

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

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 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, require review of certain home-based and community-based MaineCare reimbursement rates every two years and require the department to convene a work group to review options for adjusting reimbursement rates for home-based and community-based services. The amendment newly 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 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 1662 An Act To Save Lives by Establishing the Low Barrier Opioid Treatment Response Program

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CLAXTON N		

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.

Joint Standing Committee on Health and Human Services

It 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 on these subjects and on initial pilot implementation of the Low Barrier Opioid Treatment Response Program to the Joint Standing Committee on Health and Human Services no later than January 15, 2020.

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

LD 1689 An Act To Address the Opioid Crisis through Evidence-based Public Health Policy

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L MCCREIGHT J	OTP-AM	S-177

This bill expands the scope and capabilities of hypodermic apparatus exchange programs certified by the Department of Health and Human Services, Maine Center for Disease Control and Prevention. This bill requires the center to adopt rules that:

1. Allow the programs to distribute naloxone hydrochloride and other safer drug use supplies; and
2. Expand the criteria a program must meet in order to be awarded funds, including distributing naloxone hydrochloride and other safer drug use supplies; providing HIV, AIDS and hepatitis C testing; and maintaining referral agreements or having the capacity to provide counseling services, medication-assisted treatment services and infectious disease care.

The center is also required to consider geographic distribution of services provided by a program when allocating funding.

This bill also amends the Maine Criminal Code to remove the crimes of furnishing hypodermic apparatuses and illegal possession of hypodermic apparatuses and makes changes to other statutes to reflect that decriminalization.

Committee Amendment "A" (S-177)

This amendment, which is the unanimous report of the committee, removes the sections of the bill that decriminalize the crimes of furnishing or possessing hypodermic apparatuses. It removes the changes to the requirement to distribute educational materials. It removes the requirement to distribute naloxone hydrochloride and other safer drug use supplies. Instead of requiring that a hypodermic apparatus exchange program have a board, the amendment requires a program to have a process or system to regularly seek input from persons with a history of drug use. The amendment also makes changes to the allocation of funds appropriated for hypodermic apparatus exchange programs. The amendment also adds an appropriations and allocations 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.