

*Joint Standing Committee on Health and Human Services*

**LD 146**                      **An Act To Repeal the Tax on Private Nonmedical Institutions**                      **DIED ON  
ADJOURNMENT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAVIS P TARDY	ONTP      MAJ OTP-AM    MIN	S-173

LD 146 proposed to repeal the 5% service provider tax imposed on private nonmedical institutions.

**LD 151**                      **An Act To Improve the Delivery of Maine's Mental Health Services**                      **INDEF PP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NUTTING J	OTP-AM    MAJ OTP-AM    MIN	H-716 PINGREE S-367 S-373 MARTIN

LD 151 proposed to establish a procedure for the involuntary administration of medication to a patient at a nonstate mental health institution or a state mental health institute, with an appeal procedure within the department and if that appeal is unsuccessful, then a further appeal to the court. The bill proposed to require the Department of Health and Human Services to adopt routine technical rules to implement the administration of medication provisions and requires amendment of the department's rules regarding the rights of recipients of mental health services.

See Supplemental budget, Public Law 2005, Chapter 519, Part BBBB.

**LD 359**                      **An Act To Change the Child Care Facility Licensing Laws**                      **PUBLIC 640**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DUPREY	OTP-AM	H-346 S-662 ROTUNDO

LD 359 proposed to require that a license for a child care facility be issued for a 2-year term, that the Department of Health and Human Services make at least one unannounced inspection of a child care facility within the 2-year license term and that the fee for a 2-year child care facility license be \$160.

**Committee Amendment “A” (H-346)** proposed to extend 2-year certification to home day care providers, provide for unannounced inspections of certified home day care providers by the Department of Health and Human Services at least once during the certification period, provide for biennial inspections by the State Fire Marshal's Office for nursery schools and certified home day care providers and provide for biennial full license and certificate fees.

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**Senate Amendment “A” to Committee Amendment “A” (S-662)** proposed to amend Committee Amendment “A” to change the date when biennial fees will be assessed for full child care facility licenses, nursery school licenses and family child care certificates from October 1, 2005 to January 1, 2007.

*Enacted law summary*

Public Law 2005, chapter 640 requires that a license for a child care facility, family child care provider, or nursery school be issued for a 2-year term, that the Department of Health and Human Services make at least one unannounced inspection within the 2-year license term and that beginning January 1, 2007, the license fees are doubled.

**LD 444**                      **Resolve, Regarding Effective Administration of the MaineCare Program**                      **RESOLVE 161**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN PINGREE	OTP-AM	S-486

LD 444 proposed to provide that a member of MaineCare whose services are limited under MaineCare Basic is eligible for additional medically necessary services if failure to provide those services creates a substantial likelihood of deterioration of medical condition or if providing those services is cost-effective.

**Committee Amendment “A” (S-486)** proposed to replace the bill with a resolve. The amendment proposed to direct the Department of Health and Human Services to use claims and encounter data and its decision support system to evaluate the extent to which service limits under the MaineCare Basic program result in members obtaining additional services from alternative providers or in alternative settings. The amendment proposed to direct the department to confer with the MaineCare Advisory Committee and to report findings and recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2007.

*Enacted law summary*

Resolves 2005, chapter 161 directs the Department of Health and Human Services to use claims and encounter data and its decision support system to evaluate the extent to which service limits under the MaineCare Basic program result in members obtaining additional services from alternative providers or in alternative settings. The resolve directs the department to confer with the MaineCare Advisory Committee and to report findings and recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2007.

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**LD 463**                      **Resolve, To Amend MaineCare Eligibility for the Workers with Disabilities Option**                      **ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO	OTP-AM    MAJ	
PINGREE	ONTP      MIN	

LD 463 proposed to require the Department of Health and Human Services to amend the rules to allow workers with disabilities to purchase coverage in the MaineCare program beginning January 1, 2006. The rules would maintain the current income eligibility limits while removing separate limits on earned and unearned income. This resolve proposed to designate the rules as routine technical rules.

**Committee Amendment “A” (S-457)** proposed to require the Department of Health and Human Services to amend its eligibility rules to allow employed persons with disabilities to purchase MaineCare coverage beginning January 1, 2006. This amendment proposed to change that date to August 1, 2006.

**LD 678**                      **An Act To Require Fair and Timely MaineCare Payments to Hospitals**                      **INDEF PP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS P	OTP-AM    MAJ	S-181
CROSTHWAITE	OTP-AM    MIN	

LD 678 proposed to require the Department of Health and Human Services to use current hospital cost reports to calculate amounts owed to hospitals and pay any amounts due within one year of receiving the hospital cost report.

**Committee Amendment “A” (S-181)** is the majority report of the committee. The amendment proposed to correct a section number. The amendment proposed to correct the reference to the hospital's as-filed cost report and delete the provision prohibiting caps on hospital prospective interim payment amounts.

**Committee Amendment “B” (S-182)** is the minority report of the committee. The amendment proposed to correct a section number. The amendment proposed to correct the reference to the hospital's as-filed cost report.

**LD 687**                      **An Act To Amend the Hospital Tax**                      **DIED ON  
ADJOURNMENT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DOW	ONTP      MAJ	S-164
MCKANE	OTP-AM    MIN	

LD 687 proposed to increase the tax imposed on hospitals from .74% to 2.23% of net operating revenues. This bill returns the tax rate to the original rate of .74%.

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**LD 699**

**An Act To Repeal Tax and Match**

**DIED ON  
ADJOURNMENT**

<u>Sponsor(s)</u> NASS R	<u>Committee Report</u> ONTP MAJ OTP-AM MIN	<u>Amendments Adopted</u> S-193
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LD 699 proposed to repeal the service provider tax imposed on private nonmedical institution services and the tax imposed on health care providers, hospitals and nursing homes.

**LD 846**

**Resolve, Regarding Hospital Free Care Guidelines**

**RESOLVE 148**

<u>Sponsor(s)</u> LERMAN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-816
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LD 846 proposed to limit a hospital licensed under the Maine Revised Statutes, Title 22, chapter 405 in the amount the hospital may bill a person who has been served in an inpatient or outpatient capacity and who does not have health insurance or other health coverage beginning January 1, 2006. The limit would be 150% of the reimbursement rate provided by the MaineCare program for the same inpatient or outpatient service.

**Committee Amendment “A” (H-816)** proposed to replace the bill and substitute a resolve. The amendment proposed to direct the Department of Health and Human Services to amend its routine technical rules on hospital free care guidelines to provide for eligibility for free care for persons below 150% of the federal nonfarm income official poverty line by October 1, 2006.

*Enacted law summary*

Resolves 2005, chapter 148 directs the Department of Health and Human Services to amend its rules on hospital free care guidelines by October 1, 2006 to provide for eligibility for free care for persons below 150% of the federal nonfarm income official poverty line.

**LD 904**

**An Act To Create the Maine Asthma and Lung Disease Research Fund**

**PUBLIC 672**

<u>Sponsor(s)</u> MARTIN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-294 S-681 ROTUNDO
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LD 904 proposed to establish the Maine Asthma and Lung Disease Research Fund in the Department of Health and Human Services, Bureau of Health to provide grants for research into the health effects of indoor and outdoor air pollution and the prevention, causes, treatment and cure of lung diseases such as asthma, emphysema and chronic obstructive pulmonary disease. The funding source of the fund would be a voluntary checkoff on the

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individual income tax form that allows a taxpayer to donate a portion of a tax refund or make a donation with the tax return.

**Committee Amendment “A” (S-294)** proposed to add an appropriations and allocations section to the bill.

**Senate Amendment “A” to Committee Amendment “A” (S-681)** proposed to change the application date from tax years beginning on and after January 1, 2005 to January 1, 2006. It proposed to require the Commissioner of Administrative and Financial Services to seek outside funds to support the fiscal year 2006-07 start-up costs of the Maine Asthma and Lung Disease Research Fund income tax checkoff and provide that the bill becomes effective 90 days after the commissioner certifies that the necessary funds have been received. It also proposed to adjust the appropriations and allocations section in Committee Amendment “A” to reflect these changes.

This amendment also proposed to change the statutory allocation of the checkoff to avoid a numbering conflict.

### *Enacted law summary*

Public Law 2005, chapter 672 establishes the Maine Asthma and Lung Disease Research Fund in the Department of Health and Human Services, Bureau of Health to provide grants for research into the health effects of indoor and outdoor air pollution and the prevention, causes, treatment and cure of lung diseases such as asthma, emphysema and chronic obstructive pulmonary disease. The funding source of the fund is a voluntary checkoff on the individual income tax form that allows a taxpayer to donate a portion of a tax refund or make a donation with the tax return.

The application date is tax years beginning on and after January 1, 2006. The Commissioner of Administrative and Financial Services is directed to seek outside funds to support the fiscal year 2006-07 start-up costs of the Maine Asthma and Lung Disease Research Fund income tax checkoff. The law becomes effective 90 days after the commissioner certifies that the necessary funds have been received.

