

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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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

submit the strategy and related recommendations to the Joint Standing Committee on Health and Human Services by January 15, 2016.

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

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

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.

Committee Amendment "A" (H-174)

This amendment strikes the fiscal year 2014-15 appropriation from the bill and adds an appropriation of \$391,800 in fiscal year 2016-17.

This bill was carried over on the Special Appropriations Table to any special or regular session of the 127th Legislature by joint order, S.P. 555.

LD 662 **An Act To Increase Access to Health Care through Telemedicine** **PUBLIC 137**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY GRATWICK	OTP-AM	H-194

This bill authorizes the Board of Licensure in Medicine to register a physician not licensed to practice medicine in this State to provide medical services through interstate telemedicine to patients in this State if certain requirements are met.

Committee Amendment "A" (H-194)

This amendment retains most provisions of the bill and does the following.

1. It allows the Board of Licensure in Medicine to register a physician not licensed to practice in the State to provide consultative services through interstate telemedicine.
2. As in the bill, it requires that the physician to be registered must be fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services.
3. It specifies that the physician to be registered may provide only consultative services and that a physician, advanced practice registered nurse or physician assistant in this State must retain ultimate authority over the diagnosis, care and treatment of the patient.
4. It requires that the physician to be registered register with the board every two years, instead of annually as in the bill, and pay a registration fee not to exceed \$500.
5. It removes the provision in the bill exempting certain physicians from the registration requirement.

Joint Standing Committee on Health and Human Services

Enacted Law Summary

Public Law 2015, chapter 137 makes the following changes to the practice of interstate telemedicine.

1. The Board of Licensure in Medicine may register a physician not licensed to practice in the State to provide consultative services through interstate telemedicine.
2. The physician to be registered must be fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services.
3. The physician to be registered may provide only consultative services and a physician, advanced practice registered nurse or physician assistant in this State must retain ultimate authority over the diagnosis, care and treatment of the patient.
4. The physician to be registered registers with the board every two years and pay a registration fee no more than \$500.

LD 663 Resolve, To Require That the Department of Health and Human Services Determine Whether Testing for Krabbe Disease Should Be Required for Newborns

Leave to Withdraw Pursuant to Joint Rule

Sponsor(s)

WARD
BRAKEY

Committee Report

Amendments Adopted

This resolve requires the Department of Health and Human Services to conduct a study to determine whether newborn infants should be tested for Krabbe disease as part of the screening process for detection of causes of cognitive disabilities and congenital, genetic and metabolic disorders. The department is required to submit its findings and a recommendation to the Joint Standing Committee on Health and Human Services, which is authorized to submit legislation to the Second Regular Session of the 127th Legislature regarding the findings and recommendation.

LD 664 Resolve, To Direct the Department of Health and Human Services To Submit a State Plan Amendment To Allow Community-based and Other Health Care Providers To Be Reimbursed by MaineCare

ONTP

Sponsor(s)

SANBORN
VALENTINO

Committee Report

ONTP

Amendments Adopted

This resolve 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 seek approval to reimburse for preventive tests and services that are currently reimbursed by MaineCare when administered by a licensed enrolled physician or other licensed practitioner when those preventive tests and services are administered by other practitioners acting within their scope of practice, including, but not limited to, community-based health care providers. Upon approval of the state plan amendment, the Department of Health and Human Services is directed to amend its rules to reflect the state plan amendment.