L.D. 1788

DATE: 4/1/96 (Filing No. H- 909)

HUMAN RESOURCES

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STATE OF MAINE
HOUSE OF REPRESENTATIVES
117TH LEGISLATURE
SECOND REGULAR SESSION

COMMITTEE AMENDMENT "4" to H.P. 1307, L.D. 1788, Bill, "An Act to Implement the Recommendations of the Task Force to Monitor Deregulation of Hospitals"

Amend the bill by striking out the title and substituting the following:

'**An Act to Establish the Maine Health Data Organization**'

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

'**PART A**

Sec. A-1. 5 MRSA §12004-G, sub-§14-B is enacted to read:

14-B. Human Services	Maine Health Data Organization	Expenses Only	22 MRSA §8703

Sec. A-2. 22 MRSA c. 1683 is enacted to read:

CHAPTER 1683

MAINE HEALTH DATA ORGANIZATION

§8701. Declaration of purpose

It is the intent of the Legislature that uniform systems of reporting health care information be established; that all providers and payors who are required to file reports do so in a manner consistent with these systems; and that, using the least restrictive means practicable for the protection of privileged

health care information, public access to those reports be ensured.

§8702. Definitions

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

1. Board. "Board" means the Board of Directors of the Maine Health Data Organization established pursuant to section 8703.

2. Clinical data. "Clinical data" includes but is not limited to the data required to be submitted by providers pursuant to sections 8708 and 8711.

3. Financial data. "Financial data" includes but is not limited to financial information required to be submitted pursuant to section 8709.

4. Health care facility. "Health care facility" means a public or private, proprietary or not-for-profit entity or institution providing health services, including but not limited to a health care facility licensed under chapter 405, a home health care provider licensed under chapter 419, a residential care facility licensed under chapter 1665, a hospice provider licensed under chapter 1681, a community rehabilitation program licensed under Title 20-A, chapter 701, a state institution as defined under Title 34-B, chapter 1 and a mental health facility licensed under Title 34-B, chapter 1.

5. Managed care organization. "Managed care organization" means an organization that manages and controls medical services, including but not limited to a health maintenance organization, a preferred provider organization, a competitive medical plan, a managed indemnity insurance program and a nonprofit hospital and medical service organization, licensed in the State.

6. Organization. "Organization" means the Maine Health Data Organization established under this chapter.

7. Outpatient services. "Outpatient services" means all therapeutic or diagnostic health care services rendered to a person who has not been admitted to a hospital as an inpatient.

8. Payor. "Payor" means a 3rd-party payor.

9. Provider. "Provider" means a health care facility, health care practitioner, health product manufacturer, health product vendor or pharmacy.

10. Restructuring data. "Restructuring data" means reports, charts and information required to be submitted pursuant to section 8710.

11. Third-party payor. "Third-party payor" means a health insurer, nonprofit hospital, medical services organization or managed care organization licensed in the State. Third-party payor does not include carriers licensed to issue limited benefit health policies or accident, specified disease, vision, disability, long-term care, nursing home care or Medicare supplement policies.

§8703. Maine Health Data Organization established

The Maine Health Data Organization is established as an independent executive agency.

1. Objective. The purpose of the organization is to create and maintain an objective, accurate and comprehensive health information data base for the State built upon existing clinical and financial data bases administered and maintained by the Maine Health Care Finance Commission. The Maine Health Care Finance Commission shall collect, process and analyze clinical and financial data as defined in this section until such time as the Maine Health Data Organization becomes operational, as determined by the board, or December 31, 1996, whichever is earlier.

2. Board of directors. The organization operates under the supervision of a board of directors, which consists of 15 voting members.

A. The Governor shall appoint 13 board members in accordance with the following requirements. Appointments by the Governor are not subject to review or confirmation.

(1) Three members must represent consumers. For the purposes of this section, "consumer" means a person who is not affiliated with or employed by a 3rd-party payor, a provider or an association representing those providers or those 3rd-party payors.

(2) Two members must represent employers.

(3) Two members must represent 3rd-party payors.

(4) Six members must represent providers. Two provider members must represent hospitals chosen from a list of at least 5 current hospital representatives provided by the Maine Hospital Association. Two provider members must be physicians or representatives

of physicians chosen from a list of at least 5 nominees provided jointly by the Maine Medical Association and the Maine Osteopathic Association. Two provider members must be representatives of other health care providers, at least one of whom is a current representative of a home health care company.

B. The commissioner shall appoint 2 members who are employees of the department to represent the State's interest in maintaining health data and to ensure that information collected is available for determining public health policy.

