

MAINE STATE LEGISLATURE

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STATE OF MAINE
128TH 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

128TH 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 128th 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 128th 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

This amendment was not adopted.

Committee Amendment "B" (H-301)

This amendment is the minority report of the committee and makes the following changes to the bill. It changes the title of the bill. It allows hospitals to construct shell space if a hospital's application containing a request to increase bed capacity is granted for a number of beds lower than the number requested and if the applicant proceeds with the approved project within the time frame required by the Maine Revised Statutes, Title 22, section 346. The amendment provides that the construction of shell space may not exceed the square footage requested in the application, the square footage of the approved project by more than 15% and 15% of the cost of the approved project. The amendment provides that in order for a hospital to use the shell space it must apply for another certificate of need. It directs the Department of Health and Human Services to provisionally adopt routine technical rules implementing these provisions no later than January 15, 2018.

This amendment was not adopted.

LD 504 An Act To Support Evaluation of Opioid Diversion Efforts ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CYRWAY S STEWART H	ONTP	

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

This bill proposes to authorize the Department of Health and Human Services to contract with a research firm to perform an evaluation of the outcomes associated with various heroin and opioid prevention efforts across the State. The evaluation must address the outcomes associated with initiatives under which a person goes to a police station, asks for help with heroin or opioid addiction and is placed in a treatment center, in a detoxification facility or with a support service program. The bill proposes to provide state and federal funding related to substance use to fund the evaluation.

LD 517 An Act To Amend Principles of Reimbursement for Residential Care Facilities PUBLIC 304

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKER J TUELL W	OTP-AM	S-91 S-321 HAMPER J

This bill requires the Department of Health and Human Services to permit capital expenditures by residential care facilities for new construction, acquisitions and renovations that are less than \$2,000,000 and to provide reimbursement without prior approval. It requires the department to provide an extraordinary circumstance allowance in permitted reimbursement to residential care facilities. It provides that costs incurred by a residential care facility to comply with federal or state laws, regulations and rules are considered reasonable and necessary costs. It removes from current law on reimbursement for services provided by a nursing facility the \$10,000 cap for the cost of a medical director and instead requires the department to provide in its calculation of reimbursement for services the cost incurred by the nursing facility for the cost of a medical director.

Committee Amendment "A" (S-91)

This amendment changes the allowance for a nursing facility medical director from \$10,000 to \$22,000. The bill proposes to remove the allowance cap entirely. The amendment changes the amount above which a residential care