

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 1745 An Act To Improve Continuity of Care within Maine's
Community-based Mental Health Services**

PUBLIC 286

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRANNIGAN	OTP-AM	S-143

This bill clarifies references to the area quality improvement councils in the mental health laws. The bill also renames the local service networks as the community service networks and requires them to be established in each of the geographical areas that were previously covered by area quality improvement councils. The bill requires each community service network to participate in the delivery of mental health services in a system that ensures continuity of care to adults experiencing psychiatric crises. The bill also describes the circumstances when client information can be shared during a crisis situation or when necessary to protect the consumer's health and safety.

Committee Amendment "A" (S-143)

This amendment adds a reporting section to the bill. Under the reporting section, by January 15, 2008 the Department of Health and Human Services must report to the Joint Standing Committee on Health and Human Services regarding the operation of the community service networks in the geographic areas designated in the Maine Revised Statutes, Title 34-B, section 3608, subsection 1-A and the state health regions designated by the Maine Center for Disease Control and Prevention and the possibilities for coordination among the regions or for redesignation.

Enacted Law Summary

Public Law 2007, chapter 286 changes the structure of the community mental health system. It establishes community service networks and maintains quality improvement councils for the two state psychiatric hospitals. The law requires community service networks to participate in the delivery of services and allows limited sharing of client mental health information.

The law requires a report to the Health and Human Services Committee by January 1, 2008, on the operation of the community service networks in the geographic regions, on the state health regions and on the possibilities for coordination among the regions or for redesignation of the regions.

LD 1746 An Act To Improve MaineCare and Promote Employment

PUBLIC 448

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BARTLETT	OTP-AM	S-319

This bill requires the court, hearing officers or applicable administrative agency to consider, when determining new or modified orders for child support, a means to provide support for a child's health care expenses, including but not limited to enrollment in employer-sponsored group health insurance plans, purchase of private health insurance plans, participation in public health insurance plans and cash payments of premiums, copayments, deductibles and routine and extraordinary medical expenses not otherwise covered by health insurance plans. It requires plaintiffs and defendants to provide information related to their ability to provide medical child support including information on employer-sponsored group health insurance and private health insurance available to the plaintiff and defendant as part of the affidavits, medical child support and child support worksheets and other relevant information that the parties are required to file with the court. It requires the court or hearing officer to review the information submitted by the plaintiff and defendant and to determine the amount of medical child support to be contributed by each and how that support is to be payable. The bill

Joint Standing Committee on Health and Human Services

exempts parties with incomes below 200% of the federal poverty guidelines from purchasing employer-sponsored group or private health insurance as part of their medical child support obligation unless such coverage is available at no cost. It allows the court or hearing officers to order parties with incomes between 150% and 200% of the federal poverty guidelines to make payments toward the cost of public insurance based on a sliding scale pursuant to the Maine Revised Statutes, Title 22, section 18 and chapter 855. It requires any amount of medical support payment that a noncustodial parent whose income is above 200% of the federal poverty guidelines is ordered by a court or administrative agency to pay to a custodial parent whose income is below 200% of federal poverty guidelines to first be used by the custodial parent to offset the premium for public health insurance coverage for the child. It requires the Department of Health and Human Services to maximize enrollment in the Private Health Insurance Premium Program pursuant to Title 22, section 18 and allows persons enrolled in the Private Health Insurance Premium Program with children eligible for Medicaid under Title 22, section 3174-G to be eligible for MaineCare benefits not otherwise provided by the private or employer-sponsored group health plan. It requires the Department of Health and Human Services to establish a sliding scale for applicable premiums and cost-sharing amounts that do not exceed the amounts established under Title 22, section 3174-T to the extent that participation in Title 22, section 18 is the result of a medical child support order under Title 19-A, section 2004. It allows people who have received Medicaid for their children for the past 3 months whose income exceeds limits pursuant to Title 22, section 3174-G, subsection 1, paragraph E-1 to purchase coverage for up to 18 months at premiums not to exceed those under the Katie Beckett program and limits contributions toward administrative costs to the maximum amount allowed under COBRA. It makes working disabled persons with unearned income that is equal to or below 150% of the nonfarm income official poverty line and with a combined total earned and unearned income that does not exceed 250% of the nonfarm income official poverty line eligible for Medicaid. It makes young adults who are 19 years of age or 20 years of age when the household income is equal to or below 200% of the nonfarm income official poverty line eligible for Medicaid. It requires the Department of Health and Human Services to ensure that the parents of children eligible for Medicaid under Title 22, section 3174-G provide medical child support as defined in Title 19-A, section 2001, subsection 11 to the extent authorized under Title 19-A, section 2006, to the extent possible through the Private Health Insurance Premium Program pursuant to Title 22, section 18 and in accordance with the guidelines in this section. It prohibits the department from petitioning the court in any new or modified medical child support order to require a parent with an income below 200% of the nonfarm income official poverty line to purchase private health insurance or enroll in an employer-sponsored group health plan unless such enrollment is available at no cost or the parent is eligible for assistance under Title 22, section 18 or from making an administrative determination with the same effect. It prohibits the department from petitioning the court in any new or modified medical child support order to require a parent with an income between 150% and 200% of the nonfarm income official poverty line to include cash medical support or any extraordinary medical expenses as defined at Title 19-A, section 2001 or from making an administrative determination with the same effect. It requires the Department of Health and Human Services to establish a centralized 3rd-party liability unit that will work to maximize the use of private health insurance coverage pursuant to Title 22, section 18 and to adopt routine technical rules.

