

STATE OF MAINE
129TH LEGISLATURE
FIRST SPECIAL AND SECOND REGULAR SESSIONS



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

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

November 2020

STAFF:

ANNA BROOME, SENIOR LEGISLATIVE ANALYST
ERIN DOOLING, LEGISLATIVE ANALYST
OFFICE OF POLICY AND LEGAL ANALYSIS
13 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1670
<http://legislature.maine.gov/legis/opla/>
AND
LUKE LAZURE, SENIOR LEGISLATIVE ANALYST
OFFICE OF FISCAL AND PROGRAM REVIEW
5 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1635

MEMBERS:

SEN. GEOFFREY M. GRATWICK, CHAIR
SEN. NED CLAXTON
SEN. MARIANNE MOORE

REP. PATRICIA HYMANSON, CHAIR
REP. MARGARET CRAVEN
REP. ANNE C. PERRY
REP. COLLEEN M. MADIGAN
REP. RACHEL TALBOT ROSS
REP. MICHELE MEYER
REP. HOLLY B. STOVER
REP. BETH A. O'CONNOR
REP. KATHY IRENE JAVNER
REP. ABIGAIL W. GRIFFIN

STATE OF MAINE
129TH LEGISLATURE
FIRST SPECIAL AND SECOND REGULAR SESSIONS



**LEGISLATIVE DIGEST OF BILL SUMMARIES AND
ENACTED LAWS**

**SPECIAL NOTICE REGARDING
COVID-19 PANDEMIC**

As a result of the COVID-19 Pandemic, the Second Regular Session of the 129th Legislature adjourned on March 17, 2020, nearly a month prior to the statutory adjournment date of April 15, 2020. Before adjourning, the Legislature passed Joint Order, S.P. 788:

“ORDERED, the House concurring, that all matters not finally disposed of upon the adjournment sine die of the Second Regular Session of the 129th Legislature be carried over, in the same posture, to any special session of the 129th Legislature.”

The “matters not finally disposed of” were in many different postures upon adjournment. In this digest, at the end of each summary of a bill that was carried over by S.P. 788, there is an indication of the posture of the bill at the time of adjournment.

No special session has been held as of the publication of the Digest and none is anticipated, so all bills carried over are expected to die upon the conclusion of the 129th Legislature. However, after the Second Regular Session adjourned and in preparation for the possibility of a special session, a number of committees met and considered a number of bills in their possession. One hundred and sixty bills were acted upon in some way by committees (voted or reported out), among them several new bills that were printed and referred to committee, worked and reported out. **Appendix A** provides a list of the bills that were voted or reported out of committees after the Second Regular Session adjourned.

Joint Standing Committee on Health and Human Services

LD 46 Resolve, To Establish the Cumberland County Jail Substance Use Disorder Rehabilitation Pilot Project

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN M CHENETTE J	OTP-AM	H-354

This bill was amended to a resolve in the First Regular Session of the 129th Legislature and then carried over on the Special Appropriations Table from the First Regular Session by joint order, H.P. 1322.

This bill provides funding to create a substance use disorder clinic at the Cumberland County jail.

Committee Amendment "A" (H-354)

This amendment replaces the bill with a resolve. It provides funding to the Department of Corrections to establish a 24-month pilot project at the Cumberland County jail to assist in the rehabilitation of individuals incarcerated or detained at the jail who need substance use disorder treatment. The pilot project must focus on the health of the individual and provide services that include counseling, medication-assisted treatment, education and employment opportunities and community service. The contract must include outcome measures for those who are no longer in the jail.

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

LD 115 An Act To Appropriate Funds for Home Visiting Services To Provide Child Development Education and Skills Development for New Parents

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M	OTP-AM	H-137

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill appropriates funds for home visiting services to provide child development education and skills development for new parents.

Committee Amendment "A" (H-137)

This amendment directs the Board of the Maine Children's Trust Incorporated to use state funds it receives to maximize its receipt of federal funds. This amendment also adds an appropriation of funds to stabilize the workforce by bringing salaries of home visitors in line with comparable positions. It reduces the additional funding provided in the bill for home visiting services from \$4,000,000 for fiscal year 2019-20 and \$3,000,000 for fiscal year 2020-21 to \$500,000 for each year and provides that the funding must be used to reduce any waiting lists for home visiting services. It directs these funds to go to the Maine Children's Trust.

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

Joint Standing Committee on Health and Human Services

LD 154 An Act To Amend the Law Governing MaineCare Coverage of Chiropractic Treatment

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N MARTIN J	OTP-AM ONTP	S-37

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill requires all chiropractic services that are within the scope of practice of chiropractic doctors and performed by a licensed chiropractic doctor to be reimbursed under the MaineCare program. Under current law, the Department of Health and Human Services is required to reimburse for only chiropractic evaluation and management examinations. The bill also corrects a numbering problem created by Public Law 2017, chapters 421 and 454, which enacted two substantively different provisions with the same section number.

