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STATE OF MAINE  
ONE HUNDRED AND THIRTIETH LEGISLATURE  
COMMITTEE ON HEALTH AND HUMAN SERVICES

TO: Senator Catherine Breen, Senate Chair  
Representative Teresa S. Pierce, House Chair  
Joint Standing Committee on Appropriations and Financial Affairs

FROM: Senator Ned Claxton, Senate Chair *Ned Claxton*  
Representative Michele Meyer, House Chair *Michele Meyer*  
Joint Standing Committee on Health and Human Services

DATE: March 17, 2022

SUBJECT: LD 1995: An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2022 and June 30, 2023

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The Health and Human Services Committee is pleased to provide its recommendations on LD 1995, the supplemental budget bill. Committee votes on the initiatives proposed in the budget are listed in this memo and also included in the attached green document. Votes on language sections are described in this memo. Proposed new initiatives are described and the language and fiscal estimates (when available) are attached.

The HHS Committee would like to emphasize the particular importance of supporting child welfare reforms and mental health services and urges the AFA committee to prioritize initiatives related to those topics.

All votes on initiatives proposed in the budget were unanimous in favor of including, with the exception of the following initiatives, for which all votes were party line, 8-5, with the majority voting to include and the minority to exclude (except where an alternative minority report is noted).

- Line item 8: Dorothea Dix travel nurses
- Line item 13: Riverview contract nurses
- Line items 16-17: Riverview psychiatric nurse practitioners
- Line items 26-27: Homeless youth program
- Line item 41: Child care services positions and salary supplements
- Line items 53-57: OAG funding for DHHS services

- Line items 66-67: DHHS senior legal advisor position
- Line items 68-71: OAG funding for AAG
- Line items 72-73: Division of Licensing and Certification COO position
- Line items 75-77: OADS social services program manager (change in source of funding)
- Line item 91: Transitional case management services
- Line item 92: Transfer of unallocated surplus from GF to MaineCare Stabilization Fund
- Line items 97-98: Office of MaineCare Services positions
- Line items 119-120: COVID supplemental hospital payments (the minority voted to use MaineCare stabilization funds rather than General Fund funds)
- Line items 192-193: COVID supplemental family planning agency payments
- Line items 218-224: Nursing facility and residential care facility add on payments (the minority voted to use MaineCare stabilization funds rather than General Fund funds)
- Line items 225-230: COVID supplemental long-term care provider payments (the minority voted to use MaineCare stabilization funds rather than General Fund funds)
- Line items 231-232: Office for Family Independence positions
- Line items 233-234: Office of Health and Population Equity Associate Director position
- Line 238: Health and Environmental Testing Lab positions

The votes on the language sections were as follows:

- Part BB (Child welfare ombudsman): 13-0 to include with amendment (attached) to match LD 1960 amendment.
- Part DD (DHHS senior legal advisor position Governor appt): 8-5 to include
- Part EE (repeal of consolidated MaineCare program sand accounts): 13-0 to include
- Part FF (transfer of unallocated surplus from GF to MaineCare Stabilization Fund): 8-5 to include
- Part GG (GF to Other Special Revenue Funds accounts): 13-0 to include
- Part HH (DHHS, OFI carry forward): 13-0 to include

The Committee voted on the following additional proposed initiatives, with suggested language:

1. Child care supplements -- (8-5 to include). This language mirrors the language in LD 1652 (voted by the IDEA committee). During the public hearing, the department requested this language be included to accompany Line 41 in the green document.

**Sec. . Salary Supplements.** The Department of Health and Human Services shall establish and implement a system of salary supplements for child care and early childhood educators providing services directly to children served in licensed child care settings. The salary supplement funding will be provided to licensed child care providers who qualify, and those providers are required to pass through the funding as supplemental payments to qualifying direct care staff. By July 1, 2023 the department shall implement a tiered system for the amount of the individual salary supplements. There shall be a minimum of three tiers based on the education and experience of child care and early childhood educators. Each tier shall be at least 50% more than the tier before it. The department shall adopt rules governing the salary supplement program within 2 years but may implement the salary supplement system prior to adoption of these rules. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

2. FQHC and RHC copayments (13-0 to include). This language is required to accompany Lines 188-189 in the green document.

**22 MRSA §3173-C, sub-§7, ¶¶ R and S are repealed.**

3. COLA for center-based community support services and level III home support (13-0 to include).

**Cost of living adjustment for center-based community support services and level III home support.** Direct the Department of Health and Human Services to update MaineCare reimbursement rates for center based community support services, code T2021 in Sections 20, 21, and 29 of the MaineCare Benefits Manual and home support level III, code T2016 U9 TG in Section 18 of the MaineCare Benefits Manual to provide for an annual cost of living adjustment of 4.9%, effective April 1, 2022 or the date from which CMS approves federal match, whichever is later.

4. Rates for Section 21 agency home supports (13-0 to include).

**Reimbursement rates for agency home supports.** Direct the Department of Health and Human Services to update MaineCare reimbursement rates in Section 21 for agency home supports, code T2016 to reflect an increase of \$2.36 per hour, effective April 1, 2022 or the date from which CMS approves federal match, whichever is later.

5. Reimbursement for blood spot screens (13-0 to include).

**Reimbursement rates for blood spot screening tests.** Direct DHHS to provide a payment to hospitals for the increased costs for blood spot paper fees relative to MaineCare patients, retroactive to April 2021. (including \$550,000 appropriation)

The Committee voted to include, in the supplemental budget, a number of LDs that are currently on the Appropriations Table. The Committee voted unanimously (13-0) to include the following LDs that are currently on the Table:

1. LD 85, *An Act Concerning MaineCare Coverage for Donor Breast Milk*
2. LD 415, *Resolve, Directing the Department of Health and Human Services to Increase MaineCare Reimbursement Rates for Targeted Case management Services and to Expand Eligibility for Targeted Case Management Services for Adults with Substance Use Disorder*
3. LD 432, *Resolve, To Improve Behavioral Health Care for Children*
4. LD 496, *An Act To Increase Timely Access to Mental Health Services by Increasing MaineCare Reimbursement Rates*
5. LD 582, *An Act To Support the Fidelity and Sustainability of Assertive Community Treatment*
6. LD 629, *Resolve, To Establish the Task Force To Study the Process for Bringing Criminal Cases in Situations of Violence against Health Care Workers*

7. LD 972, *An Act To Establish the Rare Disease Advisory Council*
8. LD 1204, *An Act To Address the Shortage of Direct Care Workers for Children with Disabilities in Maine*
9. LD 1501, *An Act to Protect Oral Health for Children in Maine*

The Committee also voted to include, in the supplemental budget, a number of LDs voted this session that have not yet been reported out. The following LDs were voted either unanimously or along party lines to be included in the budget. The language of these bills is attached although the language may not yet be final or have a fiscal note.