C. All appointments must be completed by May 1, 1996.

3. Terms of office. The terms of office of board members are determined under this subsection.

A. The terms of board members appointed by the Governor are determined as follows.

(1) Initial terms are staggered. One consumer, one employer, one 3rd-party payor and 3 providers shall serve one-year terms. Two consumers, one employer, one 3rd-party payor and 3 providers shall serve 2-year terms.

(2) After the initial terms, members appointed by the Governor shall serve full 2-year terms and shall continue to serve until their successors have been appointed.

(3) Board members may serve 3 full terms consecutively.

B. The terms of departmental board members are 2-year terms. Departmental board members may serve 3 full terms consecutively.

4. Meetings; officers. By June 1, 1996, the Governor shall convene the first meeting of the board, at which the members shall elect a chair and a cochair from among the membership to serve 2-year terms. All meetings of the board are public proceedings within the meaning of the Freedom of Access Law, Title 1, chapter 13, subchapter I.

5. Legal counsel. The Attorney General, when requested, shall furnish any legal assistance, counsel or advice the organization requires in the discharge of its duties.

6. Compensation. Board members are entitled to reimbursement for necessary expenses according to the provisions of Title 5, chapter 379.

§8704. Powers and duties of the board

The board has the following powers and duties.

1. Uniform reporting systems. The board shall establish uniform reporting systems.

A. The board shall develop and implement data collection policies and procedures for the collection, processing, storage and analysis of clinical, financial and restructuring data in accordance with this subsection for the following purposes:

(1) To use, build and improve upon and coordinate existing data sources and measurement efforts through the integration of data systems and standardization of concepts;

(2) To coordinate the development of a linked public and private sector information system;

(3) To emphasize data that is useful, relevant and is not duplicative of existing data;

(4) To minimize the burden on those providing data;

(5) To preserve the reliability, accuracy and integrity of collected data while ensuring that the data is available in the public domain; and

(6) To collect from providers who were required to file data with the Maine Health Care Finance Commission on July 1, 1996, data that is substantially similar to the data that was required to be filed with the commission. The organization may collect additional information from the same providers and information from additional providers and payors only when a linked information system for the electronic transmission, collection and storage of data is reasonably available to providers.

B. Information and data required to be filed pursuant to this chapter must be filed annually or more frequently as specified by the organization. The organization shall establish a schedule for compliance with the required uniform reporting systems.

C. The organization may modify the uniform reporting systems for clinical, financial and restructuring data to allow for differences in the scope or type of services and in financial structure among health care facilities, providers or payors subject to this chapter.

D. The board may provide analysis of data upon request.

2. Contracts for data collection; processing. The board shall contract with one or more qualified, nongovernmental, independent 3rd parties for services necessary to carry out the data collection, processing and storage activities required under this chapter. For purposes of this subsection, a group or organization affiliated with the University of Maine System is not considered a governmental entity. Unless permission is specifically granted by the board, a 3rd party hired by the organization may not release, publish or otherwise use any information to which the 3rd party has access under its contract and shall otherwise comply with the requirements of this chapter.

3. Contracts generally. The board may enter into all other contracts necessary or proper to carry out the powers and duties of this chapter.

4. Rulemaking. The board shall adopt rules necessary for the proper administration and enforcement of the requirements of this chapter. All rules must be adopted in accordance with Title 5, chapter 375. Unless otherwise provided in this chapter, all rules adopted by the board are major substantive rules as defined by Title 5, chapter 375, subchapter II-A.

5. Public hearings. The board may conduct any public hearings determined necessary to carry out its responsibilities.

6. Staff. The board shall appoint staff as needed to carry out the duties and responsibilities of the board under this chapter. The appointment and compensation of the staff are subject to Civil Service Law.

7. Annual report. The board shall prepare and submit an annual report on the operation of the organization and on health care trends to the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than February 1st of each year. The report must include an annual accounting of all revenue received and expenditures incurred in the previous year and all revenue and expenditures planned for the next year.

8. Grants. The board may solicit, receive and accept grants, funds or anything of value from any public or private

organization and receive and accept contributions of money, property, labor or any other thing of value from any legitimate source, except that the board may not accept grants from any entity that might have a vested interest in the decisions of the board.

9. Cooperation; advice. The board may cooperate with and advise the department and any other person or entity on behavioral risk factor surveys, work site health and safety, and health work force research.

