

MAINE STATE LEGISLATURE

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122nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2005

Legislative Document

No. 1359

H.P. 942

House of Representatives, March 17, 2005

**An Act To Amend the Maine Health Data Organization Statutes and
To Extend the Operation of the Maine Health Data Processing
Center**

Submitted by the Maine Health Data Organization pursuant to Joint Rule 204.
Reference to the Committee on Health and Human Services suggested and ordered printed.

Millicent M. MacFarland
MILLICENT M. MacFARLAND
Clerk

Presented by Representative PINGREE of North Haven.
Cosponsored by Representatives: MILLER of Somerville, SAVIELLO of Wilton, Senator:
COWGER of Kennebec.

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

4 **Sec. 1. 10 MRSA §691**, as enacted by PL 2001, c. 456, §1, is amended to read:

6 **§691. Repeal**

8 This chapter is repealed September 1, ~~2005~~ 2010.

10 **Sec. 2. 22 MRSA §8702, sub-§4**, as amended by PL 2003, c. 469, Pt. C, §17 and c. 689, Pt. B, §6, is further amended to read:

12 **4. Health care facility.** "Health care facility" means a
14 public or private, proprietary or not-for-profit entity or
16 institution providing health services, including, but not limited
18 to, a radiological facility licensed under chapter 160, a health
20 care facility licensed under chapter 405 or certified under
22 chapter 405-D, an independent radiological service center, a
24 federally qualified health center, rural health clinic or
26 rehabilitation agency certified or otherwise approved by the
28 Division of Licensing and Certification within the Department of
Health and Human Services, a home health care provider licensed
under chapter 419, an assisted living program or a residential
care facility licensed under chapter ~~1664~~ 1663, a hospice
provider licensed under chapter 1681, a retail store drug outlet
licensed under Title 32, chapter 117, a state institution as
defined under Title 34-B, chapter 1 and a mental health facility
licensed under Title 34-B, chapter 1.

30 **Sec. 3. 22 MRSA §8703, sub-§2, ¶A**, as amended by PL 2003, c. 264, §1, is further amended to read:

32 A. The Governor shall appoint 18 board members in
34 accordance with the following requirements. Appointments by
the Governor are not subject to review or confirmation.

36 (1) Four members must represent consumers. For the
38 purposes of this section, "consumer" means a person who
40 is not affiliated with or employed by a 3rd-party
payor, a provider or an association representing those
providers or those 3rd-party payors.

42 (2) Three members must represent employers. One
44 member must be chosen from a list provided by a health
management coalition in this State.

46 (3) Two members must represent 3rd-party payors chosen
48 from a list provided by a statewide organization
representing 3rd-party payors.

2 (4) Nine members must represent providers. Two
3 provider members must represent hospitals chosen from a
4 list of ~~at least 5 current hospital representatives~~
5 provided by the Maine Hospital Association. Two
6 provider members must be physicians or representatives
7 of physicians, one chosen from a list of ~~at least 5~~
8 ~~nominees~~ provided jointly by the Maine Medical
9 Association and one chosen from a list provided by the
10 Maine Osteopathic Association. One provider member
11 must be a ~~chiropractor~~ doctor of chiropractic chosen
12 from a list provided by a statewide chiropractic
13 association. One provider member must be a
14 representative, chosen from a list provided by the
15 Maine Primary Care Association, of a federally
16 qualified health center. One provider member must be a
17 pharmacist chosen from a list provided by the Maine
18 Pharmacy Association. One provider member must be a
19 mental health provider chosen from a list provided by
20 the Maine Association of Mental Health Services. One
21 provider member must represent a home health care
22 company.

24 **Sec. 4. 22 MRSA §8703, sub-§3**, as amended by PL 2001, c. 457,
25 §6, is further amended to read:

26 **3. Terms of office.** The terms of office of board members
27 are determined under this subsection.

30 A. The terms of board members appointed by the Governor are
31 determined as follows.

32 (1) Initial terms are staggered. One consumer, one
33 employer, one 3rd-party payor and 3 providers shall
34 serve one-year terms. Two consumers, one employer, one
35 3rd-party payor and 3 providers shall serve 2-year
36 terms.

37 (2) After the initial terms, members appointed by the
38 Governor shall serve full ~~2-year~~ 3-year terms and shall
39 continue to serve until their successors have been
40 appointed.