**LD 950**

**An Act To Allow the Shipment of Cigars into Maine**

**ONTP**

<u>Sponsor(s)</u> PLOWMAN		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 950 proposed to provide exceptions for cigars to the laws governing delivery sales of tobacco products in the State.

**LD 1036**

**An Act To Amend the Laws Governing the Burial or Cremation of Certain Persons**

**PUBLIC 483**

<u>Sponsor(s)</u> MAYO BARSTOW		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> S-456
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LD 1036 proposed to reduce the time frame for a decision on burial benefits under general assistance from 10 to 2 days. In addition, this bill proposed to reduce the pool of relatives responsible for burial or cremation costs.

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Under current law, when certain eligible people die, a decision on an application to a municipality for assistance with burial or cremation expenses must be rendered within 10 days.

**Committee Amendment “A” (S-456)** proposed to change to 3 business days the time period in which a funeral director must notify the overseer of a municipality of the death of an eligible person, change the bill's proposed 2-day time period for the overseer to decide on an application for burial or cremation costs to 8 days and remove the proposed changes to the relatives responsible for paying for burial or cremation.

### *Enacted law summary*

Public Law 2005, chapter 483 changes to 3 business days the time period in which a funeral director must notify the overseer of a municipality of the death of a person eligible for general assistance, changes the time period for the overseer to decide on an application for burial or cremation costs to 8 days and removes the proposed changes to the relatives responsible for paying for burial or cremation.

**LD 1183**

**An Act Regarding Access to Mental Health Services**

**PUBLIC 680**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN DUDLEY	OTP-AM	S-279 S-665 ROTUNDO

LD 1183 proposed to allow more than 16 visits per year for psychological services benefits for individual and group counseling for which a member is eligible under MaineCare Basic if the member obtains prior approval for the extra visits from the department.

**Committee Amendment “A” (S-279)** proposed to add an appropriations and allocations section.

**Senate Amendment “A” to Committee Amendment “A” (S-665)** proposed to allow the Department of Health and Human Services to increase the maximum number of visits for psychological services benefits for individual and group counseling for which a member is eligible under MaineCare Basic from 16 to 24 visits per year, if the costs associated with the increase are offset by savings from managing the use of services.

### *Enacted law summary*

Public Law 2005, chapter 680 allows the Department of Health and Human Services to increase the maximum number of visits for psychological services benefits for individual and group counseling for which a member is eligible under MaineCare Basic from 16 to 24 visits per year, if the costs associated with the increase are offset by savings from managing the use of services.

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**LD 1208**

**Resolve, Regarding the Prevention of Suicide**

**ONTP**

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

LD 1208, a resolve, proposed to establish a working group to study the high rate of suicide in Maine. The working group would have submitted its report to the Joint Standing Committee on Health and Human Services by January 31, 2006.

**LD 1420**

**An Act To Establish a Maternal and Infant Death Review Panel**

**PUBLIC 467**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PINGREE MARTIN	OTP-AM MAJ ONTP MIN	H-728 H-739 PINGREE

LD 1420 proposed to direct the Department of Health and Human Services to establish a multidisciplinary panel to review maternal and infant death cases in this State. This bill, in accordance with the Maine Revised Statutes, Title 22, chapter 1071, subchapter 11-A, proposed to provide the panel with authority to gain access to relevant data including medical, public health, social service and mental health records and ensure that proceedings and records in the possession of the panel remain confidential and exempt from subpoena and legal discovery. The bill also proposed to permit the panel to contact families of the deceased to request additional information and offer grief support resources.

**Committee Amendment “A” (H-728)** is the majority report of the committee. It proposed to establish the maternal and infant death review panel within the Department of Health and Human Services.

**House Amendment “A” to Committee Amendment “A” (H-739)** proposed to prohibits contact with the parents or authorized representative of a deceased person for 4 months after the death and require that the maternal and infant death review panel offer a copy of its annual report to parents and authorized representatives that consent to participate in the review.

***Enacted law summary***

Public Law 2005, chapter 467 establishes the maternal and infant death review panel within the Department of Health and Human Services. The law allows contact with the parents or authorized representative of a deceased person more than 4 months after the death. The law requires the maternal and infant death review panel to offer a copy of its annual report to parents and authorized representatives that consent to participate in the review.

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**LD 1555**                      **Resolve, Directing the Department of Health and Human Services To Review How It Handles Services Provided to Persons with Developmental Disabilities and Mental Retardation**                      **RESOLVE 147**

<u>Sponsor(s)</u> LERMAN NASS R	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-815
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LD 1555 proposed to address the following issues in the field of community-based services for persons with developmental disabilities and mental retardation: reimbursement, audit and appeal procedures, rules, regulations and administrative requirements, standardized data, contract formats and financial reports, medication courses, deemed status licensure, maintenance of the Child Development Services System, gastrostomy tubes, rules regarding residential options, advocacy regarding federal legislation, cost-of-living adjustments and Dirigo Health insurance.

**Committee Amendment “A” (H-815)** proposed to replace the bill and make it a resolve. The amendment proposed to relate to providers of services to persons with developmental disabilities and mental retardation. This amendment proposed to require the Department of Health and Human Services to post provider payment interpretations on the Internet, to develop a medication administration curriculum and to determine whether cost-of-living adjustments will be included in the department's budget request that is submitted to the Governor.

***Enacted law summary***

Resolve 2005, chapter 147 relates to providers of services to persons with developmental disabilities and mental retardation. This resolve requires the Department of Health and Human Services to post provider payment interpretations on the Internet, to develop a medication administration curriculum and to determine whether cost-of-living adjustments will be included in the department's budget request that is submitted to the Governor.

**LD 1614**                      **Resolve, Regarding Comprehensive Community Health Coalitions**                      **RESOLVE 139  
EMERGENCY**

<u>Sponsor(s)</u> ROSEN R PINGREE	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-455
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LD 1614 propose to establish the Commission to Certify and Recertify Comprehensive Community Health Coalitions, to establish a system of comprehensive community health coalitions and to appropriate \$200,000 in fiscal year 2006-07 for the Commission to Certify and Recertify Comprehensive Community Health Coalitions, effective January 1, 2006.

**Committee Amendment “A” (S-455)** proposed to replace the bill and change it to a resolve. The amendment proposed to add emergency language to the resolve. The amendment proposed to require the Department of Health and Human Services to recognize and partner with comprehensive community health coalitions. The amendment proposed to direct the Public Health Work Group created under the State Health Plan to form 2 subcommittees to work on core competencies, functions and performance standards for comprehensive community health coalitions and to inventory resources and develop a plan to integrate some funding sources to

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support the public health priorities and functions identified in the State Health Plan. The amendment proposed to require state agency members of one subcommittee to determine how to integrate the core competencies, functions and performance standards into the work and funding decisions of their agencies. The amendment proposed to require reporting to the Joint Standing Committee on Health and Human Services and the Public Health Work Group by the subcommittees. It proposed to require the Public Health Work Group to report to the Joint Standing Committee on Health and Human Services by January 1, 2007.

### *Enacted law summary*

Resolve 2005, chapter 139 requires the Department of Health and Human Services to recognize and partner with comprehensive community health coalitions. The resolve directs the Public Health Work Group created under the State Health Plan to form 2 subcommittees to work on core competencies, functions and performance standards for comprehensive community health coalitions and to inventory resources and develop a plan to integrate some funding sources to support the public health priorities and functions identified in the State Health Plan. The resolve requires state agency members of one subcommittee to determine how to integrate the core competencies, functions and performance standards into the work and funding decisions of their agencies. The resolve requires reporting to the Joint Standing Committee on Health and Human Services and the Public Health Work Group by the subcommittees and requires the Public Health Work Group to report to the Joint Standing Committee on Health and Human Services by January 1, 2007.

Resolve 2005, chapter 139 was enacted as an emergency measure effective March 17, 2006.

**LD 1631**                      **Resolve, Requiring the State To Reimburse Providers for Costs Incurred Due to MaineCare Reimbursement Delays**                      **DIED ON ADJOURNMENT**

<u>Sponsor(s)</u> KAELIN WESTON	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-731
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LD 1631 proposed to require the Department of Health and Human Services to reimburse providers for costs, including, but not limited to, interest, bank fees and accounting fees, incurred due to MaineCare reimbursement delays.

**Committee Amendment “A” (H-731)** proposed to reimburse MaineCare providers for costs incurred during 2005 and to direct the Department of Health and Human Services to adopt routine technical rules for reimbursement. The amendment proposed to require periodic status reports on claims and payments.

See appropriation of \$1 million in fiscal year 2007 in PL 2005, chapter 519, Part A, on page 76.

**LD 1701**                      **Resolve, To Ensure Coordination and Effectiveness in the Provision of Services under the MaineCare Noncategorical Waiver**                      **RESOLVE 186**

<u>Sponsor(s)</u> BRANNIGAN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-964
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LD 1701 proposed to direct the Department of Health and Human Services to develop processes for tracking mental health treatment sessions for noncategorical MaineCare members to ensure services would not be exhausted and that would include a prior authorization process as well as clinical justification for exceeding the annual limit on visits. It proposed to direct the department to clarify that mental health assessment services are not included in the calendar year service limit.