Committee Amendment "A" (S-37)

This amendment, which is the majority report of the committee, requires the Department of Health and Human Services to apply for a state plan amendment to allow for Medicaid reimbursement for all chiropractic services within the scope of practice of chiropractic doctors no later than January 1, 2020. If the state plan amendment is not approved by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, chiropractic doctors will not be reimbursed by MaineCare for any additional chiropractic services not currently eligible for reimbursement. The amendment also adds an appropriations and allocations section.

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

LD 177 Resolve, To Improve Access to Bariatric Care

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A GRATWICK G	OTP-AM	H-472

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve requires the Department of Health and Human Services to provide 16 new specialized bariatric care beds in one or more nursing facilities to serve individuals with a body mass index greater than 40.

Committee Amendment "A" (H-472)

This amendment replaces the resolve. It requires the Department of Health and Human Services to develop a plan to provide up to 16 new specialized bariatric care nursing facility beds by September 1, 2020. The amendment also adds an emergency preamble and emergency clause.

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

Joint Standing Committee on Health and Human Services

LD 181 An Act To Provide Funding to the Department of Health and Human Services To Support Free Health Clinics in the State

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH D	ONTP OTP-AM	H-11

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill provides funding to support free health clinics in the State.

Committee Amendment "A" (H-11)

This amendment, which is the minority report of the committee, clarifies that the health clinics being funded provide all services to the public at no charge. It also clarifies that the additional funding in the bill is only in the 2020-21 biennium and the funding is distributed through a request for proposals.

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

LD 227 Resolve, Directing the Department of Health and Human Services To Review the State's Public Health Infrastructure

RESOLVE 114

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CARSON B	OTP-AM	H-667

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

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

This bill proposes to enact measures designed to strengthen the State's public health infrastructure by:

1. Identifying community-level geographic regions where essential public health services, including competent and qualified comprehensive community health coalitions, can be funded equitably;
2. Ensuring that basic and essential public health services be delivered in each public health district and tribal health district;
3. Identifying emerging nonclinical public health workers, including community health workers, community paramedics, recovery coaches and resiliency coaches, who can strengthen the efficiency and effectiveness of public health service delivery;
4. Facilitating, when possible, the integration and collaboration of public and private public health professionals with public safety professionals and emergency preparedness professionals; and
5. Enabling the operation of public health professionals, public safety professionals and emergency preparedness professionals as a cohesive and coordinated public health team to improve the visibility and understanding of public

Joint Standing Committee on Health and Human Services

health among Maine children and adults.

Committee Amendment "A" (H-667)

This amendment replaces the bill, which is a concept draft, with a resolve. It directs the Commissioner of Health and Human Services to review, with stakeholder input, the State's public health infrastructure and develop recommendations to strengthen the efficiency and effectiveness of public health service delivery and to submit a report with those recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 1, 2021. The committee may report out legislation to the First Regular Session of the 130th Legislature related to the recommendations of the report.

Enacted Law Summary

Resolves 2019, chapter 114 directs the Commissioner of Health and Human Services to review, with stakeholder input, the State's public health infrastructure and develop recommendations to strengthen the efficiency and effectiveness of public health service delivery and to submit a report with those recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 1, 2021. The committee may report out legislation to the First Regular Session of the 130th Legislature related to the recommendations of the report.

LD 231 An Act To Improve Public Health by Maximizing Federal Funding Opportunities ONTP

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

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

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

This bill proposes to increase federal funding to improve the State's public health outcomes and workforce by designating the Maine Public Health Institute within the University of Southern Maine's Edmund S. Muskie School of Public Service as an agent of the Department of Health and Human Services for the purpose of applying for federal funds to support public health research and programming. To provide guidance to the Maine Public Health Institute in carrying out this duty, this bill would establish an advisory board composed of officials from the department, including the Director of the Maine Center for Disease Control and Prevention, and representatives of statewide public health organizations and care providers. The bill would require that the Maine Public Health Institute report every two years to the department and the joint standing committee of the Legislature having jurisdiction over health and human services matters.

LD 232 Resolve, Directing the Department of Health and Human Services To Review the Progressive Treatment Program and Processes by Which a Person May Be Involuntarily Admitted to a Psychiatric Hospital or Receive Court-ordered Community Treatment HELD BY GOVERNOR

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A MOORE M	OTP-AM	H-707

Joint Standing Committee on Health and Human Services

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

This bill changes the process by which a petition to the District Court is made to admit a patient at a designated nonstate mental health institution to a progressive treatment program. Current law provides that the superintendent or chief administrative officer of a psychiatric hospital, including a designated nonstate mental health institution, directly petition the District Court. This bill provides that the superintendent or chief administrative officer of a designated nonstate mental health institution request the Commissioner of Health and Human Services to petition the District Court on the superintendent's or chief administrative officer's behalf.

