

MAINE STATE LEGISLATURE

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121st MAINE LEGISLATURE

FIRST REGULAR SESSION-2003

Legislative Document

No. 497

S.P. 169

In Senate, February 4, 2003

**Resolve, To Study the Feasibility and Effectiveness of Providing
Consumers with Consumer Reports on Health Care Services**

(EMERGENCY)

Reference to the Committee on Insurance and Financial Services suggested and ordered printed.

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

JOY J. O'BRIEN
Secretary of the Senate

Presented by Senator LaFOUNTAIN of York.
Cosponsored by Representative O'NEIL of Saco and
Senator: MAYO of Sagadahoc, Representative: PERRY of Bangor.

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,** this resolve creates a study commission and
requires that the commission submit a report and recommended
legislation by November 2003; and

8
10 **Whereas,** the study must be initiated before the 90-day
period expires in order that the study may be completed and a
report submitted in time for submission to the next legislative
12 session; and

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

20 **Sec. 1. Commission established. Resolved:** That the Commission
to Study Reports for Consumers of Health Care Services, referred
22 to in this resolve as "the commission," is established; and be it
further

24
26 **Sec. 2. Commission membership. Resolved:** That the commission
consists of the following 17 members:

28 1. Seven members appointed by the President of the Senate
as follows:

30 A. One member of the Senate;

32 B. One representative of a health insurer;

34 C. One representative of a business with more than 50
36 employees;

38 D. One licensed insurance producer;

40 E. One representative of a business with fewer than 50
42 employees;

44 F. One person who purchases an individual health insurance
product; and

46 G. One representative of a business that is self-insured;

48 2. Seven members appointed by the Speaker of the House as
50 follows:

- 2 A. One member of the House of Representatives;
4 B. One employee of a hospital;
6 C. One physician;
8 D. One pharmacist;
10 E. One nurse;
12 F. One person who works in the field of mental health; and
14 G. One chiropractor;

16 3. One member appointed by the Governor who is a
18 representative of an academic or public policy institute with
20 expertise in health care economics or finance;

22 4. The Commissioner of Human Services or the commissioner's
24 designee; and

26 5. The Superintendent of Insurance or the superintendent's
28 designee; and be it further

30 **Sec. 3. Appointments. Resolved:** That all appointments must be
32 made no later than 30 days following the effective date of this
34 resolve. The Senate member and the House of Representatives
36 member serve as cochairs of the commission. The appointing
38 authorities shall notify the Executive Director of the
40 Legislative Council upon making their appointments. The cochairs
42 shall convene the first meeting of the commission no later than
44 60 days after the appointment of all members is complete; and be
46 it further

48 **Sec. 4. Duties. Resolved:** That the commission shall analyze
the costs and benefits of providing information on both the
quality and cost of health care to consumers of health care
services. The commission shall also draft recommended
legislation on the best method for providing that information to
consumers. The commission shall investigate all relevant
questions on this issue, including, but not limited to, the
following:

1. Whether health insurance costs can be reduced by giving
consumers better information on health care costs and quality.

2. The best method of providing health care information to
consumers; and

2 3. What format for health care information would be most
likely to be used by consumers; and be it further

4 **Sec. 5. Meetings and hearings. Resolved:** That the commission
may hold as many meetings as necessary to achieve its mission.
6 At least 4 of the meetings of the commission must be public
hearings scheduled during nonbusiness hours and must be held in
8 various areas of the State; and be it further

10 **Sec. 6. Staff assistance. Resolved:** That the commission shall
provide its own staff; and be it further

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

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

28 **Sec. 9. Report. Resolved:** That the commission shall submit
30 its report, together with any recommended implementing
legislation, to the Second Regular Session of the 121st
32 Legislature no later than November 6, 2003. The commission may
also submit such interim reports as it determines necessary.

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

38
40 **SUMMARY**

This resolve establishes a commission to study providing
42 consumers with information on the cost and quality of health care
services in order to reduce the cost of health insurance by
44 encouraging consumers to be better purchasers of health care
services.