

MAINE STATE LEGISLATURE

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122nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2005

Legislative Document

No. 134

H.P. 112

House of Representatives, January 13, 2005

An Act To Implement the Recommendations of the Commission To Study Public Health

Reported by Representative CRAVEN of Lewiston for the Commission to Study Public Health pursuant to Resolve 2003, chapter 95, sections 7 and 8.

Reference to the Committee on Health and Human Services suggested and ordered printed under Joint Rule 218.

Millicent M. MacFarland
MILLICENT M. MacFARLAND
Clerk

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

4 Sec. 1. 22 MRSA c. 260-B is enacted to read:

6 CHAPTER 260-B

8 PREVENTION OF OBESITY

10 §1515. Maine Obesity Prevention Fund

12 1. Fund established. The Maine Obesity Prevention Fund,
14 referred to in this chapter as "the fund," is established as an
16 Other Special Revenue fund account within the Department of
18 Administrative and Financial Services for the purposes specified
20 in this chapter.

22 2. Sources of fund. The State Controller shall credit to
24 the fund:

26 A. All money allocated to the fund by the Legislature
28 derived from sources determined by the Legislature to be
30 contributing causes of obesity;

32 B. Money from any other source, whether public or private,
34 designated for deposit into or credited to the fund, other
36 than the Fund for a Healthy Maine; and

38 C. Interest earned or other investment income on balances
40 in the fund.

42 3. Unencumbered balances. Any unencumbered balance
44 remaining at the end of any fiscal year lapses back to the fund
46 and may not be made available for expenditure without specific
48 legislative approval.

4. Departmental indirect cost allocation plans. Any
revenue transfer from a fund account to another account pursuant
to an approved Department of Administrative and Financial
Services indirect cost allocation plan is an authorized use of
revenue credited to the fund. The State Budget Officer shall
reduce allotment for the amount of any transfer made from a fund
account for the purpose authorized in this subsection.

5. Restrictions. This section does not require the
provision of services for the purposes specified in subsection
7. Allocations from the fund must be used to supplement, not
supplant, appropriations from the General Fund or from the Fund
for a Healthy Maine.

2 6. General Fund limitation. Notwithstanding any provision
3 to the contrary in this section, funding for any program,
4 expansion of a program, expenditure or transfer authorized by the
5 Legislature using the fund may not be transferred to the General
6 Fund without specific legislative approval.

7 7. Obesity prevention purposes. Allocations are limited to
8 the following obesity prevention-related purposes:

10 A. Coordinated school health programs;

12 B. Annual assessments of body-mass index of students in
13 schools;

14 C. Increased availability of fresh fruits and vegetables in
15 schools; and

16 D. Media campaigns encouraging healthy diets and physical
17 fitness.

18 8. Report by Treasurer of State. The Treasurer of State
19 shall report at least annually on or before the 2nd Friday in
20 December to the joint standing committee of the Legislature
21 having jurisdiction over appropriations and financial affairs and
22 the joint standing committee of the Legislature having
23 jurisdiction over health and human services matters. The report
24 must summarize the activity in any funds or accounts directly
25 related to this section.

26 9. Annual appropriation. Beginning July 1, 2006, the State
27 Controller is authorized to provide an annual appropriation from
28 the General Fund to the fund to provide money for the purposes
29 described in subsection 7, in an amount determined by the
30 Legislature to adequately support those purposes.

31 10. Restricted accounts. The State Controller is
32 authorized to establish separate accounts within the fund in
33 order to segregate money received by the fund from any source,
34 whether public or private, that requires as a condition of the
35 contribution to the fund that the use of the money contributed be
36 restricted to one or more of the purposes specified in subsection
37 7. Money credited to a restricted account established under this
38 subsection may be applied only to the purposes to which the
39 account is restricted.

40 Sec. 2. Commission extended. The Commission to Study Public
41 Health, created pursuant to Resolve 2003, chapter 95, is extended
42 through the Second Regular Session of the 122nd Legislature for
43 the following purposes: to collect and evaluate evidence, to
44 coordinate wellness initiatives, to seek grant funding
45

2 and to evaluate existing health and wellness programs. The
3 commission shall submit a report concerning its activities
4 relating to these purposes and any accompanying legislation to
5 the First Regular Session of the 123rd Legislature by November 3,
6 2006. The commission is authorized to submit legislation related
7 to its report to the First Regular Session of the 123rd
8 Legislature.