10. LD 393, *An Act To Amend the Laws Regarding Health and Human Services*, as amended (8-5 to include)
11. LD 1729, *Resolve, To Assess the Feasibility of the Production of Insulin in Maine*, as amended (13-0 to include)
12. LD 1748, *An Act Regarding the So-called Leveraging Investments so Families Can Thrive Report Produced by the Department of Health and Human Services*, as amended (13-0 to include)
13. LD 1787, *An Act To Improve the Quality and Affordability of Primary Health Care Provided by Federally Qualified Health Centers* as amended (13-0 to include)
14. LD 1824, *An Act To Improve the Maine Child Welfare Services Ombudsman Program by Providing Additional Resources* as amended (8-5 to include). Please note this bill has a new title: *An Act To Establish a Pilot Program to Ensure Legal Representation to Families in the Child Protection System*.
15. LD 1868, *An Act to Restore Funding to the State's Tobacco Prevention and Control Program*, as amended, into the budget (13-0 to include)

Committee chairs and leads are prepared to discuss this report with you. Thank you for your consideration.

cc: Health and Human Services Committee members  
Commissioner Jeanne M. Lambrew, Department of Health and Human Services  
Deputy Commissioner Benjamin Mann, Department of Health and Human Services  
Molly Bogart, Government Relations Director, Department of Health and Human Services  
Maureen Dawson, OFPR  
Luke Lazure, OFPR  
Anna Broome, OPLA  
Samuel Senft, OPLA

See Pt. BB

LD 1960 (Child welfare ombudsman)

L.D. 1960

Date:

amendment + bill

(Filing No. S- )

**HEALTH AND HUMAN SERVICES**

Reproduced and distributed under the direction of the Secretary of the Senate.

**STATE OF MAINE**

**SENATE**

**130TH LEGISLATURE**

**SECOND REGULAR SESSION**

COMMITTEE AMENDMENT " " to S.P. 698, L.D. 1960, "An Act To Make Changes to the Laws Governing the Child Welfare Services Ombudsman Program"

Amend the bill by inserting before section 1 the following:

'Sec. 1. 22 MRSA §4004, sub-§1, ¶E, as amended by PL 2017, c. 473, §1, is further amended to read:

E. Establishing a child death and serious injury review panel for reviewing deaths and serious injuries to children. The panel consists of the following members: the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys and, criminal or civil assistant attorneys general and the ombudsman pursuant to section 4087-A or a designee of the ombudsman.

The purpose of the panel is to recommend to state and local agencies methods of improving the child protection system, including modifications of statutes, rules, policies and procedures. Beginning January 1, 2023 and every 2 years thereafter, the department shall submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters;

Sec. 2. 22 MRSA §4008, sub-§3-A, as enacted by PL 1993, c. 294, §4, is amended to read:

3-A. Confidentiality. The proceedings and records of the child death and serious injury review panel created in accordance with section 4004, subsection 1, paragraph E are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The commissioner shall disclose conclusions of the review panel upon request and recommendations pursuant to section 4004, subsection 1, paragraph E, but may not disclose data that is otherwise classified as confidential.'

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

**COMMITTEE AMENDMENT**

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**SUMMARY**

This amendment includes the ombudsman or the ombudsman's designee as a member of the child death and serious injury review panel established by the Department of Health and Human Services and requires that the panel, beginning January 1, 2023 and every 2 years thereafter, submit a report on the panel's recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

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

2 **Sec. 1. 22 MRSA §4087-A, sub-§2**, as enacted by PL 2001, c. 439, Pt. X, §5 and  
3 amended by PL 2003, c. 689, Pt. B, §6, is further amended to read:

4 **2. Program established.** The ombudsman program is established as an independent  
5 program within the Executive Department to provide ombudsman services to the children  
6 and families of the State regarding child welfare services provided by the Department of  
7 Health and Human Services. The program shall consider and promote the best interests of  
8 the child involved, answer inquiries and investigate, advise and work toward resolution of  
9 complaints of infringement of the rights of the child and family involved. The program  
10 must be staffed, under contract, by a full-time director who is an attorney or a master's level  
11 social worker who must have with experience in child welfare, development and advocacy,  
12 and support staff as determined to be necessary. The program shall function through the  
13 staff of the program and volunteers recruited and trained, at the discretion of the nonprofit  
14 organization under contract pursuant to subsection 3, to assist in the duties of the program.

15 **Sec. 2. 22 MRSA §4087-A, sub-§3**, as enacted by PL 2001, c. 439, Pt. X, §5, is  
16 amended to read:

17 **3. Contracted services; terms.** The program shall operate by contract with a  
18 nonprofit organization that the Executive Department determines to be free of potential  
19 conflict of interest and best able to provide the services on a statewide basis. The  
20 ombudsman may not be actively involved in state-level political party activities or publicly  
21 endorse, solicit funds for or make contributions to political parties on the state level or  
22 candidates for statewide elective office. The ombudsman may not be a candidate for or  
23 hold any statewide elective or appointive public office. The contract must include funds for  
24 the nonprofit organization to provide health insurance benefits to the staff of the  
25 ombudsman program. The contract must be for a term of 5 years, except that the contract  
26 may be terminated consistent with the terms of the contract.

27 **Sec. 3. 22 MRSA §4087-A, sub-§4**, as amended by PL 2005, c. 410, §1, is further  
28 amended to read:

29 **4. Services.** The program shall provide services ~~directly or under contract to persons~~  
30 and families involved with child welfare services and may provide input on the State's child  
31 welfare system to the department and the joint standing committee of the Legislature  
32 having jurisdiction over health and human services matters. The first priority in the work  
33 of the program ~~and any contract for ombudsman services~~ must be case-specific advocacy  
34 services. In performing services under this section, the program, as it determines to be  
35 appropriate, may create and maintain records and case-specific reports. Any work on  
36 systems improvements or lobbying must be adjunctive to case-specific activities. The  
37 program may:

38 A. Provide information to the public about the services of the program through a  
39 comprehensive outreach program. The ombudsman shall provide information through  
40 a toll-free telephone number ~~or numbers~~ and a publicly accessible website;

41 B. Answer inquiries, investigate and work toward resolution of complaints regarding  
42 the performance and services of the department and participate in conferences,  
43 meetings and studies that may improve the performance of the department;

- 1 C. Provide services to persons to assist them in protecting their rights;
- 2 D. Inform persons of the means of obtaining services from the department;
- 3 E. Provide information and referral services;
- 4 F. Analyze and provide opinions and recommendations to agencies, the Governor and
- 5 the Legislature on current or proposed state programs, rules, policies and laws;
- 6 G. Determine what types of complaints and inquiries will be accepted for action by
- 7 the program and adopt policies and procedures regarding communication with persons
- 8 making inquiries or complaints and the department;
- 9 H. Apply for and utilize grants, gifts and funds for the purpose of performing the duties
- 10 of the program; and
- 11 I. Collect and analyze records and data relevant to the duties and activities of the
- 12 program and make reports as required by law or determined to be appropriate.

