

MAINE STATE LEGISLATURE

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*State Of Maine
120th Legislature*

Second Regular Session

Bill Summaries

*Joint Standing Committee
on
Health and Human Services*

May 2002

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Maine State Legislature
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120th Legislature
Second Regular Session

Summary Of Legislation Before The Joint Standing Committees
May 2002

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 organized for convenient reference to information on bills considered by the committees. It is arranged alphabetically by committee name and within committees by bill (LD) number.

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:

- 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
PASSED..... Joint Order passed in both bodies
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 Second Regular Session (unless otherwise specified in a particular law) is July 25, 2002.

Patrick T. Norton, Interim Director
Offices located in Room 215 of the Cross Office Building

Joint Standing Committee on Health and Human Services

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.

6. The center would be required to keep records of patients' usage from the center in order to monitor compliance with statutory limits.
7. The center would be required to report to the Legislature within 18 months of commencement of operation concerning the center's operations, an evaluation in meeting patients' needs and the unmet needs of patients. The report could also contain suggestions for additional legislation to meet needs of patients. The Legislature could then take additional action, including the authorization of additional sites within the State.
8. A person qualified under the Maine Medical Marijuana Act of 1998 who possessed appropriate documentation under the current law of that person's qualification at the time of a stop or encounter with law enforcement would not be subject to seizure of a lawful amount of marijuana or the equipment necessary to maintain, grow or consume medical marijuana.

Committee Amendment "A" (S-451) was the report of the majority of the members of 2 committees, the Joint Standing Committee on Criminal Justice and the Joint Standing Committee on Health and Human Services.

This amendment proposed to replace the bill and change the title. It proposed to clarify the definition of a designated care giver for a patient eligible to use marijuana for medical purposes, increase the amount of harvested marijuana that may be possessed for medical purposes from 1.25 ounces to 2.5 ounces and add an affirmative defense provision to clarify that an eligible patient or designated care giver has an affirmative defense under the law passed as a citizen initiative in 1999. It proposed to remove from the bill the provisions that would have established a nonprofit distribution center governed by a community board and a mandatory registration system.

Enacted law summary

Public Law 2001, chapter 580 clarifies the definition of a designated care giver for a patient eligible to use marijuana for medical purposes, increases the amount of harvested marijuana that may be possessed for medical purposes from 1.25 ounces to 2.5 ounces and adds an affirmative defense provision to clarify that an eligible patient or designated care giver has an affirmative defense under the law passed as a citizen initiative in 1999.

LD 863

Resolve, to Establish Crisis Assessment and Triage Centers for Children in the State

ONTP

Sponsor(s)
ETNIER
SMALL

Committee Report
ONTP

Amendments Adopted

Joint Standing Committee on Health and Human Services

LD 863 proposed to direct the Department of Human Services and the Department of Behavioral and Developmental Services to establish crisis assessment and triage centers to help keep children in crisis situations in their community and stop children who need services from being sent out of state for treatment.

LD 898 An Act to Improve Public Health in the State

ONTP

<u>Sponsor(s)</u> FULLER		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 898 was a concept draft pursuant to Joint Rule 208.

This bill proposed to authorize the Department of Human Services, Bureau of Health to designate Health Districts for planning and developing health promotion and disease prevention services for all citizens of Maine. Once established, the Health Districts would encourage and support equitable distribution of health promotion and disease prevention services and would improve access to health care and create local leadership for activities to improve the health and well-being of Maine citizens.

This bill also proposed to provide funds to support the work of coordinating Health District Council in each Health District. The Health District Councils, which would include the agencies, hospitals, schools and municipal governments who can assist with access to and delivery of health promotion and disease prevention services, would have been responsible for ensuring that the following 10 essential public health services are adequately addressed within the various elements of the health system in each region:

1. Monitoring health status to identify community health problems;
2. Diagnosing and investigating health problems and health hazards in the community;
3. Informing, educating, and empowering people about health issues;
4. Mobilizing community partnerships and acting to identify and solve health problems;
5. Developing policies and plans that support individual and community health efforts;
6. Enforcing laws and regulations that protect health and ensure safety;
7. Linking people to needed personal health services and ensuring the provision of care when otherwise unavailable;
8. Ensuring a competent public health and personal health care workforce;
9. Evaluating effectiveness, accessibility and quality of personal and population-based health services; and
10. Researching for new insights and innovative solutions to health problems.

Funding for the program was estimated at \$3,875,000 in the first year and continuing with annual cost-of-living increases in each future year. This bill proposed to fund these costs by increasing the cigarette tax.