**Committee Amendment “A” (H-969)** proposed to direct the Department of Health and Human Services to develop processes for tracking the number of mental health treatment sessions provided to noncategorical MaineCare members and to establish a prior authorization process to help manage the members’ services so that the services are not exhausted within any given calendar year. It proposed to direct the department to establish criteria for clinical justification that would allow noncategorical MaineCare members to receive up to 24 visits, excluding visits for medication management, as long as any associated costs would be offset by savings from managing the utilization of services through methods that could include prior authorization. It proposed to direct the department to develop systems to enable healthcare providers to identify the eligibility category of noncategorical members, the members’ enrollment dates and the members’ recertification dates in order to help the noncategorical members manage their benefits and receive the mental health treatment needed. It also proposed to direct the department to develop systems for transition planning for noncategorical members who for any reason leave the MaineCare program and to provide a priority reinstatement process for certain noncategorical members.

### *Enacted law summary*

Resolve 2005, chapter 186 directs the Department of Health and Human Services to develop processes for tracking the number of mental health treatment sessions provided to noncategorical MaineCare members and to establish a prior authorization process to help manage the members’ services so that the services are not exhausted within any given calendar year. It directs the department to establish criteria for clinical justification for allowing noncategorical MaineCare members to receive up to 24 visits, excluding visits for medication management, as long as any costs are offset by savings from managing the utilization of services through methods that may include prior authorization. It directs the department to develop systems to enable healthcare providers, with the noncategorical MaineCare members’ permission, to identify the eligibility category of noncategorical members, the members’ enrollment dates and the members’ recertification dates in order to help the noncategorical members manage their benefits and receive the mental health treatment needed. It also directs the department to develop systems for transition planning for noncategorical members who for any reason leave the MaineCare program and to provide a priority reinstatement process for certain noncategorical members.

**LD 1707**

**Resolve, Directing the Commissioner of Health and Human Services To Develop Strategies To Keep Senior Citizens Safe from Falls**

**RESOLVE 149**

Sponsor(s)  
CAMPBELL  
COURTNEY

Committee Report  
OTP-AM

Amendments Adopted  
H-814

LD 1707, modeled on federal legislation, proposed to direct the Commissioner of Health and Human Services to conduct research, evaluation and education activities designed to reduce falls among older adults. It proposed that the department conduct a demonstration project and report recommendations for statewide falls prevention activities to the Legislature.

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**Committee Amendment “A” (H-814)** proposed to change the resolve by directing the Commissioner of Health and Human Services to appoint a statewide Falls Prevention Coalition that, under the direction of Department of Health and Human Services, Office of Elder Services, would be responsible for reviewing health costs associated with falls and for assessing strategies for preventing falls along with associated costs of implementing the strategies. The amendment, which became the Committee report, proposed to direct the coalition to submit a report to the Joint Standing Committee on Health and Human Services that would include findings and recommendations along with suggestions for legislation.

### ***Enacted law summary***

Resolve 2005, chapter 149 directs the Commissioner of Health and Human Services to appoint a statewide Falls Prevention Coalition that is responsible, under the direction of Department of Health and Human Services, Office of Elder Services, for reviewing health costs associated with falls and for assessing strategies for preventing falls along with associated costs of implementing the strategies. It directs the coalition to submit a report by November 2, 2006 to the Joint Standing Committee on Health and Human Services that includes findings and recommendations along with suggestions for legislation.

**LD 1746**                      **An Act To Amend Certain Requirements in the ASPIRE-TANF Program**                      **PUBLIC 480**

<u>Sponsor(s)</u> MARTIN O'BRIEN	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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LD 1746 proposed to clarify that participants in the Parents as Scholars Program were not limited to maximum of 24 months of education, training and treatment in the ASPIRE-TANF program. It also proposed to eliminate several outdated provisions in current statutes.

### ***Enacted law summary***

Public Law 2005, chapter 480 clarifies that participants in the Parents as Scholars Program are not limited to a maximum of 24 months of education, training and treatment in the ASPIRE-TANF program. It eliminates several outdated provisions in the statute as well.

**LD 1753**                      **An Act To Set a Maximum on Penalties Imposed for Licensing Violations by Eating Establishments, Eating and Lodging Places, Lodging Places, Recreational Camps or Camping Areas**                      **PUBLIC 481**

<u>Sponsor(s)</u> COWGER	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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LD 1753 proposed to set a maximum on the penalty that could be imposed by the Department of Health and Human Services on any eating establishment, eating and lodging place, lodging place, recreational camp or

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camping area that operated without the required license upon a second or subsequent adjudication of unlicensed operation.

### *Enacted law summary*

Public Law 2005, chapter 481 sets a maximum amount of \$500 on the penalty that may be imposed by the Department of Health and Human Services on any eating establishment, eating and lodging place, lodging place, recreational camp or camping area that operates without the required license upon a second or subsequent adjudication of unlicensed operation. Prior to the enactment of this law there was a minimum fine but no maximum fine.

**LD 1754**                      **An Act To Give the Commissioner of Health and Human Services  
Administrative Subpoena Authority**                      **ONTP**

<u>Sponsor(s)</u> HOBBINS		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 1754 proposed to give the Commissioner of Health and Human Services the authority to issue subpoenas in connection with administrative hearings without having to obtain the approval of the Attorney General.

**LD 1757**                      **An Act Regarding Continuing Improvements in the MaineCare  
Program**                      **PUBLIC 648  
EMERGENCY**

<u>Sponsor(s)</u> MAYO WALCOTT		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> S-547
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LD 1757 proposed to implement the recommendations of the Blue Ribbon Commission on the Future of MaineCare.

**Committee Amendment “A” (S-547)** proposed to add emergency language to the bill and to amend the laws governing MaineCare, authorizing the Department of Health and Human Services to adopt rules with retroactive application to increase provider reimbursement in order to ensure access to covered medically necessary services for MaineCare members. The amendment also proposed to repeal the repeal date of July 1, 2006 on the authority of the department to adopt rules with retroactive application.

The amendment also proposed to direct the MaineCare Advisory Committee to review the report of the Blue Ribbon Commission on the Future of MaineCare with the goal of identifying initiatives for continuing improvement and monitoring changes in the federal Medicaid program. It proposed to direct the committee to report to the Joint Standing Committee on Health and Human Services any recommendations for legislation or rulemaking in an initial report by September 1, 2006 and a final report by January 1, 2007.

### *Enacted law summary*

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Public Law 2005, chapter 648 authorizes the Department of Health and Human Services to adopt rules with retroactive application to increase provider reimbursement in order to ensure access to covered medically necessary services for MaineCare members. The law also repeals the repeal date of July 1, 2006 on the authority of the department to adopt rules with retroactive application.

The law directs the MaineCare Advisory Committee to review the report of the Blue Ribbon Commission on the Future of MaineCare with the goal of identifying initiatives for continuing improvement and monitoring changes in the federal Medicaid program and directs the committee to report to the Joint Standing Committee on Health and Human Services any recommendations for legislation or rulemaking in an initial report by September 1, 2006 and a final report by January 1, 2007.

Enacted as an emergency Public Law 2005, chapter 648 takes effect May 30, 2006.

### **LD 1760                      An Act To Amend the Maine Health Data Organization and Maine Health Data Processing Center Laws                      PUBLIC 565**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO	OTP-AM    MAJ	S-515
MILLER	OTP-AM    MIN	

LD 1760 proposed to clarify that dental services are not limited benefit health insurance policies and are subject to assessment of permanent funding under the Maine Health Data Organization laws.

**Committee Amendment “A” (S-515)** proposed to allow the Maine Health Data Processing Center to receive and process claims from entities outside the State and specified how the net earnings of the center must be distributed. It proposed to require the Maine Health Data Organization board of directors to report those net earnings each year and to increase the fine from \$250,000 to \$500,000 for a person who receives and uses data of the Maine Health Data Organization for commercial advantage, pecuniary or personal gain or malicious harm.

#### ***Enacted law summary***

Public Law 2005, chapter 565 specifies that, under the Maine Health Data Organization laws, dental service policies are not considered limited benefit health insurance policies and are subject to the permanent funding assessment. It allows the Maine Health Data Processing Center to receive and process claims from entities outside the State, specifies how the net earnings of the center must be distributed and requires the Maine Health Data Organization board of directors to report those net earnings each year. It also increases the fine from \$250,000 to \$500,000 for a person who receives and uses data of the Maine Health Data Organization for commercial advantage, pecuniary or personal gain or malicious harm.

### **LD 1784                      Resolve, To Clarify Contingency Allowance under the Certificate of Need Law                      RESOLVE 185 EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN R	OTP-AM	S-548

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LD 1784 proposed to require the Department of Health and Human Services to allow construction contingency budgeting for capital projects in a certificate of need application that is consistent with industry standards.