13 The department or designee of the department shall notify the ombudsman of any statewide  
 14 policy changes affecting the State's child welfare system before the changes take effect.

15 **Sec. 4. 22 MRSA §4087-A, sub-§12** is enacted to read:

16 **12. Notification of child fatality required.** The department shall notify the  
 17 ombudsman of a fatality of a child if:

- 18 A. The child was involved with child welfare services at any time; or
- 19 B. The fatality is suspected of being the result of abuse or neglect.

20 Notification under this subsection must occur within 48 hours of a determination by the  
 21 department that this subsection applies to the fatality. The notification may be provided by  
 22 oral or electronic communication.

23 **SUMMARY**

24 This bill makes the following changes to the laws governing the child welfare services  
 25 ombudsman program.

26 1. It provides that the director of the ombudsman program must serve full time and  
 27 expands the director's required experience to include child welfare.

28 2. It provides that the staffing for the ombudsman program is at the discretion of the  
 29 nonprofit organization under contract to provide ombudsman services.

30 3. It provides that the contract to provide ombudsman services is for a period of 5 years,  
 31 except that the contract may be terminated consistent with the terms of the contract.

32 4. It provides that the contract to provide ombudsman services must include funds for  
 33 the nonprofit organization to provide health insurance benefits for employees of the  
 34 ombudsman program.

35 5. It provides that the ombudsman program must provide information about its services  
 36 through a publicly accessible website and makes a technical correction regarding plural  
 37 language.

38 6. It clarifies that the ombudsman program may provide opinions and recommendations  
 39 on current or proposed state programs, rules, policies and laws.



- 1           7. It clarifies that the ombudsman program may provide input on the State's child  
2 welfare system to the Department of Health and Human Services and the joint standing  
3 committee of the Legislature having jurisdiction over health and human services matters.
- 4           8. It clarifies that the ombudsman program provides services to persons and families  
5 involved with the State's child welfare system.
- 6           9. It requires the Department of Health and Human Services to notify the ombudsman  
7 program of any statewide policy changes affecting the State's child welfare system before  
8 the changes take effect.
- 9           10. It requires the Department of Health and Human Services to notify the ombudsman  
10 program of certain child fatalities.

Committee: HHS  
 Drafter: ATB/LRL  
 File Name: G:\COMMITTEES\HHS\Bill amendments\130th 2nd\180002.docx  
 LR (item)#: 180002  
 New Title?: Yes  
 Add Emergency?: No  
 Date: March 12, 2022

Committee Amendment “ ” to LD 393, An Act To Amend the Laws Regarding Health and Human Services

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

**Sec. 1. Appropriations and allocations.** The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

**Department of Health and Human Services Central Operations 0142**

Initiative: Provides funding for one Social Services Manager I position to coordinate the organization of child abuse and neglect prevention initiatives across the department.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
POSITIONS - LEGISLATIVE COUNT	0.000	1.000
Personal Services	\$0	\$105,453
All Other	\$0	\$6,537
<b>GENERAL FUND TOTAL</b>	<b>\$0</b>	<b>\$111,990</b>

**IV-E Foster Care/Adoption Assistance 0137**

Initiative: Provides funding for additional services under the Homebuilders program in the Office of Child and Family Services.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
All Other	\$0	\$1,000,000
<b>GENERAL FUND TOTAL</b>	<b>\$0</b>	<b>\$1,000,000</b>

**Office of Child and Family Services - Central 0307**

Initiative: Provides funding for additional services under the Parents as Teachers program operated through the home visiting program in the Office of Child and Family Services.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
All Other	\$0	\$1,000,000
<b>GENERAL FUND TOTAL</b>	<u>\$0</u>	<u>\$1,000,000</u>

**Office of Child and Family Services - Central 0307**

Initiative: Provides funding to increase the contract for kinship navigators.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
All Other	\$0	\$420,000
<b>GENERAL FUND TOTAL</b>	<u>\$0</u>	<u>\$420,000</u>

**Office of Child and Family Services - Central 0307**

Initiative: Provides funding for temporary assistance to families through the child protective services contingency fund.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
All Other	\$0	\$200,000
<b>GENERAL FUND TOTAL</b>	<u>\$0</u>	<u>\$200,000</u>

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF  
DEPARTMENT TOTALS**

	<b>2021-22</b>	<b>2022-23</b>
<b>GENERAL FUND</b>	\$0	\$2,731,990
<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<u>\$0</u>	<u>\$2,731,990</u>

Sec. 2. 22 MRSA §4066, 2-A is enacted to read:

**2-A. Contingency fund expenditures.** A summary of expenditures from the child protective services contingency fund established in section 4004, subsection 1, paragraph D, including annual spending, purposes for expenditures and ranges of expenditures for families.

**Sec. 3. Department of Health and Human Services to prioritize and ensure supportive services.** The Department of Health and Human Services shall study the ability of the State to allow a parent of a minor child removed from the home but engaged in rehabilitation and reunification services to continue to receive services that the parent was eligible for prior to the child being removed from custody and to receive priority for services that are waitlisted and are critical to allowing families to transition out of the child protective system. As part of this study, the department shall examine the following:

1. The extent to which a parent may continue to receive services, including but not limited to, transportation, child care, housing assistance and home visiting services, at the same level as the parent was eligible prior to the child being removed from custody under relevant federal and state laws.
2. The extent to which families, both children and parents, can be prioritized for services that have waitlists, including but not limited to housing vouchers, behavioral health services and substance use disorder treatment, that are necessary for allowing families to transition out of the child protective system.