Committee Amendment "A" (H-707)

This amendment replaces the bill with a resolve. It adds an emergency preamble and emergency clause. It directs the Commissioner of Health and Human Services to convene a stakeholder group of interested parties to review the progressive treatment program under the Maine Revised Statutes, Title 34-B, section 3873-A to increase participation of nonstate mental health institutions in that program and to review for efficiency and effectiveness the processes by which a person may be involuntarily admitted to a psychiatric hospital or receive court-ordered community treatment pursuant to Title 34-B, chapter 3, subchapter 4, article 3. The commissioner is directed to submit a report with recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 1, 2020. The committee may report out legislation to the First Regular Session of the 130th Legislature related to the recommendations of the report.

LD 234 Resolve, To Increase Certain Chiropractic Reimbursement Rates under CARRIED OVER
the MaineCare Program

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J LIBBY N	OTP-AM ONTP	H-22

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve requires the Department of Health and Human Services, by January 1, 2020, to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Section 15 to increase reimbursement rates for chiropractic services for manipulative treatments under procedure codes 98940, 98941 and 98942 to no less than 70% of the federal Medicare reimbursement rate for these services as long as the rate is no lower than the rate reimbursed as of January 1, 2019. If the department conducts a rate study of chiropractic services for manipulative treatments, the department may adopt new rates. The rules adopted are routine technical rules.

Committee Amendment "A" (H-22)

This amendment, which is the majority report of the committee, amends the appropriations and allocations section of the bill to reflect a more accurate estimate of the cost of the bill.

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

Joint Standing Committee on Health and Human Services

LD 284 An Act To Improve Care Provided to Forensic Patients

ONTP

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

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

This bill establishes a residential forensic step-down facility, which provides treatment of forensic patients who no longer require hospital level care but cannot be safely treated in a community setting, in Augusta in the Capitol Area. It authorizes the Commissioner of Health and Human Services to maintain and operate the 21-bed forensic step-down facility. It provides that the facility must be licensed and that the Department of Health and Human Services must adopt rules that apply specifically to the licensure of a forensic step-down facility and that include the admission and discharge standards of the facility, the staffing model, security, patients' access to treatment and patient rights protections. It requires that the department provisionally adopt rules to implement the licensure of the forensic step-down facility no later than January 11, 2020. It creates an advisory committee to participate in and guide the planning process for the facility and to report to the Joint Standing Committee on Health and Human Services. It authorizes the committee to report out a bill based on the advisory committee's report. It requires the department to report to the committee on the progress of creating the facility and developing rules. It provides that the transfer of a forensic patient into the forensic step-down facility must be approved by a court of appropriate jurisdiction. It includes the forensic step-down facility in the Maine Revised Statutes, Title 34-B, chapter 1 as a "state institution."

LD 315 Resolve, To Promote Healthy Living in Maine

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C POULIOTM	OTP-AM	H-197

This bill was amended to a resolve in the First Regular Session of the 129th Legislature and then carried over on the Special Appropriations Table by joint order, H.P. 1322.

This bill appropriates funds for evidence-based programs to promote healthy living of the State's older adults.

Committee Amendment "A" (H-197)

This amendment replaces the bill with a resolve that directs the Department of Health and Human Services to establish a two-year program designed to support and improve the health and well-being of the State's older adults and reduce health care treatment costs by preventing disease, injury and falls. It directs the department to contract for the implementation of this program with one or more community-based organizations that have a demonstrated ability to deliver evidence-based programs to serve older adults statewide, especially in rural, underserved and unserved areas of the State. The amendment describes the criteria that a community-based organization must meet in order to be awarded a contract. It also changes the appropriations and allocations section to indicate that it is one-time funding.

This resolve was again carried over, still on the Special Appropriations Table, to any special session of the 129th

Joint Standing Committee on Health and Human Services

Legislature by joint order, S.P. 788.

LD 325 An Act To Provide Emergency Funds for Clients of the Adult Protective Services System CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RECKITTL	OTP-AM ONTP	H-140

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill provides funding for emergency funds for Adult Protective Services caseworkers to access for needy clients.

Committee Amendment "A" (H-140)

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

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

LD 362 Resolve, To Require the Department of Health and Human Services To Submit a State Plan Amendment To Exempt Retirement and Educational Assets from Calculations for Medicaid Eligibility CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S HARNETT T	OTP-AM	S-387

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

This resolve requires the Department of Health and Human Services to prepare and submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services in order to make a change in Medicaid eligibility requirements for individuals with disabilities under 65 years of age who have dependent children living in the home by disregarding assets held in qualifying retirement and education accounts.

Committee Amendment "A" (S-387)

This amendment adds an appropriations and allocations section.