10. Quality improvement foundation. In order to conduct quality improvement research, the board may designate a quality improvement foundation if the board finds the following:

A. That the foundation conducts reliable and accurate research consistent with standards of health services and clinical effectiveness research; and

B. That the foundation has acceptable, established protocols to safeguard confidential and privileged information.

11. Other powers. The board may exercise all powers reasonably necessary to carry out the powers expressly granted and responsibilities expressly imposed by this chapter.

§8705. Enforcement

The board shall adopt rules to ensure that providers file data as required by section 8704, subsection 1, and that users that obtain from the organization health data and information safeguard the identification of patients and providers as required by section 8707, subsections 1 and 3.

1. Rulemaking. The board shall adopt rules setting a schedule of forfeitures for willful failure to file data as required and willful failure to safeguard the identity of patients, providers, health care facilities or 3rd-party payors.

2. Forfeitures. A person or entity that violates the requirements of section 8704, subsection 1 or section 8707, subsections 1 and 3 commits a civil violation for which a forfeiture may be adjudged not to exceed $1000 per day for a health care facility or $25 per day for all other persons, entities and providers. A forfeiture imposed under this subsection may not exceed $25,000 for a health care facility for any one occurrence or $250 for any other person or entity for any one occurrence.

3. Enforcement action. Upon a finding that a person or entity has willfully refused to comply with the requirements of this chapter, including the payment of a forfeiture determined under this section, the board may take any of the following actions.

A. The board may file a complaint with the licensing board of the provider seeking disciplinary action against the provider.

B. The board may file a complaint with the Superior Court in the county in which the person resides or the entity is located, or in Kennebec County, seeking an order to require that person or entity to comply with the requirements of this chapter, enforcement of a forfeiture determined under this section or for other relief from the court.

§8706. Revenues and expenditures

1. Transition funding. To support the establishment and operation of the organization through June 30, 1997, every hospital, except state hospitals, licensed pursuant to chapter 405 or its successor is subject to an assessment of not more than .07% of its gross patient service revenues; however, the aggregate assessment on all hospitals may not exceed $775,000. Each hospital shall pay the assessment charged to it on a quarterly basis, with payments due on or before July 1, 1996, October 1, 1996, January 1, 1997 and March 1, 1997.

2. Permanent funding. To provide permanent funding for the organization, the board shall determine a schedule of fees and assessments. The organization shall submit legislation to establish any recommended fees and assessments, except that fees for the reasonable costs of duplicating, mailing, publishing and supplies as necessary to those functions may be charged without prior authorization.

A. Upon receipt of approval from the Legislature, reasonable user fees may be charged on a sliding scale for the right to access and use the health data and information available from the organization. Fees must be waived for the department and the Bureau of Insurance. Fees may be reduced or waived for users that demonstrate a plan to use the data or information in research of general value to the public health and inability to pay the scheduled fee.

B. Upon receipt of approval from the Legislature, assessments may be applied to all providers of health care, including hospitals and all 3rd-party payors.

C. Money from the General Fund may be appropriated by the Legislature.

3. Use of funds. The organization shall use the revenues from fees, assessments and user fees to defray the costs incurred by the board pursuant to this chapter, including staff salaries, administrative expenses, data system expenses, consulting fees and any other reasonable costs incurred to administer this chapter.

4. Budget. The expenditures of the organization are subject to legislative approval in the biennial budget process.

5. Unexpended funds. Any funds not expended at the end of a fiscal year may not lapse but must be carried forward to the succeeding fiscal year.

6. Deposit with Treasurer of State. The organization shall deposit all payments made pursuant to this section with the Treasurer of State into a dedicated account. The deposits must be used for the sole purpose of paying the expenses of the organization.

§8707. Public access to data

The board shall adopt rules to provide for public access to data and to implement the requirements of this section.

1. Public access; confidentiality. The board shall adopt rules making available to any person, upon request, information, except privileged medical information and confidential commercial information, provided to the organization under this chapter as long as individual patients or health care practitioners are not directly identified. The board shall adopt rules governing public access in the least restrictive means possible to information that may indirectly identify a particular patient, health care practitioner or provider or payor.

2. Notice and comment period. The rules must establish criteria for determining whether information is confidential commercial or privileged medical information and adopt procedures to give affected health care providers, facilities and payors notice and opportunity to comment in response to requests for information that may be considered confidential or privileged.

3. Public health studies. The rules may allow exceptions to the confidentiality requirements only to the extent authorized in this subsection.

A. The board may approve access to identifying information for patients or health care practitioners to the department and other researchers with established protocols that have been approved by the board for safeguarding confidential or privileged information.

