

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied  
(searchable text may contain some errors and/or omissions)

SMG  
R of S

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33

Date: 6/1/15

L.D. 155  
(Filing No. H-249)

**HEALTH AND HUMAN SERVICES**

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
127TH LEGISLATURE  
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 113, L.D. 155, Bill, "An Act To Expand Housing Opportunities for Patients with Complex Medical Conditions"

Amend the bill by striking out the title and substituting the following:

**'Resolve, To Establish the Commission To Study Difficult-to-place Patients'**

Amend the bill by striking out everything after the title and before the summary and inserting the following:

**'Emergency preamble. Whereas,** acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** this resolve establishes the Commission To Study Difficult-to-place Patients to study certain issues related to difficult-to-place patients with complex medical conditions and the feasibility of making policy changes to the long-term care system for those patients; and

**Whereas,** immediate enactment of this resolve is necessary to provide the commission adequate time to complete its work; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it,

**Sec. 1. Commission established. Resolved:** That, notwithstanding Joint Rule 353, the Commission To Study Difficult-to-place Patients, referred to in this resolve as "the commission," is established; and be it further

**Sec. 2. Commission membership. Resolved:** That the commission consists of 13 members appointed as follows:

1. Two members of the Senate appointed by the President of the Senate, including members from each of the 2 parties holding the largest number of seats in the Legislature;

**COMMITTEE AMENDMENT**

1           2. Three members of the House of Representatives appointed by the Speaker of the  
2 House, including members from each of the 2 parties holding the largest number of seats  
3 in the Legislature;

4           3. The Commissioner of Health and Human Services or the commissioner's designee;  
5 and

6           4. Seven members appointed by the Governor who possess expertise in the subject  
7 matter of the study, as follows:

8           A. The director of the long-term care ombudsman program described under the  
9 Maine Revised Statutes, Title 22, section 5106, subsection 11-C;

10          B. An individual representing a statewide association of long-term care facilities;

11          C. An individual representing a statewide association of hospitals;

12          D. An individual representing an organization that represents people with disabilities;

13          E. An individual representing a statewide organization advocating for people with  
14 mental illness;

15          F. An individual representing an organization promoting independent living for  
16 individuals with disabilities; and

17          G. An individual or a family member of an individual with a complex medical  
18 condition; and be it further

19           **Sec. 3. Chairs; subcommittees. Resolved:** That the first-named Senate member  
20 is the Senate chair and the first-named House of Representatives member is the House  
21 chair of the commission. The chairs of the commission are authorized to establish  
22 subcommittees to work on the duties listed in section 5 and to assist the commission. Any  
23 subcommittees established by the chairs must be composed of members of the  
24 commission and interested persons who are not members of the commission and who  
25 volunteer to serve on the subcommittees without reimbursement. Interested persons may  
26 include individuals with expertise in placing individuals with complex medical conditions  
27 in long-term care placements, individuals who provide long-term care to individuals with  
28 complex medical conditions, individuals affected by neurodegenerative diseases and  
29 individuals affected by mental illness; and be it further

30           **Sec. 4. Appointments; convening of commission. Resolved:** That all  
31 appointments must be made no later than 30 days following the effective date of this  
32 resolve. The appointing authorities shall notify the Executive Director of the Legislative  
33 Council once all appointments have been completed. After appointment of all members  
34 and after adjournment of the First Regular Session of the 127th Legislature, the chairs  
35 shall call and convene the first meeting of the commission. If 30 days or more after the  
36 effective date of this resolve a majority of but not all appointments have been made, the  
37 chairs may request authority and the Legislative Council may grant authority for the  
38 commission to meet and conduct its business; and be it further

39           **Sec. 5. Duties. Resolved:** That the commission shall study the following issues  
40 and the feasibility of making policy changes to the long-term care system for patients  
41 with complex medical conditions:

