

MAINE STATE LEGISLATURE

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STATE OF MAINE
124TH LEGISLATURE
FIRST REGULAR SESSION



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

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

July 2009

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STATE OF MAINE

124TH 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 124th 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 124th 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 1376 **Resolve, To Reduce Homelessness for People with Mental Illness or Dual Diagnoses**

ONTP

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

This resolve directs the Department of Health and Human Services to conduct a 2-year pilot program to demonstrate the effectiveness of placing homeless individuals who have been diagnosed with mental illness or dually diagnosed with mental illness and chemical dependency in stable housing and providing long-term support in accordance with Maine's Plan to End and Prevent Homelessness adopted March 11, 2008 by the Maine State Housing Authority's Statewide Homeless Council. The program involves 9 caseworkers serving 20 clients each in finding the clients stable housing using rental assistance vouchers and continuing outreach and support to the clients for the term of the program.

LD 1395 **An Act To Amend the Maine Certificate of Need Act of 2002**

**PUBLIC 383
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLER	OTP-AM MAJ OTP-AM MIN	H-497 H-541 PERRY A

This bill clarifies that a portion of an ambulatory surgical facility functioning as the office of a health care practitioner that contains major medical equipment is considered to be a health care facility.

This bill adds medical office buildings owned or subsidized by a hospital or a hospital's parent company to the definition of "hospital" and deletes the definition of "replacement equipment."

This bill eliminates indexing and changes the capital expenditure threshold from \$2,400,000 to \$2,000,000.

This bill eliminates the exemption of replacement equipment from the certificate of need requirements.

This bill changes the category of rules adopted for procedures after voluntary nursing facility reductions from major substantive to routine technical rules.

This bill exempts energy-efficient improvements in nursing facilities from MaineCare neutrality calculations. This bill includes the cost of energy-efficient improvements in nursing facilities in the overall improvement cost when determining whether the thresholds are triggered.

This bill states that the certificate of need record opens on the day the Department of Health and Human Services receives a certificate of need application instead of the day the department receives a letter of intent.

This bill requires the certificate of need applicant to schedule a meeting within 30 days of filing a letter of intent, instead of requiring the meeting to occur within 30 days. The department is required to give public notice that there will be a public informational meeting within 10 business days, instead of 5, of receipt of an applicant's certificate that the complete certificate of need application is on file with the department.

Joint Standing Committee on Health and Human Services

This bill eliminates the requirement for a public informational meeting and a public hearing for simplified reviews.

This bill authorizes the department to collect fines without a civil court action and gives the recipient of the notice of imposition of a fine an opportunity to request an administrative hearing on the matter. This bill increases the civil fine from a maximum of \$5,000 to not more than \$50,000.

This bill removes redundancies and aligns the procedural timelines when applicants seek both a certificate of public advantage and a certificate of need.

This bill specifies that activity newly subject to certificate of need as a result of this Act is not subject to the capital investment fund until the certificate of need review cycle beginning January 1, 2013.

Committee Amendment "A" (H-496)

The amendment is the majority report of the committee. The amendment changes the bill by:

1. Retaining the current exemption from certificate of need for medical office buildings owned or subsidized by a hospital or a hospital's parent company;
2. Bringing the threshold amounts up to the current levels, which brings the thresholds for major medical equipment and new technology to \$1,600,000 and the threshold for capital expenditures to \$3,100,000;
3. Eliminating the exemption for the replacement of major medical equipment from the certificate of need requirements and instead applying a simplified review and approval process for certificate of need;
4. Removing provisions in the bill related to energy-efficient projects for nursing facilities;
5. Lowering the proposed increase in the penalty for violations from \$50,000 to \$10,000; and
6. Removing the provision for a combined application for applicants seeking both a certificate of need and a certificate of public advantage.

Committee Amendment "B" (H-497)

This amendment is the minority report of the committee. The amendment changes the bill by:

1. Retaining the current exemption from certificate of need for medical office buildings owned or subsidized by a hospital or a hospital's parent company;
2. Bringing the threshold amounts up to the current levels, which brings the thresholds for major medical equipment and new technology to \$1,600,000 and the threshold for capital expenditures to \$3,100,000;
3. Retaining the exemption from the certificate of need requirements for the replacement of major medical equipment by the owner and instead applying a threshold of \$2,000,000 for review;
4. Applying a simplified review process for major medical equipment that costs more than \$2,000,000;
5. Including replacement equipment that is not major medical equipment in the list of capital equipment that does not require a certificate of need;
6. Removing provisions in the bill related to energy-efficient projects for nursing facilities;
7. Lowering the proposed increase in the penalty for violations from \$50,000 to \$10,000; and

Joint Standing Committee on Health and Human Services

8. Removing the provision for a combined application for applicants seeking both a certificate of need and a certificate of public advantage.

House Amendment "A" To Committee Amendment "B" (H-541)

This amendment corrects an error by inserting a word that was inadvertently omitted from Committee Amendment "B."

Enacted Law Summary

Public Law 2009, chapter 383 makes the following changes to the Maine Certificate of Need Act of 2002:

- 1) Clarifies that a portion of an ambulatory surgical facility functioning as the office of a health care practitioner that contains major medical equipment is considered to be a health care facility,
- 2) Retains the current exemption from certificate of need for medical office buildings owned or subsidized by a hospital or a hospital's parent company;
- 3) Brings the threshold amounts up to the current levels, which brings the thresholds for major medical equipment and new technology to \$1,600,000 and the threshold for capital expenditures to \$3,100,000;
- 4) Eliminates of all indexing, which annually adjusts threshold amounts to reflect changes in the Consumer Price Index medical index;
- 5) Allows the exemption from the certificate of need requirements for the replacement major medical equipment by the owner that is a cost of \$2,000,000 or less;
- 6) Applies a simplified review and approval process for certificate of need to major medical equipment above the \$2,000,000 threshold;
- 7) Including replacement equipment that is not major medical equipment in the list of capital expenditures that do not require a certificate of need;
- 8) Changes the category of rules from major substantive to routine technical rules for procedures after voluntary nursing facility reductions;
- 9) Clarifies and changes provisions related to maintenance of record, the schedule for related meetings, the amount of time for public notice, and the elimination of the requirement for a public informational meeting and a public hearing for simplified reviews; and
- 10) Authorizes the department to collect fines up to \$10,000 without a civil court action and provisions that give the recipient of the notice of the fine an opportunity to request an administrative hearing on the matter.

Public Law 2009, chapter 383 was enacted as an emergency measure effective June 12, 2009.

LD 1396 **An Act To Establish a Mental Health Services Advisory Commission To Improve Mental Health Services in the State**

ONTP

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