

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
128<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 2017

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\*Committee member for a portion of the session

# STATE OF MAINE

128<sup>TH</sup> 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 First Regular Session of the 128<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 FINAL 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 128<sup>th</sup> Legislature is Wednesday, November 1, 2017. 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*

**LD 184      An Act To Allow Hospitals To More Efficiently Monitor the Prescribing of Controlled Substances by Amending the Laws Governing Access to Prescription Monitoring Information**

**PUBLIC 87**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R	OTP-AM	H-175

The purpose of this bill is to allow a hospital to more efficiently monitor the prescribing of controlled substances by its employed prescribers by authorizing a hospital's chief medical officer, medical director or other similar individual employed by the hospital to access prescription monitoring information.

**Committee Amendment "A" (H-175)**

This amendment clarifies that an administrative prescriber employed by a licensed hospital may access prescription monitoring information.

**Enacted Law Summary**

Public Law 2017, chapter 87 allows a hospital's chief medical officer, medical director, or administrative prescriber employed by the hospital to access prescription monitoring information.

**LD 185      An Act To Establish a Pilot Project for Medicaid Reimbursement for Acupuncture Treatment of Substance Abuse Disorders**

**PUBLIC 184**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R	OTP-AM ONTP	H-192

This bill requires the Department of Health and Human Services and the department's office of substance abuse and mental health services to apply by January 1, 2018, for authorization from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to develop a pilot project to treat alcohol abuse disorders, substance abuse disorders and co-occurring disorders using the National Acupuncture Detoxification Association auricular acupuncture protocol. The bill requires the department to consult with a statewide association representing licensed acupuncturists in the establishment of treatment standards. The bill requires that the treatment be provided by staff who are licensed to practice acupuncture in the State and whose licenses are in good standing. The project may last no longer than two years and must be reimbursable as allowed under the United States Social Security Act and be cost-neutral or result in savings to the MaineCare program. The department and the office must report their findings to the joint standing committee of the Legislature having jurisdiction over health and human services matters at the end of the project.

**Committee Amendment "A" (H-192)**

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

**Enacted Law Summary**

Public Law 2017, chapter 184 requires the Department of Health and Human Services and the department's office of substance abuse and mental health services to apply by January 1, 2018, for authorization from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to develop a pilot project to treat alcohol abuse disorders, substance abuse disorders and co-occurring disorders using the National Acupuncture Detoxification Association auricular acupuncture protocol. It requires the department to consult with a statewide association representing licensed acupuncturists in the establishment of treatment standards. It requires

*Joint Standing Committee on Health and Human Services*

that the treatment be provided by staff who are licensed to practice acupuncture in the State and whose licenses are in good standing. It provides that the project may last no longer than two years and must be reimbursable as allowed under the United States Social Security Act and be cost-neutral or result in savings to the MaineCare program. It requires the department and the office to report their findings to the joint standing committee of the Legislature having jurisdiction over health and human services matters at the end of the project.

**LD 186 An Act To Improve Peer Support Services**

**CARRIED OVER**

Sponsor(s)  
GATTINE D

Committee Report

Amendments Adopted

This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to improve peer support services provided to consumers of mental health services who are clients of the Department of Health and Human Services.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

**LD 219 An Act To Prioritize Use of Available Resources in General Assistance Programs**

**Died Between Houses**

Sponsor(s)  
BRAKEY E

Committee Report  
ONTP  
OTP-AM

Amendments Adopted

This bill makes an applicant for general assistance who voluntarily abandons or refuses to use an available resource without just cause ineligible to receive general assistance to replace the abandoned or refused resource for a period of 120 days from the date the applicant abandons or refuses the resource. The bill defines "available resource" as a resource that is immediately available or can be secured without delay. The bill also makes an applicant who forfeits an available resource due to fraud, misrepresentation or intentional violation or refusal to comply with rules without just cause ineligible to receive general assistance to replace the forfeited resource for the duration of the sanction imposed on the applicant for violation of a rule or 120 days, whichever is greater. The bill identifies circumstances relating to use of an available resource under which just cause must be found.

**Committee Amendment "A" (S-62)**

This amendment, which is the minority report of the committee, adds a cross-reference to provide that a person who is disqualified from general assistance for a violation of the provisions of the bill is ineligible for emergency general assistance.

This amendment was not adopted.

**LD 220 An Act To Align Time Limits in the Municipal General Assistance Program and Temporary Assistance for Needy Families Program**

**Died Between Houses**

Sponsor(s)  
BRAKEY E

Committee Report  
ONTP  
OTP-AM

Amendments Adopted