

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 549 proposed to protect consumers whose chronic medical conditions temporarily improved, thereby causing them to lose eligibility for nursing facility level care. This resolve proposed to direct the Department of Human Services to amend its rules to ensure that consumers could retain eligibility for nursing facility level care if they had moved 3 times in a 9-month period and had also lost such eligibility at least once within that same time period.

LD 556 **An Act to Increase Eligibility for Health Care Benefits** **ONTP**

<u>Sponsor(s)</u> MARRACHE		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 556 proposed to raise the eligibility level for the Cub Care program from 200% to 300% of the federal nonfarm income official poverty line and set premium levels. The bill proposed to direct the Department of Human Services to amend its rules regarding eligibility for the Medicaid buy-in program for persons with disabilities. Individuals whose family income was less than 350% of the federal nonfarm income official poverty line and who would be considered to be receiving supplemental security income benefits, except for their earned income, would have been designated as a categorically needy eligibility group, under the rules. The rules also would have eliminated separate caps on earned and unearned income. The rules would have been designated as routine technical rules.

See also LD 1303, Public Law 2001, chapter 450.

LD 558 **An Act to Add 75 Residential Care Beds Under the Medicaid Program** **ONTP**

<u>Sponsor(s)</u> MAYO MCALEVEY		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 558 proposed to provide funds in fiscal year 2001-02 and fiscal year 2002-03 to add 75 residential care beds under the Medicaid program. This bill also proposed to specify the intent of the Legislature that the Department of Human Services allocate these funds across all levels of residential care facilities.

LD 583 **Resolve, to Provide Improved Access to Quality Locally Grown Foods through Expansion of the Farmers' Market Nutrition Program** **ONTP**

<u>Sponsor(s)</u> KILKELLY MCKEE		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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Joint Standing Committee on Health and Human Services

LD 583 proposed to direct the Department of Human Services, Bureau of Health to adopt rules to allow individual farmers and farmers at farmers' markets to accept Women, Infants and Children Farmers' Market Nutrition Program coupons.

LD 611 **An Act to Create a Pilot Project to Fully Implement the Maine Medical Marijuana Act of 1998** **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RAND QUINT		

LD 611 is a concept draft pursuant to Joint Rule 208.

This bill proposed to create a pilot program allowing one medical marijuana distribution center in the State. The center would be incorporated as a nonprofit entity managed and overseen by a diverse community group. In particular, this bill would propose the following.

1. A single nonprofit center, referred to herein as the "center," would be incorporated for the purpose of cultivating and distributing medical marijuana to individuals qualified under the Maine Medical Marijuana Act of 1998. The center would also be authorized to distribute or lend, or both, cultivation equipment, supplies and seeds to qualified individuals for cultivation for personal use.
2. The center would be overseen and managed by a community board made up law enforcement, current and former patients, patient advocates, hospice facilities, education professionals, legal community, business, pharmacists, clergy, medicine and other groups involved in the community.
3. The framework for the operation of the community board would be included in the enabling legislation. Among other things, the framework would provide for term length of board members, qualifying members as described above, civil and criminal immunity protection for board members and employees acting within the scope of the center's mission and the authorization to use Maine's nonprofit business statute as a basis for organizational structure.
4. The center would be able to charge patients for the product to help cover the cost of the center. The center would also be prohibited from securing medical marijuana from outside the State.
5. A mandatory registry system for patients using the center would be created to ensure that only qualified individuals access the center's services. The system would be maintained by the center with oversight and input from the sheriff of the county within which the center is located. Other law enforcement personnel could confirm the participation of individuals in the center's services, if necessary, through that particular sheriff's office or the center. Among other things, the registry system would consist of a photo identification card, and the center would be authorized by the patient to check with the individual's physician that the individual falls within the provisions of the Maine Medical Marijuana Act of 1998. The center would also check with the appropriate state medical board or with the statewide medical association to determine that the physician is duly licensed to practice in the State.