

MAINE STATE LEGISLATURE

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STATE OF MAINE
126TH 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

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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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126TH 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 126th 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 126th 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

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

Joint Standing Committee on Health and Human Services

December 1, 2013.

LD 197 An Act To Improve Health Services to Schools

PUBLIC 78

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAHAM BURNS	OTP-AM ONTP	H-75

This bill allows a family or pediatric nurse practitioner to serve as a health care provider in a school.

Committee Amendment "A" (H-75)

This amendment is the majority report of the committee. This amendment renames school physicians, including family or pediatric nurse practitioners, school health advisors and clarifies that school health advisors may not act outside the scope of practice applicable to the school health advisor. The amendment removes from the bill a provision on local health officer duties.

Enacted Law Summary

Public Law 2013, chapter 78 renames school physicians, including family or pediatric nurse practitioners, school health advisors and clarifies that school health advisors may not act outside the scope of practice applicable to the school health advisor.

LD 198 An Act To Clarify Physicians' Delegation of Medical Care

PUBLIC 33

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

This bill clarifies that a physician or surgeon may delegate to the physician's or surgeon's employees or support staff certain activities relating to medical care and treatment without being present on the premises at the time the activities are performed.

Enacted Law Summary

Public Law 2013, chapter 33 clarifies that a physician or surgeon may delegate to the physician's or surgeon's employees or support staff certain activities relating to medical care and treatment without being present on the premises at the time the activities are performed.

LD 230 An Act To Establish the Commission on Health Care Cost and Quality

CARRIED OVER

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

This bill establishes the Commission on Health Care Cost and Quality to monitor the accessibility, cost and quality of health care in the State. The bill also reestablishes the State Health Plan and requires the commission to develop the plan on a biennial basis.

Committee Amendment "A" (H-76)