

# 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.

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J.S. McCarthy Company  
Augusta, Maine  
1989

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**PUBLIC LAWS**

OF THE

**STATE OF MAINE**

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

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**Sec. 2. 22 MRSA §254**, as repealed and replaced by PL 1987, c. 746, is amended by adding after the 2nd paragraph a new paragraph to read: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

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**Sec. 1. 22 MRSA §254, first ¶**, as repealed and replaced by PL 1987, c. 746, is amended to read: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

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## 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-

ologies or medical procedures, including diagnostic procedures and therapeutic radiological procedures, which require special facilities such as operating rooms or suites, special equipment such as fluoroscopic equipment or computed tomographic scanners or special rooms such as a post-procedure recovery room or short-term convalescent room.

**Sec. 3. 22 MRSA §390**, as enacted by PL 1983, c. 579, §10, is amended to read:

**§390. Enforcement**

Upon application of the commission or the Attorney General, the Superior Court shall have full jurisdiction to enforce all orders of the commission and the performance by ~~health care facilities~~ providers of health care of all duties imposed upon them by this chapter and any valid regulations adopted pursuant to this chapter.

**Sec. 4. 22 MRSA §391, sub-§6** is enacted to read:

**6. Nonhospital data collection expenses.** The funds required to support the collection, storage and analysis by the commission of data from providers of health care other than hospitals shall be provided through appropriations from the General Fund and not by means of the assessment provided for in subsection 1.

**Sec. 5. 22 MRSA §394, sub-§2, ¶C**, as enacted by PL 1983, c. 579, §10, is amended to read:

C. A completed uniform hospital discharge data set, or comparable information, for each patient discharged from the facility after June 30, 1983; and for each major ambulatory service listed pursuant to subsection 11, occurring after January 1, 1991.

**Sec. 6. 22 MRSA §394, sub-§2-A** is enacted to read:

**2-A. Additional information on ambulatory surgery.** Pursuant to rules adopted by the commission for form, medium, content and time for filing, each provider of health care shall file with the commission a completed data set, comparable to data filed by health care facilities under subsection 2, paragraph C, for each ambulatory surgery listed pursuant to subsection 11, occurring after January 1, 1990. This subsection shall not be construed to require duplication of information also required to be filed under subsection 2.

**Sec. 7. 22 MRSA §394, sub-§3**, as enacted by PL 1983, c. 579, §10, is amended to read:

**3. Storage of data.** The commission may, subject to section 386, subsection 6, contract with any entity, including an independent data organization, to store discharge data filed with the commission and comparable data filed with the commission with respect to major ambulatory services. For purposes of this subsection, "independent data organization" means an organization of data users, a majority of whose members are neither providers of health care, organizations representing providers of health care, nor individuals

affiliated with those providers or organizations, and whose purposes are the cooperative collection, storage and retrieval of health care information.

**Sec. 8. 22 MRSA §394, sub-§7-A** is enacted to read:

**7-A. More than one location.** When a provider of health care operates in more than one location, the commission may require that information be reported separately for each location.

**Sec. 9. 22 MRSA §394, sub-§9**, as enacted by PL 1983, c. 579, §10, is amended to read:

**9. Verification.** If a further investigation is considered necessary or desirable to verify the accuracy of information in reports made ~~by health care facilities~~ under this chapter, the commission may examine further any records and accounts as the commission may by regulation provide. As part of the examination, the commission may conduct a full or partial audit of all such records and accounts.

**Sec. 10. 22 MRSA §394, sub-§11** is enacted to read:

**11. Data lists.** Beginning on October 1, 1989, and at least annually thereafter, the commission shall by rule prepare a list of major ambulatory services for which data is to be collected pursuant to subsection 2, paragraph C, and a list of ambulatory surgeries for which data is to be collected pursuant to subsection 2-A. The commission shall distribute the lists to those providers of health care that are required to file information under subsection 2 or 2-A.

**Sec. 11. 22 MRSA §395-A** is enacted to read:

**§395-A. Health care information**

**1. Development of health care information systems.** In addition to the commission's authority to obtain information to carry out the specific provisions of this subchapter, the commission may require providers of health care to furnish information with respect to the nature and quantity of services provided to the extent necessary to develop proposals for the modification, refinement or expansion of the systems of information disclosure established under this subchapter. The commission's authority under this subsection includes the design and implementation of pilot information reporting systems affecting selected categories of providers of health care or representative samples of providers.

**2. Demonstration project.** The commission may establish a demonstration project requiring the submission of data from all providers with respect to services listed in subsection 3 in nonhospital settings. The demonstration project shall be designed to test the feasibility of using standard claim forms for the submission of data, how the cost of data collection is balanced with the value of the data, whether patient-specific or aggregate data can best address the purposes for which the data is sought, and whether providers should be compensated for providing the data.

3. Covered services. The services for which data may be required under subsection 2 are:

- A. Computed tomography services;
- B. Magnetic resonance imaging services;
- C. Cardiac angiography; and
- D. Cardiac catheterization services.

**Sec. 12. Appropriation.** The following funds are appropriated from the General Fund to carry out the purposes of this Act.

1990-91

**MAINE HEALTH CARE FINANCE COMMISSION**

**Health Care Finance Commission**

All Other	\$10,800
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Provides funds to cover the nonhealth providers' share of the cost of collecting certain outpatient data. Funds will be used to edit data, purchase a computer and office furniture, and cover general operating expenses.

**Sec. 13. Allocation.** The following funds are allocated from Other Special Revenue funds to carry out the purposes of this Act.

	1989-90	1990-91
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**MAINE HEALTH CARE FINANCE COMMISSION**

**Health Care Finance Commission**

Positions	(1)	(1)
Personal Services	\$27,054	\$37,852

Allocates funds for a Comprehensive Health Planner II to collect and analyze outpatient data. This allocation will cover the hospitals' share of the data collection.

See title page for effective date.

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**CHAPTER 566**

**H.P. 157 - L.D. 222**

**An Act Concerning Public Assistance Eligibility**

**Emergency preamble.** Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** it is necessary to ensure that veterans eligible for Agent Orange awards will not lose any eligibility for public assistance because of delay in enactment of this bill; and

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

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

**22 MRSA §9-A** is enacted to read:

**§9-A. Public assistance eligibility**

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

**A. "Public assistance" means any of the following:**

- (1) Aid to families with dependent children under chapter 1053;
- (2) Food stamp assistance under section 3104;
- (3) General assistance under chapter 855 and any state-funded portion under chapter 1161; and
- (4) Medical assistance under chapter 855.

**B. "Agent Orange" means the chemical containing trichlorophenoxy acidic acid and dichlorophenoxy acidic acid, which was used in Southeast Asia during the Vietnam Conflict.**

**2. Agent Orange award; eligibility not affected.** In determining eligibility for public assistance, any money or other form of compensation received by a person as a result of a settlement agreement or a money judgment in a law suit against a manufacturer or distributor of Agent Orange for damages resulting from exposure to Agent Orange may not reduce the amount of public assistance otherwise received by that person and is not subject to a lien or available for repayment to the State or municipality for public assistance received by that person.

**Emergency clause.** In view of the emergency cited in the preamble, this Act shall take effect when approved.

Effective July 11, 1989.

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