

# 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*

implementation of the law.

### **Senate Amendment "A" (S-539)**

This amendment replaces the bill and establishes a transition grant program for individuals exiting the state foster care system at 21 years of age and actively pursuing a postsecondary education. The program is limited to 40 individuals at any one time who are at least 21 years of age but less than 27 years of age. The Department of Health and Human Services is required to adopt rules to govern the program, and must determine eligibility, levels of financial support, duration of assistance, provision of postsecondary education navigator services and the membership, terms, voting procedures and governance structure of an advisory committee to advise the department, which must provide an annual report to the department and to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The department is required to develop the roles and responsibilities for one postsecondary education navigator to provide transitional services and college student support for those individuals in the transition grant program.

### **Enacted Law Summary**

Public Law 2013, chapter 577 establishes a transition grant program for individuals exiting the state foster care system at 21 years of age and actively pursuing a postsecondary education. The program is limited to 40 individuals at any one time who are at least 21 years of age but less than 27 years of age. The Department of Health and Human Services is required to adopt rules to govern the program, and must determine eligibility, levels of financial support, duration of assistance, provision of postsecondary education navigator services and the membership, terms, voting procedures and governance structure of an advisory committee to advise the department, which must provide an annual report to the department and to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The department is required to develop the roles and responsibilities for one postsecondary education navigator to provide transitional services and college student support for those individuals in the transition grant program.

**LD 1685**

### **Resolve, To Strengthen the Protection of Children from Abuse and Neglect**

**RESOLVE 99  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH SAVIELLO	OTP-AM	H-667

This bill makes the following changes to the laws governing the protection of children from abuse and neglect.

1. It requires the Department of Health and Human Services, in the case of an abuse and neglect investigation involving an allegation of abuse and neglect outside of the home of the child, to investigate whether a licensing violation has occurred.
2. It requires a public or private agency or program that is administered, licensed or funded by the Department of Education that hires staff or selects volunteers and provides care or services for children to develop a written policy regarding child abuse and neglect.
3. It requires that a child protection petition, in the case of alleged abuse or neglect outside of the home of the child, include the name and address of the caregiver and the address of the place in which the alleged abuse or neglect occurred.
4. It allows a court in a protection order to order the removal of a perpetrator from a setting outside of the home of the child.
5. It provides a criminal penalty for the violation of a provision of a protection order that prohibits a person from

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

entering the out-of-home setting of the abuse or neglect.

6. It amends the laws governing the investigative duties of the out-of-home abuse and neglect investigating team and clarifies the duty of the team to eliminate the collection of redundant information to the extent possible. It specifies that the team must complete an investigation of issues involving licensure within six months from the start of the investigation in most cases. It requires the team to include relevant professionals outside the Department of Health and Human Services or service center as members of the team for investigations of schools or other settings that provide supervisory care for children. It specifies that, in the case of an allegation of abuse and neglect outside of the home of a child in a facility or by a person not subject to licensure by the department, the team must refer the case to the agency or department charged with the responsibility to conduct a separate investigation to determine if licensure or certification action is necessary.

### **Committee Amendment "A" (H-667)**

This amendment replaces the bill with a resolve directing the Department of Health and Human Services to convene a working group to review current laws and the scope of departmental authority with respect to the abuse and neglect of children, to identify gaps in the safety net to protect children from abuse and neglect and to make recommendations to strengthen the protection of children from abuse and neglect. The amendment requires the department to submit a report on behalf of the working group to the Joint Standing Committee on Education and Cultural Affairs and the Joint Standing Committee on Health and Human Services by November 5, 2014.

### **Enacted Law Summary**

Resolve 2013, chapter 99 directs the Department of Health and Human Services to convene a working group to review current laws and the scope of departmental authority with respect to the abuse and neglect of children, to identify gaps in the safety net to protect children from abuse and neglect and to make recommendations to strengthen the protection of children from abuse and neglect. The resolve requires the department to submit a report on behalf of the working group to the Joint Standing Committee on Education and Cultural Affairs and the Joint Standing Committee on Health and Human Services by November 5, 2014.

Resolve 2013, chapter 99 was finally passed as an emergency measure effective April 2, 2014.

### **LD 1686      An Act To Address Preventable Deaths from Drug Overdose**

**PUBLIC 579  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON	OTP-AM	H-712
CRAVEN	OTP-AM	S-527    HAMPER

This bill authorizes the prescription, possession and administration of opioid antagonists under certain circumstances and provides criminal and civil immunities for such prescription, possession and administration; provides for Medicaid coverage of naloxone hydrochloride using existing resources; authorizes standing orders and collaborative practice agreements for the dispensing of opioid antagonists; provides for an annual report on unintentional drug overdose; and directs the Department of Health and Human Services to make grants from existing resources for various drug overdose prevention projects.

### **Committee Amendment "A" (H-711)**

This amendment is the majority report of the committee. The amendment strikes the emergency preamble and emergency clause. Like the bill, the amendment defines "opioid antagonist" and "opioid-related drug overdose" and authorizes emergency medical personnel to administer opioid antagonists, but the amendment adds a provision authorizing law enforcement officers and municipal firefighters to administer intranasal opioid antagonists. Like the bill, the amendment allows the prescribing and dispensing of an opioid antagonist to a person at risk of an opioid-related drug overdose and to a person who may be in a position to assist an individual experiencing an