



# OPLA~Notes

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## Expansion of Health Insurance & Prescription Drug Coverage Benefits in Maine

In the First Regular Session of the 119<sup>th</sup> Legislature, the Legislature expanded prescription drug benefits and health insurance benefits to Maine residents who were previously uninsured and without the means to pay for prescription drugs. The Legislature increased eligibility under the Elderly Low-Cost Drug Program, enacted the Maine Resident Low-Cost Prescription Drug Program, directed the Department of Human Services to pursue a Medicaid Waiver Drug Program and increased the income limit requirements under the Cub Care Program. The following is a summary of this legislation, as well as a brief explanation of how these programs are designed to benefit Maine residents.



## Newsletter Greetings

Welcome to the Year 2000 and the Second Regular Session of the 119<sup>th</sup> Legislature. This edition of OPLA~Notes includes articles that summarize the expansion of health insurance programs for children and the expansion of prescription drug benefits in Maine; health plan liability and the right to sue a health plan; a legislative rules review update; and legislative process survey results. This edition also includes a listing of Executive Orders issued during fiscal year 2000 and a listing of study reports that have been issued.

### I. Increasing the Number of Insured Children in Maine

#### A. Cub Care Program

The state children's health insurance plan (CHIP) that began in August of 1998, entitled Cub Care (22 MRSA §3174-T), provides a full range of health care benefits, including prescription medicines and supplies. The program does not require families to pay co-payments, although families receiving Cub Care benefits are responsible for paying premiums for coverage that are determined by a sliding scale based on income. It is estimated by the federal Health Care Financing Administration that by July 2000, CHIP funds in Maine will have helped to insure 10,500 chil-

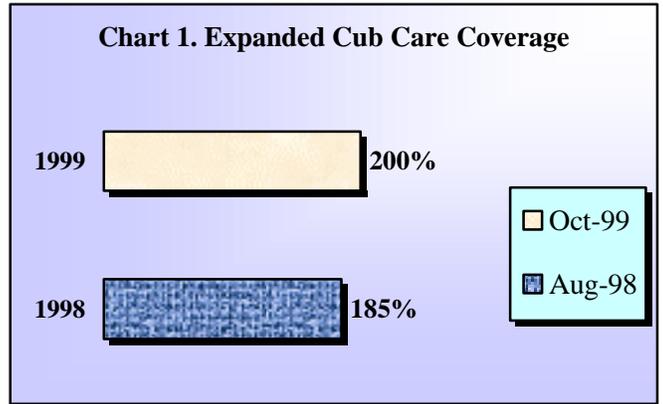
dren who previously were not insured by Medicaid or private insurance.

When the program began, Cub Care covered children in families having incomes between 151 to 185 percent of the federal poverty level (FPL) in order to insure children in families with incomes that were above the Medicaid coverage limit (see Table 1 for 1999 federal poverty levels). However, as of October of 1999, the Department of Human Services' (DHS) Commissioner raised the income limit to include children in families with incomes up to 200 percent of the FPL as of October 1, 1999 (see Chart 1). The Commissioner has the authority to increase or decrease the income limit to maximize coverage (22 MRSA §3174-T, sub-§2, ¶ A) as long as the change is within the funding limits of the program. DHS anticipates that the cost of the increased coverage will be provided within the original Cub Care state and federal budget amounts during fiscal year 1999-2000.

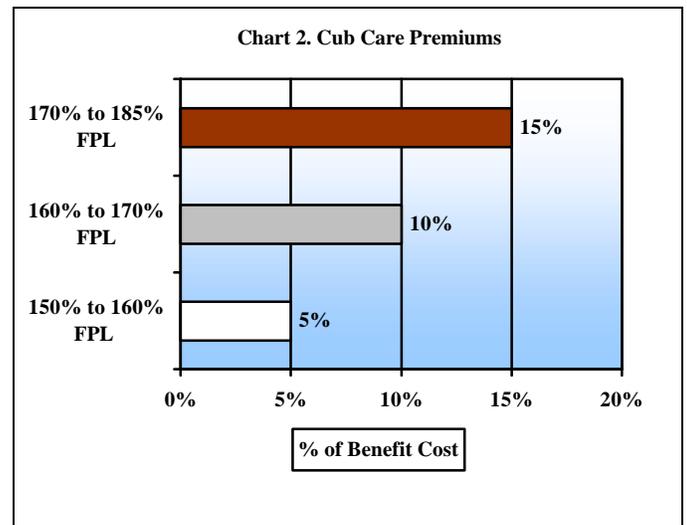
**Table 1. Federal Poverty Levels for 1999**

	100%	150%	185%	200%
<b>Family of three</b>	\$13,880	\$20,820	\$25,678	\$27,760
<b>Family of four</b>	\$16,700	\$25,050	\$30,895	\$33,400
<b>Family of five</b>	\$19,520	\$29,280	\$36,112	\$39,040

Beginning on July 1, 2000, Maine law will require that the Cub Care income limit be raised to 200% of the FPL (P.L. 1999, C. 401, Part QQ) and that additional funding of \$466,796 be provided for from the "Fund for a Healthy Maine" for the cost of benefits. The "Fund for a Healthy Maine" receives funds resulting from the national tobacco settlement. During fiscal year 2000-01, the Fund for a Healthy Maine will also provide \$29,587 for a staff person in DHS to assist the Cub Care program. Matching federal funds will be allocated for both the increased coverage and the Cub Care staff person.



