

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals  
(may include minor formatting differences from printed original)

**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

**STAFF:**

JANE ORBETON, SENIOR ANALYST  
ANNA BROOME, LEGISLATIVE ANALYST  
OFFICE OF POLICY AND LEGAL ANALYSIS  
13 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-1670  
&  
CHRISTOPHER NOLAN  
OFFICE OF FISCAL AND PROGRAM REVIEW  
5 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-1635

**MEMBERS:**

SEN. MARGARET M. CRAVEN, CHAIR  
SEN. COLLEEN M. LACHOWICZ  
SEN. JAMES M. HAMPER

REP. RICHARD R. FARNSWORTH, CHAIR  
REP. JANE P. PRINGLE\*  
REP. PETER C. STUCKEY  
REP. KATHERINE W. CASSIDY  
REP. ANN E. DORNEY  
REP. DREW M. GATTINE  
REP. DEBORAH J. SANDERSON  
REP. RICHARD S. MALABY  
REP. HEATHER W. SIROCKI  
REP. CAROL A. MCELWEE  
REP. HENRY JOHN BEAR

\*Rep. Jane P. Pringle temporarily appointed for the duration of the absence of Rep. Matthew Peterson on the Health and Human Services Committee

# 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*

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.

## *Joint Standing Committee on Health and Human Services*

Part C requires the Commissioner of Health and Human Services, the Commissioner of Corrections and the Executive Director of the State Board of Corrections to evaluate the impact of the MaineCare expansion on programs and services that do not currently receive Federal Medical Assistance Percentage matching funds or do not qualify for enhanced Federal Medical Assistance Percentage matching funds under the federal Patient Protection and Affordable Care Act, with the goal of identifying and maximizing General Fund savings. Part C requires a report by March 1, 2014 to the Joint Standing Committee on Appropriations and Financial Affairs, the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Criminal Justice and Public Safety on the amount of General Fund savings resulting from the MaineCare expansion. The report must include the amount of savings realized during fiscal year 2013-14 by service area or program and the amount of savings projected to be achieved during the remainder of that fiscal year and during fiscal year 2014-15. Part C requires the State Budget Officer to calculate the amount of savings that applies against each General Fund account for all departments and agencies from savings associated with the MaineCare expansion and to transfer the amounts by financial order upon the approval of the Governor. It requires the State Controller to transfer any remaining savings to the MaineCare Stabilization Fund. Part C requires the State Budget Officer to provide a report of the transferred amounts to the Joint Standing Committee on Appropriations and Financial Affairs no later than June 30, 2014 and a 2nd report by June 30, 2015.

Part D provides funding for positions in the Department of Health and Human Services, Bureau of Family Independence.

### **Senate Amendment "A" To Committee Amendment "A" (S-221)**

This amendment repeals the expansion of medical coverage under the MaineCare program on December 31, 2016.

This amendment requires the Commissioner of Health and Human Services to provide certain information to the Secretary of the United States Department of Health and Human Services to enable the secretary to make the determination as to the eligibility of the State to obtain an enhanced Federal Medical Assistance Percentage for services for MaineCare members eligible as childless adults. The amendment provides in Part E that until the secretary confirms that the State will get the enhanced reimbursement rate, which is 100% federal Medicaid reimbursement for calendar years 2014, 2015 and 2016 and as further set forth in the federal Patient Protection and Affordable Care Act, for the childless adult population in MaineCare, including persons who were members under that eligibility grouping on December 1, 2009, the expansion of medical coverage under the MaineCare program will not take effect. The amendment requires the commissioner, upon receiving confirmation from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, to notify the President of the Senate, the Speaker of the House of Representatives and the Revisor of Statutes and to provide them with a copy of the written confirmation.

This amendment requires the Office of Fiscal and Program Review to contract with a private, nonpartisan research organization to evaluate the impact of the MaineCare expansion authorized in Part A and changes the reporting entity to the research organization. This amendment adds to the services evaluated under Part C, section 1 the amount of payment for services that hospitals received during calendar years 2014 and 2015 as a result of the expansion of MaineCare eligibility pursuant to Part A, section 3 and any savings and impact on health outcomes achieved through the State Innovation Models Initiative grant. The amendment changes the reporting dates for the reports on General Fund savings in Part C, section 2 to March 1st in 2014 and 2015 and February 15th in 2016, includes in savings any amount credited to the MaineCare Stabilization Fund and extends the years for projecting savings through fiscal year 2020-21. The amendment directs the joint standing committee of the Legislature having jurisdiction over health and human services matters to review the information provided in the reports from the research organization under Part C, section 2 and to determine if the net cost to the General Fund of providing coverage under the MaineCare program to individuals pursuant to Part A, section 3 exceeds the savings to the General Fund, including any amount deposited in the MaineCare Stabilization Fund pursuant to Part C, section 3, due to the expansion of coverage for those individuals.

*Joint Standing Committee on Health and Human Services*

This amendment adds a new Part E that amends current law on copayments in the MaineCare program. This amendment directs the Department of Health and Human Services to increase copayments for adults with income above 100% of the nonfarm income official poverty line to the maximum allowable under federal law and to increase nominal copayments by the annual percentage increase in the medical care component of the Consumer Price Index for All Urban Consumers. This amendment directs the department to increase MaineCare copayments for services provided in a hospital emergency room when the services are not emergency services. This amendment requires the department to track aggregate copayments in compliance with federal law.

**LD 1089    Resolve, To Allow York County To Renegotiate with the Department of Health and Human Services a Decision Regarding Transportation Services**

**ACCEPTED  
MAJORITY  
(ONTP) REPORT**

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

This resolve requires the Commissioner of Health and Human Services to reopen the decision to designate a broker for MaineCare nonemergency transportation services in Region 8, which covers York County, and permit York County Community Action Corporation to compete for designation.

**Committee Amendment "A" (S-203)**

This amendment is the minority report of the committee. The amendment changes the title of the resolve. The amendment directs the Department of Health and Human Services to convene a working group to study and report on changes in regional transportation systems in Maine. The amendment directs the working group to study the revenues and expenses, utilization, efficiencies and interrelationships of the transportation systems in effect on January 1, 2013 and the systems as they will be altered by the risk-based system that the department is instituting during 2013. The amendment also directs the working group to consider whether the risk-based system will split the regional transportation systems into smaller units or weaken services to residents of urban and rural communities and the department to report to the Joint Standing Committee on Health and Human Services by January 15, 2014 on the results of the study.

**LD 1155    An Act To Ensure the Integrity of Neuropsychological and Psychological Testing Materials and Data**

**PUBLIC 353  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH	OTP-AM	H-442

This bill provides that neuropsychological test materials and neuropsychological test data may not be disclosed to anyone, including the person who is the subject of the test, and are not subject to disclosure in any administrative, judicial or legislative proceeding, except that the person who is the subject of the neuropsychological evaluation is entitled to have all records relating to that evaluation, including neuropsychological test materials and neuropsychological test data, disclosed to any qualified psychologist designated by the person.

**Committee Amendment "A" (H-442)**

This amendment, which replaces the bill, retains all of the provisions of the bill and adds an emergency preamble and emergency clause. The amendment adds a definition of "psychological evaluation" and adds protection of psychological test materials and test data. The amendment changes the title to reflect the addition of protections for psychological test materials and data.