10 **Sec. 3. Dirigo Health study and report; Department of Health and
11 Human Services study and report.** The Board of Directors of Dirigo
12 Health, established pursuant to the Maine Revised Statutes, Title
13 24-A, chapter 87, shall consider the recommendations of the
14 Commission to Study Public Health related to providing incentives
15 to individuals using certain public benefit programs when it
16 reviews the "Healthy ME Rewards" incentive program of the Dirigo
17 Health plan. In response to the recommendations included in the
18 final report of the Commission to Study Public Health, the Board
19 of Directors of Dirigo Health shall conduct a study that includes
20 the following:

22 1. An analysis of the extent to which the "Healthy ME
23 Rewards" incentive program, or any quality assurance, disease
24 prevention, disease management or cost-containment programs
25 included as part of the Dirigo Health plan in accordance with the
26 Maine Revised Statutes, Title 24-A, section 6910, contains
27 incentives that encourage the purchase of healthy and nutritious
28 food by individuals enrolled in the health plan and their
dependents;

30 2. An analysis of how food purchasing behavior information
31 obtained via the electronic benefit transfer, EBT, card system
32 about individuals receiving public benefits through the Food
33 Stamp Program can be directly used by the Dirigo Health plan's
34 "Healthy ME Rewards" incentive program to provide incentives to
35 individuals enrolled in the health plan that participate in the
36 Food Stamp Program; and

38 3. An analysis of the extent to which the consumer education
39 campaign developed and conducted by the Maine Quality Forum in
40 accordance with the Maine Revised Statutes, Title 24-A, section
41 6951, subsection 5 to help health care consumers make informed
42 decisions and engage in healthy lifestyles includes information
43 regarding the consumption of healthy and nutritious food by
44 individuals enrolled in the Dirigo Health plan, as well as
45 individuals who are receiving public benefits through the Food
46 Stamp Program.

48 The Board of Directors of Dirigo Health shall submit a
report that includes findings and recommendations from the

2 analyses of issues identified in this section as part of the
annual report required by September 1, 2006 in accordance with
4 the Maine Revised Statutes, Title 24-A, section 6908, subsection
6.

6 In addition, as part of the effort recommended by the
Commission to Study Public Health to encourage the purchase of
8 healthy and nutritious food by families using certain public
benefit programs, the Department of Health and Human Services
10 shall determine whether the EBT card system can obtain
information regarding the fruit and vegetable purchasing behavior
12 of individuals who are receiving public benefits through the Food
Stamp Program, including the purchase of Maine-grown fruits and
14 vegetables, and whether this information can be directly used by
the Dirigo Health plan "Healthy ME Rewards" incentive program to
16 provide incentives to individuals enrolled in the health plan
that participate in the Food Stamp Program. The Commissioner of
18 Health and Human Services shall submit a report that includes the
information determined pursuant to this section by November 2,
20 2005 to the joint standing committee of the Legislature having
jurisdiction over insurance and financial services matters and
22 the joint standing committee of the Legislature having
jurisdiction over health and human services matters.

24
**Sec. 4. Comprehensive employee health program addressing
26 obesity.** The Department of Administrative and Financial Services,
Bureau of Human Resources, Division of Employee Health and
28 Benefits shall implement a comprehensive, population-based
approach to addressing obesity-related risk factors and disease
30 management, including nutrition counseling and physical activity
and health risk identification and management. Implementation
32 should include:

34 1. Creating one or more full-time positions within State
Government to support the development of a health improvement
36 infrastructure;

38 2. Requiring flex-time policies covering all state employees
to encourage and support employee health;

40 3. Conducting an inventory of the availability of fitness
42 centers in locations of heavy concentrations of state employees;

44 4. Creating performance management objectives through which
supervisors and managers support and encourage healthy lifestyles
46 among employees they supervise; and

48 5. Dedicating at least 0.5% of annual health insurance
50 premiums for all state employees to support employee health and
wellness.