As illustrated in the chart below, families receiving Cub Care are required to pay contributions for coverage (premiums) depending on family income. The premium is calculated at 5 percent of the benefit cost for families at 150-160 percent of the FPL, 10 percent of the benefit cost for families at 160-170 percent of the FPL and 15 percent of the benefit cost for families at 170-185 percent of the FPL. There is a maximum amount (the base times 2) in each category of income. The benefit costs average around \$1200 per year per child. Premiums for families with incomes between 185 percent and 200 percent of the FPL have yet to be established. This issue is being addressed by LD 2269 during the Second Regular Session of the 119<sup>th</sup> Legislature (see page 3).

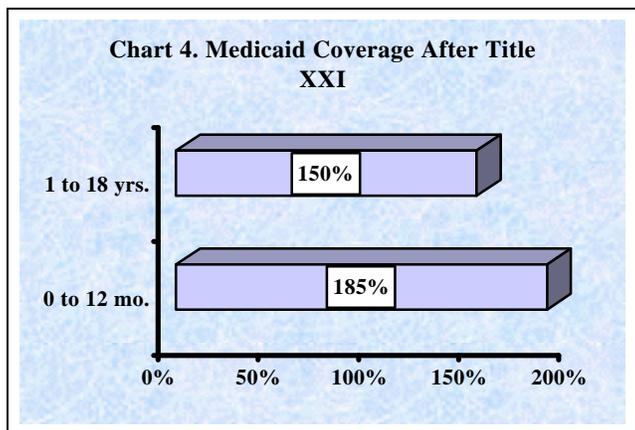
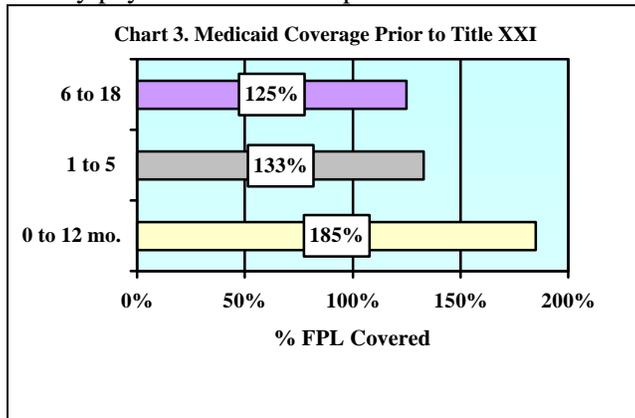


**■ The History of Cub Care and Title XXI**

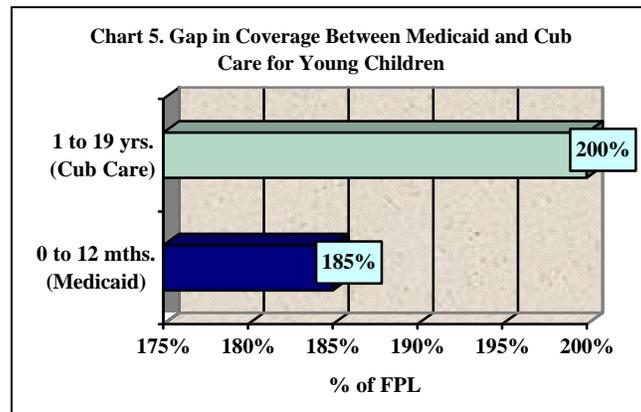
In an effort to provide health insurance coverage to the large number of uninsured children in the United States, Congress passed the federal Balanced Budget Act of 1997 (Public Law 105-33) that established Title XXI of the Social Security Act. Title XXI allows states to utilize federal dollars to increase children's insurance coverage through the use of a new state children's health insurance plan (CHIP), Title XIX

Medicaid Program, or a combination of both. In order for states to benefit from the Title XXI federal funds, a state plan has to receive approval from the Secretary of the Department of Health and Human Services (DHHS). In August of 1998, DHHS Secretary Donna E. Shalala, approved Maine's plan to utilize the Children's Health Insurance Program (CHIP) to reduce the number of uninsured children in Maine.

As shown in charts 3 and 4, the Title XXI program also expanded Medicaid insurance coverage to children age 1 through 18 with family incomes up to 150 percent of the FPL. Prior to the Title XXI program, Medicaid coverage in Maine was divided into several categories: children from birth to 12 months with family incomes up to 185 percent of the FPL, children 1 through 5 with family incomes up to 133 percent of the FPL and children 6 through 18 with family incomes up to 125 percent of the FPL. Unlike Cub Care, Medicaid does have co-payments on certain services provided to adults, usually in the amount of 2 dollars. However, children are not subject to the co-payment requirement. The Maine Medicaid program (22 MRSA §3174-G, sub-§1) is the largest payer of prescription medication, as well as hospitalization and care by physicians and other providers.



