

# 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*

funeral service, cemeteries and crematories, including sheltering the remains during the pendency of a dispute over custody and control, and provides certain protections to funeral directors, cemeteries and crematories. The law authorizes a funeral director or practitioner of funeral services to act in the case of abandonment of the remains of a deceased person or a dead body.

**LD 1501      Resolve, To Reduce Opioid Overprescription, Overuse and Abuse**

**RESOLVE 81**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HINCK CRAVEN	OTP-AM	H-542

This bill establishes protocols for the health care provider community to follow in prescribing opioid drugs for chronic noncancer pain. It includes provisions on physical examinations, health records, periodic review of patient health and consultations with and referrals to pain management specialists. It requires the Department of Health and Human Services to review and evaluate the efficacy of comprehensive pain management, including physical therapy and cognitive behavioral therapy, and report back to the Joint Standing Committee on Health and Human Services no later than December 7, 2011.

**Committee Amendment "A" (H-542)**

The amendment replaces the bill with a resolve establishing a work group to be convened by the Substance Abuse Services Commission to review and make recommendations on treatment for chronic noncancer-related pain to the Joint Standing Committee on Health and Human Services not later than December 1, 2011.

**Enacted Law Summary**

Resolve 2011, chapter 81 establishes a work group, to be convened by the Substance Abuse Services Commission, to review and make recommendations on treatment for chronic noncancer-related pain to the Joint Standing Committee on Health and Human Services not later than December 1, 2011.

**LD 1504      Resolve, To Ensure a Strong Start for Maine's Infants and Toddlers by  
Extending the Reach of High-quality Home Visitation**

**RESOLVE 77**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY RAYE	OTP-AM	H-348

This resolve directs the Department of Health and Human Services to develop a plan for the full use of federal, private and special revenue funds for home visitation programs or services, with an emphasis on serving infants who are at risk due to physical, emotional, developmental or environmental factors, and to report to the Joint Standing Committee on Health and Human Services. The committee may report out a bill in 2012 on the department's progress in ensuring improved health outcomes, reduced costs to taxpayers and enhanced future productivity through these efforts.

**Committee Amendment "A" (H-348)**

This amendment changes references to "at-risk infants and toddlers" and "at-risk families" to "vulnerable families in at-risk communities."

**Enacted Law Summary**

***Joint Standing Committee on Health and Human Services***

Resolve 2011, chapter 77 directs the Department of Health and Human Services to develop a plan for the full use of federal, private and special revenue funds for home visitation programs or services, with an emphasis on serving infants who are in families in at-risk communities due to physical, emotional, developmental or environmental factors, and to report to the Joint Standing Committee on Health and Human Services. The resolve authorizes the committee to report out a bill in 2012 on the department's progress in ensuring improved health outcomes, reduced costs to taxpayers and enhanced future productivity through these efforts.

**LD 1511      An Act To Impose a Lifetime Maximum on the Receipt of Welfare Benefits      INDEF PP**

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

This bill reforms the welfare system in Maine by:

1. Limiting the total time a person may receive Temporary Assistance for Needy Families, or TANF, assistance to a lifetime maximum of 60 months as an adult, except for emergency situations; and
2. Limiting the total time a person may receive municipal general assistance to a lifetime maximum of 24 months, except in limited circumstances.

The changes take effect January 1, 2012. See related provisions in Public Law 2011, chapter 380, Part PP.

**LD 1520      An Act To Improve MaineCare and Promote Employment      MAJORITY (ONTP) REPORT**

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

The bill allows people who have received Medicaid for their children for the past 3 months whose income exceeds limits pursuant to Title 22, section 3174-G, subsection 1, paragraph E-1 to purchase coverage for up to 18 months at premiums not to exceed those under the Katie Beckett program and limits contributions toward administrative costs to the maximum amount allowed under the federal Consolidated Omnibus Budget Reconciliation Act of 1985. The bill makes working disabled persons with unearned income that is equal to or below 150 percent of the nonfarm income official poverty line and with a combined total earned and unearned income that does not exceed 250 percent of the nonfarm income official poverty line eligible for Medicaid. It makes adults who are 19 or 20 years of age when the household income is equal to or below 200 percent of the nonfarm income official poverty line eligible for Medicaid.

**Committee Amendment "A" (S-303)**

This amendment is the minority report of the committee and adds an appropriations and allocations section.