

MAINE STATE LEGISLATURE

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STATE OF MAINE
127TH 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

127TH LEGISLATURE

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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 Second 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.

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 127th 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

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**

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

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

Joint Standing Committee on Health and Human Services

Togus or affiliated community-based outpatient clinics.

**LD 1615 *Resolve, To Establish the Commission To Continue the Study of
Difficult-to-place Patients***

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM ONTP	S-398

This resolve was reported by the committee pursuant to joint order, S.P. 639 and then referred back to the committee for processing in the normal course.

This resolve, which is a recommendation of the Commission To Study Difficult-to-place Patients, establishes the Commission To Continue the Study of Difficult-to-place Patients. The commission is charged with studying certain issues related to patients with complex medical conditions and the feasibility of making policy changes to the long-term care system for those patients. The commission comprises 13 members reflecting a similar membership to that of the Commission To Study Difficult-to-place Patients. The commission is required to submit a report containing its findings and recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 15, 2016. The committee is authorized to report out legislation to the First Regular Session of the 128th Legislature.

Committee Amendment "A" (S-398)

This amendment, which is the majority report of the committee, adds to the resolve a duty for the Commission To Continue the Study of Difficult-to-place Patients. It requires the commission to develop a methodology for collecting data regarding the refusal of long-term care facilities to admit patients with complex medical conditions, as a means to identify barriers to placement. It changes the date that the report is due from December 15, 2016 to November 2, 2016.

LD 1616 *An Act To Expand Geropsychiatric Facility Capacity*

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM ONTP	S-412

This bill was reported by the committee pursuant to joint order, S.P. 639 and then referred back to the committee for processing in the normal course.

This bill, which is a recommendation of the Commission To Study Difficult-to-place Patients, requires the Department of Health and Human Services to increase the number of geropsychiatric beds by up to 25 beds. The beds may be in nursing facilities, private nonmedical institutions or a combination of both. The beds must be made available in underserved parts of the State, some specifically to be made available in the northern part of the State. The beds are funded and therefore are exempt from MaineCare budget neutrality provisions.

Committee Amendment "A" (S-412)

This amendment, which is the majority report of the committee, adds an appropriations and allocations section to the bill.