**Committee Amendment “A” (S-548)** proposed to change the Act to a Resolve and proposed to direct the Department of Health and Human Services to revise or adopt rules as needed to provide for a contingency allowance of 5% to 8% depending on the type of project, as defined in the rules, in issuing a certificate of need. It proposed that there be no cap on the contingency allowance other than the applicable percentage and proposed to require the department to repeal the current cap of \$1,000,000.

### *Enacted law summary*

Resolve 2005, chapter 185 directs the Department of Health and Human Services to revise or adopt rules as needed to provide for a contingency allowance of 5% to 8% depending on the type of project, as defined in the rules, in issuing a certificate of need. The contingency allowance may not be subject to an additional cap other than the applicable percentage and the department shall repeal the current cap of \$1,000,000. The law defines the related rules as routine technical rules.

Resolve 2005, chapter 185 was enacted as an emergency measure effective April 13, 2006.

**LD 1808**                      **An Act To Streamline MaineCare Billing**                      **ONTP**

<u>Sponsor(s)</u> FISCHER		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 1808, proposed to direct the Department of Health and Human Services to adopt procedures for MaineCare claims so that a provider could directly bill MaineCare when the provider thought there was no health insurance carrier to cover the claim. Also the bill proposed to allow health care providers to bill using commercial health insurance billing codes.

**LD 1814**                      **Resolve, To Establish the Work Group To Review and Recommend Improvements for the Certificate of Need Program**                      **DIED BETWEEN BODIES**

<u>Sponsor(s)</u> MILLER MAYO		<u>Committee Report</u> OTP-AM    MAJ ONTP        MIN		<u>Amendments Adopted</u> H-934
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LD 1814, presented as a concept draft pursuant to Joint Rule 208, proposed to amend the certificate of need program within the Department of Health and Human Services. It proposed to lower the dollar amounts for the thresholds for review, add requirements for reporting regarding projects that do not require review, add methods for determining community need, replace the current method of relying on utilization rates, clarify the roles for other state agencies and offices, and impose upon the certificate of need process the adjudicatory hearings procedures applicable under the Maine Administrative Procedure Act, which include the use of an impartial hearing officer who would make a recommendation to the Commissioner of Health and Human Services.

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**Committee Amendment “A” (H-934)** proposed to replace the concept draft, to change the legislation from an Act to a Resolve, and to change the title of the bill. The amendment proposed to create a 12-member work group charged with examining the Certificate of Need program, identifying improvements and making recommendations for changes in law or rule. It proposed to require the Department of Health and Human Services to provide a background report to the work group by August 10, 2006. The amendment also proposed to require the work group to submit a report that would include its findings and recommendations, including suggested legislation, for presentation to the First Regular Session of the 123rd Legislature by November 1, 2006.

**LD 1839**                      **An Act To Clarify the Accountability of Advanced Practice Registered Nurses**                      **ONTP**

<u>Sponsor(s)</u> PERRY A		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 1839 proposed to amend the laws governing advanced practice registered nursing by clarifying the accountability of advanced practice registered nurses and by defining certain terms that applied to advanced practice registered nursing.

**LD 1848**                      **An Act To Maintain Prescription Drug Benefits for Senior Citizens and People with Disabilities**                      **ONTP**

<u>Sponsor(s)</u> PINGREE		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 1848 proposed to require the Department of Health and Human Services to maintain the level of benefits and co-payment requirements and structure in effect on December 30, 2005 for enrollees in the MaineCare and the elderly low-cost drug programs who were enrolled during 2005 and who were eligible for benefits under Medicare Part D. This bill would have applied retroactively to January 1, 2006. See Part AAA of PL 2005, chapter 519.

**LD 1852**                      **An Act To Amend the Laws Governing Permanency Guardians**                      **PUBLIC 521**

<u>Sponsor(s)</u> PINGREE		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-817
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LD 1852 proposed to provide that a permanency guardian's resources and income are not counted in determining eligibility for any public benefit to which the child who is the subject of the guardianship may be entitled. It also proposed to provide that the District Court may appoint a permanency guardian in a proceeding pending on September 17, 2005 or commenced on or after September 17, 2005, which is the effective date of the law governing permanency guardians. It also proposed to provide that the Department of Health and Human Services may provide a guardianship subsidy to a child who is the subject of a child protection proceeding pending on September 17, 2005 or commenced on or after that date.

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**Committee Amendment “A” (H-817)** proposed to clarify that the guardianship subsidy will not be counted as resources or income for eligibility for public benefits for the child except as required by federal law or regulation and insert the federal exception into the law on eligibility for benefits for the guardian.

### *Enacted law summary*

Public Law 2005, chapter 521 provides that a permanency guardian's resources and income are not counted in determining eligibility for any public benefit to which the child who is the subject of the guardianship may be entitled. It specifies that the guardianship subsidy will not be counted as resources or income for eligibility for public benefits for the child except as required by federal law or regulation and inserts the federal exception into the law on eligibility for benefits for the guardian. It also provides that the District Court may appoint a permanency guardian in a proceeding pending on September 17, 2005 or commenced on or after September 17, 2005, which is the effective date of the law governing permanency guardians. It also provides that the Department of Health and Human Services may provide a guardianship subsidy to a child who is the subject of a child protection proceeding pending on September 17, 2005 or commenced on or after that date.

**LD 1854**

**An Act To Expand the Alternative Aid Program**

**PUBLIC 522**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WEBSTER MAYO	OTP-AM	H-820

LD 1854 proposed to increase the availability of alternative aid assistance under the Temporary Assistance for Needy Families program from a once-in-a-lifetime benefit to an annual benefit in order to assist families who seek short-term assistance to obtain or retain employment.

**Committee Amendment “A” (H-820)** proposed to increase the availability of alternative aid assistance under the Temporary Assistance for Needy Families (TANF) program from a benefit available once-in-a-lifetime to an annual benefit. The amendment proposed that eligible applicants would be able to receive alternative aid assistance once during any 12-month period in order to obtain or retain employment instead of receiving monthly TANF payments. The amendment also proposed to clarify that the eligibility criteria is set forth in the department’s current rules and the value of the aid cannot exceed 3 times the value of monthly TANF benefit for which the applicant's family is eligible.

### *Enacted law summary*

Public Law 2005, chapter 522 increases the availability of alternative aid assistance under the Temporary Assistance for Needy Families (TANF) program from a benefit available once-in-a-lifetime to a benefit that can be accessed annually. Under the law, eligible applicants may receive alternative aid assistance once during any 12-month period in order to obtain or retain employment instead of receiving monthly TANF payments. The law also clarifies that the eligibility criteria is set forth in the department’s rules and the value of the aid cannot exceed 3 times the value of monthly TANF benefit for which the applicant's family is eligible.

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**LD 1875**

**Resolve, Regarding Substance Abuse Treatment Services**

**RESOLVE 150**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT	OTP-AM A	H-818
HASTINGS	OTP-AM B	
	ONTP C	

LD 1875 proposed to provide improved services to persons in rehabilitation programs, especially those related to opiate addiction, by providing improved counseling, physician oversight and community support. The bill proposed to direct the Department of Health and Human Services, Office of Substance Abuse to evaluate need when issuing licenses for substance abuse clinics and to create a process to involve the local community in the licensing process. The bill proposed to establish local advisory committees to advise the Office of Substance Abuse during the licensing process for such clinics and to review the operation of the clinics. The bill proposed to establish a moratorium on licensing such clinics until certain rule changes are made.

**Committee Amendment “A” (H-818)** is the majority committee amendment to the bill and change the bill to a resolve. It proposed to require the Department of Health and Human Services, Office of Substance Abuse to amend its rules for opioid treatment programs to require more counseling at the beginning of treatment and less as treatment progresses, to require an opportunity for public input in the relicensing process and to require consideration of treatment needs in the licensing process.

*Enacted law summary*

Resolves 2005, chapter 150 requires the Department of Health and Human Services, Office of Substance Abuse to amend its rules for opioid treatment programs to require more counseling at the beginning of treatment and less as treatment progresses, to require an opportunity for public input in the relicensing process and to require consideration of treatment needs in the licensing process.

**LD 1887**

**An Act To Update Licensing and Certification Requirements for Child Care Facilities and Family Child Care Providers**

**PUBLIC 530**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIMPSON	OTP-AM	H-813
MAYO		H-884 PINGREE

LD 1887 proposed to update terminology and definitions related to child care facilities and family child care in the Department of Health and Human Services' licensing and certification statutes. The bill also proposed to repeal the requirement that the department distribute a brochure explaining the difference between home day care and home baby-sitting services.

**Committee Amendment “A” (H-813)** proposed to add family child care providers to the group of child care providers that would be required to comply with lead hazard screening requirements. It also proposed to clarify the circumstances under which a provider would not be required to be certified.

