

MAINE STATE LEGISLATURE

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Date: 5/23/17

L.D. 1134
(Filing No. H-258)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
128TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 797, L.D. 1134, Bill, "An Act To Amend the Laws Governing Nursing Facilities To Permit Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants To Perform Certain Physician Tasks"

Amend the bill in section 1 in §1812-L in subsection 1 by striking out all of paragraphs B and C (page 1, lines 9 to 16 in L.D.) and inserting the following:

B. The alternate required visits may be performed by a physician assistant, nurse practitioner or clinical nurse specialist who is licensed or certified as such by the State and performing within the authorized scope of practice if delegated by a physician;

C. Medically necessary visits may be performed by a physician assistant, nurse practitioner or clinical nurse specialist who is licensed or certified as such by the State and performing within the authorized scope of practice if delegated by a physician; and'

SUMMARY

This amendment clarifies that alternate required visits and medically necessary visits in skilled nursing facilities may be performed by physician assistants, nurse practitioners and clinical nurse specialists operating within their scope of practice if those tasks have been delegated by a physician.

FISCAL NOTE REQUIRED
(See attached)

COMMITTEE AMENDMENT



128th MAINE LEGISLATURE

LD 1134

LR 951(02)

An Act To Amend the Laws Governing Nursing Facilities To Permit Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants To Perform Certain Physician Tasks

Fiscal Note for Bill as Amended by Committee Amendment "A" (H-258)
Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

Potential future biennium savings - General Fund
Potential future biennium savings - Federal Expenditures Fund

Fiscal Detail and Notes

This bill provides that, in accordance with federal regulations for certain nursing home level services, a physician assistant, nurse practitioner or clinical nurse specialist may provide medically necessary visits currently performed by a physician. For nursing facilities a prospective case mix payment system is utilized in which the payment rate for services is set in advance of the actual provision of those services. The rate is established in a two-step process: 1) facility's base-year cost report is reviewed to extract those costs that are allowable costs and 2) the costs which must be incurred by an efficiently and economically operated facility are identified. Since these rates are set ahead of service, any savings from using a lower clinical level to provide certain services would not be achieved until a future biennium. The efficiencies gained through this bill may not lead to immediate savings in the MaineCare system because skilled nursing facilities are not reimbursed for each direct service, but rather on a per diem basis. Long-term the per diem rates should be adjusted lower because of this bill and the MaineCare system should incur savings.