

MAINE STATE LEGISLATURE

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STATE OF MAINE
123RD LEGISLATURE
FIRST REGULAR SESSION



Summaries of bills and adopted amendments and laws enacted or finally passed during the First Regular Session of the 123rd Maine Legislature coming from the

JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

July 2007

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STATE OF MAINE

123RD LEGISLATURE

FIRST REGULAR SESSION

LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS



This *Legislative Digest of Bill Summaries and Enacted Laws* summarizes all bills and adopted amendments and all laws enacted or finally passed during the First Regular Session of the 123rd Maine Legislature, which was in session from December 6, 2006 to June 21, 2007.

The *Digest* is arranged alphabetically by committee, and within each committee by LD number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee. The appendices include a summary of relevant session statistics, an index of all bills by LD number and an index of enacted laws by law type and chapter number.

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 (or Accepted ONTP report).....	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.....	Bill held by Governor
VETO SUSTAINED.....	Legislature failed to override Governor's Veto

Please note that the effective date for non-emergency legislation enacted in the First Regular Session is **September 20, 2007**. The effective date for legislation enacted as an emergency measure is specified in the enacted law summary for those bills.

Joint Standing Committee on Health and Human Services

January 1, 2008 and provides exceptions for in-house equipment in a hospital and for information provided to a prescriber about prescription drug formulary compliance, patient care management or pharmacy reimbursement.

Enacted Law Summary

Public Law 2007, chapter 362 prohibits the sale or distribution of computer software beginning January 1, 2008, that attempts to influence a prescribing decision of a prescriber. The law includes an exception for hospital systems and for information about formularies, care management and for pharmacy reimbursements.

LD 1446 An Act To Protect Children from Mercury and Thimerosal Toxicity in Immunizing Agents

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS NUTTING J	ONTP	

Beginning January 1, 2008, this bill prohibits the use of more than trace amounts of mercury or thimerosal in any immunizing agent for administration to children under 8 years of age and to pregnant women. It imposes requirements for labeling and written information packaged with the immunizing agent. It provides for an exemption if the Commissioner of Health and Human Services determines that an immunizing agent containing more than a trace amount is necessary due to an actual or potential bioterrorist incident or public health emergency. The bill also directs the department to develop a plan to ensure that all immunizing agents are mercury-free and thimerosal-free, including considering the requirement of the use of single-dose immunizing agents.

LD 1450 An Act To Create Equity in Hospital Charges

ONTP

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

This bill requires a hospital to apply the same allowance or discount against the medical expenses of a self-pay patient as the hospital would apply to MaineCare or Medicare, whichever is less. A self-pay patient is a patient who does not have insurance coverage and whose family income is less than 400% of the federal poverty guidelines.

LD 1451 An Act To Promote the Health and Safety of Maine Consumers

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRYANT M	ONTP	

This bill requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to publish on a publicly accessible Internet site the inspection ratings, including violations and fines assessed, of all eating establishments inspected by the Department of Health and Human Services.

LD 1463 An Act To Prevent Elder Prescription Drug Abuse

DIED ON
ADJOURNMENT

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BROMLEY	OTP-AM	S-159

Joint Standing Committee on Health and Human Services

This bill makes a one-time General Fund appropriation of \$100,000 in fiscal year 2007-08 to the University of Maine Center on Aging to study and devise an action plan to prevent prescription drug abuse by the elderly and requires the University of Maine Center on Aging to report to the Joint Standing Committee on Health and Human Services no later than September 15, 2008 on the results of the study to prevent prescription drug abuse by the elderly and recommendations for future actions.

Committee Amendment "A" (S-159)

This amendment changes the University of Maine Center on Aging's study to an educational campaign.

This bill died on adjournment on the Appropriations Table.

LD 1501 An Act To Set Standards for Interviewing Children Who Are Subjects of a Child Protective Intervention

PUBLIC 132

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FAIRCLOTH	OTP-AM MAJ ONTP MIN	H-140

This bill clarifies that the Department of Health and Human Services may interview a child at a school if necessary to carry out the department's child protection activities. It clarifies that school officials must cooperate with the conduct of such an interview under penalty of law.

Committee Amendment "A" (H-140)

The amendment requires a department caseworker to discuss a child's circumstances with school officials as necessary for the provision of emotional support to the child prior to and following a child protective intervention interview. It adds the word "guardian" to the provision of the bill that prohibits school officials from requiring notice or consent from a parent.

Enacted Law Summary

Public Law 2007, chapter 132 clarifies that the Department of Health and Human Services may interview a child at a school if necessary to carry out the department's child protection activities. School officials must cooperate with the conduct of such an interview under penalty of law. It requires a department caseworker to discuss a child's circumstances with school officials as necessary for the provision of emotional support to the child prior to and following a child protective intervention interview. It prohibits school officials from requiring notice be sent to parents or guardians or that consent from a parent or guardian be given before a child is interviewed.

LD 1509 Resolve, To Protect Nursing Facilities

ONTP

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

This resolve directs the Department of Health and Human Services to amend its principles of reimbursement for nursing facilities to provide that a nursing facility that receives reimbursement from MaineCare for more than 70% of its residents must receive an additional 0.5% in reimbursement for each 5% increment that its percentage of MaineCare patients exceeds 70%, rounded to the nearest 5% increment.