The Department shall submit a report with its findings and recommendations, including any recommended legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than February 1, 2023. The joint standing committee of the Legislature having jurisdiction over health and human services matters is authorized to report out legislation to the 1<sup>st</sup> Regular Session of the 131<sup>st</sup> Legislature.

**Sec. 4. Department of Health and Human Services, Special Projects Manager to Prevent Child Abuse and Neglect.** The Special Projects Manager to Prevent Child Abuse and Neglect within the Department of Health and Human Services shall coordinate the organization of efforts within the department and across state agencies to prevent and reduce the incidence of child abuse and neglect. The Special Projects Manager shall be responsible for leading the development, implementation, and oversight of a comprehensive statewide child abuse and neglect prevention plan. This position will support the coordination of resources and activities across state agencies to strengthen and support families and reduce the likelihood of child abuse and neglect; work with community-based efforts to coordinate initiatives, programs, and activities that prevent child abuse and neglect; and foster understanding, appreciation, and knowledge of diverse populations across state agencies and in the community in order to effectively prevent and treat child abuse and neglect across diverse racial, economic, and geographic populations. This position will engage with multiple stakeholders including state agency leaders, the OCFS and CDC Directors, the Associate Director of Child Welfare, child welfare district managers and caseworkers, community service providers, parents, kinship and resource families, and youth. Additional duties and assignments for this position will be based on

the development and progression of the cross-agency statewide prevention plan, and priorities of the Commissioner related to the prevention of child abuse and neglect.

### SUMMARY

This amendment, which is the majority report, replaces the concept draft. The amendment does the following:

1. It provides \$1m each year for the Homebuilders program and \$1m each year for the Parents as Teachers program operated through the home visiting program.
2. It provides \$420,000 a year to increase the contract the department has for kinship navigators.
3. It requires the department to study the ability of the State to allow a parent of a minor child removed from the home but engaged in rehabilitation and reunification services to continue to receive services that the parent was eligible for prior to the child being removed from custody and to receive priority for services that are waitlisted and are critical to allowing families to transition out of the child protective system department to continue to provide supportive services to parents who have had children removed from the home but remain engaged in rehabilitation and reunification programs. The department shall submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than February 1, 2023.
4. It provides \$200,000 funding in each year to the child protective services contingency fund established in Title 22, section 4004, subsection 1, paragraph D. It requires the annual report that is currently required pursuant to Title 22, section 4066 to include a summary of expenditures from the contingency fund.
5. It establishes a Special Projects Manager position within the Department of Health and Human Services to coordinate the organization of child abuse and neglect prevention initiatives across the department.

L.D. 1729

Date:

(Filing No. S- )

### HEALTH AND HUMAN SERVICES

Reproduced and distributed under the direction of the Secretary of the Senate.

#### STATE OF MAINE

#### SENATE

#### 130TH LEGISLATURE

#### SECOND REGULAR SESSION

COMMITTEE AMENDMENT “ ” to S.P. 574, L.D. 1729, “Resolve, To Assess the Feasibility of the Production of Insulin in Maine”

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

**'Resolve, To Assess the Feasibility of the Production of Insulin and Insulin Analogs in Maine'**

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

**'Sec. 1. Commission established. Resolved:** That the Department of Health and Human Services shall convene a commission consisting of the following 12 members:

1. The Commissioner of Health and Human Services or the commissioner's designee;
2. A representative of the Department of Health and Human Services, Maine Center for Disease Control and Prevention;
3. An individual involved in biomedical research;
4. A representative of the Department of Professional and Financial Regulation, Maine Board of Pharmacy;
5. A representative of the Department of Professional and Financial Regulation, Bureau of Insurance;
6. A representative of the University of Maine System;
7. A resident of the State receiving treatment for diabetes or a representative of an organization that represents or advocates for residents of the State receiving treatment for diabetes;
8. Two physicians licensed to practice within the State having expertise in the treatment of diabetes and related complications;
9. A research scientist having expertise in the synthesis or production of drugs or biologics, including insulin and insulin analogs;
10. A representative of hospitals and health care providers within the State; and

## COMMITTEE AMENDMENT

1 11. A representative of an organization that advocates for greater access to insulin and  
2 insulin analogs and that does not accept funding from an insulin or insulin analogs  
3 manufacturer.

4 **Sec. 2. Feasibility assessment. Resolved:** That the commission established in  
5 section 1 shall assess the feasibility of producing insulin and insulin analogs in the State  
6 through the University of Maine System and other appropriate institutions or through a  
7 public-private partnership between the University of Maine System, other appropriate  
8 institutions and a licensed drug manufacturer. The commission shall also assess the  
9 feasibility of providing the insulin and insulin analogs produced to low-income residents  
10 of the State at low or no cost through hospitals, pharmacies and health care providers in the  
11 State or at a reduced cost on a means-tested basis. In its assessment, the commission shall  
12 consider various factors including:

13 1. The number of low-income residents of the State who currently require insulin;

14 2. The ability of the University of Maine System by itself, in partnership with another  
15 appropriate institution or through a public-private partnership with a licensed drug  
16 manufacturer to produce insulin and insulin analogs in an amount sufficient to fulfill the  
17 needs of low-income residents of the State who require insulin;

18 3. Any long-term cost savings and revenue generation for the State and the University  
19 of Maine System;

20 4. Any long-term cost savings and other benefits to low-income residents of the State  
21 who would receive insulin and insulin analogs at low or no cost;

22 5. Any costs to the University of Maine System and to the State to produce and  
23 distribute insulin and insulin analogs, including additional administrative costs;

24 6. State and federal regulatory or legal obstacles, including requirements for licensure,  
25 to the production and distribution of insulin and insulin analogs within the State by the  
26 University of Maine System or other appropriate institutions;

27 7. Available alternative methods for providing insulin and insulin analogs to low-  
28 income residents of the State at low or no cost;

29 8. Options for capping copayments for insulin and insulin analogs provided through  
30 private insurers;

31 9. The potential for the State to engage in volume purchasing of insulin and insulin  
32 analogs at reduced cost;

33 10. The mechanisms by which the State could establish a program to distribute insulin  
34 and insulin analogs to residents of the State;

35 11. Opportunities to establish an interstate compact with other New England states to  
36 reduce insulin and insulin analog costs in compact states;

37 12. Opportunities to establish a public entity to manage the purchasing and distribution  
38 of insulin and insulin analogs with the possibility of eventual transition to a private entity;

39 13. Opportunities to establish a model facility to affordably manufacture insulin and  
40 insulin analogs and to distribute insulin and insulin analogs to residents of the State; and

# COMMITTEE AMENDMENT

1 14. Opportunities to procure dedicated funding to support the manufacture of insulin  
2 and insulin analogs and the distribution of insulin and insulin analogs to residents of the  
3 State.

