

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

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	

Joint Standing Committee on Health and Human Services

This bill authorizes the prescription, possession and administration of opioid antagonists under certain circumstances and provides criminal and civil immunities for such prescription, possession and administration.

LD 816 An Act To Reform Welfare and Eliminate the Welfare Cliff ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures designed to reform welfare and eliminate the so-called welfare cliff. This bill would establish a system of gradual reduction, rather than an abrupt cessation, of welfare benefits to an individual as the individual's income rises.

LD 821 An Act To Promote Equity in Business Opportunity for Tobacco Specialty Stores Died Between Houses

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

This bill allows certain tobacco specialty stores to be licensed as a cigar lounge, which may serve nonalcoholic and alcoholic beverages. A cigar lounge may not sell cigarettes or prepare food on premises for sale. A tobacco specialty store that is a cigar lounge must provide notice about the dangers of environmental tobacco smoke to applicants for employment and employees. The cigar lounge license fee is \$100.

Committee Amendment "A" (S-262)

This amendment, which is the majority report of the committee, amends the bill by prohibiting the use of electronic nicotine delivery devices in cigar lounges and prohibiting a person under 21 years of age from being on the premises or employed by the cigar lounge. It clarifies that a cigar lounge license under the Maine Revised Statutes, Title 28-A is required for a cigar lounge to operate.

LD 831 Resolve, To Reduce MaineCare Spending through Targeted Prevention Services RESOLVE 54

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN VALENTINO	OTP-AM	H-281 S-326 HAMPER

This resolve requires the Department of Health and Human Services to file an application with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to request that home-delivered meals be a reimbursable covered service under the State's home-based and community-based services waivers. The purpose of this resolve is to improve health and delay entry into facility-based care.

Committee Amendment "A" (H-281)

This amendment limits the proposal for home-delivered meals in the resolve to individuals qualified for services under Rule Chapter 101, MaineCare Benefits Manual, Chapter II, Section 19 who also are experiencing transitions of care, have debilitating or acute illnesses or are primarily homebound and unable to prepare nutritious meals. The amendment also adds an appropriations and allocations section.