

MAINE STATE LEGISLATURE

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The bill was amended in the Senate (S-67) and the language changed to prohibit distribution of cigarettes or tobacco to children under 18. The current criminal code makes distribution to children under 16 a Class D crime, with requirement of proof beyond a reasonable doubt; under this amendment, there is a lesser standard of proof and a lesser fine.

548 AN ACT TO REINSTATE THE AUTHORITY OF THE DIVISION OF EYE CARE TO CARRY OUT CERTAIN ASPECTS OF ITS PREVENTION OF BLINDNESS PROGRAM Sen. Hichens OTP-ND LD 1123

SUMMARY: The bill re-established the Medical Eye Care Program in the Division of Eye Care; it had been removed from that division of the Department of Human Services by action of the Audit and Program Review Committee in 1981. Both educational and medical programs would have been in one place.

The Department agreed that the Medical Eye Care Program could be run equally well in either the Bureau of Rehabilitation or the Bureau of Health. In addition, they suggested a change in the visual acuity standards for receipt of medical eye services.

549 AN ACT TO PROVIDE ITEMIZED HOSPITAL BILLS TO MEDICARE BENEFICIARIES AND MEDICAID RECIPIENTS Sen. Najarian OTP-ND LD 1391

SUMMARY: The bill forbade the Department of Human Services from making payments to hospitals which did not provide itemized bills to Medicare and Medicaid patients. A similar bill before the Business Legislation Committee (LD 239) required hospitals to provide itemized bills to all patients.

After considerable discussion of the degree of itemization, costs incurred in providing these bills, the length of time after being in the hospital that a patient could request the itemized bill, the possibility of including the costs of nursing services, and when the patient should be informed of his or her rights to receive an itemized bill, the Committee decided on a new draft. (LD 239 was withdrawn.)

554 AN ACT TO REVISE THE GENERAL ASSISTANCE LAWS Sen. Carpenter OTP-ND LD 1764

SUMMARY: The bill was the product of discussions among the Maine Municipal Association, welfare directors, the Department of Human Services and other interested parties. It established new provisions, deleted old ones, and reorganized the statutes for greater clarity. Among the major provisions were new standards for denial of assistance after the first application, going beyond the previous sole criterion of need; allowing several towns to share a district office; lengthening the time before a hearing; requiring employers to release wage information; tightening "workfare" requirements.

The Committee established a subcommittee to work on LD 554 and other bills on General Assistance: IDs 841, 842, 1135 and 1337. In addition to Committee members, the subcommittee included representatives of MMA, welfare directors, Department of Human Services, Pine Tree Legal Assistance and low-income groups. The subcommittee was able to produce a compromise bill which became LD 1764.

570 AN ACT CONCERNING CONTINUING Rep. Bonney LV/WD
EDUCATION FOR PHYSICIANS HSE-ACCP LV/WD
SEN-ACCP LV/WD

SUMMARY: The bill would have required the Board of Registration in Medicine to allow a physician simply to state that he had completed continuing medical education courses which are now required, rather than providing "satisfactory evidence" of their completion.

603 AN ACT TO REQUIRE THE Rep. Ingraham LV/WD
INSPECTION OF HOSPITAL HSE-ACCP LV/WD
PHARMACIES PRIOR TO LICENSURE SEN-ACCP LV/WD

SUMMARY: This bill was identical to a bill introduced in 1979, which also received a Leave to Withdraw report from the Committee.

It required the Department of Human Services to send advance notice of inspections of hospitals to the drug inspector employed by the Board of Commissioners of Pharmacy. The drug inspector would be required to inspect the hospital pharmacy at the same time or within 48 hours after the departmental inspection, and his approval of the hospital pharmacy would be a condition for the issuance of a full license.

The Maine Hospital Association and the Department of Human Services opposed the bill and suggested that information on poor practices should be sent to the Department, who would have the final authority on action to be taken.

621 AN ACT TO ESTABLISH THE Sen. Twitchell MAJ-OTP-ND
THIRD-PARTY PRESCRIPTION LD 1539
PROGRAM ACT MIN-ONTP

SUMMARY: The bill dealt with 3rd party prescription intermediaries between patients and pharmacies, which handle billings and make payments to pharmacies. The bill was an attempt to regulate these programs so patients would have flexibility in service, and pharmacists would receive adequate reimbursement and protection. Because of state and Federal anti-trust laws, pharmacies cannot negotiate directly with the program administrators; therefore the bill was introduced. It established conditions under which 3rd party programs must operate, including notification to the Superintendent of Insurance, reimbursement rates not lower than the prevailing rates, bonding for program administrators, and a civil penalty for non-compliance.