**B. Legislation Amending Cub Care Age Limits**  
 Children up to 12 months of age in families with incomes up to 185 percent of the FPL are covered under Medicaid. However, children up to 12 months in families with incomes between 185 percent and 200 percent of the FPL are currently not covered under Cub Care (see Chart 5). Children under 12 months in families with incomes above 185 percent of the FPL are not eligible for Medicaid or Cub Care coverage. Legislation was introduced (LD 2269) in the Maine Legislature in December of 1999 that would further amend 22 MRSA, 3174-T, sub-§ 2, PL 1999, C. 401, Part QQ, by allowing Cub Care to provide coverage to children below the age of 1 in families with incomes between 185 percent and 200 percent of the FPL. This legislation also would provide for an updated premium scale that would require families with incomes between 185 percent and 200 percent of the FPL to pay a premium of 20 percent of the benefit cost per child.



## II. Prescription Drug Legislation

In response to the increasing concern over the rising costs of prescription drugs and the high number of elderly Maine residents who are without prescription drug coverage, the Maine Legislature recently passed several bills promoting various changes in prescription drug coverage for Maine residents.

- **The Elderly Low-Cost Drug Program**

The Elderly Low-Cost Drug Program (22 MRSA §3174-G, sub-§ 2) was enacted in 1989 and was recently amended by the Maine Legislature in 1999. As of August 1, 1999, the Elderly Low-Cost Drug Pro-

gram's (ELCDP) eligibility requirements were amended to include elderly with household incomes of 185 percent of the FPL, up from roughly 131 percent of the FPL. Persons who pay more than 40 percent of their income for unreimbursed prescription drugs are eligible for an additional 25 percent of the applicable income levels. The co-pay for the basic component (covering drugs for the conditions listed below) is 2 dollars or 20 percent, whichever amount is greater. For fiscal year 1999-2000, \$1,092,000 was appropriated for increased funding for the basic component of the ELCDP.

On August 1, 1999, the supplemental component of the ELCDP went into effect. The supplemental component of the program covers all prescription drugs and medications provided under the Medicaid program. Under this program, participating manufacturers provide a discount on their drug prices equivalent to that of the Medicaid discount. DHS then pays two dollars toward the cost of the prescription and the consumer pays the remainder. The result of the DHS two dollar co-pay combined with the Medicaid level discount is a total discount to the consumer of about 20 percent off the current prices paid by those without prescription drug coverage. The supplemental component of the program is intended to be self-sufficient, operating on the discounts and the two-dollar DHS co-pay.

The ELCDP is intended to provide assistance to adults ages 62 and over, as well as disabled adults, with payment for certain prescription medicines including specific chronic medical conditions. The conditions covered in the basic component include: heart disease, high blood pressure, diabetes, arthritis, anticoagulation, hyperlipidemia, osteoporosis, chronic obstructive pulmonary disease and asthma, incontinence, thyroid diseases, glaucoma, Parkinson's disease, multiple sclerosis and amyotrophic lateral sclerosis (Lou Gehrig's disease).

#### **B. The Maine Resident Low-Cost Prescription Drug Program**

The Maine Resident Low-Cost Prescription Drug Program (MRLCPDP), enacted by P.L. 1999, Chapter 431, goes into effect on February 1, 2000. Maine residents who qualify must be at least 62 years old or at least 19 years old and disabled and have a household income of less than 185 percent of the FPL. Prescription drug manufacturers who choose to participate in the voluntary program pay rebates to DHS (22 MRSA §254-B). The voluntary rebates are the same amount as the Medicaid rebates (between 18-20 per-

cent at present). Manufacturers who volunteer to become part of this program must include coverage for all drugs sold in the state. When filling a prescription, the consumer can choose their pharmacy and will also have a choice of the drug manufacturer. The pharmacist discounts the prescription by the discounted amount established by DHS (roughly the rebate amount). Except for applying any mandatory discount to drugs provided by a participating manufacturer, the pharmacy is free to set its own prices. If the drug purchased is one for which a discount has been applied, the pharmacy notifies DHS and DHS reimburses the discounted amount to the pharmacy weekly or biweekly. To qualify for MRLCPDP, the consumer must be a Maine resident and have no third party prescription drug coverage. There is no enrollment procedure or identification card required. MRLCPDP is self-funded by the voluntary rebates paid by participating manufacturers.

#### **C. The Medicaid Waiver Drug Program**

The Medicaid Waiver Drug Program (22 MRSA §3174-G, sub-§1-A, as amended by LD 2255, P.L. 1999, Chapter 531, Part F) will begin July 1, 2000. The legislation directs DHS to apply for a Medicaid waiver in order to provide Medicaid prescription drug benefits to qualified persons age 62 and over and disabled persons ages 19 and over. The family income limitation for all applicants is 185 percent of the FPL, thus providing coverage for those whose incomes are too high for Medicaid coverage (100% of the FPL). Coverage under the Medicaid waiver drug program is contingent upon sufficient funds being appropriated and allocated to cover costs. If funding is insufficient, the income limit will be lowered. The full range of drugs covered by the Medicaid program must also be provided under the Medicaid Waiver Drug Program. There are no restrictions on assets or savings and co-payments are comparable to Medicaid co-payments. Funds for the program are to be provided by a combination of funds including: (a) funding appropriated to the Elderly Low-Cost Drug Program and any rebates paid under that program; (b) funding of at least \$5,000,000 in fiscal year 2000-01 from the Fund for a Healthy Maine; and (c) allocated federal matching funds in the amount of \$23,804,694 for fiscal year 2000-01.