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

Joint Standing Committee on Health and Human Services

**LD 373 An Act To Provide MaineCare Coverage for Dental Services to Adults
with Intellectual Disabilities or Autism Spectrum Disorder, Brain
Injuries and Other Related Conditions**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TEPLER D GRATWICK G	OTP-AM	H-353

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill directs the Department of Health and Human Services to extend MaineCare dental services to a person 21 years of age or older who receives support services for adults with intellectual disabilities or autism spectrum disorder. Dental services provided to such a person must be the same as those provided under the MaineCare program to an eligible person under 21 years of age.

Committee Amendment "A" (H-353)

This amendment expands the adult dental benefit proposed in the bill to include individuals receiving home-based or community-based services under the brain injury and other related conditions waivers under Medicaid. It requires the Department of Health and Human Services to seek any necessary amendments to the waivers from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. It also reallocates the provisions of the bill to the existing section in the Maine Revised Statutes governing adult dental services under the MaineCare program. The amendment also adds an appropriations and allocations section.

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

**LD 399 An Act To Align Wages for Direct Care Workers for Persons with
Intellectual Disabilities or Autism with the Minimum Wage**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M LIBBY N	ONTP OTP-AM	H-412

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill specifies that the MaineCare reimbursement rate for direct care workers for adults with intellectual disabilities or autism must be at least 125% of the state minimum wage.

Committee Amendment "A" (H-412)

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

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

Joint Standing Committee on Health and Human Services

LD 414 An Act To Increase the Number of Intensive Case Managers

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DODGE J HERBIG E	OTP-AM	H-196

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill directs the Department of Health and Human Services to create additional intensive case manager positions so that counties that do not have a county jail or regional jail will have an intensive case manager. An intensive case manager oversees persons who are detained by a law enforcement officer and who have intellectual disabilities or mental health conditions or have misused substances and connects them to the services for which they qualify, works with the court system to ensure that they receive due process and speedy trials and assists persons who qualify for the MaineCare program to apply for and receive MaineCare benefits and services while being detained or incarcerated, including during the implementation of diversion and reentry plans.

Committee Amendment "A" (H-196)

This amendment replaces the bill. It provides funding for four additional Intensive Case Manager positions in the Department of Health and Human Services.

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

LD 428 An Act To Establish Wage and Employment Parity between Adult and Child Protective Services Caseworkers in the Department of Health and Human Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RECKITTL	ONTP OTP-AM	H-139 H-549 MADIGAN C

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill requires the Department of Health and Human Services to provide at least one week of training to new employees engaged in adult protective services. It requires the number of supervisory positions in adult protective services and child protective services to be identical. It provides funding for the recruitment and retention of employees in Adult Protective Services Caseworker positions and Adult Protective Services Caseworker Supervisor positions with a \$5 per wage-hour stipend payment.

Committee Amendment "A" (H-139)

This amendment, which is the minority report of the committee, amends the bill to require the Department of Health and Human Services to provide at least one week of training to any employee engaged in adult protective services instead of to only new employees. It clarifies that it is the ratio of supervisors to caseworkers, instead of the number of supervisors, that must be identical in adult protective services and child protective services. The amendment also provides that Adult Protective Services Caseworker positions, Adult Protective Services Caseworker Supervisor

Joint Standing Committee on Health and Human Services

positions, Adult Protective Services Public Service Manager I positions and Adult Protective Services Public Service Manager II positions receive a \$1 per wage-hour stipend for employees holding or obtaining a relevant master's degree. It provides that the \$5 per wage-hour stipend payment and \$1 per wage-hour stipend payment authorized for Adult Protective Services Caseworker positions, Adult Protective Services Caseworker Supervisor positions, Adult Protective Services Public Service Manager I positions and Adult Protective Services Public Service Manager II positions must be considered part of those employees' base pay for purposes of transfers, promotions, cost-of-living adjustments, merit increases and collectively bargained wage increases. The amendment also replaces the appropriations and allocations section.

House Amendment "A" To Committee Amendment "A" (H-549)

This amendment removes language requiring the Department of Health and Human Services to provide at least one week of training to new employees and removes language regarding the ratio of supervisors to caseworkers. It provides funding to support the recruitment and retention of certain employees in the Department of Health and Human Services, Office of Aging and Disability Services with a stipend payment of up to \$5 per wage-hour and an additional \$1 per wage-hour stipend payment for employees holding a relevant master's degree.

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

LD 474 Resolve, To Establish a Medically Tailored Food Pilot Project CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L PIERCE T	OTP-AM	S-36

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve directs the Department of Health and Human Services to request the United States Department of Agriculture to waive the asset test for determining the eligibility for the federal supplemental nutrition assistance program of any household in which there is an individual who is 60 years of age or older. It also directs the department to develop a pilot project to provide home-delivered meals to individuals who are 60 years of age or older and who are homebound or at risk for readmission to a health care facility. It requires the department to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters at the conclusion of the pilot project. The bill also provides funding to eliminate the waiting list for home-delivered meals to homebound individuals who are over 60 years of age who cannot prepare meals and do not have others available to prepare meals for them.

