

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
125<sup>TH</sup> 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 125<sup>th</sup> 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 125<sup>th</sup> 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*

This bill updates the laws relating to head injury to use the more appropriate term "acquired brain injury." The bill also revises the responsibilities of the Department of Health and Human Services with regard to persons who sustain acquired brain injuries, including the provision of appropriate services and the protection of civil rights.

### **Committee Amendment "A" (H-409)**

This amendment replaces the bill. It retains the provisions that change "head injury" to "acquired brain injury." It specifies that the Department of Health and Human Services is authorized, rather than required, to undertake appropriate identification and medical and rehabilitative interventions and that whatever services are provided are provided within the limits of available resources. The same limitation is applied to the department's protection of the rights of patients. The amendment also authorizes, rather than requires, the inclusion of certain services in the comprehensive neurorehabilitation service system developed by the department.

### **Enacted Law Summary**

Public Law 2011, chapter 293 specifies that the Department of Health and Human Services is authorized to undertake appropriate identification and medical and rehabilitative interventions and that whatever services are provided are provided within the limits of available resources, that the department may undertake the protection of the rights of patients and that certain services may be included in the comprehensive neurorehabilitation service system developed by the department.

**LD 1212**

### **An Act To Improve Hospital Reporting of MRSA and Clostridium difficile Data**

**PUBLIC 316**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY ROSEN R	OTP-AM	H-410

This bill replaces the existing methicillin-resistant Staphylococcus aureus, or MRSA, screening protocol that was adopted in 2009, which focuses on the presence of MRSA in patients as they are admitted to a hospital, and replaces it with a protocol that focuses on actual MRSA infections that occur in the patient population while at hospitals.

### **Committee Amendment "A" (H-410)**

This amendment strikes the bill. It replaces the existing methicillin-resistant Staphylococcus aureus, or MRSA, screening protocol that was adopted in 2009, which focuses on the presence of MRSA in patients as they are admitted to a hospital, with a protocol that focuses on MRSA infections that occur in the patient population while at hospitals. The amendment adds a 2nd multidrug resistant organism, Clostridium difficile, to the data collection and public reporting system. The amendment also provides the Maine Center for Disease Control and Prevention time to validate the data that was reported by the hospitals and requires the public reporting of that data following validation.

### **Enacted Law Summary**

Public Law 2011, chapter 316 replaces the existing methicillin-resistant Staphylococcus aureus, or MRSA, screening protocol that was adopted in 2009, which focuses on the presence of MRSA in patients as they are admitted to a hospital, with a protocol that focuses on MRSA infections that occur in the patient population while at hospitals. The law adds a 2nd multidrug resistant organism, Clostridium difficile, to the data collection and public reporting system. The law provides the Maine Center for Disease Control and Prevention time to validate the data that was reported by the hospitals and requires the public reporting of that data following validation.