

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 1438 **Resolve, Regarding Discharges from Hospitals** **RESOLVE 112**

<u>Sponsor(s)</u> CURLEY MARTIN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-557
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LD 1438 proposed to require a hospital that has so-called "swing bed" services to establish admissions policies limiting the types of patients that hospital may accept and requiring the hospital to discharge patients to that hospital's own swing beds or to licensed nursing facilities of the patients' choice.

Enacted law summary

Resolve 2005, chapter 112 requires the Department of Health and Human Services to convene a working group to develop hospital discharge guidelines. The guidelines must take into consideration the resources that are available to meet the clinical needs of the patient, the recommendations of the patient's health care provider and the preferences of the patient and patient's family. The resolve requires a report regarding the discharge guidelines to the Joint Standing Committee on Health and Human Services by February 1, 2006.

LD 1468 **An Act To Protect the Public from Secondhand Smoke** **ONTP**

<u>Sponsor(s)</u> THOMPSON	<u>Committee Report</u> ONTP MAJ OTP MIN	<u>Amendments Adopted</u>
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LD 1468 proposed to prohibit smoking within 20 feet of the entrance or exit of a health care facility. The bill also proposed to prohibit smoking in a private vehicle when a child under 18 years of age is in the vehicle.

LD 1483 **An Act To Amend the Laws Governing Reimbursement of Nursing Facilities and Nursing Home Admission Contracts** **PUBLIC 242**

<u>Sponsor(s)</u> MARTIN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-211
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LD 1483 proposed to provide that a nursing facility or a private nonmedical institution is entitled to reimbursement through the MaineCare program to provide a return on equity capital. It proposed to require the Department of Health and Human Services to include in its calculation of reimbursement for services provided by nursing facilities an allowance for the cost of a medical director. It proposed to allow a nursing facility to enter into a contract with a resident or a resident's legal representative that provides that payment of the nursing facility's services is the highest priority for the application of a resident's financial resources. It proposed to provide that if timely payment has not been made to the nursing facility, the resident or resident's legal representative may be obligated to pay the resident's income or other assets directly to the nursing facility, including through direct deposit or electronic transfer means; to designate the nursing facility as the representative

Joint Standing Committee on Health and Human Services

payee for Social Security or other payments; to otherwise apply the resident's resources to fulfill the resident's obligations; or to pay to the nursing facility money that has been improperly diverted. The bill proposed to allow a nursing facility to collect attorney's fees and costs from an agent under a power of attorney who breaches that agent's fiduciary duty.

Enacted law summary

Public Law 2005, chapter 242 raises the cap, for MaineCare reimbursement purposes, on the medical director's salary to \$10,000 for a nursing facility or a private nonmedical institution that receives reimbursement through the MaineCare program. That amount is subject to an annual cost-of-living adjustment and is subject to a cap on indirect costs.

LD 1487 **An Act To Repeal Certificate of Need as It Applies to Hospitals,
Ambulatory Surgical Units and Physician Offices** **ONTP**

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

LD 1487 proposed to remove hospitals, ambulatory surgical facilities, physician offices and other health care facilities from the certificate of need process. The bill proposed to retain certificate of need for nursing facilities. The bill also proposed to require the Department of Health and Human Services to submit a report on alternative methods of reimbursement under the MaineCare program to the Legislature by January 15, 2006.

LD 1492 **An Act To Permit the Department of Health and Human Services
To Charge Fees to Homestead Facility Residents** **PUBLIC 256**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LERMAN	OTP-AM	H-423

LD 1492 proposed to include the Homestead facility among state institutions for which the Commissioner of Health and Human Services is directed to establish charges for the care and treatment of residents. The bill proposed to define "resident" for this purpose and changes "Augusta Mental Health Institute" to "Riverview Psychiatric Center."

Enacted law summary

Public Law 2005, chapter 256 includes the Homestead facility at the Riverview Psychiatric Center in Augusta among state institutions for which the Commissioner of Health and Human Services is directed to establish charges for the care and treatment of residents.