

# MAINE STATE LEGISLATURE

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*State Of Maine  
122nd Legislature*

*Second Regular Session*

*Bill Summaries*

*Joint Standing Committee  
on  
Health and Human Services*

*July 2006*

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# Maine State Legislature



## Office of Policy and Legal Analysis Office of Fiscal and Program Review

### 122nd Maine Legislature Second Regular Session

#### Summary of Legislation Before The Joint Standing Committees

Enclosed please find a summary of all bills, resolves, joint study orders, joint resolutions and Constitutional resolutions that were considered by the joint standing committees of the Maine Legislature this past session. The document is a compilation of bill summaries which describe each bill and relevant amendments, as well as the final action taken. Also included are statistical summaries of bill activity this session for the Legislature and each of its joint standing committees.

The document is organized for convenient reference to information on bills considered by the committees. It is arranged alphabetically by committee name and within committees by bill (LD) number. The committee report(s), prime sponsor for each bill and the lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are listed by paper number. Two indices, a subject index and a numerical index by LD number are provided for easy reference to bills. They are located at the back of the document. A separate publication, History and Final Disposition of Legislative Documents, may also be helpful in providing information on the disposition of bills. These bill summaries also are available at the Law and Legislative Reference Library and on the Internet ([www.state.me.us/legis/opla/billsumm.htm](http://www.state.me.us/legis/opla/billsumm.htm)).

Final action on each bill is noted to the right of the bill title. The abbreviations used for various categories of final action are as follows:

CON RES XXX.....	Chapter # of Constitutional Resolution passed by both Houses
CONF CMTE UNABLE TO AGREE.....	Committee of Conference unable to agree; bill died
DIED BETWEEN BODIES.....	House & Senate disagree; bill died
DIED IN CONCURRENCE.....	One body accepts ONTP report; the other indefinitely postpones the bill
DIED ON ADJOURNMENT.....	Action incomplete when session ended; bill died
EMERGENCY.....	Enacted law takes effect sooner than 90 days
FAILED EMERGENCY ENACTMENT/FINAL PASSAGE.....	Emergency bill failed to get 2/3 vote
FAILED ENACTMENT/FINAL PASSAGE.....	Bill failed to get majority vote
FAILED MANDATE ENACTMENT.....	Bill imposing local mandate failed to get 2/3 vote
NOT PROPERLY BEFORE THE BODY.....	Ruled out of order by the presiding officers; bill died
INDEF PP.....	Bill Indefinitely Postponed
ONTP.....	Ought Not To Pass report accepted
OTP-ND.....	Committee report Ought To Pass In New Draft
P&S XXX.....	Chapter # of enacted Private & Special Law
PASSED.....	Joint Order passed in both bodies
PUBLIC XXX.....	Chapter # of enacted Public Law
RESOLVE XXX.....	Chapter # of finally passed Resolve
UNSIGNED (Pocket Veto).....	Bill held by Governor
VETO SUSTAINED.....	Legislature failed to override Governor's Veto

Please note that the effective date for all non-emergency legislation enacted in the Second Regular Session (unless otherwise specified in a particular law) is August 23, 2006.

*Joint Standing Committee on Health and Human Services*

**LD 2110**

**An Act To Establish the Hospital and Health Care Provider Cooperation Act**

**PUBLIC 670**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM MAJ	S-654
	ONTP MIN	

LD 2110 proposed to repeal the Hospital Cooperation Act of 1992. It proposed to enact the Hospital and Health Care Provider Cooperation Act to provide a mechanism that hospitals and health care providers may use to provide state action immunity under federal antitrust laws when hospitals enter into cooperative agreements with other hospitals and health care providers enter into cooperative agreements with other health care providers. The bill sets the application fees for hospital and health care provider applications for certificates of public advantage. The bill proposed to maintain the same assessments as are in the current Hospital Cooperation Act of 1992. The bill proposed to enact an effective date of January 1, 2007.

**Committee Amendment “A” (S-654)** is the majority report of the committee.

This amendment proposed to do the following.

1. Add licensed community mental health services providers to the definition of health care providers included in the Hospital and Health Care Provider Cooperation Act. Mental health providers are covered by the Hospital Cooperation Act of 1992 and were inadvertently omitted from the bill.
2. Make grammatical changes in several places.
3. Prohibit issuing to health care providers a certificate of public advantage for a cooperative agreement that allows coordinated negotiation and contracting with payors or employers unless the negotiation and contracting are ancillary to clinical or financial integration. This prohibition is not intended to preclude consideration of whether clinical or financial integration is necessary to demonstrate that likely benefits outweigh likely disadvantages for the issuance of a certificate of public advantage with respect to a cooperative agreement for coordinated negotiation and contracting filed by hospitals.
4. Require a public hearing on the application for a certificate of public advantage if 5 or more persons request a hearing and require a record of the hearing to be kept as part of the public record of the application.
5. Add a requirement that the Department of Health and Human Services report by April 1, 2007 and January 1, 2008 to the joint standing committee of Legislature having jurisdiction over health and human services matters on the experience of the department in administering the Hospital and Health Care Provider Cooperation Act.
6. Delete the delayed effective date and insert an application clause to apply the new law to agreements entered into on or after June 1, 2006.

***Enacted law summary***

Public Law 2005, chapter 670 repeals the Hospital Cooperation Act of 1992. It enacts the Hospital and Health Care Provider Cooperation Act to provide a mechanism that hospitals and health care providers may use to provide state action immunity under federal antitrust laws when hospitals enter into cooperative agreements with

## *Joint Standing Committee on Health and Human Services*

other hospitals and health care providers enter into cooperative agreements with other health care providers. The law prohibits issuing to health care providers a certificate of public advantage for a cooperative agreement that allows coordinated negotiation and contracting with payors or employers unless the negotiation and contracting are ancillary to clinical or financial integration. This prohibition is not intended to preclude consideration of whether clinical or financial integration is necessary to demonstrate that likely benefits outweigh likely disadvantages for the issuance of a certificate of public advantage with respect to a cooperative agreement for coordinated negotiation and contracting filed by hospitals. The law requires a public hearing on the application for a certificate of public advantage if 5 or more persons request a hearing and requires a record of the hearing to be kept as part of the public record of the application. The law sets the application fees for hospital and health care provider applications for certificates of public advantage. The law maintains the same assessments as are in the current Hospital Cooperation Act of 1992.

The law requires that the Department of Health and Human Services to report by April 1, 2007 and January 1, 2008 to the joint standing committee of Legislature having jurisdiction over health and human services matters on the experience of the department in administering the Hospital and Health Care Provider Cooperation Act.

The law includes an application clause to apply the new law to agreements entered into on or after June 1, 2006.