

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
127<sup>TH</sup> 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

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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 127<sup>th</sup> 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 &amp; 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&amp;S XXX</i> .....	<i>chapter # of enacted private &amp; 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 127<sup>th</sup> 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**

Disability Services program within the Department of Health and Human Services for the operation of personal financial management assistance programs for senior citizens.

Public Law 2015, chapter 332 was enacted as an emergency measure effective July 12, 2015.

**LD 1349      An Act To Establish the Office of the Inspector General in the Department of Health and Human Services**

**Accepted Majority (ONTP) Report**

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

This bill creates the Office of the Inspector General within the Department of Health and Human Services to be operated and funded independently of the department. The purpose of the Office of the Inspector General is to oversee the functions of the Department of Health and Human Services with four main duties:

1. Investigate instances of fraud, attempted fraud and commingling or misapplication of department funds;
2. Conduct quality assurance audits and program reviews of department programs, agencies and facilities;
3. Investigate instances of abuse, financial exploitation or death of mentally ill, autistic or intellectually disabled recipients of department assistance or services; and
4. Establish and maintain a process by which an employee, recipient of department assistance or services or a member of the public may report or complain about fraud, attempted fraud, commingling or misapplication of department funds or abuse, neglect, financial exploitation or death of a mentally ill, autistic or intellectually disabled recipient of department assistance or services.

This bill requires the Inspector General to perform its duties through conducting investigations, audits and site visits and issuing findings, reports and recommendations that are reviewed by the Commissioner of Health and Human Services. The bill moves the existing Human Services Fraud Investigation Unit from the jurisdiction of the Department of Health and Human Services to the Office of the Inspector General and directs the Inspector General to refer matters to the Attorney General or a law enforcement agency or enlist the assistance of the State Auditor when appropriate. This bill also requires the Inspector General to submit an annual report to the Governor, the Commissioner of Health and Human Services and the joint standing committees of the Legislature having jurisdiction over health and human services matters and financial affairs summarizing its activities for the prior calendar year. This bill provides for oversight of the Inspector General by the Office of Program Evaluation and Government Accountability on an as-needed basis.

**Committee Amendment "A" (H-283)**

This amendment, which is the minority report of the committee, incorporates a fiscal note.

**LD 1350      Resolve, To Increase the Reimbursement Rate for Direct-care Workers Serving Adults with Long-term Care Needs**

**RESOLVE 50**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES BURNS	OTP-AM	H-371 S-317    HAMPER

## *Joint Standing Committee on Health and Human Services*

This resolve directs the Department of Health and Human Services to increase reimbursement to providers of in-home and community support direct-care services to \$25 per hour of service. Of the increase in the rate to providers, at least 85 percent must be used for wages and employee benefits including health care, mileage reimbursement, training costs and other benefits.

### **Committee Amendment "A" (H-371)**

This amendment replaces the resolve. It requires a 66 percent increase in the reimbursement rate for certain services, which is roughly equivalent to the increased reimbursement rate of \$25 in the resolve, and specifies the services for which the increased reimbursement would apply. The amendment adds an appropriations and allocations section.

### **Senate Amendment "A" To Committee Amendment "A" (S-317)**

This amendment removes the fixed percentage by which the Department of Health and Human Services must raise the hourly reimbursement for home-based and community-based services. It also restricts the raise to Attendant Care Services provided under Chapter 101: MaineCare Benefits Manual, Chapter III, Section 12, Consumer Directed Attendant Services.

### **Enacted Law Summary**

Resolve 2015, chapter 50 requires the Department of Health and Human Services to raise the hourly reimbursement for services provided for Attendant Care Services under Chapter 101: MaineCare Benefits Manual, Chapter III, Section 12, Consumer Directed Attendant Services.

Public Law 2015, chapter 267 increased reimbursement for personal support services provided under the following programs: Chapter 101 of the MaineCare Benefits Manual, Chapter III, Section 19, Home and Community Benefits for the Elderly and for Adults with Disabilities; Chapter 101 of the MaineCare Benefits Manual, Chapter III, Section 96, Private Duty Nursing and Personal Care Services; and Chapter 10-149, Office of Elder Services Manual, Chapter 5, Section 63, In-Home and Community Support Services for Elderly and Other Adults.

### **LD 1352     An Act To Facilitate the Delivery of Health Care Services through Telemedicine and Telehealth**

**ONTP**

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

This bill:

1. Requires a hospital that is part of a health care system that includes at least one other hospital to include in its strategic plan as an integral part of its mission the provision of telemedicine and telehealth;
2. Requires that services under MaineCare that are provided through telemedicine or telehealth be reimbursed at the same rates as those services that are not provided through telemedicine or telehealth;
3. Requires that a telemedicine facility fee must be shared between the site at which the patient is physically located and the site at which the health care provider providing service is located;
4. Expands the duties of the ConnectME Authority to include facilitation of the availability of communications technology infrastructure necessary to support the delivery of health care services through telemedicine and telehealth;
5. Removes restrictions on the ability of the ConnectME Authority to undertake a project or make an investment