

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

LD 752 Resolve, To Require the Department of Health and Human Services To Study the Effectiveness of Professional Development Services Provided to Child Care Providers and Referral Services Provided to Parents in Need of Child Care

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KUMIEGA CRAVEN	OTP-AM ONTP	H-271

This resolve is a concept draft pursuant to Joint Rule 208. The purpose of this resolve is to restore the contracts with the resource development centers that provided professional development services to licensed and registered child care providers and referral services to parents in need of child care.

Committee Amendment "A" (H-271)

This amendment, which is the majority report of the committee, replaces the concept draft with a resolve requiring the Department of Health and Human Services to study the effectiveness of the services replacing those provided by the former resource development centers. The study must examine the availability of professional development services to licensed and certified child care providers, department plans for improving access and quality of the professional development services, satisfaction with access to services by providers, availability of technical assistance to providers, the number of referrals by the department to parents for child care services under the department's child care resource and referral system and educational components available to parents to evaluate the quality and suitability of child care providers. The department must submit the report no later than January 1, 2014 to the Joint Standing Committee on Health and Human Services.

LD 753 An Act To Prohibit the Sale of High-caffeine Energy Drinks to Persons under 18 Years of Age

**ACCEPTED
MINORITY
(ONTP) REPORT**

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

This bill prohibits the sale of energy drinks to minors. An energy drink is a soft drink that contains 80 or more milligrams of caffeine per eight fluid ounces advertised as being specifically designed to provide energy.

Committee Amendment "A" (H-461)

This amendment is the majority report of the committee. The amendment replaces the bill with a resolve and changes the title. The amendment creates the Task Force on Public Awareness Regarding Caffeine-added Drinks, Foods, Food Products, Over-the-counter Medicines and Dietary Supplements to consider options for a public awareness campaign regarding caffeine-added drinks, foods, food products, over-the-counter medicines and dietary supplements and to make recommendations for implementation. The Department of Health and Human Services, Maine Center for Disease Control and Prevention is directed to appoint, chair and convene the task force, which must include representatives from a variety of stakeholders. The task force is directed to consider options for a public awareness campaign, including information and activities to convey information on the effects of caffeine-added drinks, foods, food products, over-the-counter medicines and dietary supplements on children and adolescents. The task force is directed to consider any relevant studies and initiatives undertaken by the United States Department of Health and Human Services, Food and Drug Administration. By February 14, 2014 the task force is required to report to the Joint Standing Committee on Health and Human Services on the results of its work and its recommendations.