

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

This amendment is the majority report of the committee. This amendment changes the title and the emergency preamble and replaces the bill. This amendment adds screening for critical congenital heart disease to the mandatory newborn infant screening law. This amendment requires the entity responsible for the screening to report to the Department of Health and Human Services information on the testing including, but not limited to, the number of infants born, the number screened, the type of screening tool used and the results of the screening. The amendment requires the Department of Health and Human Services to review and report to the Joint Standing Committee on Health and Human Services by April 1, 2014 on options for making available to infants born other than in hospitals, birthing centers and other birthing services screening for critical congenital heart disease.

House Amendment "A" To Committee Amendment "A" (H-535)

This amendment removes from Committee Amendment "A" the requirements that the Department of Health and Human Services review options for making available to newborn infants screening for critical congenital heart disease and that the department report the results of its review to the Joint Standing Committee on Health and Human Services by April 1, 2014.

Enacted Law Summary

Public Law 2013, chapter 397 adds screening for critical congenital heart disease to the mandatory newborn infant screening law. The law requires the entity responsible for the screening to report to the Department of Health and Human Services information on the testing including but not limited to, the number of infants born, the number screened, the type of screening tool used and the results of the screening.

Public Law 2013, chapter 397 was enacted as an emergency measure effective July 2, 2013.

LD 468 An Act To Protect Public Health at Public Institutions of Higher Education

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHIPMAN CRAVEN	OTP-AM ONTP	H-77

This bill prohibits smoking on the grounds of any campus of the University of Maine System, the Maine Community College System or the Maine Maritime Academy.

Committee Amendment "A" (H-77)

This amendment is the majority report of the committee. This amendment provides an effective date of August 1, 2014 and an exception to the smoking ban for smoking undertaken as part of a religious ceremony or as part of a cultural activity by a defined group.

LD 480 An Act To Establish Fees under the Maine Medical Use of Marijuana Act

PUBLIC 394

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON HAMPER	OTP-AM	H-512

This bill sets fees and the range of fees in the Maine medical marijuana program, provides for payment of the cost of obtaining criminal history record information about certain registered primary caregivers and principal officers, board members and employees of registered dispensaries and lowers fees for a fiscal year if the fees paid in the

Joint Standing Committee on Health and Human Services

prior year exceed program expenses for that year.

Committee Amendment "A" (H-512)

This amendment replaces the bill. The amendment strikes the application and renewal fees for a medical use of marijuana registry identification card for a qualifying patient. It requires that a registered dispensary file notice and pay a fee when it changes the location of the dispensary or the location at which it cultivates marijuana. The amendment organizes the fees payable to the medical use of marijuana program into one subsection of law, establishes a fee for out-of-date cards and a laboratory testing fee and establishes the range within which the Department of Health and Human Services must establish fees by adopting routine technical rules. The amendment clarifies that registered primary caregivers and the principal officers, board members and employees of registered dispensaries must undergo annual criminal history record checks. The amendment provides for review of the balance in the Medical Use of Marijuana Fund and provides for adjustment of the annual fees charged to registered caregivers and registered dispensaries.

Enacted Law Summary

Public Law 2013, chapter 394 repeals the application and renewal fees for a medical use of marijuana registry identification card for a qualifying patient. The law requires that a registered dispensary file notice and pay a fee when it changes the location of the dispensary or the location at which it cultivates marijuana. The law organizes the fees payable to the medical use of marijuana program into one subsection of law, establishes a fee for out-of-date cards and a laboratory testing fee and establishes the range within which the Department of Health and Human Services must establish fees by adopting routine technical rules. The law clarifies that registered primary caregivers and the principal officers, board members and employees of registered dispensaries must undergo annual criminal history record checks. The law provides for review of the balance in the Medical Use of Marijuana Fund and provides for adjustment of the annual fees charged to registered caregivers and registered dispensaries.

LD 487 Resolve, To Establish MaineCare Eligibility for Young Adults Who Were Formerly in Foster Care

**VETO
SUSTAINED**

Sponsor(s)
DORNEY

Committee Report
OTP-AM
ONTP
OTP-AM

Amendments Adopted
H-99

This resolve directs the Department of Health and Human Services to submit to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services an application for a waiver under the Medicaid program to allow MaineCare to cover a young adult 19 to 25 years of age who was on the date of the young adult's 19th birthday in the custody of the State pursuant to the Maine Revised Statutes, Title 22, chapter 1071.

Committee Amendment "A" (H-99)

This amendment is the majority report of the committee. This amendment replaces the resolve and directs the Department of Health and Human Services to undertake an identification and outreach initiative for young adults who were formerly in foster care, to enroll those eligible in MaineCare and to provide them with a card indicating that the coverage begins on January 1, 2014.

Committee Amendment "B" (H-100)

This amendment is the minority report of the committee. This amendment replaces the resolve and adds emergency language. This amendment establishes eligibility for MaineCare funded entirely from the General Fund beginning July 1, 2013 to December 31, 2013 for certain young adults who were formerly in foster care. This amendment funds that MaineCare coverage from the General Fund.