

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
116TH LEGISLATURE  
FIRST REGULAR SESSION

COMMITTEE AMENDMENT "A" to H.P. 287, L.D. 374, Bill, "An Act to Assist Policy Makers in Establishing Health Care Policy"

Amend the bill by striking out everything after the enacting clause and before the statement of fact and inserting in its place the following:

**Sec. 1. 22 MRSA §395-A, sub-§§1 and 2, as enacted by PL 1989, c. 565, §11, are amended to read:**

**1. Development of health care information systems.** In addition to the commission's authority to obtain information to carry out the specific provisions of this subchapter, the commission may require providers of health care to furnish information with respect to the nature and quantity of services provided to the extent necessary to develop proposals for the modification, refinement or expansion of the systems of information disclosure established under this subchapter. The commission's authority under this subsection includes the design and implementation of pilot information reporting systems affecting selected categories of providers of health care or representative samples of providers. Pilot information reporting systems established under this subsection may be implemented on a statewide basis.

**2. Demonstration project.** The commission may establish a demonstration project requiring the submission of data from all providers with respect to services listed in subsection 3 in nonhospital settings. The demonstration project may be implemented on a statewide basis. The demonstration project shall must be designed to test the usefulness of data to consumers, the value of the data in determining whether hospital-based health care costs and services are shifting to

2 nonhospital-based settings, the feasibility of using standard  
3 claim forms for the submission of data, how the cost of data  
4 collection is balanced with the value of the data, whether  
5 patient-specific or aggregate data can best address the purposes  
6 for which the data is sought, and whether providers should be  
7 compensated for providing the data. By January 1, 1997, the  
8 commission shall submit to the joint standing committee of the  
9 Legislature having jurisdiction over human resources matters a  
10 report that addresses each of these criteria. The report must  
11 include the commission's recommendation regarding whether the  
12 demonstration program should continue, along with necessary  
13 implementing legislation.

14 **Sec. 2. 22 MRSA §395-A, sub-§3, ¶¶C and D,** as enacted by PL  
15 1989, c. 565, §11, are amended to read:

16 C. Cardiac angiography; and

17 D. Cardiac catheterization services; and

18 **Sec. 3. 22 MRSA §395-A, sub-§3, ¶E** is enacted to read:

19 E. Thallium scanning.

#### 20 FISCAL NOTE

21 The Health Care Finance Commission will incur some minor  
22 additional costs to broaden the scope of the demonstration  
23 project and to report on this data collection, including thallium  
24 scanning by January 1, 1997. These costs can be absorbed within  
25 the commission's existing budgeted resources.'

#### 26 STATEMENT OF FACT

27 This amendment replaces the original bill. The original  
28 bill added thallium scanning to the list of ambulatory procedures  
29 data that the Maine Health Care Finance Commission could collect  
30 and made the data collection a permanent activity. The amendment  
31 adds thallium scanning to the list but retains the demonstration  
32 status of the data collection. The demonstration language is  
33 amended to clarify that the data may be collected statewide.  
34 Also, the criteria for evaluation of the demonstration are  
35 expanded and the commission is required to submit a report to the  
36 Legislature by January 1, 1997.

37 The amendment also adds a fiscal note to the bill.

38 Reported by the Committee on Human Resources.  
39 Reproduced and distributed under the direction of the Clerk of the House.

40 (4/26/93)

41 (Filing No. H-189)