## **Proposed Federal Legislation Regarding Prescription Drug Coverage for Seniors**

### **A. The SPICE Act**

U.S. Senators Olympia Snowe (R-Maine) and Ron Wyden (D-Oregon) introduced bipartisan legislation in August of 1999 entitled the “Seniors Prescription Insurance Coverage Equity Act. (SPICE).” The SPICE Act would provide prescription drug coverage for seniors who are eligible for Medicare. Premiums would be determined by a sliding scale: seniors with incomes below 150 percent of the federal poverty level (FPL) would not pay any premiums for prescription drug insurance; seniors with incomes between 150 to 175 percent of the FPL would have between 100 percent and 25 percent of their premiums paid for by the federal government; all others would receive a subsidy of 25 percent of their prescription drug premiums. Seniors would have the option of selecting from several competing drug benefit plans and would be responsible for paying a variety of different deductibles and co-pays. Seniors would have the option of changing their prescription drug plan during an open enrollment period. SPICE Act would receive funding from an increase in the tobacco tax of 55 cents per pack. A reserve fund for prescription drugs, created during Senate consideration of Fiscal 2000 Budget Resolution through an amendment by Snowe-Wyden would provide a portion of the \$505 billion from the non-Social Security on-budget surplus if necessary. The bill is currently being considered by the Finance Committee.

### **B.**

### **C. Prescription Drug Fairness for Seniors Act**

In February of 1999, U.S. Congressman Tom Allen introduced the “Prescription Drug Fairness for Seniors Act of 1999.” This Act would utilize the negotiating power of the federal government to obtain a 40 percent prescription drug discount for Medicare recipients. Pharmacies would be able to purchase prescription drugs for Medicare recipients at the “best price” given by the manufacturers to the federal government. The “best price” is usually the Medicaid or Veteran’s Administration price. It is anticipated that this bill would not significantly increase federal spending. This bill is currently being considered by the House Ways and Means Committee.

# Recent Legal Developments



## **The Right to Sue a Health Plan**

Are health plans making insurance judgments or practicing medicine when they deny payment for a health care service on the basis that it is not medically necessary or when they refuse to honor a referral ordered by a physician? If a patient is harmed as a result of that health plan’s decision, can the health plan be sued for medical malpractice?

Health plan liability has become a major component of the managed care debate in Congress, in state legislatures, including Maine, and in courtrooms throughout the country. Recent legislative proposals and court decisions have sought to expand the scope of malpractice liability to health insurers, health maintenance organizations and other managed care entities to give health plan enrollees a right to sue. Prior to these developments, an enrollee could sue a health plan in state court under the common law theory of “vicarious liability” but faced certain legal barriers to bringing a malpractice action in state court: state laws addressing the corporate practice of medicine and the federal Employee Retirement Income Security Act (ERISA).

### **1. The New “Right to Sue” and Vicarious Liability Theory**

For many patients, the only recourse for malpractice in state court is to sue their health plan under a “vicarious liability” theory. Under this theory, patients that bring a civil action against their health plan must prove that because of the contractual relationship between a health care provider and a health plan the health plan bears liability for the actionable conduct of the health care provider. However, recent legislative proposals would establish a new tort with respect to health plan liability. Under these proposals, health plan enrollees are given a specific statutory cause of action against a health plan for health plan treatment decisions that harm the enrollee.

## 2. “Corporate Practice of Medicine” Doctrine

Traditionally, state courts have ruled that health insurers and other entities are protected from tort actions for malpractice by state laws prohibiting the “corporate practice of medicine.” When sued for malpractice, health plans have successfully raised the defense that they as corporations cannot be sued and that the proper parties in a malpractice actions are individual health care providers. Under current Maine law health maintenance organizations “shall not be deemed to be practicing medicine and shall be exempt from provisions of law relating to the practice of medicine.” In 1997, Missouri repealed its corporate practice of medicine law to prevent health plans in that state from asserting the statute as a defense to malpractice actions.” (24-A § 4222, sub-§3)

## 3. ERISA

The federal Employee Retirement Income Security Act (ERISA) primarily governs employee pension plans but also regulates employee welfare benefit plans, including health plans. In order to promote national uniformity for the regulation of these plans, ERISA contains a provision that preempts any state laws relating to employee benefit plans. However, the authority to regulate insurance regulation is reserved to the states. When faced with lawsuits for medical malpractice, third-party payors, including health maintenance organizations, have argued that ERISA preempts any liability claims made against them because the claims “relate to” a plan covered by ERISA.

