

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
127<sup>TH</sup> LEGISLATURE  
SECOND REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed

**JOINT STANDING COMMITTEE ON HEALTH AND  
HUMAN SERVICES**

May 2016

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# STATE OF MAINE

127<sup>TH</sup> LEGISLATURE

SECOND REGULAR SESSION



## 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 Second 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.

*CARRIED OVER*..... carried over to a subsequent session of the Legislature  
*CON RES XXX*..... chapter # of constitutional resolution passed by both houses  
*CONF CMTE UNABLE TO AGREE*..... Committee of Conference unable to agree; legislation died  
*DIED BETWEEN HOUSES*..... House & Senate disagreed; legislation died  
*DIED IN CONCURRENCE*..... defeated in each house, but on different motions; legislation died  
*DIED ON ADJOURNMENT*..... action incomplete when session ended; legislation died  
*EMERGENCY*..... enacted law takes effect sooner than 90 days after session adjournment  
*FAILED, EMERGENCY ENACTMENT or PASSAGE*..... emergency failed to receive required 2/3 vote  
*FAILED, ENACTMENT or FINAL PASSAGE*..... failed to receive final majority vote  
*FAILED, MANDATE ENACTMENT*..... legislation proposing local mandate failed required 2/3 vote  
*HELD BY GOVERNOR*..... Governor has not signed; final disposition to be determined at subsequent session  
*LEAVE TO WITHDRAW*..... sponsor's request to withdraw legislation granted  
*NOT PROPERLY BEFORE THE BODY*..... ruled out of order by the presiding officer; legislation died  
*INDEF PP*..... indefinitely postponed; legislation died  
*ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X*... ought-not-to-pass report accepted; legislation died  
*P&S XXX*..... chapter # of enacted private & special law  
*PUBLIC XXX*..... chapter # of enacted public law  
*RESOLVE XXX*..... chapter # of finally passed resolve  
*VETO SUSTAINED*..... Legislature failed to override Governor's veto

The effective date for non-emergency legislation enacted in the First Regular Session of the 127<sup>th</sup> Legislature is July 29, 2016. 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

3. It requires funds appropriated in the bill to be awarded no later than 60 days after the effective date of the legislation.
4. It removes the bill provisions related to restrictions on use of funds.
5. It amends the rule-making authority of the Maine Center for Disease Control and Prevention to ensure that the center may amend the rules regulating the hypodermic apparatus exchange programs with respect to the distribution of funds, renewal of certification, complaint investigation procedures and decertification criteria.

### Senate Amendment "A" (S-513)

This amendment removes the appropriations and allocations section.

### Enacted Law Summary

Public Law 2015, chapter 507 establishes a methodology for distributing funds for the hypodermic apparatus exchange programs certified by the Department of Health and Human Services, Maine Center for Disease Control and Prevention and allows the center to amend the rules with respect to the distribution of funds, renewal of certification, complaint investigation procedures and decertification criteria. The center must allocate funds appropriated for existing hypodermic apparatus exchange programs among programs based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program and the amount of services historically provided by the program although funds awarded in order to facilitate the operation of programs in counties without a program may be awarded through a competitive grant process.

### LD 1573 An Act To Improve Hospital Governance by Clarifying the Requirement for a Certificate of Need for Intracorporation Transfers

PUBLIC 453

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
THIBODEAU M GILLWAY J	OTP-AM	S-410

This bill clarifies that a certificate of need is not required when there is a change in ownership or acquisition of control in which the entities or health care facilities involved are already in the same corporate family, such as when the entities or health care facilities involved are subsidiaries of the same parent corporation or the transaction involves a parent corporation and its subsidiary.

### Committee Amendment "A" (S-410)

This amendment incorporates a fiscal note.

### Enacted Law Summary

Public Law 2015, chapter 453 clarifies that a certificate of need is not required when there is a change in ownership or acquisition of control in which the entities or health care facilities involved are already in the same corporate family, such as when the entities or health care facilities involved are subsidiaries of the same parent corporation or the transaction involves a parent corporation and its subsidiary.

### LD 1577 An Act To Increase the Availability of Mental Health Services

Died On  
Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D CYRWAY S	OTP-AM OTP-AM	H-636

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

This bill provides that, under certain circumstances, the Commissioner of Health and Human Services or the commissioner's designee may determine that a mental health unit at a correctional facility is an appropriate institution or program for the placement of persons who have been determined to be incompetent to stand trial or not criminally responsible by reason of insanity.

