

# MAINE STATE LEGISLATURE

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**STATE OF MAINE**  
125<sup>TH</sup> LEGISLATURE  
SECOND REGULAR SESSION



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

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

June 2012

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# STATE OF MAINE

125<sup>TH</sup> LEGISLATURE  
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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 Second 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.

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

The effective date for non-emergency legislation enacted in the Second Regular Session of the 125<sup>th</sup> Legislature is Thursday, August 30, 2012. 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 amendment is the majority report of the committee. The amendment removes from the bill the requirement that methadone services reimbursed under the MaineCare program be accessed at the clinic closest to the home of the MaineCare member. The amendment removes from the bill the directive to the Department of Health and Human Services to review MaineCare transportation services because a similar directive was included by the committee in the committee amendment to LD 1694, which was enacted as Resolve 2011, chapter 142. The amendment adds to the routine technical rulemaking a requirement that the Department of Health and Human Services seek input for the prior authorization rules from stakeholders and experts in the field of substance abuse addiction and recovery, including, but not limited to, representatives of the Office of Substance Abuse and individuals with expertise in medication-assisted treatment. This amendment adds an appropriations and allocations section.

**Committee Amendment "B" (H-913)**

This amendment is the minority report of the committee. The amendment removes from the bill the requirement that methadone services reimbursed under the MaineCare program be accessed at the clinic closest to the home of the MaineCare member. The amendment removes from the bill the directive to the Department of Health and Human Services to review MaineCare transportation services because a similar directive was included by the committee in the committee amendment to LD 1694. The amendment changes the rulemaking to major substantive rules and adds a requirement that the Department of Health and Human Services seek input for the prior authorization rules from stakeholders and experts in the field of substance abuse addiction and recovery, including, but not limited to, representatives of the Office of Substance Abuse and individuals with expertise in medication-assisted treatment. The amendment restores the \$10 per week rate cut to methadone clinics enacted in Public Law 2011, chapter 477, and provides funding for services to persons with intellectual disabilities. The amendment also adds an appropriations and allocations section.

This bill was not enacted. The provisions of the bill, as amended by the majority, were included in the second DHHS supplemental budget, LD 1746, which was enacted as Public Law 2011, chapter 657, Part S.

**LD 1845**

**An Act To Implement the Recommendations of the Department of Health and Human Services and the Maine Developmental Disabilities Council Regarding Respectful Language**

**PUBLIC 542  
EMERGENCY**

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

This bill is the report of the Joint Standing Committee on Health and Human Services. Part A of this bill implements the recommendations of the Department of Health and Human Services and the Maine Developmental Disabilities Council regarding respectful language developed pursuant to Public Law 2011, chapter 186, Part B and makes other minor technical amendments to those statutory provisions to conform them to current drafting standards.

Part B renames certain programs within the Department of Health and Human Services. It also directs the department, when adopting or amending its rules and when developing, publishing and issuing forms, policies and publications, to replace references to "mental retardation" and "mentally retarded" with references to "intellectual disability" and "person with an intellectual disability" and to ensure that language referring to persons with disabilities is consistent with the recommendations of the respectful language working group contained in the report submitted by the Maine Developmental Disabilities Council to the Joint Standing Committee on Health and Human Services pursuant to Resolve 2007, chapter 62.

**Enacted Law Summary**

Public Law 2011, chapter 542 does the following.

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

1. It implements the recommendations of the Department of Health and Human Services and the Maine Developmental Disabilities Council regarding respectful language developed pursuant to Public Law 2011, chapter 186, Part B and makes other minor technical amendments to those statutory provisions to conform them to current drafting standards.
2. It renames certain programs within the Department of Health and Human Services.
3. It directs the department, when adopting or amending its rules and when developing, publishing and issuing forms, policies and publications, to replace references to "mental retardation" and "mentally retarded" with references to "intellectual disability" and "person with an intellectual disability" and to ensure that language referring to persons with disabilities is consistent with the recommendations of the respectful language working group contained in the report submitted by the Maine Developmental Disabilities Council to the Joint Standing Committee on Health and Human Services pursuant to Resolve 2007, chapter 62.

Public Law 2011, chapter 542 was enacted as an emergency measure effective March 20, 2012.

### **LD 1848      An Act To Expand the Notification Requirements of the Maine Certificate of Need Act of 2002**

**PUBLIC 636**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RAYE	OTP-AM	S-493

This bill requires that notice be given in a newspaper published in the service area of a health care facility that may be negatively affected by a certificate of need application filed with the Department of Health and Human Services and to municipal officers of and Legislators representing the municipality where the facility is located. The bill requires the department to adopt rules specifying the conditions that constitute a negative impact on a facility.

#### **Committee Amendment "A" (S-493)**

This amendment replaces the bill and changes its title. The amendment expands the notification requirements of the Maine Certificate of Need Act of 2002 in the bill to specify that if an existing health care facility may close or lose bed capacity as a result of a proposal for which a certificate of need application has been filed, the Department of Health and Human Services must notify the municipal officers of the municipality in which that health care facility is located and the members of the State House of Representatives and the State Senate representing any part of that municipality. The amendment requires the published notice to identify the name and location of any health care facility that may close or lose bed capacity as a result of the proposal for which a certificate of need has been filed.

#### **Enacted Law Summary**

Public Law 2011, chapter 636 expands the notification requirements of the Maine Certificate of Need Act of 2002 to specify that if an existing health care facility may close or lose bed capacity as a result of a proposal for which a certificate of need application has been filed, the Department of Health and Human Services must notify the municipal officers of the municipality in which that health care facility is located and the members of the State House of Representatives and the State Senate representing any part of that municipality. The law requires the published notice to identify the name and location of any health care facility that may close or lose bed capacity as a result of the proposal for which a certificate of need has been filed.