

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

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

Joint Standing Committee on Health and Human Services

Public Law 2015, chapter 278 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. Written notification is required by the next business day after the incident occurred.

LD 1368 An Act To Require the Documentation of the Use of Seclusion and Restraint at Mental Health Institutions in the State

PUBLIC 266

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIROCKI	OTP-AM	H-372 S-264 BRAKEY

This bill provides for the notice, reporting and documentation of the use of restraint or seclusion of a client of a public or private institution that provides services that fall under the jurisdiction of the Department of Health and Human Services. This bill requires the staff responsible for a client subject to restraint or seclusion to attend a debriefing after an incident of restraint or seclusion and to conduct a meeting after three incidents involving a client in a one-year period to determine how to reduce the use of restraint or seclusion with that client. This bill requires the chief administrative officer of each institution under the jurisdiction of the Department of Health and Human Services annually to report the aggregate number of incidents of restraint and seclusion for that institution to the Commissioner of Health and Human Services and for the commissioner to report the aggregate number of incidents of restraint and seclusion for all those institutions to the joint standing committee of the Legislature having jurisdiction over health and human services matters and authorizes the joint standing committee to report out legislation based on the report. This bill provides for a complaint process for a client or parent or guardian of a client subject to restraint or seclusion at the institution level and at the department level if the complainant is dissatisfied with the institution's response.

Committee Amendment "A" (H-372)

This amendment replaces the bill. It requires public and private psychiatric institutions licensed under the Maine Revised Statutes, Title 22, chapters 404 and 405 to submit quarterly and annual reports to the Commissioner of Health and Human Services that include data regarding the hours and number of uses of restraint and seclusion as well as the maximum and mean duration of the uses of restraint and seclusion as those terms are defined in federal regulations. The commissioner is required to submit a report by January 1st of each year to the joint standing committee of the Legislature having jurisdiction over health and human services matters; the report must contain the data collected by the public and private psychiatric institutions for the previous fiscal year. The committee may report out legislation regarding the report. The first annual report, due January 1, 2016, may be partial and incomplete. By May 1, 2016, each public and private psychiatric institution must develop a policy for debriefing a client after the use of restraint or seclusion. The policy may not prevent a parent, guardian or designated representative from attending the debriefing.

Senate Amendment "A" To Committee Amendment "A" (S-264)

This amendment adds language to require that quarterly reports from psychiatric institutions be organized by unit, consistent with the requirements for annual reports. This language was inadvertently left out of Committee Amendment "A."

Enacted Law Summary

Public Law 2015, chapter 266 requires public and private psychiatric institutions licensed under the Maine Revised Statutes, Title 22, chapters 404 and 405 to submit quarterly and annual reports to the Commissioner of Health and Human Services that include data regarding the hours and number of uses of restraint and seclusion as well as the maximum and mean duration of the uses of restraint and seclusion as those terms are defined in federal regulations. The commissioner is required to submit a report by January 1st of each year to the joint standing committee of the