### State Laws Allowing a Right to Sue

Three states, Texas, California and Georgia, have enacted laws giving health plan enrollees the statutory right to sue their health plan in state court if the enrollee suffers harm as a result of a health plan treatment decision. These laws require health insurance carriers, health maintenance organizations or other managed care entities to exercise a duty of ordinary care when making health care treatment decisions and make managed care entities liable for damages for harm to an insured or enrollee proximately caused by the failure to exercise such ordinary care. Health insurance carriers, health maintenance organizations or other managed care entities are also liable for damages for harm to an insured or enrollee proximately caused by their employees, agents, ostensible agents or representatives who are acting on their behalf and over whom they has the right to exercise influence or control or

have actually exercised influence or control that results in the failure to exercise ordinary care. In most instances, an enrollee may not bring a cause of action unless internal grievance procedures of the health plan have been exhausted and any independent external review process has been completed.

Louisiana has taken a somewhat different approach and enacted a law that gives health plan enrollees a cause of action for benefits or damages for any action of a health carrier involving or resulting from a decision if the determination or opinion was rendered in bad faith or involved negligence, gross negligence or intentional misrepresentation of factual information about the covered person’s medical condition. In Illinois, the state Supreme Court upheld a common law cause of action against a health plan for malpractice and ruled that such an action was not preempted by ERISA.

The first liability law was enacted in Texas in 1997. Soon after its enactment, the Texas law was challenged by the health care industry. The health plans argued that the right to sue provision was preempted by ERISA. In its decision, the federal District Court of Texas specifically upheld the right to sue provision and found that a suit brought under the statute would relate only to the quality of benefits from a managed care entity and not the withholding of benefits. The case has been appealed to the Circuit Court of Appeals and a decision is pending.

### Maine’s Legislative Proposals

In the Maine Legislature, the Joint Standing Committee on Banking and Insurance is considering the enactment of a right to sue provision as part of comprehensive “Patients’ Bill of Rights” legislation. During the upcoming session, the Committee will continue its review of two carryover bills, LD 750, An Act to Establish a Patients’ Bill of Rights and LD 1619, An Act to Create a Patients’ Bill of Rights. Both of these bills contain a provision that would give health plan enrollees the right to bring a civil action in state court against their health carrier if the carrier failed to exercise ordinary care in making health care treatment decisions. The language under consideration is modeled after the Texas law.

The enactment of a right to sue provision under Maine law would apply to health plan enrollees covered under individual and group health insurance contracts. Any Maine law would not apply to those individuals receiving health care through self-insured health plans

regulated by ERISA, through the federal Medicare and Medicaid programs or through the Federal Employee Health Benefit Plan.

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## **Legislators' Survey on Structural and Operational Changes to the Maine Legislature**

At its July 14, 1999 meeting, the Legislative Council created a subcommittee to study improvements in the operation and structure of the Maine Legislature. The subcommittee is responsible for studying improvements to the legislative process that will:

- facilitate public understanding of and involvement in the legislative process;
- make it easier for individuals to serve in the Legislature;
- enhance the quality of legislative operations, deliberations and enactments; and
- empower the Legislature to function as a co-equal, independent branch of Maine government, consistent with its Constitutional charge.

The subcommittee is chaired by Speaker G. Steven-Rowe and, in addition, consists of Sen. Richard Bennett, Sen. Ann Rand, Rep. Michael Saxl, Rep. Thomas Murphy and Rep. Richard Campbell.

To date, the subcommittee has met 5 times and has considered a wide range of issues affecting the organization of the Legislature and the way it carries out its responsibilities. The subcommittee has met with representatives of the Executive Branch and municipal government and bipartisan members of the Appropriations Committee to discuss various proposals and to seek input. Among the Council's charges to the subcommittee was to seek the opinions of other legislators in its deliberations. Toward that end, the subcommittee recently surveyed current legislators regarding various proposals under consideration. The results of that survey are summarized below.

Seventy-seven members or 41% of all Legislators completed and returned the survey. Of the 77 surveys returned, 64 (89% of responses) were Representatives and 9 (12% of the responses) were Senators. Most of the respondents were in their first term (26%), second term (32%) or third term (26%). Ten percent of respondents were serving their fourth term and 5% had served more than four terms.

