

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals  
(may include minor formatting differences from printed original)

STATE OF MAINE  
123<sup>RD</sup> LEGISLATURE  
FIRST REGULAR SESSION



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

**JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES**

July 2007

**STAFF:**

JANE ORBETON, SENIOR ANALYST  
ELIZABETH F. COOPER, LEGISLATIVE ANALYST  
OFFICE OF POLICY AND LEGAL ANALYSIS  
13 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-1670

**MEMBERS:**

SEN. JOSEPH C. BRANNIGAN, CHAIR  
SEN. LISA T. MARRACHE  
SEN. KEVIN L. RAYE

REP. ANNE C. PERRY, CHAIR  
REP. WILLIAM R. WALCOTT  
REP. CAROL A. GROSE  
REP. ELIZABETH S. MILLER  
REP. PAULETTE G. BEAUDOIN  
REP. GARY A. CONNOR  
REP. ROBERT P. WALKER  
REP. JAMES J. CAMPBELL, SR.  
REP. SARAH O. LEWIN  
REP. DONNA W. FINLEY  
REP. DONALD G. SOCTOMAH

# STATE OF MAINE

123<sup>RD</sup> 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 123<sup>rd</sup> 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

See also the biennial budget, Public Law 2007, chapter 240, page 376 for appropriations of \$125,273 a year for home care coordination.

### **LD 1812**      **Resolve, Regarding the Role of Local Regions in Maine's Emerging Public Health Infrastructure**

**RESOLVE 114  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CUMMINGS	OTP-AM	H-458

This resolve directs the Public Health Work Group to establish the Regional Coordinating Councils Subcommittee to develop recommendations for a general framework for Regional Coordinating Councils in the 8 public health regions. The Regional Coordinating Councils Subcommittee is directed to report to the Public Health Work Group, which is directed to transmit the subcommittee's reports to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on State and Local Government. The Joint Standing Committee on Health and Human Services is authorized to submit legislation regarding the Regional Coordinating Councils to the Second Regular Session of the 123rd Legislature. The resolve also requires changes to the membership of the Public Health Work Group.

#### **Committee Amendment "A" (H-458)**

This amendment replaces the resolve, which originally established the Regional Coordinating Councils Subcommittee under the Public Health Work Group to make recommendations to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on State and Local Government related to the regional coordinating councils and authorized the Joint Standing Committee on Health and Human Services to report out legislation. The amendment directs the Governor to expand the membership of the Public Health Work Group and specifies the groups that must be represented. It requires representation from the 8 public health regions. It limits the size of the work group to 40. It requires the Public Health Work Group to submit a report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on State and Local Government by December 1, 2007 that includes current plans for the development of a statewide public health infrastructure, including the status of plans related to regional coordinating councils in the 8 public health regions, recommendations for a statewide public health infrastructure to be developed within existing resources over the next 5 years and necessary changes to public health duties, financing and governance and the roles of public, private, grassroots and nonprofit organizations as well as the scope of functions they perform in the public health system. It also requires the group to submit any draft legislation necessary and authorizes the Public Health Work Group to form subcommittees as necessary to achieve these purposes. It authorizes the Joint Standing Committee on Health and Human Services to submit legislation.

#### **Enacted Law Summary**

Resolve 2007, chapter 114 directs the Governor to expand the membership of the Public Health Work Group and specifies the groups that must be represented. It requires representation from the 8 public health regions. It limits the size of the work group to 40. It requires the Public Health Work Group to submit a report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on State and Local Government by December 1, 2007 that includes current plans for the development of a statewide public health infrastructure, including the status of plans related to regional coordinating councils in the 8 public health regions, recommendations for a statewide public health infrastructure to be developed within existing resources over the next 5 years and necessary changes to public health duties, financing and governance and the roles of public, private, grassroots and nonprofit organizations as well as the scope of functions they perform in the public health system. It also requires the group to submit any draft legislation necessary and authorizes the Public Health Work Group to form subcommittees as necessary to achieve these purposes. It authorizes the Joint Standing Committee on Health and Human Services to submit legislation.

## *Joint Standing Committee on Health and Human Services*

Resolve 2007, chapter 114 was passed as an emergency measure effective June 21, 2007.

See also LD 1179.

**LD 1820      An Act To Create a Program To Implement Choice of Health Plans in the MaineCare Program and Amend the MaineCare Program      ONTP**

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

This bill amends the MaineCare program consistent with the federal Deficit Reduction Act of 2005. The bill expands the operation of the private health insurance premium program, changes the structure of copayment requirements, adds premiums for certain members and establishes the MaineCare Choice program and the enhanced benefits program.

**LD 1843      An Act To Improve the Quality of Health Care in Maine      CARRIED OVER**

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

This bill requires that all commercial health insurance claims for all professional services provided by physicians who are employed by hospital systems or affiliates of hospital systems and other health care facilities be submitted on the standard federal professional paper claim form, CMS 1500, used by noninstitutional providers and suppliers. This requirement ensures that the Department of Health and Human Services, the Maine Quality Forum and the Maine Health Data Organization are able to accurately attribute particular health care services to individual physicians.

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

**LD 1849      An Act To Protect Consumers from Rising Health Care Costs      PUBLIC 441  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BARTLETT	OTP-AM	S-237

Part A of this bill establishes, effective September 1, 2008, the Maine Hospital Cost Commission, whose purpose is to appropriately limit the rate increase in the cost of hospital care while protecting the quality and accessibility of care available to the people of the State and without unduly compromising the ability of hospitals to decide how the resources made available to them are to be used.

Part B of this bill establishes the Blue Ribbon Commission To Study the Regulation of Health Care Expenditures and directs the commission to undertake a full scale study of the health care system and recommend the most appropriate form of health care regulation necessary to ensure the provision of quality care, the accessibility to care and the affordability of care. As part of its recommendations, the commission is directed to develop proposed legislation detailing the hospital regulation system to be implemented by the Maine Hospital Cost Commission pursuant to the Maine Revised Statutes, Title 22, chapter 1701. The commission is directed to submit a report that includes its findings and recommendations, including suggested legislation, for presentation to the Joint Standing Committee on Health and Human Services no later than