

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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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

psychiatric discharge for patients under 18 years of age from hospitals in the Lewiston-Auburn area.

Committee Amendment "A" (S-206)

This amendment amends the resolve by adding a new section directing the Department of Health and Human Services to amend the rules for reimbursement under the MaineCare program as necessary for inpatient substance abuse services in distinct inpatient units. It requires that inpatient substance abuse services be reimbursed based on a case mix index multiplied by the psychiatric discharge rate, resulting in a rate of \$4,898 per discharge. This amendment also adds an appropriations and allocations section.

See also Public Law 2013, chapter 368, the biennial budget, Part PPP for provisions identical to the proposal in the committee amendment.

LD 1334

An Act To Create Child Advocacy Centers in Maine

PUBLIC 364

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN FARNSWORTH	OTP-AM	S-216

This bill provides for the establishment of child advocacy centers throughout the State. One center may be established in each of the State's nine public health districts, and each center is responsible for coordinating the investigation and prosecution of child sexual abuse and referral of victims of child sexual abuse for treatment in that district.

The bill requires that an advisory board govern each center. Board members must be from the district and must include representatives from a county sheriff's office and District Attorney's office; the Department of Health and Human Services, Office of Child and Family Services; the State and municipal police; and a county mental health organization. Each board is required to prepare a written protocol for interagency notification and dispute resolution for involved agencies when a conflict arises in how to proceed with the investigation of the case.

Upon the execution of a Memorandum of Understanding, a center may be established. A center must assess victims of child sexual abuse and their families to determine their needs for services relating to the investigation of child sexual abuse; provide those services; provide a facility at which a multidisciplinary team can meet to facilitate the disposition of child sexual abuse cases through the civil and criminal justice systems; and coordinate the activities of governmental entities relating to investigations and services to victims and families. Multidisciplinary teams must include employees of the participating agencies who are professionals involved in the investigation or prosecution of child sexual abuse cases. The teams may also include professionals involved in the delivery of services to victims and families.

The bill specifies that a person is immune from civil liability for a recommendation or an opinion given in good faith while acting in the official scope of the person's duties as a member of a center's multidisciplinary team or as a staff member or volunteer of a center. The bill also specifies that the files, reports, records, communications and working papers used or developed in providing services are confidential and are not public records.

Beginning January 2015, the Department of Health and Human Services must annually report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the centers. The report must include the number of centers and an overview of the protocols adopted by the centers and the effectiveness of the centers in coordinating the investigation and prosecution of child sexual abuse and referral of victims of child sexual abuse for treatment. The committee may submit legislation related to the report.

Committee Amendment "A" (S-216)

This amendment replaces the bill. It retains the provisions of the bill, but broadens the focus of child advocacy

Joint Standing Committee on Health and Human Services

centers from child sexual abuse to child sexual abuse and other child abuse and neglect. It requires the participants in a center's memorandum of understanding and the members of a center's child advocacy advisory board to include a representative from a sexual assault support center and also allows a center's multidisciplinary team to include such a representative. It also limits the intake of the centers to children and their families referred to the centers from the Department of Health and Human Services, law enforcement and district attorneys.

Enacted Law Summary

Public Law 2013, chapter 364 provides for the establishment of child advocacy centers throughout the State. One center may be established in each of the State's nine public health districts, and each center is responsible for coordinating the investigation and prosecution of child sexual abuse and other child abuse and neglect as well as referral of victims of child sexual abuse for treatment in that district. The intake of the centers is limited to children and their families referred to the centers from the Department of Health and Human Services, law enforcement and district attorneys.

The law requires that an advisory board govern each center. Board members must be from the district and must include representatives from a county sheriff's office and District Attorney's office; the Department of Health and Human Services, Office of Child and Family Services; the State and municipal police; a sexual assault support center; and a county mental health organization. Each board is required to prepare a written protocol for interagency notification and dispute resolution for involved agencies when a conflict arises in how to proceed with the investigation of the case.

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LD 1337 An Act To Revise the Maine Wild Mushroom Harvesting Certification Program

**ACCEPTED
MAJORITY
(ONTP) REPORT**

Sponsor(s)

SIROCKI

Committee Report

ONTP
OTP

Amendments Adopted

This bill creates an annual licensing requirement, in addition to the existing certification requirement, for certain persons selling, transferring or otherwise delivering wild mushrooms within the State. This bill provides that a