41 (3) Board members may serve 3 full terms consecutively.

42 B. The terms of departmental board members are ~~2-year~~
43 3-year terms. Departmental board members may serve an
44 unlimited number of terms.

2 **Sec. 5. 22 MRSA §8704, sub-§7**, as amended by PL 2003, c. 469,
Pt. C, §25, is further amended to read:

4 **7. Annual report.** The board shall prepare and submit an
annual report on the operation of the organization and the Maine
6 Health Data Processing Center as authorized in Title 10, section
681, including any activity contracted for by the organization,
8 ~~and on health care trends~~ to the Governor and the joint standing
committee of the Legislature having jurisdiction over health and
10 human services matters no later than February 1st of each year.
The report must include an annual accounting of all revenue
12 received and expenditures incurred in the previous year and all
revenue and expenditures planned for the next year. The report
14 must include a list of persons or entities that requested data
from the organization in the preceding year with a brief summary
16 of the stated purpose of the request.

18 **Sec. 6. 22 MRSA §8705-A, sub-§2**, as enacted by PL 2003, c.
659, §2, is amended to read:

20 **2. Rulemaking.** The board shall adopt rules to implement
22 this section. ~~Rules adopted pursuant to this subsection are~~
~~major substantive rules as defined in Title 5, chapter 375,~~
24 ~~subchapter 2-A.~~ The rules may contain procedures for monitoring
compliance with this chapter. Rules adopted pursuant to this
26 subsection must include a schedule of fines for:

28 A. Failure to file data;

30 B. Failure to pay assessments; and

32 C. Intentionally or knowingly and without authorization
using or disseminating health care information that directly
34 or indirectly identifies patients or health care
practitioners performing abortions as defined in section
36 1596.

38 **Sec. 7. 22 MRSA §8706, sub-§2, ¶B**, as repealed and replaced by
PL 1997, c. 525, §3, is amended to read:

40 B. Reasonable user fees must be charged on a sliding scale
42 for the right to access and use the health data and
information available from the organization. Fees may be
44 charged for services provided to the department on a
contractual basis. ~~Fees must be waived for the Bureau of~~
46 ~~Insurance.~~ Fees may be reduced or waived for users that
demonstrate a plan to use the data or information in
48 research of general value to the public health or inability
to pay the scheduled fees, as provided by rules adopted by
50 the board.

2 **Sec. 8. 22 MRSA §8708-A**, as enacted by PL 2003, c. 469, Pt.
C, §28, is amended to read:

4
6 **§8708-A. Quality data**

8 The board shall adopt rules regarding the collection of
10 quality data. The board shall work with the Maine Quality Forum
12 and the Maine Quality Forum Advisory Council established in Title
14 24-A, chapter 87, subchapter 2 to develop the rules. The rules
16 must be based on the quality measures adopted by the Maine
18 Quality Forum pursuant to Title 24-A, section 6951, subsection
20 2. The rules must specify the content, form, medium and
22 frequency of quality data to be submitted to the organization.
24 In the collection of quality data, the organization must minimize
duplication of effort, minimize the burden on those required to
provide data and focus on data that may be retrieved in
electronic format from within a health care practitioner's office
or health care facility. As specified by the rules, health care
practitioners and health care facilities shall submit quality
data to the organization. ~~Rules adopted pursuant to this section
are major substantive rules as defined in Title 5, chapter 375,
subchapter 2-A.~~

26 **Sec. 9. 22 MRSA §8711, sub-§2**, as amended by PL 1999, c. 353,
§16, is repealed.

28 **Sec. 10. Rulemaking; routine technical.** Rules adopted pursuant
30 to the Maine Revised Statutes, Title 22, section 8705-A,
32 subsection 2 and section 8708-A revert to being routine technical
34 rules, as defined in Title 5, chapter 375, subchapter 2-A, under
the general rule-making power of the Board of Directors of the
Maine Health Data Organization granted under Title 22, section
8704, subsection 4.

36
38 **SUMMARY**

40 This bill extends the statutory authority of the Maine
42 Health Data Processing Center from September 1, 2005 to September
44 1, 2010. The bill also eliminates the major substantive rule
requirement for the Maine Health Data Organization enforcement
rules and the quality data rules, makes a number of modifications
to provide consistency within the statutes and repeals language
that is obsolete.