Committee Amendment "A" (S-36)

This amendment removes from the resolve the provisions relating to requesting a waiver from the asset test for the federal supplemental nutrition assistance program and providing additional funds to eliminate the waiting list for home-delivered meals to homebound individuals. The amendment also clarifies that the demonstration waiver for medically tailored foods applies to individuals who are 60 years of age or older, homebound and at risk for readmission to a health care facility. It changes the date for reporting on the two-year pilot project to January 1, 2023 and clarifies that the pilot project goes forward only if the waiver is approved by the Federal Government. The amendment also includes an appropriations and allocations section.

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

Joint Standing Committee on Health and Human Services

**LD 493 An Act To Provide Lung Cancer Counseling and Screening for
MaineCare Recipients**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L GATTINE D	OTP-AM	S-223

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill requires that shared decision-making counseling and annual screening for lung cancer for certain recipients be reimbursed under the MaineCare program. The Department of Health and Human Services may adopt routine technical rules to implement this requirement.

Committee Amendment "A" (S-223)

This amendment adds an appropriations and allocations section. The amendment also reallocates the statutory language to avoid a numbering conflict with a prior enacted section.

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

**LD 498 Resolve, Regarding Reimbursement of Physical Medicine and
Rehabilitation Codes under MaineCare**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L BRENNAN M	OTP-AM	S-144

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve sets the reimbursement rates for occupational therapy and physical therapy services under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 68 and 85 at 70% of the federal Medicare reimbursement rate as long as the rate is no lower than the rate in effect on January 1, 2019.

Committee Amendment "A" (S-144)

This amendment adds an appropriations and allocations section.

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

Joint Standing Committee on Health and Human Services

LD 508 **Resolve, To Study the Protection of Youth and Young Adults from
Addiction and Premature Death by Restricting Marketing of Tobacco
Products** **ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GROHOSKIN MOORE M	ONTP	

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

This resolve requires the Office of the Attorney General to research marketing practices by the tobacco industry and regulatory options for the State to employ to curb youth and young adult use of and addiction to tobacco products, including electronic nicotine delivery systems. The Office of the Attorney General is required to report its findings to the Joint Standing Committee on Health and Human Services by February 1, 2020, and the committee is required to submit a bill to the Second Regular Session of the 129th Legislature related to the report.

LD 511 **An Act To Create a Position within the Department of Health and
Human Services To Coordinate Dementia Programs and Services** **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M SANBORN L	OTP-AM	H-159

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill establishes a position within the Department of Health and Human Services, Office of Aging and Disability Services for coordinating programs and services to Maine's population with Alzheimer's disease and other dementias across departments and branches of State Government. The coordinator is required to implement recommendations developed by the United States Department of Health and Human Services, Centers for Disease Control and Prevention and national organizations such as the Alzheimer's Association and plans developed by the Department of Health and Human Services relating to Alzheimer's disease and other dementias. The department is required to submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters outlining the activities and progress of the coordinator and the department. The bill includes funding for the coordinator position.

Committee Amendment "A" (H-159)

This amendment replaces references to "Alzheimer's disease and other dementias" from the bill and uses the term "dementia" instead. It also clarifies that the coordinator oversees the implementation of any state or federal plans related to dementia and that programs and services are for both individuals with dementia and their families.

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

Joint Standing Committee on Health and Human Services

LD 539 Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Nursing Facilities CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREAD MILLETTR	OTP-AM	H-131

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

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

Committee Amendment "A" (H-131)

This amendment increases the personal needs allowance for residents of nursing facilities to \$50 rather than the \$70 required in the resolve. It removes the section of the resolve that increases the personal needs allowance for residents of residential care facilities. The amendment also specifies the rule chapter of the Department of Health and Human Services that is changed, changes the title of the resolve and adds an appropriations and allocations section.

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

LD 593 Resolve, To Stabilize the Behavioral Health Workforce and Avert More Expensive Treatments CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BREEN C MADIGAN C	OTP-AM ONTP	S-143 S-161 BREEN C

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve provides funding to increase rates by 8% in rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services. The resolve also specifies that the increase in reimbursement rates must be applied to wages and benefits for employees who provide direct care services and not to administrators or managers and that to qualify for the rate increase an agency providing services must demonstrate, to the satisfaction of the Department of Health and Human Services, that an increase in wages and benefits has been granted to employees providing direct care services that equals the amount of the projected increase in reimbursement to be received.

