

# MAINE STATE LEGISLATURE

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# 120th MAINE LEGISLATURE

## FIRST REGULAR SESSION-2001

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Legislative Document

No. 485

H.P. 383

House of Representatives, February 1, 2001

**Resolve, to Create a Committee to Study the Feasibility of a Single  
Payor Health Care System.**

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Reference to the Committee on Banking and Insurance suggested and ordered printed.

*Millicent M. MacFarland*

MILLICENT M. MacFARLAND, Clerk

Presented by Representative RICHARDSON of Brunswick.  
Cosponsored by Senator EDMONDS of Cumberland and  
Representatives: BUNKER of Kossuth Township, DORR of Camden, JONES of Greenville,  
KOFFMAN of Bar Harbor, McLAUGHLIN of Cape Elizabeth, MUSE of South Portland,  
SIMPSON of Auburn, TWOMEY of Biddeford.

2           **Sec. 1. Commission created; charged. Resolved:** That the Health  
3 Care Reform Commission, referred to in this resolve as the  
4 "commission," is established to make recommendations concerning  
5 health care reform in the State. The commission shall develop a  
6 statewide health care reform process to facilitate the  
7 comprehensive and systematic evolution of our health care  
8 delivery and financing structure into a cost-effective and  
9 affordable program that increases access to health care services  
10 for the State's citizens within the State's financial abilities.  
11 This process must permit the State to develop its health care  
12 reform within the framework of any potential federal reform  
13 legislation while retaining those elements of the current state  
14 health care delivery and financing structure that are still  
15 appropriate in the new system.

16           1. The commission shall consider reforms to the State's  
17 health care delivery system. In reviewing those reforms, the  
18 commission shall consider whether any options studies meet the  
19 goals of this State for a system of health care for its citizens,  
20 including but not limited to the following:

22           A. Reducing the rate of growth in the cost of health care  
23 services;

24           B. Reducing waste and inefficiency in the administration of  
25 health care services and health insurance;

26           C. Increasing access to primary and preventive health care  
27 services;

28           D. Reducing the number of excessively expensive health care  
29 procedures and eliminating unnecessary and harmful  
30 procedures;

31           E. Promoting cooperation among communities and providers of  
32 health care, eliminating cost-accelerating practices,  
33 coordinating the delivery of care and use of technology and  
34 equipment and increasing quality and cost efficiency;

35           F. Distributing the costs of health care fairly and  
36 equitably;

37           G. Simplifying the health care system for consumers,  
38 businesses and providers; and

39           H. Ensuring accountability in all aspects of the system to  
40 promote public confidence and cost control; and be it further  
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42           **Sec. 2. Appointment and convening of commission. Resolved:** That  
43 the commission consists of the following 15  
44

2 members who must be appointed no later than 10 days after the  
effective date of this resolve: the House Chair of the Joint  
4 Standing Committee on Banking and Insurance and the first-named  
members of the Senate and House of Representatives on that  
6 committee; the Commissioner of Human Services; the Commissioner  
of Professional and Financial Regulation; 2 consumers of health  
8 care, one appointed by the Governor and one appointed by  
legislative members serving on the commission; 2 employers, one  
10 representing small business and one representing large business,  
appointed by the Governor; a rural primary care provider,  
12 appointed by the Governor; the Executive Director of the Maine  
State Nurses Association; a representative of the Maine Hospital  
14 Association; a representative of the Maine Medical Association; a  
health insurer, appointed by the legislative members serving on  
16 the commission; and a representative of Anthem Blue Cross and  
Blue Shield of Maine. The House Chair of the Joint Standing  
18 Committee on Banking and Insurance is the chair of the  
commission; and be it further

20 **Sec. 3. Report. Resolved:** That the commission shall present  
its findings to the Second Regular Session of the 120th  
22 Legislature by January 1, 2002; and be it further

24 **Sec. 4. Assistance. Resolved:** That staff assistance must be  
provided jointly by the Office of the Governor and the Office of  
26 Policy and Legal Analysis within existing resources; and be it  
further

28 **Sec. 5. Compensation. Resolved:** That legislative members of  
the commission are entitled to receive the legislative per diem,  
30 as defined in the Maine Revised Statutes, Title 3, section 2, for  
each day of attendance at commission meetings. All members of  
32 the commission receive reimbursement for expenses upon  
application to the Executive Director of the Legislative Council;  
34 and be it further

36 **Sec. 6. Budget. Resolved:** That the commission chair with  
assistance from the commission staff shall administer the  
38 commission budget. Within 10 days after its first meeting, the  
commission shall present a work plan to the Legislative Council  
40 for approval. The commission may not incur expenses that would  
42 result in the commission exceeding its approved budget; and be it  
further

44 **Sec. 7. Appropriation. Resolved:** That the following funds are  
46 appropriated from the General Fund to carry out the purposes of  
this resolve.

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**LEGISLATURE**

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**Health Care Reform Commission**

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Personal Services	\$1,540
All Other	5,400

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10 Provides for the appropriation of funds to  
 12 the Health Care Reform Commission for the  
 14 per diem of legislative members, expenses of  
 all members and miscellaneous commission  
 expenses.

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**LEGISLATURE  
TOTAL**

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\$6,940

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**SUMMARY**

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This resolve establishes the Health Care Reform Commission to study and make recommendations to reform the State's health care system. The goal of the commission is to propose a system that will suit the State's unique social and financial situation while lowering costs to all components of the health care system. This proposal must be created in expectation of federal reforms affecting the State. The commission must also closely monitor and work with the federal administration to ensure that a fair and affordable health care delivery system reform is proposed, as well as determine appropriate reforms within the State.