### **Committee Amendment "A" (H-636)**

This amendment, which is the majority report of the committee, strikes the language in the bill and replaces it with the following provisions.

1. For individuals in the custody of the Commissioner of Health and Human Services pursuant to the Maine Revised Statutes, Title 15, section 101-D and section 103, placements must be made in the following priority:
  - A. In the State at a state-owned hospital;
  - B. In the State at another facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program; and
  - C. Outside the State at a facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program.
2. By December 31, 2016, the Department of Health and Human Services is required to develop a facility separate from the Riverview Psychiatric Center that will provide the least restrictive setting possible for forensic patients in the custody of the Commissioner of Health and Human Services and for whom the Department of Health and Human Services has verified a hospital level of care is no longer needed.
3. By August 1, 2016, and at least every 90 days thereafter, the Department of Health and Human Services is required to submit a written report to the joint standing committee of the Legislature having jurisdiction over matters concerning the State's psychiatric hospitals that includes the following information:
  - A. The status of any forensic patients who have been placed by the Commissioner of Health and Human Services at an in-state facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program or an out-of-state facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program pursuant to Title 15, section 101-D and section 103, including, as permitted by law, the names of any patients and the location, timeline and reason for their placement;
  - B. The status of the Department of Health and Human Services' development of a unit separate from the Riverview Psychiatric Center that will provide the least restrictive setting possible for forensic patients in the custody of the Commissioner of Health and Human Services who no longer need a hospital level of care;
  - C. The status of staffing levels at Riverview Psychiatric Center, including data about any vacancies among the direct care staff positions and licensed professional positions, information about any recent hiring that has occurred or efforts that have been made to fill any vacancies and information about any recent training provided to current or newly hired staff members; and
  - D. Any recommendations, including proposed statutory changes, that the Department of Health and Human Services determines to be necessary regarding the placement of individuals in the custody of the Commissioner of Health and Human Services pursuant to Title 15, section 101-D and section 103, the use of the required new

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

facility that is separate from the Riverview Psychiatric Center for forensic patients in the custody of the Commissioner of Health and Human Services who no longer need a hospital level of care and the staffing situation at Riverview Psychiatric Center.

**Committee Amendment "B" (H-637)**

This amendment, which is the minority report of the committee, establishes a repeal date of August 1, 2017 for the provisions in the bill that provide the Commissioner of Health and Human Services, or the commissioner's designee, with the option to determine that a mental health unit at a correctional facility is an appropriate institution or program for the placement of persons who have been determined to be not competent to stand trial or not criminally responsible by reason of insanity, at which time the law will revert to the previous version of statute, which does not offer such an option.

This amendment was not adopted.

**LD 1581      Resolve, Regarding Legislative Review of Portions of Chapter 270:  
Uniform Reporting System for Quality Data Sets, a Late-filed Major  
Substantive Rule of the Maine Health Data Organization**

**RESOLVE 71  
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP

This resolve provides for legislative review of portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a major substantive rule of the Maine Health Data Organization that was filed outside the legislative rule acceptance period.

**Enacted Law Summary**

Resolve 2015, chapter 71 authorizes final adoption of portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a major substantive rule of the Maine Health Data Organization that was filed outside the legislative rule acceptance period.

Resolve 2015, chapter 71 was finally passed as an emergency measure effective March 29, 2016.

**LD 1599      Resolve, To Implement the Recommendations of the Commission To  
Strengthen and Align the Services Provided to Maine's Veterans by  
Authorizing MaineCare Transportation Services To Transport Veterans  
to Medical Appointments Administered by the United States  
Department of Veterans Affairs**

**ONTP**

Sponsor(s)

Committee Report

Amendments Adopted

ONTP

This resolve was reported by the Joint Standing Committee on Veterans and Legal Affairs pursuant to Resolve 2015, chapter 48 and then referred to the Health and Human Services Committee for processing in the normal course.

This resolve implements recommendations of the Commission To Strengthen and Align the Services Provided to Maine's Veterans. It directs the Department of Health and Human Services to submit to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services an application for a MaineCare waiver to provide transportation services to veterans who are eligible for the MaineCare program but also receive health care benefits from the United States Department of Veterans Affairs at the hospital located at