

STATE OF MAINE  
127<sup>TH</sup> LEGISLATURE  
FIRST REGULAR SESSION



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

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

August 2015

**STAFF:**

ANNA BROOME, LEGISLATIVE ANALYST  
MICHAEL O'BRIEN, LEGISLATIVE ANALYST  
OFFICE OF POLICY AND LEGAL ANALYSIS  
13 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-1670

AND

LUKE LAZURE, LEGISLATIVE ANALYST  
OFFICE OF FISCAL AND PROGRAM REVIEW  
5 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-1635

**MEMBERS:**

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SEN. EARLE L. MCCORMICK  
SEN. ANNE M. HASKELL

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*Joint Standing Committee on Health and Human Services*

**LD 5      An Act To Increase the Limit on the Number of Patients a Primary Caregiver May Provide for under the Medical Marijuana Laws      Died In Concurrence**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RUSSELL	OTP-AM ONTP	H-456

This bill repeals the provision in the Maine Medical Use of Marijuana Act that limits to five the number of qualifying patients a primary caregiver may assist.

**Committee Amendment "A" (H-456)**

This amendment replaces the bill and changes the title. The amendment increases the limit on the number of qualifying patients a primary caregiver may assist from five to 20, but caps a primary caregiver's plant cultivation at 30 mature marijuana plants for that primary caregiver's qualifying patients. The amendment also adds an appropriations and allocations section.

**LD 7      Resolve, Regarding Legislative Review of Portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 21: Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services      RESOLVE 1 EMERGENCY**

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

This resolve provides for legislative review of portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 21: Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder, a major substantive rule of the Department of Health and Human Services.

**Enacted Law Summary**

Resolve 2015, chapter 1 provides for legislative review of portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 21: Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder, a major substantive rule of the Department of Health and Human Services.

Resolve 2015, chapter 1 was finally passed as an emergency measure effective March 17, 2015.

**LD 20      An Act To Improve Substance Abuse Treatment      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GOODE	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to improve the delivery of substance abuse treatment. The sponsor proposed an amendment that would establish a Drug Court in the Bangor District Court or the Penobscot County Superior Court.

Public Law 2015, chapter 267 included funding for increased district court judge positions to expand the availability

***Joint Standing Committee on Health and Human Services***

of drug courts as well as complementary services provided by the Office of Substance Abuse and Mental Health Services within the Department of Health and Human Services.

**LD 21      An Act To Amend the Medical Marijuana Laws      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RUSSELL	ONTP	

This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to amend the Maine Medical Use of Marijuana Act.

**LD 23      An Act To Remove from the Maine Medical Use of Marijuana Act the Requirement That a Patient's Medical Condition Be Debilitating      Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RUSSELL	OTP ONTP	

This bill removes from the Maine Medical Use of Marijuana Act any limitation on the type of medical conditions for which patients may be certified by their physicians to engage in the medical use of marijuana.

**House Amendment "A" (H-484)**

This amendment strikes from the bill the provisions that remove from the Maine Medical Use of Marijuana Act the requirement that a patient's medical condition be debilitating. The amendment provides that anxiety, insomnia, depression, Tourette's syndrome, autism and Parkinson's disease are debilitating medical conditions under the Maine Medical Use of Marijuana Act.

This amendment was not adopted.

**LD 35      An Act To Provide Legal Protection to Hospitals where Admitted Qualifying Patients Use Smokeless Forms of Medical Marijuana      Veto Sustained**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY RUSSELL	OTP-AM	S-220

This bill adds hospitals to the list of eligible primary caregivers for qualifying patients, adds hospitals to the universe of medical facilities where qualifying patients may use and store forms of smokeless, prepared marijuana and eliminates the ability of these medical facilities to prohibit or restrict the use or storage of smokeless, prepared marijuana by a qualifying patient.

**Committee Amendment "A" (S-220)**

This amendment replaces the bill and changes the title. The amendment provides legal protection to hospitals and officers, board members, agents and employees of hospitals when the use of smokeless forms of medical marijuana occurs in the hospital by admitted patients who are certified to do so in accordance with the Maine Medical Use of Marijuana Act.

*Joint Standing Committee on Health and Human Services*

**LD 45      An Act To Exempt Certain Capital Expenditures from the Maine  
Certificate of Need Act of 2002**

**Died Between  
Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY	ONTP OTP	

This bill provides that capital expenditures that result in no net increase in MaineCare costs do not require a certificate of need.

**LD 63      Resolve, To Require the Department of Health and Human Services To  
Provide Supplemental Reimbursement to Adult Family Care Homes and  
Residential Care Facilities in Remote Island Locations**

**RESOLVE 45  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KUMIEGA BREEN	OTP-AM ONTP	H-49

This resolve requires the Department of Health and Human Services to amend its rules governing MaineCare reimbursement for both adult family care services and private nonmedical institution services to provide supplemental MaineCare reimbursement of an additional 15 percent to adult family care homes and residential care facilities in remote island locations.

**Committee Amendment "A" (H-49)**

This amendment, which is the majority report of the committee, makes the following changes to the resolve.

1. It adds an emergency preamble and emergency clause.
2. It requires the Department of Health and Human Services to amend its rules to provide supplemental reimbursement to adult family care homes and residential care facilities in remote island locations in the resolve by October 1, 2015.
3. It allows the Department of Health and Human Services to adopt the rules as an emergency without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health, safety or general welfare.
4. It requires the Department of Health and Human Services to submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to allow for the supplemental reimbursement.
5. It also adds an appropriations and allocations section to the resolve.

**Enacted Law Summary**

Resolve 2015, chapter 45 requires the Department of Health and Human Services to amend its rules governing MaineCare reimbursement for both adult family care services and private nonmedical institution services to provide supplemental MaineCare reimbursement of an additional 15 percent to adult family care homes and residential care facilities in remote island locations. The rules must be amended by October 1, 2015. The department may adopt the rules as an emergency without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health, safety or general welfare. The department must submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to allow for the

*Joint Standing Committee on Health and Human Services*

supplemental reimbursement.

Resolve 2015, chapter 45 was finally passed as an emergency measure effective July 12, 2015.

**LD 75      Resolve, To Strengthen Health Care Services for Maine Residents Affected by Neurodegenerative Diseases      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK HYMANSON	ONTP	

This resolve directs the Department of Health and Human Services to convene a stakeholder group to conduct a feasibility study assessing the need for and costs of developing a network of in-state health care services, including home care and care in long-term care facilities, for residents of the State affected by neurodegenerative diseases. The resolve requires the department to report to the Joint Standing Committee on Health and Human Services in the Second Regular Session of the 127th Legislature and authorizes the committee to report out a bill based on the group's report.

The substance of this resolve was included in Resolve 2015, chapter 44 (see LD 155).

**LD 84      An Act Concerning Screening of Newborns for Lysosomal Storage Disorders      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HASKELL HERBIG	ONTP	

This bill requires the Department of Health and Human Services to amend its rules in Chapter 283, Rules and Regulations Relating to Testing Newborn Infants for Detection of Causes of Cognitive Disabilities and Selected Genetic Conditions, by January 1, 2016 to add to the newborn screening program the lysosomal storage disorders known as Krabbe, Pompe, Gaucher, Fabry and Niemann-Pick diseases. The bill authorizes the department to explore options to enter into contracts with other states to test samples collected for lysosomal storage disorders.

**LD 87      Resolve, To Implement the Recommendations of the Commission To Continue the Study of Long-term Care Facilities      RESOLVE 34 EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY BURNS	OTP-AM OTP-AM	H-77 S-173 BURNS

This resolve directs the Department of Health and Human Services to amend Rule Chapter 101, MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities to:

1. Decrease the occupancy percentage threshold required for a nursing facility with more than 60 beds from 90 percent to 80 percent and for a nursing facility with 60 beds or fewer from 85 percent to 75 percent;
2. Provide that the cost of continuing education for direct care staff is included as a direct care cost component rather than a routine cost component;
3. Restore crossover payments to nursing facilities related to the nondual Qualified Medicare Beneficiary program

***Joint Standing Committee on Health and Human Services***

population of the Medicare Savings Program for whom coverage was eliminated in Public Law 2013, chapter 368; and

4. Create a critical access nursing facility designation using criteria that are sensitive to the unique access challenges in remote areas of the State and provide that a critical access nursing facility designation qualifies as an allowable exception to MaineCare budget neutrality.

**Committee Amendment "A" (H-77)**

This amendment, which is the majority report of the committee, strikes the emergency preamble and emergency clause. It requires the Department of Health and Human Services to amend the rules on principles of reimbursement for nursing facilities in the MaineCare Benefits Manual by January 1, 2016. The amendment removes the provision of the resolve that requires the rules to be amended to restore the crossover payments to nursing facilities related to nondual qualified Medicare beneficiaries because the crossover payments are not part of the principles of reimbursement. The amendment also adds an appropriations and allocations section. The appropriations and allocations section includes an appropriation and an allocation to restore the crossover payments.

**Committee Amendment "B" (H-78)**

This amendment, which is the minority report of the committee, replaces the resolve and changes the title. It requires the Department of Health and Human Services to explore the use of Medicare Part C plans for the nondual qualified Medicare beneficiaries population served by the Medicare Savings Program to determine if the plans could provide a financial advantage with respect to crossover payments and copayments to nursing facilities as well as to the individuals compared to the current situation. The department is required to report its findings to the Joint Standing Committee on Health and Human Services no later than January 1, 2016.

**Senate Amendment "A" To Committee Amendment "A" (S-173)**

This amendment amends Committee Amendment "A" to remove the requirement that the Department of Health and Human Services amend the rules as proposed in the resolve, except for the requirement to amend the rules so that the cost of continuing education for direct care staff is included as a direct care cost component. This amendment also removes the appropriations and allocations and restores the emergency preamble and emergency clause as in the resolve.

**Enacted Law Summary**

Resolve 2015, chapter 34 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 so that the cost of continuing education for direct care staff is included as a direct care cost component.  
Resolve 2015, chapter 34 was finally passed as an emergency measure effective June 23, 2015.

**LD 90      Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Long-term Care Facilities      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY BURNS	ONTP OTP-AM	H-65

This resolve directs the Department of Health and Human Services to amend its rules to provide for increases in the personal needs allowances of residents in nursing facilities and residential care facilities. The rules are designated as routine technical rules.

**Committee Amendment "A" (H-65)**

***Joint Standing Committee on Health and Human Services***

This amendment, which is the minority report of the committee, strikes out the emergency preamble and emergency clause. It changes the date the Department of Health and Human Services must adopt rules implementing the increased personal needs allowance from October 1, 2015 to January 1, 2016. It also adds an appropriations and allocations section to the bill.

This bill was carried over on the Special Appropriations Table to any special or regular session of the 127th Legislature by joint order, S.P. 555.

**LD 101      An Act To Strengthen and Reform Maine's Welfare System      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ALFOND	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to strengthen and reform the State's welfare system.

**LD 123      An Act To Reduce Youth Cancer Risk      Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK SANBORN	OTP ONTP	

This bill prohibits tanning facilities and operators from allowing individuals who have not attained 18 years of age to use tanning devices.

**LD 133      Resolve, To Establish the Task Force on Independence from Public Assistance      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
POULIOT HASKELL	ONTP	

This resolve establishes the Task Force on Independence from Public Assistance. The task force is directed to review and make evidence-based recommendations on initiatives needed to help families receiving public assistance to move out of poverty to independence through employment. The task force must meet up to eight times, consists of 13 members and must report by December 2, 2015 with its findings and recommendations and suggested legislation to the Joint Standing Committee on Health and Human Services.

**LD 139      An Act To Allow the Electronic Transfer of Marriage Certificates      PUBLIC 104**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DUCHESNE	OTP	

This bill allows both the municipal clerk that issued a marriage license and the clerk from the municipality where the marriage occurred to issue a certified copy of the marriage certificate electronically using the State's registration

## *Joint Standing Committee on Health and Human Services*

system.

### **Enacted Law Summary**

Public Law 2015, chapter 104 allows both the municipal clerk that issued a marriage license and the clerk from the municipality where the marriage occurred to issue a certified copy of the marriage certificate electronically using the State's registration system.

### **LD 140 An Act To Expand Access To Lifesaving Opioid Overdose Medication**

**PUBLIC 351**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK GRATWICK	OTP-AM ONTP	H-248 H-278 BECK

This bill allows for the prescription of naloxone hydrochloride by standing order. It allows for the prescription of naloxone hydrochloride to friends of and other persons in a position to assist an individual at risk of experiencing an opioid-related drug overdose in addition to immediate family members. It provides for immunity from civil and criminal liability for the prescription and administration of naloxone hydrochloride for prescribers and those who administer the drug. It creates a limited immunity from criminal prosecution for those who seek medical assistance when a person is experiencing an opioid-related drug overdose.

#### **Committee Amendment "A" (H-248)**

This amendment, which is the majority report of the committee, retains the provisions from the bill that allow for the prescription of naloxone hydrochloride by standing order and allow for the prescription of naloxone hydrochloride to friends of and other persons in a position to assist an individual at risk of experiencing an opioid-related drug overdose, in addition to immediate family members as currently permitted in law. Like the bill, it creates a limited immunity from criminal prosecution for those who seek medical assistance when a person is experiencing an opioid-related drug overdose. The amendment also allows for the prescription of naloxone hydrochloride by standing order to a public health agency operating an overdose prevention program in accordance with rules adopted by the Department of Health and Human Services. The amendment provides immunity from civil or criminal prosecution to persons acting on behalf of an overdose prevention program for providing education on opioid-related drug overdose prevention or for purchasing, acquiring, distributing or possessing naloxone hydrochloride unless the person's actions constitute recklessness, gross negligence or intentional misconduct.

#### **House Amendment "A" To Committee Amendment "A" (H-278)**

This amendment removes the provisions of Committee Amendment "A" that provide limited immunity from criminal prosecution for those who seek medical assistance when a person is experiencing an opioid-related drug overdose and the immunity from civil or criminal prosecution for providing education on opioid-related drug overdose prevention or for purchasing, acquiring, distributing or possessing naloxone hydrochloride unless the person's actions constitute recklessness, gross negligence or intentional misconduct.

### **Enacted Law Summary**

Public Law 2015, chapter 351 allows for the prescription of naloxone hydrochloride by standing order. It allows for the prescription of naloxone hydrochloride to friends of and other persons in a position to assist an individual at risk of experiencing an opioid-related drug overdose in addition to immediate family members. It also allows for the prescription of naloxone hydrochloride by standing order to a public health agency operating an overdose prevention program in accordance with rules adopted by the Department of Health and Human Services.

***Joint Standing Committee on Health and Human Services***

**LD 154      An Act To Promote Greater Flexibility in the Provision of Long-term Care Services      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY	ONTP	

Current law precludes facilities licensed pursuant to the Maine Revised Statutes, Title 22, chapter 405 from providing certain services under one license to residents living in a facility under a lower level license on the same campus. The purpose of this bill is to allow facilities licensed under Title 22, chapter 405 to provide a continuum of care and services to clients residing in those facilities without requiring the clients to leave the facility, without requiring the creation of a licensed home health agency and without having to seek approval of area licensed home health agencies.

**LD 155      Resolve, To Establish the Commission To Study Difficult-to-place Patients      RESOLVE 44 EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY	OTP-AM	H-249

This bill is a concept draft pursuant to Joint Rule 208. The purpose of this bill is to help ensure that patients with complex medical conditions who are in hospitals are placed in more appropriate nonhospital settings.

The bill proposes to fund the ongoing costs associated with beds in nonhospital settings for:

1. Patients with severe brain injuries;
2. Bariatric patients;
3. Patients who are dependent on a ventilator for the long-term;
4. Young adult patients with substance abuse issues who receive extended intravenous therapy due to infections;
5. Young adult patients with spinal cord injuries;
6. Young adult patients who have had strokes;
7. Homeless patients who need preoperative care such as feeding tubes; and
8. Patients who are violent and have been previously discharged from a health care facility due to violence.

**Committee Amendment "A" (H-249)**

This amendment replaces the bill, changes it into a resolve and adds an emergency preamble and emergency clause. The amendment establishes the Commission To Study Difficult-to-place Patients in order to study certain issues related to difficult-to-place patients with complex medical conditions and the feasibility of making policy changes to the long-term care system for those patients. The commission comprises 13 members, including five legislators; the Commissioner of Health and Human Services; the director of the long-term care ombudsman program; representatives of organizations representing people with disabilities, people with mental illness, the promotion of independent living for individuals with disabilities, long-term care facilities and hospitals; and a patient or family member of a patient with complex medical needs. The amendment requires the commission to report to the Joint

## *Joint Standing Committee on Health and Human Services*

Standing Committee on Health and Human Services by December 2, 2015.

### **Enacted Law Summary**

Resolve 2015, chapter 44 establishes the Commission to Study Difficult-to-place Patients in order to study certain issues related to difficult-to-place patients with complex medical conditions and the feasibility of making policy changes to the long-term care system for those patients. The commission comprises 13 members, including five legislators; the Commissioner of Health and Human Services; the director of the long-term care ombudsman program; representatives of organizations representing people with disabilities, people with mental illness, the promotion of independent living for individuals with disabilities, long-term care facilities and hospitals; and a patient or family member of a patient with complex medical needs. The commission is required to report to the Joint Standing Committee on Health and Human Services by December 2, 2015.

Resolve 2015, chapter 44 was finally passed as an emergency measure effective July 12, 2015.

**LD 179      Resolve, Directing the Department of Health and Human Services To      **ONTP**  
Provide Coverage under the MaineCare Program for Routine Male  
Newborn Circumcisions**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN GRATWICK	ONTP	

This resolve directs the Department of Health and Human Services to amend its MaineCare rules to provide for coverage for routine male newborn circumcisions rather than only for those considered medically necessary under existing rules.

**LD 180      An Act To Allow Terminally Ill Patients To Choose To Use Experimental      **CARRIED OVER**  
Treatments**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LONGSTAFF BRAKEY		

This bill authorizes manufacturers of drugs, biological products and devices that have completed Phase I of a United States Food and Drug Administration-approved clinical trial but have not yet been approved for general use and remain under clinical investigation to make them available to eligible terminally ill patients. It does not require health insurers to provide coverage for the cost of such a drug, biological product or device but authorizes insurers to provide such coverage.

The bill prohibits licensing boards from revoking, refusing to renew or suspending the license of or taking any other action against a health care practitioner based solely on the practitioner's recommendation to an eligible patient regarding access to or treatment with such a drug, biological product or device. It also prohibits any official, employee or agent of the State from blocking or attempting to block access by an eligible patient to such a drug, biological product or device.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

***Joint Standing Committee on Health and Human Services***

**LD 205      An Act To Facilitate the Development and Operation of a Group Home for Post-High School Adults with Developmental Disabilities      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HUBBELL LANGLEY	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to provide necessary statutory support for a proposal for the development and operation of a group assisted living facility in Bar Harbor for post-high school adults with developmental disabilities operated by Local Solutions, a Maine corporation, referred to in this legislation as "the project." The project's goal is to assist the facility residents in building independent lives in the local community, supported by funds provided by the Department of Health and Human Services through a MaineCare waiver program or other possible sources of funding. The project has partnered with Community Housing of Maine, Inc., a corporation registered in the State, to develop a model to create innovative and accessible housing for young adults with intellectual, physical and cognitive disabilities to be replicated in other communities throughout the State. The site of the project is the donated former parish hall of St. Saviour's Episcopal Church in Bar Harbor, which will be renovated to provide housing to allow the residents to live as independently as possible while supported by paid staff and volunteers providing meals, taking residents to appointments and helping the residents with health and cleanliness practices and general cleaning and maintenance of the group home. The residents will be provided assistance with finding employment and recreation and with volunteering in the local community. The project has sought out other funding sources, including private fund-raising and housing choice vouchers from the Federal Government.

**LD 213      An Act To Ensure the Comprehensive Medical, Dental, Educational and Behavioral Assessment of Children Entering State Custody      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK HAMANN		

Current law regarding the physical examination and psychological assessment of children entering state custody requires the physical examination of a child within 10 working days after the child enters into the custody of the Department of Health and Human Services and a psychological assessment within 30 days of the examination if an assessment is determined appropriate by the doctor or nurse practitioner performing the physical examination. This bill shortens the time requirement for the physical examination to three working days and replaces the language regarding the psychological examination with language requiring a comprehensive medical, dental, behavioral and educational assessment meeting the standards of a national academy of pediatrics within 30 days after the department's custody of the child commences.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

**LD 219      An Act To Protect a Child from Misuse of Identity      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRYANT DIAMOND	ONTP	

This bill directs the Department of Health and Human Services to adopt rules to protect a child from the misuse of the identity of the child for household, business or commercial purposes. The rules must provide for releases to

***Joint Standing Committee on Health and Human Services***

make an inquiry, to review information and to refer a matter to the Attorney General if the department finds that a person has misused a child's identity for household, business or commercial purposes. The bill requires the department to report by April 1st each year to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the results of child identity inquiries, reviews of information and referrals.

**LD 266      An Act To Allow Access for Law Enforcement Officers to the List of      ONTP**  
**Registered Primary Caregivers for Medical Marijuana Patients**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BLUME	ONTP	

This bill permits disclosure of the Department of Health and Human Services' list of registered caregivers for medical marijuana patients to a law enforcement official in order to allow the law enforcement official to rule out a registered primary caregiver when verifying reports of criminal activity.

**LD 274      Resolve, To Direct the Department of Health and Human Services To      Died Between**  
**Address the Growing Deficit in Room and Board Allowances Paid to      Houses**  
**Agencies Providing Residential Services to Adults with Intellectual**  
**Disabilities or Autism**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH HASKELL	OTP-AM ONTP	

This bill requires the Office of Aging and Disability Services within the Department of Health and Human Services to identify the cost to the General Fund to ensure full funding of room and board costs incurred by agencies providing residential support to individuals with intellectual disabilities or autistic disorder served under MaineCare.

**Committee Amendment "A" (H-131)**

This amendment, which is the majority report of the committee, adds an appropriations and allocations section.

**LD 292      An Act To Require Hospitals To Allow Patients To Provide Their Own      ONTP**  
**Medications**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PATRICK PETERSON	ONTP	

This bill provides a process by which a patient admitted to a hospital or on observation status in a hospital may request and obtain approval to provide the patient's own medication while in the hospital.

***Joint Standing Committee on Health and Human Services***

**LD 319      An Act To Strengthen the Economic Stability of Qualified Maine Citizens by Expanding Coverage of Reproductive Health Care and Family Services**

**PUBLIC 356**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT GRATWICK	OTP-AM OTP-AM ONTP	H-243

This bill expands Medicaid coverage for reproductive health care and family planning services to adults and adolescents who have individual incomes less than or equal to 209 percent of the nonfarm income official poverty line as defined in accordance with federal law, which is the same Medicaid coverage level as for pregnant women.

**Committee Amendment "A" (H-243)**

This amendment, which is the majority report of the committee, adds an appropriations and allocations section.

**Committee Amendment "B" (H-244)**

This amendment, which is a minority report of the committee, replaces the bill with a resolve that directs the Department of Health and Human Services, in consultation with the Maine Board of Pharmacy, to develop a plan to ensure the safety of consumers if the United States Food and Drug Administration adopts the recommendations of the American College of Obstetricians and Gynecologists regarding the sale of over-the-counter oral contraceptives. The department is required to convey support to the United States Food and Drug Administration for the sale of over-the-counter oral contraceptives.

**Enacted Law Summary**

Public Law 2015, chapter 356 expands Medicaid coverage for reproductive health care and family planning services to adults and adolescents who have individual incomes less than or equal to 209 percent of the nonfarm income official poverty line as defined in accordance with federal law, which is the same Medicaid coverage level as for pregnant women.

