

# 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  
122nd Legislature*

*First Regular Session and  
First Special Session*

*Bill Summaries*

*Joint Standing Committee  
on  
Health and Human Services*

*August 2005*

**Staff:**

*Jane Orbeton, Senior Analyst  
Lucia Nixon, Legislative Analyst  
Patrick Norton, Deputy Director*

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

**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  
Rep. Thomas F. Shields  
Rep. James J. Campbell, Sr.  
Rep. Sarah O. Lewin  
Rep. Kevin J. Glynn  
Rep. Michael Sockalexis*



Maine State Legislature

OFFICE OF POLICY & LEGAL ANALYSIS

13 State House Station, Room 215 Cross State Office Building
Augusta, Maine 04333-0013
Telephone: (207) 287-1670
Fax: (207) 287-1275

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, 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 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*

Resolve 2005, chapter 104 directs the Department of Health and Human Services to convene a working group to develop standards for the distribution of \$3,000,000 in increased physician incentive payment funding in the MaineCare program and to report to the Joint Standing Committee on Health and Human Services by January 15, 2006.

**LD 1302**                      **Resolve, Establishing The Task Force To Study Cervical Cancer Prevention, Detection and Education**                      **RESOLVE 121 EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARRACHE PLOWMAN	OTP-AM	H-570 S-325 MAYO S-385 GAGNON

LD 1302 proposed to establish the Task Force to Study Cervical Cancer Prevention, Detection and Education. The purpose of the task force would be to raise public awareness of the causes and nature of cervical cancer, personal risk factors, value of prevention, early detection, options for testing, treatment costs, new technology and medical care reimbursement. The task force would also be charged with several other duties, including, but not limited to, identifying preventive strategies and new technologies, including newly introduced vaccines that are effective in preventing and controlling the risk of cervical cancer. The members of the task force would be appointed by the Governor, the President of the Senate and the Speaker of the House. The task force would submit its final report to the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2007.

### *Enacted law summary*

Resolve 2005, chapter 121 establishes the Task Force to Study Cervical Cancer Prevention, Detection and Education to raise public awareness of the causes and nature of cervical cancer, personal risk factors, value of prevention, early detection, options for testing, treatment costs, new technology and medical care reimbursement. The task force is also charged with several other duties, including, but not limited to, identifying preventive strategies and new technologies, including newly introduced vaccines that are effective in preventing and controlling the risk of cervical cancer. The law requires an initial report by November 15, 2005 and a final report by November 15, 2006 and authorizes the joint standing committee of the Legislature having jurisdiction over health and human services matters to report out legislation. The Task Force to Study Cervical Cancer Prevention, Detection and Education is required to seek outside funds to fully fund all costs of the task force.

Resolve 2005, chapter 121 was finally passed as an emergency measure effective June 21, 2005.

**LD 1307**                      **An Act Requiring Public Disclosure of Health Care Prices**                      **ONTP**

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

## *Joint Standing Committee on Health and Human Services*

LD 1307 proposed to require health care practitioners to provide the same consumer price information required of hospitals and ambulatory surgical centers, effective January 1, 2006.

**LD 1310**                      **An Act To Ensure Rural Access to Prescription Drugs**                      **ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PINGREE DAMON	ONTP	

LD 1310 is a concept draft pursuant to Joint Rule 208.

This bill proposed to require the Legislature to undertake an immediate overview of prescription drug policies of the Department of Health and Human Services under all programs in this State that improve access to prescription drugs, including MaineCare, the elderly low-cost drug program and the Maine Rx Plus Program, to ensure that rules for these programs do not limit access to prescription drugs in rural areas.

The bill also proposed that an overview of the pharmacy incentive payment be undertaken and an alternative change in the reimbursement per prescription be considered.

This bill proposed to direct the Department of Health and Human Services to undertake emergency rulemaking to implement rules that allow rural clients who are taking consistent schedules of prescription drugs to have 3-month prescriptions and allow an 8-day window when a prescription drug may be refilled, an increase from the current 5-day window and the one-month prescription allowed. A client would be considered a rural client if that client lives more than 15 miles from a pharmacy. The Department of Health and Human Services would also adopt rules that allow doctors to identify both experimental and likely short-term prescriptions and long-term prescriptions to reduce the rate of waste from prescriptions that are filled but not used.

**LD 1324**                      **An Act To Improve Access to Affordable Prescription Drugs**                      **PUBLIC 343**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAUTIGAM MAYO	OTP-AM	H-571

LD 1324 proposed to establish the Pharmacy Cost Management Council to develop and implement measures to control the cost of prescription drugs and expand the State's purchasing power. The council would be required to provide annual reports to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs by March 1, 2006 and each year thereafter. The meetings of the council and its records would be public.

### *Enacted law summary*