

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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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

Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 1001 An Act To Promote Testing of Drinking Water for Maine Families

**Died Between
Houses**

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

This bill waives the fee for testing a private residential water supply for any household with income at or below 200% of the federal poverty level.

Committee Amendment "A" (H-162)

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

This amendment was not adopted.

LD 1017 An Act To Strengthen Work Participation in the Temporary Assistance for Needy Families Program

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D BRAKEY E	ONTP	

This bill removes all the good cause exceptions that prevent a person from being sanctioned under the Additional Support for People in Retraining and Employment - Temporary Assistance for Needy Families, or ASPIRE-TANF, program or the Temporary Assistance for Needy Families program for failure to participate in the ASPIRE-TANF program, with the exception of domestic violence. Some of the substance of this bill was included in Public Law 2017, chapter 256 (LD 336).

LD 1031 An Act To Clarify the Opioid Medication Prescribing Limits Laws

**PUBLIC 213
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G BERRY S	OTP-AM	S-242

This bill addresses opioid medication prescribing limits.

Public Law 2015, chapter 488 requires that, beginning July 1, 2017, the aggregate amount of opioid medication prescribed to a patient may not be in excess of 100 morphine milligram equivalents per day and directs the Department of Health and Human Services to adopt rules establishing reasonable exceptions to those prescriber limits. This bill codifies in statute the exceptions adopted in the department's rules and adds an exception to prescribing limits for medical necessity.

Committee Amendment "A" (S-242)

This amendment replaces the bill. The amendment makes the following changes to the laws relating to the Controlled Substances Prescription Monitoring Program and limits on opioid prescribing.

Joint Standing Committee on Health and Human Services

1. In the laws governing the Palliative Care and Quality of Life Interdisciplinary Advisory Council, it changes the definition of "palliative care" to clarify that palliative care does not always include a requirement for hospice care or attention to spiritual needs and includes chronic, unremitting or intractable pain such as neuropathic pain as an example of "serious illness."
2. It changes the definition of "dispenser" to remove health care professionals.
3. It removes the requirement to submit to the Department of Health and Human Services information regarding a controlled substance that is dispensed by a hospital emergency department for use during a period of 48 hours or less.
4. It adds to the list of individuals who can access the Controlled Substances Prescription Monitoring Program information the staff members of a group practice of prescribers who are authorized by a designated group practice leader, insofar as the information relates to a patient receiving care from that group practice.
5. It removes the requirement for a dispenser to notify the Controlled Substances Prescription Monitoring Program if the dispenser has reason to believe that a prescription is fraudulent or duplicative, maintaining the requirement that the dispenser contact the prescriber.
6. It clarifies that the requirement to check the Controlled Substances Prescription Monitoring Program does not apply for surgical procedures, rather than only inpatient surgery.
7. It clarifies that dispensing in connection with surgical procedures is exempt from the 100 morphine milligram equivalents limitation on opioids.
8. It clarifies that an opioid product that is labeled by the federal Food and Drug Administration to be dispensed only in a stock bottle that exceeds a seven-day supply may be prescribed as long as the amount dispensed does not exceed a 14-day supply.
9. It makes all rules related to the Controlled Substances Prescription Monitoring Program major substantive rules except that the Department of Health and Human Services is directed to adopt routine technical rules to conform to the changes in the definition of "dispenser" and the removal of the requirement of a pharmacist to notify the program when a prescription appears fraudulent or duplicative.

Enacted Law Summary

Public Law 2017, chapter 213 makes the following changes to the laws relating to the Controlled Substances Prescription Monitoring Program and limits on opioid prescribing.

1. In the laws governing the Palliative Care and Quality of Life Interdisciplinary Advisory Council, it changes the definition of "palliative care" to clarify that palliative care does not always include a requirement for hospice care or attention to spiritual needs and includes chronic, unremitting or intractable pain such as neuropathic pain as an example of "serious illness."
2. It changes the definition of "dispenser" to remove health care professionals.
3. It removes the requirement to submit to the Department of Health and Human Services information regarding a controlled substance that is dispensed by a hospital emergency department for use during a period of 48 hours or less.
4. It adds to the list of individuals who can access the Controlled Substances Prescription Monitoring Program information the staff members of a group practice of prescribers who are authorized by a designated group practice leader, insofar as the information relates to a patient receiving care from that group practice.

Joint Standing Committee on Health and Human Services

- 5. It removes the requirement for a dispenser to notify the Controlled Substances Prescription Monitoring Program if the dispenser has reason to believe that a prescription is fraudulent or duplicative, maintaining the requirement that the dispenser contact the prescriber.
- 6. It clarifies that the requirement to check the Controlled Substances Prescription Monitoring Program does not apply for surgical procedures, rather than only inpatient surgery.
- 7. It clarifies that dispensing in connection with surgical procedures is exempt from the 100 morphine milligram equivalents limitation on opioids.
- 8. It clarifies that an opioid product that is labeled by the federal Food and Drug Administration to be dispensed only in a stock bottle that exceeds a seven-day supply may be prescribed as long as the amount dispensed does not exceed a 14-day supply.
- 9. It makes all rules related to the Controlled Substances Prescription Monitoring Program major substantive rules except that the Department of Health and Human Services is directed to adopt routine technical rules to conform to the changes in the definition of "dispenser" and the removal of the requirement of a pharmacist to notify the program when a prescription appears fraudulent or duplicative.

Public Law 2017, chapter 213 was enacted as an emergency measure effective June 16, 2017.

LD 1039 An Act To Enhance Access to Affordable Health Care

**Died Between
Houses**

Sponsor(s)

Committee Report

Amendments Adopted

This initiated bill was not referred to committee. This initiated bill requires the State to provide federally approved Medicaid services through MaineCare to qualifying persons under 65 years of age with income equal to or below 133% plus 5% of the nonfarm income official poverty line. The initiated bill requires the Department of Health and Human Services to prepare and submit to the Federal Government any state plan amendments, no later than 90 days after the effective date of the initiated bill, necessary to implement the provisions of the initiated bill. The initiated bill requires monthly reporting by the department to the appropriate joint standing committees of the Legislature on the status of a state plan amendment submission until such an amendment is approved and reporting on the status of implementation of the expanded coverage under MaineCare and on the status of implementation and savings generated to state-funded programs as a result of the expanded coverage. It requires the Department of Administrative and Financial Services, Maine Revenue Services to report on revenues generated as a result of expanded coverage. It requires any savings to be transferred to the MaineCare Stabilization Fund prior to the end of fiscal year 2018-19. It requires the Office of Fiscal and Program Review to independently review these reports and report its findings to the appropriate joint standing committees of the Legislature.

LD 1052 An Act To Allow Drug Testing Prior to Providing Welfare Benefits

ONTP

Sponsor(s)

HANLEY J
HAMPER J

Committee Report

ONTP

Amendments Adopted