Committee Amendment "A" (S-143)

This amendment, which is the majority report of the committee, updates the appropriations and allocations section to reflect a more recent estimate of the cost.

Senate Amendment "A" To Committee Amendment "A" (S-161)

This amendment removes the emergency preamble and clause and changes the date by which the Department

Joint Standing Committee on Health and Human Services

of Health and Human Services must amend its rule.

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

LD 633 An Act To Create a Kinship Care Navigator Program within the CARRIED OVER
Department of Health and Human Services

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARREN C BELLOWS S	OTP-AM	H-195

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill requires the Commissioner of Health and Human Services to appoint one person to administer all issues related to the placement of a child with a relative.

Committee Amendment "A" (H-195)

This amendment replaces the bill. It establishes within the Department of Health and Human Services the kinship care navigator program to provide resources and information to persons providing kinship care to children in the State. It requires the Commissioner of Health and Human Services to designate one person to administer the program. It also adds an appropriations and allocations section.

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

LD 653 Resolve, To Establish the Task Force To Study Opportunities for ONTP
Improving Home and Community-based Services

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COOPER J SANBORN H	ONTP	

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

This resolve establishes the Task Force To Study Opportunities for Improving Home and Community-based Services. The task force membership consists of Legislators, representatives of entities knowledgeable about or involved in home and community-based services, one provider of such services, one recipient of such services, the Commissioner of Health and Human Services, the Commissioner of Labor, and one member of the public. The task force's duties include examination and review of the unmet need for home and community-based services, adequacy of the workforce providing home and community-based services, current systems for delivering home and community-based services and reimbursement arrangements in the home and community-based services sector. The task force is required to publish an interim report by October 15, 2019 and then seek input from stakeholders around the State. The task force must report its findings and recommendations, including any necessary implementing legislation, to the Joint Standing Committee on Health and Human Services by December 15, 2019.

Joint Standing Committee on Health and Human Services

LD 692 Resolve, To Address Reimbursement Rates for Licensed Clinical Social Workers under MaineCare CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICHL BELLOWS S	OTP-AM	H-407

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter III to increase reimbursement rates for counseling services provided by licensed clinical social workers to no less than the lowest reimbursement rate for the same counseling services paid by an insurance carrier licensed in this State. The rules are routine technical rules and must be amended no later than January 1, 2020.

Committee Amendment "A" (H-407)

This amendment specifies that the services provided by independent licensed clinical social workers are provided under Section 65 of rule Chapter 101: Benefits Manual, Chapter III. Rather than increasing rates to the lowest reimbursement rate for the same service paid by an insurance carrier licensed in Maine, the amendment increases rates to 70% of the Medicare rate for the closest equivalent service, since there is no exact equivalent rate under Medicare. The amendment also adds an appropriations and allocations section

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

LD 697 Resolve, Directing the Department of Health and Human Services To Conduct a Review of Rules Governing In-home Personal Care Assistance Services ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S PEOPLES A	ONTP	

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

This resolve directs the Department of Health and Human Services to review and update its rules governing the provision of and reimbursement for in-home personal care assistance services to ensure the provision of high-quality care and to provide protections to vulnerable people who receive personal care assistance services.

LD 706 An Act To Reduce the Incidence of Obesity and Chronic Disease in the State CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBYN	OTP-AM	S-33

Joint Standing Committee on Health and Human Services

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill provides for reimbursement under the MaineCare program for medical nutritional therapy and prescription drug therapy.

Committee Amendment "A" (S-33)

This amendment amends the bill by changing the term "medical nutritional therapy" to "medical nutrition therapy" to accurately reflect common usage of the term. It adds physician assistants to the group of medical providers authorized to provide medical nutrition therapy that is reimbursable under MaineCare. It clarifies that medical nutrition therapy is reimbursable by MaineCare in any setting in which the authorized medical provider practices. It also removes the provisions of the bill that provide for the reimbursement under the MaineCare program for certain prescription drugs to treat obesity.

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

LD 745 An Act To Support the Northern New England Poison Center CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JORGENSEN E CLAXTON N	OTP-AM	H-67

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill appropriates funds to the Northern New England Poison Center to ensure continued access to 24-hour expert medical treatment advice and information on potentially harmful substances.

Committee Amendment "A" (H-67)

This amendment incorporates a fiscal note.

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

LD 763 An Act To Ensure the Availability of Community Integration Services CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TALBOT ROSS R MOORE M	OTP-AM ONTP	H-252 S-162 GRATWICK G

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill provides funding to increase reimbursement rates in the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 17 for community integration services to \$24.25 per quarter-hour.

Joint Standing Committee on Health and Human Services

Committee Amendment "A" (H-252)

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

Senate Amendment "A" To Committee Amendment "A" (S-162)

This amendment removes the emergency preamble and emergency clause, changes the date by which the reimbursement rate increase must start to October 1, 2019 and reduces the appropriation for fiscal year 2019-20 due to the delayed start.

