

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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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.

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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.

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 law 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. It 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.

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

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person does not need a license to sell wild mushrooms that had been originally received from a licensed person. Fees currently required for certification are shifted to the annual licensing system. This bill adds a requirement that license holders maintain liability insurance, provides for a civil penalty of \$1,000 to \$5,000 for each violation of the license or insurance requirement and provides for license suspension for repeat offenses.

LD 1343 An Act To Improve Work Readiness for Families Facing Significant Barriers to Employment

PUBLIC 376

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES FLOOD	OTP-AM	H-345

This bill provides that if the case manager of a participant in the ASPIRE-TANF program determines that the participant has physical or mental health impairments, learning disabilities, cognitive impairments or limitations, the case manager must explore with the participant whether the participant wishes to undergo a comprehensive screening with possible referral to alternative services, supports and benefits. Following the assessment, the case manager, in coordination with the participant, is directed to establish a plan for the participant and the participant's family that includes appropriate services, supports and programs.

Committee Amendment "A" (H-345)

This amendment clarifies the role of the case manager in the comprehensive screening and assessment process. It also clarifies that a person who fails to participate without good cause may be sanctioned by the Department of Health and Human Services.

Enacted Law Summary

Public Law 2013, chapter 376 provides for a participant in the ASPIRE-TANF program to be screened for physical or mental health impairments, learning disabilities, cognitive impairments or limitations related to providing care for a household member with a disability or serious illness or a child with a serious behavioral condition. If it is determined that barriers to economic self-sufficiency and well-being exist, the participant must be offered the opportunity for a comprehensive assessment that may result in referral for alternative services, supports and income benefits. The participant's case manager shall ensure that any accommodation or support services necessary for the participant to participate in the assessment are made available to the participant. A person who fails to participate without good cause may be sanctioned by the Department of Health and Human Services.

LD 1364 An Act To Amend the Laws Governing Hospital Leave Days for MaineCare Recipients

**PUBLIC 423
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON HAMPER	OTP-AM	H-370 S-360 HILL

This bill amends Public Law 2013, chapter 1 to clarify that the number of hospital and therapeutic leave days for MaineCare recipients is limited to 4 hospital leave days per hospital visit and one therapeutic leave day per year.

Committee Amendment "A" (H-370)

This amendment changes the number of hospital leave days per hospital visit to 7 and the number of therapeutic leave days to 20 per year. The amendment adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-360)

This amendment amends Committee Amendment "A" to strike the substance of the bill and instead changes the