

#### STATE OF MAINE

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# ONE HUNDRED AND ELEVENTH LEGISLATURE

#### FIRST REGULAR SESSION

JOINT STANDING COMMITTEE ON

### Health & Institutional Services

BILL SUMMARY



JULY, 1983

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The Committee established a subcommittee work on LD 554 and other bills on General Assistance: LDs 841, 642, 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-ACCPT LV/WD
			SEN-ACCPT 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.

<mark>603</mark>	AN ACT TO REQUIRE THE	Rep.	Ingraham	LV/WD
	INSPECTION OF HOSPITAL			HSE-ACCPT LV/WD
	PHARMACIES PRICE TO LICENSURE			SEN-ACCPT 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, notification including to the Superintendent of Insurance. reimbursement rates not lower than the prevailing rates, bonding for program administrators, and a civil penalty for non-compliance.