

MAINE STATE LEGISLATURE

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STATE OF MAINE
126TH 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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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 HOUSESHouse & 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
EMERGENCYenacted 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 126th 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

LD 1596 Resolve, Directing the Department of Health and Human Services To Amend MaineCare Rules as They Pertain to the Delivery of Covered Services via Telecommunications Technology

**RESOLVE 105
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCELWEE JACKSON T	OTP-AM	H-723

This resolve directs the Department of Health and Human Services to amend MaineCare rules to allow registered nurses and behavioral health specialists to be reimbursed for providing covered services via telecommunications technology as are medical doctors, physician assistants and family nurse practitioners.

Committee Amendment "A" (H-723)

This amendment replaces the resolve with a resolve directing the Department of Health and Human Services to convene a working group to review the MaineCare rules regarding the definition of "telehealth" and the technologies used for provider-patient interaction involving MaineCare patients. The working group is required to determine when communications that are not visual may be appropriate and sufficient. The Department of Health and Human Services is directed to amend its rules regarding telehealth based upon the review by the working group.

Enacted Law Summary

Resolve 2013, chapter 105 directs the Department of Health and Human Services to convene a working group to review the MaineCare rules regarding the definition of "telehealth" and the technologies used for provider-patient interaction involving MaineCare patients. The working group is required to determine when communications that are not visual may be appropriate and sufficient. The Department of Health and Human Services is directed to amend its rules regarding telehealth based upon the review by the working group.

Resolve 2013, chapter 105 was finally passed as an emergency measure effective April 8, 2014.

LD 1597 An Act To Clarify Provisions of the Maine Medical Use of Marijuana Act

**PUBLIC 501
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE SAVIELLO	OTP-AM	H-665

This bill amends the Maine Medical Use of Marijuana Act to specify that access to a marijuana cultivation facility operated by a patient, a primary caregiver or a dispensary is open to government officials acting within the scope of their employment, under the direct supervision of the patient, the primary caregiver or a principal officer, board member or employee of the dispensary. Currently, a dispensary and any additional location at which the dispensary cultivates marijuana for medical use by a patient are subject to reasonable inspection by the Department of Health and Human Services.

Committee Amendment "A" (H-665)

This amendment retains the emergency language in the bill and replaces the remainder of the bill. It allows an invited elected official access to a facility in which marijuana is cultivated for medical use by a primary caregiver or a dispensary if access is given for the purpose of providing education to the elected official on cultivation.

Enacted Law Summary

Public Law 2014, chapter 501 amends the Maine Medical Use of Marijuana Act to specify that access to a

Joint Standing Committee on Health and Human Services

marijuana cultivation facility operated by a patient, a primary caregiver or a dispensary is open to an invited elected official for the purpose of providing education to the elected official on cultivation provided the access is under the direct supervision of the patient, the primary caregiver or a principal officer, board member or employee of the dispensary.

Public Law 2013, chapter 501 was enacted as an emergency measure effective April 2, 2014.

**LD 1598 An Act To Improve Hospital-based Behavioral Health Treatment for
Persons with Intellectual Disabilities or Autism**

PUBLIC 500

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH BOYLE	OTP-AM	H-666

This bill amends the laws concerning the rights and basic protections of a person with an intellectual disability or autism. It clarifies that the provisions governing behavioral support, modification and management do not apply to a person who is a patient in an acute psychiatric unit of a hospital. It also adds to the team of persons who must review behavior modification and behavior management programs a licensed psychologist who has training and experience in the development of behavioral support plans.

Committee Amendment "A" (H-666)

This amendment clarifies that the provisions governing behavioral support, modification and management do not apply to a person who is a patient in a psychiatric unit of an acute hospital or a psychiatric hospital as defined in the Maine Revised Statutes, Title 34-B, section 3801, subsection 7-B. It removes the changes made by the bill that indicate a licensed psychologist must be a part of the review team overseeing behavior modification and behavior management programs.

Enacted Law Summary

Public Law 2013, chapter 500 amends the laws concerning the rights and basic protections of a person with an intellectual disability or autism. It clarifies that the provisions governing behavioral support, modification and management do not apply to a person who is a patient in a psychiatric unit of an acute hospital or a psychiatric hospital as defined in the Maine Revised Statutes, Title 34-B, section 3801, subsection 7-B.

**LD 1599 Resolve, Directing the Commissioner of Health and Human Services To
Advance the Safe Handling of Hazardous Drugs To Protect Health Care
Personnel**

ONTP

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

This resolve requires the Commissioner of Health and Human Services to adopt by rule a standard for the handling of antineoplastic drugs in health care facilities regardless of the setting. The resolve requires the standard to be consistent with and not exceed specific recommendations adopted by the United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health for preventing occupational exposures to those drugs in health care settings.