

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)

*State Of Maine
121st Legislature*

First Regular Session

Bill Summaries

*Joint Standing Committee
on
Health and Human Services*

July 2003

Staff:

*Jane Orbeton, Senior Analyst
Lucia Nixon, Legislative Analyst*

*Office of Policy and Legal Analysis
13 State House Station
Augusta, ME 04333
(207) 287-1670*

Members:

*Sen. Michael F. Brennan, Chair
Sen. John L. Martin
Sen. Carol Weston*

*Rep. Thomas J. Kane, Chair
Rep. Edward R. Dugay
Rep. Marie Laverriere-Boucher
Rep. Margaret M. Craven
Rep. William M. Earle
Rep. William R. Walcott
Rep. Thomas F. Shields
Rep. Darlene J. Curley
Rep. James J. Campbell, Sr.
Rep. Sarah O. Lewin*

Maine State Legislature



Office Of Policy And Legal Analysis Office Of Fiscal And Program Review

121st Maine Legislature First Regular Session

Summary Of Legislation Before The Joint Standing Committees

Enclosed please find a summary of all bills, resolves, joint study orders, joint resolutions and Constitutional resolutions that were considered by the joint standing and joint 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 arranged alphabetically by committee name 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:

<i>CARRIED OVER PURSUANT TO HP 1212</i>	<i>Bills carried over to the 2nd Regular Session</i>
<i>CON RES XXX</i>	<i>Chapter # of Constitutional Resolution passed by both Houses</i>
<i>CONF CMTE UNABLE TO AGREE</i>	<i>Committee of Conference unable to agree; bill died</i>
<i>DIED BETWEEN BODIES</i>	<i>House & Senate disagree; bill died</i>
<i>DIED IN CONCURRENCE</i>	<i>One body accepts ONTP report; the other indefinitely postpones the bill</i>
<i>DIED ON ADJOURNMENT</i>	<i>Action incomplete when session ended; bill died</i>
<i>EMERGENCY</i>	<i>Enacted law takes effect sooner than 90 days</i>
<i>FAILED EMERGENCY ENACTMENT/FINAL PASSAGE</i>	<i>Emergency bill failed to get 2/3 vote</i>
<i>FAILED ENACTMENT/FINAL PASSAGE</i>	<i>Bill failed to get majority vote</i>
<i>FAILED MANDATE ENACTMENT</i>	<i>Bill imposing local mandate failed to get 2/3 vote</i>
<i>NOT PROPERLY BEFORE THE BODY</i>	<i>Ruled out of order by the presiding officers; bill died</i>
<i>INDEF PP</i>	<i>Bill Indefinitely Postponed</i>
<i>ONTP</i>	<i>Ought Not To Pass report accepted</i>
<i>OTP-ND</i>	<i>Committee report Ought To Pass In New Draft</i>
<i>P&S XXX</i>	<i>Chapter # of enacted Private & Special Law</i>
<i>PASSED</i>	<i>Joint Order passed in both bodies</i>
<i>PUBLIC XXX</i>	<i>Chapter # of enacted Public Law</i>
<i>RESOLVE XXX</i>	<i>Chapter # of finally passed Resolve</i>
<i>UNSIGNED</i>	<i>Bill held by Governor</i>
<i>VETO SUSTAINED</i>	<i>Legislature failed to override Governor's Veto</i>

Please note that the effective date for all non-emergency legislation enacted in the First Regular Session (unless otherwise specified in a particular law) is September 13, 2003.

David C. Elliott, Director
Offices located in Room 215 of the Cross Office Building

Joint Standing Committee on Health and Human Services

LD 332 **Resolve, Affecting the MaineCare Reimbursement Formula** **ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DOUGLASS DUDLEY	ONTP	

LD 332 proposed to direct the Department of Human Services to amend the rules for reimbursement under the MaineCare program for the reimbursement of hospitals by November 1, 2003. It proposed to designate the rules as routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

LD 363 **An Act to Ensure Patient Access to Medical Records** **PUBLIC 418**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS J	OTP MAJ ONTP MIN	

LD 363 proposed to establish the amount that a patient may be charged to obtain a copy of the patient's medical records. The bill also proposed to clarify that a patient's authorized representative may receive medical records.

Enacted Law Summary

Public Law 2003, chapter 418 establishes the maximum amount that a patient may be charged to obtain a copy of the patient's medical records and allows patient's authorized representative to receive medical records.

LD 421 **An Act To Include a Representative of Mental Health Providers on the Board of Directors of the Maine Health Data Organization** **PUBLIC 264**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LAVERRIERE- BOUCHER BRENNAN	OTP-AM	H-253

LD 421 proposed to require that a representative of mental health providers be appointed to the Board of Directors of the Maine Health Data Organization and that the number of board members be increased from 20 to 21.

Committee Amendment "A" (H-253) proposed to replace the bill. It proposed to require that a representative of mental health providers be appointed to the Board of Directors of the Maine Health Data Organization as one of the 9 members of the board representing providers. It would maintain the total number of board members at the current level, which is 20.

Joint Standing Committee on Health and Human Services

Enacted Law Summary

Public Law 2003, chapter 264 requires that a representative of mental health providers be appointed to the Board of Directors of the Maine Health Data Organization as one of the 9 members of the board representing providers.

LD 429 **Resolve, To Increase Allowance Levels for Nursing Home Residents** **ONTP**

<u>Sponsor(s)</u> ROTUNDO CRAVEN		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
--	--	---------------------------------	--	---------------------------

LD 429 proposed to require the Department of Human Services to adopt rules increasing the amount of income that may be retained by residents of nursing facilities.

LD 432 **An Act To Amend the Maine Health Data Organization Laws** **ONTP**

<u>Sponsor(s)</u> MAYO SULLIVAN		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
---------------------------------------	--	---------------------------------	--	---------------------------

LD 432 proposed to require the Maine Health Data Organization to expand its data collection efforts to include data on the quality and price of health care services. It proposed to require the Maine Health Data Organization to file its annual report by November 1st of each year and to include in the report information regarding the quality of health care as well as recommendations for improving access to information by consumers and the improvement of quality of care.

LD 439 **Resolve, To Provide Equitable Services to Persons with Congenital Brain Anomalies** **ONTP**

<u>Sponsor(s)</u> CATHCART		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
-------------------------------	--	---------------------------------	--	---------------------------

LD 439 proposed to direct the Department of Human Services, Bureau of Health to provide individuals with congenital brain anomalies coverage and services to the same extent as those provided to individuals with acquired brain injuries.