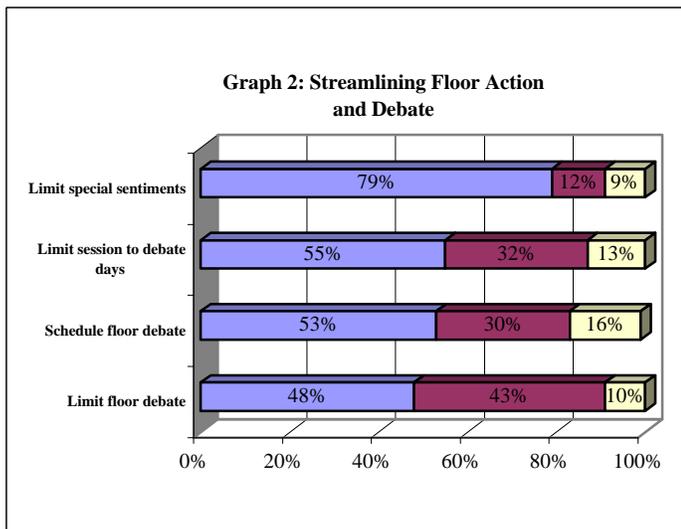
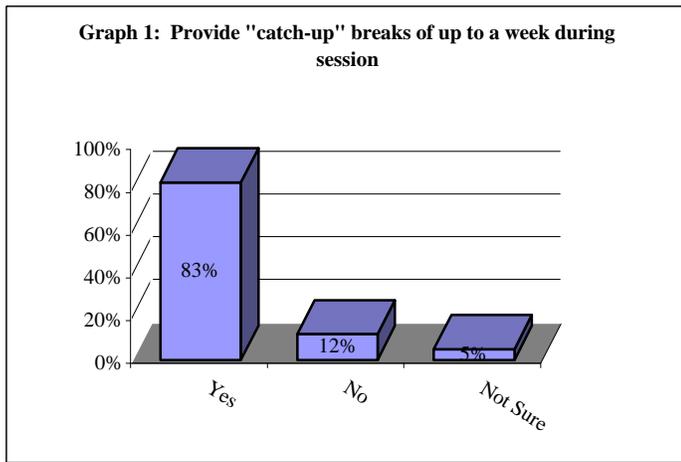
Generally, the subcommittee considered structural or operational changes in the following 7 broad areas of the legislative process which were reflected in the survey:

- Changes in the legislative session schedule to more efficiently handle the existing workload;
- Reversing the long and short legislative sessions to allow for more organizational activity and orientation at the outset of a legislative biennium;
- Limiting the number of bills introduced and considered in the 1<sup>st</sup> Regular Session to reduce the current workload;
- Improvements to protect the integrity of the committee process and enhance the committees' ability to handle an increasing workload;
- Improvements in the process for adoption of the biennial budget and clearing of the Special Appropriations Table;
- Streamlining floor action and debate to avoid any over emphasis on ceremonial and administrative matters at the expense of substantive debate; and
- Considering ways to make more effective use of the interim period between regular sessions.

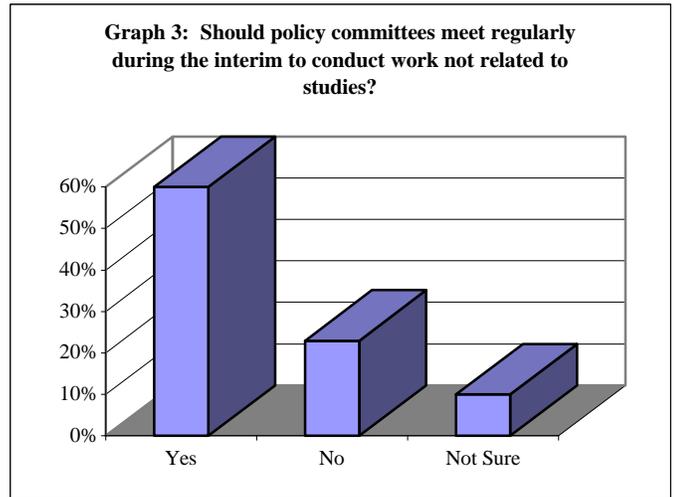
When asked which of the seven broad action areas would most enhance the ability of the Legislature to carry out its functions, changing the session schedule received the most support and reversing the 1<sup>st</sup> and 2<sup>nd</sup> sessions the least. Improving the committee process was second in the amount of support garnered followed by streamlining floor action, improving the budget and appropriations process, limiting the number of bills and making better use of the interim in that order.

The strongest support was voiced for continuation or extension of actions already in place, e.g. "one week catch up" breaks during session (83% support) and limiting floor sessions so committees have more time to work (83% support). Survey results also showed strong support for administrative-type proposals such as reducing floor time by changing the procedures for bill referral and special sentiments (79% support). See Graphs 1 and 2.

The weakest support shown on the survey was for changes that would most dramatically alter the current process, e.g. reversing the long and short sessions (22% support), redistributing the work more equally between the two sessions (31% support), changing the session schedule so that the Legislature meets throughout the year (26% support), shortening



support), authorizing joint standing and select committees to meet periodically during the interim (60% support) and limiting the number of bills introduced (62% support for some form of limit). See Graph 3 below.



The responses to the 3 open-ended questions were interesting. Legislators were asked in the first two questions on the survey what they thought were the strengths and weaknesses of the current legislative process. By far the most frequently cited strength is the openness of the legislative process. Other strengths identified were the joint standing committees, the fact the Maine Legislature is a citizens' legislature, the efficiency of the process, the shortness of the sessions and the existence of checks and balances in the system. The most common weakness identified was the session schedule. Other respondents cited problems stemming from the committee process, the large number of bills, inefficient use of floor time, lack of resources, the budget process, the relative strength of the Executive Branch vs. the Legislature, the fact that many legislators serve on more than one committee and a cloture deadline that is too early.

The final question of the survey asked what changes other than those surveyed would improve the legislative process. The responses were varied and ranged from very specific suggestions such as no note passing during roll call votes and starting committee meetings and floor sessions on time to broad suggestions for redirection such as establishing both House and Senate standing committees and eliminating the current appropriations process.

