

MAINE STATE LEGISLATURE

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STATE OF MAINE
126TH LEGISLATURE
SECOND REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed

**JOINT STANDING COMMITTEE ON HEALTH AND HUMAN
SERVICES**

May 2014

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STATE OF MAINE
126TH LEGISLATURE
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LEGISLATIVE DIGEST OF BILL SUMMARIES AND
ENACTED LAWS

The *Digest* is arranged 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.

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 HOUSESHouse & 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
EMERGENCYenacted 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 Second Regular Session of the 126th Legislature is August 1, 2014. 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 bill was enacted by the Legislature during the First Regular Session of the 126th Legislature and was held by the Governor; final disposition occurred at the beginning of the Second Regular Session.

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 Public Law 2013, chapter 368, the biennial budget.

Enacted Law Summary

Public Law 2013, chapter 444 requires the Department of Health and Human Services through the MaineCare program to provide 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 law 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.

LD 535 An Act To Promote Greater Flexibility in the Provision of Long-term ONTP Care Services

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

This bill was carried over from the First Regular Session of the 126th Legislature.

Current law precludes facilities licensed pursuant to the Maine Revised Statutes, Title 22, chapter 405 from providing certain services under one license to residents living in a facility under a lower level license on the same campus. The purpose of this bill is to allow facilities licensed under Title 22, chapter 405 to provide a continuum of care and services to clients residing in those facilities without requiring the clients to leave the facility, without requiring the creation of a licensed home health agency and without having to seek approval of area licensed home health agencies.

LD 968 An Act To Provide Needed Psychiatric Hospitalization for Persons with ONTP Mental Illness

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

This bill was carried over from the First Regular Session of the 126th Legislature.

Joint Standing Committee on Health and Human Services

This bill requires the Commissioner of Health and Human Services to make psychiatric hospitalization available to a person with mental illness who is experiencing a psychiatric crisis and who has been determined by a health care practitioner to be in need of hospitalization.

**LD 1031 Resolve, Directing the Department of Health and Human Services To
Review the Use of Restraint and Seclusion at Mental Health Institutes**

RESOLVE 91

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIROCKI	OTP-AM	H-610

This bill was carried over from the First Regular Session of the 126th Legislature.

This bill requires the Commissioner of Health and Human Services to establish a procedure for reviewing the use of restraint and seclusion for children receiving services in a hospital or children's home, including a mandatory review process for the repeated use of restraint or seclusion. It also adds a physician, other than the attending physician, to the review team that reviews behavior modification and behavior management programs for children under 18 years of age.

Committee Amendment "A" (H-610)

This amendment replaces the bill with a resolve. It directs the Commissioner of Health and Human Services to review the use of restraint and seclusion in state mental health institutes and nonstate mental health institutions. The commissioner is required to report the findings and recommendations of the review to the Joint Standing Committee on Health and Human Services no later than November 1, 2014. The commissioner is also required to invite members of the disability rights advocacy community to discuss the findings of the report and possible policy changes no later than November 15, 2014.

Enacted Law Summary

Resolve 2013, chapter 91 directs the Commissioner of Health and Human Services to review the use of restraint and seclusion in state mental health institutes and nonstate mental health institutions. The commissioner is required to report the findings and recommendations of the review to the Joint Standing Committee on Health and Human Services no later than November 1, 2014. The commissioner is also required to invite members of the disability rights advocacy community to discuss the findings of the report and possible policy changes no later than November 15, 2014.

**LD 1047 Resolve, To Provide a Better Transition for Foster Children to
Independent Adulthood**

ONTP

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

This resolve was carried over from the First Regular Session of the 126th Legislature.

This resolve directs the Commissioner of Health and Human Services to review and analyze services for persons in foster care making the transition to independent adulthood, including services provided under a voluntary extended support agreement, also known as a V9 agreement. The commissioner is required to submit a report containing the results of the review and analysis to the Joint Standing Committee on Health and Human Services by January 15, 2014, and the committee is authorized to submit a bill regarding the report to the Second Regular Session of the 126th Legislature.