MAINE STATE LEGISLATURE

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L.D. 1113

(Filing No. S-117)

MINORITY

HEALTH AND HUMAN SERVICES Reproduced and distributed under the direction of the Secretary of the Senate. STATE OF MAINE SENATE 130TH LEGISLATURE

COMMITTEE AMENDMENT " \mathcal{B} " to S.P. 376, L.D. 1113, "Resolve, To Direct the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations To Study and Propose Solutions to Disparities in Access to Prenatal Care in the State"

FIRST SPECIAL SESSION

Amend the resolve in the 2nd paragraph after the title in the 3rd line (page 1, line 5 in L.D.) by inserting after the following: "Populations" the following: 'and the Joint Standing Committee on Health and Human Services'

Amend the resolve in the 3rd paragraph after the title in the 2nd and 3rd lines (page 1, lines 8 and 9 in L.D.) by striking out the following: "African-American" and inserting the following: 'African American'

Amend the resolve in the 3rd paragraph after the title in the last line (page 1, line 10 in L.D.) by striking out the following: "African-American" and inserting the following: 'African American'

Amend the resolve in section 1 in the 6th and 7th lines (page 1, lines 22 and 23 in L.D.) by striking out the following: "the State's racial, indigenous and tribal" and inserting the following: 'all disadvantaged'

Amend the resolve by inserting after section 1 the following:

'Sec. 2. Report. Resolved: That, notwithstanding section 1 and no later than January 15, 2022, the commission shall submit a report to the Joint Standing Committee on Health and Human Services on the results of the study of disparities in access to prenatal care in accordance with section 1. The Joint Standing Committee on Health and Human Services may report out legislation to the Second Regular Session of the 130th Legislature related to the report.'

Amend the resolve by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

This amendment, which is the minority report of the committee, changes the scope of the study of disparities in access to prenatal care from the State's racial, indigenous and tribal populations to all disadvantaged populations. It also amends the resolve to require the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations to submit a report, no later than January 15, 2022, to the Joint Standing Committee on Health and Human Services. It authorizes the committee to report out legislation to the Second Regular Session of the 130th Legislature related to the report.

FISCAL NOTE REQUIRED

(See attached)

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130th MAINE LEGISLATURE

LD 1113

LR 1705(03)

Resolve, To Direct the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations To Study and Propose Solutions to Disparities in Access to Prenatal Care in the State

Fiscal Note for Bill as Amended by Committee Amendment 'Z''(5-114)

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

Current biennium cost increase - Other Special Revenue Funds

Fiscal Detail and Notes

Allowing members of the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations to be reimbursed for expenses incurred while conducting a study of the disparities in access to prenatal care in the State will result in increased costs to the commission in fiscal year 2021-22. At the present time, the only funding available to support the commission is from a one-time transfer of \$50,000 from the Governor's Contingent Account made in fiscal year 2019-20 and one-time revenue of \$9,000 from outside sources. After adjusting for expenditures and encumbrances to-date, the current uncommitted balance in the Racial, Indigenous and Maine Tribal Populations Other Special Revenue Funds program account is \$30,500. Whether or not this balance will be sufficient to reimburse commission members for their expenses can not be determined at this time.

Additional costs for the commission to submit the required report by January 15, 2022 can be absorbed within existing budgeted resources.