

# 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.

## *Joint Standing Committee on Health and Human Services*

Public Law 2005, chapter 343 amends the Pharmaceutical Cost Management Council enacted in Public Law 2005, chapter 12, section PP-1 and established in Title 5, section 2031, to add 3 consumer members, changes the parameters of the council to duties and adds to those duties coordinating and exchanging information, examining cost containment tools and reporting to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 1, 2006.

**LD 1325**

### **An Act To Ensure Continuity of Care Related to Implementation of the Federal Medicare Drug Benefit**

**PUBLIC 401**

<u>Sponsor(s)</u> BRAUTIGAM		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-686
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LD 1325 proposed to provide for continuity of care related to implementation of the Medicare D prescription drug benefit as follows.

1. The bill proposed to authorize the Department of Health and Human Services to provide assistance to persons applying for and enrolled in the elderly low-cost drug program so that they may obtain benefits under Medicare D.
2. The bill proposed to allow coverage under the elderly low-cost drug program for persons enrolled in Medicare D under certain circumstances.
3. The bill proposed to provide for wrap services, continuity of care and education and outreach in the elderly low-cost drug program.
4. The bill proposed to direct the Department of Health and Human Services to adopt routine technical rules for the provisions of the bill in the elderly low-cost drug program.
5. The bill proposed to direct the Department of Health and Human Services to provide transitional prescription and nonprescription drug benefits under the elderly low-cost drug program for persons enrolled in the program who may be eligible for or are enrolled in Medicare D.
6. The bill proposed to retain funding appropriated in the elderly low-cost drug program for state fiscal years 2004-05, 2005-06 and 2006-07.
7. The bill proposed to require the Department of Health and Human Services to coordinate benefits among the elderly low-cost drug program, the MaineCare program and Medicare D in order to increase access to needed prescription and nonprescription drugs at affordable costs.
8. The bill proposed to direct the Department of Health and Human Services to amend the rules regarding the amount of income that may be retained by a resident of a nursing, residential care or assisted living facility to allow an increase to cover the cost of the person's copayment for needed prescription and nonprescription drugs under the elderly low-cost drug program, the MaineCare program and Medicare D.

### *Enacted law summary*

## *Joint Standing Committee on Health and Human Services*

Public Law 2005, chapter 401 provides for continuity of care related to implementation of the Medicare D prescription drug benefit. The law enacts in a new statutory section the elderly low-cost drug program in order to better organize the statute. It authorizes the Department of Health and Human Services to provide administrative services, information and enrollment and prescription drug services through the elderly low-cost drug program and MaineCare program that coordinate with the benefits that will be available beginning January 1, 2006 under the new Medicare Part D benefit. It requires the department to adopt emergency rules, after receiving advice from a stakeholders group, for the elderly low-cost drug program and the MaineCare program by January 1, 2006.

**LD 1350**                      **An Act Regarding the Office of Substance Abuse**                      **ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A	ONTP	

LD 1350 is a concept draft pursuant to Joint Rule 208. It proposed to create a task force to develop a proposal to establish an Office of Alcohol and Addiction Services, which would have responsibility for the entire spectrum of substance abuse services currently provided by the State. Under this proposal, the services that were provided by the Department of Health and Human Services, Office of Substance Abuse would be provided by a new Division of Drug Control Policy within the newly established Office of Alcohol and Addiction Services. The task force would submit its report and implementing legislation to the First Regular Session of the 123rd Legislature.

**LD 1359**                      **An Act To Amend the Maine Health Data Organization Statutes  
and To Extend the Operation of the Maine Health Data Processing  
Center**                      **PUBLIC 253  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PINGREE	OTP-AM	H-422

LD 1359 proposed to extend the statutory authority of the Maine Health Data Processing Center from September 1, 2005 to September 1, 2010. The bill also proposed to eliminate the major substantive rule requirement for the Maine Health Data Organization enforcement rules and the quality data rules, make a number of modifications to provide consistency within the statutes and repeal language that is obsolete.

### *Enacted law summary*

Public Law 2005, chapter 253 extends the statutory authority of the Maine Health Data Processing Center from September 1, 2005 to September 1, 2009.

Public Law 2005, chapter 253 was enacted as emergency measure effective May 31, 2005.