

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

This bill amends the Maine Medical Use of Marijuana Act in the following ways.

1. It clarifies that a primary caregiver may cultivate up to six marijuana plants for each of up to five qualifying patients.
2. It allows a primary caregiver to employ or contract with more than one person to assist with the duties required of that primary caregiver. The Department of Health and Human Services is required to adopt rules regarding the licensing of these assistants.
3. It allows the Department of Health and Human Services to make onsite assessments of registered primary caregivers who cultivate marijuana for three or more registered patients at a time to ensure compliance.
4. It allows a registered primary caregiver to transfer excess prepared marijuana to a qualifying patient for reasonable compensation.
5. It provides that a primary caregiver or registered dispensary that receives compensation from a qualifying patient for the costs associated with cultivating marijuana for that qualifying patient or assisting that qualifying patient is required to register as a seller with the State Tax Assessor and collect and remit sales tax. Under the current law, marijuana is specifically excluded from the sales tax exemption for medicines.

LD 1267 An Act To Assist Working Families with Young Children CARRIED OVER

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

This bill provides funding to the Department of Health and Human Services to leverage all available federal child care development funds.

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

LD 1268 An Act To Reform Welfare by Establishing Bridges to Sustainable Employment CARRIED OVER

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

This bill makes the following changes to the laws governing public assistance, which are intended to provide bridges to employment:

1. Child care assistance begins on the date of application if the applicant is eligible;
2. The Department of Health and Human Services is directed to establish rules to provide uninterrupted access to subsidized child care for eligible persons with irregular hours of employment;
3. It provides Temporary Assistance for Needy Families, or TANF, benefits and alternative aid benefits to two parent families based on the same eligibility requirements as single-parent families have;
4. It changes the income amounts for TANF recipients who have employment earnings that are disregarded in

Joint Standing Committee on Health and Human Services

calculating TANF benefits;

5. It directs the Department of Health and Human Services to set up specialized navigator services related to employment in the Additional Support for People in Retraining and Employment - Temporary Assistance for Needy Families program so that families receiving TANF benefits understand how earned income affects benefit levels and work supports;

6. It requires the Department of Health and Human Services, Department of Labor, Maine employers, the Maine Community College System and the University of Maine System to establish structured pathways leading to education, training and employment opportunities for persons eligible for TANF; and

7. It requires the Commissioner of Health and Human Services to convene a working group to review and make recommendations to establish a program to provide access to reliable transportation for families that qualify for assistance under TANF. The commissioner must report the findings of the working group to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services by January 1, 2016. The Department of Health and Human Services must amend its TANF rules to incorporate the findings of the working group.

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

LD 1270 An Act Regarding Patient-directed Care at the End of Life

Died Between Houses

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ JORGENSEN	ONTP OTP	

This bill enacts a process for patient-directed care at the end of life for Maine residents who are adults who are terminally ill and who have been determined to have a limited life expectancy.

Specifically, the bill:

1. Provides that such a patient has a right to information and includes requirements for patient and physician action and documentation in the patient's medical records of the steps taken;
2. Authorizes a physician to prescribe a medication that the patient may self-administer for the purpose of hastening the patient's death;
3. Provides protections for the physician, the patient's health care facility and health care providers;
4. Protects the patient's life insurance and the health care providers' medical professional liability insurance;
5. Protects the patient's right to palliative care;
6. Requires rulemaking by the Department of Health and Human Services to provide for safe disposal of medications that are prescribed for end-of-life care and that are not used by the patient;
7. States that nothing in the provisions of the bill may be construed to authorize a physician or other person to end a patient's life by lethal injection, mercy killing or active euthanasia; and
8. States that the provisions of the bill may not be construed to conflict with Section 1553 of the federal Patient