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

 $128^{\text{th}}\,Legislature$ 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
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 to receive final majority vote
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 chapter # of enacted public law
RESOLVE XXX
VETO SUSTAINEDLegislature 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

Assistance Program accept a Section 8 voucher when it becomes available. The amendment provides a start date of July 1, 2018, for the requirement in the bill that the Department of Health and Human Services require a program participant to contribute the same amount toward rent that is required of a participant in a housing voucher program administered by the United States Department of Housing and Urban Development under the United States Housing Act of 1937, Public Law 75-412, 50 Stat. 888, Section 8. It directs the Department of Health and Human Services to ensure that no program participants lose assistance during the transition to the new contribution amount. It also adds an appropriations and allocations section.

LD 1714 An Act To Clarify Liability Pertaining to the Collection of Debts of MaineCare Providers by the Department of Health and Human Services

PUBLIC 442 EMERGENCY

Sponsor(s)	Committee Report	Amendments Adopted
GATTINE D	OTP-AM	H-674

This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill clarifies requirements for the definition of an ownership or control relationship for purposes of determining when the Department of Health and Human Services may offset debts owed to the department by a provider against current MaineCare reimbursement due to that provider or an entity related to that provider. It clarifies that the department may not offset current reimbursement owed to an entity related by ownership or control to the provider unless the person whose relationship is the subject of the offset has the voting power to govern the operation of the provider owing the debt. The bill prohibits the department from imposing liability for a debt owed by a provider on any person except a provider notified in accordance with statute of the debt or a person subject to collection by offset. The bill retains the provision in current law allowing the department to recover a debt by seeking a civil penalty for a false claim.

Committee Amendment "A" (H-674)

This amendment incorporates a fiscal note.

Enacted Law Summary

Public Law 2017, chapter 442 clarifies requirements for the definition of an ownership or control relationship for purposes of determining when the Department of Health and Human Services may offset debts owed to the department by a provider against current MaineCare reimbursement due to that provider or an entity related to that provider. It clarifies that the department may not offset current reimbursement owed to an entity related by ownership or control to the provider unless the person whose relationship is the subject of the offset has the voting power to govern the operation of the provider owing the debt. It prohibits the department from imposing liability for a debt owed by a provider on any person except a provider notified in accordance with statute of the debt or a person subject to collection by offset. It retains the provision in current law allowing the department to recover a debt by seeking a civil penalty for a false claim.

Public Law 2017, chapter 442 was enacted as an emergency measure effective July 4, 2018.

LD 1715

An Act To Ensure Rural Patient Populations Receive Safe and Effective Health Care

ONTP

Sponsor(s)	Committee Report	Amendments Adopted
STANLEY S	ONTP	
CARSON B		

Joint Standing Committee on Health and Human Services

This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to ensure that patient populations located in rural areas of the State receive safe and effective health care by placing certain reporting and approval requirements on an acute care or critical access hospital that is considering closure or terminating or reducing services. Any such hospital would need to provide at least six months' notice to the joint standing committee of the Legislature having jurisdiction over health and human services matters prior to the planned date of closure of the hospital or the termination or reduction of services. The hospital would also need to provide a study to the committee conducted by an independent third party describing the impact of the closure or the termination or reduction of services on the patient population. Any closure or any termination or reduction of services would require approval prior to taking effect.

LD 1730 An Act To Change the Procedures for Veterinarians in the Controlled Substances Prescription Monitoring Program

PUBLIC 360

Sponsor(s)	Committee Report	Amendments Adopted
HAMPER J	OTP-AM	S-422

This bill eliminates the requirement that veterinarians check prescription monitoring information under the Controlled Substances Prescription Monitoring Program upon prescribing certain medications, including opioids. It also changes the continuing education requirement to require a veterinarian who prescribes opioid medication to successfully complete three hours of continuing education every two years on the administration, prescription and management of controlled substances. Current law requires such a veterinarian to successfully complete three hours of continuing education every two years on the prescription of opioid medication.

Committee Amendment "A" (S-422)

This amendment retains the provisions of the bill that remove veterinarians from the definition of "prescriber" in the laws governing the Controlled Substances Prescription Monitoring Program so that veterinarians are not required to check the program when prescribing controlled substances, including opioids. The amendment provides that veterinarians who dispense benzodiazepines or opioid medications for animals are "dispensers" within the Controlled Substances Prescription Monitoring Program. It requires a veterinarian who dispenses a benzodiazepine or an opioid medication to check prescription monitoring information except when the veterinarian is operating in mobile or emergency circumstances or is dispensing less than 48 hours of medication. The amendment reestablishes the waiver on electronic prescribing of opioids that expired on July 1, 2017. The amendment includes benzodiazepines under the waiver and provides that the waiver extends until July 1, 2022, unless an electronic platform becomes available earlier as determined by the Commissioner of Health and Human Services. After electronic prescribing is required, veterinarians may apply for a waiver from the Commissioner of Health and Human Services. The amendment retains the changes made by the bill to the continuing education requirements for veterinarians but reduces the amount of continuing education required for administration, prescription and management of controlled substances from three hours every two years to one hour every two years and specifies that the requirements apply to veterinarians who prescribe benzodiazepines as well as to veterinarians who prescribe opioid medications. It allows the State Board of Veterinary Medicine to adopt rules rather than requiring rulemaking.

Enacted Law Summary

Public Law 2017, chapter 360 makes a number of changes to the requirements for veterinarians in the laws governing the Controlled Substances Prescription Monitoring Program.

1. It removes veterinarians from the definition of "prescriber" so that veterinarians are not required to check the Controlled Substances Prescription Monitoring Program when prescribing controlled substances, including opioids. Veterinarians who dispense benzodiazepines or opioid medications for animals are defined as "dispensers" under the