

MAINE STATE LEGISLATURE

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*State Of Maine
122nd Legislature*

Second Regular Session

Bill Summaries

*Joint Standing Committee
on
Health and Human Services*

July 2006

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Maine State Legislature



Office of Policy and Legal Analysis Office of Fiscal and Program Review

122nd Maine Legislature Second 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 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/billsumm.htm).

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:

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
P&S XXX	Chapter # of enacted Private & Special Law
PASSED	Joint Order passed in both bodies
PUBLIC XXX	Chapter # of enacted Public Law
RESOLVE XXX	Chapter # of finally passed Resolve
UNSIGNED (Pocket Veto)	Bill held by Governor
VETO SUSTAINED	Legislature failed to override Governor's Veto

Please note that the effective date for all non-emergency legislation enacted in the Second Regular Session (unless otherwise specified in a particular law) is August 23, 2006.

Joint Standing Committee on Health and Human Services

support the public health priorities and functions identified in the State Health Plan. The amendment proposed to require state agency members of one subcommittee to determine how to integrate the core competencies, functions and performance standards into the work and funding decisions of their agencies. The amendment proposed to require reporting to the Joint Standing Committee on Health and Human Services and the Public Health Work Group by the subcommittees. It proposed to require the Public Health Work Group to report to the Joint Standing Committee on Health and Human Services by January 1, 2007.

Enacted law summary

Resolve 2005, chapter 139 requires the Department of Health and Human Services to recognize and partner with comprehensive community health coalitions. The resolve directs the Public Health Work Group created under the State Health Plan to form 2 subcommittees to work on core competencies, functions and performance standards for comprehensive community health coalitions and to inventory resources and develop a plan to integrate some funding sources to support the public health priorities and functions identified in the State Health Plan. The resolve requires state agency members of one subcommittee to determine how to integrate the core competencies, functions and performance standards into the work and funding decisions of their agencies. The resolve requires reporting to the Joint Standing Committee on Health and Human Services and the Public Health Work Group by the subcommittees and requires the Public Health Work Group to report to the Joint Standing Committee on Health and Human Services by January 1, 2007.

Resolve 2005, chapter 139 was enacted as an emergency measure effective March 17, 2006.

LD 1631

Resolve, Requiring the State To Reimburse Providers for Costs Incurred Due to MaineCare Reimbursement Delays

**DIED ON
ADJOURNMENT**

Sponsor(s)
KAELIN
WESTON

Committee Report
OTP-AM

Amendments Adopted
H-731

LD 1631 proposed to require the Department of Health and Human Services to reimburse providers for costs, including, but not limited to, interest, bank fees and accounting fees, incurred due to MaineCare reimbursement delays.

Committee Amendment “A” (H-731) proposed to reimburse MaineCare providers for costs incurred during 2005 and to direct the Department of Health and Human Services to adopt routine technical rules for reimbursement. The amendment proposed to require periodic status reports on claims and payments.

See appropriation of \$1 million in fiscal year 2007 in PL 2005, chapter 519, Part A, on page 76.

LD 1701

Resolve, To Ensure Coordination and Effectiveness in the Provision of Services under the MaineCare Noncategorical Waiver

RESOLVE 186

Sponsor(s)
BRANNIGAN

Committee Report
OTP-AM

Amendments Adopted
H-964

Joint Standing Committee on Health and Human Services

LD 1701 proposed to direct the Department of Health and Human Services to develop processes for tracking mental health treatment sessions for noncategorical MaineCare members to ensure services would not be exhausted and that would include a prior authorization process as well as clinical justification for exceeding the annual limit on visits. It proposed to direct the department to clarify that mental health assessment services are not included in the calendar year service limit.

Committee Amendment “A” (H-969) proposed to direct the Department of Health and Human Services to develop processes for tracking the number of mental health treatment sessions provided to noncategorical MaineCare members and to establish a prior authorization process to help manage the members’ services so that the services are not exhausted within any given calendar year. It proposed to direct the department to establish criteria for clinical justification that would allow noncategorical MaineCare members to receive up to 24 visits, excluding visits for medication management, as long as any associated costs would be offset by savings from managing the utilization of services through methods that could include prior authorization. It proposed to direct the department to develop systems to enable healthcare providers to identify the eligibility category of noncategorical members, the members’ enrollment dates and the members’ recertification dates in order to help the noncategorical members manage their benefits and receive the mental health treatment needed. It also proposed to direct the department to develop systems for transition planning for noncategorical members who for any reason leave the MaineCare program and to provide a priority reinstatement process for certain noncategorical members.

Enacted law summary

Resolve 2005, chapter 186 directs the Department of Health and Human Services to develop processes for tracking the number of mental health treatment sessions provided to noncategorical MaineCare members and to establish a prior authorization process to help manage the members’ services so that the services are not exhausted within any given calendar year. It directs the department to establish criteria for clinical justification for allowing noncategorical MaineCare members to receive up to 24 visits, excluding visits for medication management, as long as any costs are offset by savings from managing the utilization of services through methods that may include prior authorization. It directs the department to develop systems to enable healthcare providers, with the noncategorical MaineCare members’ permission, to identify the eligibility category of noncategorical members, the members’ enrollment dates and the members’ recertification dates in order to help the noncategorical members manage their benefits and receive the mental health treatment needed. It also directs the department to develop systems for transition planning for noncategorical members who for any reason leave the MaineCare program and to provide a priority reinstatement process for certain noncategorical members.

LD 1707

Resolve, Directing the Commissioner of Health and Human Services To Develop Strategies To Keep Senior Citizens Safe from Falls

RESOLVE 149

Sponsor(s)
CAMPBELL
COURTNEY

Committee Report
OTP-AM

Amendments Adopted
H-814

LD 1707, modeled on federal legislation, proposed to direct the Commissioner of Health and Human Services to conduct research, evaluation and education activities designed to reduce falls among older adults. It proposed that the department conduct a demonstration project and report recommendations for statewide falls prevention activities to the Legislature.