

MAINE STATE LEGISLATURE

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STATE OF MAINE
129TH LEGISLATURE
FIRST SPECIAL AND SECOND REGULAR SESSIONS



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

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

November 2020

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STATE OF MAINE

129TH 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..... *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

This resolve was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This resolve directs the Department of Health and Human Services to set the weekly MaineCare reimbursement rate paid to outpatient opioid treatment providers at \$110 per week, or at a higher rate if the department determines a higher rate is justified.

The substance of this resolve was incorporated in Public Law 2019, chapter 343 (the biennial budget).

LD 1655 An Act To Improve and Modernize Home-based Care

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MEYER M MOORE M	OTP-AM	H-524

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill:

1. Establishes the Social Determinants of Health Stakeholder Advisory Group to collaborate with providers of home health care services and other services relating to the social determinants of health and make recommendations to the Department of Health and Human Services;
2. Provides for reimbursement for telehealth or telemonitoring private duty nursing, home health services and personal care services for an adult MaineCare member with a physical disability or an adult who is elderly who is receiving MaineCare services under a waiver granted by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services for home-based and community-based services or state-funded home-based and community-based support services. The services must include:
 - A. Services that support a member's ability to remain in the member's home, including, but not limited to, telehealth and telemonitoring services that support a member's safety, mobility or medication compliance, or that support virtual home visits and clinical consultation; and
 - B. Services of a pharmacist to provide medication evaluation or consultation to a member;
3. Expands the duties of the Maine Telehealth and Telemonitoring Advisory Group to include making recommendations about home technology to the Department of Health and Human Services;
4. Directs the Department of Health and Human Services, beginning in 2020 and at least every two years thereafter and whenever legislation is enacted that affects the costs of providing private duty nursing, home health services and personal care services, to review the rates for providers of services under a waiver granted by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services for home-based and community-based services or state-funded home-based and community-based support services;
5. Directs the Department of Health and Human Services to amend its rules for services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter II, Sections 19, 40 and 96 and rule Chapter 5, Office of Elder Services Policy Manual, Section 63 so that:
 - A. A certified nurse practitioner licensed under the Maine Revised Statutes, Title 32, chapter 31 and a

Joint Standing Committee on Health and Human Services

physician assistant licensed under Title 32, chapter 36 or 48 may authorize or amend a plan of care; and

B. Reimbursement is provided for activities performed outside of the home by a registered nurse licensed under Title 32, chapter 31 that are directly related to a member's care and are part of the member's plan of care;

6. Directs the Department of Health and Human Services to convene a work group to review options for adjusting rates in order to provide health care coverage and paid sick leave to home-based and community-based care providers and to report the recommendations of the work group to the Joint Standing Committee on Health and Human Services; and

7. Directs the Department of Health and Human Services to review its in-person supervisory requirement for home-based and community-based care providers to determine whether the use of technology that provides interactive, real-time communication is feasible and practical and to report its recommendations to the Joint Standing Committee on Health and Human Services.

Committee Amendment "A" (H-524)

This amendment removes the sections of the bill that establish the Social Determinants of Health Stakeholder Advisory Group within the Department of Health and Human Services, requires review of certain home-based and community-based MaineCare reimbursement rates every two years and convenes a work group to review options for adjusting reimbursement rates for home-based and community-based services. It requires the department to amend its rules for reimbursement for pharmacists conducting a medication evaluation or consultation in the home. It clarifies that certified nurse practitioners and physician assistants may only authorize or amend a plan of care under rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 40 after the federal government allows for it. It adds making recommendations to the department on best practices to the additional duties of the Maine Telehealth and Telemonitoring Advisory Group included in the bill. It also adds an appropriations and allocations section.

This bill was again carried over, still on the Special Appropriations Table, to any special session of the 129th Legislature by joint order, S.P. 788.

LD 1662 Resolve, To Save Lives by Establishing the Low Barrier Opioid Treatment Response Pilot Project within the Department of Health and Human Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CLAXTON N	OTP-AM	S-398

This bill was carried over in committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322.

This bill requires the Department of Health and Human Services to establish the Low Barrier Opioid Treatment Response Program in Maine's federally qualified health centers to improve the availability of medication-assisted treatment and enhance the effectiveness and sustainability of acute care responses to persons in urgent need of treatment for substance use disorders, including opioid use disorder. The department is required to implement the program on a pilot basis initially and expand the program statewide after reviewing initial outcomes of the pilot.

This bill also directs the department and representatives of federally qualified health centers to examine the extent to which existing structures for reimbursement and delivery of services by federally qualified health centers and other providers may hamper or facilitate access to opioid use disorder treatment and develop proposed changes to address identified barriers, reduce unnecessary costs and enhance coordination between federally qualified health centers and other providers serving persons at risk of opioid overdose. The department is required to report findings