**LD 327      An Act To Require Prescribers of Controlled Substances To Use the Controlled Substances Prescription Monitoring Program Software**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PICCHIOTTI	ONTP	

This bill requires, beginning January 1, 2016, prescribers of controlled substances to obtain any available prescription monitoring information from the Controlled Substances Prescription Monitoring Program established by the Department of Health and Human Services related to a patient before prescribing or authorizing a refill of a prescription of a controlled substance to the patient.

**LD 343      An Act To Align the Federal Affordable Care Act's Health Care Coverage Opportunities and Hospital Charity Care**

**Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON	ONTP OTP-AM	

***Joint Standing Committee on Health and Human Services***

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to align mandatory charity care laws governing hospitals and subsidized health insurance coverage under the federal Patient Protection and Affordable Care Act, Public Law 111-148, 124 Stat. 119 (2010).

**Committee Amendment "A" (H-260)**

This amendment, which is the minority report of the committee, replaces the concept draft and amends the laws regarding hospital charity care guidelines as follows.

1. It changes the term "charity care" to "financial assistance" in a number of statutory sections to better align state statute with the federal Patient Protection and Affordable Care Act.
2. It requires the Department of Health and Human Services to adopt rules rather than guidelines to regulate hospital financial assistance policies.
3. It provides for hospital financial assistance to patients without insurance coverage whose income is equal to or less than 138 percent of the federal poverty level.

The amendment also repeals Resolve 2005, chapter 148, which required the establishment of hospital free care guidelines for patients below 150 percent of the federal poverty level. The amendment provides an effective date of January 1, 2016.

<b>LD 358</b>	<b>An Act To Provide Additional Oversight over the Management of the Department of Health and Human Services</b>	<b>Died Between Houses</b>
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH	OTP ONTP	

This bill requires the Director of the Maine Center for Disease Control and Prevention, the Superintendent of the Dorothea Dix Psychiatric Center and the Superintendent of Riverview Psychiatric Center to be appointed by the Governor, subject to review by the joint standing committee of the Legislature having jurisdiction over health and human services matters and confirmation by the Senate.

<b>LD 368</b>	<b>An Act To Integrate the State's General Assistance and Temporary Assistance for Needy Families Programs</b>	<b>Died Between Houses</b>
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY	ONTP OTP-AM	

This bill provides that a person who has exhausted the 60-month lifetime limit on Temporary Assistance for Needy Families program benefits is ineligible to receive municipal general assistance program benefits.

**Committee Amendment "A" (S-200)**

This amendment is the minority report of the committee. The amendment adds language to clarify that the provisions in the bill do not apply to a person who is in the process of seeking an extension of benefits under the Temporary Assistance for Needy Families program. The amendment also adds an appropriations and allocations section.

***Joint Standing Committee on Health and Human Services***

**LD 369      An Act To Clarify the Immigration Status of Noncitizens Eligible for  
General Assistance**

**PUBLIC 324**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY	OTP-AM OTP-AM	S-271 S-292 VOLK

This bill provides that a person who has been determined ineligible to receive benefits administered by the Department of Health and Human Services on the basis of a law, rule or regulation related to that person's immigration status is ineligible to receive municipal general assistance program benefits.

**Committee Amendment "A" (S-271)**

This amendment, which is the majority report of the committee, allows a noncitizen who is lawfully present in the United States or pursuing a lawful process to apply for immigration relief to be eligible for general assistance.

**Committee Amendment "B" (S-272)**

This amendment, which is the minority report of the committee, replaces the language of the bill with more specific language identifying which noncitizens are not eligible for general assistance. This amendment adds an appropriations and allocations section.

**Senate Amendment "A" To Committee Amendment "A" (S-292)**

This amendment allows a person, beginning July 1, 2015, who is lawfully present in the United States or who is pursuing a lawful process to apply for immigration relief to qualify for general assistance, but only for 24 months.

**Enacted Law Summary**

Public Law 2015, chapter 324 allows a person, beginning July 1, 2015, who is lawfully present in the United States or who is pursuing a lawful process to apply for immigration relief to qualify for general assistance, but only for 24 months.

**LD 421      An Act To Improve Program Integrity Activities within the Department  
of Health and Human Services**

**Died Between  
Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE LIBBY	OTP ONTP	

This bill requires the Department of Health and Human Services to report annually by February 15th to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over financial affairs regarding actions taken by the department to investigate program integrity under the MaineCare, Temporary Assistance for Needy Families and food supplement programs, including the amount recovered, the cost of those investigations and prosecutions, the number of personnel working on the investigations, the status of cases referred to the Attorney General's office, a description of the performance and activities of a vendor, contractor or other program integrity unit used by the department to help recover overpayments, a description of the department's participation in federally mandated program integrity efforts, the results of federal audits, a description of defects, deficiencies or weaknesses in department systems, a description of planned investments in technology and a description of policy changes or improvements implemented.

## *Joint Standing Committee on Health and Human Services*

The bill specifies that information disclosed by the Office of the Attorney General for the purposes of the annual report from the Department of Health and Human Services on investigations and prosecutions of false claims made under the MaineCare, Temporary Assistance for Needy Families and food supplement programs on the status of cases must conform to the law on intelligence and investigative record information and may not compromise the investigation or prosecution of a case.

The bill also specifies that the requirements of the bill must be accomplished within the existing resources of the department.

### **LD 423      An Act To Require Child-resistant Packaging for Nicotine Liquid Containers**

**PUBLIC 288**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON JOHNSON	OTP-AM	H-405

This bill prohibits selling, furnishing or giving away a container used to hold any liquid containing nicotine if the container is not child-resistant packaging and prohibits selling, furnishing or giving away a liquid or gel product that contains nicotine unless the product is contained in child-resistant packaging.

#### **Committee Amendment "A" (H-405)**

This amendment provides a definition for "electronic nicotine delivery device." It provides that the prohibition in the bill applies only to a nicotine liquid container unless the container is child-resistant packaging. In addition, it directs the Commissioner of Health and Human Services to monitor the status of any effective date of final regulations issued by the United States Food and Drug Administration or by any other federal agency that mandate child-resistant packaging standards for nicotine liquid containers. The commissioner is required to notify the joint standing committee of the Legislature having jurisdiction over health and human services matters when the final regulations have been adopted. Upon receiving this notification, the committee may report out a bill repealing the provisions in this legislation.

#### **Enacted Law Summary**

Public Law 2015, chapter 288 prohibits selling, furnishing or giving away a container used to hold any liquid containing nicotine if the container is not child-resistant packaging and prohibits selling, furnishing or giving away a liquid or gel product that contains nicotine unless the product is contained in child-resistant packaging. It creates definitions for "electronic nicotine delivery device" and "nicotine liquid container."

Public Law 2015, chapter 288 directs the Commissioner of Health and Human Services to monitor the status of any effective date of final regulations issued by the United States Food and Drug Administration or by any other federal agency that mandate child-resistant packaging standards for nicotine liquid containers. The commissioner is required to notify the joint standing committee of the Legislature having jurisdiction over health and human services matters when the final regulations have been adopted. Upon receiving this notification, the committee may report out a bill repealing the provisions in this legislation.

### **LD 433      An Act To Clarify the Liability of Funeral Practitioners**

**PUBLIC 188**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CUSHING BLACK	OTP-AM	S-187

*Joint Standing Committee on Health and Human Services*

This bill provides immunity from disciplinary action and civil and criminal liability to a funeral director or a practitioner of funeral service who, with respect to the remains of a deceased person, acts in good faith upon the instructions of an individual who misrepresents that individual's custody and control of that deceased person.

**Committee Amendment "A" (S-187)**

This amendment reallocates the bill's proposed immunity provision to the existing immunity provision for the chapter of law governing deaths and burials in order to provide clarity that a funeral director or practitioner of funeral service is entitled to the immunity provided under the chapter of law governing deaths and burials.

**Enacted Law Summary**

Public Law 2015, chapter 188 clarifies that a funeral director or a practitioner of funeral service is entitled to the immunity provided under the chapter of law governing deaths and burials.

**LD 436      An Act To Require Providers of Short-term Lodging To Be Licensed by the State      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PATRICK PETERSON	ONTP	

This bill defines "overnight occupancy" in the laws governing lodging places and requires renters who provide overnight occupancy to the public to be licensed by the State. It also provides that a property rented as a vacation rental must be rented for a minimum of seven days.

**LD 452      An Act To Require a Work Search for Job-ready Applicants for Benefits under the Temporary Assistance for Needy Families Program      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ MALABY	ONTP	

This bill creates a work search requirement for job-ready applicants to the Temporary Assistance for Needy Families program.

**LD 469      An Act To Promote the Disposal of Unused Medications      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HILLIARD MCCORMICK	ONTP	

This bill allows the return of a prescription drug to the issuing pharmacy by the person for whom the drug was dispensed, by the person's guardian or by the staff of a residential facility providing services to the person. The bill requires the pharmacy to dispose of the prescription drug in a manner that complies with local, state and federal environmental requirements. It further establishes that the cost of disposal is borne by the issuing pharmacy.

**Joint Standing Committee on Health and Human Services**

**LD 470      An Act To Allow Children's Residential Care Facilities To Ensure the Safety of Their Residents**

**PUBLIC 240**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WHITE WILLETTE	OTP-AM	H-329

This bill allows an administrator of a children's home or children's residential care facility to search a resident's backpack or travel bag and confiscate any items that pose a health or safety risk whenever that resident returns to the facility after an absence.

**Committee Amendment "A" (H-329)**

This amendment replaces the bill. The amendment allows an administrator or other designated staff of a children's home or children's residential care facility to search a resident's backpack or travel bag if there are reasonable grounds for suspecting that the backpack or travel bag contains misappropriated articles or items that would endanger the health or safety of the resident or other residents. The amended language mirrors current Department of Health and Human Services rules and United States Supreme Court precedent.

**Enacted Law Summary**

Public Law 2015, chapter 240 allows an administrator or other designated staff of a children's home or children's residential care facility to search a resident's backpack or travel bag if there are reasonable grounds for suspecting that the backpack or travel bag contains misappropriated articles or items that would endanger the health or safety of the resident or other residents.

**LD 471      An Act To Improve Childhood Vaccination Rates in Maine**

**Veto Sustained**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN KATZ	OTP-AM ONTP	H-426

This bill requires a parent or guardian who is seeking a philosophical exemption to routine childhood vaccination when enrolling a child in school or a licensed day care facility to present written documentation signed by a health care practitioner stating that the health care practitioner has reviewed with the parent information about the risks and benefits of immunization that is consistent with information published by the federal Department of Health and Human Services, Centers for Disease Control and Prevention.

**Committee Amendment "A" (H-426)**

This amendment specifies that a health care practitioner who signs the written documentation verifying that the health care practitioner has reviewed with the parent the risks and benefits of immunization must be authorized to prescribe and administer immunizations.

**LD 472      An Act To Establish Meals on Wheels as a Service Covered under the MaineCare Program**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COOPER BREEN	ONTP	

***Joint Standing Committee on Health and Human Services***

This bill allows Meals on Wheels to be reimbursed under the MaineCare program. It requires the Department of Health and Human Services to apply for the necessary waivers or state plan amendments from the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services. It allows those persons who are currently eligible to receive home-delivered meals from Meals on Wheels under department rule but would not otherwise be eligible for the MaineCare program to continue to receive meals.

**LD 473      Resolve, Directing the Department of Education and the Department of Health and Human Services To Jointly Adopt Rules To Protect Children's Health      Leave to Withdraw Pursuant to Joint Rule**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON GRATWICK		

This resolve directs the Department of Education and the Department of Health and Human Services to jointly amend their rules on immunization requirements for schoolchildren to establish requirements for what are commonly known as Tdap and meningitis vaccinations before the start of school year 2016-2017.

**LD 474      An Act To Improve Access to Dental Care in Maine      ONTP**

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

This bill provides MaineCare coverage for dental services including diagnostic and preventive services to pregnant and postpartum women and dental services necessary to avoid more costly medical or dental care as identified by a stakeholder group. It requires the Department of Health and Human Services to provide information concerning adult dental benefits to adult MaineCare members and providers. It requires the department to adopt rules relating to the dental coverage by October 1, 2015.

The substance of this bill was incorporated into the majority amendment for LD 860.

**LD 475      Resolve, To Increase MaineCare Services for Certain Recipients To Allow Them To Remain at Home      CARRIED OVER**

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

This resolve requires the Department of Health and Human Services to amend its rules in the MaineCare Benefits Manual, Chapter 101, Chapter II, Section 29: Support Services for Adults with Intellectual Disabilities or Autistic Disorder, by April 1, 2015, to increase the combined annual limit for service reimbursement to \$47,550 from the current limit of \$23,771.

This resolve was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

*Joint Standing Committee on Health and Human Services*

**LD 476      An Act To Require Pharmacies To Provide Disposal Receptacles for  
Used Hypodermic Apparatuses** **Accepted Majority  
(ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH	ONTP OTP	

This bill requires the Maine Center for Disease Control and Prevention to adopt rules to add a requirement that hypodermic apparatus exchange programs require a pharmacy that dispenses hypodermic apparatuses to provide a container for the on-site disposal of used hypodermic apparatuses.

**LD 477      Resolve, To Increase Funding To Support Peer Centers** **Died On  
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY GRATWICK	OTP-AM	H-160

This resolve requires an increase in funding to peer centers, also referred to as social clubs or drop-in centers, of 10 percent on the fiscal year 2014-15 contract budget amount for each of the 12 peer centers. A one-time payment must be made by October 1, 2015 and then be included in the baseline in the future.

**Committee Amendment "A" (H-160)**

This amendment adds an appropriations and allocations section.

A one-time appropriation of funding for both years of the biennium was included in Public Law 2015, chapter 267.

**LD 478      An Act To Require That Death Certificates Be Signed Using an  
Electronic Signature System** **ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STANLEY	ONTP	

This bill requires death certificates to be signed using an electronic signature. "Electronic signature" has the same meaning as in the Uniform Electronic Transactions Act, an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

**LD 483      An Act Regarding the Reporting Standards for Child Abuse** **PUBLIC 178**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BATES KATZ	OTP-AM	H-193

The bill creates an exception to the law mandating a report to the Department of Health and Human Services of suspected abuse or neglect of a child under six months of age for injuries occurring during birth when the delivery is

**Joint Standing Committee on Health and Human Services**

attended by a licensed medical practitioner.

**Committee Amendment "A" (H-193)**

This amendment provides an additional exception, beyond the exception established in the bill, to the law mandating a report to the Department of Health and Human Services of suspected abuse or neglect of a child under six months of age for burns or other injuries occurring as a result of medical treatment following the delivery of the child while the child remains hospitalized.

**Enacted Law Summary**

Public Law 2015, chapter 178 creates exceptions to the law mandating a report to the Department of Health and Human Services of suspected abuse or neglect of a child under six months of age for injuries occurring during birth when the delivery is attended by a licensed medical practitioner and for burns or other injuries occurring as a result of medical treatment following the delivery of the child while the child remains hospitalized.

**LD 517      Resolve, To Reconcile Conflicts between the Home and      ONTP**  
**Community-based Waiver Program for the Elderly and Adults with**  
**Disabilities and the Requirements of the Department of Health and**  
**Human Services and the Department of Public Safety**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH	ONTP	

This resolve directs the Commissioner of Health and Human Services and the Commissioner of Public Safety to convene a stakeholder group to resolve ongoing issues between the home and community-based waiver program for the elderly and adults with disabilities and the requirements of the Department of Health and Human Services and the Department of Public Safety. The stakeholder group is directed to report with a plan to resolve the issues to the commissioners by May 1, 2015. The commissioners are directed to submit by May 15, 2015 the report and any legislation necessary to implement the plan to the Joint Standing Committee on Health and Human Services, which is authorized to submit a bill to the First Regular Session of the 127th Legislature.

**LD 524      Resolve, To Develop a Pilot Program for Medication-assisted Recovery      Veto Sustained**  
**in a Rural Community at least 30 Miles from Bangor**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK GOODE	OTP-AM ONTP	S-203

This bill proposes to decrease the cost of and increase access to substance abuse treatment services by requiring the Department of Health and Human Services to increase the number of federally qualified health centers that provide methadone treatment services, to establish a pilot clinic location in a rural area at least 30 miles from any currently licensed methadone treatment clinic and to work to facilitate access to services and distribution of services across the State. The bill requires the department to amend the methadone clinic rules to eliminate the requirement that the centers be open for administration of methadone treatment on Sundays. The bill designates the rules as routine technical rules. The department is required to work with stakeholders to address current rules and policies that act as barriers to achieve the intent of this legislation.

**Committee Amendment "A" (S-203)**

This amendment, which is the majority report of the committee, replaces the bill with a resolve. It requires the Department of Health and Human Services to convene a stakeholder group to develop a plan for a pilot program for

***Joint Standing Committee on Health and Human Services***

medication-assisted recovery for individuals working to recover from addiction to opioid substances that is located in a rural community at least 30 miles from Bangor. The Department of Health and Human Services must report the findings of the stakeholder group to the Joint Standing Committee on Health and Human Services no later than January 1, 2016, and the joint standing committee is authorized to report out legislation to the Second Regular Session of the 127th Legislature.

**LD 525      Resolve, To Direct the Department of Health and Human Services To      RESOLVE 18**  
**Report on Efforts To Reach in Rural Areas Persons Who Are Elderly,**  
**Disabled or Mentally Ill**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAVIS HIGGINS	OTP ONTP	

This resolve requires the Department of Health and Human Services to report on department efforts to reach in rural areas persons who are elderly, disabled or mentally ill. This resolve requires the department, in developing its report, to have at least one public meeting in Piscataquis County and to particularly focus on elderly, disabled and mentally ill persons who are not able to use or who have no access to the Internet and other electronic forms of communication technology or who have limited contact with the department.

**Enacted Law Summary**

Resolve 2015, chapter 18 requires the Department of Health and Human Services to report on department efforts to reach in rural areas persons who are elderly, disabled or mentally ill. It requires the department, in developing its report, to have at least one public meeting in Piscataquis County and to particularly focus on elderly, disabled and mentally ill persons who are not able to use or who have no access to the Internet and other electronic forms of communication technology or who have limited contact with the department.

**LD 526      Resolve, To Require the Department of Health and Human Services To      Died Between**  
**Request a Waiver To Prohibit the Use of Food Supplement Benefits for      Houses**  
**the Purchase of Taxable Food Items**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ HICKMAN	OTP-AM OTP-AM	

This resolve requires the Department of Health and Human Services to request a waiver from the United States Department of Agriculture to allow Maine to prohibit the use of federal Supplemental Nutrition Assistance Program benefits for the purchase of taxable food items.

**Committee Amendment "A" (S-298)**

This amendment, which is the majority report of the committee, removes the emergency preamble and emergency clause from the resolve. It changes the date by which the Department of Health and Human Services must request a waiver from October 1, 2015 to January 1, 2016.

**Committee Amendment "B" (S-299)**

This amendment, which is the minority report of the committee, removes the emergency preamble and emergency clause from the resolve. It changes the date by which the Department of Health and Human Services must request a waiver from October 1, 2015 to January 1, 2016. It requires the Department of Health and Human Services to establish the Healthy Local Foods Initiative Pilot Program to engage in efforts to seek out and support, sustain or assist eligible applicants in submitting proposals for federal grants or funding for pilot projects to improve the diets

***Joint Standing Committee on Health and Human Services***

of low-income persons enrolled in a statewide food supplement program administered as part of the federal Supplemental Nutrition Assistance Program. The department is required to create a working group to make recommendations concerning best practices and criteria for evaluating proposals for federal grants or funding to conduct pilot projects designed to provide incentives to participants of the federal Supplemental Nutrition Assistance Program to improve their diets, reduce obesity and support farmers and businesses in the State. The amendment directs the department to provide the matching funds required of eligible applicants. The amendment establishes within the department the Healthy Local Foods Incentive Fund, which may include funds received from hospital organizations fulfilling United States Internal Revenue Service requirements to meet community health needs.

**LD 539      An Act To Increase Utilization of the Dorothea Dix Psychiatric Center      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FREY	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures designed to provide greater utilization of the Dorothea Dix Psychiatric Center and to provide funding to maximize the center's ability to fulfill the needs of the State.

The substance of this bill was included in Resolve 2015, chapter 44 (see LD 155).

**LD 552      An Act To Provide Funding for Home Visiting Services      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKER MILLETT	OTP-AM	H-161

This bill appropriates funds to the Department of Health and Human Services for home visiting services to provide essential child development education and skill development for new parents, which have been shown to reduce child abuse and neglect and to identify and address domestic violence.

**Committee Amendment "A" (H-161)**

This amendment removes the appropriation for the 2015-16 fiscal year from the bill.

This bill was carried over on the Special Appropriations Table to any special or regular session of the 127th Legislature by joint order, S.P. 555.

**LD 559      An Act To Notify Parents of a Complaint against a Child Care Facility  
or a Family Child Care Provider      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GERRISH COLLINS	ONTP	

This bill requires the Department of Health and Human Services to notify in writing the parents and legal guardians of children receiving care at a licensed child care facility or from a certified family child care provider of a complaint's being lodged against the facility or provider, of the department's investigation and of the nature of the complaint. Notification must be sent within five days of the department's commencement of the investigation.

*Joint Standing Committee on Health and Human Services*

**LD 560      An Act Regarding Patient Information Under the Maine Medical Use of      Veto Sustained**  
**Marijuana Act**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RUSSELL BRAKEY	OTP-AM	H-330

This bill is a concept draft pursuant to Joint Rule 208.

The bill proposes to amend the registration process for patients under the Maine Medical Use of Marijuana Act by:

1. Requiring medical providers to send only the date of birth of a qualifying patient and the zip code of that patient's residence to the Department of Health and Human Services;
2. Requiring the department to assign a unique identifying number for that qualifying patient and notify the medical provider of that number; and
3. Requiring the medical provider to issue the qualifying patient a card with the qualifying patient's unique identifying number.

The bill requires qualifying patient to provide the card to a registered dispensary or primary caregiver in order to obtain prepared marijuana.

The bill also proposes to require registered dispensaries and primary caregivers to submit monthly reports to the department showing transfers of prepared marijuana to qualifying patients, using only the unique identifying number assigned by the department to identify the qualifying patient. Other information about the qualifying patient is only released in compliance with the federal Health Insurance Portability and Accountability Act of 1996, as amended.

**Committee Amendment "A" (H-330)**

This amendment replaces the concept draft with a statutory provision that prohibits the Department of Health and Human Services from storing or retaining in electronic format or requiring health care providers to transmit over the Internet personally identifying patient information related to the Maine Medical Use of Marijuana Act, including the name, address and date of birth.

**LD 582      An Act To Establish a State Educational Medicaid Officer      PUBLIC 359**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STEARNS GRATWICK	OTP-AM	H-227

This bill provides that the Commissioner of Health and Human Services must designate a state educational Medicaid officer within the Department of Health and Human Services to work with the Department of Education and school administrative units in order to maximize reimbursement for Medicaid services provided by school administrative units.

**Committee Amendment "A" (H-227)**

This amendment adds an appropriations and allocations section.

*Joint Standing Committee on Health and Human Services*

**Enacted Law Summary**

Public Law 2015, chapter 359 provides that the Commissioner of Health and Human Services must designate a state educational Medicaid officer within the Department of Health and Human Services to work with the Department of Education and school administrative units in order to maximize reimbursement for Medicaid services provided by school administrative units.

