

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

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

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

Joint Standing Committee on Health and Human Services

law. A veterinarian who dispenses a benzodiazepine or an opioid medication is required 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.

2. It extends the waiver on electronic prescribing of opioids until July 1, 2022, unless an electronic platform becomes available earlier as determined by the Commissioner of Health and Human Services. It also includes benzodiazepines under the waiver. After electronic prescribing becomes required, veterinarians may apply for a waiver from the Commissioner of Health and Human Services.

3. It broadens the content of continuing education requirements to include administration and management of opioid medications as well as prescription of opioid medications. It reduces the number of hours required from three hours every two years to one hour every two years. It allows the State Board of Veterinary Medicine to adopt rules rather than requiring rulemaking.

LD 1737 **An Act To Preserve Medication Management for Persons with Mental Health Needs**

**Died On
Adjournment**

Sponsor(s)

BREEN C
DENNO D

Committee Report

OTP-AM

Amendments Adopted

S-379

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 provides funding for a 25% rate increase for the medication management services provided under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services.

Committee Amendment "A" (S-379)

This amendment decreases the rate increase proposed in the bill from 25% to 15% and provides funding for a 15% rate increase for the medication management services provided under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services.

The substance of this bill was incorporated in Public Law 2017, chapter 460.

LD 1742 **Resolve, To Support Vulnerable Seniors by Funding Assisted Living Programs**

**Died On
Adjournment**

Sponsor(s)

DILL J
FREDETTE K

Committee Report

OTP-AM
ONTP

Amendments Adopted

S-364

This resolve 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 resolve provides increased funding for the provision of assisted living services at facilities currently operating at a loss, including, but not limited to, facilities in Bangor, Millinocket, Camden and Sanford. It directs the Department of Health and Human Services to conduct a review of possible ways to stabilize funding for affordable assisted living facilities that contract with the office of aging and disability services within the Department of