

# 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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# 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 952      An Act To Ensure Access to Opiate Addiction Treatment in Maine**

**PUBLIC 305**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WOODSOME D POULIOT M	OTP-AM	S-106 S-331   HAMPER J

This bill directs the Department of Health and Human Services to amend its rules to increase the MaineCare reimbursement rate for outpatient opioid treatment to \$80 per week and to permit outpatient opioid treatment providers to be open six days per week as provided under federal law. It directs the department to contract with a third-party consultant to conduct a rate study regarding reimbursement to outpatient opioid treatment providers. It authorizes opioid treatment programs under the Maine Pharmacy Act to operate without maintaining a pharmacist in charge but requires opioid treatment programs to enter into a written agreement with a licensed pharmacist to serve as a consultant to the opioid treatment program. It authorizes registered professional nurses, certified nurse practitioners and licensed practical nurses to dispense opioid medication for substance abuse treatment purposes to patients in an opioid treatment program.

**Committee Amendment "A" (S-106)**

This amendment removes the section from the bill that relates to pharmacy oversight. It changes the increase in reimbursement in the bill for methadone providers from \$80 to \$72 a week. It removes the language that gives the Department of Health and Human Services the authority to increase reimbursement by rulemaking.

**Senate Amendment "A" To Committee Amendment "A" (S-331)**

This amendment amends Committee Amendment "A" by striking the requirement that the Department of Health and Human Services conduct a rate study, striking the provision mandating that the department increase the reimbursement rate for outpatient opioid treatment providers and adding language permitting the department to increase that rate if the department finds an increase to be justified. In addition, the amendment gives the Joint Standing Committee on Health and Human Services the authority to report out legislation to the Second Regular Session of the 128th Legislature to increase the reimbursement rate for outpatient opioid treatment providers. With the removal of the two initiatives requiring appropriations and allocations, the amendment strikes the appropriations and allocations section.

**Enacted Law Summary**

Public Law 2017, chapter 305 authorizes registered professional nurses, certified nurse practitioners and licensed practical nurses to dispense opioid medication for substance abuse treatment purposes to patients in an opioid treatment program. It also directs the Department of Health and Human Services to amend its rules to permit outpatient opioid treatment providers to be open six days per week as provided under federal law. It permits the department to increase the MaineCare reimbursement rate for outpatient opioid treatment from \$60 per week if the department finds an increase to the reimbursement rate to be justified. It authorizes the Joint Standing Committee on Health and Human Services to report out legislation to the Second Regular Session of the 128th Legislature to increase the reimbursement rate for outpatient opioid treatment providers.

**LD 966      An Act To Create Mental Health Liaison Positions in Each County Jail**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R BRAKEY E		

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

This bill provides for a mental health liaison in each county or regional jail to oversee inmates with serious mental illness and connect them to the services for which they qualify, to work with the court system to ensure that they receive due process and speedy trials and to assist inmates who qualify for MaineCare to apply for and receive MaineCare benefits and services. This bill directs the Department of Health and Human Services to issue a request for proposals to private providers of behavioral health services and advocacy to replace intensive case manager positions within the department to staff the 15 mental health liaison positions in the county and regional jails.

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

### **LD 967      An Act To Ensure Access to Community Services for Persons with Intellectual Disabilities or Autism**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HERBIG E HAMPER J	OTP-AM	H-342

This bill requires the Department of Health and Human Services to reimburse services provided to MaineCare member adults with intellectual disabilities or autistic disorder under a waiver granted by the federal Centers for Medicare and Medicaid Services for home-based and community-based care on the basis of rates and a methodology for application of the rates that reflects assessment of individual need and applies criteria for resource allocation established by the department pursuant to criteria established in the bill. The bill also directs the department to adopt rules providing reimbursement rates that take into account specified costs of care and service; are sufficient to ensure access, including compliance with federal standards; are based on a 2007 report of the department adjusted for cost increases from 2007 to 2016; provide future annual inflation adjustments; and consider competitive wage markets, training and qualification requirements and increased costs of new technologies.

#### **Committee Amendment "A" (H-342)**

This amendment directs the Department of Health and Human Services to increase reimbursement rates by 10% over the reimbursement levels implemented in 2007 pursuant to Public Law 2005, chapter 12, Part CCCC, section 1 for services provided under Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 21 and 29 no later than October 1, 2017. The amendment narrows the services that are reimbursed to codes that provide direct support services to the MaineCare members receiving services under the waiver programs. It also directs the department and representatives of organizations of providers of community support services for individuals with intellectual disabilities and autism to examine reimbursement rates, costs of providing services and other costs to determine opportunities for efficiencies and savings. The department and the providers are required to report findings to the Joint Standing Committee on Health and Human Services no later than January 1, 2018. This amendment also adds an appropriations and allocations section.

Funding to increase reimbursement rates under Sections 21 and 29 were included in Public Law 2017, chapter 284, the biennial budget.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

### **LD 998      An Act To Adequately Pay for Emergency Medical Services**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D	OTP-AM ONTP	H-296