

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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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

under Section 65 of rule Chapter 101: MaineCare Benefits Manual, Chapter III. Rather than increasing rates to the lowest reimbursement rate for the same service paid by an insurance carrier licensed in Maine, the amendment increases rates to 70% of the Medicare rate for the closest equivalent service, since there is no exact equivalent rate under Medicare. The amendment also 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 697 Resolve, Directing the Department of Health and Human Services To Conduct a Review of Rules Governing In-home Personal Care Assistance Services CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S PEOPLES A		

This resolve directs the Department of Health and Human Services to review and update its rules governing the provision of and reimbursement for in-home personal care assistance services to ensure the provision of high-quality care and to provide protections to vulnerable people who receive personal care assistance services.

This resolve was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 699 Resolve, To Provide for Outreach Programs To Assist Women at Risk of Giving Birth to Substance-exposed Infants RESOLVE 103

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARSON B	OTP-AM	S-121 S-328 BREEN C

This resolve requires the Department of Health and Human Services to contract with a community-based nonprofit organization to develop outreach and educational programs regarding reproductive and sexual health care for women and adolescents at highest risk of experiencing an unintended pregnancy. The programming must emphasize the right to individual self-determination regarding family planning and childbearing and be targeted to women and adolescents experiencing substance use disorder, homelessness or other circumstances that indicate a need for family planning services or who are involved in the correctional system.

Committee Amendment "A" (S-121)

This amendment incorporates a fiscal note.

Senate Amendment "A" (S-328)

This amendment changes the funding source from the General Fund to the Fund for a Healthy Maine.

Enacted Law Summary

Resolve 2019, chapter 103 requires the Department of Health and Human Services to contract with a community-based nonprofit organization to develop outreach and educational programs regarding reproductive and sexual health care for women and adolescents at highest risk of experiencing an unintended pregnancy. The programming must emphasize the right to individual self-determination regarding family planning and childbearing and be targeted to women and adolescents experiencing substance use disorder, homelessness or other circumstances that indicate a need for family planning services or who are involved in the correctional system. The

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funding for the contracts comes from the Fund for a Healthy Maine.

LD 706 An Act To Reduce the Incidence of Obesity and Chronic Disease in the CARRIED OVER
State

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N	OTP-AM	S-33

This bill provides for reimbursement under the MaineCare program for medical nutritional therapy and prescription drug therapy.

Committee Amendment "A" (S-33)

This amendment, which is the unanimous report of the committee, amends the bill by changing the term "medical nutritional therapy" to "medical nutrition therapy" to accurately reflect common usage of the term. It adds physician assistants to the group of medical providers authorized to provide medical nutrition therapy that is reimbursable under MaineCare. It clarifies that medical nutrition therapy is reimbursable by MaineCare in any setting in which the authorized medical provider practices. It also removes the provisions of the bill that provide for the reimbursement under the MaineCare program for certain prescription drugs to treat obesity.

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 717 An Act To Provide Comprehensive Mental Health Treatment Reform ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to create a seamless crisis services system that allows high-risk patients timely access to inpatient care and to increase communication within the crisis services system to better manage patients after discharge. The purpose of this bill is to save lives and improve the overall quality and integrity of the crisis services system by:

1. Creating a single point of entry for a high-risk patient by designating an independent entity of a hospital to provide clinical assessment of the patient and determine whether the patient meets inpatient criteria of care;
2. Adopting universal criteria under which priority admission for a patient is based on acuteness of crisis and length of stay in an emergency room;
3. Requiring hospitals to communicate with and make referrals to community providers for aftercare within 24 hours following discharge from the emergency room or inpatient treatment when patients are most at risk of suicide; and
4. Exploring further significant upgrades, access and training in developing prevention and postintervention services with the goal of avoiding hospitalization of patients with mental illness who are not in need of psychiatric hospitalization and can be stabilized in the community.