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

**LD 775 Resolve, To Authorize the Department of Health and Human Services To RESOLVE 117
Amend Its Rules for Eligibility for Community Support Services**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICH L MOORE M	OTP-AM ONTP	H-403 H-699 GRAMLICH L

This bill was passed to be enacted by the Legislature and then held by the Governor at the end of the First Regular Session of the 129th Legislature. During the Second Regular Session the resolve was recalled from the Governor's desk and, as described in this summary, was acted upon without reference to committee.

This bill directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17, Community Support Services to include access to services to persons who have a diagnosis of bipolar disorder, major depressive disorder, panic disorder or post-traumatic stress disorder.

Committee Amendment "A" (H-403)

This amendment, which is the majority report of the committee, strikes and replaces the bill with a resolve. It directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17, Community Support Services concerning eligibility criteria for services under that section. It requires the department to report to the Joint Standing Committee on Health and Human Services by January 15, 2020 on the rulemaking process, proposed and provisionally adopted rules and justification for the adoption of the proposed rules. It authorizes the committee to report out legislation regarding the subject matter of the rules.

House Amendment "A" To Committee Amendment "A" (H-699)

This amendment removes the mandate that the Department of Health and Human Services amend its rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17, Community Support Services, instead authorizing the department to amend the rule. This amendment also requires the department to report, by January 15, 2021, to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the following:

1. Whether the department amended the rule and, if so, the justification for the changes;
2. Data regarding eligibility criteria and the number of applicants for community support services under the rule, including the number initially accepted and rejected and, of those rejected, how many appealed and were accepted after appeal; and

Joint Standing Committee on Health and Human Services

3. Whether the department is meeting the intended purpose of the rule and its plan for communicating to providers how the department plans to ensure the provision of community support services pursuant to the rule.

The joint standing committee is authorized to report out legislation based on the department's report to the First Regular Session of the 130th Legislature.

Enacted Law Summary

Resolve 2019, chapter 117 authorizes the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17, Community Support Services to include access to services to persons who have a diagnosis of bipolar disorder, major depressive disorder, panic disorder or post-traumatic stress disorder. It also requires the department to report, by January 15, 2021, to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the following:

1. Whether the department amended the rule and, if so, the justification for the changes;
2. Data regarding eligibility criteria and the number of applicants for community support services under the rule, including the number initially accepted and rejected and, of those rejected, how many appealed and were accepted after appeal; and
3. Whether the department is meeting the intended purpose of the rule and its plan for communicating to providers how the department plans to ensure the provision of community support services pursuant to the rule.

The joint standing committee is authorized to report out legislation based on the department's report to the First Regular Session of the 130th Legislature.

LD 803 An Act To Create 4 Regional Mental Health Receiving Centers

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARREN C BELLOWS S		

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

This bill establishes four crisis intervention centers regionally throughout the State that will be operated and maintained by the Department of Health and Human Services. It requires the crisis intervention centers to provide treatment 24 hours a day, seven days a week and to provide sufficient staffing. It provides that the Department of Health and Human Services must adopt rules that include the certification of the crisis intervention centers; the location of the crisis intervention centers to ensure regional accessibility throughout the State; admission and discharge standards; requirements for notice of a person's admission; availability of and patients' access to treatment; the staffing model, with specific descriptions of staffing levels, roles and responsibilities; and patient rights protections; and that, to the extent possible, the rules must be consistent with the Maine Revised Statutes, Title 5, chapter 511; Title 34-B, chapter 1, subchapter 8; and Title 34-B, chapter 3, subchapter 4.

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

Joint Standing Committee on Health and Human Services

LD 836 An Act To Expand Maine's School-based Health Centers

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HANDY J BELLOWS S	OTP-AM ONTP	H-158

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill provides ongoing funding to the school-based health centers within the Fund for a Healthy Maine program within the Department of Health and Human Services to add an additional 15 school-based health center sites.

Committee Amendment "A" (H-158)

This amendment, which is the majority report of the committee, removes the reference to 15 new school-based health centers from the bill but retains the funding amount. The Department of Health and Human Services distributes the funding through a request for proposals process for the number of sites the funding will support.

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

LD 880 An Act To Respond to Federal Changes to Social Programs

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P	OTP-AM	H-470

This bill was amended to a resolve and carried over to the Second Regular Session on the Special Appropriations Table by joint order, H.P. 1322.

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

This bill proposes to provide methods of allowing the State to respond more quickly to changes in federal law affecting social programs used by citizens of Maine.