**LD 597      Resolve, Regarding Legislative Review of Portions of Chapter 101:      RESOLVE 13  
MaineCare Benefits Manual, Chapter III, Section 29: Allowances for      EMERGENCY  
Support Services for Adults with Intellectual Disabilities or Autistic  
Disorder, a Major Substantive Rule of the Department of Health and  
Human Services**

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

This resolve provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 29: Allowances for Support Services for Adults with Intellectual Disabilities or Autistic Disorder, a major substantive rule of the Department of Health and Human Services.

**Enacted Law Summary**

Resolve 2015, chapter 13 provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 29: Allowances for Support Services for Adults with Intellectual Disabilities or Autistic Disorder, a major substantive rule of the Department of Health and Human Services.

Resolve 2015, chapter 13 was finally passed as an emergency measure effective May 10, 2015.

**LD 604      An Act To Encourage Communication Regarding Persons with Mental      ONTP  
Illness**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY BURNS	ONTP	

This bill allows a health care practitioner to disclose health care information to the parent or guardian of an individual with a mental health diagnosis who withholds consent because of the individual's compromised view of that individual's mental health. A health care practitioner is not liable for failing to make a disclosure if the practitioner determines in good faith that there is no serious or imminent threat and the disclosure would interfere with providing effective care.

**LD 605      Resolve, To Provide Certain Dental Services to Pregnant Women      ONTP  
Enrolled in the MaineCare Program**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J KATZ	ONTP	

This resolve requires the Department of Health and Human Services to amend Rule Chapter 101, MaineCare Benefits Manual, Chapter II, Section 25 to cover diagnostic, preventive, restorative and periodontic dental services

***Joint Standing Committee on Health and Human Services***

for pregnant women 21 years of age and older.

**LD 606      An Act To Remove the Philosophical Exemption from the Immunization Requirements for School Students and Employees of Nursery Schools and Health Care Facilities      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TUCKER GRATWICK	ONTP	

This bill eliminates the philosophical exemption from immunization requirements for students in elementary and secondary schools and postsecondary schools and employees of nursery schools and health care facilities. The bill also directs the Department of Health and Human Services to remove any immunization exemptions because of philosophical beliefs from its rules.

**LD 607      An Act To Stop the Abuse of Electronic Benefits Transfer Cards      Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PARRY COLLINS	OTP-AM OTP-AM ONTP	

This bill amends the provisions regarding electronic benefits transfer cards by providing that:

1. For a violation of trafficking an electronic benefits transfer card, the benefits are suspended one year for a first offense and at least five years for a second or subsequent offense, with the penalties doubled if the benefits recipient trafficked the card in exchange for illegal drugs;
2. If an electronic benefits transfer card is found in the possession of a person other than the recipient and the person is arrested and charged for a drug offense, it creates a rebuttable presumption that the recipient trafficked the card for drugs;
3. A replacement electronic benefits transfer card must have a photograph of the recipient on the card; and
4. The Department of Health and Human Services is directed to send a letter to all recipients of benefits under the statewide food supplement program of the amended penalty provision. The recipient is required to sign and return the letter acknowledging the recipient understood the letter.

**Committee Amendment "A" (H-245)**

This amendment, which is the majority report of the committee, strikes out the sections of the bill relating to rebuttable presumption and penalties for trafficking. It retains the requirement for a replacement electronic benefits transfer card to have a photograph of the recipient on the card. The amendment also changes the title.

**Committee Amendment "B" (H-246)**

This amendment, which is a minority report of the committee, replaces the bill. It requires that the Department of Health and Human Services adopt rules if it requires the photograph of a recipient of an electronic benefits transfer card be added to the card either at issuance or replacement. Rules to add a photograph to the card are major substantive rules.

*Joint Standing Committee on Health and Human Services*

**House Amendment "A" To Committee Amendment "B" (H-402)**

This amendment prohibits final adoption of rules requiring a photograph of a recipient to be included on an electronic benefits transfer card unless legislation authorizing adoption of these rules becomes law.

**LD 622      An Act To Require Training of Mandated Reporters under the Child Abuse Laws      CARRIED OVER**

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

This bill requires that a person in the professional categories required to report suspected child abuse or neglect must have completed mandated reporter training within the previous year before a professional license or certification for that person may be issued or renewed.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

**LD 632      An Act To Require the State To Administer and Fund the General Assistance Program      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SAVIELLO	ONTP	

This bill shifts responsibility for the full funding and administration of the general assistance program from municipalities to the Department of Health and Human Services. The bill directs the department to adopt by December 31, 2015 major substantive rules necessary to implement the transfer of responsibilities. The transfer of responsibilities under the bill is effective January 1, 2016.

**LD 633      An Act To Improve the Health of Maine Citizens and the Economy of Maine by Providing Affordable Market-based Coverage Options to Low-income Uninsured Citizens      CARRIED OVER**

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to establish an affordable market-based program to provide health insurance coverage to low-income uninsured Maine citizens who earn less than 133 percent of the federal poverty level. The program would be modeled after the Insure Tennessee program and the SHARE Plan program in Wyoming.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

***Joint Standing Committee on Health and Human Services***

**LD 647      An Act To Require the Department of Health and Human Services To      Veto Sustained**  
**Update Its Rules Governing Services for Children with Cognitive**  
**Impairments and Functional Limitations**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY	OTP-AM ONTP	S-193

This bill requires the Department of Health and Human Services to annually update MaineCare coverage for rehabilitative and community support services for children with cognitive impairments and functional limitations. The bill also requires the department to amend MaineCare rules for those services, specifically amending the definitions of and coverage for specialized services and specialized services for children with cognitive impairments and functional limitations.

**Committee Amendment "A" (S-193)**

This amendment, which is the majority report of the committee, establishes an ongoing working group to evaluate research on treatments for children with cognitive impairments and functional limitations to determine treatments that are evidence-based and that may be eligible for MaineCare and to submit recommendations to the Commissioner of Health and Human Services. The working group shall submit a report on findings, current level of evidence and actions taken by the Department of Health and Human Services to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15th of each odd-numbered year. It adds a requirement for the Department of Health and Human Services to publish a list of evidence-based treatments for children with cognitive impairments and functional limitations that are reimbursed by MaineCare. The amendment retains the rule-making requirement in the bill.

**LD 649      Resolve, To Ensure That MaineCare-eligible Children Have Equal      RESOLVE 30**  
**Access to Providers of Dental, Hearing and Vision Services**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY STUCKEY	OTP-AM	S-127

This resolve requires the Department of Health and Human Services to amend its Rule Chapter 101, MaineCare Benefits Manual, Chapter II, Section 75 to increase the reimbursement rate for eyeglasses for children by 50 percent by January 1, 2016. This resolve also directs the department to convene a task force to review the reimbursement rates for certain services to MaineCare recipients and to report the findings to the Joint Standing Committee on Health and Human Services.

**Committee Amendment "A" (S-127)**

This amendment replaces the resolve. The amendment requires the Department of Health and Human Services, with input from stakeholders, to develop a comprehensive strategy to ensure that MaineCare-eligible children have the same access to providers of dental, hearing and vision services as have children with private health insurance. The amendment requires the department to submit the strategy and related recommendations to the Joint Standing Committee on Health and Human Services by January 15, 2016.

**Enacted Law Summary**

Resolve 2015, chapter 30 requires the Department of Health and Human Services, with input from stakeholders, to develop a comprehensive strategy to ensure that MaineCare-eligible children have the same access to providers of dental, hearing and vision services as have children with private health insurance. It requires the department to

*Joint Standing Committee on Health and Human Services*

submit the strategy and related recommendations to the Joint Standing Committee on Health and Human Services by January 15, 2016.

**LD 661      An Act To Fund HIV, Sexually Transmitted Diseases and Viral Hepatitis Screening, Prevention, Diagnostic and Treatment Services      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURSTEIN GRATWICK	OTP-AM ONTP	H-174

This bill provides ongoing General Fund appropriations of \$391,800 per year beginning in fiscal year 2014-15 to provide screening and prevention services and diagnostic and treatment services for individuals throughout the State who are uninsured and without covered access to such services and who are at risk in accordance with criteria established by the program.

**Committee Amendment "A" (H-174)**

This amendment strikes the fiscal year 2014-15 appropriation from the bill and adds an appropriation of \$391,800 in fiscal year 2016-17.

This bill was carried over on the Special Appropriations Table to any special or regular session of the 127th Legislature by joint order, S.P. 555.

**LD 662      An Act To Increase Access to Health Care through Telemedicine      PUBLIC 137**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY GRATWICK	OTP-AM	H-194

This bill authorizes the Board of Licensure in Medicine to register a physician not licensed to practice medicine in this State to provide medical services through interstate telemedicine to patients in this State if certain requirements are met.

**Committee Amendment "A" (H-194)**

This amendment retains most provisions of the bill and does the following.

1. It allows the Board of Licensure in Medicine to register a physician not licensed to practice in the State to provide consultative services through interstate telemedicine.
2. As in the bill, it requires that the physician to be registered must be fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services.
3. It specifies that the physician to be registered may provide only consultative services and that a physician, advanced practice registered nurse or physician assistant in this State must retain ultimate authority over the diagnosis, care and treatment of the patient.
4. It requires that the physician to be registered register with the board every two years, instead of annually as in the bill, and pay a registration fee not to exceed \$500.
5. It removes the provision in the bill exempting certain physicians from the registration requirement.

*Joint Standing Committee on Health and Human Services*

**Enacted Law Summary**

Public Law 2015, chapter 137 makes the following changes to the practice of interstate telemedicine.

1. The Board of Licensure in Medicine may register a physician not licensed to practice in the State to provide consultative services through interstate telemedicine.
2. The physician to be registered must be fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services.
3. The physician to be registered may provide only consultative services and a physician, advanced practice registered nurse or physician assistant in this State must retain ultimate authority over the diagnosis, care and treatment of the patient.
4. The physician to be registered registers with the board every two years and pay a registration fee no more than \$500.

**LD 663      Resolve, To Require That the Department of Health and Human Services Determine Whether Testing for Krabbe Disease Should Be Required for Newborns**

**Leave to Withdraw Pursuant to Joint Rule**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARD BRAKEY		

This resolve requires the Department of Health and Human Services to conduct a study to determine whether newborn infants should be tested for Krabbe disease as part of the screening process for detection of causes of cognitive disabilities and congenital, genetic and metabolic disorders. The department is required to submit its findings and a recommendation to the Joint Standing Committee on Health and Human Services, which is authorized to submit legislation to the Second Regular Session of the 127th Legislature regarding the findings and recommendation.

**LD 664      Resolve, To Direct the Department of Health and Human Services To Submit a State Plan Amendment To Allow Community-based and Other Health Care Providers To Be Reimbursed by MaineCare**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN VALENTINO	ONTP	

This resolve requires the Department of Health and Human Services to submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to seek approval to reimburse for preventive tests and services that are currently reimbursed by MaineCare when administered by a licensed enrolled physician or other licensed practitioner when those preventive tests and services are administered by other practitioners acting within their scope of practice, including, but not limited to, community-based health care providers. Upon approval of the state plan amendment, the Department of Health and Human Services is directed to amend its rules to reflect the state plan amendment.

***Joint Standing Committee on Health and Human Services***

**LD 665      Resolve, Establishing the Commission To Study Services Available on the Long-term Care Continuum**

**Died On  
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
POULIOT MILLETT	OTP-AM	H-162

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to create well-paying jobs and to reduce the State's costs for avoidable, preventable, high-cost emergency room, hospital and nursing home care by investing \$1,000,000 in a pilot block grant program for nonprofit home health care providers to provide light housekeeping, shopping, cooking, budget and medication management and referral services and assistance with other activities of daily living under the supervision of a primary care physician. Providers would apply via a competitive grant application process.

**Committee Amendment "A" (H-162)**

This resolve replaces the bill. It establishes the Commission To Study Services Available on the Long-term Care Continuum. The commission is required to examine issues on the long-term care continuum from homemaker services and home-based care to residential and nursing facility care to determine whether these services are being provided efficiently and whether the provision of services allows for individuals to move through the long-term care continuum from one program to another as needs change; review recent recommendations, legislation and policy initiatives; determine future needs in the long-term care continuum; examine direct care workforce issues; and develop strategies to support family members providing free care. The commission must submit its report, including suggested legislation, to the Joint Standing Committee on Health and Human Services no later than December 2, 2015. The committee may report out legislation to the Second Regular Session of the 127th Legislature.

**LD 666      An Act To Allow a Patient To Designate a Caregiver in the Patient's Medical Record**

**PUBLIC 370**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE BRAKEY	OTP-AM OTP-AM	H-432

This bill allows a patient admitted to a hospital to designate a caregiver, who may provide aftercare for the patient and whose identifying information must be entered into the patient's medical records at the hospital. If the patient or patient's legal guardian provides written consent to release medical information to the designated caregiver, the hospital is required to notify the caregiver prior to the patient's being discharged or transferred, consult with the caregiver as to the patient's discharge plan and provide the caregiver any necessary instruction in providing aftercare to the patient if the patient is discharged to the patient's residence.

**Committee Amendment "A" (H-432)**

This amendment makes the following changes to section 6 of the bill.

1. It eliminates the definition of "entry."
2. It eliminates the requirement that the designation of a caregiver needs to be made within the first 24 hours.
3. It changes the notice requirements to caregivers from a requirement to notify to a requirement to make reasonable efforts to notify.

*Joint Standing Committee on Health and Human Services*

- 4. It eliminates what a discharge plan must include and defers to the hospital's established policy.
- 5. It eliminates the instruction requirements.

**Committee Amendment "B" (H-433)**

This amendment, which is the minority report, makes the following changes to section 6 of the bill.

- 1. It adds a definition of "hospital" establishing that the provisions apply only to hospitals that receive money under the Maine Revised Statutes, Title 22, chapter 855 provided to Medicaid recipients under the provisions of the United States Social Security Act, Title XIX and successors to it and related rules of the State's Department of Health and Human Services.
- 2. It eliminates the definition of "entry."
- 3. It eliminates the requirement that the designation of a caregiver needs to be made within the first 24 hours.
- 4. It changes the notice requirements to caregivers from a requirement to notify to a requirement to make reasonable efforts to notify.
- 5. It eliminates what a discharge plan must include and defers to the hospital's established policy.
- 6. It eliminates the instruction requirements.

**Enacted Law Summary**

Public Law 2015, chapter 370 allows a patient admitted to a hospital to designate a lay caregiver, who may provide aftercare for the patient and whose identifying information must be entered into the patient's medical records at the hospital. If the patient or patient's legal guardian provides written consent to release medical information to the designated lay caregiver, the hospital is required to make reasonable efforts to notify the lay caregiver prior to the patient's being discharged or transferred and consult with the lay caregiver as to the patient's discharge plan.

**LD 667      Resolve, Directing the Department of Health and Human Services To      ONTP**  
**Educate the Public and Department Clients about How To Protect One's**  
**Family from Bisphenol A**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURSTEIN GRATWICK	ONTP	

This resolve directs the Department of Health and Human Services to update the information it provides on the page on its publicly accessible website entitled "How to Protect Your Family from BPA (Bisphenol A)" to reflect the latest scientific findings and to develop educational outreach materials and a plan to educate members of the public at greatest risk from bisphenol A, including participants in the Special Supplemental Nutrition Program for Women, Infants and Children of the federal Child Nutrition Act of 1966.

***Joint Standing Committee on Health and Human Services***

**LD 714      Resolve, Directing the Department of Health and Human Services To      ONTP**  
**Study Providing Medical Assistance to Maine's Inhabited Islands**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COOPER LANGLEY	ONTP	

This resolve requires the Department of Health and Human Services to study the feasibility of, need for and cost of providing telemedicine medical assistance for residents and visitors on all the year-round inhabited islands in the State and to report to the Joint Standing Committee on Health and Human Services no later than January 15, 2016.

**LD 715      Resolve, Directing the Department of Health and Human Services To      Died Between**  
**Hire Health Inspectors      Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COOPER HASKELL	OTP-AM ONTP	

This resolve directs the Department of Health and Human Services to hire a sufficient number of state-certified health inspectors to inspect each restaurant in this State at least once a year. The Department of Health and Human Services is required to report to the Joint Standing Committee on Health and Human Services on the number of health inspectors hired by the department pursuant to this resolve and the cost of those health inspectors no later than December 2, 2015. The Joint Standing Committee on Health and Human Services is authorized to report out a bill to the Second Regular Session of the 127th Legislature related to health inspections for restaurants.

**Committee Amendment "A" (H-199)**

This amendment is the majority report of the committee. It specifies that the Department of Health and Human Services must hire five new state-certified health inspectors, instead of a sufficient number of inspectors as proposed in the resolve, and clarifies that the additional inspectors are to be hired for the purpose of inspecting each licensed establishment in this State pursuant to the Maine Revised Statutes, Title 22, section 2497. The amendment keeps the requirement that directs the department to report to the Joint Standing Committee on Health and Human Services regarding the cost of the new health inspectors and adds a requirement that the department report on whether it is meeting the inspection requirements of Title 22, section 2497. The amendment also adds an appropriations and allocations section.

**LD 722      An Act To Strengthen Penalties for Abuse of General Assistance      PUBLIC 312**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY	OTP-AM	S-204

This bill provides that a person who makes a false representation of a material fact to obtain municipal general assistance is ineligible to receive further assistance for a period of the longer of 120 days and until that reimbursement is made. Current law provides for a period of ineligibility of 120 days.

**Committee Amendment "A" (S-204)**

This amendment replaces the bill. The amendment provides that a person who makes a false representation of a material fact to obtain municipal general assistance is ineligible to receive further assistance either for a period of

**Joint Standing Committee on Health and Human Services**

120 days or until reimbursement is made or that person enters into a written agreement, which must be reasonable, to reimburse the municipality, whichever period is longer. The amendment also provides that the overseer of municipal general assistance may make a determination that a person has made a false representation of a material fact to obtain general assistance.

**Enacted Law Summary**

Public Law 2015, chapter 312 provides that a person who makes a false representation of a material fact to obtain municipal general assistance is ineligible to receive further assistance either for a period of 120 days or until reimbursement is made or that person enters into a written agreement, which must be reasonable, to reimburse the municipality, whichever period is longer. The overseer of municipal general assistance may make a determination that a person has made a false representation of a material fact to obtain general assistance.

**LD 726      An Act To Increase Patient Safety in Maine's Medical Marijuana Program      CARRIED OVER**

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

This bill amends the Maine Medical Use of Marijuana Act by:

1. Increasing the amount of excess prepared marijuana a registered primary caregiver may transfer for reasonable compensation in a calendar year from two pounds to five pounds;
2. Specifying that, like registered dispensaries, a primary caregiver's cultivation facility is subject to reasonable inspection by the Department of Health and Human Services at any time, without prior notice;
3. Requiring the Department of Health and Human Services to adopt routine technical rules governing the manner in which the department considers an application for and a renewal of a registry identification card for a primary caregiver;
4. Clarifying that the information provided by the Department of Health and Human Services to the Department of Administrative and Financial Services, Bureau of Revenue Services may be used by the bureau to determine whether an applicant for a license or renewal of a license as a registered dispensary has complied with the tax laws; and
5. Specifying that the Medical Use of Marijuana Fund may be used by the Department of Health and Human Services for enforcement purposes that are primarily for the protection of public health and safety and for investigations.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

**LD 734      An Act To Repeal the Certificate of Need Requirement for Hospitals      Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY SIROCKI	ONTP OTP-AM	

Under current law, before introducing additional health care services and procedures in a market area, a person must

## *Joint Standing Committee on Health and Human Services*

apply for and receive a certificate of need from the Department of Health and Human Services. This bill eliminates that requirement.

### **Committee Amendment "A" (S-167)**

This amendment, which is the minority report of the committee, changes the bill title to reflect that it eliminates the entire certificate of need process rather than only the certificate of need process for hospitals. The amendment also adds an appropriations and allocations section.

### **LD 736      An Act To Allow Access to Certain Death Records**

**PUBLIC 189**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VOLK ESPLING	OTP-AM	S-199

This bill requires that when a physician or clinical psychologist has evaluated a person for the purpose of providing a second opinion on whether the person meets the criteria for emergency admission to a psychiatric hospital and determines that the person does not meet the criteria, the physician or clinical psychologist must destroy the written application for emergency admission and accompanying certificate.

The bill also authorizes the names and dates of death of individuals who died while patients at the Pineland Hospital and Training Center to be made available to the public in accordance with rules adopted by the Department of Health and Human Services.

### **Committee Amendment "A" (S-199)**

This amendment strikes section 2 of the bill, which requires that when a physician or clinical psychologist has evaluated a person for the purpose of providing a second opinion on whether the person meets the criteria for emergency admission to a psychiatric hospital and determines that the person does not meet the criteria, the physician or clinical psychologist must destroy the written application for emergency admission and accompanying certificate.

### **Enacted Law Summary**

Public Law 2015, chapter 189 authorizes the names and dates of death of individuals who died while patients at the Pineland Hospital and Training Center to be made available to the public in accordance with rules adopted by the Department of Health and Human Services.

### **LD 751      An Act To Provide Consideration of the Need for Nursing Facility Beds in the Area Where They Are Located before Those Beds Are Lost**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY	ONTP	

This bill requires the certificate of need process to take into account the effect of the loss of nursing facility beds on the community's health and economy and on family members and the individuals occupying the beds. The existing process examines only the need for new beds in an area where beds have been proposed.

*Joint Standing Committee on Health and Human Services*

**LD 752      An Act To Permit Medical Marijuana Cultivation by Incapacitated Adults      Veto Sustained**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DUNPHY L BRAKEY	OTP-AM	H-331

This bill allows a qualifying patient under the Maine Medical Use of Marijuana Act who is an incapacitated adult to possess marijuana and cultivate marijuana for that incapacitated adult's own use.

**Committee Amendment "A" (H-331)**

This amendment specifies that a qualifying patient who is an incapacitated adult may not cultivate marijuana for that patient's use unless the patient's legal guardian or person to whom the patient has granted power of attorney for health care decisions is designated as the patient's primary caregiver. Additionally, that primary caregiver may assist the qualifying patient with cultivation of the patient's own marijuana if the marijuana plants that are dedicated to the patient are segregated from any other marijuana plants.

The amendment prohibits a public guardian or conservator described under the Maine Revised Statutes, Title 18-A, section 5-601 from cultivating marijuana for a qualifying patient who is an incapacitated adult, but that guardian or conservator may designate a second primary caregiver to assist that patient with cultivation if the marijuana plants that are dedicated to the patient are segregated from any other marijuana plants.

**LD 766      An Act To Require a Medical Marijuana Primary Caregiver Cultivating in a Residential Building To Obtain an Electrical Permit      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COREY DUTREMBLE	ONTP	

This bill amends the Maine Medical Use of Marijuana Act to require, beginning January 2, 2016, a primary caregiver to obtain an electrical permit from an electrical inspector prior to cultivating in a residential building.

**LD 771      An Act To Promote Dental Services for Prenatal and Postpartum Women      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MASTRACCIO	ONTP	

This bill provides MaineCare coverage for dental services including diagnostic, preventive and restorative services to pregnant women and postpartum women 21 years of age and older.

**LD 772      An Act To Amend the Membership of the Child Care Advisory Council      ONTP**

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

*Joint Standing Committee on Health and Human Services*

This bill:

1. Amends the membership of the Child Care Advisory Council to include an employee of the Department of Health and Human Services, Division of Licensing and Regulatory Services; and
2. Further amends the statute relating to membership of the Child Care Advisory Council to reflect the Maine Afterschool Network's new partnership with the University of Southern Maine.