**R of S**

- 1           1. Identification of categories of patients with complex medical and mental health
- 2           conditions who are unable to be discharged from hospitals because there are no facilities
- 3           or providers who are able to care for them or to accept them for care;
- 4           2. A description of how patients with complex medical and mental health conditions
- 5           are placed currently, including the involvement of staff from the Department of Health
- 6           and Human Services;
- 7           3. Identification of primary barriers to placement of patients with complex medical
- 8           and mental health conditions currently;
- 9           4. A description of facilities in which patients with complex medical and mental
- 10          health conditions are currently placed, including whether the facilities are in-state and the
- 11          costs associated with the patients' care;
- 12          5. Options for increasing availability of residential care and long-term care facilities,
- 13          including conversion of existing facilities such as hospitals, nursing homes and the
- 14          Dorothea Dix Psychiatric Center to long-term care facilities for specialized populations
- 15          that are difficult to place for care, such as ventilator-dependent patients, geropsychiatric
- 16          patients and bariatric patients;
- 17          6. Rates of reimbursement necessary to operate facilities to manage patients with
- 18          complex medical conditions, including psychiatric conditions and neurodegenerative
- 19          diseases; and
- 20          7. Any other issue identified by the commission; and be it further
- 21          **Sec. 6. Staff assistance. Resolved:** That the Legislative Council shall provide
- 22          necessary staffing services to the commission; and be it further
- 23          **Sec. 7. Information and assistance. Resolved:** That the Commissioner of
- 24          Health and Human Services shall provide information and assistance to the commission
- 25          as required for its duties; and be it further
- 26          **Sec. 8. Report. Resolved:** That, no later than December 2, 2015, the commission
- 27          shall submit a report that includes its findings and recommendations, including suggested
- 28          legislation, for presentation to the Joint Standing Committee on Health and Human
- 29          Services.
- 30          **Emergency clause.** In view of the emergency cited in the preamble, this
- 31          legislation takes effect when approved.'

**SUMMARY**

32  
33           This amendment replaces the bill, changes it into a resolve and adds an emergency  
34           preamble and emergency clause. The amendment establishes the Commission To Study  
35           Difficult-to-place Patients in order to study certain issues related to difficult-to-place  
36           patients with complex medical conditions and the feasibility of making policy changes to  
37           the long-term care system for those patients. The commission comprises 13 members,  
38           including 5 Legislators; the Commissioner of Health and Human Services; the director of  
39           the long-term care ombudsman program; representatives of organizations representing  
40           people with disabilities, people with mental illness, the promotion of independent living  
41           for individuals with disabilities, long-term care facilities and hospitals; and a patient or

**R of S**

COMMITTEE AMENDMENT "A" to H.P. 113, L.D. 155

- 1 family member of a patient with complex medical needs. The amendment requires the
- 2 commission to report to the Joint Standing Committee on Health and Human Services by
- 3 December 2, 2015.

**FISCAL NOTE REQUIRED**  
(See attached)



Approved: 05/28/15 *mac*

# 127th MAINE LEGISLATURE

LD 155

LR 961(02)

## An Act To Expand Housing Opportunities for Patients with Complex Medical Conditions

Fiscal Note for Bill as Amended by Committee Amendment "A" (H-249)

Committee: Health and Human Services

Fiscal Note Required: Yes

---

### Fiscal Note

#### Legislative Cost/Study

##### Legislative Cost/Study

The general operating expenses of this study are projected to be \$2,750 in fiscal year 2015-16. The Legislature's proposed budget includes \$10,000 in fiscal year 2015-16 for legislative studies. Whether this amount is sufficient to fund all studies will depend on the number of studies authorized by the Legislative Council and the Legislature. The additional costs of providing staffing assistance to the study during the interim can be absorbed utilizing existing budgeted staff resources. If more than 4 meetings are held during the interim the estimated cost for each additional meeting is projected to be \$625 for legislative per diem and expenses.

##### Fiscal Detail and Notes

Any additional costs to the Department of Health and Human Services from the provisions in this bill are expected to be minor and can be absorbed within existing budgeted resources.