

MAINE STATE LEGISLATURE

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STATE OF MAINE
128TH LEGISLATURE
FIRST SPECIAL, SECOND REGULAR AND SECOND SPECIAL SESSIONS



Summaries of bills, adopted amendments and laws enacted or finally passed

**JOINT STANDING COMMITTEE ON HEALTH AND
HUMAN SERVICES**

October 2018

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STATE OF MAINE

128TH LEGISLATURE

FIRST SPECIAL, SECOND REGULAR AND SECOND SPECIAL SESSIONS



LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* contain summaries of all LDs and adopted amendments and all laws enacted or finally passed during the First Special, Second Regular and Second Special Sessions 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 dates for non-emergency legislation enacted in the First Special, Second Regular or Second Special Sessions of the 128th Legislature are: Monday, February 5, 2018; Wednesday, August 1, 2018; and Thursday, December 13, 2018, respectively. 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

Internal Revenue Code of 1986, Section 280E to deduct business expenses to the same extent as if those expenses were not excluded from deduction for federal tax purposes and requires the cost of these deductions, as well as the cost of administering these deductions, to be paid from the Medical Use of Marijuana Fund, to the extent that funds are available in the fund for those purposes;

23. Requires a caregiver, except for a caregiver who is a parent, guardian or person having legal custody of the qualifying patient, designated to possess medical marijuana for use by a qualifying patient and administer medical marijuana to a qualifying patient who is enrolled in primary or secondary school to submit to the same background check applicable to education personnel. The background check required includes fingerprinting. It also clarifies that a parent, guardian or person having legal custody of a qualifying patient who is enrolled in school may possess medical marijuana for use by that qualifying patient and administer medical marijuana to that qualifying patient;

24. Requires the Department of Health and Human Services to consult with statewide associations representing licensed medical professionals to develop and provide educational materials related to medical marijuana; and

25. Corrects cross-references and terms in the Maine Medical Use of Marijuana Act to conform to the Maine Revised Statutes, Title 28-B, Adult Use Marijuana, as enacted in Public Law 2017, chapter 409. It also provides for the change in the terms "primary caregiver" and "registered primary caregiver" to "caregiver" and "registered caregiver," respectively.

LD 1612

An Act To Support Maine Families through Universal Family Care

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D BELLOWS S	ONTP	

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

This bill establishes the Universal Family Care Program of universal child care and in-home and community support services for all individuals and families who are eligible. Eligibility for universal child care is based on the age of the child, and eligibility for in-home and community support services is based on medical eligibility. Income is not a factor for eligibility. The bill establishes the Universal Family Care Trust Fund, which is managed by a board composed of members who represent child care providers, home care agencies, employees of child care providers and home care agencies and consumers of child care and home care services. The board employs professional staff and receives advice from an advisory committee composed of the Commissioner of Health and Human Services, the Commissioner of Education and the Commissioner of Labor as well as the Treasurer of State, the President of the Senate and the Speaker of the House of Representatives. Base funding for universal child care is from child care funds from the Temporary Assistance for Needy Families program and the federal Child Care and Development Fund block grant. Base funding for universal in-home and community support services is from federal matching funding related to home and community support services and state funding for elder services provided in the home.

To complete the funding for the Universal Family Care Program, the Department of Administrative and Financial Services, Bureau of Revenue Services is directed to develop and submit to the Joint Standing Committee on Health and Human Services draft legislation to establish universal family care taxes. The taxes are to be structured to include three elements: a tax on wages that is substantially equivalent to the federal Social Security's Old-Age, Survivors, and Disability Insurance program tax, but that applies only to earnings above the annual contribution and benefit base of the federal tax; a self-employment tax applicable to taxpayers who are subject to the federal Self-Employment Contributions Act tax that is equivalent to that tax and applies to net earnings above the annual limit subject to taxation under that federal tax; and a tax equal to the wage and self-employment taxes that is imposed on unearned annual income and that applies in a manner similar to the federal Net Investment Income Tax. The bill directs the Joint Standing Committee on Health and Human Services to report out a bill to the Second

Joint Standing Committee on Health and Human Services

Regular Session of the 128th Legislature to establish universal family care taxes to fully fund the Universal Family Care Program.

LD 1661 Resolve, Regarding Legislative Review of Portions of Chapter 33: Rule Relating to the Licensing of Family Child Care Providers, a Major Substantive Rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention

**RESOLVE 48
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP-AM

H-675

This resolve provides for legislative review of portions of Chapter 33: Rule Relating to the Licensing of Family Child Care Providers, a major substantive rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention.

Committee Amendment "A" (H-675)

This amendment provides that the Department of Health and Human Services may finally adopt portions of Chapter 33: Rule Relating to the Licensing of Family Child Care Providers, a provisionally adopted major substantive rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention, only if the rule is modified to:

1. Clarify that parents are allowed to visit and observe at the child care site at any time the provider is open rather than specifying documentation of the policy for parental visitation at the child care site;
2. Clarify that provider-child ratios are based on ages and not on developmental stages;
3. Clarify that a single provider may care for eight children aged two to five years and two children over five years old;
4. Change the age of the children of the licensee being included in provider-child ratios from under the age of three to under the age of four;
5. Change the requirement that climbing equipment must be six feet from hard surfaces to requiring that it be located at a sufficient distance to prevent injury;
6. Clarify that the 36-inch-high threshold for requiring energy-absorbing materials refers to the height of the climbable or standing surface and remove the requirement that the rubber tiles and mats used beneath the equipment must be approved by the American Society for Testing and Materials;
7. Remove the requirement that the depth of energy-absorbing materials around climbers and slides be six inches or greater and instead require a sufficient amount of material to prevent injury, and clarify that the equipment includes swings in addition to climbers and slides;
8. Remove requirements that energy-absorbing materials around playground equipment extend at least six feet in all directions and instead require the materials to extend beyond the equipment in all directions to prevent injury in the event of a fall; and
9. Clarify that a person assigned by a provider to drive children enrolled in care must complete training for transportation of children every two years to match the training requirements in other sections of the rule.

Enacted Law Summary