2 **Sec. 5. Expedited bid process.** The Department of Administrative
and Financial Services shall create an expedited process for
4 consideration and approval of bids for pilot projects related to
state employee health.

6 **Sec. 6. Healthy food and beverage options at state cafeterias, snack
bars and vending machines.** The Department of Labor, Bureau of
8 Rehabilitation Services, Division of the Blind and Visually
Impaired shall:

10 1. Implement recommendations of food choice committees to
12 include healthy food and beverage options at cafeterias, snack
bars and vending machines under the division's purview. These
14 food choice committees shall consider providing price incentives
for purchase of healthy foods and beverages;

16 2. Develop a system for tracking food purchases at
18 cafeterias and snack bars and in vending machines under the
division's purview;

20 3. Perform nutritional analysis on all major-selling food
22 items and post caloric and nutritional information at cafeterias
and snack bars under the division's purview; and

24 4. Include in the food choice committee for any executive
26 department that uses a cafeteria or snack bar under the
division's purview a wellness coordinator from that department.

28 **Sec. 7. Investigation of insurance cost savings.** The State
30 Employee Health Commission, established pursuant to the Maine
Revised Statutes, Title 5, section 285-A, shall direct any
32 insurance carrier providing health insurance coverage to state
employees, retirees or MaineCare participants to investigate the
34 cost savings of including the following services as part of that
coverage, and if cost savings are shown, shall strongly recommend
36 implementation of these services: body-mass index assessment;
intensive counseling and behavioral interventions for any
38 employee with a body-mass index of at least 30 kilograms per
square meter; and evidence-based interventions for any employee
40 with a body-mass index of at least 25 kilograms per square meter
who is 45 years of age or older and has been diagnosed with
42 prediabetes.

44 **Sec. 8. Encouragement of insurance incentives.** The Department of
Professional and Financial Regulation, Bureau of Insurance shall
46 compose and distribute a letter to all carriers, as that term is
defined in the Maine Revised Statutes, Title 24-A, section
48 4301-A, subsection 3, encouraging those carriers to provide
incentives for their insureds to engage in the following
50 services: body-mass index assessment; intensive counseling and

2 behavioral interventions for any covered person with a body-mass
index of at least 30 kilograms per square meter; and
4 evidence-based interventions for any covered person with a
body-mass index of at least 25 kilograms per square meter who is
45 years of age or older and has been diagnosed with prediabetes.
6

8 **SUMMARY**

10 This bill implements recommendations of the Commission to
Study Public Health, which was created pursuant to Resolve 2003,
12 chapter 95. The bill:

14 1. Creates the Maine Obesity Prevention Fund, which is to
be funded from sources determined by the Legislature to be
16 contributing causes of obesity. This fund may not be funded by
allocations from the Fund for a Healthy Maine, and allocations
18 may not be made from it to the General Fund;

20 2. Extends the Commission to Study Public Health through
the Second Regular Session of the 122nd Legislature;

22 3. Directs the Dirigo Health board and the Department of
24 Health and Human Services to study and report on incentives
provided to encourage purchases of healthy food and beverages;

26 4. Directs the Department of Administrative and Financial
28 Services, Bureau of Human Resources, Division of Employee Health
and Benefits to implement a comprehensive employee health program
30 addressing obesity;

32 5. Directs the Department of Administrative and Financial
Services to create an expedited bid process for pilot projects
34 related to employee health;

36 6. Directs the Department of Labor, Bureau of
Rehabilitation Services, Division of the Blind and Visually
38 Impaired to pursue reforms that will increase the availability of
healthy foods and beverages in cafeterias, snack bars and vending
40 machines under the division's purview;

42 7. Directs the State Employee Health Commission to direct
health insurance carriers who provide health coverage for state
44 employees, retirees and MaineCare recipients to investigate, and
possibly implement, potentially cost-saving services for obesity
46 prevention among their insureds; and

48 8. Directs the Department of Professional and Financial
Regulation, Bureau of Insurance to encourage all health insurance

2 carriers to provide incentives for their insureds to make use of potentially cost-saving services for obesity prevention.