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Public Law
123rd Legislature
Second Regular Session

Chapter 545
H.P. 1652 - L.D. 2290

An Act To Protect Access to Health Care

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 34-B MRSA §3608, sub-§1, ¶E, as amended by PL 2007, c. 286, §8, is further amended to read:

E. Develop techniques for identifying and providing services to consumers at risk, based on the principle that services will be provided as close to the consumer's home as possible; and

Sec. 2. 34-B MRSA §3608, sub-§1, ¶F, as enacted by PL 2007, c. 286, §8, is amended to read:

F. Enable, among other things, the sharing of confidential client information to the extent necessary to protect the client's health and safety when it is determined the client has an urgent need for mental health services. The network members shall share confidential client information, even without a client's consent, to the extent necessary to protect the client's health and safety in a period of urgent need for mental health services when the client lacks the capacity to give consent for the information sharing or when an exigency exists so that the client's health and safety is better protected if the information is shared without a delay to obtain consent. A person or entity participating in good faith in sharing information under this paragraph is immune from civil liability that might otherwise result from these actions, including, but not limited to, a civil liability that might otherwise arise under state or local laws or rules regarding confidentiality of information. The department shall adopt rules to identify the limits and requirements to be included in the memoranda. These rules are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A; and

Sec. 3. 34-B MRSA §3608, sub-§1, ¶G is enacted to read:

G. Provide consolidated mental health crisis services for children and adults, beginning March 1, 2009, through a memorandum of understanding among providers of mental health services in the network that must include provisions to ensure coordination, eliminate duplication and provide a level of crisis services established by the department.

Sec. 4. 36 MRSA §2891, sub-§1, as corrected by RR 2003, c. 2, §116, is amended to read:

1. Hospital. "Hospital" means an acute care health care facility with permanent inpatient beds planned, organized, operated and maintained to offer for a continuing period of time facilities and services for the diagnosis and treatment of illness, injury and deformity; with a governing board and an organized medical staff offering continuous 24-hour professional nursing care; with a plan to provide emergency treatment 24 hours a day and including other services as defined in rules of the Department of Health and Human Services relating to licensure of general and specialty hospitals; and that is licensed under Title 22, chapter 405 as a general hospital, specialty hospital or critical access hospital. For purposes of this chapter, "hospital" does not include a nursing home or a publicly owned specialty hospital or, for state fiscal years beginning on or after July 1, 2008, municipally funded hospitals.

Sec. 5. 36 MRSA §2891, sub-§1-A is enacted to read:

1-A. Municipally funded hospital. "Municipally funded hospital" means Mayo Regional Hospital in Dover-Foxcroft or Cary Medical Center in Caribou.

Sec. 6. 36 MRSA §2892, as amended by PL 2005, c. 12, Pt. ZZ, §2, is further amended to read:

§ 2892. Tax imposed

For the state fiscal year beginning on July 1, 2003, a tax is imposed against each hospital in the State. The tax is equal to .74% of net operating revenue for the tax year as identified on the hospital's most recent audited annual financial statement for that tax year. Delinquent tax payments are subject to Title 22, section 3175-C.

For state fiscal years beginning on or after July 1, 2004, a tax is imposed annually against each hospital in the State. The tax is equal to 2.23% of the hospital's net operating revenue as identified in the hospital's audited financial statement for the hospital's taxable year. For the state fiscal year beginning July 1, 2004, the hospital's taxable year is the hospital's fiscal year that ended during calendar year 2002. For the state fiscal year beginning July 1, 2005, the hospital's taxable year is the hospital's fiscal year that ended during calendar year 2003. For state fiscal years beginning on or after July 1, 2006 but before July 1, 2008, the hospital's taxable year is the hospital's fiscal year that ended during calendar year 2004.

For state fiscal years beginning on or after July 1, 2008, the hospital's taxable year is the hospital's fiscal year that ended during calendar year 2006.

Sec. 7. Memorandum of understanding for consolidated services. Notwithstanding any provision of law to the contrary, reductions in funding by consolidating mental health crisis services must be accomplished through a memorandum of understanding subject to this section. The Department of Health and Human Services shall design standards for and negotiate the implementation of a memorandum of understanding among providers of mental health services in each community service network that will achieve savings through the consolidation of crisis services for children and adults. The department shall establish criteria for crisis services, including, but not limited to: access to telephone crisis services 24 hours a day, 7 days a week; mobile outreach for face-to-face assessments; crisis stabilization and follow-up; availability of fixed sites; access to psychiatric consultation; agreements with local hospitals; alternatives to inpatient hospital services through residential beds; compliance with the adult consent decree and reduction of the utilization of hospital emergency rooms. The department shall provide a progress report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the progress of the consolidation by January 1, 2009 and an

evaluation by January 1, 2010 of the impact of the consolidation on consumers and on savings achieved and any positive or negative effects on consumer access to services and the quality of crisis services consumers receive.

