

# MAINE STATE LEGISLATURE

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**STATE OF MAINE**  
124<sup>TH</sup> LEGISLATURE  
FIRST REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed during the First Regular Session of the 124<sup>th</sup> Maine Legislature coming from the

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

July 2009

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# STATE OF MAINE

124<sup>TH</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 124<sup>th</sup> 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:

|   |   |
|---|---|
| CARRIED OVER.....                             | Carried over to a subsequent session of the Legislature                 |
| 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; bill died                                  |
| ONTP (or Accepted ONTP report).....           | Ought Not To Pass report accepted; bill died                            |
| P&S XXX.....                                  | Chapter # of enacted Private & Special Law                              |
| 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                          |

The effective date for non-emergency legislation enacted in the First Regular Session of the 124<sup>th</sup> Legislature is September 12, 2009. 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 1245**

## **Resolve, To Improve the Continuity of Care for Individuals with Behavioral Issues in Long-term Care**

**RESOLVE 122  
EMERGENCY**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| INNES             | OTP-AM                  | H-460                     |

This resolve directs the Department of Health and Human Services:

1. To implement the recommendations contained in the report to the Joint Standing Committee on Health and Human Services pursuant to Resolve 2007, chapter 61, which was enacted by the 123rd Legislature;
2. To work with interested parties to review the current case mix reimbursement system used to establish payment for individuals in long-term care facilities to determine if current reimbursement is adequate and reasonable for the provision of high-quality care for individuals with behavioral issues;
3. In conjunction with interested parties, including but not limited to representatives from long-term care facilities and hospitals, to develop and implement a standardized transfer protocol, including improving the support offered to long-term care facilities once a hospital has determined an individual is ready to be discharged back to the facility;
4. To review existing and potential payment sources for psychiatric assessments and psychiatric treatments that are currently unavailable to individuals with behavioral issues because the individuals do not have a diagnosis of severe and persistent mental illness; and
5. To work with interested parties to explore the need for a supplementary level of care to accommodate the needs of individuals with behavioral issues who, because of the severity of their behaviors, are not appropriate candidates for return to an existing long-term care facility but who no longer require an acute geropsychiatric hospital setting.
6. It requires the Department of Health and Human Services to report by February 1, 2010 to the Joint Standing Committee on Health and Human Services.

### **Committee Amendment "A" (H-460)**

This amendment changes the resolve by clarifying language, removing certain terms and adding to the reporting requirements for the Department of Health and Human Services. It requires certain groups to be included in the department's work on the standardized transfer protocol and improved discharge planning and that this work to include a review of specific discharge planning processes and methods, patients' rights and resources and contact information and provides specific guidance on areas of review related to patient behavioral health issues. It authorizes the Joint Standing Committee on Health and Human Services to submit legislation related to the standardized transfer protocol and improved discharge planning to the Second Regular Session of the 124th Legislature. It requires the department to conduct the work within existing resources and to coordinate the work with similar work addressing similar issues.

### **Enacted Law Summary**

Resolve 2009, chapter 122 directs the Department of Health and Human Services:

1. To implement the recommendations contained in the report to the Joint Standing Committee on Health and Human Services pursuant to Resolve 2007, chapter 61, which was enacted by the 123rd Legislature;
2. To work with interested parties to review the current reimbursement system used to establish payment for

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

individuals in long-term care facilities to determine if current reimbursement is adequate and reasonable for the provision of high-quality care for individuals with behavioral issues;

3. In conjunction with specified interested parties, including but not limited to representatives from long-term care facilities and hospitals, to develop and implement a standardized transfer protocol, which is detailed in the law and includes improving the support offered to long-term care facilities once a hospital has determined an individual is ready to be discharged back to a long-term care facility.
4. To review existing and potential payment sources for assessments and treatments that are currently unavailable to individuals with behavioral issues because the individuals do not have a diagnosis of severe and persistent mental illness.
5. To work with interested parties to explore the need for a supplementary level of care to accommodate the needs of individuals with behavioral issues who, because of the severity of their behaviors, are not appropriate candidates for return to an existing long-term care facility but who no longer require an acute hospital setting.
6. It requires the department to conduct the work within existing resources and to coordinate it with similar work addressing similar issues.
7. It requires the Department of Health and Human Services to report on all of this work by February 1, 2010 to the Joint Standing Committee on Health and Human Services.
8. It authorizes the Joint Standing Committee on Health and Human Services to submit legislation related to the standardized transfer protocol and improved discharge planning to the Second Regular Session of the 124th Legislature.

Resolve 2009, chapter 122 was enacted as an emergency measure effective June 10, 2009.

### **LD 1259      An Act To Increase Access to Nutrition Information**

**PUBLIC 395**

| <u>Sponsor(s)</u>    | <u>Committee Report</u>     | <u>Amendments Adopted</u>    |
|----------------------|-----------------------------|------------------------------|
| PINGREE<br>BRANNIGAN | OTP-AM   MAJ<br>ONTP    MIN | H-481<br><br>S-314   PERRY J |

This bill requires a chain restaurant, which is a restaurant with the same trade name and the same type of food, meals and menus as 15 or more restaurants nationwide, to provide accurate calorie information on its menus, menu boards and food display labels for the food and beverage items it regularly sells, not including limited-time offers, condiments, items in sealed manufacturer's packaging with nutrition information or custom orders. The bill also requires a chain restaurant to state on its menu and menu boards: "To maintain a healthy weight, a typical adult should consume approximately 2,000 calories per day; however, individual calorie needs may vary." This bill allows a chain restaurant to state on its menu and menu boards: "Nutrition information is based upon standard recipes and product formulations; however, modest variations may occur due to differences in preparation, serving sizes, ingredients or special orders."

#### **Committee Amendment "A" (H-481)**

This amendment is the majority report of the committee. The amendment adds a definition for "calories per serving," amends the definition of "chain restaurant" by deleting reference to nationwide locations and extends the time period for limited time offerings to 60 days per year. It specifies the process for determining caloric content,