

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

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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

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

Joint Standing Committee on Health and Human Services

November 1, 2007. Following receipt and review of the report, the Joint Standing Committee on Health and Human Services may submit legislation to the Second Regular Session of the 123rd Legislature.

Committee Amendment "A" (S-237)

This amendment replaces the bill. Unlike the bill, which proposes establishing the Blue Ribbon Commission To Study the Regulation of Health Care Expenditures, this amendment instead expands the membership and duties of the Advisory Council on Health Systems Development, updates statutory language and authorizes the council to seek grants and other funding to support its work. The amendment also adds an emergency preamble and emergency clause to the bill.

Enacted Law Summary

Public Law 2007, chapter 441 expands the membership and duties of the Advisory Council on Health Systems Development. It authorizes the council to seek outside funding.

Public Law 2007, chapter 441 was enacted as an emergency measure effective June 27, 2007.

LD 1855 An Act To Clarify Involuntary Admissions for Psychiatric Hospitalizations

PUBLIC 319

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NUTTING J	OTP-AM	S-266

This bill makes the following changes to the Maine Revised Statutes, Title 34-B provisions governing hospitalization of psychiatric patients.

1. It deletes the definition of "hospital," and adds the definition of "psychiatric hospital." The definition of "patient" is also expanded so that it describes not only persons receiving care in inpatient beds, but also persons being assessed in hospital emergency departments.
2. It gives the Commissioner of Health and Human Services power to investigate complaints not only of patients in psychiatric hospitals but also of patients in general hospital emergency rooms who are being evaluated for certification for commitment. It gives the commissioner clear authority to visit nonpsychiatric hospitals that are involved in the certification process in order to review procedures related to the early steps of commitment.
3. It places the phrase "psychiatric hospital" where the word "hospital" was used in the past to retain the meaning under the new definitions.
4. It amends the law concerning a certification outside the hospital emergency room to permit a physician's assistant, certified psychiatric clinical nurse specialist or nurse practitioner, as well as a licensed physician or licensed clinical psychologist, to make the certification.
5. It clarifies that a judicial officer can review a faxed certification. It clarifies that a patient may be held in any hospital for up to 18 hours while a placement and judicial endorsement are being sought. It amends the law so that the person seeking a patient's admission, rather than the law enforcement officer or ambulance service transporting the patient, is responsible for ensuring that the certification is judicially endorsed.
6. It clarifies that a regular hospital may see a person in the emergency room and decide that the person needs to be involuntarily committed to a psychiatric hospital to receive the best care for that person. It clarifies that both kinds of hospitals are involved in this commitment process.
7. It deletes the requirement that an application be dismissed if the 2 examiners report that the person is not