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**Public Law**  
124th Legislature  
First Regular Session

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**Chapter 71**  
**H.P. 85 - L.D. 101**

**An Act To Extend the Operation of the Maine Health Data Processing Center and To Amend the Maine Health Data Organization Statutes**

**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**Whereas,** the laws establishing and governing the Maine Health Data Processing Center are scheduled to be repealed September 1, 2009; and

**Whereas,** this legislation extends that date until September 1, 2015; 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 §683, sub-§3,** as enacted by PL 2001, c. 456, §1, is amended to read:

**3. Limitation on terms.** An elected person may not serve as a director for not more than 5 years 2 5-year terms in succession and continues to serve until a successor has been appointed.

**Sec. 2. 10 MRSA §691,** as amended by PL 2005, c. 253, §1, is further amended to read:

**§ 691. Repeal**

This chapter is repealed September 1, ~~2009~~ 2015.

**Sec. 3. 22 MRSA §1718,** as amended by PL 2005, c. 391, §1, is repealed and the following enacted in its place:

**§ 1718. Consumer information**

Each hospital or ambulatory surgical center licensed under chapter 405 shall, upon request by an individual, provide the average charge for any inpatient service or outpatient procedure provided by the licensee. For emergency services, the hospital must provide the average charges for facility and physician services according to the level of emergency services provided by the hospital and based on the time and intensity of services provided.

**Sec. 4. 22 MRSA §8702, sub-§5-A,** as enacted by PL 2007, c. 136, §1, is amended to read:

**5-A. Medicare health plan sponsor.** "Medicare ~~prescription drug~~ health plan sponsor" means a health insurance carrier or other private company authorized by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to administer Medicare Part C and Part D benefits under a health plan or prescription drug plan.

**Sec. 5. 22 MRSA §8702, sub-§8,** as amended by PL 2007, c. 136, §1, is further amended to read:

**8. Payor.** "Payor" means a 3rd-party payor, 3rd-party administrator, Medicare ~~prescription drug~~ health plan sponsor, pharmacy benefits manager or nonlicensed carrier.

**Sec. 6. 22 MRSA §8703, sub-§2,** as amended by PL 2007, c. 136, §2, is further amended to read:

**2. Board of directors.** The organization operates under the supervision of a board of directors, which consists of 20 voting members and one nonvoting member.

A. The Governor shall appoint 18 board members in accordance with the following requirements. Appointments by the Governor are not subject to review or confirmation.

(1) Four members must represent consumers. For the purposes of this section, "consumer" means a person who is not affiliated with or employed by a 3rd-party payor, a provider or an association representing those providers or those 3rd-party payors.

(2) Three members must represent employers. One member must be chosen from a list provided by a health management coalition in this State. One member must be chosen from a list provided by a statewide chamber of commerce.

(3) Two members must represent 3rd-party payors chosen from a list provided by a statewide organization representing 3rd-party payors.

(4) Nine members must represent providers. Two provider members must represent hospitals chosen from a list provided by the Maine Hospital Association. Two provider members must be physicians or representatives of physicians, one chosen from a list provided by the Maine Medical Association and one chosen from a list provided by the Maine Osteopathic Association. One provider member must be a doctor of chiropractic chosen from a list provided by a statewide chiropractic association. One provider member must be a representative, chosen from a list provided by the Maine Primary Care Association, of a federally qualified health center. One provider member must be a pharmacist chosen from a list provided by the Maine Pharmacy Association. One provider member must be a mental health provider chosen from a list provided by the Maine Association of Mental Health Services. One provider member must represent a home health care company.

B. The commissioner shall appoint ~~2 members~~ one member who ~~are employees~~ is an employee of the department to represent the State's interest in maintaining health data and to ensure that information collected is available for determining public health policy.

D. The Executive Director of Dirigo Health, or a designee of the executive director who is an employee of Dirigo Health, shall serve as a voting member.

E. The Commissioner of Professional and Financial Regulation, or the commissioner's designee who is an employee of the Department of Professional and Financial Regulation, shall serve in a nonvoting, consultative capacity.

**Sec. 7. 22 MRSA §8703, sub-§3, ¶B,** as amended by PL 2005, c. 253, §4, is further amended to read:

~~B. The terms of departmental board members are 3-year terms. Departmental State agency board members may serve an unlimited number of terms.~~

**Sec. 8. 22 MRSA §8712, sub-§2,** as amended by PL 2005, c. 391, §2, is repealed and the following enacted in its place:

**2. Payments.** The organization shall create a publicly accessible interactive website that presents reports related to health care facility and practitioner payments for services rendered to residents of the State. The services presented must include, but not be limited to, imaging, preventative health, radiology and surgical services and other services that are predominantly elective and may be provided to a large number of patients who do not have health insurance or are underinsured. The website must also be constructed to display prices paid by individual commercial health insurance companies, 3rd-party administrators and, unless prohibited by federal law, governmental payors.

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

Effective May 4, 2009.