

# 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**

decline participation in the exchange.

5. It requires the state-designated statewide health information exchange to meet or exceed all federal laws related to privacy, security and breach notification regarding personally identifiable protected health information.

6. It exempts from the freedom of access laws information regarding a patient retained by the state-designated statewide health information exchange.

**LD 1361      Resolve, To Ensure Patient Safety in the Use of Certain Imaging Equipment**

**MAJORITY  
(ONTP) REPORT**

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

This resolve requires the Advisory Committee on Radiation and the Board of Dental Examiners to review the licensing, required operator training and continuing education requirements and state oversight of cone beam computed tomography scanners, as used in dental offices. This review must include an assessment of whether current rules and practices relating to these scanners are sufficient to protect the public, including both child and adult patients. This resolve requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention, Division of Environmental Health, Radiation Control Program to collect demographic information from dentists about minor patients who receive a scan from October 1, 2011 to January 1, 2012 and report this information to the committee and the board. The committee and the board shall report their findings, including any recommended legislation, to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Labor, Commerce, Research and Economic Development no later than February 1, 2012. The Joint Standing Committee on Health and Human Services or the Joint Standing Committee on Labor, Commerce, Research and Economic Development may submit a bill to the Second Regular Session of the 125th Legislature on the subject matter of the report of the committee and the board.

**Committee Amendment "A" (H-416)**

This amendment is the minority report of the committee. The amendment requires the report on cone beam computed tomography scanner use with children to include the ages of the children. The amendment also adds an appropriations and allocations section.

**LD 1364      An Act To Improve the Quality and Reduce the Cost of Health Care**

**Carried Over**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FITTS RAYE		

This bill directs the Department of Health and Human Services to coordinate the purchase of prescription drugs for MaineCare members through certain organizations eligible for prescription drug discounts under the federal Public Health Service Act, referred to as "340B covered entities," in order for the MaineCare program to negotiate the lowest possible prices and avoid retail markup beginning January 1, 2012. The bill provides a mechanism to calculate savings from establishing the 340B program and distribute the savings among 340B covered entities. The bill provides for routine technical rulemaking as required to implement the provisions of the bill.

*Joint Standing Committee on Health and Human Services*

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

**LD 1370      An Act To Amend the Laws Governing General Assistance Programs      ONTP**

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

This bill seeks to make several changes to the laws governing the administration of the general assistance programs.

1. It clarifies the calculation for determining the pro rata share of the assistance to be provided to eligible household members and requires that the lump sum income proration calculation be based only on actual household need, and not on the greater of the need or 150% of federal poverty level, as is currently required.
2. It increases general assistance program ineligibility from 120 days to 180 days for fraud or a work requirement violation.
3. It amends the provisions governing the use of potential resources to include private assistance programs, such as unemployment insurance benefits, and allows refunds provided under the Maine Residents Property Tax Program, also known as the Circuitbreaker Program, to count as income in the calculation of general assistance program eligibility.
4. It directs the Department of Health and Human Services to develop a plan to provide municipalities with electronic access to the State's automated client eligibility system for determining general assistance program applicant eligibility. Electronic access must be provided to municipalities no later than December 31, 2012.

**LD 1393      An Act To Require Estimates of Patient Costs in Any Plan of Care prior to Treatment      ONTP**

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

This bill requires a health care provider to provide to a person recommended for a health care procedure or course of treatment a cost estimate of the procedure or treatment, the provider's reasons for the procedure or treatment, other options and their costs and the amount of the cost that will be paid for by the person's insurer. This bill also requires a health care provider to provide a cost estimate to a referring provider on a recommended procedure or course of treatment for a referred patient.