

$\begin{array}{c} \textbf{STATE OF MAINE} \\ 123^{\text{RD}} \text{ Legislature} \\ \text{First Regular Session} \end{array}$



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:

	er # of Constitutional Resolution passed by both Houses
CONF CMTE UNABLE TO AGREE	Committee of Conference unable to agree; bill died
DIED BETWEEN BODIES	
DIED IN CONCURRENCE One body accept	ts 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 PASS	SAGE Emergency bill failed to get 2/3 vote
FAILED ENACTMENT/FINAL PASSAGE	Bill failed to get majority vote
FAILED MANDATE ENACTMENT	
	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
	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

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 PUBLIC 319 Hospitalizations

Sponsor(s)	Committee Report	Amendments Adopted
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

Joint Standing Committee on Health and Human Services

mentally ill or does not pose a likelihood of serious harm. Instead, it provides that a hearing must be held on every application to give others a chance to testify, even if the examiners do not support the application.

Committee Amendment "A" (S-266)

This amendment:

1. Removes the language concerning a certification outside the hospital emergency room permitting 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;

2. Removes the requirement of a hearing in every involuntary commitment proceeding; and

3. Reduces the notice period for continued involuntary hospitalization from 30 days to 21 days.

Enacted Law Summary

Public Law 2007, chapter 319 updates the language in the laws on involuntary mental health commitment. It shortens the notice requirements for continued involuntary commitment from 30 to 21 days. 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. It clarifies that a community 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.

See also LD 1033.

LD 1868Resolve, To Review Statutes, Rules and Policies Regarding MentalRESOLVE 78Retardation, Pervasive Developmental Disorders and Other Cognitive
and Developmental DisordersEMERGENCY

Sponsor(s)	Committee Report	Amendments Adopted
GROSE	OTP-AM	H-358

This bill defines "developmental disability" and requires the Department of Health and Human Services to change the criteria that it currently uses to determine the eligibility of persons with a developmental disability for services. It requires the department to use methods that are not based on an intelligence quotient test and include criteria for the assessment of functional abilities. It requires the department to accomplish this goal in a manner that is cost neutral.

Committee Amendment "A" (H-358)

This amendment replaces the bill. The amendment changes the bill to a resolve. It directs the Department of Health and Human Services to convene a working group of stakeholders and other interested parties to undertake a review of current statutes, rules and policies regarding services, definitions, limitations, eligibility and levels of care for adults with mental retardation, pervasive developmental disorders and other cognitive and developmental disorders and to report to the Joint Standing Committee on Health and Human Services. It authorizes the Joint Standing Committee on Health and Human Services. It authorizes the working group to the Second Regular Session of the 123rd Legislature.

Enacted Law Summary