

# 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

**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

# 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 1424**

**An Act To Amend the Laws Governing MaineCare Eligibility  
Determination For Applicants To Nursing Homes**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G FAY J	ONTP	

This bill amends the laws governing MaineCare eligibility determinations for applicants to nursing homes. It directs the Department of Health and Human Services to provide timely and adequate notice to both the applicant and the facility in which the individual resides or seeks to reside if the department is unable to make a decision of eligibility due to inconclusive or conflicting information or other deficiencies in the application and requires the department to notify the applicant and the affected facility of the additional information required. It requires that the provision of copies of all communications be timely provided to the facility as well as the applicant, and that the applicant be provided a reasonable amount of time to respond and provide information. It directs the department to extend the time frame for responses in appropriate circumstances. If an application is denied and if necessary information is later provided, the additional information must be used to update and supplement the prior application, and the applicant need not submit a new application. The bill also requires the department to provide timely advance notice of reviews for annual determinations and other periodic redeterminations of MaineCare eligibility to a MaineCare recipient and the facility in which the recipient resides or seeks to reside. The bill requires the department to provide to the recipient and the facility in which the recipient resides or seeks to reside copies of communications.

**LD 1425 An Act To Repeal the Laws Governing the Mental Health Homicide,  
Suicide and Aggravated Assault Review Board**

**PUBLIC 93**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

This bill repeals the Mental Health Homicide, Suicide and Aggravated Assault Review Board. This board is no longer active.

**Enacted Law Summary**

Public Law 2017, chapter 93 repeals the Mental Health Homicide, Suicide and Aggravated Assault Review Board.

**LD 1430 An Act To Develop a Statewide Resource and Referral Center and  
Develop Hub-and-spoke Models To Improve Access, Treatment and  
Recovery for Those with Substance Use Disorder**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K DILL J		

This bill establishes a statewide resource and referral center for individuals with substance use disorders and friends and family members of individuals with substance use disorders, law enforcement and providers of substance abuse treatment. It requires the Department of Health and Human Services to contract with evidence-based substance abuse treatment providers across the State to provide integrated medication-assisted treatment to individuals with substance use disorders. Hubs provide comprehensive services for acute needs, and spokes are primary care facilities that offer behavioral health services or are connected to providers of those services. It directs the