

# 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](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*  
*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

See also the Errors Bill, LD 30, enacted as Public Law 2001, chapter 471, Part E.

**LD 479**

### **An Act Concerning Eligibility for ASPIRE-TANF Participation in Households where an Individual has a Physical or Mental Health Disability**

**PUBLIC 335**

<u>Sponsor(s)</u> KANE PENDLETON	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-491
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LD 479 proposed to require that TANF recipients who care for a household member with a physical or mental health problem be considered by the Department of Human Services to fully meet their ASPIRE-TANF participation requirements. TANF recipients who have physical or mental health problems that limit their ability to work would have to be offered the opportunity to participate in ASPIRE-TANF or the Parents as Scholars Program on a voluntary basis. The department would be prohibited from sanctioning households that include members with these physical or mental health problems. The department would be required to notify ASPIRE-TANF and Parents as Scholars Program recipients of these provisions at their orientation and each time their family contract is renewed.

**Committee Amendment "A" (H-491)** proposed to replace the bill. It proposed to establish a procedure for the imposition of sanctions in the TANF and ASPIRE-TANF programs, require reporting on the imposition of sanctions, proposed to require a determination when a claim of good cause for nonparticipation is claimed and proposed to require documentation of good cause claim determinations and the imposition of sanctions. It also proposed to add a fiscal note to the bill.

#### *Enacted law summary*

Public Law 2001, chapter 335 establishes a procedure for the imposition of sanctions in the TANF and ASPIRE-TANF programs, requires reporting on the imposition of sanctions, requires a determination when a claim of good cause for nonparticipation is claimed and requires documentation of good cause claim determinations and the imposition of sanctions.

**LD 525**

### **An Act to Improve Access to Residential Care in Rural Maine**

**DIED ON  
ADJOURNMENT**

<u>Sponsor(s)</u> LOVETT	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-240
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LD 525 proposed to allow the use of "nursing facility flex beds," through which nursing facilities would be allowed to use a designated number of beds for nursing or residential care. This bill proposed to allow a resident to remain in that resident's current nursing facility, even if that resident's care needs fluctuate between nursing facility and residential care levels. This bill proposed to allow nursing facilities reimbursement in such circumstances, in accordance with the level of care provided and in accordance with rules adopted by the Commissioner of Human