4 The commission shall seek input from members of the Legislature when conducting  
5 the assessment required by this section.

6 **Sec. 3. Report. Resolved:** That, by November 2, 2022, the commission established  
7 in section 1 shall provide a report to the Joint Standing Committee on Health and Human  
8 Services that includes its assessment under section 2 of the feasibility of manufacturing  
9 insulin and insulin analogs in the State and distributing such insulin and insulin analogs to  
10 low-income residents of the State at low or no cost and recommendations, including  
11 proposed legislation, for promoting insulin and insulin analogs manufacturing in the State  
12 through the University of Maine System or a public-private partnership. The joint standing  
13 committee may introduce legislation on the basis of the commission's report during the  
14 First Regular Session of the 131st Legislature.

15 **Sec. 4. Support for pilot program. Resolved:** That the joint standing committee  
16 of the Legislature having jurisdiction over health and human services matters shall submit  
17 a letter to the Maine Congressional Delegation expressing support for the establishment of  
18 a federal pilot program focused on the domestic manufacture and distribution of low-cost  
19 insulin and insulin analogs.'

20 Amend the resolve by relettering or renumbering any nonconsecutive Part letter or  
21 section number to read consecutively.

22 **SUMMARY**

23 This amendment replaces the resolve and makes the following changes. It:

- 24 1. Replaces the term "insulin" with "insulin and insulin analogs" throughout;
- 25 2. Adds to the commission a representative of an organization that advocates for  
26 greater access to insulin and insulin analogs and that does not accept funding from an  
27 insulin or insulin analogs manufacturer;
- 28 3. Adds the following factors to the feasibility assessment:
  - 29 A. Options for capping copayments for insulin and insulin analogs provided through  
30 private insurers;
  - 31 B. The potential for the State to engage in volume purchasing of insulin and insulin  
32 analogs at reduced cost;
  - 33 C. The mechanisms by which the State could establish a program to distribute insulin  
34 and insulin analogs to residents of the State;
  - 35 D. Opportunities to establish an interstate compact with other New England states to  
36 reduce insulin and insulin analog costs in compact states;
  - 37 E. Opportunities to establish a public entity to manage the purchasing and distribution  
38 of insulin and insulin analogs with the possibility of eventual transition to a private  
39 entity;
  - 40 F. Opportunities to establish a model facility to affordably manufacture insulin and  
41 insulin analogs and to distribute insulin and insulin analogs to Maine residents; and

**COMMITTEE AMENDMENT**



- 1 G. Opportunities to procure dedicated funding to support the manufacture of insulin
- 2 and insulin analogs and the distribution of insulin and insulin analogs to Maine
- 3 residents;
- 4 4. Changes from January 1, 2022 to November 2, 2022 the date the commission is
- 5 required to submit the report to the Joint Standing Committee on Health and Human
- 6 Services that includes an assessment of the feasibility of manufacturing insulin and insulin
- 7 analogs in the State and distributing such insulin and insulin analogs to low-income
- 8 residents of the State at low or no cost and recommendations, including proposed
- 9 legislation, for promoting insulin and insulin analogs manufacturing in the State through
- 10 the University of Maine System or a public-private partnership; and
- 11 5. Requires the joint standing committee of the Legislature having jurisdiction over
- 12 health and human services matters to submit a letter to the Maine Congressional Delegation
- 13 expressing support for the establishment of a federal pilot program focused on the domestic
- 14 manufacture and distribution of low-cost insulin and insulin analogs.

Pending  
fiscal

Committee: HHS

DRAFT ONLY (EXPECT CHANGES TO THIS DRAFT)

Drafter: ATB

File Name: G:\COMMITTEES\HHS\Bill amendments\130th 2nd\227902.docx

LR (item)#: 227902

New Title?:

Add Emergency?:

Date: March 17, 2022

Committee Amendment “ ” to LD 1748, An Act Regarding the So-called Leveraging Investments so Families Can Thrive Report Produced by Department of Health and Human Services

Amend the bill to replace the concept draft as follows:

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

**Sec. 1. 22 MRSA 3109, sub-§2, 1st ¶ is amended as follows:**

**2. Identify measures of child and family economic security.** ~~Beginning October 15, 2019 and annually thereafter, the~~ Beginning January 15, 2023 and biennially thereafter, the department shall obtain and compile the following data for the State regarding child and family economic security from those sources reasonably available to the department, including, but not limited to, data collected and maintained by the department, data available from the Department of Labor and the Department of Administrative and Financial Services, Bureau of Revenue Services or other state or federal agencies and such other data as can reasonably be obtained from other public or private sources upon request. The data must include:

**Sec. 2. 22 MRSA §3109, sub-§2-A is enacted to read:**

**2-A. Survey experiences of ASPIRE-TANF participants.** Beginning in calendar year 2024, and biennially thereafter, the department shall conduct a survey of program participants and compile the answers to include in its biennial report for the following year pursuant to subsection 3. The department shall select a representative sample of current ASPIRE-TANF participants and a representative sample of ASPIRE-TANF participants whose participation in ASPIRE-TANF was terminated in the previous year with contact information that remains available to the Office for Family Independence. The department shall survey the selected participants using an anonymized survey. The department shall provide the opportunity to respond orally to the survey orally for participants who request interpreter services or another reasonable accommodation. The department shall maintain the confidentiality of survey participants to the same extent as they are confidential under section 3762, subsection 3, paragraph A. The department may use funds from the federal Temporary Assistance Block Grant to contract for this work. The survey topics include, but are not limited to:

A. Administrative burdens faced by participants in the program;

B. Availability of interpretation and translation services;

C. Experiences of discrimination based on racial or ethnic identity; sex; gender identity; sexual orientation; ability or disability status; religion; national origin; or marital status;

D. Availability of education and training programs, including post-secondary programs.

and staff knowledge and referral to appropriate programs and services;

E. Availability of adequate support services, including but not limited to childcare, transportation, and recommendations for other support services needed but not available;

F. Overall experience and recommendations for improvement of the ASPIRE program; and

G. Optional demographic questions, including but not limited to geographic location, racial or ethnic identity, sexual orientation, gender identity, disability, religion, national origin, marital status and need for interpreter;

**Section 3. 22 MRS 3109 sub-§3 is repealed and the following enacted in its place:**

**3. Measuring the effect of department initiatives to improve child and family economic security; report.** The department shall examine the data related to program measures compiled pursuant to subsection 2 and the survey responses compiled pursuant to subsection 2-A to analyze the program's impact on family economic security, including increased ability to meet basic needs, improved educational levels and increased incomes. The department shall submit biennial reports to the joint standing committee of the Legislature having jurisdiction over health and human services matters in accordance with this subsection.

