

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 1514 proposed to provide a fair and orderly process for resolving disputes that arise when the department's Division of Licensure and Certification inspects and finds deficiencies in nursing facilities. The bill proposed to require the department to follow the same procedures in the case of deficiencies with respect to state law that are followed in the case of deficiencies with respect to federal law. In addition, it proposed to provide for a fair and objective review of determinations made by the Director of the Division of Licensure and Certification. It also proposed to require the direct involvement of the director in making recommendations to federal authorities with respect to the imposition of penalties. It also proposed to require the department to study the feasibility of an alternative regulatory scheme for fines and penalties. This bill proposed to direct the department to weigh the entire management record of a management entity and not just particular deficiency findings in the overall assessment of an applicant's fitness for a certificate of need.

The bill proposed to prevent the department from imposing on the facility the cost that should be borne by the resident of the facility, when that resident's obligation to pay for a portion of the cost of care changes due to change in circumstances that affects eligibility for coverage.

This bill was carried over to the Second Regular Session of the 120th Legislature.

LD 1515 An Act to Support the Medical Ride Volunteer Service

**DIED ON
ADJOURNMENT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MICHAUD MH JONES	OTP-AM	S-213

LD 1515 proposed to establish a grant program statutorily and provide a General Fund appropriation of \$85,000 in fiscal year 2000-01 to the Department of Human Services for grants to local area agencies on aging to support the medical ride volunteer service that provides transportation to medical appointments for older citizens on Medicare.

Committee Amendment "A" (S-213) proposed to add an emergency preamble and an emergency clause to the bill. The amendment proposed to add an appropriation that funds the medical ride volunteer program for two years and a fiscal note to the bill.

LD 1524 Resolve, Regarding Calculation of Consumer Income in Home-based Care Programs

**DIED ON
ADJOURNMENT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SCHNEIDER TURNER	OTP-AM MAJ ONTP MIN	H-548

LD 1524 proposed to exclude from the calculation of a consumer's income the income of the consumer's spouse under the consumer-directed home-based care program within the Bureau of Elder and Adult Services within the Department of Human Services.

Joint Standing Committee on Health and Human Services

Committee Amendment "A" (H-548) is the majority report of the committee. It proposed to add an appropriation section and a fiscal note to the resolve.

LD 1535 **Resolve, to Allow Medicaid Reimbursement for Certain Drugs Without Requiring Prior Authorization** **ONTP**

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

LD 1535 proposed to prohibit the Department of Human Services from requiring prior authorization to provide Medicaid reimbursement for drugs for the treatment of cancer, human immunodeficiency virus, mental illness, asthma, hypertension, diabetes, migraine, epilepsy, arterial lateral sclerosis, arthritis and Alzheimer's disease.

Committee Amendment "A" (S-254) is the minority report of the Committee on Health and Human Services. The amendment proposed to replace the resolve and provide a new title. The amendment proposed to require the Department of Human Services to adopt rules by November 1, 2001 regarding prior authorization for prescription drugs under the Medicaid program.

The amendment also proposed to add a fiscal note to the bill.

See also LD 1722.

LD 1542 **An Act to Create the Prescription Assistance Program** **ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SMALL PEAVEY	ONTP	

LD 1542 proposed to establish the prescription assistance program to provide help to residents of this State of all ages who have unusually high prescription drug costs whose family incomes were below 300% of the nonfarm income official poverty line. The program would require enrollees to pay the first \$1,000 of prescription drug expenses. After paying that amount, the enrollee would receive program benefits that pay 80% of the cost of the drugs. The enrollee would pay 20%. The program would encourage the use of generic drugs and would not pay benefits toward prescribed drugs for which there was an over-the-counter pharmacological equivalent. The program would be administered in coordination with the Elderly Low-Cost Drug program and the Medicaid program. In administering the program, the Department of Human Services could enter into contracts, could use mail order service and could use a pharmaceutical benefits manager. The program would be required to operate within its budget and the Commissioner of Human Services could alter program terms to do so. The Department of Human Services would be required to adopt rules to implement the program.