**LD 782      An Act To Improve the Quality of Life of Persons with Serious Illnesses**

**PUBLIC 203**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LANGLEY MAKER	OTP	

This bill establishes the Palliative Care and Quality of Life Interdisciplinary Advisory Council to advise the Department of Health and Human Services, Maine Center for Disease Control and Prevention and report to three legislative committees. The bill requires the Maine Hospice Council, if resources permit, to establish an information and education program to maximize the effectiveness of palliative care initiatives by ensuring that comprehensive and accurate information and education are available and allows the council to seek outside funding for the advisory council. The bill requires the executive director of the Maine Hospice Council to convene the first meeting of the advisory council by October 1, 2015.

**Enacted Law Summary**

Public Law 2015, chapter 203 establishes the Palliative Care and Quality of Life Interdisciplinary Advisory Council to advise the Department of Health and Human Services, Maine Center for Disease Control and Prevention and report to three legislative committees. It further establishes the membership, procedures and duties of the advisory council.

Public Law 2015, chapter 203 requires the Maine Hospice Council, if resources permit, to establish an information and education program to maximize the effectiveness of palliative care initiatives by ensuring that comprehensive and accurate information and education are available and allows the council to seek outside funding for the advisory council. It further requires the executive director of the Maine Hospice Council to convene the first meeting of the advisory council by October 1, 2015.

**LD 798      An Act To Strengthen Maine's Hospitals and Increase Access to Health Care**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DEVIN	ONTP	

This bill, which is contingent on approval by the voters of the State at referendum, does the following.

1. It expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133 percent of the nonfarm income official poverty line, with the five percent federal income adjustment for family size. It repeals the expansion of medical coverage under the MaineCare program December 31, 2020, and it provides for repeal of the expansion prior to 2020 under certain circumstances.
2. It requires the Commissioner of Health and Human Services to provide certain information to the Secretary of the United States Department of Health and Human Services to enable the secretary to make the determination as to

*Joint Standing Committee on Health and Human Services*

the eligibility of the State to obtain an enhanced Federal Medical Assistance Percentage for services for MaineCare members eligible as childless adults. It provides that until the secretary confirms that the State will get the enhanced reimbursement rate as set forth in the federal Patient Protection and Affordable Care Act, for the childless adult population in MaineCare, including persons who were members under that eligibility grouping on December 1, 2009, the expansion of medical coverage under the MaineCare program will not take effect. It requires the commissioner, upon receiving confirmation from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, to notify the President of the Senate, the Speaker of the House of Representatives and the Revisor of Statutes and to provide them with a copy of the written confirmation.

3. It requires the Office of Fiscal and Program Review to contract with a private, nonpartisan research organization to evaluate the impact of the MaineCare expansion. It requires a report to the Legislature on the amount of General Fund savings resulting from the MaineCare expansion.

4. It amends current law on copayments in the MaineCare program. It directs the Department of Health and Human Services to increase copayments for adults with income above 100 percent of the nonfarm income official poverty line to the maximum allowable under federal law and to increase nominal copayments by the annual percentage increase in the medical care component of the Consumer Price Index for All Urban Consumers. It directs the department to increase MaineCare copayments for services provided in a hospital emergency room when the services are not emergency services. It requires the department to track aggregate copayments in compliance with federal law.

**LD 808      An Act To Decrease Uncompensated Care, Reduce Medical Debt and      ONTP**  
**Improve Health Outcomes**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HASKELL DION	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures, tailored to the unique conditions in Maine, designed to:

1. Reduce the burden of uncompensated medical care in Maine experienced by health care providers in hospitals, health centers and health care provider offices, including care provided through charity care programs;
2. Lower the number of uninsured in Maine by providing a strategy for uninsured, low-income persons with income up to 133 percent of the federal poverty level to have access to health coverage using available, cost-effective health care coverage options for Medicaid;
3. Address inefficiencies within our current health care systems, use federal funds available to Maine and offer more options for insurance coverage to the uninsured; and
4. Allow Maine to remain competitive with neighboring states, bring savings to the General Fund and protect the fiscal sustainability of rural and safety net hospitals and health centers.

**LD 812      An Act To Prevent Drug Overdose Deaths by Enhancing Access to      ONTP**  
**Opioid Antagonists**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK GIDEON	ONTP	

***Joint Standing Committee on Health and Human Services***

This bill authorizes the prescription, possession and administration of opioid antagonists under certain circumstances and provides criminal and civil immunities for such prescription, possession and administration.

**LD 816      An Act To Reform Welfare and Eliminate the Welfare Cliff      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures designed to reform welfare and eliminate the so-called welfare cliff. This bill would establish a system of gradual reduction, rather than an abrupt cessation, of welfare benefits to an individual as the individual's income rises.

**LD 821      An Act To Promote Equity in Business Opportunity for Tobacco Specialty Stores      Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAMPER GINZLER	OTP-AM ONTP	

This bill allows certain tobacco specialty stores to be licensed as a cigar lounge, which may serve nonalcoholic and alcoholic beverages. A cigar lounge may not sell cigarettes or prepare food on premises for sale. A tobacco specialty store that is a cigar lounge must provide notice about the dangers of environmental tobacco smoke to applicants for employment and employees. The cigar lounge license fee is \$100.

**Committee Amendment "A" (S-262)**

This amendment, which is the majority report of the committee, amends the bill by prohibiting the use of electronic nicotine delivery devices in cigar lounges and prohibiting a person under 21 years of age from being on the premises or employed by the cigar lounge. It clarifies that a cigar lounge license under the Maine Revised Statutes, Title 28-A is required for a cigar lounge to operate.

**LD 831      Resolve, To Reduce MaineCare Spending through Targeted Prevention Services      RESOLVE 54**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN VALENTINO	OTP-AM	H-281 S-326    HAMPER

This resolve requires the Department of Health and Human Services to file an application with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to request that home-delivered meals be a reimbursable covered service under the State's home-based and community-based services waivers. The purpose of this resolve is to improve health and delay entry into facility-based care.

**Committee Amendment "A" (H-281)**

This amendment limits the proposal for home-delivered meals in the resolve to individuals qualified for services under Rule Chapter 101, MaineCare Benefits Manual, Chapter II, Section 19 who also are experiencing transitions of care, have debilitating or acute illnesses or are primarily homebound and unable to prepare nutritious meals. The amendment also adds an appropriations and allocations section.

*Joint Standing Committee on Health and Human Services*

**Senate Amendment "A" To Committee Amendment "A" (S-326)**

This amendment removes the appropriations and allocations section.

**Enacted Law Summary**

Resolve 2015, chapter 54 requires the Department of Health and Human Services to file an application with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to request that home-delivered meals be a reimbursable covered service for individuals qualified for services under Rule Chapter 101, MaineCare Benefits Manual, Chapter II, Section 19 who are also experiencing transitions of care, have debilitating or acute illnesses or are primarily homebound and unable to prepare nutritious meals. Funding for this service was included in Public Law 2015, chapter 267.

**LD 832      An Act To Improve Public Health in Maine      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to consolidate the infrastructure for various public health services, such as emergency medical technician services, on a countywide basis.

**LD 841      Resolve, Directing the Department of Health and Human Services To  
Develop a Bus Pass Program      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY HASKELL	ONTP	

This resolve requires the Department of Health and Human Services to develop and implement a bus pass program by January 1, 2016 to serve individuals who live in areas served by public bus systems and who use those transport systems to attend medical appointments reimbursed by MaineCare under the nonemergency transportation program within the MaineCare program and participate in other programs that are aimed at fostering independence and economic security such as the ASPIRE-TANF program. The department must identify funding sources that could be leveraged, including funding currently used for the nonemergency transportation program within the MaineCare program and possible Department of Labor and Department of Education resources targeted toward employment. The department must report to the Joint Standing Committee on Health and Human Services by March 1, 2016 on the status of the bus pass program including the number of passes issued and individuals being served and sources of funding.

**LD 842      An Act To Establish Peer Center Reimbursement      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY LIBBY		

This bill directs the Department of Health and Human Services to establish reimbursement rates for peer centers.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

***Joint Standing Committee on Health and Human Services***

**LD 854      An Act To Increase Access to Health Security by Expanding Federally Funded Health Care for Maine People**

**Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN GRATWICK	OTP-AM ONTP	

This bill expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133 percent of the nonfarm income official poverty line, with the five percent federal income adjustment for family size, and qualifies Maine to receive federal funding for 100 percent of the cost of coverage for members who enroll under the expansion. Adults who will be eligible are those 21 to 64 years of age beginning January 1, 2016 and adults 19 and 20 years of age beginning October 1, 2019.

**Committee Amendment "A" (H-470)**

This amendment replaces the substantive provisions of the bill, designating as Part A the provision of the bill that expands medical coverage under the Medicaid program to adults under 65 years of age who qualify under federal law with incomes up to 133 percent of the nonfarm income official poverty line, with the five percent federal income adjustment for family size, and qualifies the State to receive enhanced federal funding for the cost of coverage of newly eligible members. It further provides for an annual expenditure cap for services, requiring quarterly expenditure reporting and a mechanism for terminating coverage if it is determined that expenditures will not remain within the cap. It also terminates coverage if the enhanced federal share drops below the amount specified in the federal Patient Protection and Affordable Care Act, 42 United States Code, Section 18001, et seq., as enacted in 2010.

Part B requires the Office of Fiscal and Program Review to study the impact of the MaineCare expansion on programs and services that do not currently receive federal medical assistance percentage matching funds or do not qualify for enhanced federal medical assistance percentage matching funds under the federal Patient Protection and Affordable Care Act with the goal of identifying and maximizing General Fund savings. The fiscal office shall report twice, no later than February 15, 2016 and February 15, 2017, respectively, to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on the amount of General Fund savings resulting from the MaineCare expansion. It requires the State Budget Officer to calculate the amount of savings that applies against each General Fund account for all departments and agencies from savings associated with the MaineCare expansion and to transfer the amounts by financial order upon the approval of the Governor. Any remaining savings must be transferred to the MaineCare Stabilization Fund. It adds an appropriations and allocations section.

**LD 860      Resolve, To Adjust Reimbursement Rates for Dental Services and Improve Access to Dental Care under the MaineCare Program**

**CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCORMICK	OTP-AM OTP-AM	S-235

This resolve directs the Department of Health and Human Services to incrementally adjust the MaineCare reimbursement rates for certain dental services annually over the next five years until the rates reach the 10th percentile of the fees for the New England region in the most recent "Survey of Dental Fees" published by the American Dental Association. The resolve provides that the rates must then be adjusted annually for inflation.

*Joint Standing Committee on Health and Human Services*

**Committee Amendment "A" (S-235)**

This amendment is the majority report of the committee. It clarifies that increases to reimbursement rates of the dental codes in the resolve are to be made in five equal increases. The amendment requires the Department of Health and Human Services to amend the rules under Chapter 101: MaineCare Benefits Manual, Chapter II, Section 25 to cover diagnostic and preventive services to pregnant women and postpartum women and dental services necessary to avoid more costly medical or dental care as identified by a stakeholder group. It requires the Department of Health and Human Services to provide information concerning adult dental benefits to adult MaineCare members and providers. It requires the department to adopt rules by January 1, 2016 relating to dental coverage for pregnant women and postpartum women and for services provided to avoid more costly medical or dental care. The amendment also adds an appropriations and allocations section. The amendment also changes the title and adds a fiscal note.

**Committee Amendment "B" (S-236)**

This amendment, which is the minority report of the committee, replaces the resolve. It requires the Department of Health and Human Services to conduct a review of the reimbursement rates under the MaineCare program for the dental codes in the resolve to determine if the current reimbursement levels are appropriate for recruiting and retaining sufficient numbers and geographic coverage of dentists providing services to MaineCare members. The department shall report its findings no later than January 1, 2016 to the Joint Standing Committee on Health and Human Services. The joint standing committee may report out legislation related to the report to the Second Regular Session of the 127th Legislature.

This resolve was carried over on the Special Appropriations Table to any special or regular session of the 127th Legislature by joint order, S.P. 555.

**LD 885      An Act To Promote Enhanced Eligibility Verification in Maine's Welfare System      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ESPLING BRAKEY		

This bill requires the Department of Health and Human Services to determine the eligibility for benefits of recipients of State assistance on an annual basis.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

**LD 886      Resolve, Directing the Department of Health and Human Services To Increase Reimbursement Rates for Home-based and Community-based Services      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ESPLING LIBBY		

This resolve directs the Department of Health and Human Services to increase the reimbursement rates for home-based and community-based services by January 15, 2016.

This resolve was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

*Joint Standing Committee on Health and Human Services*

**LD 905      Resolve, To Study Allocations of the Fund for a Healthy Maine**

**RESOLVE 47  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BEAVERS DUTREMBLE	OTP-AM	H-204 S-334 MASON

This bill establishes an ongoing commission to review whether allocations of the Fund for a Healthy Maine are properly aligned with the State's public and preventive health priorities and goals and recommend adjustments to allocations as necessary. Under the bill, the commission is authorized to meet up to six times every three years when the Legislature is not in session and the commission's first report must be submitted by December 7, 2015 to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee having jurisdiction over health and human services matters. Money in the Fund for a Healthy Maine may be used to fund the activities of the commission.

**Committee Amendment "A" (H-204)**

This amendment replaces the bill and turns it into a resolve. The amendment directs the Joint Standing Committee on Health and Human Services to review whether allocations of the Fund for a Healthy Maine are properly aligned with the State's public and preventive health priorities and goals and recommend adjustments to allocations as necessary instead of creating an ongoing commission to study the allocations as in the bill. Under the amendment, the committee is authorized to meet up to six times when the Legislature is not in session and the committee's report must be submitted by December 2, 2015.

**Senate Amendment "A" To Committee Amendment "A" (S-334)**

This amendment reduces the number of times the Joint Standing Committee on Health and Human Services is authorized to meet to review allocations from the Fund for a Healthy Maine from six to four.

**Enacted Law Summary**

Resolve 2015, chapter 47 directs the Joint Standing Committee on Health and Human Services to review whether allocations of the Fund for a Healthy Maine are properly aligned with the State's public and preventive health priorities and goals and recommend adjustments to allocations as necessary. The committee is authorized to meet up to four times when the Legislature is not in session and the committee's report must be submitted by December 2, 2015.

Resolve 2015, chapter 47 was finally passed as an emergency measure effective July 12, 2015.

**LD 917      Resolve, To Improve Access to Dental Care through a Pediatric Medical Benefit**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MASTRACCIO GERZOFKY	ONTP	

This resolve directs the Department of Health and Human Services to amend its rules in order to provide for equity between payment for preventive pediatric dental services, including fluoride varnish applications and oral evaluations, provided by medical providers at federally qualified health centers, which must be set at a rate greater than the ambulatory encounter rate used for medical providers, and payment for such services by medical providers in other settings.

*Joint Standing Committee on Health and Human Services*

**LD 928      Resolve, To Enhance Consumer Awareness of Expenditures and Gifts by      ONTP**  
**Manufacturers of Prescribed Products**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARREN CYRWAY	ONTP	

This resolve requires the Department of Health and Human Services to develop a fact sheet that provides information to the public regarding the publicly searchable database of payments and gifts to physicians by medical product manufacturers developed by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services under Section 6002 of the federal Patient Protection and Affordable Care Act, Public law 111-148.

**LD 940      Resolve, To Require Hospitals To Provide Information to Parents of      Leave to Withdraw**  
**Infants Regarding Testing for Krabbe Disease      Pursuant to Joint**  
**Rule**

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

This resolve requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to develop an information pamphlet on testing for Krabbe disease for dissemination by a hospital to all parents of newborn infants born at the hospital or to the parents of any child up to six months of age being treated at the hospital. The Maine Center for Disease Control and Prevention is required to develop the pamphlet by December 1, 2015.

**LD 949      An Act To Enact the Recommendations of the Commission on      CARRIED OVER**  
**Independent Living and Disability**

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

This bill includes the final recommendations of the Commission on Independent Living and Disability and does the following.

1. Part A replaces the requirement in current law for biennial plans for regional transit with a requirement for quinquennial plans, which is consistent with federal requirements. It eliminates the Interagency Transportation Coordinating Committee and replaces it with a new public transit advisory council. It also specifies the role of the council and requires reporting every two years. It requires the Department of Health and Human Services to convene a work group to develop a statewide transportation voucher program for persons with disabilities.
2. Part B adds new transition planning requirements for students with disabilities to include team meetings that must begin at 14 years of age with community partners, community service providers, the students and their families, the division of vocational rehabilitation within the Department of Labor, Bureau of Rehabilitation Services and the agency that is designated by the Governor to serve as the protection and advocacy agency for persons with disabilities. It requires that the transition planning include independent living assessments for the students. For students who receive services from the Department of Health and Human Services, Office of Child and Family

## *Joint Standing Committee on Health and Human Services*

Services, it requires the school administrative unit to work in consultation with the division of vocational rehabilitation within the Department of Labor, Bureau of Rehabilitation Services to include postsecondary preparation strategies for the students during transition planning.

3. Part C requires the Statewide Independent Living Council to provide an annual report to the Legislature on the State's strategic planning efforts to increase opportunities for persons with disabilities to live independently within the community. It also requires the Commissioner of Labor to provide an annual report to the Legislature on the State's efforts to improve vocational rehabilitation outcomes and reduce the length of time it takes the department to enter into an individualized plan of employment with individuals eligible to receive rehabilitation services.
4. Part D amends the Maine Human Rights Act to require an on-site inspection by a representative of the Office of the State Fire Marshal to ensure that new public buildings and certain buildings to which the public has access are constructed in compliance with the Maine Human Rights Act. It also requires the Technical Building Codes and Standards Board to adopt the most recent federal Americans with Disabilities Act of 1990 accessibility guidelines as published by the International Code Council. It also authorizes the agency that is designated by the Governor to serve as the protection and advocacy agency for persons with disabilities in Maine to bring a civil action in Superior Court for violations of the Maine Human Rights Act regarding public accommodations and allows the agency to receive reasonable attorney's fees and costs.
5. Part E requires a housing authority to post all rental housing vacancies that are readily accessible to and usable by persons with disabilities on the Maine State Housing Authority's publicly accessible rental housing listing service website.
6. Part F requires the Department of Health and Human Services to amend the federally approved Medicaid state plan to include and broaden coverage for assistive technology without the restrictions currently applied to telehealth; cover assistive technology within all Department of Health and Human Services waivers; include telemedicine; broaden telehealth use; and broaden telehealth home-based care.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

### **LD 966      An Act To Assist Patients in Need of Psychiatric Services**

**CARRIED OVER**

Sponsor(s)

MALABY

Committee Report

Amendments Adopted

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to take steps to help provide acute psychiatric care in an inpatient setting by increasing the availability of inpatient beds. The bill will seek to do the following:

1. Create and fund additional psychiatric beds for geriatric patients;
2. Review and make changes to the bed hold regulations for nursing homes and group homes to create incentives to take difficult mental health patients back after a hospital stay;
3. Review and make changes to the bed hold regulations for nursing homes and group homes to create penalties for facilities that refuse to take difficult mental health patients back after a hospital stay;
4. Provide psychiatric urgent care centers with accompanying medically supervised crisis beds;
5. Create and fund additional psychiatric observation units;

***Joint Standing Committee on Health and Human Services***

6. Create an effective and professional mental health placement rapid response team or ombudsman in the Department of Health and Human Services; and

7. Provide additional MaineCare reimbursement for long-stay mental health emergency department patients and patients awaiting placement in psychiatric units.

The substance of this bill was included in Resolve 2015, chapter 44 (see LD 155).

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

**LD 969      An Act To Preserve Jobs and Primary Care Services in Rural and Underserved Areas of Maine** **Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ MARTIN J	OTP-AM ONTP	S-68

This bill provides for the allocation of funding among Maine's federally qualified health centers to support access to primary medical, behavioral health and dental services for residents in rural and underserved communities. This funding is targeted to support the provision of primary care services for the uninsured and underinsured, as well as to assist with provider recruitment and retention.

**Committee Amendment "A" (S-68)**

This amendment, which is the majority report of the committee, incorporates a fiscal note.

Funding for federally qualified health centers was included in Public Law 2015, chapter 267.

**LD 977      An Act To Improve Child Care in the State** **Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FREY	OTP-AM ONTP	

This bill provides funds to fully match federal funds for child care development.

**Committee Amendment "A" (H-287)**

This amendment, which is the majority report of the committee, adds a fiscal note.

**LD 989      An Act To Limit the Use of Extended-release Hydrocodone Bitartrate** **Accepted Majority (ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DEVIN GRATWICK	ONTP OTP	

***Joint Standing Committee on Health and Human Services***

This bill establishes requirements that a prescriber must follow prior to prescribing extended-release hydrocodone bitartrate. The bill requires prescribers of extended-release hydrocodone bitartrate to:

1. Obtain prescription monitoring information related to the patient;
2. Schedule a follow-up visit with the patient; and
3. Assess the patient's pain to evaluate whether the patient's pain can be managed with a medication other than extended-release hydrocodone bitartrate.

**LD 1006      An Act To Prevent Beneficiaries under the Statewide Food Supplement Program from Carrying Forward Unused Benefit Amounts      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ POULIOT	ONTP	

This bill requires that any unused balance in excess of \$1,000 representing statewide food supplement program benefits that were not used in the previous calendar year in a recipient's electronic benefits transfer account on January 1st must be transferred from the account to the General Fund.

**LD 1030      An Act To Better Coordinate the Work of Mental Health Crisis Agencies with Law Enforcement Agencies      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DION GERZOFISKY		

This bill requires the Department of Health and Human Services to provide assistance to crisis intervention teams and agencies that provide mental health crisis services and to law enforcement agencies to enable them to coordinate mental health crisis services. The bill sets July 1, 2016 as the date by which a crisis intervention team or agency must enter into and sign a memorandum of understanding with each law enforcement agency that provides law enforcement services in the area of the State served by the crisis intervention team or agency. The bill requires the memorandum of understanding to be effective for three years and to be renewed for a three-year period upon expiration. The memorandum of understanding must include descriptions of the following: the internal processes that the law enforcement agency uses to identify a person in need of mental health crisis services; the protocol that the law enforcement agency uses to share a contact report with a crisis intervention team or agency; the process the crisis intervention team or agency uses to receive the report; the protocol that the crisis intervention team or agency uses to communicate with a person in need of mental health services or the guardian or family members of that person; and the procedures to be used to convene on a quarterly basis multidisciplinary team meetings to review experiences and discuss opportunities for improvement.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

**LD 1034      An Act To Prohibit the Use of EBT Cards for Cash Withdrawals      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY SANDERSON	ONTP	

***Joint Standing Committee on Health and Human Services***

This bill provides that benefits received through the electronic benefits transfer system may only be redeemed through purchase by electronic transfer and may not be redeemed for cash.

**LD 1035     An Act To Create a 9-month Time Limit on General Assistance Benefits** **Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY	ONTP OTP-AM	

This bill limits to a maximum of 275 days every five years the general assistance benefits a person who does not have any dependents and who is capable of working may receive.

**Committee Amendment "A" (S-85)**

This amendment, which is the minority report of the committee, adds a fiscal note.

**LD 1036     An Act To Prioritize Use of Available Resources in General Assistance Programs** **Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY	ONTP OTP-AM	

This bill makes an applicant for general assistance who voluntarily abandons or refuses to use an available resource without just cause ineligible to receive general assistance to replace the abandoned resource for a period of 120 days from the date the applicant abandons the resource. The bill defines "available resource" as a resource that is immediately available or can be secured without delay. The bill also makes an applicant who forfeits an available resource due to fraud, misrepresentation or intentional violation or refusal to comply with rules without just cause ineligible to receive general assistance to replace the forfeited resource for the duration of the sanction imposed on the applicant for violation of a rule or 120 days, whichever is greater. The bill identifies circumstances relating to use of an available resource under which just cause must be found.

