

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-THIRD LEGISLATURE

FIRST REGULAR SESSION
December 6, 2006 to June 21, 2007

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FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 20, 2007

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IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

Penmor Lithographers
Lewiston, Maine
2007

shall invite the participation of the following members in the work group:

1. Four medical representatives: 2 representatives of hospitals, nominated by the Maine Hospital Association; one representative of a statewide association of physicians, nominated jointly by the Maine Medical Association and the Maine Osteopathic Association; and one representative of the ambulatory surgical centers;

2. Seven other representatives: one representative of a statewide association representing nursing facilities; one representative of insurance carriers; one representative of the Advisory Council on Health Systems Development; one representative of businesses; one representative of advocacy organizations; and 2 representatives of public health groups; and

3. The Director of the Governor's Office of Health Policy and Finance, or the director's designee, and the director of the office of licensing and regulatory services within the Department of Health and Human Services, both of whom shall serve ex officio and without the right to vote; and be it further

Sec. 3. Work group report. Resolved: That the work group shall report on the results of the review of the certificate of need program and its recommendations to the Joint Standing Committee on Health and Human Services by January 15, 2008. The committee is authorized to submit legislation regarding the certificate of need program to the Second Regular Session of the 123rd Legislature.

See title page for effective date.

CHAPTER 111

H.P. 1062 - L.D. 1537

Resolve, To Review Remote Access Medicine, Hospice and Home Health Care under MaineCare

Sec. 1. Review and report. Resolved: That the Department of Health and Human Services shall review certain aspects of the MaineCare program and shall report to the Joint Standing Committee on Health and Human Services by January 15, 2008 with recommendations for legislation and rule and funding changes. The aspects that must be reviewed include MaineCare reimbursement for remote access medicine and hospice and home health care benefits for adults eligible under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph F. The joint standing committee is authorized to submit legislation

to the Second Regular Session of the 123rd Legislature.

See title page for effective date.

CHAPTER 112

H.P. 1093 - L.D. 1568

Resolve, To Explore the Feasibility of Enrolling the Legislature as an Employer Group in Dirigo Health

Sec. 1. Legislature as employer group explored. Resolved: That the State Employee Health Commission, in consultation with Dirigo Health, shall evaluate and issue a report on the feasibility of enrolling the Legislature as an employer group in the Dirigo Health Program pursuant to Title 24-A, chapter 87. The evaluation must take special consideration of the effect of the Legislature's being part of the Dirigo Health Program on retirees who are Legislators and may not consider the inclusion of legislative employees and their dependents. The commission shall submit its report to the Joint Standing Committee on Insurance and Financial Services by December 15, 2007 with any suggested legislation. The Joint Standing Committee on Insurance and Financial Services is authorized to submit a bill concerning this report to the Second Regular Session of the 123rd Legislature.

See title page for effective date.

CHAPTER 113

H.P. 1190 - L.D. 1707

Resolve, Directing the Bureau of Revenue Services To Convene a Study Group on Excise Tax Enforcement

Sec. 1. Study group. Resolved: That the Department of Administrative and Financial Services, Bureau of Revenue Services shall convene a study group to explore opportunities for more effective enforcement of motor vehicle and watercraft excise taxes. When choosing members of the study group, the bureau must invite participation from the Department of the Secretary of State, Bureau of Motor Vehicles, the Department of Inland Fisheries and Wildlife, representatives of municipal government and groups representing motor vehicle and watercraft dealers; and be it further

Sec. 2. Study and recommendations. Resolved: That the study group under section 1 shall review the extent of evasion of the motor vehicle and watercraft excise taxes, especially in border areas of

the State, and identify strategies to decrease the extent of evasion. The study group shall report its findings and any recommendations to the Joint Standing Committee on Taxation by January 15, 2008. The committee may submit legislation to the Second Regular Session of the 123rd Legislature relating to the report.

See title page for effective date.

CHAPTER 114

H.P. 1264 - L.D. 1812

**Resolve, Regarding the Role of
Local Regions in Maine's
Emerging Public Health
Infrastructure**

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

Whereas, the Public Health Work Group was established by the Governor's Office on Health Policy and Finance pursuant to recommendations contained in the 2006 State Health Plan for Maine; and

Whereas, the Public Health Work Group has issued consensus recommendations for the establishment of a regional public health infrastructure, including regional coordinating councils in 8 public health regions, both urban and rural, that will improve the public's health, and calls for certain other functions to be carried out at the local, regional and state levels through a partnership of government and nongovernmental entities; and

Whereas, the mechanisms for governance and many matters related to the functioning of the local and regional public health structures have not yet been defined; and

Whereas, an effective regional public health system must incorporate meaningful roles for both the public and private sectors, including, but not limited to, county and municipal governments, hospitals, other providers of medical care and behavioral health services and schools, and ensure that those roles are coordinated, complementary and responsive to local needs and are linked appropriately to state agencies; and

Whereas, considerable progress on study and planning related to the establishment of the regional coordinating councils has been made in some counties of the newly designated regions, notably Cumberland, Sagadahoc and Penobscot counties, and this expertise will help guide and inform the Public Health Work Group as it further develops guidance for the establishment, authority and governance of the regional coordinating councils; 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

Sec. 1. Public Health Work Group membership expanded. Resolved: That the Governor shall expand the membership of the Public Health Work Group established under the State Health Plan pursuant to the Maine Revised Statutes, Title 2, chapter 5 to include a statewide family planning organization, aging agencies, emergency medical services, county commissioners, municipal elected officials, municipal health departments, local health officers, small and large hospitals, community health centers, public health organizations and associations, health care providers, behavioral health provider organizations, substance abuse prevention organizations, substance abuse treatment providers, emergency management officials, community social services agencies, statewide voluntary health agencies, comprehensive community health coalitions, education and training institutions, environmental health organizations, school administrative units, tribal representatives, the Department of Health and Human Services' Maine Center for Disease Control and Prevention and Office of Substance Abuse, the Department of Education and the Governor's Office of Health Policy and Finance. There must be representatives from all 8 public health regions. The Public Health Work Group may not have more than 40 members. The Public Health Work Group shall notify members of the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on State and Local Government of the dates and locations of meetings related to this resolve; and be it further

Sec. 2. Report. Resolved: That the Public Health Work Group shall report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on State and Local Government by December 1, 2007. The report must include:

1. A description of current plans for the development of a statewide public health services infrastructure, including the regional coordinating councils;
2. Recommendations for a statewide public health infrastructure to be developed within existing resources over the next 5 years with the goals of ensuring access to public health services and of improving effectiveness and efficiencies of public health services delivery;
3. Recommendations for any necessary changes to public health duties, financing and governance and the roles of public, private, grassroots and nonprofit organizations as well as the scope of functions they perform in the public health system; and