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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Whereas, the laws establishing and governing the Maine Health Data Processing Center are scheduled to be repealed September 1, 2009; and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This chapter is repealed September 1, ~~2009~~2015.

Sec. 3. 22 MRSA §1718, as amended by PL 2005, c. 391, §1, is repealed and the following enacted in its place: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 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, ¶B, as enacted by PL 1995, c. 653, Pt. A, §2 and affected by §7, is amended to read:

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.

Sec. 7. 22 MRSA §8703, sub-§2, ¶D is enacted to read:

D. The Superintendent of Insurance shall appoint one member who is an employee of the Bureau of Insurance to represent the State's interest in maintaining accurate and complete health care-related claims data.

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.

SUMMARY

This bill extends the operation of the Maine Health Data Processing Center to September 1, 2015 and increases the length of time individuals may serve on the center's board of directors. This bill also repeals the requirement for hospitals and ambulatory surgical centers to maintain lists of average charges for procedures specified by the Maine Health Data Organization through rulemaking. In place of the lists, individual hospitals and surgical centers shall, upon request from an individual, provide the charge for any service rendered by the facility. In addition, the bill requires the Maine Health Data Organization to create an interactive website displaying prices paid for specific procedures performed at all Maine hospitals and impacted surgical, diagnostic or other nonhospital facilities. Additionally, this bill makes some minor modifications to definitions in the statutes governing the Maine Health Data Organization and adds a representative from the Bureau of Insurance to the Maine Health Data Organization board of directors.