MAINE STATE LEGISLATURE

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STATE OF MAINE

ONE HUNDRED AND ELEVENTH LEGISLATURE FIRST REGULAR SESSION

JOINT STANDING COMMITTEE ON

Health & Institutional Services

BILL SUMMARY



JULY, 1983

Prepared by:

Christine Holden, Legislative Assistant Health & Institutional Services Committee

Office of Legislative Assistants
State House, Station 13 Augusta, Maine 04333
(207) 289-2486

AN ACT TO AMEND AND SUPPLEMENT Rep. MacEachern CERTAIN POWERS OF HOSPITAL ADMINISTRATIVE DISTRICT NO. 1 HSE-EMER. ENACT. SEN-EMER. ENACT. GOV-EMER. SIGNED P&SL 83, c. 19

SUMMARY: As passed in new draft of ID 194, the bill allowed the increase in the fee, and established the form of a referendum involving capital expenditures for a Certificate of Need application, when the expenditure would be in excess of a threshold specified in law. The district is allowed up to 2 years (previously 1 year) to pay back notes issued in anticipation of revenues.

The Senate Amendment (S-30) added the emergency language to the bill.

AN ACT TO INCREASE PUBLIC
DISCLOSURE AND ACCOUNTABILITY
WITH RESPECT TO REVIEW OF
HOSPITAL BUDGETS, TO INITIATE
A PROSPECTIVE PAYMENT SYSTEM
FOR MEDICAID, TO ANALYZE AND
APPROVE APPROPRIATE PAYOR
DIFFERENTIALS, AND TO EXTEND
THE SUNSET PROVISIONS OF THE
HEALTH FACILITIES INFORMATION
DISCLOSURE ACT AND FOR OTHER
PURPOSES

Sen. Twitchell HSE-ACCPT LV/WD SEN-ACCPT LV/WD

SUMMARY: This bill was presented on behalf of the Maine Hospital Association as an alternative to the Governor's Cost-Containment bill.

The bill retained some features of the current system, such as the Health Facilities Cost Review Board and the Voluntary Budget Review Organization, but reconstituted membership on the former by adding representative of the insurance industry, 2 physicians and 3 more consumers. It also required the performance standards to address specific items, such as inflation, replacement costs of facilities and equipment, and the HFCR Board was to determine justifiable differentials among different classes of payors for hospital services. A prospective payment system would be established for hospitals under Medicaid, and each hospital would have to justify changes in its prospective budget from the previous year's approved budget. It also extended the sunset provisions of the Health Facilities Information Disclosure Act from 1983 to 1986.

The bill was referred to in the deliberations on LD 1353, which became the vehicle for the eventual new draft, LD 1737.