B. The rules must ensure that:

(1) Identifying information is used only to gain access to medical records and other medical information pertaining to public health;

(2) Medical information about any patient identified by name is not obtained without the consent of that patient except when the information sought pertains only to verification or comparison of health data and the board finds that confidentiality can be adequately protected without patient consent;

(3) Those persons conducting the research or investigation do not disclose medical information about any patient identified by name to any other person without that patient's consent;

(4) Those persons gaining access to medical information about an identified patient use that information to the minimum extent necessary to accomplish the purposes of the research for which approval was granted; and

(5) The protocol for any research is designed to preserve the confidentiality of all health care information that can be associated with identified patients, to specify the manner in which contact is made with patients or health care practitioners and to maintain public confidence in the protection of confidential information.

C. The board may not grant approval under this subsection if the board finds that the proposed identification of or contact with patients or health care practitioners would violate any state or federal law or diminish the confidentiality of health care information or the public's confidence in the protection of that information in a manner that outweighs the expected benefit to the public of the proposed investigation.

4. Confidential or privileged designation. The rules must determine to be confidential or privileged information all data designated or treated as confidential or privileged by the Maine

Health Care Finance Commission. Information regarding discounts off charges, including capitation and other similar agreements, negotiated between a payor or purchaser and a provider of health care that was designated as confidential only for a limited time under the rules of the Maine Health Care Finance Commission is confidential to the organization, notwithstanding the termination date for that designation specified under the prior rules.

5. Rules for release, publication and use of data. The rules must govern the release, publication and use of analyses, reports or compilations derived from the health data made available by the organization.

§8708. Clinical data

Clinical data must be filed, stored and managed as follows.

1. Information required. Pursuant to rules adopted by the board for form, medium, content and time for filing, each health care facility shall file with the organization the following information:

A. Scope of service information, including bed capacity, by service provided, special services, ancillary services, physician profiles in the aggregate by clinical specialties, nursing services and such other scope of service information as the organization determines necessary for the performance of its duties;

B. A completed uniform hospital discharge data set, or comparable information, for each patient discharged from the facility after June 30, 1983; for each major ambulatory service listed in rules adopted by the organization pursuant to subsection 4, occurring after January 1, 1990; and for each hospital outpatient service occurring after June 30, 1996; and

C. In addition to any other requirements applicable to specific categories of health care facilities or payors, the organization may require the filing of data as set forth in this chapter or in rules adopted pursuant to this chapter.

2. Additional information on ambulatory surgery. Pursuant to rules adopted by the board for form, medium, content and time for filing, each provider shall file with the organization a completed data set, comparable to data filed by health care facilities under subsection 1, paragraph A, for each ambulatory surgery listed in rules adopted pursuant to subsection 4, paragraph A, occurring after January 1, 1990. This subsection may not be construed to require duplication of information required to be filed under subsection 1.

3. More than one licensed health care facility or location. When more than one licensed health care facility is operated by the reporting organization, the information required by this chapter must be reported for each health care facility separately. When a provider of health care operates in more than one location, the organization may require that information be reported separately for each location.

4. Data lists. The scope of clinical data to be collected must be defined and regulated by preparation of lists in accordance with this subsection.

A. By December 31, 1996, and at least annually thereafter, the board shall adopt rules establishing a list of major ambulatory services and surgeries for which data is to be collected. The organization shall distribute the lists to those providers of health care that are required to file information under subsection 1 or 2.

B. In addition to lists prepared pursuant to paragraph A, and subject to the limitations of section 8704, subsection 1, the board may adopt rules requiring the filing of data for other outpatient services by health care facilities, providers and 3rd-party payors. In proposing a rule under this paragraph, the board shall consider the scope of information previously collected by the Maine Health Care Finance Commission and shall determine if or to what extent the collection of data on hospital outpatient services is appropriate after considering the costs and benefits to hospitals and the public of preparing, submitting and maintaining these data.

5. Medical record abstract data. In addition to the information required to be filed under subsections 1 and 2 and pursuant to rules adopted by the organization for form, medium, content and time of filing, each health care facility shall file with the organization such medical record abstract data as the organization may require.

6. Merged data. The board may require the discharge data submitted pursuant to subsection 1 and any medical record abstract data required pursuant to subsection 5 to be merged with associated billing data.

7. Authority to obtain information. Nothing in this section may be construed to limit the board's authority to obtain information that it considers necessary to carry out its duties.

§8709. Financial data

Financial data must be filed, stored and managed as follows.

1. Financial data. Each health care facility shall file with the organization, in a form specified by rule pursuant to section 8704, financial information including costs of operation, revenues, assets, liabilities, fund balances, other income, rates, charges and units of services, except to the extent that the board specifies by rule that portions of this information are unnecessary.