A. On January 15, 2023, the department shall present the data collected pursuant to subsection 2 along with an assessment of how these measures can be improved. The department shall also identify any obstacles to improving the economic security for children, families and individuals which must include an analysis of how methodologies for TANF eligibility may be changed to increase the number of children under poverty eligible to receive assistance, and make recommendations for addressing those obstacles, which may include improved coordination between state agencies. The department shall convene a representative group of current and former TANF participants who volunteer to review the data collected pursuant to subsection 2. This group shall have the opportunity to create a separate report making recommendations to improve economic security for children, families, and individuals, which may also be presented by the group to the committee.

B. Beginning January 15, 2025, and biennially thereafter, the department shall present the data collected pursuant to subsection 2 and the survey responses compiled pursuant to subsection 2-A along with an assessment of how these measures can be improved. The department shall also identify any obstacles to improving the economic security for children, families and individuals and make recommendations for addressing those obstacles, which may include improved coordination between state agencies. The department shall convene a representative group of current and former TANF participants who volunteer to review the data collected pursuant to subsection 2, along with the anonymous survey data collected pursuant to subsection 2-A. This group shall have the opportunity to create a separate report making recommendations to improve economic security for children, families, and individuals, which may also be presented by the group to the committee.

For all reports required pursuant to this sub-section, the committee's review must include the opportunity for public comment and the committee may introduce any legislation that it considers necessary to address barriers faced by the department in improving economic security for children, families and individuals in this State.

**Sec. 4. 22 MRSA §3762, sub-§ 1, ¶¶ G and H** are enacted to read:

G. “Culturally and linguistically appropriate” services means services that are designed to serve culturally diverse populations in their preferred languages; function effectively within the context of the cultural beliefs, behaviors, and needs presented by program participants and their communities; contribute to a work environment that supports diversity; promote community engagement; build trust and relationships with people in the program; actively support and enable participants to make informed choices; and value and facilitate the exchange of information with participants.

H. “Trauma informed” services means services that acknowledge and are informed by the widespread impact of trauma and recognize the potential paths for recovery; recognize the unique signs and symptoms of trauma in clients, families, and staff; respond by fully integrating knowledge about trauma into policies, procedures, and practices; and seek to actively avoid re-traumatization.

**Sec. 5. 22 MRSA §3762, sub-§ 21** is enacted to read:

**21. Duty to provide culturally appropriate and trauma informed services.** The department shall work with all TANF participants in a culturally and linguistically appropriate and trauma-informed manner to assist each family in obtaining the services and skills necessary to sustain economic stability and opportunity after leaving the TANF program. Each ASPIRE-TANF participant must be screened to identify any need for cultural or linguistic or trauma-informed services. If such a need is identified, the department shall utilize appropriate methods and techniques to work with the participants to develop a goal that reflects, to the greatest extent possible, the preferences of the participants, coupled with individualized plans that address the participant’s situation and barriers to sustained economic stability. The department shall work with participants to connect with appropriate programs and services available to help the family attain and sustain economic stability, and to ensure the well-being of the children.

**Sec. 6. 22 MRSA §3788, sub-§1-A** is amended to read:

**1-A. Information about and application for Parents as Scholars.** When there are fewer than 2,000 enrollees in the Parents as Scholars Program under chapter 1054-B, the department shall inform all persons applying for ASPIRE-TANF and all ASPIRE-TANF participants reviewing or requesting to amend their education, training or employment program under ASPIRE-TANF of the program, shall offer them the opportunity to apply for the program, and shall assist people seeking to matriculate for post-secondary education, including through appropriate referrals for remedial services or financial aid assistance, and the provision of ASPIRE services for which they are eligible.

**Sec. 7. 22 MRSA §3788, sub-§ 6** is amended to read:

**6. Education, training and employment services.** The ASPIRE-TANF program must make available a broad range of education, training and employment services in accordance with section 3781-A, subsection 3 and the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 110 Stat. 2105 and the federal Deficit Reduction Act of 2005, Public Law 109-171, 120 Stat. 4. These services and activities must include all of those services and activities offered by the Additional Support for People in Retraining and Employment Program on October 1, 1989, except in 2-year and 4-year postsecondary education and except as provided in chapter 1054-B. This section does not prohibit the department from purchasing equivalent services from providers other than those from whom those services were purchased on October 1, 1989. When a particular approved education or training service is

available at comparable quality and cost, including the cost of support services, and the implementation of the family contract would not be unreasonably delayed, the program participant may choose to enroll for that service with the provider of that person's preference. If this decision is not mutually agreed to by the participant and the case manager, the decision must be reviewed by the case manager's supervisor. These services ~~do not~~ must include reimbursement for the cost of tuition ~~or~~, mandatory fees, or the cost of transcripts or transferring credits for postsecondary education when the participant has exhausted any available educational funding to complete the participant's family contract, in accordance with department rules, unless:

~~A. The participant is unable to secure other educational funding needed to complete the participant's family contract due to:~~

~~(1) Poor credit as determined by the educational funding source; or~~

~~(2) The consideration by the educational funding source of resources from past years that are not actually available to the participant;~~

~~B. In the determination of the department, failure to pay the tuition or fee would result in higher ASPIRE TANF program costs to achieve the participant's approved goal; or~~

~~C. The participant meets an exception specified in rules adopted by the department.~~

When a substantially similar postsecondary education or training program of comparable quality is available at both a public and private institution, within a reasonable commuting distance for the participant, the department may choose to approve the program offered at the public institution if the participant's program can be completed at less cost at the institution.

**Sec. 8. 22 MRSA §3788, sub-§ 6-A** is enacted to read:

**6-A. Parents as Scholars pre-matriculation services.** The department shall assist TANF-ASPIRE participants interested in applying for the Parents as Scholars program to prepare to matriculate, including enrolling in or preparing to enroll in a program providing remedial services necessary for matriculation, identifying the strengths, needs, and barriers faced by the participant and making referrals to programs qualified to assist the participant with the services, supports, education, training, and accommodations needed to reduce or overcome barriers to enrollment in the Parents as Scholars Program. The department will cover the cost of support services in accordance with this section needed for any activity under this subsection included in the family contract. Any hours spent preparing for matriculation under this subsection including, but not limited to, exploring educational opportunities and financial aid options and applying for educational programs or financial aid, shall be considered hours of participation in the ASPIRE TANF program for the purposes of state participation under Chapter 1053-B. These hours may also be counted for federal participation as allowable by federal law.

