

# MAINE STATE LEGISLATURE

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# 118th MAINE LEGISLATURE

## FIRST REGULAR SESSION-1997

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Legislative Document

No. 1693

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S.P. 560

In Senate, March 27, 1997

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### An Act to Amend the Maine Health Data Organization Laws.

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Reported by Senator PARADIS of Aroostook for the Joint Standing Committee on Health and Human Services pursuant to Joint Order S.P. 482 and printed under Joint Rule 401.

A handwritten signature in cursive script that reads "Joy J. O'Brien".

JOY J. O'BRIEN  
Secretary of the Senate

2           **Emergency preamble.** Whereas, Acts of the Legislature do not  
become effective until 90 days after adjournment unless enacted  
as emergencies; and

4           **Whereas,** funding for the Maine Health Data Organization was  
6 established in 1996 on a one-year basis only and expires June 30,  
1997; and

8           **Whereas,** continuing funding for the organization and  
10 authorization to collect and analyze health data is critical to  
planning and managing the health care delivery system in this  
12 State; and

14           **Whereas,** emergency legislation is required to provide  
continuing funding and authorization to collect and analyze  
16 health data; and

18           **Whereas,** in the judgment of the Legislature, these facts  
create an emergency within the meaning of the Constitution of  
20 Maine and require the following legislation as immediately  
necessary for the preservation of the public peace, health and  
22 safety; now, therefore,

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

26           **Sec. 1. 22 MRSA §8702, sub-§4,** as enacted by PL 1995, c. 653,  
Pt. A, §2 and affected by §7, is amended to read:

28           **4. Health care facility.** "Health care facility" means a  
30 public or private, proprietary or not-for-profit entity or  
institution providing health services, including, but not limited  
32 to, a radiological facility licensed under chapter 160, a health  
care facility licensed under chapter 405, a home health care  
34 provider licensed under chapter 419, a residential care facility  
licensed under chapter 1665, a hospice provider licensed under  
36 chapter 1681, a community rehabilitation program licensed under  
Title 20-A, chapter 701, a state institution as defined under  
38 Title 34-B, chapter 1 and a mental health facility licensed under  
Title 34-B, chapter 1.

40           **Sec. 2. 22 MRSA §8704, sub-§4,** as enacted by PL 1995, c. 653,  
42 Pt. A, §2 and affected by §7, is amended to read:

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

2           **Sec. 3. 22 MRSA §8706, sub-§2**, as enacted by PL 1995, c. 653,  
Pt. A, §2 and affected by §7, is repealed and the following  
4 enacted in its place:

6           **2. Permanent funding.** Permanent funding for the  
organization is provided from reasonable costs, user fees and  
8 assessments according to this subsection and as provided by rules  
adopted by the board.

10           A. Fees may be charged for the reasonable costs of  
12 duplicating, mailing, publishing and supplies.

14           B. Reasonable user fees must be charged on a sliding scale  
for the right to access and use the health data and  
16 information available from the organization. Fees may be  
charged for services provided to the department on a  
18 contractual basis. Fees must be waived for the Bureau of  
Insurance. Fees may be reduced or waived for users that  
20 demonstrate a plan to use the data or information in  
research of general value to the public health or inability  
22 to pay the scheduled fees, as provided by rules adopted by  
the board.

24           C. Beginning in fiscal year 1997-98, the operations of the  
26 organization must be supported from 3 sources as provided in  
this paragraph:

28           (1) Fees collected pursuant to paragraphs A and B;

30           (2) Annual assessments of not less than \$100 assessed  
32 against the following entities licensed under Titles 24  
and 24-A on the basis of the total annual health care  
34 premium: nonprofit hospital and medical service  
organizations, health insurance carriers, health  
36 maintenance organizations and 3rd-party administrators  
on the basis of administration of health benefits plans  
38 administered for employers. The assessments may not  
exceed \$319,000 for fiscal year 1997-98 and \$325,000  
40 for fiscal year 1998-99. Health care policies issued  
for specified disease, accident, injury, hospital  
42 indemnity, Medicare supplement, long-term care or other  
limited benefit health insurance policies are not  
44 subject to assessment under this subparagraph.  
Assessments under this subparagraph must equal the  
46 assessments under subparagraph 3; and

48           (3) Annual assessments of not less than \$100 assessed  
by the organization against providers. The assessments  
50 may not exceed \$320,000 for fiscal year 1997-98 and

2                   \$326,000 for fiscal year 1998-99. Assessments under  
3                   this subparagraph must equal the assessments under  
4                   subparagraph 2.

5                   The level of annual assessments under subparagraphs (2) and  
6                   (3) must be based on the difference between the authorized  
7                   allocation for the fiscal year and the beginning cash  
8                   balance in the account established pursuant to section 8706,  
9                   subsection 6. The board may waive assessments otherwise due  
10                   under subparagraphs (2) and (3) when a waiver is determined  
11                   to be in the interests of the organization and the parties  
12                   to be assessed.

13                   **Sec. 4. 22 MRSA §8706, sub-§6,** as enacted by PL 1995, c. 653,  
14                   Pt. A, §2 and affected by §7, is amended to read:

15                   **6. Deposit with Treasurer of State.** The organization shall  
16                   deposit all payments made pursuant to this section with the  
17                   Treasurer of State into a dedicated account. The deposits must  
18                   be used for the sole purpose of paying the expenses of the  
19                   organization. Interest received on any investments of the  
20                   dedicated account must be credited to the account.

21                   **Sec. 5. 22 MRSA §8708, sub-§2,** as enacted by PL 1995, c. 653,  
22                   Pt. A, §2 and affected by §7, is amended to read:

23                   **2. Additional information on ambulatory services and**  
24                   **surgery.** Pursuant to rules adopted by the board for form,  
25                   medium, content and time for filing, each provider shall file  
26                   with the organization a completed data set, comparable to data  
27                   filed by health care facilities under subsection 1, paragraph  
28                   paragraphs A and B, for each ambulatory service and surgery  
29                   listed in rules adopted pursuant to subsection 4, paragraph A,  
30                   occurring after January 1, 1990. This subsection may not be  
31                   construed to require duplication of information required to be  
32                   filed under subsection 1. Rules adopted pursuant to this  
33                   subsection are routine technical rules as defined by Title 5,  
34                   chapter 375, subchapter II-A.

35                   **Emergency clause.** In view of the emergency cited in the  
36                   preamble, this Act takes effect when approved.

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43                   **SUMMARY**

44                   This bill corrects 2 unintended omissions in the Maine  
45                   Health Data Organization's enabling legislation. Radiological  
46                   facilities is added to the definition of "health care facility,"  
47                   and "services" is added to the statutory section requiring  
48                   ambulatory data to be filed by health care providers. Both  
49                   50

2 additions maintain the status quo and require no additional  
3 providers to submit data. This bill proposes to allow any  
4 interest that is generated from the dedicated revenues to remain  
5 in the dedicated account. It changes the designation of rules  
6 adopted by the Maine Health Data Organization board from major  
7 substantive rules to routine technical rules. It provides for  
8 permanent funding from fees charged by the organization and from  
9 assessments on providers of health care services and insurers.  
10 It adds emergency language to ensure that a method of permanent  
funding is provided and the organization is authorized to conduct  
its business. It also adds a fiscal note.