

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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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

LD 305 An Act To Eliminate Institute Councils for Mental Health Institutions

PUBLIC 132

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

The purpose of this bill is to eliminate obsolete language in the statutes. This bill repeals the laws establishing institute councils for the Riverview Psychiatric Center and Dorothea Dix Psychiatric Center and fixes cross-references accordingly.

Enacted Law Summary

Public Law 2013, chapter 132 repeals the laws establishing institute councils for the Riverview Psychiatric Center and Dorothea Dix Psychiatric Center and fixes cross-references accordingly.

LD 325 An Act To Repeal Provisions of the Law That Apply or Refer to State Facilities for Persons with Intellectual Disabilities

PUBLIC 21

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

This bill repeals the provisions of law that apply or refer to state-run facilities for persons with intellectual disabilities, including laws that allow for voluntary admission, involuntary admission and judicial commitment of persons with intellectual disabilities to state-run facilities. The State closed the last of its facilities for persons with intellectual disabilities in response to the 1994 community consent decree, Consumer Advisory Board et al. v. Glover, 989 F.2d 65, 68 (1st Cir. 1993).

Enacted Law Summary

Public Law 2013, chapter 21 repeals the provisions of law that apply or refer to state-run facilities for persons with intellectual disabilities, including laws that allow for voluntary admission, involuntary admission and judicial commitment of persons with intellectual disabilities to state-run facilities. The State closed the last of its facilities for persons with intellectual disabilities in response to the 1994 community consent decree, Consumer Advisory Board et al. v. Glover, 989 F.2d 65, 68 (1st Cir. 1993).

LD 330 An Act To Require All Lodging Places To Be Licensed by the State

ONTP

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

Current law requires lodging places to be licensed by the Department of Health and Human Services; lodging houses may be licensed by the municipality under the direction of state law. Private homes when not more than five rooms are let, rooms and cottages where not more than three rooms or cottages are let and fraternity and sorority houses affiliated with educational institutions are exempt from licensing by the State. Lodging houses with fewer than five lodgers are exempt from municipal licensing. The dormitories of charitable, educational or philanthropic institutions and houses used in emergency situations are exempt from both state and municipal licensing.

Joint Standing Committee on Health and Human Services

This bill removes the exemptions from state licensing of lodging places, private homes and inns, requiring them all to be licensed by the State, and repeals the authority of a municipality to license lodging houses since it will now be done by the State. Fraternity and sorority houses affiliated with educational institutions, dormitories of charitable, educational or philanthropic institutions and houses used in emergency situations remain exempt from state licensing.

LD 337 An Act To Require That Burn Injuries and Wounds Be Reported to the Office of the State Fire Marshal ONTP

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

This bill establishes a requirement that health care practitioners report to the Office of the State Fire Marshal within the Department of Public Safety certain burn injuries and wounds. The bill authorizes the Office of the State Fire Marshal to adopt routine technical rules as required for reporting. The bill provides criminal and civil immunity for persons who report in good faith, abrogates the health care practitioner-patient privilege for the purposes of reporting, provides a rebuttable presumption of good faith and clarifies that a report made pursuant to the law is an exception to certain confidentiality requirements for the purposes of the Maine Revised Statutes, Title 22, section 1711-C, subsection 6, paragraph F-1.

LD 338 Resolve, Directing the Department of Health and Human Services To Adopt Rules Governing the Use of Certain Antipsychotic Drugs by Children Enrolled in MaineCare RESOLVE 17

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY LACHOWICZ	OTP-AM	H-51

This resolve directs the Department of Health and Human Services to amend its rules governing the use of atypical antipsychotic drugs by children enrolled in MaineCare to require that the prescriber of a drug beyond the recommended period provide documented justification and perform a timely assessment and ongoing monitoring of metabolic and neurologic variables in accordance with the American Academy of Child and Adolescent Psychiatry's Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents.

Committee Amendment "A" (H-51)

This amendment clarifies that the Department of Health and Human Services must adopt rules pertaining to the use of atypical antipsychotic medications by a child under 17 years of age enrolled in MaineCare. The department does not currently have rules pertaining to the use of atypical antipsychotic medications by a child under 17 years of age enrolled in MaineCare. Rules adopted are designated major substantive rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Enacted Law Summary

Resolve 2013, chapter 17 directs the Department of Health and Human Services to adopt rules governing the use of atypical antipsychotic drugs by children enrolled in MaineCare to require that the prescriber of a drug beyond the recommended period provide documented justification and perform a timely assessment and ongoing monitoring of metabolic and neurologic variables in accordance with the American Academy of Child and Adolescent Psychiatry's Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. Rules adopted are designated major substantive rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.