**Sec. 9. 22 MRSA § 3790, sub-§1** is amended to read:

**1. Established.** The department shall establish a student financial aid program based on need for up to 2000 participants known as the Parents as Scholars Program, referred to in this section as the "program," to aid needy students who have dependent children and who are matriculating in postsecondary undergraduate 2-year and 4-year degree-granting education programs. Enrollees in the program must be provided with a package of student aid that includes aid for living expenses equivalent to that provided pursuant to chapter 1053-B, medical assistance pursuant to chapter 855 and services and benefits at least equivalent to those provided pursuant to chapter 1054-A and to participants in the Higher Opportunity to Pathways to

Employment program pursuant to chapter 1054-C. A family that ceases to receive aid under this chapter as a result of increased child support or increased hours of, or increased income from, employment is eligible to receive transitional support services in accordance with section 3762, subsection 8. The program must be supported with funds other than federal block grant funds provided under the United States Social Security Act, Title IV-A, except that federal funds may be used in accordance with federal law if their use does not result in the imposition of conditions of participation or program requirements other than those established by this chapter.

**Sec. 10. 22 MRSA §3790, sub-§3** is amended to read:

**3. Program requirements.** For the purposes of this section, study hours are to be counted as three times the number of hours of classroom instruction, which may include virtual instruction. These study hours are not required to be scheduled or supervised. An enrollee must participate in a combination of education, training, study or work-site experience for an average of 20 hours per week in the first 24 months of the program. Aid under this chapter may continue beyond 24 months if the enrollee remains in an educational program and agrees to participate in either of the following options:

A. Fifteen hours per week of work-site experience in addition to other education, training or study; or

B. A total of 40 hours of education, training, study or work-site experience.

The department shall present both options to enrollees and permit them to choose either option. For the purpose of this subsection, work-site experience includes, but is not limited to, paid employment, work study, practicums, internships, clinical placements, laboratory or field work directly related to the enrollee's employment goal or any other work activities that, as determined by the department, will enhance the enrollee's employability in the enrollee's field. In the last semester of the enrollee's educational program, work-site experience may also include resume preparation, employment research, interviews and other activities related to job placement.

The department shall make reasonable adjustments in the participation requirements in this subsection for good cause. For the purpose of this subsection, "good cause" means circumstances in which the required participation would cause the enrollee to seriously compromise academic performance. "Good cause" includes, but is not limited to, a verifiable need to take care of a family member with special needs, a physical or mental health problem, illness, accident, death or a serious personal or family problem that necessitates reduced participation or time off from education, training or work. An enrollee receiving aid under this chapter must make satisfactory progress in the enrollee's educational program. The department shall adopt rules defining satisfactory academic progress. The department may not disapprove an educational plan based solely on the length of the educational program.

Participants shall be deemed to meet the participation requirements of this section if the participant, in order to improve their academic performance, to improve their attendance, or to more appropriately meet the needs of their family, has chosen to matriculate less than full time but at least half-time, as defined by acceptance to and official registration as at least a half-time student by the training or education institution.

**Sec. 11. 22 MRSA § 3790-A, sub-§ 2-A** is enacted to read:

**2-A. Coordination with state educational institutions and programs.** The

department shall deem a referral from an educational institution or program that is part of the University of Maine System; the Maine Community College System; Jobs for Maine's Graduates, established in Title 20-A, chapter 226; an adult education program established in Title 20-A, chapter 315; or the career centers established by the Department of Labor as an application for the Higher Opportunity to Pathways to Employment Program as long as, in accordance with department rules, it is submitted by a qualified person at the institution or program on a form provided by the department for this purpose and signed by the prospective student expressing a desire to enroll in the Higher Opportunity to Pathways to Employment Program. The department shall notify these institutions and programs of the opportunity to refer prospective students in accordance with this subsection and make available to prospective students and these institutions and programs referral forms to serve as an application for purposes of this subsection.

**Sec. 12. Improve application processes for post-secondary education programs.** In order to improve access to post-secondary certificate and degree programs through ASPIRE, Parents as Scholars, Higher Opportunity to Pathways to Employment program, Competitive Skills Scholarship Program, and other programs providing this opportunity, the departments of health and human services, education and labor as well as the University of Maine System and the Maine Community College System shall work together to explore the feasibility of creating a pre-application for persons expressing a desire to enroll in post-secondary education and training programs to be available from the departments and at relevant educational institutions or programs including, but not limited to, the University of Maine System, the Maine Community College System, adult education programs established in Title 20-A, chapter 315, and the career centers established by the department of labor. The departments of health and human services, education and labor as well as the University of Maine System and the Maine Community College System shall identify opportunities for an individual to initiate their application, with the departments coordinating and facilitating the application for the correct program based on the applicant's interests and the programs' eligibility requirements. By March 1, 2024, the Department of Labor, University of Maine System, the Maine Community College System, adult education program, and the Department of Health and Human Services shall provide a written status update for the Joint Standing Committee on Health and Human Services, regarding the feasibility of facilitating applications for post-secondary education programs. This written status update shall include any needs, financial, technological, or otherwise, identified by the departments, university and college systems to achieve this type of enhanced coordination and strategies to meet those needs. The committee may introduce any legislation that it considers necessary in response to this status update.

**Sec. 13. Rulemaking.** No later than October 1, 2023, the department shall adopt routine technical rules as defined in Title 5, chapter 375, subchapter 2-A to implement this Act. For the purposes of Sections 4 and 5 of this Act, in advance of rulemaking pursuant to these sections the department shall consult with current and former participants in the ASPIRE-TANF Program and consider their recommendations.

