

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

This bill expands the requirement to test drinking water in schools that take drinking water from sources other than public water systems to include all public buildings that take water from a source other than a public water system, except that public buildings less than ten years old are exempt from this requirement. Under the bill, the Department of Health and Human Services must provide test results to the Department of Environmental Protection. The bill requires that the Department of Environmental Protection must make the results available on the department's publicly accessible website.

LD 1133 An Act Regarding Access to Appropriate Residential Services for Individuals Being Discharged from Psychiatric Hospitalization

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J HILL D		

This bill provides that, if a patient in a hospital who received treatment for a psychiatric condition and who the hospital has determined is clinically ready for discharge requests admission or readmission from the hospital to a facility operated by a residential service provider and that request is denied, the residential service provider must provide the patient the reasons for the denial in writing no later than three business days after the request is denied.

The bill directs the Department of Health and Human Services to develop a standardized form for use by residential service providers to state the specific reasons for denial. It requires a residential service provider to provide the standardized form to the patient or the patient's parent or guardian or designated representative. It requires a residential service provider to annually send to the department's division of licensing and regulatory services a report of all patients who are denied admission or readmission and the reasons given the patients that were contained in the standardized forms.

The bill allows a patient or a patient's parent or guardian or designated representative to recover \$500 from a residential service provider that violates these provisions. It also provides for the revocation of the license of a residential service provider that violates these provisions three times or more in a calendar year.

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

LD 1134 An Act To Amend the Laws Governing Nursing Facilities To Permit Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants To Perform Certain Physician Tasks

**PUBLIC 145
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STEWART H CARPENTER M	OTP-AM	H-258 S-144 BRAKEY E

This bill provides that, in accordance with federal regulations:

1. For nursing home residents receiving skilled nursing facility level services, a physician assistant, nurse practitioner or clinical nurse specialist may provide medically necessary visits, certifications and recertifications and required visits that alternate with those performed by a physician; and
2. For nursing home residents receiving nursing facility level services, a physician assistant, nurse practitioner or clinical nurse specialist may perform any physician task.

Committee Amendment "A" (H-258)

Joint Standing Committee on Health and Human Services

This amendment clarifies that alternate required visits and medically necessary visits in skilled nursing facilities may be performed by physician assistants, nurse practitioners and clinical nurse specialists operating within their scope of practice if those tasks have been delegated by a physician.

Senate Amendment "A" To Committee Amendment "A" (S-144)

This amendment adds an emergency preamble and emergency clause to the amendment.

Enacted Law Summary

Public Law 2017, chapter 145 makes the following changes relating to staffing in nursing homes in accordance with federal regulations:

1. Alternate required visits and medically necessary visits for residents receiving skilled nursing facility level services may be performed by physician assistants, nurse practitioners and clinical nurse specialists operating within their scope of practice if those tasks have been delegated by a physician;
2. Certifications and recertifications to verify that the resident requires daily skilled nursing care or rehabilitation services may be performed by a physician assistant, nurse practitioner or clinical nurse specialist; and
3. Any physician task for nursing home residents receiving nursing facility level services may be performed by a physician assistant, nurse practitioner or clinical nurse specialist.

Public Law 2017, chapter 145 was enacted as an emergency measure effective June 8, 2017.

LD 1135 An Act To Strengthen the Efficacy of the Medical Marijuana Laws

CARRIED OVER

Sponsor(s)

CHACE P

Committee Report

Amendments Adopted

This bill makes the following changes to the Maine Medical Use of Marijuana Act:

1. The limit on the number of qualifying patients a primary caregiver may assist is clarified to be for a period of one calendar month or more;
2. The definition of a collective is strengthened;
3. The penalties for participation in a collective are enhanced;
4. A level of local control is provided by allowing a municipality to limit the number of primary caregivers that may operate within that municipality and allowing for enactment of reasonable municipal regulations applicable to primary caregivers;
5. The confidentiality provisions of primary caregivers are removed;
6. A primary caregiver and a registered dispensary are subject to fines for violations of the provisions of the Act or for failing to register as a primary caregiver or dispensary;
7. Fines prescribed for violations of the Act are mandatory;
8. The Office of the Attorney General may seek an injunction to require a registered primary caregiver, a registered dispensary, a person who fails to register as a primary caregiver and who engages in conduct that is only authorized