

MAINE STATE LEGISLATURE

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STATE OF MAINE
128TH LEGISLATURE
FIRST REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed

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

August 2017

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*Committee member for a portion of the session

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128TH LEGISLATURE
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LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* contains summaries of all LDs and adopted amendments and all laws enacted or finally passed during the First Regular Session of the 128th Maine Legislature.

The *Digest* is arranged alphabetically by committee and within each committee by Legislative Document (LD) number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each LD title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee. An appendix provides a summary of relevant session statistics.

Final action on each LD is noted to the right of the LD title. The following describes the various final actions.

CARRIED OVER..... carried over to a subsequent session of the Legislature
CON RES XXX..... chapter # of constitutional resolution passed by both houses
CONF CMTE UNABLE TO AGREE..... Committee of Conference unable to agree; legislation died
DIED BETWEEN HOUSES..... House & Senate disagreed; legislation died
DIED IN CONCURRENCE..... defeated in each house, but on different motions; legislation died
DIED ON ADJOURNMENT..... action incomplete when session ended; legislation died
EMERGENCY..... enacted law takes effect sooner than 90 days after session adjournment
FAILED, EMERGENCY ENACTMENT or FINAL PASSAGE..... emergency failed to receive required 2/3 vote
FAILED, ENACTMENT or FINAL PASSAGE..... failed to receive final majority vote
FAILED, MANDATE ENACTMENT..... legislation proposing local mandate failed required 2/3 vote
HELD BY GOVERNOR..... Governor has not signed; final disposition to be determined at subsequent session
LEAVE TO WITHDRAW..... sponsor's request to withdraw legislation granted
NOT PROPERLY BEFORE THE BODY..... ruled out of order by the presiding officer; legislation died
INDEF PP..... indefinitely postponed; legislation died
ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X... ought-not-to-pass report accepted; legislation died
P&S XXX..... chapter # of enacted private & special law
PUBLIC XXX..... chapter # of enacted public law
RESOLVE XXX..... chapter # of finally passed resolve
VETO SUSTAINED..... Legislature failed to override Governor's veto

The effective date for non-emergency legislation enacted in the First Regular Session of the 128th Legislature is Wednesday, November 1, 2017. The effective date for legislation enacted as an emergency measure may be found in the enacted law summary for that legislation.

Joint Standing Committee on Health and Human Services

This bill changes the name of the maternal and infant death review panel to the maternal, fetal and infant mortality review panel and allows the panel coordinator access to medical records for the purposes of conducting a review without having to obtain permission in all cases.

LD 1517 Resolve, To Ensure Access to Behavioral Health Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CHIPMAN B	OTP-AM ONTP	H-491

This bill establishes the Behavioral Health Oversight Council to review reimbursement rate-setting for certain behavioral health services provided under MaineCare and advise the Commissioner of Health and Human Services, the Commissioner of Corrections and the Commissioner of Public Safety regarding the behavioral health system in the State. It sets out requirements for reimbursement rate-setting to be used by the Department of Health and Human Services to determine rates for certain behavioral health services provided under MaineCare. It directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 13, 17, 23, 28, 65 and 97 to increase reimbursement rates by fiscal year 2018-19 to reflect a 20% increase from rates in fiscal year 2008-09.

Committee Amendment "A" (H-491)

This amendment, which is the majority report of the committee, strikes the bill and makes it a resolve. The amendment retains the section in the bill that increases reimbursement rates by June 1, 2018. The increase in that section is changed from 20% to 2%, which must be applied to employee wages and benefits. The amendment specifies that increases to Section 97, Private Non-Medical Institution Services include only Appendix B and Appendix E. The amendment adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

**LD 1527 An Act To Ensure Safety, Quality and Transparency in the Medical
Marijuana Market and To Ensure Sufficient Funding for Regulation
and Enforcement with Respect to the Retail Marijuana Industry**

CARRIED OVER

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

This bill amends the Maine Medical Use of Marijuana Act in the following ways.

1. It imposes mandatory testing, labeling and record-keeping requirements on registered dispensaries. It provides that registered dispensaries are subject to inspection by the local fire department, building inspector or code enforcement officer to confirm that no health or safety concerns are present and that local health and safety ordinances apply to registered dispensaries.

2. It imposes mandatory testing, labeling and record-keeping requirements on registered primary caregivers. It provides that registered primary caregivers are subject to inspection by the Department of Health and Human Services to ensure regulatory compliance. It provides that registered primary caregivers are subject to inspection by the local fire department, building inspector or code enforcement officer to confirm that no health or safety concerns are present and that local health and safety ordinances apply to registered primary caregivers.