

MAINE STATE LEGISLATURE

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STATE OF MAINE
123RD LEGISLATURE
SECOND REGULAR AND FIRST SPECIAL SESSIONS



Summaries of bills, adopted amendments and laws enacted or finally passed
during the Second Regular or First Special Sessions of the 123rd Maine
Legislature coming from the

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

May 2008

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STATE OF MAINE
123RD LEGISLATURE
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**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 Second Regular or First Special Sessions of the 123rd Maine Legislature.

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:

<i>CON RES XXX</i>	<i>Chapter # of Constitutional Resolution passed by both Houses</i>
<i>CONF CMTE UNABLE TO AGREE</i>	<i>Committee of Conference unable to agree; bill died</i>
<i>DIED BETWEEN BODIES</i>	<i>House & Senate disagree; bill died</i>
<i>DIED IN CONCURRENCE</i>	<i>One body accepts ONTP report; the other indefinitely postpones the bill</i>
<i>DIED ON ADJOURNMENT</i>	<i>Action incomplete when session ended; bill died</i>
<i>EMERGENCY</i>	<i>Enacted law takes effect sooner than 90 days</i>
<i>FAILED EMERGENCY ENACTMENT/FINAL PASSAGE</i>	<i>Emergency bill failed to get 2/3 vote</i>
<i>FAILED ENACTMENT/FINAL PASSAGE</i>	<i>Bill failed to get majority vote</i>
<i>FAILED MANDATE ENACTMENT</i>	<i>Bill imposing local mandate failed to get 2/3 vote</i>
<i>NOT PROPERLY BEFORE THE BODY</i>	<i>Ruled out of order by the presiding officers; bill died</i>
<i>INDEF PP</i>	<i>Bill Indefinitely Postponed; bill died</i>
<i>ONTP (or Accepted ONTP report)</i>	<i>Ought Not To Pass report accepted; bill died</i>
<i>P&S XXX</i>	<i>Chapter # of enacted Private & Special Law</i>
<i>PUBLIC XXX</i>	<i>Chapter # of enacted Public Law</i>
<i>RESOLVE XXX</i>	<i>Chapter # of finally passed Resolve</i>
<i>UNSIGNED</i>	<i>Bill held by Governor</i>
<i>VETO SUSTAINED</i>	<i>Legislature failed to override Governor's Veto</i>

The effective date for non-emergency legislation enacted in the Second Regular Session (R2) is June 30, 2008. The effective date for non-emergency legislation enacted in the First Special Session (S1) is July 18, 2008.¹ The effective date for legislation enacted as an emergency measure is specified in the enacted law summary for those bills. Any bill summarized in this document having an LD number less than 1932 was a bill carried over from the First Regular Session of the 123rd Legislature.

¹ The session in which each law was enacted or finally passed (R2 or S1) is included in Appendix C.

Joint Standing Committee on Health and Human Services

LD 2172 Resolve, To Achieve Universal Blood Lead Level Screening of Maine Children

RESOLVE 186

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CONNOR BRANNIGAN	OTP-AM	H-861

This bill expands the lead poisoning assessment and blood level testing program to require annual testing of children under 6 years of age and eliminates the exception that provides discretion to the provider of primary health care. It retains the exception for a parent or guardian who objects on the grounds of sincerely held religious or philosophical beliefs. It requires evidence of blood lead level screening for enrollment in public school in this State. It requires a school superintendent to keep records of blood lead level assessment status and to report to the Commissioner of Education and the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services regarding the blood lead level assessment status of children entering school.

Committee Amendment "A" (H-861)

This amendment replaces the bill with a resolve. The amendment directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention to identify areas of high risk of having children with elevated blood lead levels, to attempt to achieve universal blood lead level screening for certain children, to report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters and to report with the Department of Education on the feasibility of including blood lead level assessment information in school records of enrolled children.

