

MAINE STATE LEGISLATURE

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STATE OF MAINE
117TH LEGISLATURE

FIRST REGULAR SESSION

BILL SUMMARIES
JOINT STANDING COMMITTEE
ON
HUMAN RESOURCES

AUGUST 1995

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**ONE HUNDRED AND SEVENTEENTH LEGISLATURE
FIRST REGULAR SESSION**

**SUMMARY OF LEGISLATION BEFORE
THE JOINT STANDING COMMITTEES**

AUGUST 1995

This document is a compilation of the bill summaries prepared by this office for the Joint Standing Committees of the Maine Legislature. The volume is organized alphabetically by committee; within each committee, the summaries are arranged by LD number. A subject index is provided at the beginning of each committee's summaries. The publication, History and Final Disposition of Legislative Documents, is helpful in determining to which committee any particular bill was referred.

In this document, the committee report or reports, the prime sponsor for each bill and the lead co-sponsor in each house if one has been designated are listed below each bill title. All adopted amendments are listed, by paper number, together with the sponsor for floor amendments. Final action on each bill is listed to the right of the title. Various categories of final action are abbreviated as follows:

<i>CARRIED OVER</i>	<i>Bill carried over to Second Session</i>
<i>CON RES XXX</i>	<i>Chapter # of Constitutional Resolution passed by both Houses</i>
<i>CONF CMTE UNABLE TO AGREE</i>	<i>Committee of Conference unable to agree; bill died</i>
<i>DIED BETWEEN BODIES</i>	<i>House & Senate disagree; bill died</i>
<i>DIED ON ADJOURNMENT</i>	<i>Action incomplete when session ended; bill died</i>
<i>EMERGENCY</i>	<i>Enacted law takes effect sooner than 90 days</i>
<i>FAILED EMERGENCY ENACTMENT</i>	<i>Emergency bill failed to get 2/3 vote</i>
<i>FAILED ENACTMENT</i>	<i>Bill failed to get majority vote</i>
<i>FAILED MANDATE ENACTMENT</i>	<i>Bill imposing local mandate failed to get 2/3 vote</i>
<i>INDEF PP</i>	<i>Bill Indefinitely Postponed</i>
<i>ONTP</i>	<i>Ought Not to Pass report accepted</i>
<i>P&S XXX</i>	<i>Chapter # of enacted Private & Special Law</i>
<i>PUBLIC XXX</i>	<i>Chapter # of enacted Public Law</i>
<i>RESOLVE XXX</i>	<i>Chapter # of enacted Resolve</i>
<i>UNSIGNED</i>	<i>Not signed by Governor within 10 days</i>
<i>VETO SUSTAINED</i>	<i>Legislature failed to override Governor's Veto</i>

These summaries were prepared by the analyst or analysts assigned to the committee. If more detailed information is needed on a bill, contact the committee analyst.

5581LHS

licensure standards must be established by rule of the board. Funding for the board is expected to come from fees generated through license applications, renewals and reinstatements. The fees must be deposited in a nonlapsing account dedicated to the board. The board is also commissioned to study the necessity of licensing testers of backflow prevention devices.

COMMITTEE AMENDMENT "A" (H-489) removes the requirement that the public member of the Board of Licensure of Water Treatment Plant Operators who is a registered professional engineer be employed by a water utility. It removes repeal of the maximum fee levels for examination and license renewal.

LD 1558 An Act to Deregulate the Costs and Revenues Associated with PUBLIC 497
Acute Care Provided to Involuntarily Committed Patients
within the Hospital Care Finance System

SPONSOR(S)	COMMITTEE REPORT	AMENDMENTS ADOPTED
WINGLASS	OTP-AM	H-555

SUMMARY

As part of a consent decree to settle claims made against the State in connection to its operation of the Augusta Mental Health Institute, the State has agreed to establish community-based treatment options for patients who are involuntarily committed for mental health treatment. To meet that obligation, the Department of Mental Health and Mental Retardation intends to contract with hospitals to admit such patients, affecting over time approximately 48 hospital beds in southern Maine and approximately 14 beds in the Bangor area. To encourage hospitals to participate in such contracts, this bill excludes from regulation by the hospital care finance system the costs associated with providing care to involuntarily committed patients, as well as the revenues received to pay for that care. The most significant impact of that exclusion would be that the hospitals' Medicaid tax assessments, based on gross revenue limits, would not be increased as a result of those additional revenues collected for providing care to involuntarily committed patients.

COMMITTEE AMENDMENT "A" (H-555) amends the provision on consideration of hospital financial requirements. During any time that payments to hospitals are made under the federal disproportionate share to hospitals formula, it requires the Maine Health Care Finance Commission to exclude the cost of services provided to involuntarily committed patients.

