

$\begin{array}{c} \textbf{STATE OF MAINE} \\ 129^{\text{TH}} \text{ Legislature} \\ \text{First Regular Session} \end{array}$



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

JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

August 2019

STAFF:

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STATE OF MAINE

 $129^{\text{TH}} LEGISLATURE$ FIRST REGULAR SESSION



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	arried over to a subsequent session of the Legislature
CON RES XXX	
CONF CMTE UNABLE TO AGREE	π of constitutional resolution passed by both houses
DIED BETWEEN HOUSES	
DIED IN CONCURRENCE defeated in	
DIED ON ADJOURNMENT ac	tion incomplete when session ended; legislation died
EMERGENCYenacted 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 ENACTMENTlegislat	ion proposing local mandate failed required 2/3 vote
HELD BY GOVERNOR Governor has not signed; fin	al disposition to be determined at subsequent session
LEAVE TO WITHDRAW	sponsor'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 SUSTAINED	
	Legisidiare juilea io override dovernor s velo

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.

LD 493 An Act To Provide Lung Cancer Counseling and Screening for CARRIED OVER MaineCare Recipients

Sponsor(s)	Committee Report	Amendments Adopted
SANBORN L	OTP-AM	S-223
GATTINE D		

This bill requires that shared decision-making counseling and annual screening for lung cancer for certain recipients be reimbursed under the MaineCare program. The Department of Health and Human Services may adopt routine technical rules to implement this requirement.

Committee Amendment "A" (S-223)

This amendment adds an appropriations and allocations section. The amendment also reallocates the statutory language to avoid a numbering conflict with a prior enacted section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 494An Act To Update the Family Planning StatutesPUBLIC 236

Sponsor(s)	Committee Report	Amendments Adopted
SANBORN L	OTP-AM	S-151
GATTINE D	OTP-AM	

This bill updates language in the laws governing family planning.

Committee Amendment "A" (S-151)

This amendment, which is the majority report of the committee, amends the bill to remove conflicts with other provisions in statute relating to consent by minors. Current law provides that the treatment of a minor for a sexually transmitted infection does not require the consent of the minor's parent or guardian. This amendment provides that the prevention or treatment of a sexually transmitted infection does not require the consent of the minor's parent or guardian. Current law also provides that family planning services may be provided to a minor who is a parent, who is married, with the consent of the minor's guardian or if the minor will suffer probable health hazards. This amendment provides that a health care provider may provide family planning services to a minor without requiring the consent of the minor's parent or guardian, just as with sexually transmitted infections. This amendment clarifies that the provisions of the Maine Revised Statutes, Title 22, chapter 406 regarding family planning services are not intended to change the scope of practice of a health care provider. It also makes other technical changes.

Committee Amendment "B" (S-152)

This amendment, which is the minority report of the committee, amends the bill to remove conflicts with other provisions in statute relating to consent by minors. Current law provides that the treatment of a minor for a sexually transmitted infection does not require the consent of the minor's parent or guardian. The amendment provides that the prevention or treatment of a sexually transmitted infection does not require the consent of the minor's parent or guardian. The amendment clarifies that the provisions of the Maine Revised Statutes, Title 22, chapter 406 regarding family planning services are not intended to change the scope of practice of a health care provider. It also makes other technical changes.

This amendment was not adopted.

Joint Standing Committee on Health and Human Services

Enacted Law Summary

Public Law 2019, chapter 236 updates language in the laws governing family planning, makes technical changes and removes conflicts with other provisions in statute relating to consent by minors. It clarifies that the provisions of the Maine Revised Statutes, Title 22, chapter 406 regarding family planning services are not intended to change the scope of practice of a health care provider.

LD 498Resolve, Regarding Reimbursement of Physical Medicine and
Rehabilitation Codes under MaineCareCARRIED OVER

Sponsor(s)	Committee Report	Amendments Adopted
SANBORN L	OTP-AM	S-144
BRENNAN M		

This resolve sets the reimbursement rates for occupational therapy and physical therapy services under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 68 and 85 at 70% of the federal Medicare reimbursement rate as long as the rate is no lower than the rate in effect on January 1, 2019.

Committee Amendment "A" (S-144)

This amendment adds an appropriations and allocations section.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 500 An Act To Extend the Limitation on Prescribing Opioids for Certain ONTP Individuals with Chronic Pain

Sponsor(s)	Committee Report	Amendments Adopted
CHENETTE J	ONTP	

Current law prohibits an individual licensed to prescribe opioid medication from prescribing more than a 30-day supply of an opioid medication to a patient under treatment for chronic pain. This bill allows an individual licensed to prescribe opioid medication to prescribe no more than a six-month supply of an opioid medication to a patient under treatment for chronic pain who has been prescribed medication for chronic pain continually for at least five years or is 63 years of age or older.

LD 508 Resolve, To Study the Protection of Youth and Young Adults from CARRIED OVER Addiction and Premature Death by Restricting Marketing of Tobacco Products

Sponsor(s)	Committee Report	Amendments Adopted
GROHOSKI N		
MOORE M		

This resolve requires the Office of the Attorney General to research marketing practices by the tobacco industry and regulatory options for the State to employ to curb youth and young adult use of and addiction to tobacco products, including electronic nicotine delivery systems. The Office of the Attorney General is required to report its findings to the Joint Standing Committee on Health and Human Services by February 1, 2020, and the committee is required