

MAINE STATE LEGISLATURE

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FIRST REGULAR SESSION

ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document

NO. 666

H.P. 496 House of Representatives, March 6, 1987
Reference to the Committee on Human Resources suggested
and ordered printed.

EDWIN H. PERT, Clerk
Presented by Speaker MARTIN of Eagle Lake.

Cosponsored by Senators GAUVREAU of Androscoggin, GILL of
Cumberland and Representative MANNING of Portland.

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND EIGHTY-SEVEN

AN ACT to Create the Maine Health Policy
Council.

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

Sec. 1. 5 MRSA §12004, sub-§10, ¶A, sub-¶(28-B)
is enacted to read:

(28-B) Health	Maine Health	Expenses	5 MRSA §19101
	Policy Advisory	Only	
	Council		

Sec. 2. 5 MRSA Pt. 22 is enacted to read:

PART 22

INTERDEPARTMENTAL ADVISORY COUNCILS

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CHAPTER 435

MAINE HEALTH POLICY ADVISORY COUNCIL

§19101. Establishment; role

The Maine Health Policy Advisory Council, as established in section 12004, subsection 10, paragraph A, shall advise and be available for consultation to the Governor, Commissioner of Human Services, Commissioner of Mental Health and Mental Retardation, other executive branch agencies, the Legislature and the Maine congressional delegation on health policy issues related to health status, health promotion and health care delivery that the council believes to be significant and that it has the resources to address.

§19102. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Health care delivery. "Health care delivery" means the quality and cost of care, availability of care, access to care, appropriateness of services, use of services and adequacy of facilities, equipment and personnel.

§19103. Membership; officers; compensation

1. Membership. The council shall consist of the following 17 members. Thirteen members shall be appointed by the Governor; one appointed by the Speaker of the House; one appointed by the Minority Leader of the House; one appointed by the President of the Senate; one appointed by the Minority Leader of the Senate. Nine of the members appointed by the Governor must be private citizens who are nonproviders of health care services. The Governor's appointees shall serve 3-year terms, with no member serving more than 2 consecutive full terms. There shall be 3 groups of gubernatorial appointees, with one group's term expiring each year. The legislative officers' appointees shall serve 2-year terms, coterminous with the legislative term in which they are appointed. Legislators may serve no more than 3 consecutive full terms on the council.

1 2. Officers. The council shall elect a chair-
2 man and a vice-chairman annually. Only one of the 2
3 officers may be a provider of health care.

4 3. Compensation and reimbursement. Council mem-
5 bers shall be compensated in accordance with chapter
6 379.

7 §19104. Studies and reports

8 The council may conduct or commission studies and
9 reports on health policy matters.

10 §19105. Working relationships

11 In carrying out its responsibilities under this
12 chapter, the council shall maintain active liaison
13 with the Department of Human Services, Department of
14 Mental Health and Mental Retardation, other executive
15 branch agencies, the Legislature and consumer and
16 provider groups. The responsibilities of the council
17 shall in no way supplant the health care planning re-
18 sponsibilities of the Department of Human Services,
19 the Department of Mental Health and Mental Retarda-
20 tion and other executive branch agencies.

21 §19106. Annual reports

22 Each year, no later than December 15th, the coun-
23 cil shall report to the Governor, Commissioner of Hu-
24 man Services, Commissioner of Mental Health and Men-
25 tal Retardation and the Legislature, presenting:

26 1. Forecast. A forecast of significant health
27 care issues that are expected to face the State in
28 the next 5 years;

29 2. Agenda. An agenda of major health policy is-
30 ssues for the coming year; and

31 3. Findings. The council's findings on issues
32 it had raised in the previous year and on public and
33 private health care delivery and financing goals and
34 objectives.

35 §19107. Public participation and hearings

1 The council shall conduct at least 3 public meet-
2 ings a year in different geographic areas of the
3 State, seeking information and advice from individual
4 citizens and interested organizations and shall hold
5 at least one formal public hearing to obtain advice
6 from interested parties on the council's draft of the
7 annual report.

8 §19108. Staff

9 The council shall employ an executive director, a
10 comprehensive health planner II and a clerk typist
11 II.

12 §19109. Advisory committees

13 The council may from time to time appoint ad hoc
14 advisory committees to support its work in studying
15 particular health policy issues and public and pri-
16 vate health care delivery and financing goals and ob-
17 jectives. Membership on those committees shall re-
18 fect a balance of appropriate geographic, economic,
19 social, institutional and professional interests.

20 §19110. Funding

21 The cost of the council's mandated activities and
22 advisory committee meetings shall be paid from appro-
23 priations from the General Fund. The council may ac-
24 cept gifts and grants to support activities consist-
25 ent with the purposes of this chapter.

26 Sec. 3. Appropriation. The following funds are
27 appropriated from the General Fund to carry out the
28 purposes of this Act.

	<u>1987-88</u>	<u>1988-89</u>
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31		
	<u>MAINE HEALTH POLICY ADVIS-</u>	
	<u>ORY COUNCIL</u>	
32		
33		
	(3)	(3)
	\$ 86,000	\$ 86,000

1 Funds to be used for
2 an Executive Direc-
3 tor, one Comprehen-
4 sive Health Planner
5 II and one Clerk
6 Typist III.

7	All Other	<u>70,000</u>	<u>55,000</u>
8	Total	\$156,000	\$141,000

9 STATEMENT OF FACT

10 This bill establishes the Maine Health Policy Ad-
11 visory Council to advise and consult with the Gover-
12 nor, Commissioner of Human Services, Commissioner of
13 Mental Health and Mental Retardation, other executive
14 branch agencies, the Legislature and the Maine con-
15 gressional delegation on health policy issues related
16 to health status and promotion and health care deliv-
17 ery.

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