

# MAINE STATE LEGISLATURE

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**STATE OF MAINE**  
126<sup>TH</sup> 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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# STATE OF MAINE

126<sup>TH</sup> LEGISLATURE

FIRST REGULAR SESSION



## 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 126<sup>th</sup> 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 126<sup>th</sup> 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

### Enacted Law Summary

Public Law 2013, chapter 361 revises the listed medical conditions that qualify a patient for the medical use of marijuana. The law adds to the list of conditions post-traumatic stress disorder, inflammatory bowel disease, dyskinetic and spastic movement disorders and otehr diseases ccausing severe and persistent myuscle spasms. The law removes from the list of conditions Crohn's disease and a chronic or debilitating disease or medical condition or its treatment that produces severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.

#### **LD 1063 An Act To Remove a Conflict in the Law Restricting the Sale or Purchase of Targeted Methamphetamine Precursors**

**PUBLIC 223  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WILLETTE BURNS	OTP	

Public Law 2011, chapter 584 made changes to the law restricting the sale of targeted methamphetamine precursors, including setting a limit of 3.6 grams of targeted methamphetamine precursors that could be sold in a 24-hour period to the same person; this limit is the same as in federal law. At the time Public Law 2011, chapter 584 was enacted, the law prohibited the sale of targeted methamphetamine precursors to no more than 3 grams and also restricted the number of packages sold per transaction.

This bill repeals the restriction on the number of packages of medication containing pseudoephedrine that may be sold at one time, leaving the 3.6 gram per month maximum in place. The requirement that the targeted methamphetamine precursors be sold in blister packages is also repealed since this is already a federal requirement under the federal Combat Methamphetamine Epidemic Act.

### Enacted Law Summary

Public Law 2013, chapter 223 repeals the restriction on the number of packages of medication containing pseudoephedrine that may be sold at one time, leaving the 3.6 gram per month maximum in place. The requirement that the targeted methamphetamine precursors be sold in blister packages is repealed by this law since this is already a federal requirement under the federal Combat Methamphetamine Epidemic Act.

Public Law 2013, chapter 223 was enacted as an emergency measure effective June 10, 2013.

#### **LD 1064 Resolve, To Establish the Task Force on Independence from Public Assistance**

**INDEF PP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NEWENDYKE FLOOD	OTP-AM	H-270

This resolve establishes the Task Force on Independence from Public Assistance. The task force must meet up to eight times, consists of nine members and must report by December 4, 2013 with its findings and recommendations and suggested legislation to the Joint Standing Committee on Health and Human Services.

#### **Committee Amendment "A" (H-270)**

This amendment increases the membership of the Task Force on Independence from Public Assistance from nine members to 13 members. In addition to the task force's duties in the resolve, the amendment requires the task force to identify provisions in current state policy, law and rules that penalize or create a disincentive to work and make

*Joint Standing Committee on Health and Human Services*

recommendations on how to eliminate those barriers and to review legislative and academic studies conducted in Maine. It clarifies that recommendations made to the Joint Standing Committee on Health and Human Services must be evidence-based.

**LD 1065 An Act Regarding Patient-directed Care at the End of Life**

**ACCEPTED  
MAJORITY  
(ONTP) REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BROOKS VALENTINO	ONTP OTP	

This bill authorizes a patient who is terminally ill and the patient's physician or the medical director of the patient's hospice care provider to sign companion documents that will guide the provision of health care to the patient and the provision of care at the end of life. The companion documents establish the choices and directives of the patient and the responsibilities of the physician or medical director. This bill shields physicians and medical directors from liability or disciplinary sanctions so that the physicians and medical directors may provide care in conformance with patients' choices and directives.

**LD 1066 An Act To Increase Access to Health Coverage and Qualify Maine for Federal Funding**

**VETO  
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN WOODBURY	OTP-AM ONTP	H-286 S-221 KATZ

This bill expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size, and qualifies Maine to receive federal funding for 100% of the cost of coverage for members who enroll under the expansion. Adults who will be eligible are those 21 to 64 years of age beginning January 1, 2014 and adults 19 and 20 years of age beginning October 1, 2019.

**Committee Amendment "A" (H-286)**

This amendment replaces the bill.

Part A expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size, and qualifies Maine to receive federal funding for 100% of the cost of coverage for members who enroll under the expansion. Adults who will be eligible are those 21 to 64 years of age beginning January 1, 2014 and adults 19 and 20 years of age beginning October 1, 2019. The expansion of Medicaid eligibility contained in this Part is repealed if 3 circumstances occur: the enhanced Federal Medical Assistance Percentage for calendar years 2014 through 2020 is reduced below certain stated levels; the reduced enhanced Federal Medical Assistance Percentage has taken effect; and after the occurrence of the reduction of the enhanced Federal Medical Assistance Percentage the Legislature has convened and conducted a session of at least 30 calendar days.

Part B requires the Commissioner of Health and Human Services to take all steps necessary to secure an enhanced federal match rate for services provided to the MaineCare childless adult waiver population and to report to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services by November 1, 2013 on these efforts.