

ORDERED, the House concurring, that the Commission to Study Primary Care Medical Practice is established as follows.

1. Commission to Study Primary Care Medical Practice established. The Commission to Study Primary Care Medical Practice, referred to in this order as "the commission," is established.

2. Membership. The commission consists of the following 13 members, appointed as follows:

- A. Three members of the Senate, appointed by the President of the Senate;
- B. Five members of the House of Representatives, appointed by the Speaker of the House;
- C. Two independent primary care physicians, one of whom is appointed by the President of the Senate and one of whom is appointed by the Speaker of the House;
- D. One member of an organization representing hospitals in the State, appointed by the President of the Senate;
- E. One member of an organization that has expertise in issues regarding the enhancement of quality of life and that provides information, advocacy and service to members of the public, including patients and consumers, appointed by the President of the Senate; and
- F. One member of an organization representing physicians in the State, appointed by the Speaker of the House.

3. Commission chairs. The first-named Senator is the Senate chair of the commission and the first-named member of the House is the House chair of the commission.

4. Appointments; convening of commission. All appointments must be made no later than 30 days following passage of this order. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been made. When the appointment of all members has been completed, the chairs of the commission shall call and convene the first meeting of the commission.

5. Duties. The commission shall:

- A. Identify the causes of the loss of independent ownership of primary care medical practices due to financial, regulatory or business-related reasons;
- B. Seek input from independent primary care physicians on payor mix, reimbursement and Medicaid regulatory changes and the effects of such factors on the ability of independent primary care physicians to practice medicine in Maine;
- C. Seek to determine the effect of hospital control of primary care medical offices or primary care physicians on health care costs, access to health care and medical treatment of Maine's citizens; and
- D. Review how comparable states manage physician-hospital relationships with respect to health care costs, patient advocacy and access to health care.

6. Staff assistance. The Legislative Council shall provide necessary staffing services to the commission.

7. Report. No later than December 5, 2007, the commission shall submit a report that includes its findings and recommendations, including suggested legislation, to the Joint Standing Committee on Health and Human Services. Pursuant to Joint Rule 353, the commission is not authorized to introduce legislation. Upon receipt of the report required by this section, the Joint Standing Committee on Health and Human Services may, pursuant to Joint Rule 353, introduce a

bill during the session to which the report is submitted to implement its recommendations on matters relating to the study.