MAINE STATE LEGISLATURE

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State Of Maine 122nd Legislature

First Regular Session and First Special Session

Bill Summaries

Joint Standing Committee on Health and Human Services

August 2005

Members:

Sen. Arthur F. Mayo III, Chair Sen. John L. Martin Sen. Richard W. Rosen

Rep. Hannah Pingree, Chair

Rep. William R. Walcott
Rep. Carol A. Grose
Rep. Richard J. Burns
Rep. Elizabeth S. Miller
Rep. David C. Webster
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Rep. Kevin J. Glynn

Rep. Michael Sockalexis

Staff:

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Maine State Legislature



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122nd Legislature First Regular Session and First Special Session

Summary of Legislation Considered by the Joint Standing Committees August 2005

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. A subject index for each committee is included immediately before the bill summaries for that committee, and a numerical index by LD number is included at the back of the document. A separate publication, <u>History and Final Disposition of Legislative Documents</u>, 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 | Bill Carried Over to Second Regular Session Chapter # of Constitutional Resolution passed by both Houses |
| CONF CMTE UNABLE TO AGREE | |
| | House & Senate disagree; bill died |
| DIED IN CONCURRENCE One be | ody accepts ONTP report; the other indefinitely postpones the bill |
| DIED ON ADJOURNMENT | |
| 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 | |
| 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 | |
| OTP ND/NT | |
| P&S XXX | |
| PUBLIC XXX | |
| RESOLVE XXX | |
| 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 *June 29, 2005*; and for non-emergency legislation enacted in the First Special Session is *September 17, 2005*.

Joint Standing Committee on Health and Human Services

accept unused and unopened prescription drugs from drug manufacturers, drug wholesale and terminal distributors, hospitals, health clinics, federally qualified health centers, Indian health centers and rural health centers and assisted living facilities licensed by the Department of Health and Human Services.

Enacted law summary

Private and Special Law 2005, chapter 20 directs the Department of Health and Human Services to begin planning for a pilot program for distributing unopened medicines and medical supplies that are not needed by the person for whom they were purchased and requires a report to the Joint Standing Committee on Health and Human Services prior to operation of the pilot program.

LD 134

An Act To Implement the Recommendations of the Commission To Study Public Health

ONTP

| Sponsor(s) | Committee Report | | Amendments Adopted |
|------------|------------------|-----|--------------------|
| _ | ONTP | MAJ | |
| | OTP-AM | MIN | |

LD 134 proposed to implement certain recommendations of the Commission to Study Public Health, which was created pursuant to Resolve 2003, chapter 95. The bill proposed to:

- 1. Create the Maine Obesity Prevention Fund, to be funded from sources determined by the Legislature to be contributing causes of obesity;
- 2. Extend the Commission to Study Public Health through the Second Regular Session of the 122nd Legislature;
- 3. Direct the Dirigo Health board and the Department of Health and Human Services to study and report on incentives provided to encourage purchases of healthy food and beverages;
- 4. Direct the Department of Administrative and Financial Services, Bureau of Human Resources, Division of Employee Health and Benefits to implement a comprehensive employee health program addressing obesity;
- 5. Direct the Department of Administrative and Financial Services to create an expedited bid process for pilot projects related to employee health;
- 6. Direct the Department of Labor, Bureau of Rehabilitation Services, Division of the Blind and Visually Impaired to pursue reforms that will increase the availability of healthy foods and beverages in cafeterias, snack bars and vending machines under the division's purview;
- 7. Direct the State Employee Health Commission to direct health insurance carriers who provide health coverage for state employees, retirees and MaineCare recipients to investigate, and possibly implement, potentially cost-saving services for obesity prevention among their insureds; and
- 8. Direct the Department of Professional and Financial Regulation, Bureau of Insurance to encourage all health insurance carriers to provide incentives for their insureds to make use of potentially cost-saving services for obesity prevention.