

# MAINE STATE LEGISLATURE

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**STATE OF MAINE**  
126<sup>TH</sup> LEGISLATURE  
SECOND REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed

**JOINT STANDING COMMITTEE ON HEALTH AND HUMAN  
SERVICES**

May 2014

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**STATE OF MAINE**  
**126<sup>TH</sup> LEGISLATURE**  
**SECOND REGULAR SESSION**  
**LEGISLATIVE DIGEST OF BILL SUMMARIES AND**  
**ENACTED LAWS**

The *Digest* is arranged 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.

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 Second Regular Session of the 126<sup>th</sup> Legislature is August 1, 2014. 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 changes the reimbursement rate for ambulance services from not less than the average allowable reimbursement rate under Medicare to not less than 65 percent of the average allowable reimbursement rate under Medicare. The amendment also replaces the appropriations and allocations section of the bill.

### **Senate Amendment "A" To Committee Amendment "A" (S-357)**

This amendment delays until March 1, 2015 increasing MaineCare reimbursement for ambulance services to 65 percent of the average allowable Medicare rate.

### **Enacted Law Summary**

Public Law 2013, chapter 441 increases MaineCare reimbursement rates for ambulance services beginning March 1, 2015 from the current rate of not less than the average allowable reimbursement rate under Medicare to a new rate of not less than 65 percent of the average allowable reimbursement rate under Medicare.

**LD 1449**

### **An Act To Amend the Composition and Duties of the Maine Children's Growth Council**

**Veto Sustained**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ALFOND FARNSWORTH	OTP-AM ONTP	S-401

This bill was carried over from the First Regular Session of the 126th Legislature.

This bill amends the composition and duties of the Maine Children's Growth Council by:

1. Requiring the Governor, President of the Senate and Speaker of the House of Representatives, when making appointments to the council, to ensure that appointees represent a diversity of interests including early learning coalitions, public health and safety networks, organizations that prevent and address child abuse and neglect and philanthropic organizations;
2. Increasing the number of members who represent statewide associations of business and industry to two;
3. Adding the commissioner, or the commissioner's designee, of the Department of Corrections, the Department of Economic and Community Development, the Department of Labor and the Department of Public Safety and the Superintendent of Insurance, or the superintendent's designee, as members;
4. Adding three more employees from the Department of Health and Human Services or the Department of Education;
5. Staggering the terms of appointed members;
6. Requiring the Governor, when appointing the chairs of the council, to consider the recommendations of the council;
7. Specifying that certain public members not otherwise compensated are entitled to receive mileage and a per diem;
8. Specifying that staff members of the council are authorized to undertake certain actions, such as entering into contracts and providing funding;
9. Repealing the current law that requires the council to develop a long-term plan for investment in the healthy development of young children and replacing it with the requirement to develop a long-term plan in accordance with

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

specific requirements, including:

A. Requirements for the council to consult with specified state agencies and local governments when developing the long-term plan; and

B. Strategies and timelines that provide for the coordination of resources and services across state government and the elimination of duplicate programs and services to reflect the diversity of and uniqueness of young children and their families and to maximize federal funding; and

10. Requiring the long-term plan to be developed within 12 months of the effective date of this bill.

### **Committee Amendment "A" (S-401)**

This amendment is the majority report of the committee. This amendment deletes any proposed duties of the Maine Children's Growth Council to implement and ensure implementation of the long-term plan. The amendment changes the required qualifications for state agency representatives who are appointed to the council by requiring a representative to be knowledgeable about the healthy development of the State's young children and their families and the work of the council. The amendment adds to the Maine Children's Growth Council a representative of the federally recognized Indian tribes in the State. The representative of the Indian tribes must be chosen by the tribe whose turn it is in rotation to serve on the council, nominated to the Governor and appointed by the Governor. The amendment corrects the designation of a council member from the director of the Head Start collaboration project within the Department of Health and Human Services, Office of Child Care and Head Start to the director of the Head Start collaborative office within the Department of Health and Human Services and provides for a designee of the director to serve on the council. The amendment substitutes the Commissioner of Health and Human Services for the Commissioner of Public Safety in the membership of the council. The amendment makes the state agency commissioners and representatives nonvoting members of the council. The amendment removes reimbursement and compensation for public members of the council.

### **LD 1487     An Act To Provide Fiscal Predictability to the MaineCare Program and Health Security to Maine People**

**Veto Sustained**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ	OTP-AM ONTP	S-419

This bill was carried over from the First Regular Session of the 126th Legislature.

This bill establishes managed care in the MaineCare program. The bill includes requirements for managed care plans and for contracting by the Department of Health and Human Services for managed care services. The bill specifies how MaineCare members enroll in managed care plans. The bill requires the Department of Health and Human Services to apply for approval of a Medicaid state plan amendment to allow use of MaineCare funds to purchase available employer-sponsored health coverage and delays implementation of that provision until approval has been granted.

### **Committee Amendment "B" (S-419)**

This amendment, which is the majority report of the committee, replaces the bill. The amendment contains the following provisions.

Part A establishes managed care in the MaineCare program. It includes requirements for managed care plans and for contracting by the Department of Health and Human Services for managed care services. It specifies how MaineCare members enroll in managed care plans, provides opportunities for disenrollment, provides for capitated payments to managed care plans, establishes a minimum loss ratio for managed care plans, provides a choice of plans and a choice counseling system that ensures the consumer has access to accurate information, establishes an