

MAINE STATE LEGISLATURE

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115th MAINE LEGISLATURE

SECOND REGULAR SESSION-1992

Legislative Document

No. 2170

H.P. 1537

House of Representatives, January 16, 1992

Submitted by the Maine Health Care Finance Commission pursuant to Joint Rule 24.
Reference to the Committee on Human Resources suggested and ordered printed.

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

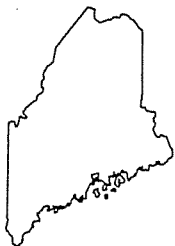
EDWIN H. PERT, Clerk

Presented by Representative MANNING of Portland.

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND NINETY-TWO

**An Act to Clarify and Improve the Procedures of the Maine Health Care
Finance Commission.**



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

2
3 **Sec. 1. 22 MRSA §396-K, sub-§3, ¶B-1**, as enacted by PL 1989,
4 c. 588, Pt. A, §35, is amended to read:

6 B-1. On the basis of additional information received after
7 an annual credit is established pursuant to paragraph A,
8 including information provided by the department concerning
9 the State Health Plan or projects then under review, the
10 commission may ~~by rule~~ increase or decrease the amount of
11 the annual credit by the adoption of a rule change proposed
12 during the course of the payment year cycle to which it
13 applies. The commission may not act under this paragraph to
14 decrease the credit below the amount that would, in
15 combination with any amounts carried over from prior years,
16 equal the total of any debits associated with projects
17 approved on or before the date that the commission notifies
18 the department of a proposed rule that would decrease the
19 credit. For any payment year cycle in which the annual
20 credit is apportioned to "statewide" and "individual
21 hospital" components, the increase or decrease authorized by
22 this paragraph ~~shall apply~~ applies solely to the "statewide"
23 component of the credit.

24 **Sec. 2. 22 MRSA §397, sub-§3**, as enacted by PL 1983, c. 579,
25 §10, is amended to read:

26 **3. Burden of proof.** In all trials, actions and proceedings
27 arising under this chapter, the burden of proof ~~shall be~~ is upon
28 the party seeking to set aside any determination, requirement,
29 direction or order of the commission complained of as
30 unreasonable, unjust or unlawful, as the case may be. In all
31 original proceedings before the commission ~~where~~ when approval of
32 the commission is sought or a proposed revenue limit is
33 contested, the burden of proof ~~shall be~~ is on the person seeking
34 the approval or contesting the revenue limit.

35 **Sec. 3. 22 MRSA §398, sub-§2**, as amended by PL 1989, c. 386,
36 §2, is further amended to read:

37 **2. Interim adjustments.** Upon application by a hospital,
38 affiliated interest, payor or group of purchasers, for an interim
39 adjustment to financial requirements permitted under section
40 396-D, or upon application by a payor or group of purchasers for
41 a modification of its approved differential or of the
42 apportionment of the gross patient service revenue, and after
43 opportunity for hearing, a final order ~~shall~~ must be promulgated
44 issued within 120 days from the date a completed application was
45 filed, except that the commission may extend the 120-day period
46 by an additional 60 90 days ~~with respect to an application for an~~

2 ~~adjustment under section 396-D, subsection 9-A or 9-B when the~~
3 ~~commission determines, after allowing an initial period for~~
4 ~~informal negotiation among the parties to the proceeding, that an~~
5 ~~opportunity for formal proceedings including a hearing must be~~
6 ~~provided before a decision is made.~~ Any proposed change shall
7 take ~~shall~~ takes effect upon the date specified in the order. At any
8 time during the period between the filing date and the
9 commission's final decision on the request, the commission may
10 extend provisional approval to any part of the request. This
11 provisional approval shall ~~be~~ is superseded by the commission's
12 final decision on the request. The commission may establish
13 reasonable limits on the frequency of requests filed under this
14 subsection.

16 **STATEMENT OF FACT**

18 This bill changes the laws governing the Maine Health Care
19 Finance Commission. The bill changes the language governing
20 interim adjustments to specify that the rule change to increase
21 or decrease the amount of the credit must be proposed during the
22 cycle. The bill clarifies the burden of proof governing contests
23 of proposed revenue limits by specifically referring to them in
24 the statutory provision governing the burden to be applied in
25 original proceedings before the commission. Finally, this bill
26 expands the amount of time available to complete formal
27 proceedings in interim adjustment cases, in order to allow the
28 commission to permit informal negotiation for a reasonable period
29 of time after an interim adjustment application has been filed.
30