2. Certification required. The board may require certification of such financial reports and attestation from responsible officials of the health care facility that such reports have to the best of their knowledge and belief been prepared in accordance with the requirements of the board.

§8710. Restructuring data

Restructuring data must be filed, stored and managed as follows.

1. Major structural changes. The board may require providers and payors to report the occurrence of major structural changes relevant to the restructuring of the delivery and financing of health care in the State and to the potential effects of that restructuring upon consumers.

2. Rulemaking. The board shall adopt rules to define the specific structural changes to be reported, consistent with subsection 1. The required report must be limited to the filing of a concise narrative description of those occurrences that are clearly defined by the rule as requiring a report, accompanied by a chart depicting the relationship among organizations affected by the structural change. The rule must allow a single report to be filed by all providers and payors participating in or affected by a structural change for which a report is required.

3. Additional information. In addition to the reports required under subsections 1 and 2, the organization may collect, store and analyze additional information from published sources and information that a provider or payor has prepared voluntarily for nonconfidential distribution to persons other than employees, officers and the governing body of the provider or payor.

4. Construction. Nothing in this section may be construed to require providers or payors to notify the organization prior to taking action to evaluate restructuring or to require providers or payors to generate, compile, analyze or submit

information in addition to the concise narrative descriptions and chart required in subsection 2.

§8711. Other health care information

1. Development of health care information systems. In addition to its authority to obtain information to carry out the specific provisions of this chapter, the organization may require providers and payors to furnish information with respect to the nature and quantity of services or coverage provided to the extent necessary to develop proposals for the modification, refinement or expansion of the systems of information disclosure established under this chapter. The organization's authority under this subsection includes the design and implementation of pilot information reporting systems affecting selected categories or representative samples of payors and providers.

2. Information on mandated services. The organization is authorized and directed to require providers of mammography services to furnish information with respect to those services for the purpose of assisting in the evaluation of the social and financial impact and the efficacy of the mandated benefit for screening mammograms under Title 24, section 2320-A and Title 24-A, sections 2745-A and 2837-A. The information that may be collected includes the location of mammography units, the purchase of new mammography units, the number of screening and diagnostic mammograms performed, the charge per mammogram and the method and amount of payment, and the number of cancers detected by screening mammograms. To the extent practicable, the organization shall collect information consistent with that collected by the Maine Health Care Finance Commission in cooperation with the Department of Human Services, Bureau of Health for prior periods.

Sec. A-3. Construction. Nothing in this Act may be construed to enlarge or diminish any authority that the Maine Health Care Finance Commission possessed under prior law to obtain data regarding out-patient services.

Sec. A-4. Report. The Maine Health Data Organization shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 1997 regarding the fiscal status of the organization, shall make recommendations regarding permanent funding and any fees and assessments to support the organization and shall include any necessary legislation.

Sec. A-5. Transition. The following provisions apply to the transfer of health facilities and other health care data and data functions from the Maine Health Care Finance Commission

to the Maine Health Data Organization upon the beginning of operation of the Maine Health Data Organization.

1. The Maine Health Data Organization is the successor in every way to the Maine Health Care Finance Commission with respect to the authority to collect clinical, financial and restructuring data from health care facilities and providers of health care. All responsibilities, power and authority relating to the collection of such health care information that were formerly vested in the Maine Health Care Finance Commission are transferred to the Maine Health Data Organization.

2. Notwithstanding the provisions of the Maine Revised Statutes, Title 5 and Public Law 1995, chapter 368, Part W, section 14, subsection 3, all accrued expenditures, assets and liabilities and any balances, appropriations, allocations, transfers, revenues or other available funds in an account or subdivision of an account of the Maine Health Care Finance Commission must be transferred to the proper accounts of the Maine Health Data Organization by the State Controller upon the request of the Maine Health Data Organization when the organization is ready to assume its responsibilities under this Act.

3. All rules and procedures in effect, in operation or adopted on the effective date of this Part by the Maine Health Care Finance Commission regarding data collection, enforcement provisions and requirements remain in effect until rescinded, revised or amended by the Maine Health Data Organization or, with respect to gross patient service revenue limits, by the Department of Human Services.

4. All contracts, agreements and compacts regarding health data, clinical data and restructuring data in effect on the effective date of this Part in the Maine Health Care Finance Commission remain in effect until rescinded, revised or amended by the Maine Health Data Organization.

