

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.

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120 days or until reimbursement is made or that person enters into a written agreement, which must be reasonable, to reimburse the municipality, whichever period is longer. The amendment also provides that the overseer of municipal general assistance may make a determination that a person has made a false representation of a material fact to obtain general assistance.

Enacted Law Summary

Public Law 2015, chapter 312 provides that a person who makes a false representation of a material fact to obtain municipal general assistance is ineligible to receive further assistance either for a period of 120 days or until reimbursement is made or that person enters into a written agreement, which must be reasonable, to reimburse the municipality, whichever period is longer. The overseer of municipal general assistance may make a determination that a person has made a false representation of a material fact to obtain general assistance.

LD 726 An Act To Increase Patient Safety in Maine's Medical Marijuana Program CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SAVIELLO		

This bill amends the Maine Medical Use of Marijuana Act by:

1. Increasing the amount of excess prepared marijuana a registered primary caregiver may transfer for reasonable compensation in a calendar year from two pounds to five pounds;
2. Specifying that, like registered dispensaries, a primary caregiver's cultivation facility is subject to reasonable inspection by the Department of Health and Human Services at any time, without prior notice;
3. Requiring the Department of Health and Human Services to adopt routine technical rules governing the manner in which the department considers an application for and a renewal of a registry identification card for a primary caregiver;
4. Clarifying that the information provided by the Department of Health and Human Services to the Department of Administrative and Financial Services, Bureau of Revenue Services may be used by the bureau to determine whether an applicant for a license or renewal of a license as a registered dispensary has complied with the tax laws; and
5. Specifying that the Medical Use of Marijuana Fund may be used by the Department of Health and Human Services for enforcement purposes that are primarily for the protection of public health and safety and for investigations.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

LD 734 An Act To Repeal the Certificate of Need Requirement for Hospitals Died Between Houses

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY SIROCKI	ONTP OTP-AM	

Under current law, before introducing additional health care services and procedures in a market area, a person must

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apply for and receive a certificate of need from the Department of Health and Human Services. This bill eliminates that requirement.

Committee Amendment "A" (S-167)

This amendment, which is the minority report of the committee, changes the bill title to reflect that it eliminates the entire certificate of need process rather than only the certificate of need process for hospitals. The amendment also adds an appropriations and allocations section.

LD 736 An Act To Allow Access to Certain Death Records

PUBLIC 189

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VOLK ESPLING	OTP-AM	S-199

This bill requires that when a physician or clinical psychologist has evaluated a person for the purpose of providing a second opinion on whether the person meets the criteria for emergency admission to a psychiatric hospital and determines that the person does not meet the criteria, the physician or clinical psychologist must destroy the written application for emergency admission and accompanying certificate.

The bill also authorizes the names and dates of death of individuals who died while patients at the Pineland Hospital and Training Center to be made available to the public in accordance with rules adopted by the Department of Health and Human Services.

Committee Amendment "A" (S-199)

This amendment strikes section 2 of the bill, which requires that when a physician or clinical psychologist has evaluated a person for the purpose of providing a second opinion on whether the person meets the criteria for emergency admission to a psychiatric hospital and determines that the person does not meet the criteria, the physician or clinical psychologist must destroy the written application for emergency admission and accompanying certificate.

Enacted Law Summary

Public Law 2015, chapter 189 authorizes the names and dates of death of individuals who died while patients at the Pineland Hospital and Training Center to be made available to the public in accordance with rules adopted by the Department of Health and Human Services.

LD 751 An Act To Provide Consideration of the Need for Nursing Facility Beds in the Area Where They Are Located before Those Beds Are Lost

ONTP

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

This bill requires the certificate of need process to take into account the effect of the loss of nursing facility beds on the community's health and economy and on family members and the individuals occupying the beds. The existing process examines only the need for new beds in an area where beds have been proposed.