

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

"A". This amendment also replaces the appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 533 requires the one-time supplemental payment equal to 10% of allowable wages and associated benefits and taxes provided in Public Law 2017, chapter 460, Part B to nursing facilities and residential care facilities to continue in successive years until rebasing incorporates the increase. It also granted an additional 10% supplemental allowance to provide for increases in contract labor, wages and allowable benefits and taxes that is carried forward until rebasing incorporates the increase. It includes and appropriations and allocations section.

Public Law 2019, chapter 533 was enacted as an emergency measure effective January 12, 2020.

LD 1760 An Act To Support Children's Healthy Development and School Readiness

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GIDEON S		

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

This bill creates the First 4 ME Early Care and Education Program under the Department of Health and Human Services to provide comprehensive, high-quality early child care and education services for at-risk children under six years of age who have not entered kindergarten and the children's parents by funding projects that integrate comprehensive resources and services with traditional center-based and family child care settings. The projects are sponsored by coalitions of stakeholders, providers and other community members within the communities that the projects serve. Each project is led and coordinated by a community contractor who staffs the project's operations and contracts with community providers to provide health care, education or parenting services, which may include services provided in a licensed child care center or by a licensed family child care provider, in a home visit or by an individual providing services to a family member within the individual's or family member's residence. The community contractor employs or contracts with community coaches who train and provide support to community providers. This bill also directs the department to request proposals for up to 10 pilot projects to implement the program and to report to the Legislature on the progress of the pilot projects toward the objectives, goals and intended outcomes of the projects in 2024.

This bill, which had been voted but not yet reported out by the committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.

LD 1809 Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children

**RESOLVE 110
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C	OTP-AM	

This resolve was finally passed by the Legislature and then held by the Governor at the end of the First Regular Session of the 129th Legislature. It became law without signature at the beginning of the Second Regular Session.

This resolve requires the Department of Health and Human Services to increase reimbursement rates for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by

Joint Standing Committee on Health and Human Services

20% until June 30, 2020. It requires the department to contract for a third-party rate study of the reimbursement rates for those therapies, including developing a rate set on a per case per week basis rather than the current 15-minute increments. The rate study must also take into account the costs to providers of delivering the services, including additional training, and maintenance of fidelity to the treatment models. The rate study must be completed no later than December 1, 2019. The department must submit a report on the results of the study to the Joint Standing Committee on Health and Human Services no later than January 30, 2020. The department is authorized to implement new rates through rulemaking as long as the rates are no lower than those that exist on April 1, 2019 and the rates are approved by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Committee Amendment "A" (H-500)

This amendment adds an appropriations and allocations section. This amendment was not adopted.

Enacted Law Summary

Resolve 2019, chapter 110 requires the Department of Health and Human Services to increase reimbursement rates for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 20% until June 30, 2020. It requires the department to contract for a third-party rate study of the reimbursement rates for those therapies, including developing a rate set on a per case per week basis rather than the current 15-minute increments. The rate study must also take into account the costs to providers of delivering the services, including additional training, and maintenance of fidelity to the treatment models. The rate study must be completed no later than December 1, 2019. The department must submit a report on the results of the study to the Joint Standing Committee on Health and Human Services no later than January 30, 2020. The department is authorized to implement new rates through rulemaking as long as the rates are no lower than those that exist on April 1, 2019 and the rates are approved by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Resolve 2019, chapter 110 was finally passed as an emergency measure effective January 12, 2020.

LD 1822 An Act To Protect Access to Services for Adults with Serious and Persistent Mental Illness

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D		

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

This bill establishes the right of an adult with serious and persistent mental illness who is denied access to certain services by a provider contrary to the terms of the provider's contract with the Department of Health and Human Services to seek informal department review of the provider's action and informal dispute resolution by the department to facilitate access to the service. If the adult continues to be denied access to the mental health service following department review, the adult may bring a private civil action in Superior Court for injunctive relief to enforce the terms of the provider's contract with the department. The bill requires the department to adopt routine technical rules governing the process for informal department review, which must include a definition of "adult with serious and persistent mental illness."

This bill, which had not yet been voted by the committee, was carried over in committee to any special session of the 129th Legislature by joint order, S.P. 788.