**Committee Amendment "A" (S-194)**

This amendment, which is the minority report of the committee, retains from the bill a definition for "available resource" but moves it to the general definition section for the chapter of law relating to municipal general assistance. The amendment also removes the provision in the bill that identifies circumstances relating to the use of an available resource under which just cause must be found, relying instead on the definition of "just cause" in the general definition section.

**LD 1037     An Act To Establish a 180-day Residency Requirement for Welfare Benefits** **Accepted Majority (ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY	ONTP OTP-AM	

## *Joint Standing Committee on Health and Human Services*

This bill establishes a 180-day residency requirement for applicants for the MaineCare program, the statewide food supplement program, the Temporary Assistance for Needy Families program and municipal general assistance.

### **Committee Amendment "A" (S-263)**

This amendment is the minority report of the committee. The amendment establishes a 180-day residency requirement for state-funded Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program and supplemental security income and the general assistance program. It does not apply to benefits that include federal funding. A victim of domestic violence is not subject to the 180-day residency requirement.

### **LD 1049    An Act To Further Define Duties for Persons Who Hold Powers of Attorney or Act as Agents for Residents of Long-term Care Facilities**

**PUBLIC 247**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J ROSEN	OTP-AM	H-319

This bill defines duties on the part of persons who hold powers of attorney or act as agents for residents of long-term care facilities or for persons applying to become residents of long-term care facilities and requires them to promptly apply for coverage of services under the MaineCare and other applicable payment programs and comply with all requirements governing these programs. It also provides remedies for breach of those duties. The bill further requires the Department of Health and Human Services to amend the terms and requirements of the standardized nursing facilities admissions contract set forth in the Maine Revised Statutes, Title 22, section 1826 and the standard contract for licensed assisted living programs set forth in applicable rules to incorporate these several duties and requirements. The bill also permits collection of attorney's fees and costs from persons who breach the duties established by this bill.

### **Committee Amendment "A" (H-319)**

This amendment replaces the statutory requirements in the bill with a provision that directs the Department of Health and Human Services to amend rules relating to the terms and requirements and defining the duties, obligations and legal remedies of the parties to the standard admission contract for residents of nursing homes and assisted housing programs. The amendment retains the provision in the bill permitting the collection of attorney's fees and costs from an agent who breaches the agent's duties.

### **Enacted Law Summary**

Public Law 2015, chapter 247 directs the Department of Health and Human Services to amend rules relating to the terms and requirements and defining the duties, obligations and legal remedies of the parties to the standard admission contract for residents of nursing homes and assisted housing programs. It permits the collection of attorney's fees and costs from an agent who breaches the agent's duties.

### **LD 1050    An Act To Reimburse Nursing Homes for the Loss of Coinsurance and Deductibles for Skilled Nursing Beds under Rules Adopted by the Department of Health and Human Services**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J	ONTP	

This bill reimburses nursing homes for the losses of coinsurance and deductibles for skilled nursing beds under rules adopted by the Department of Health and Human Services as required in Public Law 2013, chapter 368.

*Joint Standing Committee on Health and Human Services*

**LD 1052     An Act To Feed Rural Citizens of the State**

**Died Between  
Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAMANN HASKELL	OTP ONTP	

This bill directs the Department of Health and Human Services to seek a waiver beginning with federal fiscal year 2016, which begins October 1, 2015, and for each federal fiscal year thereafter to allow individuals otherwise subject to a three-month limit on federal food supplement program benefits to continue to receive benefits if those individuals reside in counties, labor market areas or other areas that qualify for a waiver because of high unemployment or a lack of a sufficient number of jobs to provide employment for those individuals.

**LD 1054     An Act To Provide Funding for Head Start Services**

**Died Between  
Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCELWEE LANGLEY	OTP-AM ONTP OTP-AM	

This bill provides funding to the Head Start program within the Department of Health and Human Services to address the significant unmet need for Head Start services, allowing eligible parents to remain in or enter the workforce.

**Committee Amendment "A" (H-403)**

This amendment, which is the majority report of the committee, incorporates a fiscal note.

**Committee Amendment "B" (H-404)**

This amendment, which is a minority report of the committee, provides funding to the Head Start program within the Department of Health and Human Services, but instead of the General Fund appropriations proposed in the bill, this amendment provides \$575,000 per fiscal year to the Head Start program from the Fund for a Healthy Maine.

**LD 1058     An Act Regarding Medical Marijuana Registered Testing Laboratories**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON HAMPER	ONTP	

This bill establishes registered testing laboratories that perform testing on marijuana samples for the cannabinoid profile and for possible contaminants within the Maine Medical Use of Marijuana Act. It further establishes the standards for registered testing laboratories and provides that they must be located in the State.

The bill provides that the laboratories and their principal officers, board members, agents and employees are given the same immunity from prosecution, search, seizure and penalty currently granted to registered dispensaries. The bill requires the Department of Health and Human Services to establish an application form and fees for registered

*Joint Standing Committee on Health and Human Services*

testing laboratories by December 15, 2015.

**LD 1059 An Act Relating to Marijuana Testing Facilities**

**Veto Sustained**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH	OTP-AM ONTP	H-345

This bill allows for the operation of marijuana testing facilities. These facilities may possess marijuana regulated under the Maine Medical Use of Marijuana Act. Dispensaries and registered primary caregivers may own and operate marijuana testing facilities for research and development purposes. The bill provides that if a label for medical marijuana refers to potency or cannabinoid profile, the label must be verified by a marijuana testing facility.

**Committee Amendment "A" (H-345)**

This amendment:

1. Amends the definition of "cardholder" in the Maine Medical Use of Marijuana Act to include a marijuana testing facility;
2. Eliminates the educational requirement for the director of a marijuana testing facility;
3. Adds requirements for the housing, storing, transporting and labeling of marijuana within marijuana testing facilities;
4. Creates an immunity provision within the Maine Medical Use of Marijuana Act for marijuana testing facilities; and
5. Directs the Department of Health and Human Services to issue registry identification cards to certain individuals at marijuana testing facilities.

**LD 1061 Resolve, To Create the Commission To Study a Stable Continuum of Care for Persons with Intellectual and Developmental Disabilities and Autism**

**Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCLELLAN LANGLEY	OTP-AM	H-259

This resolve establishes the Commission to Study a Stable Continuum of Care for Persons with Intellectual and Developmental Disabilities and Autism. The commission is required to examine the best way for different state systems involved in the lifelong care of persons with intellectual and developmental disabilities and autism in the Department of Health and Human Services, the Department of Education and the Department of Labor to provide a stable continuum of care without duplication of efforts and programs and to ensure seamless transitions between departments. It is required to also examine the status of the federal Intermediate Care Facilities for Individuals with Intellectual Disabilities. The commission is required to report its findings to the Second Regular Session of the 127th Legislature.

**Committee Amendment "A" (H-259)**

This amendment changes the composition of the Commission to Study a Stable Continuum of Care for Persons with Intellectual and Developmental Disabilities and Autism, and it adds an emergency preamble and emergency clause.

***Joint Standing Committee on Health and Human Services***

**LD 1076      Resolve, Directing the Department of Health and Human Services To      RESOLVE 35**  
**Increase Public Awareness about and Access to Federal Resources**  
**Related to Vaccine Injuries**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
O'CONNOR MASON	OTP-AM	H-305

This bill establishes the Vaccine Consumer Protection Program within the Department of Health and Human Services and describes the services provided under the new program.

**Committee Amendment "A" (H-305)**

This amendment replaces the bill with a resolve directing the Department of Health and Human Services to create a link on the department's publicly accessible website to existing federal resources related to vaccine injuries, including, but not limited to, information about the National Vaccine Injury Compensation Program of the United States Department of Health and Human Services, Health Resources and Services Administration and the Vaccine Adverse Event Reporting System cosponsored by the United States Centers for Disease Control and Prevention and the United States Food and Drug Administration, agencies of the United States Department of Health and Human Services.

**Enacted Law Summary**

Resolve 2015, chapter 35 directs the Department of Health and Human Services to create a link on the department's publicly accessible website to existing federal resources related to vaccine injuries, including, but not limited to, information about the National Vaccine Injury Compensation Program of the United States Department of Health and Human Services, Health Resources and Services Administration and the Vaccine Adverse Event Reporting System cosponsored by the United States Centers for Disease Control and Prevention and the United States Food and Drug Administration, agencies of the United States Department of Health and Human Services.

**LD 1077      An Act To Ensure Access to Public Health Nursing Care and Child and      ONTP**  
**Maternal Health Nursing Care in Washington County**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS TUELL	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to reallocate funds to support increasing public health nursing and child and maternal health nursing capacity in rural underserved areas in Washington County in order to address health disparities rather than continuing to offer the majority of services in more urban and populated counties.

**LD 1078      An Act To Preserve MaineCare Assisted Living by Providing a 4% Rate      Died On**  
**Increase to Private Nonmedical Institutions and Adult Family Care      Adjournment**  
**Homes**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS SANDERSON	OTP-AM	S-168

## *Joint Standing Committee on Health and Human Services*

This bill provides funds to give adult family care homes and Appendix C private nonmedical institutions a four percent cost-of-living rate increase in funding in each of the next two fiscal years. Annual cost-of-living adjustments are provided by rule for each fiscal year thereafter in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

### **Committee Amendment "A" (S-168)**

This amendment makes the following changes to the bill.

1. It provides that adult family care homes and Appendix C private nonmedical institutions receive a four percent rate increase in funding in each of the next two fiscal years, rather than a cost-of-living rate increase.
2. It strikes the requirement that an inflation adjustment be set for fiscal years beginning 2017-18.

A four percent increase in reimbursement to adult family care homes and PNMI assisted living facilities beginning on July 1, 2015 was included in Public Law 2015, chapter 267.

### **LD 1079      Resolve, To Support and Encourage the Development of an Adult Family Care Demonstration Project in Washington County**

**RESOLVE 31**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS TUELL	OTP-AM	S-166

This resolve increases by up to 40 the number of available residential care beds in Maine. This resolve also directs the Department of Health and Human Services to review the reimbursement levels at residential care facilities to identify if an increase in MaineCare funding is necessary to account for higher levels of care at these facilities and directs the department to develop a demonstration program in Washington County for suite-type settings that allow couples to remain living together. The department is also required to submit a report to the Joint Standing Committee on Health and Human Services no later than January 15, 2016.

### **Committee Amendment "A" (S-166)**

This amendment removes the section increasing the number of residential care facility beds from the resolve. It retains the requirement for the Department of Health and Human Services to review reimbursement levels at residential care facilities but allows current reviews of continuum of care to be included. Like the resolve, it requires the department to develop a demonstration project in Washington County with suite-type settings but clarifies that the project does not apply only to couples. It authorizes the Joint Standing Committee on Health and Human Services to report out legislation related to the demonstration project and the review to the Second Regular Session of the 127th Legislature. The amendment also changes the title.

### **Enacted Law Summary**

Resolve 2015, chapter 31 requires the Department of Health and Human Services to review reimbursement levels at residential care facilities and develop a demonstration project in Washington County with suite-type settings. It authorizes the Joint Standing Committee on Health and Human Services to report out legislation related to the demonstration project and the review to the Second Regular Session of the 127th Legislature.

***Joint Standing Committee on Health and Human Services***

**LD 1090      Resolve, To Establish a Pilot Project for Medicaid Reimbursement for Acupuncture Treatment of Substance Abuse Disorders      Veto Sustained**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON	OTP-AM ONTP	H-438

This resolve requires the Department of Health and Human Services and the department's Office of Substance Abuse and Mental Health Services to apply for a community-based waiver from the federal United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to develop a pilot project to treat alcohol abuse disorders, substance abuse disorders and co-occurring disorders using the National Acupuncture Detoxification Association auricular acupuncture protocol. The project may last no longer than two years and must be reimbursable as allowed under the United States Social Security Act and be cost-neutral or result in savings to the MaineCare program. The department and the office must report their findings to the joint standing committee of the Legislature having jurisdiction over health and human services matters at the end of the project.

**Committee Amendment "A" (H-438)**

This amendment is the majority report. The amendment requires the Department of Health and Human Services and the department's Office of Substance Abuse and Mental Health Services to apply by January 1, 2016 for authorization from the federal United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to develop a pilot project to treat alcohol abuse disorders, substance abuse disorders and co-occurring disorders using the National Acupuncture Detoxification Association auricular acupuncture protocol. The amendment requires the department to consult with the statewide association representing licensed acupuncturists in the establishment of treatment standards. The amendment requires that the treatment be provided by a person who is licensed to practice acupuncture in the State and whose license is in good standing.

**LD 1097      An Act To Improve the Integrity of Maine's Welfare Programs      CARRIED OVER**

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

This bill restricts the use of benefits for recipients of temporary assistance for needy families under the electronic benefits transfer system by prohibiting use of the electronic benefits transfer system outside of the State, except for in New Hampshire, withdrawals of cash per month in an amount over 25 percent of a recipient's monthly benefits and expenditures on items such as tobacco products, liquor and lottery tickets and several other similar items. This bill also directs the Department of Health and Human Services to hire five additional fraud investigators.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

**LD 1108      An Act To Protect Children and the Public from Vapor from Electronic Smoking Devices      PUBLIC 318**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCABE	OTP-AM OTP-AM	H-428

This bill includes in the definition of "smoking" an electronic cigarette giving off vapor for the purpose of restricting smoking in public places.

## Joint Standing Committee on Health and Human Services

### Committee Amendment "A" (H-428)

This amendment, which is the majority report, changes the bill's title, replaces the defined term "electronic cigarette" with a new defined term, "electronic smoking device" and amends the definition of "smoking" to include use of an electronic smoking device.

### Committee Amendment "B" (H-429)

This amendment, which is the minority report, changes the bill's title and replaces the bill. The amendment enacts a definition of "electronic nicotine delivery device" and restricts the use of an electronic nicotine delivery device in hospitals, schools and day cares.

### Enacted Law Summary

Public Law 2015, chapter 318 defines a new term, "electronic smoking device," and amends the definition of "smoking" to include use of an electronic smoking device for the purpose of prohibiting the use of an electronic smoking device in public places.

### LD 1115      **An Act To Make the State's Standard for Lead Exposure in Children Consistent with the Federal Standard**      INDEF PP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VOLK STUCKEY	OTP-AM ONTP	

This bill amends the definition of "lead poisoning," making the State's standard for lead exposure in children consistent with the federal standard.

### Committee Amendment "A" (S-270)

This amendment, which is the majority report of the committee, grants the Department of Health and Human Services authority to impose penalties for violations of the Lead Poisoning Control Act and the rules adopted pursuant to that Act. The amendment also adds an appropriations and allocations section.

Public Law 2015, chapter 267 provides funding to hire eight limited-period Environmental Specialist III positions through June 10, 2017 to review inspections, issue orders to abate hazards, track to make sure abatements occur and work with families on interim controls to reduce hazards until the abatement is complete.

### LD 1125      **An Act To Expand Public Access to Epinephrine Autoinjectors**      PUBLIC 231

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PETERSON HASKELL	OTP-AM	H-250

This bill allows entities, organizations and places of employment at which allergens capable of causing anaphylaxis may be present, other than schools, to stock prescribed epinephrine autoinjectors and administer them to persons believed in good faith to be experiencing anaphylaxis and provides that those entities, organizations and places of employment may not be held liable for any injuries or related damages that may result. It requires training for employees or agents of such entities, organizations or places of employment. It also provides for the establishment of emergency public access stations to contain stocks of epinephrine autoinjectors, allows health care practitioners to stock them with epinephrine autoinjectors and to provide individuals accessing the stations with consultation services in real time by audio, video or other similar means of electronic communication and provides that persons

***Joint Standing Committee on Health and Human Services***

involved with the stations and acting in good faith may not be held liable for any injuries or related damages that may result.

**Committee Amendment "A" (H-250)**

This amendment makes the following changes to the bill.

1. It eliminates the provisions of the bill relating to emergency public access stations for the storage of epinephrine autoinjectors.
2. It eliminates the provision of the bill that requires an authorized entity that possesses and makes available epinephrine autoinjectors to submit to the Department of Health and Human Services a report of each incident on the authorized entity's premises that involves the administration of an epinephrine autoinjector.
3. It revises the immunity provision of the bill to make it consistent with the actions that are authorized under the bill and to make it clear that the immunity does not apply if injuries or related damages are caused willfully, wantonly or recklessly or by gross negligence.

**Enacted Law Summary**

Public Law 2015, chapter 231 allows entities, organizations and places of employment at which allergens capable of causing anaphylaxis may be present, other than schools, to stock prescribed epinephrine autoinjectors and administer them to persons believed in good faith to be experiencing anaphylaxis and provides that those entities, organizations and places of employment may not be held liable for any injuries or related damages that may result. It requires training for employees or agents of such entities, organizations or places of employment.

**LD 1129      Resolve, To Change the Requirements for Nursing Services in Home Health Care**

**RESOLVE 33**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY ESPLING	OTP-AM	S-158

The resolve directs the Department of Health and Human Services to increase the rates in Section 40 of the MaineCare Benefits Manual, Home Health Services by 30 percent.

**Committee Amendment "A" (S-158)**

The amendment strikes and replaces the resolve. It requires the Department of Health and Human Services to amend the rules governing the licensing and functioning of home health care services to allow nursing services to be provided by new graduates who have successfully completed a home health care orientation program approved by the department prior to commencing independent home health care nursing practice. Current rules require at least one year of professional nursing experience. The agency employing the nursing graduate would be required to provide the orientation.

**Enacted Law Summary**

Resolve 2015, chapter 33 requires the Department of Health and Human Services to amend the rules governing the licensing and functioning of home health care services to allow nursing services to be provided by new graduates who have successfully completed a home health care orientation program approved by the department prior to commencing independent home health care nursing practice. The agency employing the nursing graduate would be required to provide the orientation.

***Joint Standing Committee on Health and Human Services***

**LD 1134    An Act To Require the Department of Health and Human Services To  
Distribute Information Regarding Down Syndrome to Providers of  
Prenatal and Postnatal Care and to Genetic Counselors**

**PUBLIC 269**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VOLK LAJOIE	OTP ONTP	H-480    GATTINE

This bill requires that hospitals, physicians and other health professionals provide information about Down syndrome to expectant or new parents who have received a prenatal or postnatal diagnosis of Down syndrome. The bill directs the Department of Health and Human Services to distribute appropriate information to health care providers for distribution.

**House Amendment "A" (H-445)**

This amendment:

1. Requires that hospitals, physicians and health professionals offer, rather than provide as required by the bill, information to expectant or new parents; and
2. Specifies that the information must have been reviewed by medical experts who are established in the field and by a state-based medical organization.

This amendment was not adopted.

**House Amendment "B" (H-480)**

This amendment requires that hospitals, physicians and health professionals offer information to expectant or new parents, unlike the bill, which required the provision of that information.

**Enacted Law Summary**

Public Law 2015, chapter 269 requires that hospitals, physicians and other health professionals offer information about Down syndrome to expectant or new parents who have received a prenatal or postnatal diagnosis of Down syndrome. It directs the Department of Health and Human Services to distribute appropriate information to health care providers for distribution.

**LD 1144    An Act To Ensure the Integrity of the Temporary Assistance for Needy  
Families Program**

**Died Between  
Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCABE	ONTP OTP-AM	

This bill prohibits the use of the electronic benefits transfer system at tobacco specialty stores. It requires the Department of Health and Human Services to develop an education program for recipients of benefits under the Temporary Assistance for Needy Families program that emphasizes that those benefits are to be used for supporting dependent children and are not to be used to pay for tobacco products, liquor products, gambling activities or lotteries. It establishes penalties for benefit recipients who knowingly make a purchase prohibited by statute. In addition, the Department of Health and Human Services must collect information on the use of Temporary Assistance for Needy Families program benefits for tobacco and liquor products, gambling activities and lotteries.

## *Joint Standing Committee on Health and Human Services*

The department is required to report its findings, including recommendations and suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than March 15, 2017.

### **Committee Amendment "A" (H-320)**

This amendment, which is the minority report of the committee, incorporates a fiscal note.

### **Senate Amendment "A" (S-312)**

This amendment removes the penalties established in the bill. The amendment also removes the requirements for the Department of Health and Human Services to develop an education program for the recipients of Temporary Assistance for Needy Families program benefits and to collect information on the costs and impact of implementing and enforcing the prohibitions in the bill.

This amendment was not adopted.

<b>LD 1149</b>	<b>Resolve, Directing the Maine Center for Disease Control and Prevention To Report on Progress toward Meeting Healthy Maine 2020 Goals Pertaining to Reproductive Health</b>	<b>CARRIED OVER</b>
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURSTEIN GRATWICK		

This resolve directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention to report by October 1, 2015 to the Joint Standing Committee on Health and Human Services on state-led efforts to achieve goals identified in its document "Healthy Maine 2020" pertaining to reproductive health. The report must include an explanation of failed or failing efforts to meet a goal and evidence-based strategies or recommendations on how state programs can meet the goal and a description of the State's efforts to improve the health and welfare of its citizens, including efforts to increase high school graduation rates. The joint standing committee is authorized to report out a bill based on the report to the Second Regular Session of the 127th Legislature.

This resolve was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

<b>LD 1162</b>	<b>An Act To Ensure Safe Drinking Water for Maine Families</b>	<b>Veto Sustained</b>
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE HASKELL	OTP-AM ONTP	H-333

This bill improves testing for and treatment of contaminants in residential private drinking water wells that are otherwise exempt from state and federal safe drinking water laws. It requires the Department of Health and Human Services to develop a uniform testing recommendation for testing of residential private drinking water wells. It requires testing when residential private drinking water wells are constructed. The bill also establishes the Private Well Safe Drinking Water Fund to support educational outreach and to improve testing rates of residential private drinking water wells. The fund is funded by fees on the testing of residential private drinking water wells. The bill establishes a fund within the Maine State Housing Authority funded by fees on the installation of water treatment equipment for the purpose of providing persons of low income with affordable water treatment. It also requires the department to conduct educational outreach regarding the potential health effects of contaminants and the need for testing and treatment of residential private drinking water wells.

*Joint Standing Committee on Health and Human Services*

**Committee Amendment "A" (H-333)**

This amendment is the majority report of the committee. It makes the following changes to the bill.

1. It makes the addresses on copies of residential private drinking water well test results that are forwarded from laboratories to the Department of Health and Human Services confidential.
2. It removes the requirement for water testing when residential private drinking water wells are constructed. Instead the Maine Water Well Commission is required to develop educational materials to be distributed when a private residential well is drilled or deepened to inform the owners of the importance of testing for arsenic and other contaminants.
3. It funds the Private Well Safe Drinking Water Fund from fees on the testing of residential private drinking water wells conducted by the Health and Environmental Testing Laboratory.
4. It removes the fund for providing low-income persons with affordable water treatment held within the Maine State Housing Authority and funded by fees on the installation of water treatment equipment.
5. It removes the requirement for property disclosure statements to include the results of water tests conducted in the last three years.
6. It adds an appropriations and allocations section.

**LD 1170      Resolve, Regarding Legislative Review of Portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a Late-filed Major Substantive Rule of the Department of Health and Human Services**

**RESOLVE 16  
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP

This resolve provides for legislative review of portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

**Enacted Law Summary**

Resolve 2015, chapter 16 provides for legislative review of portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period. It changes the time period that dispensers must provide information to the Prescription Monitoring Program from seven days to the close of business on the next business day of the controlled substance being dispensed. It also clarifies that the required information includes the prescription being dispensed and delivered.

Resolve 2015, chapter 16 was finally passed as an emergency measure effective May 26, 2015.