Enacted Law Summary

Resolve 2007, chapter 186 directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention to identify areas of high risk of having children with elevated blood lead levels, to attempt to achieve universal blood lead level screening for certain children, to report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters and to report with the Department of Education on the feasibility of including blood lead level assessment information in school records of enrolled children.

LD 2193 An Act Regarding Clinical Review of Certain Requests for Involuntary Mental Health Treatment

**PUBLIC 580
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-886 PERRY A S-445

This bill provides a process for a clinical review panel to review and make a determination regarding involuntary mental health treatment for a person who is involuntarily committed to a state mental health institute or a designated nonstate mental health institution. The bill applies the same standards for ordering involuntary treatment as are currently applied by the District Court when a request for involuntary treatment is made as part of an application for involuntary commitment under the Maine Revised Statutes, Title 34-B, section 3864, subsection 7-A. The bill provides for notice, a clinical review panel procedure and a decision by the clinical review panel. The clinical review panel includes at least one member who is licensed to prescribe medication relevant to the patient's treatment. The bill specifies patient rights, including the right of assistance by a lay advisor or attorney and the right to attend meetings of the clinical review panel, to review documents reviewed by the panel, to question persons providing information to the panel, to present witnesses and to appeal decisions made in a designated nonstate mental health institution to the director of the Office of Adult Mental Health Services within the Department of Health and Human Services and to appeal all decisions to the Superior Court. The bill specifies that the maximum time period for an

Joint Standing Committee on Health and Human Services

order of involuntary treatment is 120 days or the length of commitment, whichever is shorter, unless altered by review or order of the Superior Court on appeal or agreement of the patient's primary treating physician and the patient.

Committee Amendment "A" (S-445)

This amendment incorporates a fiscal note.

House Amendment "A" (H-886)

This amendment clarifies that involuntary treatment is limited to medication for mental illness and medication to manage side effects.

Enacted Law Summary

Public Law 2007, chapter 580 provides a process for a clinical review panel to review and make a determination regarding involuntary mental health treatment for a person who is involuntarily committed to a state mental health institute or a designated nonstate mental health institution. The law defines mental health treatment as medications for mental illness and laboratory testing and medication for managing the side effects. The law applies the same standards for ordering involuntary treatment as are currently applied by the District Court when a request for involuntary treatment is made as part of an application for involuntary commitment under the Maine Revised Statutes, Title 34-B, section 3864, subsection 7-A. The law provides for notice, a clinical review panel procedure and a decision by the clinical review panel. The clinical review panel includes at least one member who is licensed to prescribe medication relevant to the patient's treatment. The law specifies patient rights, including the right of assistance by a lay advisor or attorney and the right to attend meetings of the clinical review panel, to review documents reviewed by the panel, to question persons providing information to the panel, to present witnesses and to appeal decisions made in a designated nonstate mental health institution to the director of the Office of Adult Mental Health Services within the Department of Health and Human Services and to appeal all decisions to the Superior Court. The law specifies that the maximum time period for an order of involuntary treatment is 120 days or the length of commitment, whichever is shorter, unless altered by review or order of the Superior Court on appeal or agreement of the patient's primary treating physician and the patient.

Public Law 2007, chapter 580 was enacted as an emergency measure effective April 8, 2008.

LD 2218 An Act To Protect Children from Hazardous Lead-based Paint

PUBLIC 628

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CUMMINGS MARRACHE	OTP-AM	H-921

This bill protects children from hazardous lead-based paint.

1. The bill authorizes use of the Lead Poisoning Prevention Fund for lead-safe housing and lead-safe renovation notification, inspection and enforcement.
2. The bill amends the provision of law that repeals the lead poisoning prevention fee on July 1, 2011.
3. The bill requires certain paint retailers, stores and commercial establishments to display posters and make brochures available to consumers warning of lead hazards.
4. The bill clarifies the activities covered by the requirements for residential lead abatement.
5. The bill provides a mechanism for the Department of Environmental Protection to maintain a registry of lead-safe