

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
123<sup>RD</sup> LEGISLATURE  
FIRST REGULAR SESSION



Summaries of bills and adopted amendments and laws enacted or finally passed during the First Regular Session of the 123<sup>rd</sup> Maine Legislature coming from the

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

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# STATE OF MAINE

123<sup>RD</sup> LEGISLATURE

FIRST REGULAR SESSION

## LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS



This *Legislative Digest of Bill Summaries and Enacted Laws* summarizes all bills and adopted amendments and all laws enacted or finally passed during the First Regular Session of the 123<sup>rd</sup> Maine Legislature, which was in session from December 6, 2006 to June 21, 2007.

The *Digest* is arranged alphabetically by committee, and within each committee by LD number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee. The appendices include a summary of relevant session statistics, an index of all bills by LD number and an index of enacted laws by law type and chapter number.

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:

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 (or Accepted ONTP report).....	Ought Not To Pass report accepted
OTP-ND.....	Committee report Ought To Pass In New Draft
P&S XXX.....	Chapter # of enacted Private & Special Law
PASSED.....	Joint Order passed in both bodies
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 that the effective date for non-emergency legislation enacted in the First Regular Session is **September 20, 2007**. The effective date for legislation enacted as an emergency measure is specified in the enacted law summary for those bills.

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

nonprofit agencies, faith-based organizations and the general public to advise the Governor on ending poverty and providing economic security to disadvantaged citizens in the State.

**LD 1118     An Act To Provide Certain Requirements for Rules Related to Rate Setting for Mental Retardation Services**

**PUBLIC 237  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS P	OTP-AM	S-126

This bill requires the Department of Health and Human Services to adopt nonemergency major substantive rules for rate setting for providers of mental retardation community services. The bill requires the department, in implementing the pilot program and subsequent rate setting for all providers under the mental retardation waiver, to establish methodology that includes resource allocation plans based on uniform standards for assessing the service needs of each person receiving services, adjustments for regional housing cost variations, employee-related expenses, operation expenses and transportation costs. It requires the department to adopt nonemergency major substantive rules for implementing managed behavioral health care services.

**Committee Amendment "A" (S-126)**

The amendment changes the title and removes the section pertaining to a methodology for provider rate setting under the mental retardation waiver as well as the section pertaining to rulemaking for managed behavioral health care services. It retains the section that requires the rules for the standardization of rates for providers of care to persons with mental retardation under the waiver to be major substantive rules and adds an emergency preamble and clause. The amendment removes from the bill the restriction that major substantive rules adopted by the Department of Health and Human Services with regard to rate setting for providers of services to persons with mental retardation be nonemergency rules and authorizes the Department of Health and Human Services to adopt major substantive rules on an emergency basis during calendar year 2007.

**Enacted Law Summary**

Public Law 2007, chapter 237 requires the rules for the standardization of rates for providers of care to persons with mental retardation under the waiver to be major substantive rules. The law authorizes the Department of Health and Human Services to adopt major substantive rules on an emergency basis during calendar year 2007.

Public Law 2007, chapter 237 was enacted as an emergency measure effective June 6, 2007.

**LD 1120     An Act To Amend MaineCare Benefits as Allowed by the Federal Deficit Reduction Act of 2005**

**ONTP**

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

This bill imposes cost sharing in the form of premiums and copayments for services, items and prescription drugs in the MaineCare program consistent with the provisions of the federal Deficit Reduction Act of 2005.

**LD 1130     Resolve, To Increase Fairness in Medical Payments**

**RESOLVE 48**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS J	OTP-AM	H-250

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

This resolve directs the Department of Health and Human Services to implement a system to pay all hospital MaineCare reimbursements based on the diagnosis-related group, or DRG, method that is used by the federal Medicare system.

### **Committee Amendment "A" (H-250)**

This amendment replaces the resolve. It directs the Department of Health and Human Services, with the Edmund S. Muskie School of Public Service, to proceed with its review of the possibility of basing hospital reimbursement under MaineCare on a methodology derived from the federal diagnosis-related group method. The amendment requires a report to the Joint Standing Committee on Health and Human Services and authorizes the committee to submit legislation.

### **Enacted Law Summary**

Resolve 2007, chapter 48 directs the Department of Health and Human Services, with the Edmund S. Muskie School of Public Service, to proceed with its review of the possibility of basing hospital reimbursement under MaineCare on a methodology derived from the federal diagnosis-related group method. The resolve requires a report to the Joint Standing Committee on Health and Human Services and authorizes the committee to submit legislation.

### **LD 1137    An Act To Provide Payment for Homeless Respite Care Services through the MaineCare Program**

**ONTP**

Sponsor(s)

DUNN

Committee Report

ONTP

Amendments Adopted

This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to have the MaineCare program pay for homeless respite care services.

### **LD 1142    An Act To Enhance the Newborn Hearing Program**

**PUBLIC 236**

Sponsor(s)

MAKAS

Committee Report

OTP

Amendments Adopted

This bill authorizes the Department of Health and Human Services to collect data necessary to evaluate the effectiveness of services provided to newborns and children up to 3 years of age, including all screening, evaluation and diagnoses made for such children with, or at risk of, hearing loss. The bill also makes uniform the references to newborn infants and children up to 3 years of age.

### **Enacted Law Summary**

Public Law 2007, chapter 236 authorizes the Department of Health and Human Services to collect data necessary to evaluate the effectiveness of services provided to newborns and children up to 3 years of age, including all screening, evaluation and diagnoses made for such children with, or at risk of, hearing loss.