***Joint Standing Committee on Health and Human Services***

**LD 1193     An Act To Encourage Good Nutrition and Healthy Choices in the Supplemental Nutrition Assistance Program**

**Died In  
Concurrence**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JOHNSON GATTINE	OTP-AM ONTP	

This bill creates the Healthy Local Foods Initiative Program to engage in efforts to seek out and support, sustain or assist eligible applicants in submitting proposals for federal grants or funding for pilot projects to improve the diets of low-income persons enrolled in a statewide food supplement program administered as part of the federal supplemental nutrition assistance program. The bill directs the Department of Health and Human Services to create a working group of various interested parties to make recommendations concerning best practices and criteria for evaluation of proposals for federal grants or funding to conduct pilot projects designed to provide incentives to participants of the federal supplemental nutrition assistance program to improve their diets, reduce obesity and support farmers and businesses in the State. The bill directs the department to provide the matching funds required of a chosen applicant in order to receive a federal grant to the extent funds are available in the Healthy Local Foods Incentive Fund. Contributions to the fund are derived from a portion of bonus payments received from the United States Department of Agriculture for the performance of the Department of Health and Human Services in administering the statewide food supplement program under the federal supplemental nutrition assistance program, from the State's portion of funds recouped from the collection of overpayment claims from program recipients and from other sources. Contributions to the fund may also be received from hospital organizations fulfilling United States Internal Revenue Service requirements to meet community health needs.

**Committee Amendment "A" (S-230)**

This amendment, which is the majority report of the committee, removes the funding sources for the bill's Healthy Local Foods Incentive Fund that come from bonus payments for the Department of Health and Human Services for the department's administration of the federal Supplemental Nutrition Assistance Program and from the collection of the program's overpayment claims.

**LD 1209     An Act To Increase the Effectiveness of Peer Supports in the State**

**CARRIED OVER**

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

This bill establishes a peer support services program in the office of substance abuse and mental health services within the Department of Health and Human Services. The bill requires each assertive community treatment team to include at least one full-time intentional peer support specialist certified by the department. "Intentional peer support specialist" is defined. The bill requires the department to appoint and convene the Intentional Peer Support Advisory Committee. The bill requires the department to adopt necessary rules and designates the rules as routine technical rules. The bill requires the costs of intentional peer support services and the advisory committee to be met through the transfer of funding from the Mental Health - Community account and the Mental Health - Community Medicaid account and through the discontinuance of two full-time positions within the office of substance abuse and mental health services.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

***Joint Standing Committee on Health and Human Services***

**LD 1236     An Act To Change the Type of Rulemaking Required Regarding Persons with Intellectual Disabilities or Autism**

**Accepted Majority  
(ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY SANDERSON	ONTP OTP	

This bill changes from major substantive to routine technical the type of rulemaking the Commissioner of Health and Human Services is required to do regarding the provision of support services for persons with intellectual disabilities or autism.

**LD 1237     An Act Regarding the Filing of Death and Marriage Records**

**PUBLIC 193**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY SANDERSON	OTP-AM	S-205

This bill makes the following changes to the laws governing the filing of death and marriage records.

1. It authorizes the parties to a marriage, or the legal representatives of the parties to a marriage, that occurred more than one year previously to apply for a delayed certificate of marriage.
2. It establishes a procedure for registering an official record of death when a death is presumed to have occurred in the State but the body has not been located.

**Committee Amendment "A" (S-205)**

This amendment clarifies language of a provision of the bill allowing parties to a marriage that occurred more than one year previously to apply for a certificate of marriage.

**Enacted Law Summary**

Public Law 2015, chapter 193 makes the following changes to the laws governing the filing of death and marriage records.

1. It authorizes the parties to a marriage, or the legal representatives of the parties to a marriage, that occurred more than one year previously to apply for a certificate of marriage.
2. It establishes a procedure for registering an official record of death when a death is presumed to have occurred in the State but the body has not been located.

**LD 1258     An Act To Amend the Maine Medical Use of Marijuana Act with Regard to Good Business Practices**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON BRAKEY	ONTP	

***Joint Standing Committee on Health and Human Services***

This bill amends the Maine Medical Use of Marijuana Act in the following ways.

1. It clarifies that a primary caregiver may cultivate up to six marijuana plants for each of up to five qualifying patients.
2. It allows a primary caregiver to employ or contract with more than one person to assist with the duties required of that primary caregiver. The Department of Health and Human Services is required to adopt rules regarding the licensing of these assistants.
3. It allows the Department of Health and Human Services to make onsite assessments of registered primary caregivers who cultivate marijuana for three or more registered patients at a time to ensure compliance.
4. It allows a registered primary caregiver to transfer excess prepared marijuana to a qualifying patient for reasonable compensation.
5. It provides that a primary caregiver or registered dispensary that receives compensation from a qualifying patient for the costs associated with cultivating marijuana for that qualifying patient or assisting that qualifying patient is required to register as a seller with the State Tax Assessor and collect and remit sales tax. Under the current law, marijuana is specifically excluded from the sales tax exemption for medicines.

**LD 1267      An Act To Assist Working Families with Young Children      CARRIED OVER**

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

This bill provides funding to the Department of Health and Human Services to leverage all available federal child care development funds.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

**LD 1268      An Act To Reform Welfare by Establishing Bridges to Sustainable Employment      CARRIED OVER**

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

This bill makes the following changes to the laws governing public assistance, which are intended to provide bridges to employment:

1. Child care assistance begins on the date of application if the applicant is eligible;
2. The Department of Health and Human Services is directed to establish rules to provide uninterrupted access to subsidized child care for eligible persons with irregular hours of employment;
3. It provides Temporary Assistance for Needy Families, or TANF, benefits and alternative aid benefits to two parent families based on the same eligibility requirements as single-parent families have;
4. It changes the income amounts for TANF recipients who have employment earnings that are disregarded in

*Joint Standing Committee on Health and Human Services*

calculating TANF benefits;

5. It directs the Department of Health and Human Services to set up specialized navigator services related to employment in the Additional Support for People in Retraining and Employment - Temporary Assistance for Needy Families program so that families receiving TANF benefits understand how earned income affects benefit levels and work supports;

6. It requires the Department of Health and Human Services, Department of Labor, Maine employers, the Maine Community College System and the University of Maine System to establish structured pathways leading to education, training and employment opportunities for persons eligible for TANF; and

7. It requires the Commissioner of Health and Human Services to convene a working group to review and make recommendations to establish a program to provide access to reliable transportation for families that qualify for assistance under TANF. The commissioner must report the findings of the working group to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services by January 1, 2016. The Department of Health and Human Services must amend its TANF rules to incorporate the findings of the working group.

This bill was carried over to any special or regular session of the 127th Legislature by joint order, H.P. 992.

**LD 1270     An Act Regarding Patient-directed Care at the End of Life**

**Died Between  
Houses**

<u>Sponsor(s)</u>  KATZ JORGENSEN	<u>Committee Report</u>  ONTP OTP	<u>Amendments Adopted</u>
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This bill enacts a process for patient-directed care at the end of life for Maine residents who are adults who are terminally ill and who have been determined to have a limited life expectancy.

Specifically, the bill:

1. Provides that such a patient has a right to information and includes requirements for patient and physician action and documentation in the patient's medical records of the steps taken;
2. Authorizes a physician to prescribe a medication that the patient may self-administer for the purpose of hastening the patient's death;
3. Provides protections for the physician, the patient's health care facility and health care providers;
4. Protects the patient's life insurance and the health care providers' medical professional liability insurance;
5. Protects the patient's right to palliative care;
6. Requires rulemaking by the Department of Health and Human Services to provide for safe disposal of medications that are prescribed for end-of-life care and that are not used by the patient;
7. States that nothing in the provisions of the bill may be construed to authorize a physician or other person to end a patient's life by lethal injection, mercy killing or active euthanasia; and
8. States that the provisions of the bill may not be construed to conflict with Section 1553 of the federal Patient

## *Joint Standing Committee on Health and Human Services*

Protection and Affordable Care Act, as amended by the federal Health Care and Education Reconciliation Act of 2010.

**LD 1294      An Act To Improve the Health of Maine Residents through Education and Health Care      INDEF PP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FREY	OTP-AM ONTP	

This bill allocates funds on a one-time basis to the Department of Health and Human Services, Fund for a Healthy Maine to improve the health of Maine residents through education and health care for the fiscal year 2015-16.

### **Committee Amendment "A" (H-195)**

This amendment, which is the majority report of the committee, incorporates a fiscal note.

**LD 1295      An Act To Streamline Regulation of Farms, Food Producers and Food Establishments      Leave to Withdraw Pursuant to Joint Rule**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HICKMAN LANGLEY		

This bill moves the licensing and regulatory responsibility for the sale of prepared food from the Department of Health and Human Services to the Department of Agriculture, Conservation and Forestry. The bill also amends cross-references and other provisions of law to reflect this change.

**LD 1307      An Act To Fund the Maine Diversion Alert Program      PUBLIC 304 EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WILLETTE FOWLE	OTP-AM ONTP	S-106

This bill directs the Department of Health and Human Services to determine the amount of funding required to maintain the Maine Diversion Alert Program statewide, to seek ongoing funding sources for the program and to report its findings and recommendations to the Joint Standing Committee on Health and Human Services no later than January 1, 2016. It also provides one-time General Fund appropriations of \$95,000 in fiscal year 2014-15, fiscal year 2015-16 and fiscal year 2016-17 for the Department of the Attorney General to maintain funding for the program.

### **Committee Amendment "A" (S-106)**

This amendment, which is the majority report of the committee, strikes out the requirement for the Department of Health and Human Services to seek ongoing funding for the Maine Diversion Alert Program. It also strikes the appropriations for the 2014-15 fiscal year and the 2016-17 fiscal year.

### **Enacted Law Summary**

Public Law 2015, chapter 304 provides a one-time General Fund appropriation of \$95,000 in fiscal year 2015-16 for

*Joint Standing Committee on Health and Human Services*

the Department of the Attorney General to maintain funding for the Maine Diversion Alert Program.

Public Law 2015, chapter 304 was enacted as an emergency measure effective July 1, 2015.

**LD 1316      An Act Regarding the Employment of Certified Nursing Assistants and Direct Care Workers      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOWLE GERZOFSKY	ONTP	

This bill implements the recommendations of the working group created under Resolve 2009, chapter 68, which reviewed employment bans based on criminal convictions, the rational basis for the employment ban and the length of the employment ban prohibiting an individual from working as a certified nursing assistant or unlicensed assistive person. It prohibits the employment of a certified nursing assistant who, while working as a certified nursing assistant, was the subject of a complaint investigation by the division of licensing and regulatory services within the Department of Health and Human Services, which is the designated state survey agency pursuant to federal law, that resulted in a substantiated complaint that was placed as a notation on the Maine Registry of Certified Nursing Assistants and Direct Care Workers or received a disqualifying criminal conviction that was placed as a notation on the registry or has any disqualifying criminal conviction. It prohibits the employment of an unlicensed assistive person who, while working as an unlicensed assistive person, was the subject of a complaint investigation by the Department of Health and Human Services that resulted in a substantiated finding that was placed as a notation on the registry. It requires the department to categorize criminal convictions as either disqualifying or nondisqualifying convictions and to set 10-year bans and 30-year bans on employment for disqualifying convictions. It sets a lifetime ban on employment for substantiated complaints involving abuse, neglect or misappropriation of property. It provides for petitions for the removal of employment bans. It grandfatheres in certain currently employed certified nursing assistants and unlicensed assistive persons, but provides that if they change their employers or employment at a specific facility or program, they become subject to the law. It provides for the department to establish an advisory board to recommend changes to the list of named crimes in the registry. It requires the department to obtain criminal history record information for certified nursing assistants every two years and employers to obtain criminal history record information prior to hiring an individual.

See LD 1426.

**LD 1324      An Act To Create Transparency with Regard to Large Employers in the State with Workforce Members Who Receive Public Benefits      Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCABE	OTP-AM ONTP	

This bill requires the Department of Health and Human Services to submit a quarterly report to the Governor and the Legislature that includes the information for each employer in the State that has 50 or more employees who are either MaineCare beneficiaries or who are the spouses or custodial parents of MaineCare beneficiaries. For each such employer, the report must include information on the numbers of employees who are MaineCare beneficiaries, spouses of MaineCare beneficiaries, custodial parents of MaineCare beneficiaries, full-time employees and part-time employees. The report must also include information on whether the employer offers health insurance benefits to full-time employees, part-time employees, employees' spouses or employees' dependents, and the cost to the State of providing MaineCare benefits for the employer's employees and enrolled dependents listed as total cost and per capita cost.

*Joint Standing Committee on Health and Human Services*

**Committee Amendment "A" (H-282)**

This amendment, which is the majority report of the committee, adds an appropriations and allocations section.

**LD 1337 An Act To Fund the Family Caregiver Support Program**

**PUBLIC 348**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY	OTP-AM	H-173 S-319 HAMPER

This bill provides additional General Fund appropriations of \$182,000 in fiscal year 2015-16 and \$243,000 in fiscal year 2016-17 for the Department of Health and Human Services to fully fund the family caregiver support program within the department's office of aging and disability services. This appropriation is intended to eliminate the waiting list for the family caregiver support program in fiscal year 2015-16 and meet the growing demand for the program in fiscal year 2016-17.

**Committee Amendment "A" (H-173)**

This amendment provides the correct account number for the appropriation to the family caregiver support program.

**Senate Amendment "A" To Committee Amendment "A" (S-319)**

This amendment reduces funding provided in Committee Amendment "A" for the family caregiver support program in the Department of Health and Human Services' office of aging and disability services.

**Enacted Law Summary**

Public Law 2015, chapter 348 provides additional General Fund appropriations of \$120,500 in fiscal year 2015-16 and \$126,772 in fiscal year 2016-17 for the Department of Health and Human Services to fund the family caregiver support program within the department's office of aging and disability services.

**LD 1348 An Act To Protect Older Adults from Financial Exploitation**

**PUBLIC 332  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE HASKELL	OTP-AM	H-196 S-318 HAMPER

This bill provides ongoing funding to the Office of Aging and Disability Services program within the Department of Health and Human Services for the operation of personal financial management assistance programs for senior citizens.

**Committee Amendment "A" (H-196)**

This amendment incorporates a fiscal note.

**Senate Amendment "A" (S-318)**

This amendment reduces funding to the Department of Health and Human Services to support personal financial management assistance programs for senior citizens.

**Enacted Law Summary**

Public Law 2015, chapter 332 provides ongoing funding of \$75,000 in each fiscal year to the Office of Aging and

**Joint Standing Committee on Health and Human Services**

Disability Services program within the Department of Health and Human Services for the operation of personal financial management assistance programs for senior citizens.

Public Law 2015, chapter 332 was enacted as an emergency measure effective July 12, 2015.

**LD 1349      An Act To Establish the Office of the Inspector General in the Department of Health and Human Services**

**Accepted Majority (ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DION LIBBY	ONTP OTP-AM	

This bill creates the Office of the Inspector General within the Department of Health and Human Services to be operated and funded independently of the department. The purpose of the Office of the Inspector General is to oversee the functions of the Department of Health and Human Services with four main duties:

1. Investigate instances of fraud, attempted fraud and commingling or misapplication of department funds;
2. Conduct quality assurance audits and program reviews of department programs, agencies and facilities;
3. Investigate instances of abuse, financial exploitation or death of mentally ill, autistic or intellectually disabled recipients of department assistance or services; and
4. Establish and maintain a process by which an employee, recipient of department assistance or services or a member of the public may report or complain about fraud, attempted fraud, commingling or misapplication of department funds or abuse, neglect, financial exploitation or death of a mentally ill, autistic or intellectually disabled recipient of department assistance or services.

This bill requires the Inspector General to perform its duties through conducting investigations, audits and site visits and issuing findings, reports and recommendations that are reviewed by the Commissioner of Health and Human Services. The bill moves the existing Human Services Fraud Investigation Unit from the jurisdiction of the Department of Health and Human Services to the Office of the Inspector General and directs the Inspector General to refer matters to the Attorney General or a law enforcement agency or enlist the assistance of the State Auditor when appropriate. This bill also requires the Inspector General to submit an annual report to the Governor, the Commissioner of Health and Human Services and the joint standing committees of the Legislature having jurisdiction over health and human services matters and financial affairs summarizing its activities for the prior calendar year. This bill provides for oversight of the Inspector General by the Office of Program Evaluation and Government Accountability on an as-needed basis.

**Committee Amendment "A" (H-283)**

This amendment, which is the minority report of the committee, incorporates a fiscal note.

**LD 1350      Resolve, To Increase the Reimbursement Rate for Direct-care Workers Serving Adults with Long-term Care Needs**

**RESOLVE 50**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES BURNS	OTP-AM	H-371 S-317    HAMPER

## *Joint Standing Committee on Health and Human Services*

This resolve directs the Department of Health and Human Services to increase reimbursement to providers of in-home and community support direct-care services to \$25 per hour of service. Of the increase in the rate to providers, at least 85 percent must be used for wages and employee benefits including health care, mileage reimbursement, training costs and other benefits.

### **Committee Amendment "A" (H-371)**

This amendment replaces the resolve. It requires a 66 percent increase in the reimbursement rate for certain services, which is roughly equivalent to the increased reimbursement rate of \$25 in the resolve, and specifies the services for which the increased reimbursement would apply. The amendment adds an appropriations and allocations section.

### **Senate Amendment "A" To Committee Amendment "A" (S-317)**

This amendment removes the fixed percentage by which the Department of Health and Human Services must raise the hourly reimbursement for home-based and community-based services. It also restricts the raise to Attendant Care Services provided under Chapter 101: MaineCare Benefits Manual, Chapter III, Section 12, Consumer Directed Attendant Services.

### **Enacted Law Summary**

Resolve 2015, chapter 50 requires the Department of Health and Human Services to raise the hourly reimbursement for services provided for Attendant Care Services under Chapter 101: MaineCare Benefits Manual, Chapter III, Section 12, Consumer Directed Attendant Services.

Public Law 2015, chapter 267 increased reimbursement for personal support services provided under the following programs: Chapter 101 of the MaineCare Benefits Manual, Chapter III, Section 19, Home and Community Benefits for the Elderly and for Adults with Disabilities; Chapter 101 of the MaineCare Benefits Manual, Chapter III, Section 96, Private Duty Nursing and Personal Care Services; and Chapter 10-149, Office of Elder Services Manual, Chapter 5, Section 63, In-Home and Community Support Services for Elderly and Other Adults.

### **LD 1352     An Act To Facilitate the Delivery of Health Care Services through Telemedicine and Telehealth**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK FOLEY	ONTP	

This bill:

1. Requires a hospital that is part of a health care system that includes at least one other hospital to include in its strategic plan as an integral part of its mission the provision of telemedicine and telehealth;
2. Requires that services under MaineCare that are provided through telemedicine or telehealth be reimbursed at the same rates as those services that are not provided through telemedicine or telehealth;
3. Requires that a telemedicine facility fee must be shared between the site at which the patient is physically located and the site at which the health care provider providing service is located;
4. Expands the duties of the ConnectME Authority to include facilitation of the availability of communications technology infrastructure necessary to support the delivery of health care services through telemedicine and telehealth;
5. Removes restrictions on the ability of the ConnectME Authority to undertake a project or make an investment

***Joint Standing Committee on Health and Human Services***

unless taken on behalf of, in partnership with or in support of one or more communications service providers that are remitting assessments to the authority;

- 6. Changes the designation of rules adopted by the ConnectME Authority from major substantive to routine technical;
- 7. Repeals the broadband sustainability fee;
- 8. Directs the Department of Health and Human Services to adopt rules requiring that, in order to obtain licensing, a newly constructed residential long-term care facility must include space designed to accommodate the receipt by residents of health care delivered through telemedicine and telehealth;
- 9. Directs the ConnectME Authority to apply to the Federal Communications Commission for funding from the commission's Universal Service Fund to improve the quality of health care available to patients in rural communities by ensuring access to telecommunications and broadband service for use in the delivery of health care services through telemedicine and telehealth;
- 10. Directs the ConnectME Authority to develop a strategic plan to facilitate the availability of communications technology infrastructure necessary to support the delivery of health care services through telemedicine and telehealth; and
- 11. Directs the Department of Health and Human Services to convene a task force to develop statewide standards designed to facilitate the use of telemedicine and telehealth to ensure higher quality medical care at a lower cost.

**LD 1356      *Resolve, To Create a Working Group To Ensure a Stable Continuum of Care for Individuals with Intellectual Disabilities and Autism*      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SHERMAN	ONTP	

This resolve requires the Department of Health and Human Services to convene a working group to examine the continuum of care available for individuals with intellectual disabilities and autism and the need for and availability of 24-hour nursing care in intermediate care facilities for individuals with intellectual disabilities. It also requires the Department of Health and Human Services to report the findings and recommendations of the working group by January 15, 2016 to the Joint Standing Committee on Health and Human Services.

**LD 1365      *An Act Regarding Licensed Children's Programs*      PUBLIC 278**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY BRAKEY	OTP	

This bill requires licensed child care facilities, certified family child care providers and licensed nursery schools to report incidents that result or could result in serious harm to the physical or mental health, safety or well-being of a child being served by these entities. Incidents must be reported to the Department of Health and Human Services, Division of Licensing and Regulatory Services. The bill requires written notification by the next business day after the incident occurred.

**Enacted Law Summary**

## Joint Standing Committee on Health and Human Services

Public Law 2015, chapter 278 requires licensed child care facilities, certified family child care providers and licensed nursery schools to report incidents that result or could result in serious harm to the physical or mental health, safety or well-being of a child being served by these entities. Incidents must be reported to the Department of Health and Human Services, Division of Licensing and Regulatory Services. Written notification is required by the next business day after the incident occurred.

### LD 1368 An Act To Require the Documentation of the Use of Seclusion and Restraint at Mental Health Institutions in the State

PUBLIC 266

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIROCKI	OTP-AM	H-372 S-264 BRAKEY

This bill provides for the notice, reporting and documentation of the use of restraint or seclusion of a client of a public or private institution that provides services that fall under the jurisdiction of the Department of Health and Human Services. This bill requires the staff responsible for a client subject to restraint or seclusion to attend a debriefing after an incident of restraint or seclusion and to conduct a meeting after three incidents involving a client in a one-year period to determine how to reduce the use of restraint or seclusion with that client. This bill requires the chief administrative officer of each institution under the jurisdiction of the Department of Health and Human Services annually to report the aggregate number of incidents of restraint and seclusion for that institution to the Commissioner of Health and Human Services and for the commissioner to report the aggregate number of incidents of restraint and seclusion for all those institutions to the joint standing committee of the Legislature having jurisdiction over health and human services matters and authorizes the joint standing committee to report out legislation based on the report. This bill provides for a complaint process for a client or parent or guardian of a client subject to restraint or seclusion at the institution level and at the department level if the complainant is dissatisfied with the institution's response.

#### Committee Amendment "A" (H-372)

This amendment replaces the bill. It requires public and private psychiatric institutions licensed under the Maine Revised Statutes, Title 22, chapters 404 and 405 to submit quarterly and annual reports to the Commissioner of Health and Human Services that include data regarding the hours and number of uses of restraint and seclusion as well as the maximum and mean duration of the uses of restraint and seclusion as those terms are defined in federal regulations. The commissioner is required to submit a report by January 1st of each year to the joint standing committee of the Legislature having jurisdiction over health and human services matters; the report must contain the data collected by the public and private psychiatric institutions for the previous fiscal year. The committee may report out legislation regarding the report. The first annual report, due January 1, 2016, may be partial and incomplete. By May 1, 2016, each public and private psychiatric institution must develop a policy for debriefing a client after the use of restraint or seclusion. The policy may not prevent a parent, guardian or designated representative from attending the debriefing.

#### Senate Amendment "A" To Committee Amendment "A" (S-264)

This amendment adds language to require that quarterly reports from psychiatric institutions be organized by unit, consistent with the requirements for annual reports. This language was inadvertently left out of Committee Amendment "A."

