

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

STAFF:

ANNA BROOME, LEGISLATIVE ANALYST
MICHAEL O'BRIEN, LEGISLATIVE ANALYST
OFFICE OF POLICY AND LEGAL ANALYSIS
13 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1670

AND

LUKE LAZURE, LEGISLATIVE ANALYST
OFFICE OF FISCAL AND PROGRAM REVIEW
5 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1635

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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 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

Joint Standing Committee on Health and Human Services

unless taken on behalf of, in partnership with or in support of one or more communications service providers that are remitting assessments to the authority;

6. Changes the designation of rules adopted by the ConnectME Authority from major substantive to routine technical;
7. Repeals the broadband sustainability fee;
8. Directs the Department of Health and Human Services to adopt rules requiring that, in order to obtain licensing, a newly constructed residential long-term care facility must include space designed to accommodate the receipt by residents of health care delivered through telemedicine and telehealth;
9. Directs the ConnectME Authority to apply to the Federal Communications Commission for funding from the commission's Universal Service Fund to improve the quality of health care available to patients in rural communities by ensuring access to telecommunications and broadband service for use in the delivery of health care services through telemedicine and telehealth;
10. Directs the ConnectME Authority to develop a strategic plan to facilitate the availability of communications technology infrastructure necessary to support the delivery of health care services through telemedicine and telehealth; and
11. Directs the Department of Health and Human Services to convene a task force to develop statewide standards designed to facilitate the use of telemedicine and telehealth to ensure higher quality medical care at a lower cost.

LD 1356 *Resolve, To Create a Working Group To Ensure a Stable Continuum of Care for Individuals with Intellectual Disabilities and Autism* ONTP

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

This resolve requires the Department of Health and Human Services to convene a working group to examine the continuum of care available for individuals with intellectual disabilities and autism and the need for and availability of 24-hour nursing care in intermediate care facilities for individuals with intellectual disabilities. It also requires the Department of Health and Human Services to report the findings and recommendations of the working group by January 15, 2016 to the Joint Standing Committee on Health and Human Services.

LD 1365 *An Act Regarding Licensed Children's Programs* PUBLIC 278

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

This bill requires licensed child care facilities, certified family child care providers and licensed nursery schools to report incidents that result or could result in serious harm to the physical or mental health, safety or well-being of a child being served by these entities. Incidents must be reported to the Department of Health and Human Services, Division of Licensing and Regulatory Services. The bill requires written notification by the next business day after the incident occurred.

Enacted Law Summary