

# MAINE STATE LEGISLATURE

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**STATE OF MAINE**  
126<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 2013

**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  
&  
CHRISTOPHER NOLAN  
OFFICE OF FISCAL AND PROGRAM REVIEW  
5 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-1635

**MEMBERS:**

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\*Rep. Jane P. Pringle temporarily appointed for the duration of the absence of Rep. Matthew Peterson on the Health and Human Services Committee

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126<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* contains summaries of all LDs and adopted amendments and all laws enacted or finally passed during the First Regular Session of the 126<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 126<sup>th</sup> Legislature is October 9, 2013. 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 145      Resolve, Regarding the Presence of the Department of Health and Human Services in Urban and Rural Areas**

**RESOLVE 23**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FREDETTE KATZ	OTP-AM	H-70

This bill requires the Department of Health and Human Services to establish in each county of the State at least one office with appropriate staff to provide child protective services.

**Committee Amendment "A" (H-70)**

This amendment replaces the bill with a resolve and changes the title. The amendment directs the Department of Health and Human Services to review the distribution of offices of the department and the means by which the department provides necessary departmental presence and staffing to residents of the State in urban and rural areas. The amendment directs the department to consider the needs of all residents, both young and old, and the reasons residents are visiting the department. The amendment directs the department to consider traditional office-based services, part-time and donated office space, delivery of services by mobile means and by having personnel visit with residents in their homes and new options created by advancements in technology. The amendment directs the department to report by January 1, 2014 to the Joint Standing Committee on Health and Human Services on the results of the review and the options for and costs of improved service delivery. The report must include the costs and benefits of several options and the recommendations of the department.

**Enacted Law Summary**

Resolve 2013, chapter 23 directs the Department of Health and Human Services to review the distribution of offices of the department and the means by which the department provides necessary departmental presence and staffing to residents of the State in urban and rural areas. The resolve directs the department to consider the needs of all residents, both young and old, and the reasons residents are visiting the department. The resolve directs the department to consider traditional office-based services, part-time and donated office space, delivery of services by mobile means and by having personnel visit with residents in their homes and new options created by advancements in technology. The resolve directs the department to report by January 1, 2014 to the Joint Standing Committee on Health and Human Services on the results of the review and the options for and costs of improved service delivery. The report must include the costs and benefits of several options and the recommendations of the department.

**LD 162      An Act To Repeal the Maine Certificate of Need Act of 2002**

**ACCEPTED  
MAJORITY  
(ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY CUSHING	ONTP OTP-AM	

Under current law, before introducing additional health care services and procedures in a market area, a person must apply for and receive a certificate of need from the Department of Health and Human Services. This bill eliminates that requirement.

**Committee Amendment "A" (H-366)**

This amendment is the minority report of the committee. This amendment establishes a prior approval process for health care facility projects that will require funding from or will increase costs to the MaineCare program. "Health care facility" is defined as a hospital, psychiatric hospital, nursing facility, intermediate care facility for persons

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

with intellectual disabilities, end-stage renal disease facility, rehabilitation facility, residential care facility, ambulatory surgical facility, independent radiological service center, independent cardiac catheterization center or cancer treatment center. The Department of Health and Human Services is directed to take into consideration the qualifications and experience of an applicant for prior approval, the economic feasibility of the proposed project, the public need for the project and compliance with standards for budget neutrality with respect to the MaineCare program. The prior approval process must include an opportunity for public comment and may include public information meetings, public hearings and notification, as specified by rule. Unused and reserved beds in a facility are exempt from the prior approval process. A fund is established to receive unused funding previously used for a facility bed funded under the MaineCare program and to assign that funding for use for new beds in underserved areas or for underserved populations. The department is authorized to adopt routine technical rules, except that rules regarding fees are major substantive rules. The amendment also adds an appropriations and allocations section.

**LD 164      An Act To Provide MaineCare Reimbursement for Pastoral Counselors      ONTP**

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

This bill requires the Department of Health and Human Services to provide reimbursement under the MaineCare program for services provided by a licensed pastoral counselor beginning January 1, 2014.

**LD 180      An Act Concerning the Use of Tobacco Settlement Funds for Children's Health Care      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PLANTE LACHOWICZ	OTP-AM ONTP	

This bill amends the law on the Fund for a Healthy Maine to require that funding for children's health care not be reduced in order to address a budget deficit.

**Committee Amendment "A" (H-10)**

This amendment, which is the majority report of the committee, incorporates a fiscal note.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

**LD 181      Resolve, To Require Hospitals To Provide Information Regarding Testing for Krabbe Disease for Parents of Infants      ONTP**

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

This resolve requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to develop an information pamphlet on testing for Krabbe disease for dissemination by a hospital to all parents of newborn infants born at the hospital or to the parents of any child up to six months of age being treated at the hospital. The Maine Center for Disease Control and Prevention is required to develop the pamphlet by