

# MAINE STATE LEGISLATURE

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**STATE OF MAINE  
119TH LEGISLATURE**

**FIRST REGULAR SESSION**

**BILL SUMMARIES  
JOINT STANDING COMMITTEE  
ON  
HEALTH AND HUMAN SERVICES**

**JULY 1999**

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**ONE HUNDRED NINETEENTH LEGISLATURE**  
**FIRST REGULAR SESSION**

**Summary Of Legislation Before The Joint Standing and Select Committees**  
**August 1999**

We are pleased to provide this summary of all bills that were considered by the Joint Standing and Select Committees of the Maine Legislature this past session. The document is a compilation of bill summaries which describe each bill and relevant amendments, as well as the final action taken. Also included are statistical summaries of bill activity this session for the Legislature and each of its joint standing and select committees.

The document is organized for convenient reference to information on bills considered by the committees. It is organized by committees and within committees by bill (LD) number. The committee report(s), prime sponsor for each bill and the lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are listed by paper number. Two indices, a subject index and a numerical index by LD number are provided for easy reference to bills. They are located at the back of the document. A separate publication, History and Final Disposition of Legislative Documents, may also be helpful in providing information on the disposition of bills. These bill summaries also are available at the Law and Legislative Reference Library and on the Internet ([www.state.me.us/legis/opla](http://www.state.me.us/legis/opla)).

Final action on each bill is noted to the right of the bill title. The abbreviations used for various categories of final action are as follows:

*CARRIED OVER*..... *Bill carried over to Second Regular Session*  
*CON RES XXX*..... *Chapter # of Constitutional Resolution passed by both Houses*  
*CONF CMTE UNABLE TO AGREE*..... *Committee of Conference unable to agree; bill died*  
*DIED BETWEEN BODIES*..... *House & Senate disagree; bill died*  
*DIED IN CONCURRENCE*..... *One body accepts ONTP report; the other indefinitely postpones the bill*  
*DIED ON ADJOURNMENT*..... *Action incomplete when session ended; bill died*  
*EMERGENCY*..... *Enacted law takes effect sooner than 90 days*  
*ENACTMENT FAILED*..... *Bill failed to get vote required for enactment or final passage*  
*NOT PROPERLY BEFORE THE BODY*..... *Ruled out of order by the presiding officers; bill died*  
*INDEF PP*..... *Bill Indefinitely Postponed*  
*ONTP*..... *Ought Not To Pass report accepted*  
*OTP ND*..... *Committee report Ought To Pass In New Draft*  
*OTP ND/NT*..... *Committee report Ought To Pass In New Draft/New Title*  
*P&S XXX*..... *Chapter # of enacted Private & Special Law*  
*PUBLIC XXX*..... *Chapter # of enacted Public Law*  
*RESOLVE XXX*..... *Chapter # of finally passed Resolve*  
*UNSIGNED*..... *Bill held by Governor*  
*VETO SUSTAINED*..... *Legislature failed to override Governor's Veto*

Please note the effective date for all non-emergency legislation enacted in the First Regular Session (unless otherwise specified in a particular law) is September 18, 1999.

Chapter 353 was enacted as an emergency measure effective May 28, 1999.

**LD 1432**                      **An Act to Improve Care to Nursing Home Residents by Requiring Adequate Staff to Provide Hands-on Care**                      **CARRIED OVER**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| ETNIER<br>BENNETT |                         |                           |

LD 1432 proposes to increase the ratios of direct-care providers to residents, define "direct care" as hands-on care and require extra staff at meal times to ensure adequate nutrition to residents. This bill proposes to require the Department of Human Services to contract with one or more experts in the field of nurse staffing research and long-term care to recommend a methodology for determining appropriate nursing facility staffing levels based on resident acuity and to report back to the Legislature by May 1, 1999.

This bill has been carried over to the Second Regular Session of the 119th Legislature.

**LD 1472**                      **An Act to Clarify Reimbursement for Cognitive Services**                      **ONTP**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| DUNLAP<br>MURRAY  | ONTP                    |                           |

LD 1472 proposed to require that nonprofit hospital and medical service organizations, health insurers and health maintenance organizations provide coverage and reimbursement for cognitive services for persons with schizophrenia. It proposed to apply to all individual and group policies and contracts issued or renewed on or after January 1, 2000. LD 1472 also proposed to require that these services be covered under the state Medicaid program.

**LD 1477**                      **An Act to Promote Healthy Maine Families**                      **CARRIED OVER**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| PINGREE<br>KANE   |                         |                           |

LD 1477 proposes to extend Medicaid coverage to the parents or the caretaker relative of those children who are eligible for the Maine Medicaid program if their family income is below 150% of the nonfarm income official poverty line. Eligibility would be increased up to 185% of the nonfarm income official poverty line when nonfarm income official matching funds become available.

This bill has been carried over to the Second Regular Session of the 119th Legislature.

**Committee Amendment "A" (S-339)** is the majority report of the committee. It proposed to replace the bill. It proposed to retain the provisions of the bill that extend Medicaid coverage to parents and caretaker relatives of children eligible for the Medicaid program and adds an income adjustment mechanism to ensure that coverage for the parents and caretaker relatives is provided within the limits of the program budget. It proposed to clarify