

# MAINE STATE LEGISLATURE

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# 114th MAINE LEGISLATURE

FIRST REGULAR SESSION - 1989

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Legislative Document

No. 32

H.P. 32

House of Representatives, January 30, 1989

Reported by Representative MANNING from the Subcommittee to Study the Necessity and Feasibility of Establishing a Health Information Recording System. Approved by the Legislative Council on April 17, 1988.

Reference to the Joint Standing Committee on Human Resources suggested and printing ordered under Joint Rule 19.

A handwritten signature in cursive script that reads "Ed Pert".

EDWIN H. PERT, Clerk

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STATE OF MAINE

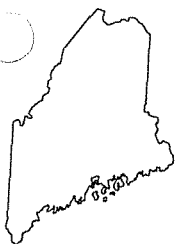
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IN THE YEAR OF OUR LORD  
NINETEEN HUNDRED AND EIGHTY-NINE

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AN ACT Relating to the Collection of Specified Health Care Information.

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

3 Sec. 1. 22 MRSA §381, sub-§2, ¶D is enacted to read:

5 D. It is further the intent of the Legislature that a  
7 uniform system of reporting outpatient health care data  
9 shall be established; that information be collected from  
11 both the hospital and nonhospital settings regarding  
13 specified procedures and diagnoses; that this information be  
15 collected in such a manner as to provide meaningful health  
17 care information to providers and consumers; that this  
information be collected in such a manner that consumer and  
provider utilization of services can be monitored; that the  
information be collected in such a manner that outpatient  
service charges can be monitored; and that the information  
collected be available as a basis of determining public  
health policy.

19 Sec. 2. 22 MRSA §382, sub-§8-A is enacted to read:

21 8-A. Major ambulatory service. "Major ambulatory service"  
23 means surgical procedures, chiropractic methodologies or medical  
25 procedures, including diagnostic procedures and therapeutic  
27 radiological procedures, which require special facilities such as  
operating rooms or suites, special equipment such as fluoroscopic  
equipment or computed tomographic scanners or special rooms such  
as a post-procedure recovery room or short-term convalescent room.

29 Sec. 3. 22 MRSA §390, as enacted by PL 1983, c. 579, §10, is  
31 amended to read:

33 **§390. Enforcement**

35 Upon application of the commission or the Attorney General,  
37 the Superior Court shall have full jurisdiction to enforce all  
39 orders of the commission and the performance by health-care  
41 facilities providers of health care of all duties imposed upon  
43 them by this chapter and any valid regulations adopted pursuant  
45 to this chapter.

41 Sec. 4. 22 MRSA §391, sub-§6 is enacted to read:

43 6. Nonhospital data collection expenses. The funds  
45 required to support the collection, storage and analysis by the  
47 commission of data from providers of health care other than  
49 hospitals shall be provided through appropriations from the  
General Fund and not by means of the assessment provided for in  
subsection 1.

51 Sec. 5. 22 MRSA §394, sub-§2, ¶C, as enacted by PL 1983, c.  
53 579, §10, is amended to read:

1 C. A completed uniform hospital discharge data set, or  
3 comparable information, for each patient discharged from the  
5 facility after June 30, 1983; and for each major ambulatory  
service listed pursuant to subsection 11, occurring after  
January 1, 1990.

7 **Sec. 6. 22 MRSA §394, sub-§2-A** is enacted to read:

9 2-A. Additional information on major ambulatory services.  
11 Pursuant to rules adopted by the commission for form, medium,  
13 content and time for filing, each provider of health care shall  
15 file with the commission a completed data set, comparable to data  
17 filed by health care facilities under subsection 2, paragraph C,  
for each major ambulatory service listed pursuant to subsection  
11, occurring after January 1, 1990. This subsection shall not  
be construed to require duplication of information also required  
to be filed under subsection 2.

19 **Sec. 7. 22 MRSA §394, sub-§3**, as enacted by PL 1983, c. 579,  
21 §10, is amended to read:

23 3. **Storage of data.** The commission may, subject to section  
25 386, subsection 6, contract with any entity, including an  
27 independent data organization, to store discharge data filed with  
29 the commission and comparable data filed with the commission with  
31 respect to major ambulatory services. For purposes of this  
33 subsection, "independent data organization" means an organization  
of data users, a majority of whose members are neither providers  
of health care, organizations representing providers of health  
care, nor individuals affiliated with those providers or  
organizations, and whose purposes are the cooperative collection,  
storage and retrieval of health care information.