The subcommittee will consider the results of the survey and other factors in finalizing recommendations for submission to the Legislative Council. That should occur in late January and the Council will then

session length by meeting six days a week (14% support) or evenings (32% support), requiring all bills to be printed before committee work begins (38% support) allowing committees to determine which bills will be introduced (35% support), allowing committee to determine which bills will have public hearings (40% support) and changing the size (30% support) or number and jurisdiction (30% support) of committees.

Examples of specific proposals that received relatively equal amounts of support and opposition are: Re-aligning the legislative schedule to spread the work more evenly throughout the year (51% support/42% opposition), slowing the pace by lengthening the session (42% support/53% opposition) and increasing the number of bills carried over to the 2<sup>nd</sup> Regular Session (45% support/53% opposition).

There are also several other actions under consideration that received relatively strong support. Examples from this category are: Requiring a greater threshold of support to favorably report a bill to the floor (60%

decide whether to suggest those recommendations to its successor for implementation during the Legislative the 120<sup>th</sup> Legislature.

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### **Legislative Review Of Agency Rules: 1999 Update**

Once again in 1999, the Legislature completed review of numerous major substantive agency rules under the Maine Administrative Procedure Act (MAPA). Since amendments to the MAPA were enacted in 1995, certain agency rules known as major substantive rules may not be finally adopted by an agency until they have been reviewed by the Legislature. Review of major substantive rules is required to address the concern of legislators that agencies sometimes fail to comply with the intent of the Legislature in adopting rules and that the Legislative branch needs to exert sufficient oversight of Executive Branch rule-making activities. Rules that are not designated major substantive by the Legislature are considered routine technical rules and are not subject to legislative review.

During the First Regular Session of the 119th Legislature, the Legislature reviewed 19 major substantive agency rules submitted by adopting agencies. Seventeen of the rules were adopted by agencies pursuant to specific major substantive rule-making authority granted by the Legislature in previous sessions. Two of the rules qualified for review because they raised license fees beyond a cap or range set in law, which meets a general definition of major substantive rule under the MAPA.

The 19 rules were submitted to the Legislature in the form of 16 resolves. The resolves were referred to 5 committees, scheduled for hearing, discussed in committee work session and reported out. Six of the resolves were referred to the Utilities and Energy Committee, 4 to the Health and Human Services Committee and 3 to the Business and Economic Development Committee. One of the committee reports was divided; the others were unanimous. Eighteen of the rules were approved for final adoption; one was not authorized to be finally adopted (a PUC rule on energy conservation programs established by distribution utilities). Five of the rules were approved as submitted; 13 were approved conditioned upon changes to be made by the agency.

In addition to review of provisionally adopted major substantive rules, the Legislature passed legislation in 1999 granting new rulemaking authority to certain agencies. In all, 16 new major substantive rules requiring legislative review were authorized by laws passed this year. By way of comparison, 66 routine technical rules not requiring legislative review were authorized by the Legislature in 1999.

The enclosed insert lists: a) major substantive rules that were authorized this past session by the Legislature to be finally adopted; and b) new major substantive rulemaking authority granted to state agencies by the Legislature in 1999.

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### **Executive Orders Issued**

The following Executive Order has been issued by the Governor in Fiscal Year 1999-2000:

**Executive Order #1: An Order Establishing the Maine Criminal Justice Statistical Analysis Center:** The purpose of this center is to serve as a clearinghouse for data collection, to perform an array of statistical analyses and to compile and conduct research on effective practices for the criminal justice system in Maine and in the U.S. Department of Justice. Members of the Center include representatives from the following agencies: the Department of Public Safety; the Administrative Office of the Court; the Maine Criminal Justice Commission; the Department of Corrections; and the University of Southern Maine Muskie Institute for Public Sector Innovation. The members are responsible for providing advice and direction to the administrators of the Center, the Department of Corrections and the Muskie Institute, on the Center's organizational activities. The Center is being funded from a U.S. Department of Justice grant.



## Policy and Government

**U.S. State and Local Gateway:** This site offers easy access to federal information arranged by topics, type, current issues and other state and federal government related agencies. The site also includes state and local government links and a search engine.

<http://www.statelocal.gov/>

**Fedstats:** This governmental site includes access to statistics published by more than 70 agencies in the U.S. Federal Government.

<http://www.fedstats.gov/>

**National Bureau of Economic Research (NBER):** The National Bureau of Economic Research is a private, non-profit, nonpartisan research organization dedicated to promoting a greater understanding of how the economy works. The NBER website offers working papers and other publications, an on-line database, a search engine and a section on various research projects that the NBER is involved with.

[www.nber.org](http://www.nber.org)



**Maine State Legislature:** The State of Maine statutes, including the new laws passed in 1999, are now available through the Legislature's homepage. The website also includes access to current bill text, amendments and final disposition information.

