MAINE STATE LEGISLATURE

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STATE OF MAINE

ONE HUNDRED AND ELEVENTH LEGISLATURE FIRST REGULAR SESSION

JOINT STANDING COMMITTEE ON

Health & Institutional Services

BILL SUMMARY



JULY, 1983

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The Committee established a subcommittee work on LD 554 and other bills on General Assistance: LDs 841, 642, 1135 and 1337. In addition to Committee members, the subcommittee included representatives of MMA, welfare directors, Department of Human Services, Pine Tree Legal Assistance and low-income groups. The subcommittee was able to produce a compromise bill which became LD 1764.

570 AN ACT CONCERNING CONTINUING Rep. Bonney LV/WD
EDUCATION FOR PHYSICIANS HSE-ACCPT LV/WD
SEN-ACCPT LV/WD

SUMMARY: The bill would have required the Board of Registration in Medicine to allow a physician simply to state that he had completed continuing medical education courses which are now required, rather than providing "satisfactory evidence" of their completion.

603 AN ACT TO REQUIRE THE Rep. Ingraham LV/WD
INSPECTION OF HOSPITAL HSE-ACCPT LV/WD
PHARMACIES PRIOR TO LICENSURE SEN-ACCPT LV/WD

SUMMARY: This bill was identical to a bill introduced in 1979, which also received a Leave to Withdraw report from the Committee.

It required the Department of Human Services to send advance notice of inspections of hospitals to the drug inspector employed by the Board of Commissioners of Pharmacy. The drug inspector would be required to inspect the hospital pharmacy at the same time or within 48 hours after the departmental inspection, and his approval of the hospital pharmacy would be a condition for the issuance of a full license.

The Maine Hospital Association and the Department of Human Services opposed the bill and suggested that information on poor practices should be sent to the Department, who would have the final authority on action to be taken.

621 AN ACT TO ESTABLISH THE Sen. Twitchell MAJ-OTP-ND
THIRD-PARTY PRESCRIPTION LD 1539
PROGRAM ACT MIN-ONTP

SUMMARY: The bill dealt with 3rd party prescription intermediaries between patients and pharmacies, which handle billings and make payments to The bill was an attempt to regulate these programs so patients would have flexibility in service, and pharmacists would receive adequate reimbursement and protection. Because of state and Federal anti-trust laws, pharmacies cannot negotiate directly with the program administrators; therefore the bill was introduced. established conditions under which 3rd party programs must operate, the Superintendent of including notification to Insurance. reimbursement rates not lower than the prevailing rates, bonding for program administrators, and a civil penalty for non-compliance.