

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.

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FULLER BENNETT		

LD 1839 proposes to make modifications to the reimbursement system to more accurately reflect the actual cost of services in all segments of the continuum of long-term care. The bill proposes to require the Department of Human Services to utilize 1997 data, rather than 1993 data as is currently the standard, for calculating reimbursement rates and cost components; provide for calculation of a facility's case mix based on the facility's total population, regardless of source of payment; reclassify certain cost components as direct costs; and direct the department to establish the maximum reimbursement rates annually by taking into account the size of the facility and by utilizing current year-end data. It also proposes to direct the department to recognize as an allowable fixed cost the nursing facility's allocated share of debt service or outstanding debt resulting from either the sale of licensed beds by a facility or the closure of a nursing facility.

The bill also proposes to establish the Medicaid Automation Grant Fund for the purpose of facilitating the improved efficiency of facility operations. The bill proposes to authorize the department to establish criteria for approving disbursements from the fund to facilities.

The bill proposes to repeal the requirement that a nursing facility that participates in the Medicaid program also must participate in the Medicare program as a skilled nursing facility.

The bill proposes to provide facilities with a limited opportunity to utilize nursing facility beds for the provision of residential care services if there are no residential care beds available within 25 miles of that facility or if necessary to meet the care needs of an existing resident.

The bill proposes to address the problem of an existing over-supply of nursing facility beds. The department would be authorized to entertain proposals from nursing facilities to sell some or all of their licensed beds back to the department. The bill proposes to provide funding for this purpose through loans from Maine Health and Higher Educational Facilities Authority, the debt service on which would be paid by all facilities on a proportional basis. The debt service would be allocated to remaining nursing facility providers in proportion to their number of licensed beds.

The bill proposes to provide for the allocation of the total net outstanding debt among remaining facilities within a multi-facility operator's system in proportion to the number of licensed beds owned by each remaining nursing facility.

Under current law, hospitals, intermediate care facilities, skilled nursing facilities and other facilities licensed under chapter 405 may provide home health care services to clients residing in those facilities, or at any one time, to 6 or fewer clients residing in their homes under a department-approved care plan. In either case, the licensed home health care agencies serving the patient's area must either have indicated that they are unable to provide those services or have agreed that the plan of care is an acceptable plan. The bill proposes to eliminate the requirement for obtaining approval of the care plan by the department or by the home health care agency; eliminate the condition that the home health care agencies in the area indicate that they are unable to provide the services in question; and add the requirement that the facilities must notify the home health agencies of the fact that the facilities will be providing those services.

The bill proposed to revise the medical eligibility provisions applicable to the Medicaid program to require the department to discontinue its current practice of denying all reimbursement to a nursing facility that inadvertently misses the established deadline for asking the department to reassess a resident's eligibility. Instead, the department would be allowed to apply 2 sanctions. First, it could penalize the facility up to 10% of its regular reimbursement rate for the days between the due date for the assessment and the date the facility actually requested reassessment. Second, the department could reduce the rate to the much lower residential care rate, if the reassessment, when performed, showed that the resident no longer required a nursing facility level of care.

The bill proposed to require the department to utilize 1997 data for calculating the maximum allowable reimbursement for facilities' routine costs. The bill also proposed to require that the department distinguish between facilities with 30 or more beds and those with fewer than 30 beds in establishing the maximum amount of reimbursable costs for the various cost categories established for residential care.

The bill proposed to direct the department to resume its approval of staffing requests by residential care facilities as had been the department's practice prior to June of 1998.

The bill proposed to prohibit the department from reducing the Medicaid home health benefit.

The bill proposed to establish the Commission to Study Job Training and Career Advancement for Long-term Care Health Professionals and Personnel. The commission would consist of representatives of the affected agencies and health workers for the purpose of establishing a set of health practitioner job descriptions and training requirements that are simple, are logically sequential and build up into a career ladder for individuals in the field.

Finally, the bill proposed to provide for a \$1,000,000 appropriation from the General Fund to provide additional respite, homemaker and home-based care services to individuals who have been placed on the department's waiting list for these services.

This bill has been carried over to the Second Regular Session of the 119th Legislature.

LD 1879 An Act to Increase Access to Basic Needs for Low-income Maine Children and Families PUBLIC 461

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RAND TOWNSEND	OTP-AM	S-290

LD 1879 proposed to provide an annual increase of 5% in the maximum amount of assistance available to low-income families with children under the Temporary Assistance to Needy Families program until the maximum amount of TANF assistance for a family of 3 is at least equal to the average of the other New England states' maximum amount of TANF assistance for a family of 3.

Committee Amendment "A" (S-290) proposed to allow the Commissioner of Human Services to increase the maximum levels of assistance in the Temporary Assistance to Needy Families, or TANF, program if there are unexpended funds in the ASPIRE or TANF accounts. The amendment also proposed to require the Department of Human Services to report to the Legislature in years following years in which the maximum assistance levels