

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE
ONE HUNDRED AND TWENTIETH LEGISLATURE
FIRST REGULAR SESSION
December 6, 2000 to June 22, 2001

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 21, 2001

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
2001

tive unit over a period of not less than one year. The commissioner shall pilot this process during the 2001-2002 and 2002-2003 school years and shall develop rules for school administrative unit assistance and accountability to safeguard the learning of the students in the school administrative unit.

§6211. Rulemaking

The commissioner shall develop rules to accomplish the purposes of this chapter. Rules adopted pursuant to this chapter are major substantive rules as defined in Title 5, chapter 375, subchapter II-A.

Sec. 34. 20-A MRSA §8101, as enacted by PL 1981, c. 693, §§5 and 8, is amended to read:

§8101. Purpose

The Legislature recognizes that gifted and talented students, who comprise approximately 3% to 5% of Maine's students, require differentiated education programs ~~and services~~ that are aligned with the system of learning results as established in section 6209, beyond those normally provided by the regular school program in order to realize their educational potential and contribution to themselves and to society.

Sec. 35. 20-A MRSA §8202, sub-§1, as enacted by PL 1993, c. 706, Pt. A, §4, is amended to read:

1. Curriculum. The school's curriculum is designed to exceed existing state educational standards in the content areas of the system of learning results established in section 6209.

Sec. 36. 20-A MRSA §8306-A, first ¶, as enacted by PL 1991, c. 518, §6, is amended to read:

The commissioner may adopt rules to establish requirements for vocational education programs and courses in alignment with the system of learning results established in section 6209, to establish procedures for approving vocational education programs and courses and to otherwise carry out the purposes of this chapter.

Sec. 37. Legislative intent; application of system of learning results to certain private schools. It is the intent of the Legislature that the system of learning results reflect high expectations for all students and create conditions where these expectations can be met. To achieve this intent, while the Legislature recognizes the distinct character of Maine's private schools that enroll 60% or more publicly funded students, as determined by the previous school year's October and April average enrollment, such schools are required to participate in the system of learning results to the extent specifically

provided in the Maine Revised Statutes, Title 20-A, section 6202; section 6202-A, subsection 4; and section 6209.

Sec. 38. Contributions from General Fund. It is the intent of the Legislature to provide adequate funding from the State in order to finance the requirements of the Maine Revised Statutes, Title 20-A, chapter 222 in implementing this Act. The state funding requirements to implement this Act must be addressed by the Joint Standing Committee on Education and Cultural Affairs during the Second Regular Session of the 120th Legislature as the Legislature considers the transition of the school funding formula to a formula based on the essential programs and services model.

See title page for effective date.

CHAPTER 455

S.P. 82 - L.D. 302

An Act to Designate the Ryefield Bridge an Historic Bridge

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

Sec. 1. 23 MRSA §603, first ¶, as amended by PL 1987, c. 107, is further amended to read:

The State shall be responsible for the management of and all costs for maintenance and rehabilitation for the following historic bridges: Lovejoy Bridge, Andover; Robyville Bridge, Corinth; Hemlock Bridge, Fryeburg; Bennett Bridge, Lincoln Plantation; Watson's Bridge, Littleton; Artist's Bridge, Newry; Lowe's Bridge, Sangerville-Guilford; Babb's Bridge, Windham-Gorham; Wire Bridge, New Portland; Porter Bridge, Porter-Parsonsfield; Bailey Island Bridge, Harpswell; Sewall's Bridge, York; ~~and~~ Waldo-Hancock Bridge, Prospect-Verona; and Ryefield Bridge, Harrison-Otisfield.

See title page for effective date.

CHAPTER 456

H.P. 980 - L.D. 1304

An Act to Create the Maine Health Data Processing Center

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

Whereas, action is required to begin the formation and operation of the Maine Health Data Processing Center in a timely manner in order to process data at a savings to the State; 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:

Sec. 1. 10 MRSA c. 102-A is enacted to read:

CHAPTER 102-A

MAINE HEALTH DATA PROCESSING CENTER

§681. Authority to establish

The Maine Health Data Organization, established pursuant to Title 22, chapter 1683, and a nonprofit health data processing entity referred to in this chapter as the "Maine Health Information Center" or its successor organization may form a nonprofit corporation under Title 13-B in order to collect and process health care claims data, to be known as the Maine Health Data Processing Center, referred to in this chapter as the "center." The center shall carry out its purposes in complement to and in coordination with the Maine Health Data Organization and the Maine Health Information Center.

