

# 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](http://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*

**LD 1875**

**Resolve, Regarding Substance Abuse Treatment Services**

**RESOLVE 150**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT	OTP-AM A	H-818
HASTINGS	OTP-AM B	
	ONTP C	

LD 1875 proposed to provide improved services to persons in rehabilitation programs, especially those related to opiate addiction, by providing improved counseling, physician oversight and community support. The bill proposed to direct the Department of Health and Human Services, Office of Substance Abuse to evaluate need when issuing licenses for substance abuse clinics and to create a process to involve the local community in the licensing process. The bill proposed to establish local advisory committees to advise the Office of Substance Abuse during the licensing process for such clinics and to review the operation of the clinics. The bill proposed to establish a moratorium on licensing such clinics until certain rule changes are made.

**Committee Amendment “A” (H-818)** is the majority committee amendment to the bill and change the bill to a resolve. It proposed to require the Department of Health and Human Services, Office of Substance Abuse to amend its rules for opioid treatment programs to require more counseling at the beginning of treatment and less as treatment progresses, to require an opportunity for public input in the relicensing process and to require consideration of treatment needs in the licensing process.

*Enacted law summary*

Resolves 2005, chapter 150 requires the Department of Health and Human Services, Office of Substance Abuse to amend its rules for opioid treatment programs to require more counseling at the beginning of treatment and less as treatment progresses, to require an opportunity for public input in the relicensing process and to require consideration of treatment needs in the licensing process.

**LD 1887**

**An Act To Update Licensing and Certification Requirements for Child Care Facilities and Family Child Care Providers**

**PUBLIC 530**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIMPSON	OTP-AM	H-813
MAYO		H-884 PINGREE

LD 1887 proposed to update terminology and definitions related to child care facilities and family child care in the Department of Health and Human Services' licensing and certification statutes. The bill also proposed to repeal the requirement that the department distribute a brochure explaining the difference between home day care and home baby-sitting services.

**Committee Amendment “A” (H-813)** proposed to add family child care providers to the group of child care providers that would be required to comply with lead hazard screening requirements. It also proposed to clarify the circumstances under which a provider would not be required to be certified.