5. All data required to have been transferred to or filed with the Maine Health Care Finance Commission pursuant to Title 22, chapter 107 are transferred to the Maine Health Data Organization. In the event that any data have not been filed with the Maine Health Care Finance Commission as of the effective date of this Part or the beginning of operation of the Maine Health Data Organization, the Maine Health Data Organization shall direct that data to be filed with the Maine Health Data Organization.

6. All records, property, equipment, contracts, compacts, data, agreements, assets and liabilities belonging to or

allocated for the use of the Maine Health Care Finance Commission necessary for performing the data collecting activities shall be transferred to the Maine Health Data Organization upon the beginning of its operation and the Maine Health Care Finance Commission shall cease operations on that date.

Sec. A-6. Transfer of Funds. Notwithstanding any other provision of law, the State Controller must transfer $140,000 in fiscal year 1996-97 from the Maine Health Data Organization to General Fund undedicated revenue no later than June 30, 1997.

Sec. A-7. Effective date. This Part takes effect May 1, 1996.

PART B

Sec. B-1. 5 MRSA §12004-E, sub-§1, as enacted by PL 1987, c. 786, §5, is repealed.

Sec. B-2. 5 MRSA §12004-I, sub-§44-A, as enacted by PL 1991, c. 84, §1, is repealed.

Sec. B-3. 5 MRSA §12004-I, sub-§§45, 46 and 47, as enacted by PL 1987, c. 786, §5, are repealed.

Sec. B-4. 22 MRSA c. 107, as amended, is repealed.

Sec. B-5. 22 MRSA §1715, sub-§1, as enacted by PL 1989, c. 919, §15 and affected by §18, is amended by amending the first paragraph to read:

1. Access requirements. Any person, including, but not limited to an affiliated interest as defined in section 396-L, that is subject to the requirements of this subsection, shall provide the services listed in paragraph C to individuals who are eligible for charity care in accordance with a charity care policy adopted by the affiliate or provider that is consistent with rules applicable to hospitals under section ~~396-F~~ 1716. A person is subject to this subsection if that person:

Sec. B-6. 22 MRSA §1715, sub-§2, ¶¶A and B, as enacted by PL 1989, c. 919, §15 and affected by §18, are amended to read:

A. Any person who knowingly violates any provision of this section or any valid order or rule made or adopted pursuant to section ~~396-F~~ 1716, or who willfully fails, neglects or refuses to perform any of the duties imposed under this section, commits a civil violation for which a forfeiture of not less than $200 and not more than $500 per patient may be

adjudged with respect to each patient denied access unless specific penalties are elsewhere provided. Any forfeiture imposed under this section may not exceed $5,000 in the case of the first judgment under this section against the provider, $7,500 in the case of a 2nd judgment against the provider or $10,000 in the case of the 3rd or subsequent judgment against the provider. The Attorney General is authorized to prosecute the civil violations.

B. Upon application of the Attorney General or any affected patient, the Superior Court or District Court has full jurisdiction to enforce the performance by providers of health care of all duties imposed upon them by this section and any valid rules adopted pursuant to section ~~396-F~~ 1716.

Sec. B-7. 22 MRSA §1716 is enacted to read:

§1716. Charity care guidelines

The department shall adopt reasonable guidelines for policies to be adopted and implemented by hospitals with respect to the provision of health care services to patients who are determined unable to pay for the services received. The department shall adopt income guidelines that are consistent with the guidelines applicable to the Hill-Burton Program established under 42 United States Code, Section 291, et seq. (1995). The guidelines and policies must include the requirement that upon admission or, in cases of emergency admission, before discharge of a patient, hospitals must investigate the coverage of the patient by any insurance or state or federal programs of medical assistance. The guidelines must include provisions for notice to the public and the opportunity for a fair hearing regarding eligibility for charity care.

Sec. B-8. Effective date. This Part takes effect December 31, 1996.

PART C

Sec. C-1. 22 MRSA §253, as amended by PL 1981, c. 470, Pt. A, §§55 and 56, is repealed and the following enacted in its place:

§253. Comprehensive health planning

The department shall adopt before January 15, 1997 and review every year after 1997 a state health plan in accordance with the United States Public Health Services Act, 42 United States Code, Sections 201 to 300 aaa-13 (1995). This plan must identify the health care, facility and human resource needs in

the State, the resources available to meet those needs and priorities and recommendations for addressing those needs on a statewide basis.

1. Data; supporting information. In developing and reviewing the state health plan, the department shall use the best and most recent data describing the current supply and distribution of health care, facility and human resources. The department shall consult with the Department of Mental Health, Mental Retardation and Substance Abuse Services and a broadly representative health planning council as provided for in the United States Public Health Services Act, 42 United States Code, Sections 201 to 300 aaa-13 (1995).