#### Enacted Law Summary

Public Law 2015, chapter 266 requires public and private psychiatric institutions licensed under the Maine Revised Statutes, Title 22, chapters 404 and 405 to submit quarterly and annual reports to the Commissioner of Health and Human Services that include data regarding the hours and number of uses of restraint and seclusion as well as the maximum and mean duration of the uses of restraint and seclusion as those terms are defined in federal regulations. The commissioner is required to submit a report by January 1st of each year to the joint standing committee of the

## *Joint Standing Committee on Health and Human Services*

Legislature having jurisdiction over health and human services matters; the report must contain the data collected by the public and private psychiatric institutions for the previous fiscal year. The committee may report out legislation regarding the report. The first annual report, due January 1, 2016, may be partial and incomplete. By May 1, 2016, each public and private psychiatric institution must develop a policy for debriefing a client after the use of restraint or seclusion. The policy may not prevent a parent, guardian or designated representative from attending the debriefing.

### **LD 1375     An Act To Increase Accountability in Maine's Welfare Programs**

**Died Between  
Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
THIBODEAU FREDETTE	ONTP OTP-AM	

This bill makes the following changes to the laws governing the Temporary Assistance for Needy Families, or TANF, program.

1. It creates a work search requirement for job-ready applicants to the TANF program.
2. It prohibits a recipient of benefits under the TANF program from using an electronic benefits transfer system card to access those benefits outside of Maine.
3. It prohibits a recipient of benefits under the TANF program from withdrawing in a monthly benefit period cash in an amount over 15 percent of the monthly TANF benefits received in the recipient's electronic benefits transfer system account.
4. It prohibits benefits provided under the TANF program from being expended on tobacco, imitation liquor, liquor, gambling, lotteries, tattoos and bail.
5. It prohibits the use of the electronic benefits transfer system at tobacco specialty stores.
6. It removes all the good cause exceptions that prevent a person from being sanctioned under the Additional Support for People in Retraining and Employment - Temporary Assistance for Needy Families, or ASPIRE-TANF, program or the TANF program for failure to participate in the ASPIRE-TANF program, with the exception of domestic violence.
7. It removes the 24-month limit on education, training and treatment for participants in the ASPIRE-TANF program.
8. It imposes a six-month termination of TANF benefits upon the imposition of a third sanction and removes the prenotification requirement prior to imposing a sanction.
9. It amends the time period in which applicants may receive alternative aid and eliminates alternative aid to applicants who are not eligible for TANF benefits due to the 60-month time limit on benefits.
10. It amends the Parents as Scholars Program.

#### **Committee Amendment "A" (S-237)**

This amendment, which is the minority report of the committee, removes from the bill the changes to the Parents as Scholars Program. The amendment also adds an appropriations and allocations section.

*Joint Standing Committee on Health and Human Services*

**LD 1385    An Act To Enable a Foster Child To Remain in a Daycare Facility  
Selected by a Foster Parent**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAMANN HASKELL	ONTP	

This bill requires the Department of Health and Human Services to pay 100 percent of the child care expenses incurred by a foster parent for child care provided at a licensed child care provider selected by the foster parent, subject to certain determinations of the department. The bill is in response to a proposal by the department to cap daycare payments.

**LD 1392    An Act To Amend the Maine Medical Use of Marijuana Act**

**Accepted Minority  
(ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON	OTP-AM ONTP	

This bill makes the following changes to the Maine Medical Use of Marijuana Act. The bill provides that:

1. The Department of Health and Human Services is permitted to obtain intelligence and investigative record information if it is used in the operation and oversight of the Act;
2. The term "person" means an individual, corporation, facility, institution or public or private agency;
3. The term "primary caregiver" means an individual, employee of that individual or an employee of a hospice provider licensed under the Maine Revised Statutes, Title 22, chapter 1681 or a nursing facility licensed under chapter 405 that provides care for a qualifying patient. A corporation, facility, institution or public or private agency may not be a primary caregiver;
4. The definition of "registered patient" is repealed and all references to the concept of registering a patient have been removed from the Act;
5. The definition of "registry identification card" is amended to include a medical provider-issued medical certification card, department-issued caregiver certification card and department-issued dispensary certification card;
6. A business entity that is a hospice or nursing facility is not allowed to be a primary caregiver, but staff of such an entity may be designated as a primary caregiver if the entity elects to honor a patient's request for this service;
7. A primary caregiver may only dispense 2.5 ounces of medical marijuana to each qualifying patient in a 15-day period;
8. A municipal official who is furthering the business of a municipality may enter a cultivation facility;
9. Exceptions to the requirement that a primary caregiver designated to cultivate marijuana for a qualifying patient register with the department are removed;

## *Joint Standing Committee on Health and Human Services*

10. A visiting qualifying patient must be in this State not less than 24 consecutive hours;
11. A visiting qualifying patient must designate a primary caregiver in this State or registered dispensary in this State. A visiting qualifying patient receives protections under this Act only while in this State. A visiting qualifying patient is included in the maximum of five qualifying patients a primary caregiver may assist;
12. The department may not establish a sliding scale of application and renewal fees based on a registered patient's family income and status as a veteran of the Armed Forces of the United States. The language establishing these provisions is removed;
13. Language regarding registered patients has been removed or changed to reflect the medical provider certification process;
14. Failure of an applicant to comply with the Act or rules adopted pursuant to the Act or a determination by the Department of Health and Human Services that an applicant has acted in bad faith with respect to the laws and rules governing medical use of marijuana is grounds for denial of an application or renewal of a registry identification card;
15. The name of a complainant who reports a violation of the Act is confidential;
16. Information to be included in the annual report to the Legislature has been changed to reflect changes in the medical provider certification process and new caregiver certification card terminology;
17. Fees are nonrefundable except that an unsuccessful applicant for a dispensary certificate of registration must be refunded all but \$1,000 of the application fee;
18. When a registry identification card is denied or revoked on one occasion the individual may not reapply for one year; when a registry identification card is denied or revoked on two occasions the individual may not reapply for two years; and when a registry identification card is denied or revoked on three occasions the individual may not receive another registry identification card;
19. The effective date for the revocation of a caregiver certification card is 10 days after the notice date or 10 days after the right to appeal is exhausted, whichever is later. The caregiver must notify the caregiver's qualifying patients and dispose of the caregiver's medical marijuana;
20. A primary caregiver and a registered dispensary are subject to fines for violations of the provisions of the Act or for failing to register as a primary caregiver or dispensary;
21. Fines prescribed for violations of the Act are mandatory;
22. The Office of the Attorney General may seek an injunction to require a registered primary caregiver, a registered dispensary, a person who fails to register as a primary caregiver and who engages in conduct that is only authorized for a registered primary caregiver or a person or entity that fails to register as a dispensary and that engages in conduct that is only authorized for a registered dispensary to comply with the Act. The District Court may order the registered primary caregiver, the registered dispensary or the person or entity to pay the costs of the investigation and the costs of suit, including attorney's fees;
23. The Office of the Attorney General may seek court action against a registered primary caregiver, a registered dispensary or a person or entity for violation of an injunction, including but not limited to imposition of a fine; and
24. The department's burden of proof for a violation of the Act is a preponderance of the evidence.

**Committee Amendment "A" (H-454)**

## *Joint Standing Committee on Health and Human Services*

This amendment, which is the majority report:

1. Reallocates the provisions of the bill that govern the dissemination of intelligence and investigative record information from the Maine Revised Statutes, Title 16, section 806 to Title 16, section 805;
2. Removes changes to the provision that governs from whom a qualifying patient may accept excess prepared marijuana;
3. Provides that primary caregivers and registered dispensaries may request a waiver from the Department of Health and Human Services to obtain permission to provide more than 2.5 ounces of prepared marijuana during a 15-day period to accommodate a qualifying patient's medical needs and directs the department to adopt rules governing the waiver process;
4. Changes the condition for the right of access to a cultivation facility by a municipal official from "to further the business of the municipality" to "to enforce municipal code";
5. Includes an exception to the registration requirement for a primary caregiver designated to cultivate marijuana for a qualifying patient who cultivates for up to two qualifying patients if the qualifying patients are members of the family of that primary caregiver and residents of this State;
6. Includes employees of a registered primary caregiver in the list of individuals required to obtain registry identification cards;
7. Changes the standard for denial of an application from a requirement that the applicant acted in bad faith with respect to the laws and rules governing the medical use of marijuana to a requirement that the applicant violated these laws and rules;
8. Eliminates the exception for expiration of registry identification cards;
9. Repeals the requirement that the department track the number of qualifying patients who designate a dispensary to cultivate marijuana for them and report this number to the dispensary;
10. Provides that a person who was a primary caregiver until that person's caregiver registration card for qualifying patients was revoked may continue to cultivate marijuana for that person's personal use if that person is a qualifying patient and not otherwise prohibited under the law; and
11. Makes the imposition of fines discretionary; amends the penalty provisions for registered primary caregivers and dispensaries so that each day of a violation does not constitute a separate offense and so that a Class D crime may not be imposed for repeat violations; eliminates the provision establishing the burden of proof for alleged violations of the Maine Medical Use of Marijuana Act; and directs the Department of Health and Human Services to adopt routine technical rules to carry out the objectives of the compliance provisions.

### **House Amendment "A" (H-465)**

This amendment amends the penalty for failure to register as a primary caregiver for a second and subsequent violation from a Class D crime to a Class E crime. This amendment was not adopted.

*Joint Standing Committee on Health and Human Services*

**LD 1402 An Act To Reward Work Performed by Welfare Recipients**

**Died Between  
Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FREDETTE THIBODEAU	OTP-AM OTP-AM	

This bill revises the earnings from employment the Department of Health and Human Services disregards when determining benefit levels for recipients under the Temporary Assistance for Needy Families program in order to provide recipients who are working with a greater earnings disregard depending on the amount of hours they work per week and whether or not they are meeting federal work participation requirements. The bill also increases the number of months eligible individuals may receive transitional transportation benefits from 12 months to 18 months. The bill also authorizes the Department of Health and Human Services, beginning in fiscal year 2016-17, to use \$500,000 from the Temporary Assistance for Needy Families block grant to promote financial literacy and healthy saving habits of families with income less than 200 percent of the federal poverty guidelines by placing funds in family development accounts.

**Committee Amendment "A" (H-420)**

This amendment, which is the majority report of the committee, modifies the section of the bill relating to determination of benefit levels and eligibility for the Temporary Assistance for Needy Families program, or TANF. It provides that a gross income test may only be applied to applicants and not recipients of assistance. It also directs the Department of Health and Human Services, in determining benefit levels, to disregard the following amounts of earnings:

1. For a recipient employed 40 or more hours per week and who meets work participation requirements as defined in federal TANF rules, 100 percent of the gross earned income for the first full month of employment and the next consecutive month of employment, 75 percent of the gross earned income for the next six consecutive months of employment and \$108 and 50 percent of the remaining gross earned income for each additional consecutive month of employment thereafter;
2. For a recipient employed less than 40 hours per week and who meets work participation requirements as defined in federal TANF rules, 100 percent of the gross earned income for the first full month of employment, 75 percent of the gross earned income for the next six consecutive months of employment and \$108 and 50 percent of the remaining gross earned income for each additional consecutive month of employment thereafter;
3. For all other recipients with earnings from employment, \$108 and 50 percent of the remaining earnings; and
4. All actual child care costs necessary for work, except that the department may limit the amount disregarded for actual child care costs to \$175 per month per child or \$200 per month per child under two years of age or with special needs.

This amendment also provides that if an applicant for child care programs is determined eligible, child care assistance must be provided retroactively to the date of application. The amendment adds an appropriations and allocations section.

**Committee Amendment "B" (H-421)**

This amendment, which is the minority report of the committee, provides that if an applicant for child care programs is determined eligible, child care assistance must be provided retroactively to the date of application. The amendment adds an appropriations and allocations section.

***Joint Standing Committee on Health and Human Services***

**LD 1407    An Act To Require Screening and Testing for Illegal Substances of Beneficiaries under the Temporary Assistance for Needy Families Program**

**Died Between Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON MCCORMICK	OTP-AM ONTP OTP-AM	

This bill requires an adult applicant for or an adult recipient of benefits under the Temporary Assistance for Needy Families, or TANF, program to be screened and possibly physically tested for the unlawful use of drugs. The outcome of testing may result in that person's being denied or losing TANF benefits if subsequent substance use disorder treatment is not successfully completed. The bill also repeals provisions that prohibit the State's denying food assistance and TANF assistance to a person who has been convicted of a drug-related felony.

**Committee Amendment "A" (H-460)**

This amendment, which is Report A of the committee, removes the sections of the bill that repeal provisions that prohibit the State's denying food assistance and Temporary Assistance for Needy Families, TANF, benefits to a person who has been convicted of a drug-related felony. It specifies that a person receiving TANF benefits who has been convicted of a drug-related felony and is within 20 years of that person's date of conviction is not able to reapply for cash assistance if the person fails a drug test, declines to enter a treatment plan or fails to meet the requirements of the treatment plan. It requires the Department of Health and Human Services to apply the same process to a person receiving food benefits who was convicted of a drug-related felony and is within 20 years of that person's date of conviction.

**Committee Amendment "B" (H-461)**

This amendment, which is a minority report of the committee, makes the following changes to the bill.

1. It removes the sections of the bill that repeal provisions that prohibit the State's denying food assistance and Temporary Assistance for Needy Families, or TANF, benefits to a person who has been convicted of a drug-related felony. It specifies that a person receiving TANF benefits who has been convicted of a drug-related felony and is within 20 years of that person's date of conviction is not able to reapply for cash assistance if the person fails a drug test and declines to enter a treatment plan or fails to meet the requirements of the treatment plan. It requires the Department of Health and Human Services to apply the same process to a person receiving food benefits who was convicted of a drug-related felony within 20 years of that person's date of conviction.
2. It requires the Legislative Council to conduct screening and testing of Legislators for illegal substances. If a Legislator is required to submit to drug testing and refuses, or if the Legislator tests positive for the unlawful use of a drug and refuses to enter into a substance use disorder treatment plan or enters into a substance use disorder treatment plan and fails to meet a requirement of the plan, the Legislator is ineligible for annual legislative salary payments and must reimburse the State for any salary payments made to the Legislator since the convening of the Legislature.
3. It requires the Governor's Office of Policy and Management to conduct yearly screening and testing of certain appointed state employees for illegal substances. If an appointed state employee is required to submit to drug testing and refuses, or if the employee tests positive for the unlawful use of a drug and refuses to enter into a substance use disorder treatment plan or enters into a substance use disorder treatment plan and fails to meet a requirement of the plan, the office is required to make a formal recommendation to the Governor that the employee be terminated or otherwise reprimanded.

*Joint Standing Committee on Health and Human Services*

**House Amendment "A" (H-468)**

This amendment provides that the result of an individual written screening questionnaire is exempt from the Freedom of Access Act, along with the result of an individual drug test as specified in the bill. This amendment allows the Department of Health and Human Services to release the aggregate data related to the results of screening questionnaires and drug tests. This amendment was drafted in response to a public records exception review, by the Judiciary Committee, of Committee Amendment "A".

**LD 1412     An Act To Fund a Training Partnership between Riverview Psychiatric Center and the University of Maine at Augusta     CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES KATZ	OTP-AM	H-332

This bill provides a one-time General Fund appropriation of \$500,000 in fiscal years 2015-16 and 2016-17 for Riverview Psychiatric Center to contract with the University of Maine at Augusta to provide training and educational opportunities for its staff.

**Committee Amendment "A" (H-332)**

This amendment changes the appropriation in the bill for Riverview Psychiatric Center in both fiscal years from \$500,000 to \$250,000.

This bill was carried over on the Special Appropriations Table to any special or regular session of the 127th Legislature by joint order, S.P. 555.

**LD 1426     An Act Regarding the Maine Registry of Certified Nursing Assistants and Direct Care Workers     PUBLIC 196**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ESPLING	OTP-AM	H-342

This bill amends the Maine Registry of Certified Nursing Assistants and Direct Care Workers in the following ways.

1. It clarifies the circumstances under which a person employed as a direct care worker is listed on the registry.
2. It amends the requirements for listing certified nursing assistants and direct care workers.
3. It requires employers to verify that an individual listed on the registry is eligible for employment as a certified nursing assistant or direct care worker.
4. It consolidates information and aligns language used across programs based on federal and state laws related to background checks, disqualifying offenses, prohibited employment, criminal convictions and substantiated findings related to complaints of abuse, neglect or misappropriation of property.
5. It describes the process of identifying the disqualifying offenses that adversely affect an individual's eligibility for employment as a certified nursing assistant or direct care worker.
6. It establishes the department's authority to adopt eligibility for listing on the registry and other requirements by rule.

## *Joint Standing Committee on Health and Human Services*

7. It establishes statutory background check requirements and employment restrictions based on disqualifying offenses, including criminal convictions.
8. It replaces current ambiguous statutory language that bases employment bans on the length of the sentence that may be imposed with a requirement that the department adopt by rule a table of named crimes that form the rational basis for employment bans based on convictions.
9. It requires the department to adopt rules that list nondisqualifying criminal convictions that do not ban employment leaving hiring decisions to employer discretion.
10. It provides that disqualifying criminal convictions result in 10-year or 30-year employment bans and that the length of an employment ban may be shortened by filing a petition with the department to lift an employment ban prior to its expiration.
11. It consolidates complaint investigation requirements.

### **Committee Amendment "A" (H-342)**

This amendment clarifies the definition of "direct care worker" in the bill in provisions relating to registration of personal care agencies and placement agencies as well as the Maine Registry of Certified Nursing Assistants and Direct Care Workers. It removes from the bill the section repealed relating to unlicensed assistive personnel. It allows for a training program to pay for or secure a background check.

### **Enacted Law Summary**

Public Law 2015, chapter 196 amends the Maine Registry of Certified Nursing Assistants and Direct Care Workers in the following ways.

1. It clarifies the circumstances under which a person employed as a direct care worker is listed on the registry.
2. It amends the requirements for listing certified nursing assistants and direct care workers.
3. It requires employers to verify that an individual listed on the registry is eligible for employment as a certified nursing assistant or direct care worker.
4. It consolidates information and aligns language used across programs based on federal and state laws related to background checks, disqualifying offenses, prohibited employment, criminal convictions and substantiated findings related to complaints of abuse, neglect or misappropriation of property.
5. It describes the process of identifying the disqualifying offenses that adversely affect an individual's eligibility for employment as a certified nursing assistant or direct care worker.
6. It establishes the department's authority to adopt eligibility for listing on the registry and other requirements by rule.
7. It establishes statutory background check requirements and employment restrictions based on disqualifying offenses, including criminal convictions.
8. It replaces current ambiguous statutory language that bases employment bans on the length of the sentence that may be imposed with a requirement that the department adopt by rule a table of named crimes that form the rational basis for employment bans based on convictions.
9. It requires the department to adopt rules that list nondisqualifying criminal convictions that do not ban

*Joint Standing Committee on Health and Human Services*

employment leaving hiring decisions to employer discretion.

10. It provides that disqualifying criminal convictions result in 10-year or 30-year employment bans and that the length of an employment ban may be shortened by filing a petition with the department to lift an employment ban prior to its expiration.

11. It consolidates complaint investigation requirements.

**LD 1428     An Act To Establish the Forensic Treatment Fund To Establish a Behavioral Assessment and Safety Evaluation Unit**

**Died Between Houses**

Sponsor(s)

MARTIN J

Committee Report

ONTP  
OTP-AM

Amendments Adopted

This bill establishes and appropriates funds to the Forensic Treatment Fund in the Department of Health and Human Services. It funds the establishment and operation by the Commissioner of Health and Human Services of a behavioral assessment and safety evaluation unit.

**Committee Amendment "A" (H-334)**

This amendment, which is the minority report, clarifies that the appropriation in fiscal year 2016-17 is for one month of a contract for establishing and operating a behavioral assessment and safety evaluation unit. The appropriation is for the final month of fiscal year 2016-17.

**LD 1432     An Act To Consolidate the Investigation of Out-of-home Child Abuse and Neglect**

**PUBLIC 283**

Sponsor(s)

SANDERSON

Committee Report

OTP-AM

Amendments Adopted

H-453

This bill does the following.

1. It clarifies the Department of Health and Human Services' investigation of out-of-home child abuse or neglect. It enacts new laws and integrates relevant provisions of existing child abuse and neglect laws into these new laws.
2. It consolidates and clarifies the role of the team that investigates out-of-home child abuse or neglect.
3. It eliminates duplication of department investigations of the same or related allegations of out-of-home child abuse or neglect.
4. It authorizes the investigation team to assist other departments that are charged with the responsibility to investigate out-of-home child abuse or neglect, including the Department of Education and Department of Corrections.
5. It clarifies the requirement that the investigation team's findings of abuse or neglect be supported by identified factors as set out in the team's written decision. Factors that support indicated and substantiated findings are established in rules adopted by the department.
6. It clarifies the right of a person to have a hearing on and to appeal an indicated or substantiated finding of

## *Joint Standing Committee on Health and Human Services*

out-of-home child abuse or neglect.

7. It requires the investigation team to provide notification of a report of abuse or neglect to the parent, guardian or custodian of a child who is the alleged victim and information regarding the conclusions reached upon closure of the investigation.

8. It authorizes the investigation team to notify the parents, guardians or custodians of children who attend a licensed children's facility or program when there is a report that alleges the occurrence of abuse or neglect in the licensed children's facility or program upon conclusion of the investigation whether the investigation team determined that a violation of law or rules has occurred.

### **Committee Amendment "A" (H-453)**

This amendment allows the Department of Health and Human Services' investigation team to notify a child's parent, guardian or custodian that the child has been allegedly abused or neglected, rather than requiring the notification, to reflect that there are situations when the parent, guardian or custodian should not be notified. It also clarifies that the department, rather than the investigation team, may publish information on the department's publicly accessible website regarding an investigation, but only upon the conclusion of the investigation.

### **Enacted Law Summary**

Public Law 2015, chapter 283 updates the Department of Health and Human Services' investigation of out-of-home child abuse or neglect. It consolidates and clarifies the role of the team that investigates out-of-home child abuse or neglect and authorizes the investigation team to assist other departments that are charged with the responsibility to investigate out-of-home child abuse or neglect, including the Department of Education and Department of Corrections. It allows the department's investigation team to notify a child's parent, guardian or custodian that the child has been allegedly abused or neglected. The department may publish information on the department's publicly accessible website regarding an investigation but only upon the conclusion of the investigation.

### **LD 1439     An Act To Establish a Secure Internet-based Background Check Center for Providers of Long-term Care, Child Care and In-home and Community-based Services**

**PUBLIC 299**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS	OTP-AM	S-274

This bill establishes an interagency comprehensive background check program to protect Maine citizens vulnerable to abuse, neglect or exploitation by individuals in positions of trust who are charged with the physical and financial care of these individuals. Providers are required to perform background checks prior to hiring new direct care workers as well as current on direct access personnel. The bill creates the Background Check Center, which allows direct access care providers to secure background information from abuse and neglect databases, sex offender registries, the registry of certified nursing assistants and direct care workers, professional licensing authorities, Medicare and Medicaid exclusion databases and criminal history record repositories. The bill enables the Background Check Center to provide a report that identifies offenses that disqualify an individual from employment as a direct access worker. It also authorizes a system of continued criminal record monitoring through a rap back program to ensure that employers are informed of any new disqualifying criminal offense that may occur after a direct access worker's initial background check. It provides for a conditional employment process that allows direct access workers to correct inaccurate background check report records and procedures to gradually implement background checks for current employees. The bill outlines compliance requirements including penalties and the impact of violations on provider licensing for noncompliance with the requirements. It amends existing background check and prohibited employment laws to use consistent language across all areas affected by the laws.

