

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

LD 1686

An Act To Reduce Administrative Costs in Programs Delivered to People with Mental Retardation

ONTP

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

This bill requires the Department of Health and Human Services to eliminate duplicative and unnecessary administrative procedures and practices in the system of care for mentally retarded persons by eliminating duplicate data entry, reducing paperwork, streamlining the survey program, requiring programs to meet one set of state accreditation standards and reducing mailing costs through use of technology and electronic transmission of data. It requires that the department assess the fiscal impact of proposed laws or rules prior to enactment and publish the fiscal analysis on its website. It requires that programs be exempt from certain certified medication staffing requirements and exempts experienced direct support staff from specific employee training under certain circumstances. It limits employee training requirements to those relevant to the condition of individuals served. It requires the department to conduct eligibility assessments and reclassification of clients every 5 years and not earlier than 5 years unless there is a substantial change in the client's abilities, condition and needs. It requires the department to publish an annual document for community rehabilitation programs that describes practices that are acceptable to the department, specific documentation standards for all services required by the federal government or the department and information on current best practices for administering those programs. It requires the department to create an advisory group of providers to provide input into the process of developing a plan and to work with the advisory group to review business practices and requirements and identify additional cost-efficiency practices. It requires that the department identify savings that can be returned to providers to fund additional services and defray business expenses related to regulatory requirements. It requires the department to facilitate the development of residential accommodations for adults with mental retardation by creating a plan that identifies appropriate mechanisms for developing affordable housing, including but not limited to the creation of a nonprofit organization, state bonding and other methods for financing affordable housing.

LD 1687 An Act To Increase Health Insurance Coverage for Front-line Direct Care Workers Providing Long-term Care

CARRIED OVER

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

This bill amends the definition of "eligible business" for the Dirigo Health Program to allow providers of long-term care services with more than 50 employees to participate in the DirigoChoice health insurance plan. The bill also allows uninsured direct care workers who work an average of 10 or more hours per week to participate in the DirigoChoice health insurance plan. The bill directs the Board of Directors of Dirigo Health to develop a marketing and outreach program to enroll those newly eligible direct care workers and to design a targeted DirigoChoice health coverage plan that allows multiple long-term care employers to contribute monthly premium assistance to direct care employees eligible to enroll in Dirigo as an individual. The bill limits the costs to Dirigo Health for subsidies to direct care workers in the targeted DirigoChoice plan to \$400,000.

The bill also requires the Department of Health and Human Services to establish a demonstration project for long-term care providers who provide health insurance coverage to their full-time and part-time employees. The bill requires the department to provide financial assistance to allow those providers to start or expand health care coverage for their direct care employees. The bill limits the funding of the demonstration project to no more than \$500,000.

This bill was carried over to any special or regular session of the 123rd Legislature by Joint Order, HP 1369.