

MAINE STATE LEGISLATURE

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STATE OF MAINE
125TH LEGISLATURE
FIRST REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed

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

July 2011

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LEGISLATIVE DIGEST OF BILL SUMMARIES AND
ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* summarizes all LDs and adopted amendments and all laws enacted or finally passed during the First Regular Session of the 125th Maine Legislature.

The *Digest* is arranged alphabetically by committee and within each committee by Legislative Document (LD) number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each LD 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 LD is noted to the right of the LD title. The following describes the various final actions.

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; legislation died
DIED BETWEEN HOUSES..... House & Senate disagreed; legislation died
DIED IN CONCURRENCE..... defeated in each house, but on different motions; legislation died
DIED ON ADJOURNMENT..... action incomplete when session ended; legislation died
EMERGENCY..... enacted law takes effect sooner than 90 days after session adjournment
FAILED, EMERGENCY ENACTMENT or FINAL PASSAGE emergency failed to receive required 2/3 vote
FAILED, ENACTMENT or FINAL PASSAGE..... failed to receive final majority vote
FAILED, MANDATE ENACTMENT legislation proposing local mandate failed required 2/3 vote
HELD BY GOVERNOR..... Governor has not signed; final disposition to be determined at subsequent session
LEAVE TO WITHDRAW..... sponsor's request to withdraw legislation granted
NOT PROPERLY BEFORE THE BODY..... ruled out of order by the presiding officer; legislation died
INDEF PP..... indefinitely postponed; legislation died
ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X... ought-not-to-pass report accepted; legislation died
P&S XXX..... chapter # of enacted private & special law
PUBLIC XXX..... chapter # of enacted public Law
RESOLVE XXX..... chapter # of finally passed resolve
VETO SUSTAINED..... Legislature failed to override Governor's veto

The effective date for non-emergency legislation enacted in the First Regular Session of the 125th Legislature is September 28, 2011. The effective date for legislation enacted as an emergency measure may be found in the enacted law summary for that legislation.

Joint Standing Committee on Health and Human Services

LD 774 An Act To Allow Access to Pseudoephedrine by Prescription Only ONTP

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

This bill requires a prescription to possess any amount of pseudoephedrine.

**LD 790 Resolve, To Foster Energy Efficiency Improvements and Other Needed RESOLVE 106
Renovations at Residential Care Facilities Funded by MaineCare EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN R	OTP-AM	H-371 FITTS S-127

This resolve requires the Department of Health and Human Services to amend its rules regarding residential care facilities funded by MaineCare to provide that fixed or capital cost reimbursement for new construction, acquisitions, equipment, renovations or other improvements when the aggregate capital expenditure does not exceed \$350,000 in one fiscal year does not require prior approval. Capital expenditures for energy efficiency improvements, for replacement equipment, for information systems, for communications systems and for parking lots and garages must be excluded from the cost of the project in determining whether it is subject to review and prior approval. When capital costs subject to review exceed \$350,000 in one fiscal year, facilities must submit plans, financial proposals and projected operating costs to the department for approval in order for costs to be reimbursed.

Committee Amendment "A" (S-127)

This amendment incorporates a fiscal note.

House Amendment "A" (H-371)

This amendment requires that rules adopted by the Department of Health and Human Services must provide that, in order for a cost reimbursement for an energy efficiency improvement to be provided, the energy efficiency improvement must be identified as cost-effective in an energy audit or be determined to be cost-effective by the Efficiency Maine Trust.

Enacted Law Summary

Resolve 2011, chapter 106 requires the Department of Health and Human Services to amend its rules regarding residential care facilities funded by MaineCare to provide that fixed or capital cost reimbursement for new construction, acquisitions, equipment, renovations or other improvements when the aggregate capital expenditure does not exceed \$350,000 in one fiscal year does not require prior approval. Capital expenditures for energy efficiency improvements, for replacement equipment, for information systems, for communications systems and for parking lots and garages must be excluded from the cost of the project in determining whether it is subject to review and prior approval. When capital costs subject to review exceed \$350,000 in one fiscal year, facilities must submit plans, financial proposals and projected operating costs to the department for approval in order for costs to be

Joint Standing Committee on Health and Human Services

reimbursed. The resolve requires rules to be adopted that limit cost reimbursement for an energy efficiency improvement to those that have been determined to be cost-effective in an energy audit or be determined to be cost-effective by the Efficiency Maine Trust.

Resolve 2011, chapter 106 was passed as an emergency measure effective July 8, 2011.

LD 806 An Act To Provide Public Access to Price Lists of Hospitals and Ambulatory Surgical Facilities Carried Over

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY LANGLEY		

This bill requires a licensed hospital to post in the hospital in an area used by the public a list of prices charged by the hospital for the 100 most commonly performed procedures in the hospital. The hospital shall also post a link or page on its publicly accessible website stating its pricing policy and current prices for the 100 most commonly performed procedures in the hospital. The bill requires ambulatory surgical facilities to post similar price lists. The bill requires review and a report on hospital efforts to control costs from the Office of Program Evaluation and Government Accountability.

This bill was carried over to any special and/or regular session of the 125th Legislature by joint order, H.P. 1190.

LD 825 An Act To Amend the Maine Certificate of Need Act of 2002 for Nursing Facility Projects To Provide Alternative Means To Satisfy MaineCare Neutrality INDEF PP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J	ONTP MAJ OTP-AM MIN	

This bill amends the Maine Certificate of Need Act of 2002 governing the conversion of nursing facility beds to residential care beds to permit such conversions as long as the terms of the conversion are approved by the Department of Health and Human Services under applicable provisions permitting transfers that are MaineCare-neutral in their overall impact.

The bill also amends provisions governing the nursing facility MaineCare funding pool to create certain exceptions to the constraints of the pool. A provision is enacted to permit the transfers of beds and other nursing facility resources to residential care facilities and to exclude such beds and resources from the pool if prior approval is obtained from the department.

The bill also changes the provisions governing nursing facility projects in several respects:

1. To permit certificate of need approval of different types of nursing facility projects as long as MaineCare neutrality is demonstrated and to permit transfers of MaineCare resources between nursing facilities and residential care facilities to satisfy MaineCare neutrality requirements;
2. To permit the exchange of bed rights between nursing facilities and residential care facilities in order to permit nursing facilities to satisfy MaineCare neutrality requirements;