MAINE STATE LEGISLATURE

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STATE OF MAINE

 128^{TH} 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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*Committee member for a portion of the session

STATE OF MAINE

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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
CONF CMTE UNABLE TO AGREE
DIED BETWEEN HOUSES
DIED IN CONCURRENCE defeated in each house, but on different motions; legislation died
DIED ON ADJOURNMENT action incomplete when session ended; legislation died
EMERGENCYenacted law takes effect sooner than 90 days after session adjournment
FAILED, EMERGENCY ENACTMENT or FINAL PASSAGEemergency failed to receive required 2/3 vote
FAILED, ENACTMENT or FINAL PASSAGE
FAILED, MANDATE ENACTMENTlegislation 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 WITHDRAWsponsor's request to withdraw legislation granted
NOT PROPERLY BEFORE THE BODYruled 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
PUBLIC XXX
RESOLVE XXX
VETO SUSTAINEDLegislature 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

LD 1494 An Act To Increase the Availability of Foster Homes

CARRIED OVER

Sponsor(s)	Committee Report	Amendments Adopted
SANDERSON D	OTP-AM	Н-396

This bill eliminates the requirement that the State Fire Marshal inspect a family foster home and certify that it meets all elements of the fire safety code before the Department of Health and Human Services may issue a license to operate as a family foster home. The bill moves the inspection responsibility to the Department of Health and Human Services, which is directed to adopt rules governing the method of inspection.

Committee Amendment "A" (H-396)

The amendment adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, H.P. 1138.

LD 1495 An Act To Break the Generational Cycle of Domestic Violence

CARRIED OVER

Sponsor(s)	<u>Committee Report</u>	Amendments Adopted
HEAD F		
BRAKEY E		

This bill provides that a nonprofit organization that provides counseling and educational services to children who are affected by domestic violence and that receives referrals from a parent, guardian or relative of a child affected by domestic violence or a school, law enforcement agency, health care organization, health care provider or domestic violence resource center may apply to the Department of Health and Human Services for funding for these services. The bill directs the department to divide the State into eight regions for purposes of providing funding to these nonprofit organizations and to provide funding in all eight regions. In determining which nonprofit organizations to fund, the department must consider, among other factors, how much money each nonprofit organization spends on administration versus direct services and must give special consideration to nonprofit organizations that minimize administrative expenses and to nonprofit organizations in rural areas. Services provided by the nonprofit organization must be targeted to children who are two years of age or older and under 12 years of age. The bill provides that the department must report on the implementation of these provisions to the joint standing committee of the Legislature having jurisdiction over public safety matters and the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than November 7, 2018.

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

LD 1496	An Act To Clarify the Scope of the Maternal and Infant Death Review Panel			ONTP
	C(-)	Committee Depart	l	Ì

SANDERSON D

Committee Report
ONTP

Amendments Adopted

Joint Standing Committee on Health and Human Services

This bill changes the name of the maternal and infant death review panel to the maternal, fetal and infant mortality review panel and allows the panel coordinator access to medical records for the purposes of conducting a review without having to obtain permission in all cases.

LD 1517 Resolve, To Ensure Access to Behavioral Health Services

CARRIED OVER

Sponsor(s)	Committee Report	Amendments Adopted
PERRY A	OTP-AM	H-491
CHIPMAN B	ONTP	

This bill establishes the Behavioral Health Oversight Council to review reimbursement rate-setting for certain behavioral health services provided under MaineCare and advise the Commissioner of Health and Human Services, the Commissioner of Corrections and the Commissioner of Public Safety regarding the behavioral health system in the State. It sets out requirements for reimbursement rate-setting to be used by the Department of Health and Human Services to determine rates for certain behavioral health services provided under MaineCare. It directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 13, 17, 23, 28, 65 and 97 to increase reimbursement rates by fiscal year 2018-19 to reflect a 20% increase from rates in fiscal year 2008-09.

Committee Amendment "A" (H-491)

This amendment, which is the majority report of the committee, strikes the bill and makes it a resolve. The amendment retains the section in the bill that increases reimbursement rates by June 1, 2018. The increase in that section is changed from 20% to 2%, which must be applied to employee wages and benefits. The amendment specifies that increases to Section 97, Private Non-Medical Institution Services include only Appendix B and Appendix E. The amendment adds an appropriations and allocations section.

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 1527 An Act To Ensure Safety, Quality and Transparency in the Medical Marijuana Market and To Ensure Sufficient Funding for Regulation and Enforcement with Respect to the Retail Marijuana Industry

CARRIED OVER

Sponsor(s)	Committee Report	Amendments Adopted
PERRY A		
MAKER J		

This bill amends the Maine Medical Use of Marijuana Act in the following ways.

- 1. It imposes mandatory testing, labeling and record-keeping requirements on registered dispensaries. It provides that registered dispensaries are subject to inspection by the local fire department, building inspector or code enforcement officer to confirm that no health or safety concerns are present and that local health and safety ordinances apply to registered dispensaries.
- 2. It imposes mandatory testing, labeling and record-keeping requirements on registered primary caregivers. It provides that registered primary caregivers are subject to inspection by the Department of Health and Human Services to ensure regulatory compliance. It provides that registered primary caregivers are subject to inspection by the local fire department, building inspector or code enforcement officer to confirm that no health or safety concerns are present and that local health and safety ordinances apply to registered primary caregivers.