

MAINE STATE LEGISLATURE

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STATE OF MAINE
129TH LEGISLATURE
FIRST REGULAR SESSION



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

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

August 2019

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STATE OF MAINE

129TH 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 129th 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 129th Legislature is Thursday, September 19, 2019. 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

submit a bill related to the report to the Second Regular Session of the 129th Legislature.

Committee Amendment "A" (S-145)

This amendment clarifies that the Commissioner of Health and Human Services is required to convene a task force of stakeholders to evaluate the need for long-term acute care beds in the State. It changes the reporting date for the department from December 1, 2019 to January 2, 2020.

Enacted Law Summary

Resolve 2019, chapter 69 requires the Commissioner of Health and Human Services to convene a task force to evaluate the need for long-term acute care beds in the State. The commissioner is required to submit a report detailing findings of the task force and recommended legislation to the Joint Standing Committee on Health and Human Services no later than January 2, 2020. The committee is authorized to report out a bill related to the report to the Second Regular Session of the 129th Legislature.

LD 443 An Act To Prevent Vitamin K Deficiency Bleeding and Eye Damage in Infants

PUBLIC 426

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|---------------------------|-------------------------|---------------------------|
| SANBORN L MASTRACCIO A | OTP-AM | S-153 |

This bill requires every physician, midwife or nurse in charge at the birth of an infant to administer vitamin K to an infant intramuscularly to prevent vitamin K deficiency bleeding in infants. This bill also removes the exemption for religious tenets and practices for the administration of a prophylactic solution instilled into an infant's eyes at birth.

Committee Amendment "A" (S-153)

This amendment, which is the unanimous report of the committee, replaces the bill. Current law requires every physician, midwife or nurse in charge to instill or cause to be instilled into the eyes of an infant within 24 hours after the infant's birth prophylactic eye drops, except for an infant whose parents object to this procedure on the grounds that it conflicts with their religious tenets and practices. This amendment updates the term "eye drops" to "ophthalmic ointment" to reflect current practice, removes the civil penalties for noncompliance and removes the exemption based on religious tenets and practices.

This amendment also requires every physician, midwife or nurse in charge at the birth of an infant to administer vitamin K to an infant intramuscularly to prevent vitamin K deficiency bleeding in infants within six hours after the infant's birth.

It requires the Department of Health and Human Services to adopt rules to implement this section, including, but not limited to, creating and making publicly available a brochure about the medical benefits and risks of administering the prophylactic ophthalmic ointment and vitamin K injection and providing a form on which a parent can refuse the prophylactic ophthalmic ointment and vitamin K injection for the infant of that parent.

It also requires the Department of Health and Human Services to amend its newborn blood spot screening refusal form to include a section permitting a parent to refuse the prophylactic ophthalmic ointment and vitamin K injection for the infant of that parent.

Enacted Law Summary

Public Law 2019, chapter 426 requires every physician, midwife or nurse in charge at the birth of an infant to administer vitamin K to an infant intramuscularly to prevent vitamin K deficiency bleeding in infants within six hours after the infant's birth and requires every physician, midwife or nurse in charge at the birth of an infant to install or cause to be instilled into the eyes of an infant ophthalmic ointment within 24 hours after the infant's birth.

Joint Standing Committee on Health and Human Services

It removes the civil penalties for noncompliance and removes the exemption based on religious tenets and practices. It requires the Department of Health and Human Services to adopt rules, including, but not limited to, creating and making publicly available a brochure about the medical benefits and risks of administering the prophylactic ophthalmic ointment and vitamin K injection and providing a form on which a parent can refuse the prophylactic ophthalmic ointment and vitamin K injection for the infant of that parent. It also requires the Department of Health and Human Services to amend its newborn blood spot screening refusal form to include a section permitting a parent to refuse the prophylactic ophthalmic ointment and vitamin K injection for the infant of that parent.

LD 447 An Act Regarding the Substance Use Disorder Continuum of Care

ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to provide support for persons with substance use disorder along a continuum of care that includes prevention, law enforcement diversion, treatment, harm reduction and recovery. The bill proposes to provide:

1. Funding for programs that reduce the use of marijuana and so-called "vaping" by youth in Maine in order to reduce the likelihood of neural pathway changes that can lead to addiction later in life;
2. Ongoing support for detoxification as a path to recovery;
3. Reimbursement under the MaineCare program for substance use disorder peer recovery coaches;
4. Funding to the Bangor Area Recovery Network for addiction recovery support;
5. Support for regional 2-1-1 hotlines to offer referrals to persons with substance use disorder for local services; and
6. Access to evidence-based approaches to prevent substance use and treat substance use disorder in rural areas.

LD 459 An Act Regarding Presumptive Eligibility and Homelessness under the General Assistance Laws

PUBLIC 515

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| CHIPMAN B | OTP-AM ONTP | S-215 S-363 BREEN C |

This bill defines "homelessness" for the purposes of the laws governing general assistance and specifies that a person experiencing or facing homelessness who meets the conditions for receiving emergency assistance in current law is eligible for emergency general assistance.

Committee Amendment "A" (S-215)

This amendment, which is the majority report of the committee, changes the definition of "homelessness" in the bill to remove references to a need for permanent or safe housing. It adds a requirement for the Department of Health and Human Services to reimburse a municipality 100% of direct general assistance costs after a person has spent 90 consecutive nights homeless or in an emergency shelter for the homeless. It also establishes presumptive eligibility for general assistance for 30 days for persons who are provided shelter at emergency shelters for the homeless and specifies that no other municipality may be determined to be the municipality of responsibility during that 30-day