

MAINE STATE LEGISLATURE

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LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND FOURTEENTH LEGISLATURE

FIRST REGULAR SESSION

December 7, 1988 to July 1, 1989

THE GENERAL EFFECTIVE DATE FOR
NON-EMERGENCY LAWS IS
SEPTEMBER 30, 1989

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

J.S. McCarthy Company
Augusta, Maine
1989

PUBLIC LAWS

OF THE

STATE OF MAINE

AS PASSED AT THE
FIRST REGULAR SESSION
of the
ONE HUNDRED AND FOURTEENTH LEGISLATURE
1989

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

Sec. 1. 22 MRSA §254, 2nd ¶, as enacted by PL 1987, c. 746, is amended to read:

In any year in which this program is conducted, it shall ~~also~~ include antiarthritic drugs and the amount that a recipient pays toward the cost of any such covered purchase shall be \$10.

Sec. 2. 22 MRSA §254, as repealed and replaced by PL 1987, c. 746, is amended by adding after the 2nd paragraph a new paragraph to read:

In any year in which this program is conducted, it shall include anticoagulant drugs and the amount that a recipient pays toward the cost of any such covered purchase shall be \$2.

See title page for effective date.

CHAPTER 564

H.P. 210 - L.D. 290

An Act to Amend the Elderly Low-cost Drug Program

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

Sec. 1. 22 MRSA §254, first ¶, as repealed and replaced by PL 1987, c. 746, is amended to read:

The Department of Human Services may conduct a program to provide low-cost prescription and nonprescription drugs, medication and medical supplies to disadvantaged, elderly individuals. In any year in which this program is conducted, it shall include any prescription drugs used for the treatment of chronic obstructive lung disease. To fund the addition of drugs for this ailment, the amount that a recipient pays toward the cost of any covered purchase shall be ~~\$3~~ \$2. If the initial projections for expenditures in the chronic obstructive lung disease program indicate that funding for the total program will be inadequate for the remainder of the fiscal year, that part of the program dealing with chronic obstructive lung disease shall be discontinued for the remainder of the fiscal year. The department shall keep cost and utilization records necessary to evaluate the chronic obstructive lung disease program and report on this program to the Legislature by January 1989.

Sec. 2. 22 MRSA §254, 2nd ¶, as enacted by PL 1987, c. 746, is amended to read:

In any year in which this program is conducted, it shall also include anti-arthritis drugs and the amount that a recipient pays toward the cost of any such covered purchase shall be ~~\$10~~ \$2.

Sec. 3. 22 MRSA §254, sub-§4-A, as amended by PL 1983, c. 290, is further amended to read:

4-A. Payment for drugs provided. The commissioner may establish the amount of payment to be made by recipients toward the cost of prescription or nonprescription drugs, medication and medical supplies furnished under this program provided that the total cost for any covered purchase of a prescription or nonprescription drug or medication does not exceed \$2; and

Sec. 4. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Act.

1990-91

HUMAN SERVICES, DEPARTMENT OF

Free Drugs to Maine's Elderly

All Other	\$100,000
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Provides funds to cover increased costs due to reducing the copayment for anti-arthritis drugs.

See title page for effective date.

CHAPTER 565

H.P. 32 - L.D. 32

An Act Relating to the Collection of Specified Health Care Information

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

Sec. 1. 22 MRSA §381, sub-§2, ¶D is enacted to read:

D. It is further the intent of the Legislature that a uniform system of reporting outpatient health care data shall be established; that information be collected from both the hospital and nonhospital settings regarding specified procedures and diagnoses; that this information be collected in such a manner as to provide meaningful health care information to providers and consumers; that this information be collected in such a manner that consumer and provider utilization of services can be monitored; that the information be collected in such a manner that outpatient service charges can be monitored; and that the information collected be available as a basis of determining public health policy.

Sec. 2. 22 MRSA §382, sub-§8-A is enacted to read:

8-A. Major ambulatory service. "Major ambulatory service" means surgical procedures, chiropractic method-