

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

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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, 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

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

Joint Standing Committee on Health and Human Services

Public Law 2005, chapter 343 amends the Pharmaceutical Cost Management Council enacted in Public Law 2005, chapter 12, section PP-1 and established in Title 5, section 2031, to add 3 consumer members, changes the parameters of the council to duties and adds to those duties coordinating and exchanging information, examining cost containment tools and reporting to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 1, 2006.

LD 1325 **An Act To Ensure Continuity of Care Related to Implementation** **PUBLIC 401**
of the Federal Medicare Drug Benefit

<u>Sponsor(s)</u> BRAUTIGAM	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-686
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LD 1325 proposed to provide for continuity of care related to implementation of the Medicare D prescription drug benefit as follows.

1. The bill proposed to authorize the Department of Health and Human Services to provide assistance to persons applying for and enrolled in the elderly low-cost drug program so that they may obtain benefits under Medicare D.
2. The bill proposed to allow coverage under the elderly low-cost drug program for persons enrolled in Medicare D under certain circumstances.
3. The bill proposed to provide for wrap services, continuity of care and education and outreach in the elderly low-cost drug program.
4. The bill proposed to direct the Department of Health and Human Services to adopt routine technical rules for the provisions of the bill in the elderly low-cost drug program.
5. The bill proposed to direct the Department of Health and Human Services to provide transitional prescription and nonprescription drug benefits under the elderly low-cost drug program for persons enrolled in the program who may be eligible for or are enrolled in Medicare D.
6. The bill proposed to retain funding appropriated in the elderly low-cost drug program for state fiscal years 2004-05, 2005-06 and 2006-07.
7. The bill proposed to require the Department of Health and Human Services to coordinate benefits among the elderly low-cost drug program, the MaineCare program and Medicare D in order to increase access to needed prescription and nonprescription drugs at affordable costs.
8. The bill proposed to direct the Department of Health and Human Services to amend the rules regarding the amount of income that may be retained by a resident of a nursing, residential care or assisted living facility to allow an increase to cover the cost of the person's copayment for needed prescription and nonprescription drugs under the elderly low-cost drug program, the MaineCare program and Medicare D.

Enacted law summary