2. Plan components. The state health plan must include:

A. An evaluation of the State's capacity to perform health assessment and health policy development and the extent of any unmet need in those areas. The plan must address standards for the protection and promotion of public health, strategies for improving public health, outcomes measurements to evaluate the effects of the plan and recommendations for redirecting funding for public health. This part of the plan must be developed by the Bureau of Health after consultation with representatives of local health departments, area Indian health services, health service providers, other state agencies and residents of the State;

B. A statement of principles used in the allocation of resources and in establishing priorities for health services;

C. Identification of the current supply and distribution of health care resources, including, but not limited to, hospital, nursing home and other inpatient services; home health and mental health services; treatment services for alcohol and substance abuse; emergency care; ambulatory care services including primary care resources; human resources; major medical equipment; and health screening and early intervention; and

D. A determination of the appropriate supply and distribution of resources and services identified in paragraph C and mechanisms that encourage the appropriate integration of these services on a local or regional basis. In making this determination, the council shall consider the following factors: the needs of the population on a statewide basis; the needs of particular geographic areas of the State; the use of facilities in this State by out-of-state residents; the use of out-of-state facilities

by residents of this State; the needs of populations with special health care needs; the desirability of providing high-quality services in an economical and efficient manner, including the appropriate use of mid-level practitioners; and the cost impact of these requirements on health care expenditures.

3. Public hearings. Prior to adopting the state health plan and in reviewing the state health plan, the department shall conduct public hearings in different regions of the State on the proposed state health plan. Interested persons must be given the opportunity to submit oral and written testimony. Not less than 30 days before each hearing, the department shall publish in a newspaper of general circulation in the region the time and place of the hearing, the place where interested persons may review the plan in advance of the hearing and the place to which and period during which written comment may be directed to the department.

4. Funds. The department is authorized to accept and expend federal funds allotted or otherwise made available under the United States Public Health Services Act, 42 United States Code, Sections 201 to 300 aaa-13 (1988) to states for the purposes of that Act in accordance with the Act and any amendments to the Act, and the applicable laws, rules, regulations or fiscal policies or practices of this State.

Sec. C-2. 22 MRSA §257 is enacted to read:

§257. Health workforce forum

The department shall convene at least once annually a health workforce forum to discuss health workforce issues. The forum must include representatives of health professionals, licensing boards and health education programs. The forum shall:

1. Inventory. Develop an inventory of present health workforce and educational programs; and

2. Research. Develop research and analytical methods for understanding population-based health care needs on an ongoing basis.

Through the forum, the department shall serve as a clearinghouse for information relating to health workforce issues. The department shall use the information gathered through the forum to develop its health policy and planning decisions authorized under this Title.

Sec. C-3. Effective date. This Part takes effect January 1, 1997.

PART D

Sec. D-1. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Act.

	1995-96
MAINE HEALTH DATA ORGANIZATION	
Maine Health Data Organization	
All Other	$140,000
Provides funds to be deposited in the Maine Health Data Organization Other Special Revenue account during fiscal year 1995-96 to provide start-up funding for the organization.	
MAINE HEALTH DATA ORGANIZATION TOTAL	$140,000

Sec. D-2. Allocation. The following funds are allocated from Other Special Revenue to carry out the purposes of this Act.

	1995-96	1996-97
ATTORNEY GENERAL, DEPARTMENT OF		
Attorney General - Administration		
Positions - Other Count	(1.0)	
Personal Services	$44,383	
All Other	3,529	
Capital Expenditures	1,300	
TOTAL	49,212	
Provides for the allocation of funds for one Assistant Attorney General position and general operating expenses to provide legal assistance to the newly created Maine Health Data Organization.		
DEPARTMENT OF THE ATTORNEY GENERAL TOTAL	$49,212	

COMMITTEE AMENDMENT "A" to H.P. 1307, L.D. 1788

MAINE HEALTH CARE FINANCE COMMISSION

Maine Health Care Finance Commission

Positions - Other Count	(-18.0)
Personal Services	($563,515)
All Other	(101,786)
Capital Expenditures	(16,849)
TOTAL	(682,150)

Provides for the deallocation of funds from the elimination of one Senior Legal Secretary position, one Clerk Steno III position, one Senior Counsel position, one General Counsel, MHCFC position and 3 Health Care Financial Analyst positions effective July 1, 1996 and the elimination of one Clerk Typist III position, 2 Programmer Analyst positions, one Senior Programmer Analyst position, one Executive Director, MHCFC position, one Health Care Financial Analyst position, 3 Comprehensive Health Planner II positions, one Policy Development Director position and one Director Financial Operations Division position effective December 31, 1996 and related All Other and Capital Expenditure allocations due to the elimination of the remaining functions of the Maine Health Care Finance Commission.

