

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)

LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-SECOND LEGISLATURE

FIRST REGULAR SESSION
December 1, 2004 to March 30, 2005

FIRST SPECIAL SESSION
April 4, 2005 to June 18, 2005

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
JUNE 29, 2005

THE GENERAL EFFECTIVE DATE FOR
FIRST SPECIAL SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 17, 2005

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

Penmor Lithographers
Lewiston, Maine
2005

practical following appointment of its members and shall select a chair from among its members. The committee shall establish procedures for the conduct of meetings. The committee may:

- A. Review proposed contracts, site analyses, applications and other documents relating to the construction, permitting and operation of the disposal facility;
- B. Hold periodic public meetings to solicit the opinions of residents concerning the disposal facility and any permit applications, contracts or other provisions relating to the disposal facility;
- C. Provide the disposal facility operator and office with any alternative contract provisions, permit conditions, plans or procedures the committee considers appropriate; ~~and~~
- D. Serve as a liaison between the communities and the disposal facility operator or the office to facilitate communications during the development and operation of the disposal facility and provide residents with updated information about the project, including providing explanations of any technical terms; and ~~be it further~~
- E. Serve as a liaison between the Penobscot Nation and the disposal facility operator or the office to facilitate communications during the development and operation of the disposal facility and provide members of the Penobscot Nation with updated information about the project, including providing explanations of any technical terms; and be it further

See title page for effective date.

CHAPTER 342

S.P. 231 - L.D. 694

An Act To Restore Fair MaineCare Payments to Critical Access Hospitals

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

Whereas, it is imperative to improve the Medicare payments to critical access hospitals; 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 §1714-B, as enacted by PL 2005, c. 12, Pt. ZZZ, §1, is amended to read:

§1714-B. Critical access hospital reimbursement

For state fiscal years beginning on or after July 1, 2005, the department shall reimburse critical access hospitals that are unconditionally licensed at ~~75% of charges or~~ 117% of MaineCare allowable costs, ~~whichever is less,~~ for both inpatient and outpatient services provided to patients covered by the MaineCare program. Of the total allocated from hospital tax revenues under Title 36, chapter 375, \$1,000,000 in state and federal funds must be distributed annually among critical access hospitals for staff enhancement payments.

Sec. 2. Federal approval. The provisions of the Maine Revised Statutes, Title 22, section 1714-B are subject to approval from the federal Centers for Medicare and Medicaid Services.

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

Effective June 8, 2005.

CHAPTER 343

H.P. 923 - L.D. 1324

An Act To Improve Access to Affordable Prescription Drugs

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

Sec. 1. 5 MRSA §2031, sub-§§1 and 4, as enacted by PL 2005, c. 12, Pt. PP, §1, are amended to read:

1. Council established. The Pharmaceutical Cost Management Council, referred to in this chapter as "the council," is established and consists of ~~no more than~~ 15 voting members appointed by the Governor as follows:

- A. The Commissioner of Administrative and Financial Services or the commissioner's designee;
- B. The Commissioner of Health and Human Services or the commissioner's designee;
- C. The Executive Director of the Workers' Compensation Board or the executive director's designee;

D. One representative of private payors who join the council;

E. ~~One or more members~~ member from each of the following publicly funded groups:

(1) The Maine state employees health insurance program, one member representing labor and one member representing management;

(2) The University of Maine System; and

(3) The Maine Community College System;

F. The director of the Governor's Office of Health Policy and Finance or the director's designee or the director of a successor agency;

G. ~~Other Two~~ Two public purchasers not listed above. ~~Representatives of municipal or county governments, the Maine Education Association's benefits trust, the Maine School Management Association's benefits trust and private purchasers may be allowed to join the council to participate in savings opportunities;~~

H. A health care provider; ~~and~~

I. A clinical pharmacist; and

J. Three consumers of health care services, one of whom represents a statewide organization that advocates for enrollees in a publicly funded health program that includes comprehensive prescription drug benefits.

Public Representatives of municipal or county governments, the Maine Education Association's benefits trust, the Maine School Management Association's benefits trust and other public purchasers not otherwise listed in this subsection and private purchasers may be allowed to join the council as nonvoting members and to participate in savings opportunities.

4. Duties of council. The council shall make recommendations to public purchasers regarding the joint purchasing of pharmaceuticals with the State in order to reduce costs for all participating parties and maximize savings by pooling purchasing power, but not to fundamentally alter the independent nature of any of the health plans involved in the council. The council shall coordinate and exchange information among state agencies, stakeholder groups, advisory committees, organizations and task forces looking into options for reducing the cost of prescription drug benefits. Any joint purchasing effort must ensure that:

A. Each of the participating plans retains its distinct nature, with members of each plan main-

taining their current medical coverage and participating organizations retaining current contracts, except for amendments required to implement the joint pharmaceutical purchasing effort;

B. The members of participating plans have open access to all prescription drugs, as medically needed. The council shall design and implement a 3-tiered pharmaceutical benefit;

C. Full coverage of certain drugs is contingent upon satisfaction of clinical criteria;

D. A preferred drug list identifies clinically efficacious high-quality prescription drugs that are also cost-effective; these drugs may not require prior approval. The preferred drug list must to the extent possible be based on MaineCare's preferred drug list and must be advised by MaineCare's clinical drug utilization committee;

E. Administrative efficiencies are realized by pooled purchasing; clinically efficacious, cost-effective drugs are preferred; and rebates are negotiated on behalf of the entire group;

F. Reimbursement for prescription generic drugs ~~are~~ is capped at maximum allowable costs or the MaineCare bid price, whichever is lower;

G. Incentives may be implemented to reward the use of mail order, and community pharmacies ~~will be~~ are given the opportunity to provide medications under the same terms as mail-order pharmacies; and

H. All participating plans share in the savings realized through the pooled purchasing effort.

Sec. 2. Report. By February 1, 2006, the Pharmaceutical Cost Management Council established in the Maine Revised Statutes, Title 5, section 2031 shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding its work and findings with regard to cost containment tools, including, but not limited to, academic detailing and evidence-based prescribing.

See title page for effective date.

CHAPTER 344

S.P. 525 - L.D. 1509

An Act To Amend the Laws Governing the Manufactured Housing Board