

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.

prohibit the Department of Human Services from imposing a charge on pharmacies that submit claims or receive payments under the program.

The amendment proposed to require rulemaking to establish discounts for efficacious and lower-cost drugs. The amendment proposed to specify how the discounts must be calculated, according to either the provisions of the Act or rules adopted by the department. The amendment proposed to create a nonlapsing, dedicated fund to receive revenues generated by the rebates paid by pharmaceutical manufacturers and to pay program costs and reimbursement to retail pharmacies for discounts provided to residents. Surplus funds would be used to increase the amount of discounts provided to residents under the program.

The amendment proposed to define "participating retail pharmacy" and "qualifying resident." The amendment proposed to require rulemaking by the Department of Human Services and designate those rules as major substantive rules. The amendment proposed to provide that the rebates from drug manufacturers may be collected beginning February 1, 2000 or as soon thereafter as rules are adopted to implement the program. The amendment proposed to require an annual report by the Department of Human Services that would include information on changes in 3rd-party prescription drug coverage and the financial status of the program. The amendment also proposed to add an allocation section and a fiscal note.

Enacted law summary

Public Law 1999, chapter 431 establishes a program to provide low-cost prescription drugs to Maine residents who are not covered by 3rd-party prescription drug plans by giving prescription drug manufacturers the option of entering into a voluntary drug rebate agreement. The program is modeled after the rebate agreement used in the State's Medicaid and elderly low-cost drug programs. Rebates must be applied to the costs of the program and to reimbursement to retail pharmacies for discounts provided to residents of the State. The law prohibits the Department of Human Services from imposing a charge on pharmacies that submit claims or receive payments under the program.

The law requires rulemaking to establish discounts for efficacious and lower-cost drugs and specifies how the discounts must be calculated, according to either the provisions of the Act or rules adopted by the department. The law creates a nonlapsing, dedicated fund to receive revenues generated by the rebates paid by pharmaceutical manufacturers and to pay program costs and reimbursement to retail pharmacies for discounts provided to residents. Surplus funds must be used to increase the amount of discounts provided to residents under the program.

The law defines "participating retail pharmacy" and "qualifying resident," and designates rules as major substantive rules. The law provides that the rebates from drug manufacturers may be collected beginning February 1, 2000 or as soon thereafter as rules are adopted to implement the program. The law requires an annual report by the Department of Human Services that must include information on changes in 3rd-party prescription drug coverage and the financial status of the program.

LD 2097

Resolve, Establishing the Commission on Dental and Mental Health Services for Children

ONTP

Sponsor(s)
ROWE

Committee Report
ONTP

Amendments Adopted

LD 2097 proposed to create the Commission on Dental and Mental Health Services for Children. The commission would have been charged with studying the need for additional dental and mental health professionals and strategies and incentives for improving access for children and low-income residents and shall make recommendations, including legislation. The commission would have been required to submit a report to the Joint Standing Committee on Health and Human Services by December 1, 1999, at which time the commission would have been abolished.

LD 2099 An Act to Provide Increased Access to Dental Care in Maine INDEF PP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROWE PARADIS	OTP	

LD 2099 proposed to provide funds to increase access to oral health care for low-income children and adults by providing for the establishment and expansion of oral health programs that would be available to all people regardless of income. By using a sliding fee scale and accepting Medicaid without restrictions, these programs would increase access to oral health care for the uninsured and underinsured and Medicaid patients. See Public Law 1999, chapter 401, Part MM.

LD 2109 An Act to Permit the Medical Use of Marijuana ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	ONTP MAJ OTP MIN	

LD 2109 proposed to make the following changes to the laws governing the possession and use of marijuana.

1. It proposed to authorize an eligible patient diagnosed with one or more specified debilitating conditions, including cancer and acquired immune deficiency syndrome, to use marijuana for medical purposes when a physician determines that the patient might benefit from marijuana use and when other requirements are met.
2. It proposed to limit the amount of marijuana that an eligible medical patient may possess without violating civil or criminal laws to no more than 1 1/4 ounces of harvested marijuana and six marijuana plants, of which not more than three may be mature, flowering plants.
3. It proposed to allow a person who is legally designated to care for an eligible medical patient to assist that patient in using marijuana for medical purposes.
4. For a person under 18 years of age, it proposed to authorize medical use of marijuana only if both the listed medical eligibility requirements have been met and a parent or legal guardian has given written consent to this use or the person is entitled to consent to all health care services pursuant to law.
5. It proposed to prohibit medical use of marijuana by an eligible patient in a public place or in a workplace where this use is not permitted.