LD 1585 An Act Regarding Narcotic Dependency PUBLIC 499

SPONSOR(S)	COMMITTEE REPORT	AMENDMENTS ADOPTED
STEVENS A		S-365

SUMMARY

The bill amends the Maine Revised Statutes, Title 17-A, section 1102, subsection 1, paragraph I to include methadone hydrochloride and levo-alpha-acetyl-methadol within the designation of schedule W drugs.

Incorporating existing federal law, the bill clarifies the law by explicitly requiring that possession, use or prescription of any drug or substance can be lawful only if issued for a legitimate medical or veterinary purpose by a licensed or authorized person acting in the usual course of that person's professional practice and, thus, incorporates existing federal law.

It expands lawful possession of certain drugs to include "controlled substances" and "scheduled drugs" and defines those words.

It expands the classification of other persons who may lawfully possess certain drugs to include law enforcement officers acting within the scope of their employment and duties and medical practitioners acting in the course of their professional practice who are themselves authorized to administer, dispense, prescribe or sell prescription or scheduled drugs or controlled substances.

It incorporates provisions of existing federal law by conditioning the possession of certain drugs or substances, including methadone, methadone hydrochloride and levo-alpha-acetyl-methadol, commonly used for the treatment of drug or substance addiction or dependency upon the authorization of specially licensed or authorized medical practitioners under Title 5, sections 20005, or any rule, or any law of another jurisdiction. Federal law prohibits all but specially authorized and licensed medical practitioners from prescribing or dispensing such drugs or substances except in very narrow, limited circumstances of physiological medical emergency.

It directs the Office of Substance Abuse and the Department of Human Services to undertake a 3-year demonstration treatment project to evaluate the effectiveness and results of long-term methadone detoxification and maintenance treatment. The bill requires the Office of Substance Abuse and the Department of Human Services to adopt rules to administer the demonstration treatment project. It provides that no more than 2 treatment programs will provide the treatment services. It prohibits long-term methadone and other narcotic drug detoxification and maintenance treatment after October 15, 1995 except under the treatment project.

It gives the Office of Substance Abuse and the Department of Human Services authority to investigate and inspect the premises of treatment programs and to require the treatment program to produce information to determine compliance with applicable law and regulations. All patients must sign an express waiver of confidentiality to enable listing in a central registry, project monitoring and oversight and enforcement of licensing and certification and law enforcement as a condition of participation in the project. The bill requires that employees or contractors of treatment programs participating in the treatment project who handle or have access to the drugs may not have been convicted of any felony or offense related to the possession, use, sale or distribution of scheduled drugs. Treatment programs must perform record checks of all employees and contractors.

It requires the Office of Substance Abuse and the Department of Human Services to submit reports to the joint standing committee having jurisdiction over human resource matters on or before January 31, 1996 and January 31, 1997 and at the termination of the program.

The bill contains an effective date of October 15, 1995.

SENATE AMENDMENT "A" (S-365) replaces section 1 of the bill.

This amendment changes the bill as follows:

1. The bill prohibits long-term methadone and other narcotic drug detoxification and maintenance treatment of narcotic-dependent individuals on October 15, 1995. The amendment changes the date of that prohibition to the date of the commencement of the Long-term Narcotic Dependency Treatment Project. It provides that the treatment project shall commence as closely as possible to October 15, 1995.
2. The amendment requires treatment guidelines and protocols to reflect best medical practice and phases of treatment and prohibits the guidelines and protocols from imposing uniform treatment standards that interfere with the medical discretion of the medical director regarding individual client treatment. It prohibits guidelines and protocols from being more stringent than federal guidelines and protocols and prohibits the guidelines and protocols from causing unreasonable cost increases unless necessary to protect the public health and safety. It allows license conditions for treatment programs concerning certification of staff persons, safety standards and management policies.

3. It deletes the requirement that treatment programs maintain toll-free telephone lines to verify whether a person's possession of drugs is in compliance with the law.
4. It adds entities that are currently authorized to investigate and inspect drug outlets and wholesalers of drugs to those authorized to investigate and inspect the premises of the treatment programs.
5. It requires the Department of Human Services and the Office of Substance Abuse to consult with the federal Department of Health and Human Services and representatives of the medical and substance abuse treatment fields to design and implement the treatment project and to evaluate the effectiveness of the treatment programs and the treatment project.
6. It requires the Department of Human Services and the Office of Substance Abuse to adopt rules concerning procedures for the immediate disclosure to regulatory and law enforcement authorities by treatment programs of any lost, missing, stolen or diverted scheduled or prescription drugs or controlled substances.
7. It changes the report dates to on or before January 31st annually and after the close of the project. It requires that all reports cover the indices of evaluation developed pursuant to the amendment, the levels of participation and status of the treatment project, the treatment needs of narcotic dependent persons in the State and the efficacy, costs and impact on the State of long-term methadone and other narcotic drug detoxification and maintenance treatment.
8. It adds a fiscal note to the bill.

See also LD 140.