

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

LD 976 An Act To Require Additional Lead Screening for Children

PUBLIC 201

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MORALES V	OTP-AM	H-296

This bill amends the Lead Poisoning Control Act to require blood lead level testing of all children not covered by the MaineCare program at one year of age, two years of age and six years of age.

Committee Amendment "A" (H-296)

This amendment, which is the unanimous report of the committee, replaces the bill. It changes the definition of "lead poisoning" in the Lead Poisoning Control Act to mean a confirmed elevated level of blood lead that is equal to or exceeds five micrograms per deciliter. It also requires the Department of Health and Human Services to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters when the federal Department of Health and Human Services, Centers for Disease Control and Prevention changes the reference level at which it recommends public health actions be taken with respect to blood lead levels in children.

Enacted Law Summary

Public Law 2019, chapter 201 changes the definition of "lead poisoning" in the Lead Poisoning Control Act to mean a confirmed elevated level of blood lead that is equal to or exceeds five micrograms per deciliter. It also requires the Department of Health and Human Services to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters when the federal Department of Health and Human Services, Centers for Disease Control and Prevention changes the reference level at which it recommends public health actions be taken with respect to blood lead levels in children.

LD 981 An Act To Implement the State's Recently Approved Request for a Section 1115 Demonstration for MaineCare

Accepted Majority (ONTP) Report

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
O'CONNOR B TIMBERLAKE J	ONTP OTP-AM	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to implement the State's request for approval of a so-called Section 1115 demonstration for MaineCare that was recently granted by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. Under the bill, an individual who receives MaineCare benefits will be required to:

1. Work 20 hours a week;
2. Pay monthly premiums of up to \$40; and
3. Contribute \$10 if the individual goes to an emergency department for a nonemergency issue.

Committee Amendment "A" (H-216)

This amendment replaces the concept draft and is the minority report of the committee. The amendment requires the Department of Health and Human Services to submit a request for a Section 1115 waiver similar to the waiver that was approved in 2018 and withdrawn in January 2019. The waiver would require MaineCare members 19 to 64 years of age who are considered able bodied to participate in work or similar activities for 20 hours a week and pay

Joint Standing Committee on Health and Human Services

monthly premiums based on income. The department is required to examine the possibilities for MaineCare members earning 100% to 138% of the federal poverty level to purchase private health insurance, including on the federal marketplace exchange established under the Patient Protection and Affordable Care Act, and take all practicable steps to assist those members to purchase private insurance. The amendment also adds an appropriations and allocations section.

This amendment was not adopted.

LD 982	Resolve, To Expand the Use of the Women, Infants and Children Special Supplemental Food Program at Farmers' Markets	RESOLVE 93
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAUGHTRY M	OTP-AM	H-427

This resolve directs the Commissioner of Health and Human Services to amend the rules regarding the use of the Women, Infants and Children Special Supplemental Food Program at farmers' markets by expanding the program from seasonal to include all 12 months of the calendar year and by expanding the scope of food products that may be purchased through the program at a farmers' market from only fresh fruits and vegetables to all food products allowed to be purchased through the program in general.

Committee Amendment "A" (H-427)

This amendment strikes and replaces the resolve and adds an appropriations and allocations section.

Enacted Law Summary

Resolve 2019, chapter 93 provides additional funding to the Maine Center for Disease Control and Prevention to expand the use of the Women, Infants and Children's Supplemental Food Program at farmers' markets.

LD 984	Resolve, To Develop Plans To Return to the State Children Housed in Residential Treatment Systems outside of the State	RESOLVE 54
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICH L LIBBY N	OTP-AM	H-352

This resolve requires the Department of Health and Human Services to coordinate with families of children who are receiving certain services out of state to develop plans to bring the children back to the State to receive the required services and care. The resolve also suspends current contracts regarding any psychiatric residential treatment facility licensed by the department and prohibits the department from issuing new contracts for such facilities. The suspension and moratorium are lifted 30 days after the department submits a report, as required by this resolve, to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services regarding the adequacy of beds and staffing levels in those facilities and the need to increase the MaineCare reimbursement rate to allow for additional facilities or staffing.

Additionally, the resolve provides funding to increase rates in rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services, Children's Home and Community Based Treatment and Section 97, Appendix D, Principles of Reimbursement for Child Care Facilities by 30% no later than October 1, 2019.

Committee Amendment "A" (H-352)

This amendment removes from the resolve the sections relating to psychiatric residential treatment facilities and