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**House Amendment “A” to Committee Amendment “A” (H-884)** proposed to clarify that the routine technical rulemaking procedures apply only to the changes required by this bill and that the rule changes be completed by October 1, 2006.

### *Enacted law summary*

Public Law 2005, chapter 530 updates terminology and definitions related to child care facilities and family child care in the Department of Health and Human Services' licensing and certification statutes. It repeals the requirement that the department distribute a brochure explaining the difference between home day care and home baby-sitting services, adds family child care providers to the group of child care providers that must comply with lead hazard screening requirements and clarifies the circumstances under which a provider is not required to be certified. It also specifies that routine technical rulemaking procedures apply only to the changes required by this law and requires that the rule changes be completed by October 1, 2006.

**LD 1901**

**An Act To Amend the Law Regarding Smoking in Private Clubs**

**PUBLIC 581**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GROSE	OTP-AM	H-830 S-537 MAYO

LD 1901 proposed to amend the law that allows smoking in private clubs if a majority of members votes to allow smoking by changing the voting requirement to a majority of ballots received.

**Committee Amendment “A” (H-830)** proposed to allow smoking in qualifying clubs if a majority of all valid ballots cast by members and received by a qualifying club are in favor of smoking. This is a change from current law, which in order to allow smoking requires a vote in favor of smoking by a majority of all members. The amendment proposed to set certain standards for the vote, including a 30-day notice, absentee ballots and notification to the Maine Center for Disease Control and Prevention. The amendment proposed to provide for a transition for qualifying clubs that have satisfied current law. The amendment proposed to direct the Maine Center for Disease Control and Prevention to adopt rules and designates those rules as major substantive rules. The amendment proposed to provide transition provisions for qualifying clubs that conducted votes in favor of smoking prior to August 1, 2006.

**Senate Amendment “A” (S-537)** proposed to remove the emergency preamble and the emergency clause from the bill.

### *Enacted law summary*

Public Law 2005, chapter 581 amends the law that allows smoking in private clubs if a majority of members votes to allow smoking by changing the voting requirement to a majority of ballots received.

It allows smoking in qualifying clubs if a majority of all valid ballots cast by members and received by a qualifying club are in favor of smoking. This is a change from current law, which in order to allow smoking requires a vote in favor of smoking by a majority of all members. The law sets certain standards for the vote, including a 30-day notice, absentee ballots and notification to the Maine Center for Disease Control and Prevention. The law directs the Maine Center for Disease Control and Prevention to adopt rules and designates

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those rules as major substantive rules. The law provides transition provisions for qualifying clubs that conducted votes in favor of smoking prior to August 1, 2006.

See the Errors Bill, LD 2055, Part F, changing the August dates in the law to September.

### LD 1914                      **An Act To Increase Wheelchair Van Services Reimbursement Rates**                      **P & S 65**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TUTTLE	OTP-AM	H-871 S-687 ROTUNDO

LD 1914 proposed to direct the Department of Health and Human Services to increase the reimbursement rates for wheelchair van services and provide an appropriation for wheelchair van services under the MaineCare program to prevent a loss to providers of the service.

**Committee Amendment “A” (H-871)** proposed to retain the provisions of the bill that direct the Department of Health and Human Services to increase the reimbursement rates for wheelchair van services. It proposed to add language expressing the intent that this funding increase be provided on an ongoing basis, decrease the appropriation to \$445,000 in fiscal year 2006-07 and add an allocation of federal matching funds.

**Senate Amendment “A” to Committee Amendment “A” (S-687)** proposed to reduce the General Fund appropriation for fiscal year 2006-07 from \$445,000 to \$50,000 and reduce the Federal Expenditures Fund allocation for fiscal year 2006-07 from \$763,582 to \$85,796.

#### *Enacted law summary*

Private and Special Law 2005, chapter 65 directs the Department of Health and Human Services to increase the reimbursement rates for wheelchair van services. It appropriates from the General Fund for fiscal year 2006-07 \$50,000 and allocates matching federal funds.

### LD 1926                      **An Act To Clarify the Workplace Smoking Laws**                      **DIED BETWEEN BODIES**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TURNER	ONTP      MAJ OTP      MIN	

LD 1926 proposed to repeal the provisions of the Workplace Smoking Act of 1985, as amended by Public Law 2005, chapter 338, that allowed members of a private club to vote to allow smoking in that club. This bill also proposed to clarify that an employer could not discriminate against a person, including refusing to hire that person, because that person assisted in the supervision or enforcement of the Workplace Smoking Act of 1985.

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LD 1927

**Resolve, To Collect Information about Employer-based Health Coverage**

**RESOLVE 213**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EDMONDS CANAVAN	OTP-AM	S-580 S-688 ROTUNDO

LD 1927 proposed to require the Department of Health and Human Services to collect and disclose the names of the employers of applicants for MaineCare, and of persons requesting uncompensated care in a hospital and to disclose the total cost to the State of providing MaineCare benefits for the employees of each named employer and their enrolled dependents.

**Committee Amendment “A” (S-580)** proposed to replace the bill and change it to a resolve. The amendment proposed to direct the Department of Labor to conduct a one-time survey project to collect and analyze information on employer-sponsored health coverage. The amendment proposed to protect the confidentiality of information that directly identifies employers that is collected and generated for the survey by the Department of Labor and require a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters, the joint standing committee of the Legislature having jurisdiction over insurance and financial affairs and the Board of Directors of Dirigo Health that presents the information in aggregate form and does not identify employers by name.

**Senate Amendment “A” to Committee Amendment “A” (S-604)** proposed to correct the appropriations and allocations section to reflect additional funding of \$65,000 needed for the Department of Labor in fiscal year 2006-07.

**Senate Amendment “B” to Committee Amendment “A” (S-688)** proposed to amend the scope of the work to be performed and strike and replace the General Fund appropriation for fiscal year 2006-07 and prohibit the use of outside funding sources to cover the costs of the survey.

*Enacted law summary*

Resolve 2005, chapter 213 directs the Department of Labor to conduct a one-time limited survey project to collect and analyze information on employer-sponsored health coverage. The resolve allows a larger data collection effort if department funds are available. The resolve protects the confidentiality of information that directly identifies employers that is collected and generated for the survey by the Department of Labor and requires a report by February 1, 2007 to the joint standing committee of the Legislature having jurisdiction over health and human services matters, the joint standing committee of the Legislature having jurisdiction over insurance and financial affairs and the Board of Directors of Dirigo Health that presents the information in aggregate form and does not identify employers by name.

LD 1928

**An Act Permitting the Recycling of Unused Prescription Drugs**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SULLIVAN PERRY A	ONTP	

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LD 1928 proposed to establish an unused prescription drug program, under which unused prescription drugs were accepted and dispensed to low-income persons. To be eligible for the program a person would have a family income below 350% of the federal poverty level, could not be receiving MaineCare prescription drug benefits, would be a Maine resident and would have a valid prescription for the drug to be dispensed. The program could accept unused prescription drugs from drug manufacturers, drug wholesale and terminal distributors, hospitals, health clinics, federally qualified health centers, Indian health centers and rural health centers and assisted living facilities licensed by the Department of Health and Human Services.

**LD 1934**                      **An Act To Improve Retention, Quality and Benefits for Direct Care Health Workers**                      **RESOLVE 194**

<u>Sponsor(s)</u> EDMONDS	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-568
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LD 1934 proposed to require the Department of Health and Human Services to study options for, and cost of, increasing wages and providing health coverage for direct care workers in state-funded and MaineCare-funded long-term care programs.

**Committee Amendment “A” (S-568)** proposed to add to the study a survey of former direct care workers to determine whether they would return to work if the pay were increased to \$10 per hour and a survey of organizations serving senior citizens to determine the level of interest of older persons in becoming direct care workers.

This amendment also proposed to make grammatical corrections to the resolve and eliminates redundant language.

### *Enacted law summary*

Resolve 2005, chapter 194 requires the Department of Health and Human Services to study options for, and cost of, increasing wages and providing health coverage for direct care workers in state-funded and MaineCare-funded long-term care programs.

The study includes a survey of former direct care workers to determine whether they would return to work if the pay were increased to \$10 per hour and a survey of organizations serving senior citizens to determine the level of interest of older persons in becoming direct care workers.

**LD 1947**                      **An Act To Protect Children from the Onset of Autism**                      **ONTP**

<u>Sponsor(s)</u> LERMAN	<u>Committee Report</u> ONTP      MAJ OTP-AM    MIN	<u>Amendments Adopted</u>
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LD 1947 proposed to prohibit the use of more than trace amounts of mercury, as defined by the United States Food and Drug Administration, in any vaccine for administration to children 8 years of age and younger or to pregnant women. It also proposed an exemption for public health emergencies. The bill proposed to require the

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Department of Health and Human Services, Bureau of Health to prepare an advisory poster on the dangers of mercury in certain fish to pregnant and nursing women, which would be required to be posted in supermarkets.

