

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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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

LD 1615 An Act To Facilitate Substance Abuse Treatment for Certain Applicants for and Recipients of Temporary Assistance for Needy Families Benefits

Died Between Houses

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D	ONTP OTP-AM	

This bill requires an applicant for Temporary Assistance for Needy Families, or TANF, benefits to complete a written screening tool to determine the applicant's likelihood of current substance use. This bill also allows the Department of Health and Human Services, if it has a reasonable suspicion that a recipient of TANF benefits is using an illegal drug or abusing a controlled substance, to require the recipient to complete a written screening tool to determine the TANF recipient's likelihood of substance use. If the results of the screening tool or other factors provide the department with a reasonable suspicion that the applicant or recipient is using an illegal drug or abusing a controlled substance, the department must identify and pay for an appropriate substance abuse treatment program for the applicant or recipient as a condition of obtaining or receiving benefits. If the applicant or recipient refuses to enroll in a treatment program, the applicant or recipient may appeal the denial of benefits but is subject to a drug test. If the applicant or recipient fails the drug test and is unsuccessful with the appeal, the applicant or recipient may still enroll in substance abuse treatment as a condition of obtaining or receiving benefits.

Committee Amendment "A" (H-476)

This amendment, which is the minority report of the committee, replaces the bill. It repeals the provision of law allowing the Department of Health and Human Services to determine reasonable suspicion of illegal drug use or controlled substance abuse by recipients of Temporary Assistance for Needy Families, or TANF, assistance by means other than through the use of a written screening tool. It applies the procedures for applicants contained in the bill to current recipients of TANF assistance with felony drug convictions in the last 20 years. It requires a recipient of TANF assistance who is convicted of a drug conviction of any kind after October 1, 2017 to be enrolled in a substance abuse treatment program in order to retain TANF assistance. The amendment also clarifies that denial of assistance applies only to an adult and not to the eligible children in the adult's household. This amendment adds an appropriations and allocations section.

This amendment was not adopted.

LD 1619 An Act To Report Limited Information to the Controlled Substances Prescription Monitoring Program Concerning Methadone

PUBLIC 243

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-397

This bill allows for the name of a methadone treatment facility and dosage information regarding methadone for the treatment of opioid dependency to be entered into the Controlled Substances Prescription Monitoring Program if a patient has given consent to the facility and the information is disclosed only during a medical emergency and only to medical personnel involved in treating the patient. Any disclosure of methadone dosage information must be documented in the Controlled Substances Prescription Monitoring Program and communicated to the methadone treatment facility.

Committee Amendment "A" (H-397)

This amendment makes the following changes to the bill.

Joint Standing Committee on Health and Human Services

1. It clarifies that the consent form in the bill is presented to every patient at a methadone treatment facility rather than only to new patients.
2. It requires the Department of Health and Human Services to develop the consent form in both paper or electronic form.
3. It changes the frequency of a patient's dosage information entered into the Controlled Substances Prescription Monitoring Program from every 90 days to the day treatment begins, 90 days later and every 180 days after that.
4. It allows a prescriber or the prescriber's designee to enter a patient's identifying information into the Controlled Substances Prescription Monitoring Program.
5. It provides that disclosure of a patient's identifying information is subject to 42 Code of Federal Regulations, Section 2.32.
6. It requires an enhancement to the Controlled Substances Prescription Monitoring Program to be in a contract amendment rather than a request for proposals process.
7. It requires the department to convene a stakeholder group to advise on the criteria for the enhancement to the Controlled Substances Prescription Monitoring Program. The stakeholders must include methadone providers and providers of emergency services.
8. It removes the date by which the enhancement to the Controlled Substances Prescription Monitoring Program must be completed and requires a progress report on implementation of the enhancement to the Joint Standing Committee on Health and Human Services by January 30, 2018.

Enacted Law Summary

Public Law 2017, chapter 243 allows for the name of a methadone treatment facility and dosage information regarding methadone for the treatment of opioid dependency to be entered into the Controlled Substances Prescription Monitoring Program if a patient has given consent to the facility and the information is disclosed only during a medical emergency and only to medical personnel involved in treating the patient. Any disclosure of methadone dosage information is subject to 42 Code of Federal Regulations, Section 2.32. A patient's dosage information must be entered into the Controlled Substances Prescription Monitoring Program when treatment begins, 90 days after that, and then every 180 days. The Department of Health and Human Services must amend the contract amendment to ensure the required enhancement to the Controlled Substances Prescription Monitoring Program. The department must convene a stakeholder group to advise on the criteria for the enhancement and stakeholders must include methadone providers and providers of emergency services. The department must submit a progress report on implementation of the enhancement to the Joint Standing Committee on Health and Human Services by January 30, 2018.

LD 1620 An Act To Reform Welfare for Increased Security and Employment

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FREDETTE K HAMPER J	ONTP OTP-AM	

This bill makes a number of changes to the statutes relating to programs administered by the Department of Health and Human Services.

The bill makes changes to the laws relating to electronic benefits transfer cards by allowing the department to place