

# 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

**STAFF:**

JANE ORBETON, SENIOR ANALYST  
ANNA BROOME, LEGISLATIVE ANALYST  
OFFICE OF POLICY AND LEGAL ANALYSIS  
13 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-1670  
&  
CHRIS NOLAN  
OFFICE OF FISCAL AND PROGRAM REVIEW  
5 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-1635

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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***

**LD 1485**

**An Act To Promote Transparency in the Medicaid Reimbursement Process**

**PUBLIC 323**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOSEL	OTP-AM	H-349

This bill requires the Department of Health and Human Services, office of MaineCare services to establish a 60-day written comment period on any proposed change to the state maximum allowable cost list if the change results in a reduction in payment to pharmacies. The office of MaineCare services is required to prepare an annual report that summarizes the number of drugs affected by such changes and the percentage change in payment for those drugs that resulted from changes to the list during the calendar year and submit that report annually by December 31st to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The Department of Health and Human Services, office of MaineCare services is required to amend its rules to implement the provisions of this bill.

**Committee Amendment "A" (H-349)**

This amendment shortens the written comment period on proposed changes to the state maximum allowable cost list that will result in reductions in payments to pharmacies from 60 days, as in the bill, to 17 days. It changes the provision of the bill that prohibits such a change from taking effect until 90 days after the Department of Health and Human Services has completed its response to written comments to provide that such a change may not take effect for at least 30 days and not until 30 days after the department has completed its response.

**Enacted Law Summary**

Public Law 2011, chapter 323 requires the Department of Health and Human Services, office of MaineCare services to establish a 17-day written comment period on any proposed change to the state maximum allowable cost list if the change results in a reduction in payment to pharmacies. The office of MaineCare services is required to prepare an annual report that summarizes the number of drugs affected by such changes and the percentage change in payment for those drugs that resulted from changes to the list during the calendar year and submit that report annually by December 31st to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The Department of Health and Human Services, office of MaineCare services is required to amend its rules to implement the provisions of this bill.

**LD 1486**

**An Act To Amend the Laws Concerning the Child Care Advisory Council and the Maine Children's Growth Council**

**PUBLIC 388**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY ALFOND	OTP	H-593 STRANG BURGESS

This bill makes changes to the quorum rules, staffing and reporting duties of the Maine Children's Growth Council and makes changes to the membership of and requirements regarding notice and conduct of and attendance at meetings of the Child Care Advisory Council.

**House Amendment "A" (H-593)**

This amendment changes the proposed new representative of unionized family child care providers on the Child