**LD 1949**                      **Resolve, To Ensure Financial Management at the Department of Health and Human Services**                      **DIED BETWEEN BODIES**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO PINGREE	OTP-AM	S-546

LD 1949, presented as a concept draft pursuant to Joint Rule 208, proposed to require that the Department of Health and Human Services establish program accounts in a more detailed fashion to ensure that funding and spending are accurately assigned to the appropriate account and program.

**Committee Amendment “A” (S-546)** proposed to replace the resolve and to create the Department of Health and Human Services Financial Management Work Group. It proposed that the work group would be required to develop a plan to assist the Department of Administrative and Financial Services, the Department of Health and Human Services and the Legislature in making informed budgetary decisions, providing for effective and efficient program operations and ensuring adequate financial reporting by the Department of Health and Human Services. It proposed to require the work group to present a report including recommendations for legislation to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services by March 30, 2007. It proposed to require the Department of Health and Human Services to prepare and present a plan, which would be implemented in time to prepare the budget for the 2010-2011 biennium, to the 2 committees by March 30, 2008. It proposed to authorize the 2 committees to report out legislation related to the adjustment or realignment of accounts and programs as well as any legislation necessary to fully implement the plan.

**LD 1951**                      **An Act To Establish Guidelines and Criteria for Audits Conducted by the Department of Health and Human Services**                      **PUBLIC 588 EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TARDY	OTP-AM	H-933

LD 1951 proposed changes to the practices governing audits of health care and community service providers conducted by the Department of Health and Human Services. It proposed to require the department to apply changes in interpretation prospectively, allow the reimbursement of certain compensation costs and apply industry standards when determining reasonableness of costs. It proposed to require the department to publish all informal review decisions and appeals decisions. It proposed making the office that hears appeals of MaineCare payments independent of the department by January 1, 2007.

**Committee Amendment “A” (H-933)** proposed to replace the bill and to change some of the practices governing audits of health care providers and other community services conducted by the Department of Health and Human Services. The amendment proposed to require the department to apply revised audit interpretations prospectively and to post final audit interpretations or decisions on the department’s website. It proposed to require the department to amend its rules governing reimbursement, contracting, grants, payments, cost reports and audits by

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December 15, 2006. It proposed criteria that the department's audit staff would be required to consider when determining the reasonableness of costs, including employee compensation and benefits costs, as well as new time frames for informal review decisions and appeals. It proposed to require the department to study the methods of cost reimbursement and to report its findings and make recommendations to the Joint Standing Committee of Health and Human Services by January 1, 2007. It proposed to require studies on the timing of audits and providers' training and technical assistance needs and to report the findings and make recommendations to the Joint Standing Committee on Health and Human Services by January 15, 2008. It proposed to allow the committee to report out legislation to accomplish the recommendations of the reports.

### ***Enacted law summary***

Public Law 2005, chapter 588 changes some of the practices governing audits of health care providers and other community services conducted by the Department of Health and Human Services. The law requires the department to apply revised audit interpretations prospectively and to post final audit interpretations or decisions on the department's website. It requires the department to amend its rules governing reimbursement, contracting, grants, payments, cost reports and audits by December 15, 2006. It provides criteria that the department's audit staff must consider when determining the reasonableness of costs, including employee compensation and benefits costs, as well as new time frames for informal review decisions and appeals. It requires the department to study the methods of cost reimbursement and to report the findings and make recommendations to the Joint Standing Committee of Health and Human Services by January 1, 2007. It also requires studies on the timing of audits and providers' training and technical assistance needs and requires the Department of Health and Human Services to report the findings and make recommendations to the Joint Standing Committee on Health and Human Services by January 15, 2008. It allows the committee to report out legislation to accomplish the recommendations of the reports.

Public Law 2005, chapter 588 was enacted as an emergency measure effective April 14, 2006.

**LD 1959**

### **An Act To Guarantee Access to Medically Necessary Medications during the Implementation of the Medicare Part D Prescription Drug Program**

**ONTP**

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

LD 1959 proposed to direct the Department of Health and Human Services to report 2 weeks after the effective date of the bill and thereafter bimonthly until January 30, 2007 on the status of implementation of the Medicare Part D prescription drug program to the Joint Standing Committee on Health and Human Services. The bill proposed appropriations and allocations for outreach under the MaineCare program and the elderly low-cost drug program and proposed to direct the Department of Health and Human Services to establish a Medicare Part D emergency fund 90 days from January 1, 2006 that would provide continued coverage of drugs that were currently provided through MaineCare or the elderly low-cost drug program. The bill also proposed to direct the Department of Health and Human Services to study all options available for using the federal State Pharmacy Assistance Program and to present the results to the Joint Standing Committee on Health and Human Services by April 1, 2006.

For related legislation see the supplemental budget, LD 1968, PL 2005, chapter 519, part AAA.

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**LD 1973**                      **Resolve, To Improve Quality and Access to Mental Health Care Through the Development of a Joint Strategic Plan**                      **RESOLVE 192**

<u>Sponsor(s)</u> ROSEN R PINGREE	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-569
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LD 1973 proposed to require Maine’s 4 mental health hospitals to jointly develop a comprehensive strategic plan for the provision of hospital-based mental health services.

**Committee Amendment “A” (S-569)** proposed to add 3 steps to the strategic planning process and authorize the participants to request the assistance of the Office of Fiscal and Program Review. It proposed to require reporting to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the 2nd draft plan by January 15, 2007 and the final draft plan by March 15, 2007.

*Enacted law summary*

Resolve 2005, chapter 192 requires Maine’s 4 mental health hospitals to jointly develop a comprehensive strategic plan for the provision of hospital-based mental health services.

The development of the plan is required to include 3 steps in the strategic planning process, each step gradually more inclusive. Assistance may be requested from the Office of Fiscal and Program Review. The resolve requires reporting to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the 2nd draft plan by January 15, 2007 and the final draft plan by March 15, 2007.

**LD 1976**                      **Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization**                      **RESOLVE 166 EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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LD 1976 proposed to provide for legislative review of portions of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization related to the release of health care practitioner data.

*Enacted law summary*

Resolve 2005, chapter 166 authorizes final adoption of portions of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization related to the release of health care practitioner data.

Resolve 2005, chapter 166 was enacted as an emergency with an effective date of April 4, 2006.

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**LD 1980**                      **Resolve, To Provide Influenza Immunization Agents to All Health Care Facilities in the State**                      **ONTP**

<u>Sponsor(s)</u> MARRACHE		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 1980 proposed to direct the Department of Health and Human Services to provide the influenza vaccine from its current supply to all health care facilities and health care practitioners in the state that did not receive the vaccine, review the ordering/distribution system for influenza vaccines and to devise a plan so that all health care practitioners and facilities in the state received the vaccines in timely manner for the next flu season. It also proposed to direct the department to include a system for providing sufficient antiviral medication in the event of a flu pandemic in the plan.

See Public Law 2005, chapter 670.

**LD 1982**                      **Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Health Care Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization**                      **RESOLVE 165 EMERGENCY**

<u>Sponsor(s)</u>		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-881
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LD 1982 proposed to provide for legislative review of portions of Chapter 270: Uniform Reporting System for Health Care Quality Data Sets, a major substantive rule of the Maine Health Data Organization. The rule changes would be related to quality metrics for healthcare associated infections and would require hospitals to report specific data related to these metrics.

**Committee Amendment “A” (H-881)** proposed to change the resolve by making the approval of the rules contingent upon the removal of 2 healthcare associated infection (HAI) quality metrics in the section of the rule designated section 3 (B).

*Enacted law summary*

Resolve 2005, chapter 165 authorizes final adoption of portions of Chapter 270: Uniform Reporting System for Health Care Quality Data Sets, a major substantive rule of the Maine Health Data Organization. The rule change establishes quality metrics for healthcare associated infections and requires hospitals to report specific data related to these metrics.

Resolve 2005, chapter 165 was enacted as an emergency measure effective April 4, 2006.

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**LD 1983**

**Resolve, Directing the Department of Health and Human Services  
To Develop a Model for Community-based Therapeutic Living  
Settings for Adults with Mental Illness**

**RESOLVE 188**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS MAYO	OTP-AM	H-932

LD 1983 proposed to direct the Department of Health and Human Services to develop a model for a system of community-based therapeutic living settings for adults with mental illness. It also proposed to direct the Office of Fiscal and Program Review to examine the system of community-based therapeutic living settings for adults with mental illness in the State of Montana.

**Committee Amendment “A” (H-932)** proposed to make the following changes to the resolve. It proposed to remove the requirement that the community-based therapeutic living model for adults with mental illness be limited to persons currently receiving services at Riverview Psychiatric Center or living in community-based group homes and add a requirement that the model grant priority to persons who previously lived in those settings or in the Augusta Mental Health Institute. It proposed to require the development of a per-unit comparison of residential placements with the assistance of the Office of Fiscal and Program Review. It proposed to require a report no later than September 1, 2006. It proposed to delete a study of community-based therapeutic living settings for adults in Montana.

