

MAINE STATE LEGISLATURE

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*State Of Maine
120th Legislature*

First Regular Session

Bill Summaries

*Joint Standing Committee
on
Health and Human Services*

August 2001

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120th Legislature
First Regular Session

Summary Of Legislation Before The Joint Standing Committees
August 2001

Enclosed please find a summary of all bills, resolves, joint study orders, joint resolutions and Constitutional resolutions that were considered by the joint standing 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 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*
FAILED EMERGENCY ENACTMENT/FINAL PASSAGE..... *Emergency bill failed to get 2/3 vote*
FAILED ENACTMENT/FINAL PASSAGE..... *Bill failed to get majority vote*
FAILED MANDATE ENACTMENT..... *Bill imposing local mandate failed to get 2/3 vote*
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 21, 2001**.

David E. Boulter, Director
 Offices Located in the State House, Rooms 101/107/135

Joint Standing Committee on Health and Human Services

LD 187 proposed to revise the income eligibility limit for the Elderly Low-cost Drug program. It proposed to repeal a provision that added up to 25% to the income limit for households that spent 40% of income on unreimbursed drug costs. It also proposed to add a provision that adjusted the income limit upward by the full amount over the income limit that is spent on unreimbursed drug costs and limit the benefit under the program to the amount of that difference.

See also LD 50.

LD 188 **Resolve, to Reduce the Administrative Burden in Home Health Care Reimbursed through the Medicaid Program** **DIED ON ADJOURNMENT**

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|---|-----------------------------------|------------------------------------|
| <u>Sponsor(s)</u> FULLER KNEELAND | <u>Committee Report</u> OTP-AM | <u>Amendments Adopted</u> H-511 |
|---|-----------------------------------|------------------------------------|

LD 188 proposed to require action by the Department of Human Services with regard to the home health care benefit provided under the Medicaid program. It proposed to require interpretive guidance letters, an appeals process for payments and an estimate of administrative costs to providers. It proposed to require a report on a home health care prospective payment system in Medicaid. It proposed to require an annual report of data with regard to home health care benefits.

Committee Amendment "A" (H-511) proposed to replace the resolve. It proposed to require action by the Department of Human Services with regard to the home health care services provided under the Medicaid program. It proposed to require an appeals process for payments and an estimate of administrative costs to providers prior to rulemaking. It proposed to clarify language regarding the streamlining of administrative requirements. It proposed to require a report on the feasibility of implementing a home health care prospective payment system in Medicaid. It proposed to require an annual report of data regarding home health care services and adults awaiting placement for Medicaid Private Duty Nursing / Personal Care Services. It also proposed to add an appropriation, an allocation and a fiscal note to the bill.

LD 189 **An Act to Expand the Elderly Low-cost Drug Program to Cover Over-the-counter Drugs** **ONTP**

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|--|---------------------------------|---------------------------|
| <u>Sponsor(s)</u> MENDROS LEMONT | <u>Committee Report</u> ONTP | <u>Amendments Adopted</u> |
|--|---------------------------------|---------------------------|

LD 189 proposed to add to the supplemental component of the Elderly Low-Cost Drug program over-the-counter medications when the prescribing health care provider stated in writing that the medication was medically indicated for the medical condition or disease.

See also LD 34 and 50.