
5 systems and negotiation with pharmaceutical companies for similar classes of
6 pharmaceuticals; and

7 E. The ability of the State to seek federal waivers to use federal money in the funding
8 of a state-run system.

9 **Sec. 7. Compensation. Resolved:** That the legislative members of the commission
10 are entitled to receive the legislative per diem, as defined in the Maine Revised Statutes,
11 Title 3, section 2, and reimbursement for travel and other necessary expenses related to
12 their attendance at authorized meetings of the commission and any working group formed
13 pursuant to section 5. Public members not otherwise compensated by their employers or
14 other entities that they represent are entitled to receive reimbursement of necessary
15 expenses and, upon a demonstration of financial hardship, a per diem equal to the
16 legislative per diem for their attendance at authorized meetings of the commission and any
17 working group.

18 **Sec. 8. Quorum. Resolved:** That, for a meeting of the commission, a quorum is a
19 majority of the members of the commission, including those members invited to participate
20 who have accepted the invitation to participate. For meetings of each working group formed
21 pursuant to section 5, a quorum is a majority of the members of that working group.

22 **Sec. 9. Staff assistance. Resolved:** That, notwithstanding Joint Rule 353, the
23 Legislative Council shall provide necessary staffing services to the commission and its
24 working groups, except that Legislative Council staff support is not authorized when the
25 Legislature is in regular or special session. In fulfilling its duties under this resolve, the
26 commission shall as necessary request technical assistance and input from the Department
27 of Health and Human Services, the Department of Professional and Financial Regulation,
28 Bureau of Insurance, the Department of Administrative and Financial Services, Bureau of
29 Revenue Services and the Maine Health Data Organization.

30 **Sec. 10. Report. Resolved:** That, notwithstanding Joint Rule 353, no later than
31 December 1, 2021, the commission shall submit a report that includes the findings and
32 recommendations of each working group formed pursuant to section 5, including suggested
33 legislation, for presentation to the joint standing committee of the Legislature having
34 jurisdiction over health coverage and health insurance matters. The joint standing
35 committee may submit legislation based on the commission's report to the Second Regular
36 Session of the 130th Legislature.

37 **Sec. 11. Outside funding. Resolved:** That the commission may seek funding
38 contributions to support the costs of the commission. All funding is subject to approval by
39 the Legislative Council in accordance with its policies.'

40 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
41 number to read consecutively.

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SUMMARY

This amendment is the majority report of the committee. The amendment replaces the bill with a resolve. The amendment establishes the Commission To Plan for Universal Health Care in Maine to examine and develop a universal health care system and to examine and develop a single-payer system instituted at either the state or federal level and to develop a plan to institute such a system in Maine.



129th MAINE LEGISLATURE

LD 1611

LR 1913(02)

An Act To Support Universal Health Care

Fiscal Note for Bill as Amended by Committee Amendment " "

Committee: Health Coverage, Insurance and Financial Services

Fiscal Note Required: Yes

Fiscal Note

Legislative Cost/Study

Legislative Cost/Study

The general operating expenses of this study are projected to be \$4,500 in fiscal year 2020-21 and \$4,750 in fiscal year 2021-22. An estimated \$6,190 is available in fiscal year 2020-21 in the Legislature's budget for legislative studies as well as balances from prior years for this purpose. Whether these amounts are sufficient to fund all studies will depend on the number of studies authorized by the Legislative Council and the Legislature. The additional costs of providing staffing assistance to the study during the interim can be absorbed utilizing existing budgeted staff

Fiscal Detail and Notes

Any additional costs to the Department of Health and Human Services, the Department of Professional and Financial Regulation, Bureau of Insurance, the Department of Administrative and Financial Services, Bureau of Revenue Services and the Maine Health Data Organization from the provisions of this bill are expected to be minor and can be absorbed within existing budgeted resources.

No appropriations/allocations section required.