MAINE HEALTH CARE FINANCE COMMISSION TOTAL ($682,150)

MAINE HEALTH DATA ORGANIZATION

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COMMITTEE AMENDMENT "A" to H.P. 1307, L.D. 1788

Maine Health Data Organization

Positions - Other Count	(4.0)	(4.0)
Personal Services	$34,000	$204,050
All Other	68,200	411,570
Capital Expenditures	33,970	
TOTAL	136,170	615,620

Provides for the allocation of funds for one Director, Maine Health Data Organization position, one Senior Analyst position, one Analyst position and one Administrative Assistant position and related expenses to establish the Maine Health Data Organization.

MAINE HEALTH DATA ORGANIZATION TOTAL	136,170	615,620
TOTAL ALLOCATIONS	$136,170	($17,318)

Emergency clause. In view of the emergency cited in the preamble, this Act takes effect when approved, unless otherwise indicated.'

Further amend the bill by inserting at the end before the statement of fact the following:

'FISCAL NOTE

	1995-96	1996-97
APPROPRIATIONS/ALLOCATIONS		
General Fund	$140,000	
Other Funds	136,170	($17,318)
REVENUES		
General Fund		140,000
Other Funds		92,850

This bill provides a General Fund appropriation of $140,000 in fiscal year 1995-96 to provide start-up funding for the newly

created Maine Health Data Organization. It also requires that the start-up advance of $140,000 be deposited as General Fund undedicated revenue during fiscal year 1996-97, resulting in no net General Fund impact during the 1996-1997 biennium.

The bill also provides the organization with Other Special Revenue allocations of $136,170 in fiscal year 1995-96 and $615,620 in fiscal year 1996-97 to support the projected costs of the organization. The Other Special Revenue needed to support the estimated costs during fiscal years 1995-96 and 1996-97, including the amount required to be deposited as General Fund undedicated revenue, will be generated during fiscal year 1996-97 by a transitional assessment on hospital gross patient service revenues. The amount of permanent funding generated through assessments and user fees can not be determined at this time and is subject to legislative approval. The organization may also experience a one-time increase in Other Special Revenue during fiscal year 1996-97 due to the transfer of remaining balances from the Maine Health Care Finance Commission.

The bill also provides Other Special Revenue deallocations of $682,150 in fiscal year 1996-97 to reflect the loss of dedicated revenue and the elimination of the Maine Health Care Finance Commission no later than December 31, 1996.

The bill also provides the Department of the Attorney General with an Other Special Revenue allocation of $49,212 in fiscal year 1996-97 for one Assistant Attorney General position and general operating expenses to provide legal assistance to the newly created Maine Health Data Organization.

The Department of Human Services may require future General Fund appropriations to develop an annual comprehensive state health plan. The exact amount required can not be determined at this time and will depend on the amount of Federal Expenditure Fund revenue available to support these costs.

The additional workload and administrative costs associated with the minimal number of new cases filed in the court system can be absorbed within the budgeted resources of the Judicial Department. The collection of additional fines may increase General Fund revenue by minor amounts.

The additional costs associated with consulting with the Department of Human Services on comprehensive health planning can be absorbed by the Department of Mental Health, Mental Retardation and Substance Abuse Services utilizing existing budgeted resources.'

COMMITTEE AMENDMENT "A" to H.P. 1307, L.D. 1788

SUMMARY

This amendment makes technical changes to the bill. In addition it does the following.

1. It deletes the provision on hearings regarding application of the charity care guidelines.

2. It clarifies the provisions on enforcement by the Maine Health Data Organization.

3. It provides a maximum assessment of $775,000 for the operation of the Maine Health Data Organization until June 30, 1997.

4. It adds 3rd-party payors to the potential payors of the assessments to permanently fund the Maine Health Data Organization.

5. It abolishes the Maine Health Care Finance Commission on December 31, 1996.

6. It enacts provisions requiring the Department of Human Services to draft a comprehensive health plan and to convene an annual health workforce forum.

7. It enacts hospital charity care guidelines to replace these guidelines repealed in Part B, section 4 of this Act and corrects 2 cross-references.

8. It provides appropriations and allocations necessary to support the Maine Health Care Finance Commission until December 31, 1996, at the latest, and the Maine Health Data Organization from its beginning until June 30, 1997.

9. It adds an appropriation, an allocation and a fiscal note to the bill.