***Enacted law summary***

Resolve 2005, chapter 188 directs the Department of Health and Human Services to develop a model for a system of community-based therapeutic living settings for adults with mental illness.

It requires that the model grant priority to persons who previously lived in residential placements or in the Augusta Mental Health Institute. It requires the development of a per-unit comparison of residential placements with the assistance of the Office of Fiscal and Program Review. It requires a report no later than September 1, 2006.

**LD 1987**

**An Act To Increase Consumer Awareness of Prescription Drug Pricing**

**PUBLIC 610**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKAS MAYO	OTP-AM MAJ ONTP MIN	H-965 S-587 MAYO

LD 1987 proposed to require the director of the Governor's Office of Health Policy and Finance to compile a list of the 20 most-distributed prescription drugs in this State. The director would be required to notify at least semiannually each chain pharmacy licensed in this State of the listed drugs. Each chain pharmacy, which is defined as a pharmacy that is part of a corporate grouping with 4 or more pharmacies, would be required to report monthly to the director the retail price charged for each of the drugs on the list as well as the retail price charged for a generic equivalent of a drug on the list. Each chain pharmacy would be required to post the list in its store along with the prices charged by that chain pharmacy for the drugs on the list and any generic equivalents to those drugs. The director would be required to post on a publicly accessible website the list, the names of the chain

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pharmacies reporting, the prices charged by each chain pharmacy for the listed drugs and the names and prices charged by each chain pharmacy of any generic equivalents to those drugs on the list.

**Committee Amendment “A” (H-965)** proposed to require a pharmacist or person acting at the direction of a pharmacist to provide usual and customary price information to consumers and, if reasonably obtainable, the price applicable to the consumer. The amendment proposed to direct a pharmacy to post a notice about the availability of price information. The amendment proposed to also direct the Governor’s Office of Health Policy and Finance and the Department of Health and Human Services, Office of Elder Services to convene a working group to discuss consumer access to prescription drug information and to post on the Internet basic prescription drug information.

**Senate Amendment “A” to Committee Amendment “A” (S-587)** proposed to clarify that a pharmacy must give consumer price information in person or on the telephone.

### *Enacted law summary*

Public Law 2005, chapter 610 requires a pharmacist or person acting at the direction of a pharmacist to provide usual and customary price information to consumers and, if reasonably obtainable, the price applicable to the consumer. The law directs a pharmacy to post a notice about the availability of price information and requires a pharmacy to give consumer price information in person or on the telephone. The law also directs the Governor’s Office of Health Policy and Finance and the Department of Health and Human Services, Office of Elder Services to convene a working group to discuss consumer access to prescription drug information and to post on the Internet basic prescription drug information.

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LD 1991

**Resolve, To Ensure the Availability of Consumer-directed  
Personal Assistance Services**

**RESOLVE 199**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EDMONDS RICHARDSON J	OTP-AM	S-581 S-600 MAYO

LD 1991 proposed the following.

1. It proposed to direct the Commissioner of Health and Human Services and the Commissioner of Labor to adopt rules to increase rates of reimbursement for providers of consumer-directed personal care assistance services.
2. It proposed to direct the Commissioner of Health and Human Services and the Commissioner of Labor to initiate a competitive bidding process to solicit bids from prospective providers of consumer-directed personal care assistance services.
3. It proposed to direct the Commissioner of Health and Human Services and the Commissioner of Labor to develop a plan and timeline to implement recommendations of the working group established pursuant to Public Law 2003, chapter 673 on consumer direction in Maine's long-term supportive services system, and to submit the plan and timeline to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Labor.

**Committee Amendment “A” (S-581)** proposed to add to the work of the Commissioner of Health and Human Services and the Commissioner of Labor a survey of wages and benefits of personal care assistants, including those in programs for which funds are provided by the State, and a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2007. The amendment proposed to change the resolve to provide wage increases from \$9 to \$10 per hour in order to reflect the increase from \$7.71 to \$9.00 per hour provided in Public Law 2005, chapter 519, Part VVV. The amendment proposed to provide an appropriation for the Department of Health and Human Services programs. The amendment proposed to make money available for the wage increase October 1, 2006.

**Senate Amendment “A” to Committee Amendment “A” (S-600)** proposed to direct the Department of Health and Human Services to submit an amendment to the State Medicaid plan for a program for personal assistance services for persons with physical disabilities. The amendment proposed to allow a pay increase up to \$10 per hour if funding were available from the program. The amendment proposed to delay any increase in the program run by the Department of Labor until the Department of Health and Human Services program grants an increase.

***Enacted law summary***

Resolve 2005, chapter 199 accomplishes the following.

1. It directs the Commissioner of Health and Human Services and the Commissioner of Labor to adopt rules to increase rates of reimbursement for providers of consumer-directed personal care assistance services up to \$10 per hour rate of pay, depending on available funds.

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2. It directs the Commissioner of Health and Human Services and the Commissioner of Labor to initiate a competitive bidding process to solicit bids from prospective providers of consumer-directed personal care assistance services.
3. It directs the Commissioner of Health and Human Services and the Commissioner of Labor to develop a plan and timeline to implement recommendations of the working group established pursuant to Public Law 2003, chapter 673 on consumer direction in Maine's long-term supportive services system, and to submit the plan and timeline to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Labor.
4. It requires the Commissioner of Health and Human Services and the Commissioner of Labor to conduct a survey of wages and benefits of personal care assistants, including those in programs for which funds are provided by the State, and to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2007.
5. It requires the Department of Health and Human Services to submit an amendment to the Medicaid state plan for a program for personal assistance services for persons with physical disabilities.

**LD 1992**

**An Act Regarding Prescription Drug Information Intermediaries**

**PUBLIC 589**

Sponsor(s)  
MAYO  
PINGREE

Committee Report  
OTP-AM

Amendments Adopted  
S-549

LD 1992 proposed to prohibit pharmacy benefits managers and electronic transmission intermediaries from releasing health care information, which is defined as information that directly identifies an individual and that relates to the individual's physical, mental or behavioral condition, personal or family medical history or medical treatment or the health care provided to that individual, unless permission is received from the individual or other authorized person. Current law prohibits health care providers, pharmacies and insurance companies from releasing this information.

**Committee Amendment “A” (S-549)** proposed to replace the bill. It proposed to prohibit a prescription drug information intermediary from selling or exchanging for value prescription drug information that identifies directly or indirectly an individual who is the subject of the prescription drug information. It proposed to designate a violation of this Act as a violation of the Maine Unfair Trade Practices Act. The amendment also proposed to require drug manufacturers who pay the fee for state oversight of prescription drug and clinical trial information to pay that fee to the State. Current law requires that fee to be paid to the Department of Health and Human Services. The amendment did not propose to change or add to the fee.

### ***Enacted law summary***

Public Law 2005, chapter 589 prohibits a prescription drug information intermediary from selling or exchanging for value prescription drug information that identifies directly or indirectly an individual who is the subject of the prescription drug information. It designates a violation of this Act as a violation of the Maine Unfair Trade Practices Act. The law also requires drug manufacturers who pay the fee for state oversight of prescription drug and clinical trial information to pay that fee to the State. Current law requires that fee to be paid to the Department of Health and Human Services. The law does not change or add to the fee.

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LD 1994

**Resolve, To Preserve Patient Records**

**RESOLVE 164**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SMITH W BARTLETT	OTP-AM	H-882

LD 1994 proposed to provide that a hospital or health care practitioner may not destroy an image of a patient recorded using x rays, magnetic resonance imaging or computerized tomography without the consent of the patient.

**Committee Amendment “A” (H-882)** proposed to replace the bill and change it to a resolve. It proposed to direct the Department of Health and Human Services to amend the rules regarding licensing for general and specialty hospitals and ambulatory surgical facilities to require general public notice or notice to a patient when hospitals and facilities plan to destroy or purge images of a patient that were made using x rays, magnetic resonance imaging or computerized tomography. The amendment proposed to designate the rules as routine technical rules.

*Enacted law summary*

Resolve 2005, chapter 164 directs the Department of Health and Human Services to amend the rules regarding licensing for general and specialty hospitals and ambulatory surgical facilities to require general public notice or notice to a patient when hospitals and facilities plan to destroy or purge images of a patient that were made using x rays, magnetic resonance imaging or computerized tomography. The resolve designates the rules as routine technical rules.

LD 1995

**Resolve, Directing the Department of Health and Human Services  
To Amend Its Rules To Ensure Efficiencies in the Billing and  
Delivery of Outpatient Clinical Services**

**RESOLVE 203**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS BRENNAN	OTP-AM	H-1033 H-1045 PINGREE

LD 1995 proposed to direct the department to amend its rules governing reimbursement under MaineCare to allow for reimbursement to providers of outpatient clinical services who practice independently. Under rules adopted by the Department of Health and Human Services, certain providers of outpatient clinical services may be reimbursed for services provided to MaineCare members only if the service providers are affiliated with an agency.