### **Committee Amendment "A" (S-274)**

## *Joint Standing Committee on Health and Human Services*

This amendment makes the following changes to the bill.

1. It amends and standardizes the definition of "direct care worker."
2. It clarifies that facilities or providers licensed under Title 22, chapter 419 are required to conduct a background check for individuals employed in positions that have direct access to a consumer's property, personally identifiable information, financial information or resources in accordance with federal and state laws.
3. It requires a training program for certified nursing assistants or direct care workers either to pay for or secure a background check.
4. It adds a process for an individual who has a disqualifying offense to secure a waiver from the employment ban.
5. It clarifies that information provided through the Maine Sex Offender Registry is available to the Background Check Center.
6. It adds an appropriations and allocations section.

### **Enacted Law Summary**

Public Law 2015, chapter 299 establishes an interagency comprehensive background check program to protect Maine citizens vulnerable to abuse, neglect or exploitation by individuals in positions of trust who are charged with the physical and financial care of these individuals. Providers are required to perform background checks prior to hiring new direct care workers as well as current on direct access personnel. It creates the Background Check Center, which allows direct access care providers to secure background information from abuse and neglect databases, sex offender registries, the registry of certified nursing assistants and direct care workers, professional licensing authorities, Medicare and Medicaid exclusion databases and criminal history record repositories. The Background Check Center provides a report that identifies offenses that disqualify an individual from employment as a direct access worker. It also authorizes a system of continued criminal record monitoring through a rap back program to ensure that employers are informed of any new disqualifying criminal offense that may occur after a direct access worker's initial background check. It provides for a conditional employment process that allows direct access workers to correct inaccurate background check report records and procedures to gradually implement background checks for current employees. It establishes a process for an individual who has a disqualifying offense to secure a waiver from the employment ban. It establishes compliance requirements including penalties and the impact of violations on provider licensing for noncompliance with the requirements.

# *Joint Standing Committee on Health and Human Services*

## **SUBJECT INDEX**

### *Aging and Long-term Care*

#### **Enacted**

LD 63	Resolve, To Require the Department of Health and Human Services To Provide Supplemental Reimbursement to Adult Family Care Homes and Residential Care Facilities in Remote Island Locations	RESOLVE 45 EMERGENCY
LD 87	Resolve, To Implement the Recommendations of the Commission To Continue the Study of Long-term Care Facilities	RESOLVE 34 EMERGENCY
LD 1049	An Act To Further Define Duties for Persons Who Hold Powers of Attorney or Act as Agents for Residents of Long-term Care Facilities	PUBLIC 247
LD 1079	Resolve, To Support and Encourage the Development of an Adult Family Care Demonstration Project in Washington County	RESOLVE 31
LD 1129	Resolve, To Change the Requirements for Nursing Services in Home Health Care	RESOLVE 33
LD 1337	An Act To Fund the Family Caregiver Support Program	PUBLIC 348
LD 1348	An Act To Protect Older Adults from Financial Exploitation	PUBLIC 332 EMERGENCY
LD 1350	Resolve, To Increase the Reimbursement Rate for Direct-care Workers Serving Adults with Long-term Care Needs	RESOLVE 50

#### **Not Enacted**

LD 75	Resolve, To Strengthen Health Care Services for Maine Residents Affected by Neurodegenerative Diseases	ONTP
LD 90	Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Long-term Care Facilities	CARRIED OVER
LD 154	An Act To Promote Greater Flexibility in the Provision of Long-term Care Services	ONTP
LD 665	Resolve, Establishing the Commission To Study Services Available on the Long-term Care Continuum	Died On Adjournment
LD 886	Resolve, Directing the Department of Health and Human Services To Increase Reimbursement Rates for Home-based and Community-based Services	CARRIED OVER
LD 1050	An Act To Reimburse Nursing Homes for the Loss of Coinsurance and Deductibles for Skilled Nursing Beds under Rules Adopted by the Department of Health and Human Services	ONTP

LD 1078	An Act To Preserve MaineCare Assisted Living by Providing a 4% Rate Increase to Private Nonmedical Institutions and Adult Family Care Homes	Died On Adjournment
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**Certificate of Need**

**Not Enacted**

LD 45	An Act To Exempt Certain Capital Expenditures from the Maine Certificate of Need Act of 2002	Died Between Houses
LD 734	An Act To Repeal the Certificate of Need Requirement for Hospitals	Died Between Houses
LD 751	An Act To Provide Consideration of the Need for Nursing Facility Beds in the Area Where They Are Located before Those Beds Are Lost	ONTP

**Child Care**

**Enacted**

LD 1432	An Act To Consolidate the Investigation of Out-of-home Child Abuse and Neglect	PUBLIC 283
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**Not Enacted**

LD 559	An Act To Notify Parents of a Complaint against a Child Care Facility or a Family Child Care Provider	ONTP
LD 772	An Act To Amend the Membership of the Child Care Advisory Council	ONTP
LD 977	An Act To Improve Child Care in the State	Died Between Houses
LD 1054	An Act To Provide Funding for Head Start Services	Died Between Houses
LD 1267	An Act To Assist Working Families with Young Children	CARRIED OVER
LD 1385	An Act To Enable a Foster Child To Remain in a Daycare Facility Selected by a Foster Parent	ONTP

**Children's Services**

**Enacted**

LD 470	An Act To Allow Children's Residential Care Facilities To Ensure the Safety of Their Residents	PUBLIC 240
LD 483	An Act Regarding the Reporting Standards for Child Abuse	PUBLIC 178
LD 1365	An Act Regarding Licensed Children's Programs	PUBLIC 278

**Not Enacted**

LD 213	An Act To Ensure the Comprehensive Medical, Dental, Educational and Behavioral Assessment of Children Entering State Custody	CARRIED OVER
LD 622	An Act To Require Training of Mandated Reporters under the Child Abuse Laws	CARRIED OVER

## *Departmental Organization and Administration*

### Enacted

LD 139	An Act To Allow the Electronic Transfer of Marriage Certificates	PUBLIC 104
LD 525	Resolve, To Direct the Department of Health and Human Services To Report on Efforts To Reach in Rural Areas Persons Who Are Elderly, Disabled or Mentally Ill	RESOLVE 18
LD 1237	An Act Regarding the Filing of Death and Marriage Records	PUBLIC 193

### Not Enacted

LD 219	An Act To Protect a Child from Misuse of Identity	ONTP
LD 358	An Act To Provide Additional Oversight over the Management of the Department of Health and Human Services	Died Between Houses
LD 421	An Act To Improve Program Integrity Activities within the Department of Health and Human Services	Died Between Houses
LD 478	An Act To Require That Death Certificates Be Signed Using an Electronic Signature System	ONTP
LD 1349	An Act To Establish the Office of the Inspector General in the Department of Health and Human Services	Majority (ONTP) Report

## *Developmental Disabilities*

### Enacted

LD 7	Resolve, Regarding Legislative Review of Portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 21: Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services	RESOLVE 1 EMERGENCY
LD 597	Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 29: Allowances for Support Services for Adults with Intellectual Disabilities or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services	RESOLVE 13 EMERGENCY
LD 1134	An Act To Require the Department of Health and Human Services To Distribute Information Regarding Down Syndrome to Providers of Prenatal and Postnatal Care and to Genetic Counselors	PUBLIC 269

### Not Enacted

LD 205	An Act To Facilitate the Development and Operation of a Group Home for Post-High School Adults with Developmental Disabilities	ONTP
LD 274	Resolve, To Direct the Department of Health and Human Services To Address the Growing Deficit in Room and Board Allowances Paid to Agencies Providing Residential Services to Adults with Intellectual Disabilities or Autism	Died Between Houses

LD 517	Resolve, To Reconcile Conflicts between the Home and Community-based Waiver Program for the Elderly and Adults with Disabilities and the Requirements of the Department of Health and Human Services and the Department of Public Safety	ONTP
LD 647	An Act To Require the Department of Health and Human Services To Update Its Rules Governing Services for Children with Cognitive Impairments and Functional Limitations	Veto Sustained
LD 1061	Resolve, To Create the Commission To Study a Stable Continuum of Care for Persons with Intellectual and Developmental Disabilities and Autism	Died On Adjournment
LD 1236	An Act To Change the Type of Rulemaking Required Regarding Persons with Intellectual Disabilities or Autism	Majority (ONTP) Report
LD 1356	Resolve, To Create a Working Group To Ensure a Stable Continuum of Care for Individuals with Intellectual Disabilities and Autism	ONTP

**Disabilities**

**Not Enacted**

LD 949	An Act To Enact the Recommendations of the Commission on Independent Living and Disability	CARRIED OVER
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**End of Life**

**Not Enacted**

LD 1270	An Act Regarding Patient-directed Care at the End of Life	Died Between Houses
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**Fund for a Healthy Maine**

**Enacted**

LD 905	Resolve, To Study Allocations of the Fund for a Healthy Maine	RESOLVE 47 EMERGENCY
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**Not Enacted**

LD 1294	An Act To Improve the Health of Maine Residents through Education and Health Care	INDEF PP
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**Health Care**

**Not Enacted**

LD 969	An Act To Preserve Jobs and Primary Care Services in Rural and Underserved Areas of Maine	Died On Adjournment
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**Health Care Workforce**

**Enacted**

LD 1426	An Act Regarding the Maine Registry of Certified Nursing Assistants and Direct Care Workers	PUBLIC 196
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LD 1439 An Act To Establish a Secure Internet-based Background Check Center for Providers of Long-term Care, Child Care and In-home and Community-based Services PUBLIC 299

**Not Enacted**

LD 1316 An Act Regarding the Employment of Certified Nursing Assistants and Direct Care Workers ONTP

**Hospitals**

**Enacted**

LD 155 Resolve, To Establish the Commission To Study Difficult-to-place Patients RESOLVE 44 EMERGENCY

LD 666 An Act To Allow a Patient To Designate a Caregiver in the Patient's Medical Record PUBLIC 370

**Not Enacted**

LD 292 An Act To Require Hospitals To Allow Patients To Provide Their Own Medications ONTP

LD 343 An Act To Align the Federal Affordable Care Act's Health Care Coverage Opportunities and Hospital Charity Care Died Between Houses

**Immunizations**

**Enacted**

LD 1076 Resolve, Directing the Department of Health and Human Services To Increase Public Awareness about and Access to Federal Resources Related to Vaccine Injuries RESOLVE 35

**Not Enacted**

LD 471 An Act To Improve Childhood Vaccination Rates in Maine Veto Sustained

LD 473 Resolve, Directing the Department of Education and the Department of Health and Human Services To Jointly Adopt Rules To Protect Children's Health Leave to Withdraw

LD 606 An Act To Remove the Philosophical Exemption from the Immunization Requirements for School Students and Employees of Nursery Schools and Health Care Facilities ONTP

**Lead Poisoning**

**Not Enacted**

LD 1115 An Act To Make the State's Standard for Lead Exposure in Children Consistent with the Federal Standard INDEF PP

**Licensing**

**Not Enacted**

LD 436 An Act To Require Providers of Short-term Lodging To Be Licensed by the State ONTP

LD 715	Resolve, Directing the Department of Health and Human Services To Hire Health Inspectors	Died Between Houses
LD 1295	An Act To Streamline Regulation of Farms, Food Producers and Food Establishments	Leave to Withdraw

### *Maternal/Infant*

#### Not Enacted

LD 84	An Act Concerning Screening of Newborns for Lysosomal Storage Disorders	ONTP
LD 552	An Act To Provide Funding for Home Visiting Services	CARRIED OVER
LD 663	Resolve, To Require That the Department of Health and Human Services Determine Whether Testing for Krabbe Disease Should Be Required for Newborns	Leave to Withdraw
LD 940	Resolve, To Require Hospitals To Provide Information to Parents of Infants Regarding Testing for Krabbe Disease	Leave to Withdraw
LD 1149	Resolve, Directing the Maine Center for Disease Control and Prevention To Report on Progress toward Meeting Healthy Maine 2020 Goals Pertaining to Reproductive Health	CARRIED OVER

### *Medicaid/MaineCare*

#### Enacted

LD 319	An Act To Strengthen the Economic Stability of Qualified Maine Citizens by Expanding Coverage of Reproductive Health Care and Family Services	PUBLIC 356
LD 582	An Act To Establish a State Educational Medicaid Officer	PUBLIC 359
LD 649	Resolve, To Ensure That MaineCare-eligible Children Have Equal Access to Providers of Dental, Hearing and Vision Services	RESOLVE 30
LD 831	Resolve, To Reduce MaineCare Spending through Targeted Prevention Services	RESOLVE 54

#### Not Enacted

LD 179	Resolve, Directing the Department of Health and Human Services To Provide Coverage under the MaineCare Program for Routine Male Newborn Circumcisions	ONTP
LD 472	An Act To Establish Meals on Wheels as a Service Covered under the MaineCare Program	ONTP
LD 475	Resolve, To Increase MaineCare Services for Certain Recipients To Allow Them To Remain at Home	CARRIED OVER
LD 633	An Act To Improve the Health of Maine Citizens and the Economy of Maine by Providing Affordable Market-based Coverage Options to Low-income Uninsured Citizens	CARRIED OVER

LD 664	Resolve, To Direct the Department of Health and Human Services To Submit a State Plan Amendment To Allow Community-based and Other Health Care Providers To Be Reimbursed by MaineCare	ONTP
LD 798	An Act To Strengthen Maine's Hospitals and Increase Access to Health Care	ONTP
LD 808	An Act To Decrease Uncompensated Care, Reduce Medical Debt and Improve Health Outcomes	ONTP
LD 841	Resolve, Directing the Department of Health and Human Services To Develop a Bus Pass Program	ONTP
LD 854	An Act To Increase Access to Health Security by Expanding Federally Funded Health Care for Maine People	Died Between Houses

### **Medical Use of Marijuana**

#### **Not Enacted**

LD 5	An Act To Increase the Limit on the Number of Patients a Primary Caregiver May Provide for under the Medical Marijuana Laws	Died In Concurrence
LD 21	An Act To Amend the Medical Marijuana Laws	ONTP
LD 23	An Act To Remove from the Maine Medical Use of Marijuana Act the Requirement That a Patient's Medical Condition Be Debilitating	Died Between Houses
LD 35	An Act To Provide Legal Protection to Hospitals where Admitted Qualifying Patients Use Smokeless Forms of Medical Marijuana	Veto Sustained
LD 266	An Act To Allow Access for Law Enforcement Officers to the List of Registered Primary Caregivers for Medical Marijuana Patients	ONTP
LD 560	An Act Regarding Patient Information Under the Maine Medical Use of Marijuana Act	Veto Sustained
LD 726	An Act To Increase Patient Safety in Maine's Medical Marijuana Program	CARRIED OVER
LD 752	An Act To Permit Medical Marijuana Cultivation by Incapacitated Adults	Veto Sustained
LD 766	An Act To Require a Medical Marijuana Primary Caregiver Cultivating in a Residential Building To Obtain an Electrical Permit	ONTP
LD 1058	An Act Regarding Medical Marijuana Registered Testing Laboratories	ONTP
LD 1059	An Act Relating to Marijuana Testing Facilities	Veto Sustained
LD 1258	An Act To Amend the Maine Medical Use of Marijuana Act with Regard to Good Business Practices	ONTP
LD 1392	An Act To Amend the Maine Medical Use of Marijuana Act	Minority (ONTP) Report

### **Mental Health**

#### **Enacted**

LD 736	An Act To Allow Access to Certain Death Records	PUBLIC 189
LD 1368	An Act To Require the Documentation of the Use of Seclusion and Restraint at Mental Health Institutions in the State	PUBLIC 266

**Not Enacted**

LD 477	Resolve, To Increase Funding To Support Peer Centers	Died On Adjournment
LD 539	An Act To Increase Utilization of the Dorothea Dix Psychiatric Center	ONTP
LD 604	An Act To Encourage Communication Regarding Persons with Mental Illness	ONTP
LD 842	An Act To Establish Peer Center Reimbursement	CARRIED OVER
LD 966	An Act To Assist Patients in Need of Psychiatric Services	CARRIED OVER
LD 1030	An Act To Better Coordinate the Work of Mental Health Crisis Agencies with Law Enforcement Agencies	CARRIED OVER
LD 1209	An Act To Increase the Effectiveness of Peer Supports in the State	CARRIED OVER
LD 1412	An Act To Fund a Training Partnership between Riverview Psychiatric Center and the University of Maine at Augusta	CARRIED OVER
LD 1428	An Act To Establish the Forensic Treatment Fund To Establish a Behavioral Assessment and Safety Evaluation Unit	Died Between Houses

**Miscellaneous**

**Enacted**

LD 433	An Act To Clarify the Liability of Funeral Practitioners	PUBLIC 188
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**Not Enacted**

LD 928	Resolve, To Enhance Consumer Awareness of Expenditures and Gifts by Manufacturers of Prescribed Products	ONTP
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**Oral Health/Dental Care**

**Not Enacted**

LD 474	An Act To Improve Access to Dental Care in Maine	ONTP
LD 605	Resolve, To Provide Certain Dental Services to Pregnant Women Enrolled in the MaineCare Program	ONTP
LD 771	An Act To Promote Dental Services for Prenatal and Postpartum Women	ONTP
LD 860	Resolve, To Adjust Reimbursement Rates for Dental Services and Improve Access to Dental Care under the MaineCare Program	CARRIED OVER
LD 917	Resolve, To Improve Access to Dental Care through a Pediatric Medical Benefit	ONTP

**Palliative Care**

**Enacted**

LD 782	An Act To Improve the Quality of Life of Persons with Serious Illnesses	PUBLIC 203
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## *Prescription Drugs*

### Enacted

LD 1170	Resolve, Regarding Legislative Review of Portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a Late-filed Major Substantive Rule of the Department of Health and Human Services	RESOLVE 16 EMERGENCY
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### Not Enacted

LD 180	An Act To Allow Terminally Ill Patients To Choose To Use Experimental Treatments	CARRIED OVER
LD 327	An Act To Require Prescribers of Controlled Substances To Use the Controlled Substances Prescription Monitoring Program Software	ONTP
LD 469	An Act To Promote the Disposal of Unused Medications	ONTP
LD 989	An Act To Limit the Use of Extended-release Hydrocodone Bitartrate	Majority (ONTP) Report

## *Public Assistance*

### Enacted

LD 369	An Act To Clarify the Immigration Status of Noncitizens Eligible for General Assistance	PUBLIC 324
LD 722	An Act To Strengthen Penalties for Abuse of General Assistance	PUBLIC 312

### Not Enacted

LD 101	An Act To Strengthen and Reform Maine's Welfare System	ONTP
LD 133	Resolve, To Establish the Task Force on Independence from Public Assistance	ONTP
LD 368	An Act To Integrate the State's General Assistance and Temporary Assistance for Needy Families Programs	Died Between Houses
LD 452	An Act To Require a Work Search for Job-ready Applicants for Benefits under the Temporary Assistance for Needy Families Program	ONTP
LD 526	Resolve, To Require the Department of Health and Human Services To Request a Waiver To Prohibit the Use of Food Supplement Benefits for the Purchase of Taxable Food Items	Died Between Houses
LD 607	An Act To Stop the Abuse of Electronic Benefits Transfer Cards	Died Between Houses
LD 632	An Act To Require the State To Administer and Fund the General Assistance Program	ONTP
LD 816	An Act To Reform Welfare and Eliminate the Welfare Cliff	ONTP
LD 885	An Act To Promote Enhanced Eligibility Verification in Maine's Welfare System	CARRIED OVER
LD 1006	An Act To Prevent Beneficiaries under the Statewide Food Supplement Program from Carrying Forward Unused Benefit Amounts	ONTP

LD 1034	An Act To Prohibit the Use of EBT Cards for Cash Withdrawals	ONTP
LD 1035	An Act To Create a 9-month Time Limit on General Assistance Benefits	Died Between Houses
LD 1036	An Act To Prioritize Use of Available Resources in General Assistance Programs	Died Between Houses
LD 1037	An Act To Establish a 180-day Residency Requirement for Welfare Benefits	Majority (ONTP) Report
LD 1052	An Act To Feed Rural Citizens of the State	Died Between Houses
LD 1097	An Act To Improve the Integrity of Maine's Welfare Programs	CARRIED OVER
LD 1144	An Act To Ensure the Integrity of the Temporary Assistance for Needy Families Program	Died Between Houses
LD 1193	An Act To Encourage Good Nutrition and Healthy Choices in the Supplemental Nutrition Assistance Program	Died In Concurrence
LD 1268	An Act To Reform Welfare by Establishing Bridges to Sustainable Employment	CARRIED OVER
LD 1324	An Act To Create Transparency with Regard to Large Employers in the State with Workforce Members Who Receive Public Benefits	Died Between Houses
LD 1375	An Act To Increase Accountability in Maine's Welfare Programs	Died Between Houses
LD 1402	An Act To Reward Work Performed by Welfare Recipients	Died Between Houses
LD 1407	An Act To Require Screening and Testing for Illegal Substances of Beneficiaries under the Temporary Assistance for Needy Families Program	Died Between Houses

### **Public Health**

#### **Enacted**

LD 423	An Act To Require Child-resistant Packaging for Nicotine Liquid Containers	PUBLIC 288
LD 1108	An Act To Protect Children and the Public from Vapor from Electronic Smoking Devices	PUBLIC 318
LD 1125	An Act To Expand Public Access to Epinephrine Autoinjectors	PUBLIC 231

#### **Not Enacted**

LD 123	An Act To Reduce Youth Cancer Risk	Died Between Houses
LD 476	An Act To Require Pharmacies To Provide Disposal Receptacles for Used Hypodermic Apparatuses	Majority (ONTP) Report
LD 661	An Act To Fund HIV, Sexually Transmitted Diseases and Viral Hepatitis Screening, Prevention, Diagnostic and Treatment Services	CARRIED OVER

LD 667	Resolve, Directing the Department of Health and Human Services To Educate the Public and Department Clients about How To Protect One's Family from Bisphenol A	ONTP
LD 832	An Act To Improve Public Health in Maine	ONTP
LD 1077	An Act To Ensure Access to Public Health Nursing Care and Child and Maternal Health Nursing Care in Washington County	ONTP
LD 1162	An Act To Ensure Safe Drinking Water for Maine Families	Veto Sustained

### **Substance Abuse**

#### **Enacted**

LD 140	An Act To Expand Access To Lifesaving Opioid Overdose Medication	PUBLIC 351
LD 1307	An Act To Fund the Maine Diversion Alert Program	PUBLIC 304 EMERGENCY

#### **Not Enacted**

LD 20	An Act To Improve Substance Abuse Treatment	ONTP
LD 524	Resolve, To Develop a Pilot Program for Medication-assisted Recovery in a Rural Community at least 30 Miles from Bangor	Veto Sustained
LD 812	An Act To Prevent Drug Overdose Deaths by Enhancing Access to Opioid Antagonists	ONTP
LD 1090	Resolve, To Establish a Pilot Project for Medicaid Reimbursement for Acupuncture Treatment of Substance Abuse Disorders	Veto Sustained

### **Telemedicine**

#### **Enacted**

LD 662	An Act To Increase Access to Health Care through Telemedicine	PUBLIC 137
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#### **Not Enacted**

LD 714	Resolve, Directing the Department of Health and Human Services To Study Providing Medical Assistance to Maine's Inhabited Islands	ONTP
LD 1352	An Act To Facilitate the Delivery of Health Care Services through Telemedicine and Telehealth	ONTP

### **Tobacco Sale and Use**

#### **Not Enacted**

LD 821	An Act To Promote Equity in Business Opportunity for Tobacco Specialty Stores	Died Between Houses
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