

# MAINE STATE LEGISLATURE

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**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

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# STATE OF MAINE

126<sup>TH</sup> LEGISLATURE

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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 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.

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4. Adding 3 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 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.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

**LD 1462**      **An Act To Clarify and Correct Provisions of the Maine Medical Use of Marijuana Act**      **PUBLIC 374**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DION HASKELL	OTP-AM	H-465

This bill amends the Maine Medical Use of Marijuana Act in the following ways:

1. It changes the name of the act to the Maine Medical Use of Cannabis Act;
2. It allows access to a registered dispensary's cultivation facility or a cultivation facility used by a patient or primary caregiver by a licensed health care professional, vendor, consultant or person performing repairs or maintenance, but only under the direct supervision of a registered cardholder who is a principal officer, board member or employee of the registered dispensary or a patient or primary caregiver;
3. It directs the Department of Health and Human Services to amend its rules for the medical use of marijuana to eliminate the requirement that a dispensary or a primary caregiver tag each marijuana plant with a patient's name or have any other method that allows the department to determine for whom a plant is being cultivated;
4. It requires the department to change the rule regarding written notification given by registered dispensaries of any substantive policy or procedure change, requiring notification to be made within 30 days of the implementation

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of the change, instead of at least 10 days prior to the change; and

5. It requires a correction to a reference to caregivers in the rules of the department; the reference should be to registered dispensaries.

**Committee Amendment "A" (H-465)**

This amendment replaces the bill. The amendment allows access to a cultivation facility by emergency services personnel and by a person who needs to gain access in order to perform repairs or maintenance or to do construction, but only under the direct supervision of a cardholder who is allowed access to the cultivation facility. The amendment requires a primary caregiver or dispensary that cultivates marijuana to use a numerical identification system and requires the Department of Health and Human Services to amend the rules on primary caregivers and dispensaries to implement the numerical identification system requirement.

**Enacted Law Summary**

Public Law 2013, chapter 374 amends the Maine Medical Use of Marijuana Act in the following ways:

- 1. It allows access to a registered dispensary's cultivation facility or a cultivation facility used by a patient or primary caregiver by a by emergency services personnel and by a person who needs to gain access in order to perform repairs or maintenance or to do construction, but only under the direct supervision of a cardholder who is allowed access to the cultivation facility;
- 2. It directs the Department of Health and Human Services to amend its rules for the medical use of marijuana to eliminate the requirement that a dispensary or a primary caregiver tag each marijuana plant with a patient's name. The law requires a primary caregiver or dispensary that cultivates marijuana to use a numerical identification system and requires the Department of Health and Human Services to amend the rules on primary caregivers and dispensaries to implement the numerical identification system requirement; and
- 3. It requires a correction to a reference to caregivers in the rules of the department because the reference should be to registered dispensaries.

See also LD 1536, Part G, which corrects an error in the law.

**LD 1486    An Act To Maximize Funds Available To Provide Oral Health Care Services to Persons with Developmental, Behavioral or Other Severely Disabling Conditions Requiring Specialized and Time-intensive Oral Health Care**

**VETO  
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES GRATWICK	OTP-AM ONTP	H-520 H-562 GATTINE

This bill expands MaineCare coverage of oral health treatment for persons 21 years of age and older who seek treatment from their primary care provider or in a hospital emergency department for an acute oral health or related condition and are referred by the primary care provider or the hospital to a dental clinic certified by the Department of Health and Human Services to receive referrals. The bill requires MaineCare to cover medically necessary treatment of the underlying oral health conditions that led to the referral, as well as the screening, diagnosis and treatment of other conditions identified upon referral to the dental clinic. The department is authorized to adopt routine technical rules to determine the extent of covered services and the dental clinics that qualify to provide the expanded scope of services, including ensuring that those clinics provide prompt access to treatment.