

# MAINE STATE LEGISLATURE

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**LAWS**  
OF THE  
**STATE OF MAINE**

AS PASSED BY THE  
ONE HUNDRED AND THIRTEENTH LEGISLATURE  
FIRST REGULAR SESSION

December 3, 1986 to June 30, 1987

Chapters 1-542

PUBLISHED BY THE REVISOR OF STATUTES  
IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,  
TITLE 3, SECTION 163-A, SUBSECTION 4.

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Twin City Printery  
Lewiston, Maine  
1987

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**PUBLIC LAWS**

OF THE

**STATE OF MAINE**

AS PASSED AT THE  
FIRST REGULAR SESSION  
of the  
ONE HUNDRED AND THIRTEENTH LEGISLATURE  
1987

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5. Lumber harvesting vehicles. Self-propelled vehicles used to harvest lumber; or

6. Chain saws. Chain saws; or

Sec. 4. 36 MRSA §1765, sub-§7 is enacted to read:

7. Camper trailers. Camper trailers.

Effective September 29, 1987.

## CHAPTER 50

S.P. 50 — L.D. 99

### AN ACT Relating to Passing Stopped School Buses.

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

29 MRSA §2019, sub-§5, as repealed and replaced by PL 1977, c. 78, §168, is repealed and the following enacted in its place:

5. Penalty. A violation of this section is a Class E crime which, notwithstanding Title 17-A, section 1301, is punishable by a \$250 minimum fine for the first offense and a mandatory 30-day suspension of a driver's license for a 2nd offense occurring within 3 years of the first offense.

Effective September 29, 1987.

## CHAPTER 51

S.P. 311 — L.D. 913

### AN ACT to Provide a Base-year Budget Correction Adjustment for Hospital Financial Requirements.

**Emergency preamble.** Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, certain Maine hospitals that reasonably expended more than they had budgeted for their base years may require an immediate increase in revenues in order to meet their current obligations and continue to provide care of acceptable quality; and

Whereas, the Maine Health Care Finance Commission cannot provide for those increases in revenues under current law; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the pub-

lic peace, health and safety; now, therefore,

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

Sec. 1. 22 MRSA §396-D, sub-§9-A is enacted to read:

9-A. Base-year budget adjustment. In determining financial requirements for the 3rd payment year, or any subsequent payment year, the commission upon application of a hospital, may elect to make a base-year budget correction adjustment as follows:

A. An adjustment under this subsection shall be based upon a determination of the excess of:

(1) The applicant hospital's actual audited Medicare allowable costs for its base year, adjusted to conform to the definition of base-year financial requirements established in accordance with section 396-A; and

(2) Its base-year financial requirements determined in accordance with section 396-B.

B. In determining the amount of the excess upon which an adjustment may be based, the commission:

(1) Shall consider the extent to which other adjustments have been made under this section for changes that occurred during the base year; and

(2) Shall adjust the amount determined under subsection A to reflect the impact, determined by means of the economic trend factor established in accordance with subsection 1, of inflation from the base year through the payment year prior to the year for which an adjustment has been requested.

C. The commission shall make an adjustment for all or part of the excess determined in accordance with paragraphs A and B, to the extent that the commission finds that the adjustment is in the public interest. In determining whether the adjustment is in the public interest and, if so, in what amount the adjustment shall be made, the commission shall consider the following factors, as well as any other factors pertinent to the findings and purposes set forth in section 381:

(1) The hospital's justification for exceeding its budget as approved by the voluntary budget review organization;

(2) The hospital's costs, volume and intensity of services as compared to other comparable hospitals;

(3) The hardship to the hospital in the absence of treatment under this section; and

(4) The impact on quality and accessibility to health care.