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

STATE OF MAINE

126TH 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 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
CONF CMTE UNABLE TO AGREECommittee of Conference unable to agree; legislation died
DIED BETWEEN HOUSES
DIED IN CONCURRENCEdefeated 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 ENACTMENTlegislation proposing local mandate failed required 2/3 vote
HELD BY GOVERNORGovernor has not signed; final disposition to be determined at subsequent session
LEAVE TO WITHDRAWsponsor's request to withdraw legislation granted
NOT PROPERLY BEFORE THE BODYruled 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
PUBLIC XXX
RESOLVE XXX
VETO SUSTAINEDLegislature 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 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

Sponsor(s)	Committee Report	Amendments Adopted
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

Sponsor(s)	Committee Report	Amendments Adopted
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.

Joint Standing Committee on Health and Human Services

Enacted Law Summary

Public Law 2013, chapter 353 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. The law defines "psychological evaluation".

Public Law 2013, chapter 353 was enacted as an emergency measure effective June 25, 2013.

LD 1161 An Act To Ensure Regulated Safe Access to Medical Marijuana

ONTP

Sponsor(s)	Committee Report	Amendments Adopted
GERZOFSKY	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to increase the number of medical marijuana dispensaries, and to ensure that the additional newly authorized dispensaries are located in previously underserved areas within the State.

LD 1165 An Act To Improve the Safety of Workers Who Provide Direct Mental Health and Social Services

ONTP

Smangar(s)

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

This bill requires all programs providing direct services to clients that are operated, licensed or funded by the Department of Health and Human Services to establish a workplace violence prevention program, including a workplace violence prevention and crisis response plan, to educate, train and assist direct service workers who may be affected by or threatened with workplace violence.

LD 1166 An Act Regarding Records Retention by Mental Health Practitioners

ONTP

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

This bill requires mental health agencies and mental health professionals to plan for and provide secure and private retention of client records and record destruction after specified terms or when an agency or facility ceases to operate or a professional ceases to practice.