

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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STATE OF MAINE
126TH LEGISLATURE
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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 1623 An Act To Further Protect Patient Access to Safe Medical Marijuana by Allowing Dispensaries To Purchase Excess Marijuana from Other Dispensaries

**PUBLIC 503
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON CRAVEN	OTP-AM	H-691

Under the Maine Medical Use of Marijuana Act, a registered dispensary may obtain prepared marijuana only from a primary caregiver. This bill allows registered dispensaries to purchase and sell excess prepared marijuana from and to each other.

Committee Amendment "A" (H-691)

This amendment replaces the bill. This amendment adds an emergency preamble and emergency clause. This amendment defines "extended inventory supply interruption" and, in the event of an extended inventory supply interruption, allows a dispensary to obtain prepared marijuana from another dispensary and provide prepared marijuana to another dispensary.

Enacted Law Summary

Public Law 2014, chapter 503 amends the laws on dispensaries for medical use of marijuana, defines "extended inventory supply interruption" and, in the event of an extended inventory supply interruption, allows a dispensary to obtain prepared marijuana from another dispensary and provide prepared marijuana to another dispensary.

Public Law 2013, chapter 503 was enacted as an emergency measure effective April 2, 2014.

LD 1636 An Act To Provide a More Efficient and Reliable System of Nonemergency Transportation for MaineCare Members

ONTP

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

This bill requires the Department of Health and Human Services to implement a new system to contract for and provide nonemergency transportation for MaineCare members within 30 days after the effective date of the bill. The bill requires the new system to use sole source contracts with regional public transportation agencies that had agreements on July 31, 2013 to provide MaineCare transportation services. The bill provides specific requirements for the contracts, requires the department to adopt performance standards and allows termination of contracts if the department determines that a regional public transportation agency has not met its contractual obligations. The bill requires one-year contracts that are renewable for up to three years. The bill provides a transition period during which regional public transportation agencies are not required to submit data to the department. The bill requires the department to apply to the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services by April 1, 2014 for all necessary Medicaid waiver and state plan amendment approvals.

LD 1640 An Act To Expand MaineCare for Veterans and Low-income Residents

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T EVES	OTP-AM ONTP	S-464

Joint Standing Committee on Health and Human Services

This bill is a concept draft pursuant to Joint Rule 208. It proposes to enact measures designed to enhance the stability and predictability of health care costs for returning veterans and others by addressing the issues associated with hospital charity care and bad debt. In order to address that portion of uncompensated care provided by hospitals that is directed to low-income patients who do not have health insurance, measures proposed in this bill may include, but are not limited to, expanding MaineCare coverage in the State.

Committee Amendment "A" (S-464)

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

Part A expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size, and qualifies Maine to receive federal funding for 100% of the cost of coverage for members who enroll under the expansion. Adults eligible are those 21 to 64 years of age, effective July 1, 2014, and, if the expansion of MaineCare coverage is not repealed, adults 19 and 20 years of age, beginning October 1, 2019. The expansion of Medicaid eligibility contained in this Part is repealed the earlier of either December 31, 2016 or three circumstances occurring: the enhanced Federal Medical Assistance Percentage for calendar years 2014 to 2016 is reduced below certain stated levels; the reduced enhanced Federal Medical Assistance Percentage has taken effect; and after the occurrence of the reduction of the enhanced Federal Medical Assistance Percentage the Legislature has convened and conducted a session of at least 30 calendar days.

Part B requires the Office of Fiscal and Program Review to contract with a nonpartisan research organization to evaluate the financial feasibility of providing health care coverage to newly eligible MaineCare members through the health insurance marketplace, modeled after Medicaid expansion coverage in Arkansas or Iowa, and the feasibility of establishing a state basic health program similar to Washington's basic health plan and to report the findings of the evaluation to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 15, 2015. It directs the Office of Fiscal and Program Review to contract for an examination of the impact of the MaineCare expansion on programs and services that do not currently receive Federal Medical Assistance Percentage matching funds or do not qualify for enhanced Federal Medical Assistance Percentage matching funds under the federal Patient Protection and Affordable Care Act, 42 United States Code, Section 18001 et seq., with the goal of identifying and maximizing General Fund savings. It requires that the research organization report by February 15, 2015 and February 15, 2016 to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters, and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on the amount of General Fund savings resulting from the MaineCare expansion. The reports must include the amount of savings expected and realized during fiscal years 2014-15 and 2015-16 by service area or program. It requires the State Budget Officer to calculate the amount of savings that applies against each General Fund account for all departments and agencies from savings associated with the MaineCare expansion and to transfer the amounts by financial order upon the approval of the Governor. It requires the State Controller to transfer any remaining savings to the MaineCare Stabilization Fund. It requires the State Budget Officer to provide a report of the transferred amounts to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs no later than April 30, 2015 for fiscal year 2014-15 and to submit adjustments to baseline budget requests totaling no less than \$11,800,000 per year to reflect the continuation of the identified savings in the 2016-2017 biennium.

Part C provides funding for positions in the Department of Health and Human Services, Office of Family Independence - District program.

Part D requires the department, when enrolling a MaineCare member who is eligible under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H or I, to provide written notice that is readable at the 6th-grade reading level to the member that the member's MaineCare coverage will end no later than December 31, 2016 unless a law is passed to extend coverage past that date.