

MAINE STATE LEGISLATURE

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STATE OF MAINE
127TH LEGISLATURE
FIRST REGULAR SESSION



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

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

August 2015

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STATE OF MAINE

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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 127th 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. An appendix provides a summary of relevant session statistics.

Final action on each LD is noted to the right of the LD title. The following describes the various final actions.

<i>CARRIED OVER</i>	<i>carried over to a subsequent session of the Legislature</i>
<i>CON RES XXX</i>	<i>chapter # of constitutional resolution passed by both houses</i>
<i>CONF CMTE UNABLE TO AGREE</i>	<i>Committee of Conference unable to agree; legislation died</i>
<i>DIED BETWEEN HOUSES</i>	<i>House & Senate disagreed; legislation died</i>
<i>DIED IN CONCURRENCE</i>	<i>defeated in each house, but on different motions; legislation died</i>
<i>DIED ON ADJOURNMENT</i>	<i>action incomplete when session ended; legislation died</i>
<i>EMERGENCY</i>	<i>enacted law takes effect sooner than 90 days after session adjournment</i>
<i>FAILED, EMERGENCY ENACTMENT or FINAL PASSAGE</i>	<i>emergency failed to receive required 2/3 vote</i>
<i>FAILED, ENACTMENT or FINAL PASSAGE</i>	<i>failed to receive final majority vote</i>
<i>FAILED, MANDATE ENACTMENT</i>	<i>legislation proposing local mandate failed required 2/3 vote</i>
<i>HELD BY GOVERNOR</i>	<i>Governor has not signed; final disposition to be determined at subsequent session</i>
<i>LEAVE TO WITHDRAW</i>	<i>sponsor's request to withdraw legislation granted</i>
<i>NOT PROPERLY BEFORE THE BODY</i>	<i>ruled out of order by the presiding officer; legislation died</i>
<i>INDEF PP</i>	<i>indefinitely postponed; legislation died</i>
<i>ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X</i>	<i>ought-not-to-pass report accepted; legislation died</i>
<i>P&S XXX</i>	<i>chapter # of enacted private & special law</i>
<i>PUBLIC XXX</i>	<i>chapter # of enacted public law</i>
<i>RESOLVE XXX</i>	<i>chapter # of finally passed resolve</i>
<i>VETO SUSTAINED</i>	<i>Legislature failed to override Governor's veto</i>

The effective date for non-emergency legislation enacted in the First Regular Session of the 127th Legislature is October 15, 2015. 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 45 An Act To Exempt Certain Capital Expenditures from the Maine Certificate of Need Act of 2002

Died Between Houses

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

This bill provides that capital expenditures that result in no net increase in MaineCare costs do not require a certificate of need.

LD 63 Resolve, To Require the Department of Health and Human Services To Provide Supplemental Reimbursement to Adult Family Care Homes and Residential Care Facilities in Remote Island Locations

RESOLVE 45 EMERGENCY

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KUMIEGA BREEN	OTP-AM ONTP	H-49

This resolve requires the Department of Health and Human Services to amend its rules governing MaineCare reimbursement for both adult family care services and private nonmedical institution services to provide supplemental MaineCare reimbursement of an additional 15 percent to adult family care homes and residential care facilities in remote island locations.

Committee Amendment "A" (H-49)

This amendment, which is the majority report of the committee, makes the following changes to the resolve.

1. It adds an emergency preamble and emergency clause.
2. It requires the Department of Health and Human Services to amend its rules to provide supplemental reimbursement to adult family care homes and residential care facilities in remote island locations in the resolve by October 1, 2015.
3. It allows the Department of Health and Human Services to adopt the rules as an emergency without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health, safety or general welfare.
4. It requires the Department of Health and Human Services to submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to allow for the supplemental reimbursement.
5. It also adds an appropriations and allocations section to the resolve.

Enacted Law Summary

Resolve 2015, chapter 45 requires the Department of Health and Human Services to amend its rules governing MaineCare reimbursement for both adult family care services and private nonmedical institution services to provide supplemental MaineCare reimbursement of an additional 15 percent to adult family care homes and residential care facilities in remote island locations. The rules must be amended by October 1, 2015. The department may adopt the rules as an emergency without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health, safety or general welfare. The department must submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to allow for the

Joint Standing Committee on Health and Human Services

supplemental reimbursement.

Resolve 2015, chapter 45 was finally passed as an emergency measure effective July 12, 2015.

LD 75 Resolve, To Strengthen Health Care Services for Maine Residents ONTP
Affected by Neurodegenerative Diseases

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

This resolve directs the Department of Health and Human Services to convene a stakeholder group to conduct a feasibility study assessing the need for and costs of developing a network of in-state health care services, including home care and care in long-term care facilities, for residents of the State affected by neurodegenerative diseases. The resolve requires the department to report to the Joint Standing Committee on Health and Human Services in the Second Regular Session of the 127th Legislature and authorizes the committee to report out a bill based on the group's report.

The substance of this resolve was included in Resolve 2015, chapter 44 (see LD 155).

LD 84 An Act Concerning Screening of Newborns for Lysosomal Storage ONTP
Disorders

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

This bill requires the Department of Health and Human Services to amend its rules in Chapter 283, Rules and Regulations Relating to Testing Newborn Infants for Detection of Causes of Cognitive Disabilities and Selected Genetic Conditions, by January 1, 2016 to add to the newborn screening program the lysosomal storage disorders known as Krabbe, Pompe, Gaucher, Fabry and Niemann-Pick diseases. The bill authorizes the department to explore options to enter into contracts with other states to test samples collected for lysosomal storage disorders.

LD 87 Resolve, To Implement the Recommendations of the Commission To RESOLVE 34
Continue the Study of Long-term Care Facilities EMERGENCY

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY BURNS	OTP-AM OTP-AM	H-77 S-173 BURNS

This resolve directs the Department of Health and Human Services to amend Rule Chapter 101, MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities to:

1. Decrease the occupancy percentage threshold required for a nursing facility with more than 60 beds from 90 percent to 80 percent and for a nursing facility with 60 beds or fewer from 85 percent to 75 percent;
2. Provide that the cost of continuing education for direct care staff is included as a direct care cost component rather than a routine cost component;
3. Restore crossover payments to nursing facilities related to the nondual Qualified Medicare Beneficiary program