The center is a nonprofit corporation with a public purpose and the exercise by the center of the powers conferred by this chapter is an essential governmental function.

§682. Function of center

The center shall collect and process health care claims data in coordination with existing state, regional and local agencies. Such efforts must include, but are not limited to, the following:

1. Establishing, maintaining and making available database system. Establishing, maintaining and making available to the Maine Health Data Organization an all-payor and all-setting health care database system based on claims data in addition to the existing databases of the Maine Health Data Organization. The center shall provide the Maine Health Data Organization with a health care claims database for public dissemination, subject to confidentiality requirements of Title 22, chapter 1683 and the rules adopted pursuant to that chapter, within the

time period and in the manner specified by the Maine Health Data Organization;

2. Developing claims-based data. Building upon the experience and expertise of the Maine Health Data Organization and the Maine Health Information Center to collect, process and maintain health care data extracted from claims data in a cost-effective manner;

3. Collecting and processing data. Collecting and processing data from 3rd-party payors, 3rd-party administrators and governmental agencies; and

4. Promoting high-quality and accurate data. Promoting high-quality and accurate data to support easy and flexible access to the health care database by multiple users under terms and conditions specified by the Maine Health Data Organization.

All data collected and processed by the center is the sole and exclusive property of the Maine Health Data Organization for all purposes, including, but not limited to, the determination of what data is confidential and what data is available for release to the public. All data is subject to the provisions of Title 22, chapter 1683 and rules adopted pursuant to that chapter.

§683. Board of directors; officers

The Board of Directors of the Maine Health Data Processing Center, referred to in this chapter as the "board of directors," consists of 13 directors.

1. Nominations. The director of the Maine Health Data Organization and the president of the Maine Health Information Center are ex officio members of the board of directors and are authorized to vote. The director and president shall nominate the following representatives for service on the board of directors:

A. One member of the Maine Health Information Center board of directors and one member of the Maine Health Data Organization board of directors;

B. Four representatives of health care providers, 2 of whom must represent hospitals;

C. Two representatives of 3rd-party payors;

D. One representative of consumers of health care; and

E. Two representatives of employers.

2. Election. The names of the representatives nominated under this section must be presented to the boards of directors of the Maine Health Data Organization and the Maine Health Information Center for election to the board of directors.

3. Limitation on terms. An elected person may not serve as a director for more than 5 years in succession.

4. Chairs. The board of directors shall elect a chair and a vice-chair from among its members at the first meeting of the board each year.

5. Manager. The board of directors shall appoint a manager to serve at the pleasure of the board and to represent the board in the management of the center. The manager has the necessary authority and responsibility for the operational management of the center in all of the activities of the center.

§684. General powers

The center may:

1. Application for and receipt of funds. Apply for and receive funds from any private source or governmental entity by way of grant, donation or loan or in any other manner;

2. Real and personal property. Purchase, receive, hold, lease or acquire by foreclosure and operate, manage, license and sell, convey, transfer, grant or lease real and personal property together with such rights and privileges as may be incidental and appurtenant to the real and personal property and the use of the real and personal property, including, but not limited to, any real or personal property acquired by the center from time to time in the satisfaction of debts or enforcement of obligations;

3. Expenditures and obligations regarding real and personal property. Make all expenditures and incur any obligations reasonably required in the exercise of sound business principles to secure possession of, preserve, maintain, insure and improve real and personal property or interests in the real and personal property acquired by the center;

4. Contracts and liabilities. Make contracts, including contracts for services, and incur liabilities for any of the purposes authorized in the contracts;

5. Cooperation with agencies and organizations. Cooperate with and avail itself of the services of government agencies and the University of Maine System and cooperate, assist and otherwise encourage organizations, local or regional, private or public, in the various communities of the State in the collection and processing of health care data; and

6. Bylaws. Adopt bylaws that are consistent with this chapter for the governance of the affairs of the center, have the general powers accorded corporations under Title 13-A, section 202 and do all other things necessary or convenient to carry out the lawful purposes of the center.

