

MAINE STATE LEGISLATURE

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*State Of Maine
122nd Legislature*

*First Regular Session and
First Special Session*

Bill Summaries

*Joint Standing Committee
on
Health and Human Services*

August 2005

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Maine State Legislature

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122nd Legislature
First Regular Session and First Special Session

Summary of Legislation Considered by the Joint Standing Committees
August 2005

Enclosed please find a summary of all bills, resolves, joint study orders, joint resolutions and Constitutional resolutions that were considered by the joint standing 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 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. A subject index for each committee is included immediately before the bill summaries for that committee, and a numerical index by LD number is included 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).

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
FAILED EMERGENCY ENACTMENT/FINAL PASSAGE..... Emergency bill failed to get 2/3 vote
FAILED ENACTMENT/FINAL PASSAGE..... Bill failed to get majority vote
FAILED MANDATE ENACTMENT..... Bill imposing local mandate failed to get 2/3 vote
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 June 29, 2005; and for non-emergency legislation enacted in the First Special Session is September 17, 2005.

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must be distributed annually among critical access hospitals for staff enhancement payments. The law also provides that the provisions of Title 22, section 1714-B are subject to approval from the federal Centers for Medicare and Medicaid Services.

Public Law 2005, chapter 342 was enacted as an emergency measure effective June 8, 2005.

LD 699 An Act To Repeal Tax and Match CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NASS R	ONTP MAJ OTP-AM MIN	S-193

LD 699 proposed to repeal the service provider tax imposed on private nonmedical institution services and the tax imposed on health care providers, hospitals and nursing homes.

LD 707 An Act To Improve Care for Adults with Mental Retardation ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
THOMAS DAVIS P	ONTP	

LD 707 proposed to direct the Department of Health and Human Services to give preference to residential services provided in private homes over residential services provided in privately operated or agency-operated residential care facilities. It proposed to direct the department to undertake an initiative to provide information to the public regarding opportunities for providing residential services for persons with mental retardation, including training on mental retardation and the requirements for obtaining approval as a private home provider of residential services.

LD 710 Resolve, Regarding Clinical Trials of Pharmaceuticals, Treatment Options and Medical Devices RESOLVE 77

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS J	OTP-AM MAJ ONTP MIN	H-381

Beginning January 1, 2006, LD 710 proposed to require a manufacturer of pharmaceutical drugs or a research organization or other health organization that sponsors a clinical trial of a pharmaceutical drug, treatment option or medical device and that enrolls as a participant in the trial a person who is receiving mental health treatment at a state mental health institute, as defined in the Maine Revised Statutes, Title 34-B, section 3201, at a community or specialty hospital if that treatment is fully or partially reimbursed with state funds, or at a juvenile or adult

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correctional facility to notify the Executive Director of Dirigo Health prior to beginning the clinical trial. The bill proposed to require annual reports from the executive director regarding notifications of clinical trials.

Enacted law summary

Resolve 2005, chapter 77 directs the Department of Health and Human Services to study the accessibility of information regarding the results of certain clinical trials of pharmaceuticals, treatment options and medical devices and the enrollment of certain persons in those trials. The resolve requires a report by January 30, 2006 to the Joint Standing Committee on Health and Human Services with the results of the study. The resolve requires the Department of Health and Human Services to post on its website links to public information regarding clinical trials of pharmaceuticals, treatment options and medical devices by November 15, 2005.

LD 725

An Act To Require the Disclosure of Certain Financial Information from Hospitals and Their Affiliates

PUBLIC 249

<u>Sponsor(s)</u> CANAVAN MAYO		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-339
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LD 725 proposed to require a hospital licensed by the Department of Health and Human Services to disclose annually certain financial information regarding the hospital and any entity that is owned, controlled or affiliated with the hospital.

Enacted law summary

Public Law 2005, requires the annual public disclosure of federal Internal Revenue Service Form 990 for each hospital and for each tax-exempt entity related to that hospital that is required by federal law to submit that form to the Internal Revenue Service. The law also requires hospitals to annually publicly disclose the federal Internal Revenue Service Form 1120 for each for-profit corporation in which the hospital has a controlling interest. This information must be submitted annually to the Department of Health and Human Services, which must make the information available to the public for inspection and photocopying and must post the information on its public website.

LD 741

An Act To Designate the Department of Health and Human Services as the Official State Agency Responsible for Programs for Persons Affected by Brain Injury

PUBLIC 229

<u>Sponsor(s)</u> MARTIN		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> S-171
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LD 741 proposed to designate the Department of Health and Human Services as the official state agency responsible for acquired brain injury services and programs. It proposed to direct the Commissioner of Health and Human Services to appoint an acquired brain injury advisory council to advise the department on all matters related to the administration of acquired brain injury programs and services. It proposed to require that