

MAINE STATE LEGISLATURE

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STATE OF MAINE
127TH LEGISLATURE
SECOND REGULAR SESSION



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

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

May 2016

STAFF:

ANNA BROOME, LEGISLATIVE ANALYST
MICHAEL O'BRIEN, LEGISLATIVE ANALYST
OFFICE OF POLICY AND LEGAL ANALYSIS
13 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1670
AND
LUKE LAZURE, LEGISLATIVE ANALYST
OFFICE OF FISCAL AND PROGRAM REVIEW
5 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1635
<http://legislature.maine.gov/legis/opla/>

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STATE OF MAINE

127TH 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 Second 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.

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 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 127th Legislature is July 29, 2016. 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 622 An Act To Require Training of Mandated Reporters under the Child Abuse Laws

PUBLIC 407

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| DIAMOND G | OTP-AM | S-378 |

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill requires that a person in the professional categories required to report suspected child abuse or neglect must have completed mandated reporter training within the previous year before a professional license or certification for that person may be issued or renewed.

Committee Amendment "A" (S-378)

This amendment replaces the bill. It requires all mandated reporters of suspected child abuse or neglect to complete training approved by the Department of Health and Human Services at least once every four years. Unlike the bill, the training requirement in the amendment does not affect the issuing or renewal of professional licenses.

Enacted Law Summary

Public Law 2015, chapter 407 requires all mandated reporters of suspected child abuse or neglect to complete training approved by the Department of Health and Human Services at least once every four years.

LD 633 An Act To Improve the Health of Maine Citizens and the Economy of Maine by Providing Affordable Market-based Coverage Options to Low-income Uninsured Citizens

Died On Adjournment

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| SAVIELLO T | OTP-AM ONTP | S-487 |

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill, which is concept draft, proposes to establish an affordable market-based program to provide health insurance coverage to low-income uninsured Maine citizens who earn less than 133% of the federal poverty level. The program would be modeled after the Insure Tennessee program and the SHARE Plan program in Wyoming.

Committee Amendment "A" (S-487)

This amendment is the majority report of the committee and replaces the bill. It does the following.

1. It authorizes the State to accept federal funds to provide health insurance coverage to adults with incomes equal to or below 133% plus 5% of the nonfarm income official federal poverty line. Individuals with incomes equal to or below 100% of the nonfarm income official poverty line receive coverage through the MaineCare program. Individuals with income levels over 100% of the federal poverty line and up to 138% of the federal poverty line would receive coverage through private health insurance plans, through premium assistance at the same level that would be provided through advanced premium tax credits. Individuals within this group defined as "medically frail" in accordance with 42 Code of Federal Regulations, Section 440.315(f) are exempt from mandatory enrollment in a private individual or group qualified health plan.
2. It requires MaineCare members with incomes over 100% and equal to or below 138% of the federal poverty line who are receiving private health coverage through a private individual or group qualified health plan to pay

Joint Standing Committee on Health and Human Services

premiums and cost sharing up to a maximum of 5% of the household's income. The amendment provides for termination of coverage for nonpayment of premium without good cause. Good cause must be defined by rules adopted by the Department of Health and Human Services.

3. It authorizes the Department of Health and Human Services to contract with health insurance plans to provide coverage in order to maximize savings and to ensure access to and quality of services.

4. It repeals the expanded coverage if the enhanced federal medical assistance percentage is reduced below that specified in the federal law or if expanded coverage is not reauthorized by the Legislature by June 30, 2019.

5. It requires the Department of Health and Human Services to prepare and submit to the Federal Government any state plan amendments and federal waivers by January 1, 2017 necessary to implement the program.

6. It authorizes the Department of Health and Human Services to apply for and accept private foundation grants to be used to cover the cost of preparing and submitting any waivers and state plan amendments to the Federal Government required as a result of expanding coverage. It requires the department to develop mechanisms to create a seamless system for determining eligibility for the MaineCare program and for premium assistance for those who are already enrolled in a group or individual qualified health plan, using the federally facilitated marketplace to determine eligibility for the MaineCare program and for individuals in a private individual or group qualified health plan if it is determined to be more efficient. The amendment also requires the department, after consultation with a stakeholder group, to file a waiver to test a full continuum of substance use disorder treatment that will, among other things, authorize Medicaid coverage for services provided in inpatient and short-term residential facilities.

7. It requires monthly reporting to the committees of jurisdiction on the status of waiver submission until the disposition of such a waiver is determined, and on the status of implementation of the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H no later than June 1, 2017 and by April 30, 2017, April 30, 2018 and April 30, 2019 on savings generated for state-funded programs as a result of implementation. It requires the Department of Administrative and Financial Services, Maine Revenue Services to report by April 30, 2017 and April 30, 2018 on revenues generated as a result of expanded coverage. It requires that savings and revenues be verified by the Office of Fiscal and Program Review by May 15, 2017 and May 15, 2018. It transfers any savings to the MaineCare Stabilization Fund prior to the next fiscal year. It requires the Office of Fiscal and Program Review to report its findings to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and to the joint standing committee of the Legislature having jurisdiction over government oversight matters and authorizes the latter committee to request further review and reporting by the Office of Program Evaluation and Government Accountability on the effectiveness of providing coverage through expanded MaineCare coverage.

**LD 661 An Act To Fund HIV, Sexually Transmitted Diseases and Viral Hepatitis
Screening, Prevention, Diagnostic and Treatment Services**

**Died On
Adjournment**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|--------------------------|-------------------------|---------------------------|
| BURSTEIN C GRATWICK G | OTP-AM ONTP | H-174 |

This bill was reported out of committee in the prior session and then carried over on the Special Appropriations Committee Table.

This bill provides ongoing General Fund appropriations of \$391,800 per year beginning in fiscal year 2014-15 to provide screening and prevention services and diagnostic and treatment services for individuals throughout the State who are uninsured and without covered access to such services and who are at risk in accordance with criteria established by the program.