Sec. 8. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY BDS)

Mental Health Services - Child Medicaid 0731

Initiative: Provides funding related to consolidating crisis services to one provider per district. The corresponding federal match increase is in the Medical Care - Payments to Providers program.

GENERAL FUND	2007-08	2008-09
All Other	\$0	\$200,000
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GENERAL FUND TOTAL	\$0	\$200,000

Mental Health Services - Community 0121

Initiative: Provides funding for community integration services for consumers who are not eligible for MaineCare.

GENERAL FUND	2007-08	2008-09
All Other	\$0	\$500,000
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GENERAL FUND TOTAL	\$0	\$500,000

Mental Retardation Waiver - MaineCare 0987

Initiative: Increases funding for MaineCare home- and community-based waiver services. The corresponding federal match increase is in the Medical Care - Payments to Providers program.

GENERAL FUND	2007-08	2008-09
All Other	\$0	\$142,568
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GENERAL FUND TOTAL	\$0	\$142,568

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
(FORMERLY BDS)
DEPARTMENT TOTALS**

	2007-08	2008-09
GENERAL FUND	\$0	\$842,568

DEPARTMENT TOTAL - ALL FUNDS	\$0	\$842,568
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HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)**Medical Care - Payments to Providers 0147**

Initiative: Increases funding for MaineCare home- and community-based waiver services. The corresponding state funding increases are in the Mental Retardation Waiver - MaineCare program.

FEDERAL EXPENDITURES FUND	2007-08	2008-09
All Other	\$0	\$254,930
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FEDERAL EXPENDITURES FUND TOTAL	\$0	\$254,930

Medical Care - Payments to Providers 0147

Initiative: Provides funding for hospital-based physicians.

GENERAL FUND	2007-08	2008-09
All Other	\$0	\$7,282,509
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GENERAL FUND TOTAL	\$0	\$7,282,509

FEDERAL EXPENDITURES FUND	2007-08	2008-09
All Other	\$0	\$13,022,827
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FEDERAL EXPENDITURES FUND TOTAL	\$0	\$13,022,827

Medical Care - Payments to Providers 0147

Initiative: Adjusts funding to reflect an update of the hospital tax base year from 2004 to 2006 and the exclusion of municipally funded hospitals from the tax beginning July 1, 2008.

GENERAL FUND	2007-08	2008-09
All Other	\$0	(\$11,394,341)
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GENERAL FUND TOTAL	\$0	(\$11,394,341)

OTHER SPECIAL REVENUE FUNDS	2007-08	2008-09
All Other	\$0	\$11,394,341
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OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$11,394,341

Medical Care - Payments to Providers 0147

Initiative: Appropriates and allocates funds for additional payments to hospitals under the MaineCare program.

GENERAL FUND	2007-08	2008-09
All Other	\$0	\$3,269,264
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GENERAL FUND TOTAL	\$0	\$3,269,264

FEDERAL EXPENDITURES FUND	2007-08	2008-09
All Other	\$0	\$5,846,206
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FEDERAL EXPENDITURES FUND TOTAL	\$0	\$5,846,206

Medical Care - Payments to Providers 0147

Initiative: Provides funding related to consolidating crisis services to one provider per district. The corresponding state match increase is in the Mental Health Services - Community Medicaid program.

FEDERAL EXPENDITURES FUND	2007-08	2008-09
All Other	\$0	\$357,625
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FEDERAL EXPENDITURES FUND TOTAL	\$0	\$357,625

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
(FORMERLY DHS)
DEPARTMENT TOTALS**

	2007-08	2008-09
GENERAL FUND	\$0	(\$842,568)
FEDERAL EXPENDITURES FUND	\$0	\$19,481,588
OTHER SPECIAL REVENUE FUNDS	\$0	\$11,394,341
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DEPARTMENT TOTAL - ALL FUNDS	\$0	\$30,033,361

SECTION TOTALS	2007-08	2008-09
GENERAL FUND	\$0	\$0
FEDERAL EXPENDITURES FUND	\$0	\$19,481,588
OTHER SPECIAL REVENUE FUNDS	\$0	\$11,394,341
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SECTION TOTAL - ALL FUNDS	\$0	\$30,875,929

Effective June 30, 2008