

MAINE STATE LEGISLATURE

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**STATE OF MAINE
119TH LEGISLATURE**

FIRST REGULAR SESSION

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

JULY 1999

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ONE HUNDRED NINETEENTH LEGISLATURE
FIRST REGULAR SESSION

Summary Of Legislation Before The Joint Standing and Select Committees
August 1999

We are pleased to provide this summary of all bills that were considered by the Joint Standing and Select Committees of the Maine Legislature this past session. The document is a compilation of bill summaries which describe each bill and relevant amendments, as well as the final action taken. Also included are statistical summaries of bill activity this session for the Legislature and each of its joint standing and select committees.

The document is organized for convenient reference to information on bills considered by the committees. It is organized by committees and within committees by bill (LD) number. The committee report(s), prime sponsor for each bill and the lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are listed by paper number. Two indices, a subject index and a numerical index by LD number are provided for easy reference to bills. They are located at the back of the document. A separate publication, History and Final Disposition of Legislative Documents, may also be helpful in providing information on the disposition of bills. These bill summaries also are available at the Law and Legislative Reference Library and on the Internet (www.state.me.us/legis/opla).

Final action on each bill is noted to the right of the bill title. The abbreviations used for various categories of final action are as follows:

CARRIED OVER.....Bill carried over to Second Regular Session
CON RES XXX..... Chapter # of Constitutional Resolution passed by both Houses
CONF CMTE UNABLE TO AGREE.....Committee of Conference unable to agree; bill died
DIED BETWEEN BODIES.....House & Senate disagree; bill died
DIED IN CONCURRENCE..... One body accepts ONTP report; the other indefinitely postpones the bill
DIED ON ADJOURNMENT.....Action incomplete when session ended; bill died
EMERGENCY..... Enacted law takes effect sooner than 90 days
ENACTMENT FAILED..... Bill failed to get vote required for enactment or final passage
NOT PROPERLY BEFORE THE BODY..... Ruled out of order by the presiding officers; bill died
INDEF PP.....Bill Indefinitely Postponed
ONTP..... Ought Not To Pass report accepted
OTP ND..... Committee report Ought To Pass In New Draft
OTP ND/NT..... Committee report Ought To Pass In New Draft/New Title
P&S XXX..... Chapter # of enacted Private & Special Law
PUBLIC XXX..... Chapter # of enacted Public Law
RESOLVE XXX..... Chapter # of finally passed Resolve
UNSIGNED.....Bill held by Governor
VETO SUSTAINED.....Legislature failed to override Governor's Veto

Please note the effective date for all non-emergency legislation enacted in the First Regular Session (unless otherwise specified in a particular law) is September 18, 1999.

LD 1012

Resolve, to Increase Public Trust in Medical Care

RESOLVE 12

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCKEE GOLDTHWAIT	OTP-AM	H-93

LD 1012 proposed to require health care practitioners working in health care facilities to wear identification tags that clearly display the practitioner's first name and surname, licensure status and profession, occupation or staff position. It proposed to provide an exception to the identification tag requirement for reasons of safety. It proposed to provide penalties for the failure to meet the identification requirement.

Committee Amendment "A" (H-93) proposed to change the bill to a resolve. It proposed to direct the Department of Human Services to adopt rules regarding the wearing of identification badges by persons who provide services in health care facilities licensed by the department. It proposed to require that if the rules require certain employees to wear identification badges in some situations in some facilities, the rules must contain exceptions for situations in which wearing an identification badge would create a safety hazard.

Enacted law summary

Resolve 1999, chapter 12 directs the Department of Human Services to adopt rules regarding the wearing of identification badges by persons who provide services in health care facilities licensed by the department. If the rules require certain employees to wear identification badges in some situations in some facilities, the rules must contain exceptions for situations in which wearing an identification badge would create a safety hazard.

LD 1025

Resolve, Regarding Assessment for Long-term Care

**RESOLVE 31
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COWGER MITCHELL B	OTP-AM	H-207 H-338 KANE

LD 1025 proposed to require the Department of Human Services to adopt rules to lengthen from 7 to 14 days the assessment period for MED '96 assessments for long-term care services.

Committee Amendment "A" (H-207) proposed to replace the resolve. It proposed to require the Department of Human Services to undertake a historical study of persons with chronic medical conditions and their qualification and disqualification under the Medical Eligibility Determination Assessment procedure. The department would be required to report to the Joint Standing Committee on Health and Human Services by January 1, 2000. The committee would be authorized to report out legislation as a result of the report.

House Amendment "A" to Committee Amendment "A" (H-338) changes the reporting date in the committee amendment to December 31, 1999.

Enacted law summary

Resolve 1999, chapter 31 requires the Department of Human Services to undertake a historical study of persons with chronic medical conditions and their qualification and disqualification under the Medical Eligibility Determination Assessment procedure. The department is required to report to the Joint Standing Committee on Health and Human Services by December 31, 1999. The committee is authorized to report out legislation as a result of the report.

Chapter 31 was enacted as an emergency measure effective May 17, 1999.

LD 1065

An Act to Increase Fines for Long-term Care Facilities that Fail to Provide Quality Care to Residents

PUBLIC 99

<u>Sponsor(s)</u> PINGREE LOVETT	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-31
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LD 1065 proposed to double the fines that the Department of Human Services may impose on long-term care facilities that the State has determined should be sanctioned because of lack of compliance with state rules and establish a minimum fine of \$500 for operating without a license. It also proposed to require that the department make information on the health and safety records of long-term care facilities readily available to citizens of the State by publishing the names of those facilities cited for deficiencies.

Committee Amendment "A" (S-31) proposed to clarify that penalties may be imposed for operating without a license or for other violations of Title 22, chapter 1666-B. It proposed to delete the provision that would have required the Department of Human Services to publish lists of long-term care facilities cited for significant deficiencies.

Enacted law summary

Public Law 1999, chapter 99 doubles the fines that the Department of Human Services may impose on long-term care facilities that the State has determined should be sanctioned because of lack of compliance with state rules and establishes a minimum fine of \$500 for operating without a license. It clarifies that penalties may be imposed for operating without a license or for other violations of Title 22, chapter 1666-B.

LD 1084

An Act to Create a Monitoring Program in the Department of Human Services

ONTP

<u>Sponsor(s)</u> PLOWMAN	<u>Committee Report</u> ONTP	<u>Amendments Adopted</u>
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LD 1084 proposed to require the Department of Human Services to establish a monitoring system for telephone and personal interviews with clients of the department. The bill proposed to require telephone calls subject to the monitoring system be made on compatible equipment and interviews to be conducted in compatible locations.