



122nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2005

Legislative Document

No. 694

S.P. 231

In Senate, February 10, 2005

An Act To Restore Fair MaineCare Payments to Critical Access Hospitals

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.

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JOY J. O'BRIEN Secretary of the Senate

Presented by Senator DAVIS of Piscataquis. Cosponsored by Representative AUSTIN of Gray and Senators: HASTINGS of Oxford, NASS of York, SAVAGE of Knox, TURNER of Cumberland, WESTON of Waldo, WOODCOCK of Franklin, Representatives: PINKHAM of Lexington Township, ROSEN of Bucksport. **Emergency preamble. Whereas,** acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, it is imperative to improve the Medicare payments to critical access hospitals; and

8 Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of 10 Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and 12 safety; now, therefore,

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

16 Sec. 1. 22 MRSA §1714-B is enacted to read:

18 §1714-B. Critical access hospital inpatient services

20 MaineCare shall reimburse for 101% of the total MaineCare inpatient operating costs from the most recent cost report filed 22 by the hospital, inflated forward to the current state fiscal year. One million dollars, the state share of which is provided 24 by the hospital tax revenue, must be reallocated annually among the critical access hospitals based on their relative proportion 26 of MaineCare services as compared to other critical access hospitals.

Emergency clause. In view of the emergency cited in the 30 preamble, this Act takes effect when approved.

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SUMMARY

The bill requires the Department of Health and Human Services to use a current critical access hospital cost report as the basis for determining MaineCare reimbursement rates and restores the full staff enhancement payment for critical access hospitals.