§685. Limitation of powers

The center does not have power or authority to enter into contracts, obligations or commitments of any kind on behalf of the State or any of its agencies, nor does it have the power of eminent domain or any other power not provided to business corporations generally.

§686. Prohibited interests of officers, directors and employees

An officer, director or employee of the center or the spouse or dependent children of such a person may not receive any direct personal benefit from the activities of the center in assisting any private entity. This section does not prohibit corporations or other entities with which a director is associated by reason of ownership or employment from participating in health care data collection or processing activities with the center as long as the ownership or employment is made known to the board of directors and that director abstains from voting on matters relating to that participation.

§687. Funding

The State, through the Governor, may accept donations, bequests, devises, grants or other interests of any nature on behalf of the center and transfer funds, property or other interests to the center. The Maine Health Data Organization may also provide legislatively authorized funds to the center for the purposes described in sections 681 and 682.

§688. Audit; public access

Before January 1st of each year, the center shall provide an independent audit of the activities of the center to the boards of directors of the Maine Health Data Organization and the Maine Health Information Center. Audits must be done as required by law or by the Department of Administrative and Financial Services. To ensure public accountability, the center is subject to the provisions of Title 1, chapter 13, subchapter I.

§689. General conditions; dissolution

The center operates as a nonprofit organization consistent with its composition and broad public purposes. The following conditions apply to the operation or dissolution of the center.

1. Net earnings of center. The net earnings of the center may not inure to the benefit of any officer, director or employee, except that the center is authorized and empowered to pay reasonable compensation for services rendered and otherwise hold, manage and dispose of its property in furtherance of the purposes of the center.

2. Dissolution of center. Upon dissolution of the center, the board of directors shall, after paying or making provision for the payment of all liabilities of the center, cause all of the remaining assets of the center to be transferred to the Maine Health Data Organization and the Maine Health Information Center in shares proportionate to the total revenue transferred to the center by each entity.

§690. Liberal construction

This chapter must be liberally construed and broadly interpreted to effect the interest and purposes of the center for an improved health care data collection and processing effort in the State.

§691. Repeal

This chapter is repealed September 1, 2005.

Sec. 2. Allocation. The following funds are allocated from Other Special Revenue funds to carry out the purposes of this Act.

	2001-02	2002-03
MAINE HEALTH DATA ORGANIZATION		
Maine Health Data Organization		
Positions - Legislative Count	(3,000)	(3,000)
Personal Services	\$175,796	\$181,109
All Other	138,823	286,000
Allocates funds for 2 Programmer Analyst positions and one Planning and Research Associate II position and related operating costs to increase access to and improve the utility of health care information and to provide funds for the establishment of the Maine Health Data Processing Center.		
MAINE HEALTH DATA ORGANIZATION		
TOTAL	\$314,619	\$467,109

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

Effective June 28, 2001.

CHAPTER 457

S.P. 395 - L.D. 1310

An Act to Amend the Maine Health Data Organization Laws

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

Whereas, the Maine Health Data Organization will be required to proceed with rulemaking in order to achieve the purposes of this Act, and action to begin the rulemaking is required promptly; 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:

Sec. 1. 22 MRSA §8702, sub-§1-A is enacted to read:

1-A. Carrier. "Carrier" means an insurance company licensed in accordance with Title 24-A, including a health maintenance organization, a multiple employer welfare arrangement licensed pursuant to Title 24-A, chapter 81, a preferred provider organization, a fraternal benefit society or a nonprofit hospital or medical service organization or health plan licensed pursuant to Title 24. An employer exempted from the applicability of Title 24-A, chapter 56-A under the federal Employee Retirement Income Security Act of 1974, 29 United States Code, Sections 1001 to 1461 (1988) is not considered a carrier.

Sec. 2. 22 MRSA §8702, sub-§2, as enacted by PL 1995, c. 653, Pt. A, §2 and affected by §7, is amended to read:

2. Clinical data. "Clinical data" includes but is not limited to the data required to be submitted by providers, payors, 3rd-party administrators and carriers that provide only administrative services for a plan sponsor pursuant to sections 8708 and 8711.

Sec. 3. 22 MRSA §8702, sub-§§8-A and 10-A are enacted to read:

8-A. Plan sponsor. "Plan sponsor" means any person, other than an insurer, who establishes or maintains a plan covering residents of this State, including, but not limited to, plans established or maintained by 2 or more employers or jointly by one