Committee Amendment "A" (S-319)

This amendment replaces the bill. It enacts provisions of child support law establishing medical support requirements and expands the option of buying into MaineCare coverage for parents and children who lose MaineCare eligibility due to increased income. It incorporates the assignment of rights of recovery and honoring of assignments applicable to members in the MaineCare program as those provisions were enacted in the biennial budget, PL 2007, chapter 240, Part JJJ, sections 1, 2 and 4 and applies them retroactively to the extent authorized by law. It maximizes use of the Private Health Insurance Premium Program in MaineCare. It allows persons eligible for MaineCare and for coverage through an employer to enroll in group health insurance plans and health maintenance organization coverage without waiting for the next open enrollment period.

Enacted Law Summary

Joint Standing Committee on Health and Human Services

Public Law 2007, chapter 448 establishes medical child support, expands MaineCare buy-in, maximizes use of the Private Health Insurance Premium Program, allows enrollment in employer-based coverage without waiting for the open enrollment period for persons eligible for MaineCare and amends assignment of rights of recovery consistent with the biennial budget, applying those rights retroactively as allowed by law.

LD 1751 An Act To Address Smoking in Senior Housing

ONTP

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

This bill prohibits smoking in assisted housing or within 100 yards of assisted housing. "Assisted housing" is defined as a facility for senior citizens that is an assisted living program or that is funded, licensed or otherwise regulated by the Department of Health and Human Services. The prohibition takes effect January 1, 2008.

LD 1762 An Act To Increase MaineCare Reimbursement for Speech and Language Therapists and Provide Treatment for Adults with Developmental Disabilities

ONTP

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

This bill allows members of MaineCare who are adults with developmental disabilities to receive an initial speech and language therapy evaluation and at least 2 reevaluations per year and be provided with coverage for outpatient therapy. It also directs the Department of Health and Human Services to increase the rate of reimbursement for speech and language therapists used by the MaineCare program by 5%.

LD 1763 An Act To Amend the Maine Certificate of Need Act of 2002

**PUBLIC 440
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLER	OTP-AM	H-569

This bill makes the following changes to the Maine Certificate of Need Act of 2002.

1. Current law exempts from review replacement of major medical equipment. This bill requires review when a certificate of need had not been obtained for the equipment that is being replaced.
2. It requires review of an increase in bed complement or bed category of less than 10% if it results in 3rd fiscal year operating costs or capital expenditures in excess of applicable thresholds or results in the addition of a new health service.
3. It allows the aggregation of capital expenditures in determining whether projects are related.
4. It improves the ability of the Department of Health and Human Services to monitor the implementation of projects that were determined not subject to review.
5. It requires that communication between applicants and the Bureau of Insurance goes through the Department of Health and Human Services and becomes part of the official record.