

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

127TH LEGISLATURE

FIRST REGULAR SESSION



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

This bill:

1. Amends the membership of the Child Care Advisory Council to include an employee of the Department of Health and Human Services, Division of Licensing and Regulatory Services; and
2. Further amends the statute relating to membership of the Child Care Advisory Council to reflect the Maine Afterschool Network's new partnership with the University of Southern Maine.

LD 782 An Act To Improve the Quality of Life of Persons with Serious Illnesses PUBLIC 203

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| LANGLEY MAKER | OTP | |

This bill establishes the Palliative Care and Quality of Life Interdisciplinary Advisory Council to advise the Department of Health and Human Services, Maine Center for Disease Control and Prevention and report to three legislative committees. The bill requires the Maine Hospice Council, if resources permit, to establish an information and education program to maximize the effectiveness of palliative care initiatives by ensuring that comprehensive and accurate information and education are available and allows the council to seek outside funding for the advisory council. The bill requires the executive director of the Maine Hospice Council to convene the first meeting of the advisory council by October 1, 2015.

Enacted Law Summary

Public Law 2015, chapter 203 establishes the Palliative Care and Quality of Life Interdisciplinary Advisory Council to advise the Department of Health and Human Services, Maine Center for Disease Control and Prevention and report to three legislative committees. It further establishes the membership, procedures and duties of the advisory council.

Public Law 2015, chapter 203 requires the Maine Hospice Council, if resources permit, to establish an information and education program to maximize the effectiveness of palliative care initiatives by ensuring that comprehensive and accurate information and education are available and allows the council to seek outside funding for the advisory council. It further requires the executive director of the Maine Hospice Council to convene the first meeting of the advisory council by October 1, 2015.

LD 798 An Act To Strengthen Maine's Hospitals and Increase Access to Health Care ONTP

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| DEVIN | ONTP | |

This bill, which is contingent on approval by the voters of the State at referendum, does the following.

1. It expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133 percent of the nonfarm income official poverty line, with the five percent federal income adjustment for family size. It repeals the expansion of medical coverage under the MaineCare program December 31, 2020, and it provides for repeal of the expansion prior to 2020 under certain circumstances.
2. It requires the Commissioner of Health and Human Services to provide certain information to the Secretary of the United States Department of Health and Human Services to enable the secretary to make the determination as to

Joint Standing Committee on Health and Human Services

the eligibility of the State to obtain an enhanced Federal Medical Assistance Percentage for services for MaineCare members eligible as childless adults. It provides that until the secretary confirms that the State will get the enhanced reimbursement rate as set forth in the federal Patient Protection and Affordable Care Act, for the childless adult population in MaineCare, including persons who were members under that eligibility grouping on December 1, 2009, the expansion of medical coverage under the MaineCare program will not take effect. It requires the commissioner, upon receiving confirmation from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, to notify the President of the Senate, the Speaker of the House of Representatives and the Revisor of Statutes and to provide them with a copy of the written confirmation.

3. It requires the Office of Fiscal and Program Review to contract with a private, nonpartisan research organization to evaluate the impact of the MaineCare expansion. It requires a report to the Legislature on the amount of General Fund savings resulting from the MaineCare expansion.

4. It amends current law on copayments in the MaineCare program. It directs the Department of Health and Human Services to increase copayments for adults with income above 100 percent of the nonfarm income official poverty line to the maximum allowable under federal law and to increase nominal copayments by the annual percentage increase in the medical care component of the Consumer Price Index for All Urban Consumers. It directs the department to increase MaineCare copayments for services provided in a hospital emergency room when the services are not emergency services. It requires the department to track aggregate copayments in compliance with federal law.

LD 808 An Act To Decrease Uncompensated Care, Reduce Medical Debt and ONTP
Improve Health Outcomes

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| HASKELL DION | ONTP | |

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures, tailored to the unique conditions in Maine, designed to:

1. Reduce the burden of uncompensated medical care in Maine experienced by health care providers in hospitals, health centers and health care provider offices, including care provided through charity care programs;
2. Lower the number of uninsured in Maine by providing a strategy for uninsured, low-income persons with income up to 133 percent of the federal poverty level to have access to health coverage using available, cost-effective health care coverage options for Medicaid;
3. Address inefficiencies within our current health care systems, use federal funds available to Maine and offer more options for insurance coverage to the uninsured; and
4. Allow Maine to remain competitive with neighboring states, bring savings to the General Fund and protect the fiscal sustainability of rural and safety net hospitals and health centers.

LD 812 An Act To Prevent Drug Overdose Deaths by Enhancing Access to ONTP
Opioid Antagonists

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|--------------------|-------------------------|---------------------------|
| GRATWICK GIDEON | ONTP | |