**Committee Amendment “A” (H-1033)** proposed to require the Department of Health and Human Services to amend the MaineCare rules for licensed clinical social workers, licensed marriage and family therapists, licensed pastoral counselors and licensed professional counselors to provide additional standards in order to coordinate and integrate with MaineCare-managed behavioral health care services. The amendment proposed to tie



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**LD 2003**                      **Resolve, Regarding Legislative Review of Portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level III, a Major Substantive Rule of the Department of Health and Human Services**                      **RESOLVE 154 EMERGENCY**

<u>Sponsor(s)</u>		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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LD 2003 proposed to provide for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level III, a major substantive rule of the Department of Health and Human Services.

***Enacted law summary***

Resolve 2005, chapter 154 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level III, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 154 was passed as an emergency measure effective March 30, 2006.

**LD 2004**                      **Resolve, Regarding Legislative Review of Portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level IV, a Major Substantive Rule of the Department of Health and Human Services**                      **RESOLVE 152 EMERGENCY**

<u>Sponsor(s)</u>		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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LD 2004 proposed to provide for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level IV, a major substantive rule of the Department of Health and Human Services.

***Enacted law summary***

Resolve 2005, chapter 152 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level IV, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 152 was passed as an emergency measure effective March 30, 2006.



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**LD 2007**                      **Resolve, Regarding Legislative Review of Portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Programs, a Major Substantive Rule of the Department of Health and Human Services**                      **RESOLVE 160 EMERGENCY**

<u>Sponsor(s)</u>		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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LD 2007 proposed to provide for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Programs, a major substantive rule of the Department of Health and Human Services.

***Enacted law summary***

Resolve 2005, chapter 160 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Programs, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 160 was passed as an emergency measure effective March 30, 2006.

**LD 2008**                      **Resolve, Regarding Legislative Review of Portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level I, a Major Substantive Rule of the Department of Health and Human Services**                      **RESOLVE 155 EMERGENCY**

<u>Sponsor(s)</u>		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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LD 2008 proposed to provide for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level I, a major substantive rule of the Department of Health and Human Services.

***Enacted law summary***

Resolve 2005, chapter 155 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level I, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 155 was passed as an emergency measure effective March 30, 2006.





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***Enacted law summary***

Resolve 2005, chapter 196 provides for legislative review of portions of Chapter III, Section 50: Intermediate Care Facilities for the Mentally Retarded, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 196 was enacted as an emergency measure effective April 19, 2006.

**LD 2064**                      **Resolve, Regarding Legislative Review of Portions of Chapter 33: Home Day Care Provider Rules, a Major Substantive Rule of the Department of Health and Human Services**                      **RESOLVE 195 EMERGENCY**

<u>Sponsor(s)</u>		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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LD 2064 proposed to provide for legislative review of portions of Chapter 33: Home Day Care Provider Rules, a major substantive rule of the Department of Health and Human Services.

***Enacted law summary***

Resolve 2005, chapter 195 provides for legislative review of portions of Chapter 33: Home Day Care Provider Rules, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 195 was enacted as an emergency measure effective April 19, 2006.

**LD 2094**                      **An Act To Address Eating Disorders in Maine**                      **DIED ON ADJOURNMENT**

<u>Sponsor(s)</u>		<u>Committee Report</u> OTP		<u>Amendments Adopted</u> H-900 PINGREE
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LD 2094 was submitted by the Joint Standing Committee on Health and Human Services. The bill proposed to provide funding of \$138,000 for an eating disorders initiative to provide education and assistance to Maine residents suffering from eating disorders. The bill proposed to require the Department of Health and Human Services to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by May 1, 2007.

**House Amendment “A” (H-900)** proposed to make a technical correction to the name of the program account for the Maine Center for Disease Control and Prevention.

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**LD 2097**

**An Act To Facilitate the Maine Quality Forum**

**PUBLIC 615**

<u>Sponsor(s)</u> MILLER MAYO	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-1077
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LD 2097 proposed to make health information networks eligible to apply for Maine Health and Higher Education Facilities Authority Act bonding. It also proposed a limited public records exception for practitioner-specific data used or maintained by the Maine Quality Forum, which would keep the data confidential until it was determined to be complete and accurate.

**Committee Amendment “A” (H-1077)** proposed to remove the portion of the bill that would make health information networks eligible to apply for Maine Health and Higher Education Facilities Authority Act bonding.

*Enacted law summary*

Public Law 2005, chapter 615 allows a limited public records exception for practitioner-specific data used or maintained by the Maine Quality Forum. It keeps the data confidential until it is determined to be complete and accurate by the director of the Maine Quality Forum, at which time the data becomes available for public inspection.

**LD 2106**

**An Act To Address Potential Shortages of Influenza Immunizing Agents in Maine**

**PUBLIC 628  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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LD 2106 proposed to require influenza vaccine manufacturers and distributors to report information on the distribution of flu vaccines within the state to the Department of Health and Human Services. It proposed a public records exception, which would make the information reported to the department confidential. It proposed to allow the department to release the information to certain entities under certain circumstances to facilitate access to the vaccines by Maine residents.

*Enacted law summary*

Public Law 2005, chapter 628 requires influenza vaccine manufacturers and distributors to report information on the distribution of flu vaccines within the state to the Department of Health and Human Services. It provides a public records exception, which makes the information reported to the department confidential. It allows the department to release the information to certain entities under certain circumstances to facilitate access to the vaccines by Maine residents.

Public Law 2005, chapter 628 was enacted as an emergency effective May 4, 2006.

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LD 2110

**An Act To Establish the Hospital and Health Care Provider Cooperation Act**

**PUBLIC 670**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM    MAJ	S-654
	ONTP      MIN	

LD 2110 proposed to repeal the Hospital Cooperation Act of 1992. It proposed to enact the Hospital and Health Care Provider Cooperation Act to provide a mechanism that hospitals and health care providers may use to provide state action immunity under federal antitrust laws when hospitals enter into cooperative agreements with other hospitals and health care providers enter into cooperative agreements with other health care providers. The bill sets the application fees for hospital and health care provider applications for certificates of public advantage. The bill proposed to maintain the same assessments as are in the current Hospital Cooperation Act of 1992. The bill proposed to enact an effective date of January 1, 2007.

**Committee Amendment “A” (S-654)** is the majority report of the committee.

This amendment proposed to do the following.

1. Add licensed community mental health services providers to the definition of health care providers included in the Hospital and Health Care Provider Cooperation Act. Mental health providers are covered by the Hospital Cooperation Act of 1992 and were inadvertently omitted from the bill.
2. Make grammatical changes in several places.
3. Prohibit issuing to health care providers a certificate of public advantage for a cooperative agreement that allows coordinated negotiation and contracting with payors or employers unless the negotiation and contracting are ancillary to clinical or financial integration. This prohibition is not intended to preclude consideration of whether clinical or financial integration is necessary to demonstrate that likely benefits outweigh likely disadvantages for the issuance of a certificate of public advantage with respect to a cooperative agreement for coordinated negotiation and contracting filed by hospitals.
4. Require a public hearing on the application for a certificate of public advantage if 5 or more persons request a hearing and require a record of the hearing to be kept as part of the public record of the application.
5. Add a requirement that the Department of Health and Human Services report by April 1, 2007 and January 1, 2008 to the joint standing committee of Legislature having jurisdiction over health and human services matters on the experience of the department in administering the Hospital and Health Care Provider Cooperation Act.
6. Delete the delayed effective date and insert an application clause to apply the new law to agreements entered into on or after June 1, 2006.

***Enacted law summary***

Public Law 2005, chapter 670 repeals the Hospital Cooperation Act of 1992. It enacts the Hospital and Health Care Provider Cooperation Act to provide a mechanism that hospitals and health care providers may use to provide state action immunity under federal antitrust laws when hospitals enter into cooperative agreements with

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other hospitals and health care providers enter into cooperative agreements with other health care providers. The law prohibits issuing to health care providers a certificate of public advantage for a cooperative agreement that allows coordinated negotiation and contracting with payors or employers unless the negotiation and contracting are ancillary to clinical or financial integration. This prohibition is not intended to preclude consideration of whether clinical or financial integration is necessary to demonstrate that likely benefits outweigh likely disadvantages for the issuance of a certificate of public advantage with respect to a cooperative agreement for coordinated negotiation and contracting filed by hospitals. The law requires a public hearing on the application for a certificate of public advantage if 5 or more persons request a hearing and requires a record of the hearing to be kept as part of the public record of the application. The law sets the application fees for hospital and health care provider applications for certificates of public advantage. The law maintains the same assessments as are in the current Hospital Cooperation Act of 1992.

The law requires that the Department of Health and Human Services to report by April 1, 2007 and January 1, 2008 to the joint standing committee of Legislature having jurisdiction over health and human services matters on the experience of the department in administering the Hospital and Health Care Provider Cooperation Act.

The law includes an application clause to apply the new law to agreements entered into on or after June 1, 2006.