

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

STAFF:

ANNA BROOME, LEGISLATIVE ANALYST
ERIN LUNDBERG, LEGISLATIVE ANALYST
OFFICE OF POLICY AND LEGAL ANALYSIS
13 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1670
AND
LUKE LAZURE, LEGISLATIVE ANALYST
OFFICE OF FISCAL AND PROGRAM REVIEW
5 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1635
<http://legislature.maine.gov/legis/opla/>

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*Committee member for a portion of the session

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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

Committee Amendment "A" (H-202)

This amendment delays the date by which neurobehavioral beds must be provided from September 1, 2018, to July 1, 2019. It requires the Department of Health and Human Services to provide beds in two or more different centers rather than one or more centers as in the resolve. It restricts the population served to individuals with neurobehavioral issues or dementia and accompanying behavioral issues and removes individuals with brain injury, intellectual disabilities or autism.

This resolve 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 1325 An Act Regarding Opioids and Palliative Care ONTP

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

This bill allows an exemption from the limits on opioid medication prescribing for a patient receiving palliative care under a management plan that is submitted by a licensed medical professional caring for the patient and approved by the Department of Health and Human Services and that documents the need for ongoing treatment of the patient that exceeds the limits on opioid medication prescribing.

LD 1326 An Act To Reduce Morbidity and Mortality Related to Opioid Misuse Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K	OTP-AM OTP-AM	H-293

This bill:

1. Repeals the provision making possession of a hypodermic apparatus a crime;
2. Creates a medical assistance exemption from criminal liability, including arrest, prosecution or incarceration, for a person who seeks medical assistance for that person's self or another who experiences a drug overdose if the grounds for the arrest, prosecution or incarceration were obtained as a result of the person's seeking medical assistance;
3. Removes Department of Health and Human Services rule-making authority over establishing community-based drug overdose prevention programs and adds statutory criteria for the establishment of the programs; and
4. Appropriates to the Department of Health and Human Services \$75,000 for syringe exchange programs and \$50,000 for naloxone hydrochloride distribution through community-based drug prevention programs for each year of the current biennium.

Committee Amendment "A" (H-293)

This amendment is the majority report of the committee. It returns to the Department of Health and Human Services rule-making authority over establishing community-based drug overdose prevention programs, which is removed in the bill. It directs the department to provisionally adopt rules regarding community-based drug overdose prevention programs by January 15, 2018. It removes from the bill the appropriation for syringe exchange programs

Joint Standing Committee on Health and Human Services

and naloxone hydrochloride distribution.

Committee Amendment "B" (H-294)

This amendment is the minority report of the committee. It removes the provisions in the bill that decriminalize possession of a hypodermic apparatus. It returns to the Department of Health and Human Services rule-making authority over establishing community-based drug overdose prevention programs, which is removed in the bill. It directs the department to provisionally adopt rules regarding community-based drug overdose prevention programs by January 15, 2018. It removes from the bill the appropriation for syringe exchange programs and naloxone hydrochloride distribution.

This amendment was not adopted.

LD 1329 An Act To Allow Tobacco Retail Establishments To Serve Alcohol

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PIERCE J SAVIELLO T		

This bill allows the Department of Administrative and Financial Services, Bureau of Alcoholic Beverages and Lottery Operations to issue licenses to tobacco retail establishments to sell spirits, wine and malt liquor for consumption on the premises of those establishments.

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

LD 1363 Resolve, Regarding Legislative Review of Portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a Late-filed Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 16
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-477

This resolve provides for legislative review of portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

Committee Amendment "A" (H-477)

This amendment provides that the Department of Health and Human Services may finally adopt portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a provisionally adopted major substantive rule that was filed outside the legislative rule acceptance period, only if the rule is modified.

The first required modification is to the routine technical portions of the rule establishing Exemption Code A for active and aftercare cancer treatment. The exemption code in the rule must be amended to remove the six-month limit for aftercare cancer treatment post remission.

The second required modification is to the routine technical portions of the rule establishing Exemption Code H for circumstances when an individual is prescribed a second opioid after proving unable to tolerate a first opioid. The exemption code in the rule must be amended so that the individual is not required to return the initial prescription to