### Summary

This amendment replaces the concept draft. It accomplishes the following:

1. It requires the addition of qualitative survey data of ASPIRE-TANF participants in the report that is submitted to the joint standing committee of the Legislature having jurisdiction over health and human services matters pursuant to Title 22, section 3109. It changes the report from an annual report to a biennial report due January 15<sup>th</sup>.
2. It requires the Department of Health and Human Services to provide “culturally and linguistically appropriate services” and “trauma informed services” to TANF recipients. It requires the rulemaking process to define these terms to include consultation with current and former TANF participants.
3. It requires the Department to assist recipients of TANF seeking to matriculate for the Parents as Scholars program, with access to remedial services, financial assistance and the provision of ASPIRE services. Services must include reimbursement for tuition, fees, and transcript costs. Hours spent preparing for matriculation are considered hours of participation in the ASPIRE-TANF program.
4. It creates parity between the Parents as Scholars program and the Higher Opportunity to Pathways to Employment Program by requiring, for both programs, that study hours for child care to be counted for three hours for every one hour of enrollment, and options for half-time study are available.
5. It requires the simplification of the application process for education programs including ASPIRE, Parents as Scholars, Higher Opportunity to Pathways to Employment, and the Competitive Skills Scholarship Program to a single application.



Committee: HHS  
Drafter: SS  
File Name: G:\COMMITTEES\HHS\Bill amendments\130th 2<sup>nd</sup>\235502  
LR (item)#: 2355(02)  
New Title?: No  
Add Emergency?: RETAIN emergency  
Date: March 10, 2022

Committee Amendment “ ” to L.D. 1787, “An Act To Improve the Quality and Affordability of Primary Health Care Provided by Federally Qualified Health Centers”

Retain Emergency Preamble.

Amend the bill by striking out Sections 2 through 6 and replacing them with the following and renumbering:

‘Sec. 2. 22 MRSA §3174-V, sub-§3 is enacted to read:

3. Updated Base Year Option. The department shall provide an alternative, updated prospective payment method for each federally qualified health center that is the same as the prospective payment system set forth in 42 United States Code, Section 1396a(bb)(3), except that the base year for determining the costs of providing service shall be the average of the reasonable costs incurred in the center’s fiscal years ending in 2018 and 2019, adjusted for any change in scope adjustments approved since the base year and for inflation measured by the FQHC Market Basket percentage published by the United States Centers for Medicare and Medicaid Services. Each federally qualified health center must be given the option to be reimbursed under the method required by this subsection or under the method required by federal law. The department may update the base year described in this subsection to a more recent base year.

Sec. 3. 22 MRSA §3174-V, sub-§4 is enacted to read:

4. Change in Scope Adjustments. The department’s method for adjusting for changes in the scope of services provided by a federally qualified health center under either payment option provided under subsection 3 must adjust the center’s reimbursement rate to reflect changes in its costs of providing services whenever the center establishes that it has experienced a material change in either:

- A. The type, intensity, duration or quantity of services provided; or
- B. The characteristics of the population receiving a service that affect the cost of the service.

An adjustment under this subsection must reflect costs incurred retroactive to the date that the department received the federally qualified health center request for the adjustment, unless the department determines that the change in scope was due to conditions or events that were beyond the control of the federally qualified health center, in which case the adjustment must be retroactive to the more recent of either the date the federally qualified health center incurred

the cost increases requiring an adjustment, or one year prior to the date the Department received the federally qualified health center change in scope request.

**Sec. 4. 22 MRSA §3174-V, sub-§5** is enacted to read:

**5. Alternative value-based payment method.** The following requirements apply to any additional alternative payment model developed by the department and for payments to federally qualified health centers.

A. The model must be consistent with the requirements of 42 United States Code, Section 1396a(bb).

B. For as long as federal law continues to require that the department allow a federally qualified health center to elect to continue using the prospective payment system set forth in 42 United States Code, Section 1396a(bb)(3) instead of an alternative payment method, the model developed under this subsection must be an additional option and not a replacement of the updated base year option required by subsection 3.

C. In developing the model, the department shall consult with federally qualified health centers and provide a reasonable opportunity for dialogue and exchange of data before any rule implementing such a method is proposed.

**Sec. 5. 22 MRSA §3174-V, sub-§6** is enacted to read:

**6. Rulemaking.** The department may adopt rules to implement subsections 3 to 5. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 6. Retroactivity.** The section of this Act that enacts the Maine Revised Statutes, Title 22, section 3174-V, subsection 3 applies retroactively to July 1, 2022.

**Sec. 7. Rebasing Process.** The Department shall confer regularly with the statewide association of federally qualified health centers as it develops rates to implement the updated base year option required by 22 MRSA §3174-V, sub-§3 and shall provide each federally qualified health center in the state with draft rates implementing the option and workpapers supporting those rates. No later than December 31, 2022, the Department shall issue final rate letters implementing the option for each health center electing the option, effective retroactive to July 1, 2022.

### SUMMARY

This amendment replaces Sections 2 through 6 of the original bill with revised sections 2 through 7, to provide for rebasing of federally qualified health center rates as the primary way to address the issues identified in the Emergency Preamble and align other provisions of the bill accordingly, to provide that:

1. By December 31, 2022, the Department of Health and Human Services must provide for a rebasing of federally qualified health center PPS rates to 2018-2019 average actual costs inflated to the current year using the FQHC Market Basket, as an alternative to the existing payment method that relies on costs from 1999 and 2000 inflated using the Medicare Economic Index.

2. Adjustments to federally qualified health center rates for changes in the scope of services must reflect actual costs incurred and must be made for material changes in type, intensity, duration or quantity of services provided or in the characteristics of the population receiving a service that affect the cost of the service;

3. The Department of Health and Human Services may develop alternative value-based payment models in addition to but not instead of the rebasing required by this bill (for so long as federal law provides that an federally qualified health center may elect a PPS rate in lieu of any alternative payment method);

4. The bill sets out a timeline and interactive process for completing rebasing during 2022.

5. Rules can be adopted to implement the rebasing, change in scope, and value-based payment provisions of this legislation.

1868

**CORRECTED FRONT PAGE**  
January 5, 2022  
(PLEASE REPLACE  
THIS FRONT PAGE ONLY)



# 130th MAINE LEGISLATURE

## SECOND REGULAR SESSION-2022

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<b>Legislative Document</b>	<b>No. 1868</b>
H.P. 1378	House of Representatives, January 5, 2022

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### **An Act To Restore Funding to the State's Tobacco Prevention and Control Program**

(EMERGENCY)

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Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.  
Reference to the Committee on Health and Human Services suggested and ordered printed.

*Robert B. Hunt*  
ROBERT B. HUNT  
Clerk

Presented by Representative CLOUTIER of Lewiston.  
Cosponsored by Senator MOORE of Washington and  
Representatives: FAY of Raymond, Speaker FECTEAU of Biddeford, HYMANSON of York,  
MEYER of Eliot, PEBWORTH of Blue Hill, Senators: CLAXTON of Androscoggin,  
DAUGHTRY of Cumberland, DAVIS of Piscataquis.

