

MAINE STATE LEGISLATURE

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STATE OF MAINE
128TH LEGISLATURE
FIRST SPECIAL, SECOND REGULAR AND SECOND SPECIAL SESSIONS



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

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

October 2018

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STATE OF MAINE

128TH LEGISLATURE

FIRST SPECIAL, SECOND REGULAR AND SECOND SPECIAL SESSIONS



LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* contain summaries of all LDs and adopted amendments and all laws enacted or finally passed during the First Special, Second Regular and Second Special Sessions 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 dates for non-emergency legislation enacted in the First Special, Second Regular or Second Special Sessions of the 128th Legislature are: Monday, February 5, 2018; Wednesday, August 1, 2018; and Thursday, December 13, 2018, respectively. 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 1864 An Act To Establish Universal Home Care for Seniors and Persons with Disabilities

Died Between Houses

Sponsor(s)

Committee Report

Amendments Adopted

This initiated bill was not referred to committee. This initiated bill establishes the Universal Home Care Program to provide in-home and community support services for all people with disabilities living in Maine who require assistance with an activity of daily living and people 65 years of age or older who are living in Maine and who require assistance with an activity of daily living, without regard to income, to be funded by a new tax of 3.8% on income and wages that exceed the maximum wages subject to social security employment taxes.

LD 1868 Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children

Died On Adjournment

Sponsor(s)

Committee Report

Amendments Adopted

MADIGAN C
BREEN C

OTP-AM
OTP-AM

H-729

This resolve was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This resolve requires the Department of Health and Human Services to increase the MaineCare reimbursement rates for evidence-based therapies for treating emotional and behavioral problems in children to rates that cover all costs to the provider of delivering the services, including additional training, clear waiting lists and attract providers to all areas of the State, including underserved rural areas. These rates must be set on a per-case, per-week basis.

Committee Amendment "A" (H-729)

This amendment, which is the majority report of the committee, replaces the resolve. It requires the Department of Health and Human Services to increase reimbursement rates for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 20% until June 30, 2019. It requires the department to contract for a third-party rate study of the reimbursement rates for those therapies, including developing a rate set on a per-case, per-week basis rather than the current 15-minute increments. The rate study must also take into account the costs to providers of delivering the services, including additional training, and maintenance of fidelity to the treatment models. The rate study must be completed no later than December 1, 2018. The department must submit a report on the results of the study to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 30, 2019. The department is authorized to implement new rates through rulemaking as long as the rates are no lower than those that exist on April 1, 2018, and the rates are approved by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services. It also adds an appropriations and allocations section.

Committee Amendment "B" (H-730)

This amendment, which is the minority report of the committee, replaces the resolve. It requires the Department of Health and Human Services to increase reimbursement rates for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 15% until June 30, 2019. It requires the department to contract for a third-party rate study of the reimbursement rates for those therapies, including developing a rate set on a per case per week basis rather than the current 15-minute increments. The rate study must also take into

Joint Standing Committee on Health and Human Services

account the costs to providers of delivering the services, including additional training, and maintenance of fidelity to the treatment models. The rate study must be completed no later than December 1, 2018. The department must submit a report on the results of the study to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 30, 2019. The department is authorized to implement new rates through rulemaking as long as the rates are no lower than those that exist on April 1, 2018, and the rates are approved by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services. It also adds an appropriations and allocations section.

The substance of Committee Amendment "A" was incorporated in Public Law 2017, chapter 460.

**LD 1871 An Act To Implement the Recommendations of the Task Force To
Address the Opioid Crisis in the State Regarding Respectful Language**

PUBLIC 407

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	S-463

This bill was reported by the committee pursuant to joint order 2017 S.P. 210, and then referred back to the committee for processing in the normal course. This bill implements a recommendation of the Task Force to Address the Opioid Crisis in the State. The bill replaces statutory references to "substance abuse" with "substance use disorder." It also replaces statutory references to "addict" with "person with substance use disorder." The changes in language are intended to be respectful and minimize stigma for individuals who suffer with this disorder. The bill directs the Department of Health and Human Services to replace references to "substance abuse" in its rules, forms, policies and publications with "substance use disorder." The bill is not intended to change eligibility requirements for services or benefits provided by the department or affect the State's eligibility or requirements for federal programs or grants.

Committee Amendment "A" (S-463)

This amendment removes statutory references to "alcoholic" and "alcoholism" because "substance use disorder" includes both alcohol and drug dependence. It also removes statutory references to "drug-dependent person" as this term is included in the term "person with a substance use disorder." It changes the definition of "person with substance use disorder" that is in the bill to a definition similar to that used in the clinical setting. It also removes provisions from the bill that rename the Office of Substance Abuse and Mental Health in the Department of Health and Human Services. The amendment requires that all executive agencies, rather than only the Department of Health and Human Services, replace references to "substance abuse" with "substance use disorder" in rules, forms, policies and publications and specifies that those changes must occur as agencies amend or create those documents. The amendment also removes the emergency preamble and emergency clause.

Enacted Law Summary

Public Law 2017, chapter 407 removes statutory references to "substance abuse," "addict," "alcoholic," "alcoholism" and "drug-dependent person" and replaces them with "substance use disorder" and "person with substance use disorder." The changes in language are intended to be respectful and minimize stigma for individuals who suffer with this disorder. New definitions are similar to those used in the clinical setting. Executive agencies are directed to replace outdated references in rules, forms, policies and publications as agencies amend or create these documents. The language changes in the law are not intended to change eligibility requirements for services or benefits provided by the Department of Health and Human Services or affect the State's eligibility or requirements for federal programs or grants.