

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



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

# JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

August 2019

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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 129<sup>th</sup> 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	$\pi$ 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 129<sup>th</sup> 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 1106 An Act To Improve the Health and Economic Security of Older		CARRIED OVER	
	Residents		

Sponsor(s)	Committee Report	Amendments Adopted
BRENNAN M VITELLI E	OTP-AM ONTP	H-355

This bill removes the asset test for the Medicare savings program and the elderly low-cost drug program. It also increases the income eligibility levels for the Medicare savings program and the elderly low-cost drug program to the levels in effect prior to Public Law 2011, chapter 657. The Department of Health and Human Services is required to submit any necessary state plan amendments for approval for the increases in income eligibility.

#### Committee Amendment "A" (H-355)

This amendment, which is the majority report of the committee, removes the provisions in the bill relating to income eligibility levels for the Medicare savings program and the elderly low-cost drug program. It also removes the asset test for the Medicare savings program and requires the Department of Health and Human Services to submit any necessary Medicaid state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. The amendment adds an appropriations and allocations section.

Public Law 2019, chapter 343 (the biennial budget) changed the income eligibility levels for the Medicare savings program and the elderly low-cost drug program.

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 1116An Act To Strengthen the Lead Poisoning Control ActPUBLIC 479EMERGENCY

Sponsor(s)	Committee Report	Amendments Adopted
LIBBY N MOONEN M	OTP-AM	S-122 S-337 BREEN C

This bill:

1. Changes the year for the State's goal to eradicate childhood lead poisoning from 2010 to 2030 and requires that a report on progress toward meeting that goal be submitted to the Legislature by January 1, 2025;

2. Requires that all Maine children be tested for unsafe exposure to lead at one year of age and two years of age;

3. Increases the lead poisoning prevention fee from  $25\phi$  to  $50\phi$  per gallon of paint and allows up to 50% of the fee to be used for mandated dwelling inspections and mandated orders to remove lead hazards; and

4. Makes permanent five Environmental Specialist III positions created in 2015 and necessary to the operation of the lead poisoning risk assessment and blood lead level testing program.

## Committee Amendment "A" (S-122)

This amendment, which is the unanimous report of the committee, removes the sections of the bill increasing the lead poisoning prevention fee. It continues funding for five limited-period Environmental Specialist III positions instead of making the positions permanent. It also amends the section that repeals the lead poisoning prevention fee

# Joint Standing Committee on Health and Human Services

when a period of 24 months has elapsed since the Department of Health and Human Services identified a child with an elevated blood lead level from a level of blood lead of 10 micrograms per deciliter to 5 micrograms per deciliter. It adds an appropriations and allocations section.

## Senate Amendment "A" To Committee Amendment "A" (S-337)

This amendment removes the appropriations and allocations section.

#### **Enacted Law Summary**

Public Law 2019, chapter 479 provides that the lead poisoning prevention fee is repealed when a period of 24 months has elapsed since the Department of Health and Human Services identified a child with an elevated blood lead level from a level of blood lead of 10 micrograms per deciliter to 5 micrograms per deciliter.

Public Law 2019, chapter 479 was enacted as an emergency measure effective June 27, 2019.

## LD 1125 Resolve, To Require Reimbursement for Bed-hold Days in Adult Family RESOLVE 94 Care Homes

Sponsor(s)	Committee Report	Amendments Adopted
TIMBERLAKE J	OTP-AM	S-103
MORRIS J		

This bill requires the Department of Health and Human Services to reimburse up to 50% of the MaineCare rate for patient care for a maximum of six months to nursing homes for bad debt incurred when a patient is provided care but is determined ineligible for MaineCare and the nursing home has made all reasonable efforts to collect on the debt. The bill also requires the Department of Health and Human Services to reimburse adult family care homes for up to 30 bed-hold days per calendar year in the same manner as residential care facilities are reimbursed.

## Committee Amendment "A" (S-103)

This amendment removes the section of the bill that reimburses nursing homes for bad debt incurred and changes the bill to a resolve. It changes the title to reflect the remaining provision to provide for reimbursement for bed-hold days in adult family care homes. It also adds an appropriations and allocations section.

#### **Enacted Law Summary**

Resolve 2019, chapter 94 requires the Department of Health and Human Services to reimburse adult family care homes for up to 30 bed-hold days per calendar year in the same manner as residential care facilities are reimbursed.

## LD 1126 Resolve, To Classify Employee Health Insurance as a Fixed Cost for MaineCare Reimbursement in Nursing Homes

**CARRIED OVER** 

Sponsor(s)	Committee Report	Amendments Adopted
TIMBERLAKE J	OTP-AM	S-87
MORRIS J		

This resolve requires the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities no later than January 1, 2020, to move health insurance costs for personnel from direct care and routine cost components to fixed costs components. This was a majority recommendation of the Commission To Study Long-term Care Facilities, which reported in December 2013.

#### Committee Amendment "A" (S-87)