<http://www.state.me.us/legis>

**Law and Legislative Reference Library:** Provides access to URSUS catalog, collections information, reference information, legislative history instructions and interlibrary loan information, and lists of Justices for the Maine Supreme Judicial Court and Maine Attorney Generals. The Library's website also includes an in-house index to NCSL Legisbrief, a two-page issue brief published by the National Conference of State Legislatures (NCSL). The website also offers the submittal of research requests via e-mail.

<http://www.state.me.us/legis/lawlib>



## Technology

**Altavista Translations:** This web page from AltaVista offers a service that translates web pages or text between English and German, French, Portuguese, Spanish and Italian.

<http://www.babelfish.altavista.digital.com>



## News and Media

**Public Broadcasting Company:** The PBS website offers comprehensive companion web sites for more than 400 PBS television programs and specials, as well as original Web content and real-time learning adventures. The site has over 85,000 pages of content to explore, and visitors to the website can delve further into the subjects they most enjoy—from news to history and the arts to science and technology. PBS Online also connects you directly to your local public broadcasting member station and visitors can browse television schedules and program listings.

[www.pbs.org](http://www.pbs.org)

**NewsSynthesis:** This site offers a search of newspapers and newswires for news stories arranged by topic, news sources and latest news subjects.

[www.NewsSynthesis.com](http://www.NewsSynthesis.com)



## General Interest

**SafeShopping:** This site, created by the American Bar Association, offers assistance and educational materials to consumers who shop on-line. It provides information on privacy and security, payment methods, pricing, and compliant procedures.

[www.safeshopping.org](http://www.safeshopping.org)

**Megaconverter:** This site offers an ever-growing set of weights, measures and units conversion/calculations. For just about anything you can think of, megaConverter can show you its equivalent. For example, the site allows users to discover things like how many seconds old they are, the difference between a gallon in the USA and a gallon in the UK, how many nanometers in an inch, and how many quarts in a caldron.

<http://www.megaconverter.com>

**FinAid:** This comprehensive financial aid information page offers a free scholarship search, financial aid calculators, financial aid applications and a glossary of terms.

[www.finaid.com](http://www.finaid.com)



## OPLA PUBLICATIONS

- **Study Reports** - A listing of study reports of legislative committees and commissions categorized by year from 1973 on is available from OPLA. For printed copies of any of these reports, please contact the Office of Policy and Legal Analysis at 13 State House Station, Augusta, Maine 04333 (287-1670) or stop by Rooms 101/107 of the State House. The first copy of a report is free; additional copies are available at a nominal cost. In addition, many of the recent legislative studies staffed by OPLA are available on the OPLA website at:  
<http://www.state.me.us/legis/opla/reports2.htm>

The following recently issued study reports are currently available from OPLA:

<b>Final Report of the Blue Ribbon Commission to Establish a Comprehensive Internet Policy</b>
<b>Final Report of the Commission to Encourage Incorporations in Maine</b>
<b>Final Report of the Commission to Examine the Adequacy of Services at the Togus Veterans Administration Medical Center</b>
<b>Final Report of the Commission to Review Traffic Congestion Including Truck Traffic Along the Route 1 York Corridor and the Route 236 Corridor</b>
<b>Final Report of the Commission to Study Bulk Purchasing of Prescription Drugs and Medical Supplies</b>
<b>Final Report of the Commission to Study the Enhancement of Fire Protection Services throughout the State</b>
<b>Final Report of the Committee to Study Standardized Periods of Military Service and Other Matters Related to the Award of State of Maine Veterans' Benefits</b>
<b>Final Report of the Joint Select Committee on the Year 2000 Computer Problem</b>
<b>Final Report of the Select Commission to Study State Participation in Funding Cleanup and Remediation of Uncontrolled Hazardous Substance Sites</b>
<b>Final Report of the Study Group to Review Procedures and Consider Improvements in Juvenile and Adult Probation Services</b>
<b>Final Report of the Task Force to Study the Effect of Government Regulation on Small Business</b>

<b>Staff Study of Laws Outside Title 35-A Potentially Affected by Restructuring</b>
<b>Staff Study to Explore Disability Access Issues in Relation To Outdoor Sporting Activities</b>
<b>Final Report of the Task Force to Study the Operation of and Support for the Board of Environmental Protection</b>
<b>Long-term Care in Maine: A Progress Report</b>

If you have any questions concerning a particular study, please contact the Office of Policy and Legal Analysis at 287-1670.

## A Word About OPLA

The Office of Policy and Legal Analysis (OPLA) is one of several nonpartisan offices of the Maine State Legislature. It operates under the auspices of the Legislative Council. The office provides professional staff assistance to the joint standing and select committees, such as providing policy and legal research and analysis, coordinating the committee process, drafting bills and amendments, analyzing budget bills in cooperation with the Office of Fiscal and Program Review and preparing legislative proposals, reports and recommendations.

### OPLA~Notes

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We welcome your comments and suggestions. Contact the Office of Policy and Legal Analysis by writing to 13 State House Station, Augusta, Maine 04333; calling 287-1670; or stopping by Rooms 101/107/135 of the State House. The newsletter is available on the Internet at:  
[www.state.me.us/legis/opla/newslet.htm](http://www.state.me.us/legis/opla/newslet.htm)

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