

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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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 374 An Act To Eliminate the Child Support Collecting Fee Charged to a Person Who Has Never Received Assistance under a State Program ONTP

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

This bill provides that the State may not impose a fee for collection of child support on an individual who never received assistance under a state program if the individual would have been eligible for such assistance.

LD 386 An Act To Reduce Tobacco-related Illness and Lower Health Care Costs in MaineCare HELD BY GOVERNOR

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN LANGLEY	OTP-AM	H-247 S-337 HILL

This bill requires the provision of tobacco cessation treatment for MaineCare members who are 18 years of age or older or are pregnant. It provides for comprehensive evidence-based coverage in accordance with the United States Preventive Services Task Force and the United States Public Health Service clinical practice guideline on treating tobacco use and dependence. The bill requires coverage without copayments or other cost sharing and directs the Department of Health and Human Services to pursue opportunities for federal reimbursement of the cost of coverage.

Committee Amendment "A" (H-247)

This amendment adds an appropriations and allocations section to the bill.

Senate Amendment "A" To Committee Amendment "A" (S-337)

This amendment removes the emergency preamble and emergency clause and reduces the funding to reflect funding provided in the unified budget bill.

LD 387 Resolve, To Direct the Department of Health and Human Services To Study the Ongoing Need for Rental Subsidies to Provider Agencies VETO SUSTAINED

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH CRAVEN	OTP-AM	H-95

This resolve directs the Department of Health and Human Services to study the issues surrounding the home and community-based waiver program under the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services and locate funding to better provide services that allow program participants to meet basic needs for shelter and nourishment.

Committee Amendment "A" (H-95)

This amendment directs the Department of Health and Human Services to work within available resources with community partners, including the Maine Association for Community Service Providers, to study the issues regarding rental subsidies to determine which MaineCare members receive rental subsidies, how other states

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provide rental subsidies to service providers for individuals with intellectual disabilities and within which state and federal guidelines and programs the rental subsidies to service providers for individuals with intellectual disabilities are provided. It requires the Department of Health and Human Services to collect and use available data within available resources. The requirement to report and the reporting date from the original resolve are unchanged.

**LD 388 Resolve, To Improve the Participation Rate of Prescribers in the
Controlled Substances Prescription Monitoring Program**

**RESOLVE 25
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DORNEY	OTP-AM	H-71

This bill provides for an alternative to the current mandatory participation provision for prescribers in the Controlled Substances Prescription Monitoring Program consisting of automatic enrollment at the time of licensure or renewal or the issuance of a certificate of registration by the United States Department of Justice, Drug Enforcement Administration.

Committee Amendment "A" (H-71)

This resolve replaces the bill. It requires the Substance Abuse Services Commission to develop a process to increase registration in the Controlled Substances Prescription Monitoring Program through professional licensing boards and to develop strategies to promote the use of the program by prescribers. The Substance Abuse Services Commission is required to report its findings, recommendations and any suggested legislation to the Joint Standing Committee on Health and Human Services by January 1, 2014. The amendment also adds an emergency preamble and emergency clause.

Enacted Law Summary

Resolve 2013, chapter 25 requires the Substance Abuse Services Commission to develop a process to increase registration in the Controlled Substances Prescription Monitoring Program through professional licensing boards and to develop strategies to promote the use of the program by prescribers. The Substance Abuse Services Commission is required to report its findings, recommendations and any suggested legislation to the Joint Standing Committee on Health and Human Services by January 1, 2014.

Resolve 2013, chapter 25 was finally passed as an emergency measure effective May 20, 2013.

**LD 389 An Act To Bring Fairness to General Assistance Programs by Changing
the Method of Municipal Reimbursement**

ONTP

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

This bill changes the reimbursement of general assistance to municipalities so that they receive either a 50% reimbursement rate from the Department of Health and Human Services or a block grant equal to \$3.00 multiplied by the population of the municipality, whichever is the greater. It repeals the requirement that municipalities incurring net general assistance costs in excess of .0003 of the municipality's most recent state valuation receive a 90% reimbursement rate but maintains this reimbursement rate for the Indian tribes.