

# 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](http://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.

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

have not increased by 5%. That report would include average of TANF assistance levels across the New England states.

***Enacted law summary***

Public Law 1999, chapter 461 allows 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. It also requires the Department of Human Services to report to the Legislature in years following years in which the maximum assistance levels have not increased by 5%. That report must include the average of TANF assistance levels across the New England states.

**LD 1896                      Resolve, to Increase Certain Reimbursement Rates under the                      RESOLVE 76**  
**Medicaid Program**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KANE PENDLETON	OTP-AM	H-602 S-386 MICHAUD

LD 1896 proposed to increase reimbursement rate for chiropractic manipulation under the Medicaid program from the current \$9 per hour to \$20 per hour.

**Committee Amendment "A" (H-602)** proposed to change the fee for chiropractic manipulation under the Medicaid program from \$20 per hour to \$20 per service. It proposed to add appropriation and allocation sections.

**Senate Amendment "A" to Committee Amendment "A" (S-386)** proposed to change the title of the resolve and change the effective date to October 1, 2000. The amendment also proposed to change the reimbursement rates for speech and hearing centers by 18% over current Medicaid rates effective November 1, 1999. See also Resolve 1999, chapter 28.

***Enacted law summary***

Resolve 1999, chapter 76 increases the reimbursement rate for chiropractic manipulation under the Medicaid program from the current \$9 per hour to \$20 per service effective October 1, 2000. It also changes the reimbursement rates for speech and hearing centers by 18% over current Medicaid rates effective November 1, 1999.

**LD 1902                      An Act to Allow Emergency Room Personnel to Search Patients                      ONTP**  
**Who have Threatened Themselves or Others**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FRECHETTE	ONTP	

LD 1902 proposed to authorize certain emergency room personnel to search a patient who may pose a threat to the patient or others.