

MAINE STATE LEGISLATURE

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120th MAINE LEGISLATURE

FIRST REGULAR SESSION-2001

Legislative Document

No. 1490

H.P. 1121

House of Representatives, March 8, 2001

**Resolve, to Establish the Commission to Develop and Finance Health
Care Coverage for All Maine People.**

(EMERGENCY)

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

Millicent M. MacFarland

MILLICENT M. MacFARLAND, Clerk

Presented by Representative O'NEIL of Saco.

Cosponsored by Representatives: COLWELL of Gardiner, FULLER of Manchester, GREEN of Monmouth, KANE of Saco, MAYO of Bath, NORBERT of Portland, Senators: LaFOUNTAIN of York, President MICHAUD of Penobscot.

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

4
6 **Whereas,** the Governor's Year 2000 Blue Ribbon Commission on
Health Care found that Maine's "health care delivery and
financing system is inefficient, unreasonably complicated, and
8 unfair; that people in Maine are not as healthy as they could be,
and efforts to improve health status are inadequate; and many in
10 Maine are unable to obtain health care of the type and quality
that they need"; and

12
14 **Whereas,** the commission established in this resolve must
begin its work as soon as possible to address the problems with
Maine's health care delivery and financing system to alleviate
16 increasing health care costs and expand access to health care for
Maine's citizens; and

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

24
26 **Sec. 1. Commission established. Resolved:** That the Commission
to Develop and Finance Health Care Coverage for All Maine People,
referred to in this resolve as the "commission" is established;
28 and be it further

30 **Sec. 2. Membership. Resolved:** That the commission consists
of the following 17 members:

32
34 1. Six members appointed by the President of the Senate as
follows:

36 A. Two members of the Senate. When making these
appointments, the President of the Senate must give
38 preference to a member serving on the Joint Standing
Committee on Appropriations and Financial Affairs and to a
40 member serving on the Joint Standing Committee on Taxation;

42 B. A member of a statewide organization representing
insured health care consumers;

44 C. A member of a statewide organization representing rural
46 health clinics;

48 D. A member of the Medicaid Advisory Committee; and

50 E. A member of a statewide organization representing labor;

2 2. Six members appointed by the Speaker of the House as
4 follows:

6 A. Two members of the House of Representatives. When
8 making the appointments, the Speaker of the House must give
10 preference to a member serving on the Joint Standing
Committee on Health and Human Services and to a member
serving on the Joint Standing Committee on Banking and
Insurance;

12 B. A member of a statewide organization representing
elderly persons;

14 C. A member of a statewide organization representing people
16 with disabilities;

18 D. A member of a statewide organization representing mental
health care providers; and

20 E. A member of a statewide organization representing
22 uninsured health care consumers;

24 3. Three members appointed by the Governor as follows:

26 A. A member of a statewide organization representing
hospitals;

28 B. A member of a statewide organization representing
30 physicians; and

32 C. A member of a statewide organization representing
34 employers who purchase health coverage for employees;

36 4. The following 2 members shall also serve on the
commission:

38 A. The Commissioner of Human Services or the commissioner's
designee; and

40 B. The Chair of the Governor's Year 2000 Blue Ribbon
42 Commission on Health Care or the chair's designee; and be it
44 further

46 **Sec. 3. Appointments. Resolved:** That all appointments must be
48 made no later than 30 days following the effective date of this
resolve. The first named Senate member and the first named House
of Representatives member serve as cochairs of the commission.
50 The appointing authorities shall notify the Executive Director of
the Legislative Council upon making their

2 appointments. The cochairs shall convene the first meeting of the
3 commission no later than 30 days after the appointment of all
4 members is complete; and be it further

6 **Sec. 4. Duties. Resolved:** That the commission shall
7 investigate the most likely opportunities for the State to expand
8 access to health care to the uninsured, to alleviate the burden
9 of increasing costs on employers and employees and to secure the
10 financing required for the State to meet increasing health care
11 costs. In studying these issues, the commission shall examine:

12 1. The best ways that the State can prepare for and
13 establish a time line and progressive concrete steps toward the
14 goals of universal access to and coverage for health care;

16 2. A system of public and private finance that shares costs
17 reasonably among sectors and reflects the ability of individuals,
18 families and businesses to pay without cost barriers to
19 appropriate preventive and acute health care, with resources
20 sufficient to meet rising costs;

22 3. Global budgets that allow the State to determine a
23 reasonable total amount to spend on health care costs, reasonable
24 targets for infrastructure investments and mechanisms to allocate
25 costs to areas and sectors within the budget and to constrain
26 spending to within budgeted amounts and purposes;

28 4. The maximization of federal funds to assist the State in
29 meeting health care needs and the reduction of federal barriers,
30 such as Employee Retirement Income Security Act of 1974, to
31 approach a system of universal coverage and participation;

32 5. The comparison of administrative costs in public and
33 private insurance programs and the savings that could be
34 generated through greater administrative efficiency;

36 6. Methods to improve and maintain quality of care and
37 consumer choice of providers;

38 7. A comprehensive benefit package; and

40 8. The prevention of disease and disability and the
41 improvement of public health.

42 The commission shall examine programs and techniques that
43 are employed in other states, explore opportunities for expanded
44 federal assistance or demonstrations, waivers or pilot projects,
45 solicit suggestions from groups and individuals with expertise in
46 health care finance and delivery and make recommendations for
47 consideration by the 121st Legislature; and be it further
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2 **Sec. 5. Meetings and hearings. Resolved:** That the commission
may hold 20 meetings. At least 3 of the meetings of the
4 commission must be public hearings, scheduled during nonbusiness
hours in several areas of the State, especially in areas with the
6 highest rates of uninsured individuals and lowest per capita
incomes.

8
10 **Sec. 6. Staff assistance. Resolved:** That, upon approval of the
Legislative Council, the Office of Policy and Legal Analysis
shall provide staffing services to the commission. The Department
12 of Human Services shall also provide staffing assistance as
requested by the commission; and be it further

14
16 **Sec. 7. Funding. Resolved:** That the commission may seek and
accept outside funding to advance its work; and be it further

18 **Sec. 8. Compensation. Resolved:** That those members of the
commission who are Legislators are entitled to receive the
20 legislative per diem as defined in the Maine Revised Statutes,
Title 3, section 2 and reimbursement for travel and other
22 necessary expenses related to their attendance at authorized
meetings of the commission. Other members of the commission who
24 are not otherwise compensated by their employers or other
entities that they represent are entitled to receive
26 reimbursement of necessary expenses incurred for their attendance
at authorized meetings; and be it further

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30 **Sec. 9. Report. Resolved:** That the commission shall submit
its report, together with any recommended implementing
legislation, to the First Regular Session of the 121st
32 Legislature no later than November 1, 2002. The commission may
also submit such interim reports as it determines necessary. If
34 the commission requires an extension of time to make its report,
it may apply to the Legislative Council, which may grant the
36 extension; and be it further

38 **Sec. 10. Budget. Resolved:** That the cochairs of the
commission, with assistance from the commission's staff, shall
40 administer the commission's budget. Within 10 days after its
first meeting, the commission shall present a work plan and
42 proposed budget to the Legislative Council for approval. Upon
request from the commission, the Executive Director of the
44 Legislative Council shall promptly provide the commission
cochairs and staff with a status report on the commission's
46 budget, expenditures incurred and paid and available funds.

48 **Emergency clause.** In view of the emergency cited in the
preamble, this resolve takes effect when approved.

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SUMMARY

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This resolve establishes the Commission to Develop and Finance Health Care Coverage for All Maine People.

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