

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

for each therapeutic class of medication used in medication-assisted treatment, except that the department may not require prior authorization for medication-assisted treatment for opioid use disorder for a pregnant woman.

Committee Amendment "A" (H-751)

This amendment makes the following changes to the bill.

1. It clarifies that the prior authorization limitations in the bill apply to medication-assisted treatment and intensive outpatient therapy services for a diagnosis of opioid use disorder.
2. It allows the Department of Health and Human Services to require prior authorization under the MaineCare program when a dosage increase exceeds the department's dosing criteria as identified on the department's MaineCare preferred drug list.
3. It authorizes the department to adopt routine technical rules to implement the prior authorization limitations.
4. It states that the prior authorization limitations must be applied in a manner that is not inconsistent with the requirements of the Medicaid drug rebate program.

Enacted Law Summary

Public Law 219, chapter 645 prohibits the Department of Health and Human Services from requiring, under the MaineCare program, prior authorization for the prescription of at least one drug for each therapeutic class of medication used for medication-assisted treatment for opioid use disorder, or for intensive outpatient therapy services for a diagnosis of opioid use disorder. Prior authorization is also prohibited for medication-assisted treatment for opioid use disorder when treating a pregnant woman. The department may require prior authorization when a dosage increase exceeds the department's dosing criteria as identified on the department's MaineCare preferred drug list. Prior authorization limitations must be applied in a manner that is not inconsistent with the requirements of the Medicaid drug rebate program.

LD 1935 An Act To Address the Needs of Pregnant Women Affected by Opioid Use Disorder ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROBERTS T CHENETTE J	ONTP	

This bill directs the Department of Health and Human Services to administer a program to provide grants for the treatment of pregnant women with opioid use disorder. It establishes the Fund for the Treatment of Pregnant Women with Opioid Use Disorder and directs the State Controller to transfer \$1,000,000 from the General Fund unappropriated surplus to that fund.

LD 1936 An Act To Allow Parents of Minors Who Qualify for In-home Personal Care under the MaineCare Program To Be Employed as Caregivers for Those Minors CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RILEY T LIBBY N		

This bill allows for the reimbursement of a parent providing in-home personal care services to the parent's child by

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allowing the parent to register as a personal care agency. The child must be eligible for the MaineCare program. An individual who is not a parent of the child must be designated as the employer and must be approved as the employer by both the parent and the Department of Health and Human Services. The department is required to request the necessary state plan amendments or waivers from the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services and adopt routine technical rules upon federal approval.

This bill, which had been voted but had not yet been 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 1937 An Act To Provide Timely Access to Behavioral Health Services for
Maine Children and To Address Trauma and the Impacts of the Opioid
Crisis** **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICH L FARRIN B	OTP-AM	H-708

This bill provides funding to increase rates for adolescent rehabilitation facilities under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97, Appendix B, Principles of Reimbursement for Substance Abuse Treatment Facilities and all rates under rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services and Chapter III, Section 97, Appendix D, Principles of Reimbursement for Child Care Facilities by 30% no later than July 1, 2020.

Committee Amendment "A" (H-708)

This amendment, which is the unanimous report of the committee, replaces the appropriations and allocations section. Instead of providing a rate increase to all rates under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services, the amendment provides that the rate increase applies only to children's home and community-based treatment services under that section.

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

LD 1938 An Act Concerning MaineCare Coverage for Donor Breast Milk **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M MOORE M	OTP-AM	H-706

This bill requires that the Department of Health and Human Services provide reimbursement under the MaineCare program for pasteurized donor breast milk provided to an infant if a physician, physician assistant or advanced practice registered nurse signs an order stating that such milk is medically necessary and the infant is medically or physically unable to receive maternal breast milk or participate in breastfeeding or the infant's mother is medically or physically unable to produce maternal breast milk in quantities sufficient for the infant.

Committee Amendment "A" (H-706)

This amendment amends the bill to change the criteria by which an infant receiving MaineCare benefits may receive pasteurized donor breast milk to be consistent with the current coverage of donor breast milk under the