35 **Sec. 8. 22 MRSA §394, sub-§7**, as enacted by PL 1983, c. 579,  
§10, is repealed and the following enacted in its place:

37 7. More than one licensed health facility operated. The  
39 following provisions apply in the case of more than one health  
facility being operated.

41 A. When more than one licensed health facility is operated  
43 by the reporting organization, the information required by  
45 this chapter shall be reported for each health facility  
separately.

47 B. When a provider of health care operates in more than one  
49 location, the commission may require that information be  
reported separately for each location.

51 **Sec. 9. 22 MRSA §394, sub-§9**, as enacted by PL 1983, c. 579,  
§10, is amended to read:

1           **9. Verification.** If a further investigation is considered  
2 necessary or desirable to verify the accuracy of information in  
3 reports made by ~~health-care-facilities~~ under this chapter, the  
4 commission may examine further any records and accounts as the  
5 commission may by regulation provide. As part of the examination,  
6 the commission may conduct a full or partial audit of all such  
7 records and accounts.

9           **Sec. 10. 22 MRSA §394, sub-§11** is enacted to read:

11           **11. Major ambulatory services list.** Beginning on October  
12 1, 1989, and at least annually thereafter, the commission shall  
13 by rule prepare a list of major ambulatory services for which  
14 data is to be collected pursuant to section 381, subsection 2,  
15 paragraph D. The commission shall distribute the list to those  
16 providers of health care that are required to file information  
17 under subsection 2 or 2-A.

19           **Sec. 11. 22 MRSA §395, sub-§7** is enacted to read:

21           **7. Development of health care information systems.** In  
22 addition to the commission's authority to obtain information to  
23 carry out the specific provisions of this subchapter, the  
24 commission may require providers of health care to furnish  
25 information with respect to the nature and quantity of services  
26 provided to the extent necessary to develop proposals for the  
27 modification, refinement or expansion of the systems of  
28 information disclosure established under this subchapter. The  
29 commission's authority under this subsection includes the design  
30 and implementation of pilot information reporting systems  
31 affecting selected categories of providers of health care or  
32 representative samples of providers.

33           **Sec. 12. Appropriation.** The following funds are appropriated  
34 from the General Fund to carry out the purposes of this Act.

	1989-90	1990-91
<b>MAINE HEALTH CARE FINANCE COMMISSION</b>		
All Other	\$12,000	\$12,600
Capital Expenditures	4,800	
<b>TOTAL</b>	<u>\$16,800</u>	<u>\$12,600</u>
Provides funds to cover the nonhealth providers' share of the cost of collecting certain outpatient data. Funds will be used to edit		

1 data, purchase a computer and  
2 office furniture, and cover  
3 general operating expenses.

5 **Sec. 13. Allocation.** The following funds are allocated from  
6 Other Special Revenue funds to carry out the purposes of this Act.

7  
8 **1989-90** **1990-91**

9  
10 **MAINE HEALTH CARE FINANCE**  
11 **COMMISSION**

12  
13 Positions (1) (1)  
14 Personal Services \$37,371 \$37,659

15 Allocates funds for a  
16 Research Associate II to  
17 collect and analyze  
18 outpatient data. This  
19 allocation will cover the  
20 hospitals' share of the data  
21 collection.

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24 **FISCAL NOTE**

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26 Enactment of this bill will result in an increase of \$37,371  
27 to the Maine Health Care Finance Commission Fund. The Maine  
28 Medicaid Program will be assessed approximately \$4,485 to fund  
29 its share of the hospital assessment. The Department of Human  
30 Services has indicated that it can absorb this cost within  
31 current appropriations.

32

33

34 **STATEMENT OF FACT**

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36 This bill contains the legislative recommendations of the  
37 Subcommittee to Study the Necessity and Feasibility of  
38 Establishing a Health Information Recording System. Currently,  
39 the State collects a broad array of health care information  
40 relating to the cost of and provision of inpatient services. In  
41 recent years, however, many procedures and diagnoses that were  
42 commonly conducted only on an inpatient basis are now routinely  
43 being performed in an outpatient setting, such as hospitals,  
44 doctors' offices and ambulatory care centers. In order to track  
45 the cost of and utilization of these procedures and diagnoses, it  
46 is necessary to begin collecting information from the outpatient  
47 setting. This bill gives the Maine Health Care Finance  
48 Commission the authority to collect information from  
49  
50  
51

1 the outpatient setting regarding specified procedures. In  
2 addition, at least annually the commission is required to prepare  
3 and distribute to those providers of health care required to  
4 report information a list of major ambulatory services, for those  
5 procedures that are subject to reporting requirements. The  
6 commission is also empowered to conduct studies regarding the  
7 development of health information reporting systems.