Committee Amendment "A" (H-470)

This amendment replaces the bill, which is a concept draft. It requires the Department of Health and Human Services to study the impact of increases in the minimum wage and any statutory requirements for earned paid leave on the reimbursement rates for all services reimbursed under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III. The department is required to develop an assessment of future shortfalls and develop a plan to ensure that reimbursement rates remain sufficient to cover any future increases. The department may consult or contract with any experts or stakeholders that the department determines appropriate. The department shall report its findings, recommendations and suggested legislation to the Joint Standing Committee on Health and Human Services no later than March 1, 2020.

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

Joint Standing Committee on Health and Human Services

**LD 915 An Act To Provide Adequate Reimbursement under MaineCare for
Ambulance and Neonatal Transport Services**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T DILLINGHAM K	OTP-AM	S-104

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill specifies that beginning September 1, 2019 the reimbursement rate for ambulance services under the MaineCare program may not be less than the average allowable reimbursement rate under Medicare and reimbursement for neonatal transport services under MaineCare must be at the average rate for critical care transport services under Medicare.

Committee Amendment "A" (S-104)

This amendment adds an appropriations and allocations section to provide funding to increase the reimbursement rate for ambulance services.

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

**LD 931 An Act To Reduce Obesity by Reimbursing for Prescription Drug
Therapy Provided by a Member of a Weight Management Team**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P	OTP-AM ONTP	H-138

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

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

This bill proposes to amend the laws governing the Department of Health and Human Services.

Committee Amendment "A" (H-138)

This amendment, which is the majority report of the committee, strikes the bill, which is a concept draft, to provide for reimbursement under the MaineCare program for prescription drug therapy services to treat obesity. The amendment also adds an appropriations and allocations section.

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

Joint Standing Committee on Health and Human Services

LD 935 An Act To Increase the Viability of Assisted Living Facilities by Increasing the Rate of Reimbursement

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CLAXTONN	OTP-AM	H-198

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

Under current law, the MaineCare payment rates attributable to wages and salaries for personal care and related services for adult family care services, adult day services and homemaker services must be increased by a cost-of-living adjustment until the Department of Health and Human Services has completed a rate study conducted by a third party, including participation of providers, for adult family care services, adult day services or homemaker services and the rates in the rate study have been implemented. This bill requires that the rates determined by the department pursuant to the rate study also must be increased by a cost-of-living adjustment.

Committee Amendment "A" (H-198)

This amendment adds an appropriations and allocations section.

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

LD 972 Resolve, To Increase Access to Brain Injury Waiver Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARRENC	OTP-AM	H-245

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve directs the Department of Health and Human Services to increase the rates for services provided to MaineCare members receiving Home Support (Residential Habilitation) Level I under the brain injury waiver, rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 18, to no less than \$8.63 per quarter hour. It also allows up to 400 units of care coordination each year rather than only in the first year of receiving services under the waiver. The Department of Health and Human Services is directed to explore opportunities to provide additional telehealth services, including care coordination services, provided by both licensed medical personnel and nonlicensed personnel.

Committee Amendment "A" (H-245)

This amendment clarifies that the Department of Health and Human Services must seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to amend the brain injury waiver to increase rates for Home Support (Residential Habilitation) Level I to no less than \$8.63 per quarter hour. It also requires the department to include any findings from exploring telehealth opportunities for brain injury services to be submitted to the joint standing committee of the Legislature having jurisdiction over health and human services matters as part of the annual telehealth report. The amendment also adds an appropriations and allocations section.

Joint Standing Committee on Health and Human Services

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

LD 1012 An Act To Provide Stable Funding and Support for Child Care Providers

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETTR	OTP-AM	S-211
GATTINE D	OTP-AM	

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill amends the child care services provisions in the following ways:

1. It establishes graduated quality differential rates for steps 2 to 4 in the 4-step child care quality rating system currently required by law;
2. It requires that contracts with providers of child care services prioritize infants, toddlers and preschool children up to four years of age in a variety of ways; and
3. It directs the Department of Health and Human Services to develop a shared services program for providers of child care services to realize efficiencies and achieve financial sustainability by sharing administrative and program services and costs.

Committee Amendment "A" (S-211)

This amendment, which is the majority report, lowers the increases to graduated quality differential rates for child care services for children other than infants from the bill. It also clarifies that the Department of Health and Human Services may use state funds to pay a quality differential rate for high-quality child care services if it chooses to do so. It allows the Department of Health and Human Services to use up to 25% of the State's federal child care and development block grant funding for contracts for high-quality child care to underserved children and areas of the State rather than requiring use of funding for contracts. The department is required to submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the number of contracts, the percentage of block grant funding used for the contracts and the number of children served. It allows, rather than requires as in the bill, the department to develop a shared services program.

Committee Amendment "B" (S-212)

This amendment, which is the minority report, removes the sections of the bill that require increased reimbursement levels for graduated quality differential rates for child care. It allows the Department of Health and Human Services to use up to 25% of the State's federal child care and development block grant funding for contracts for high-quality child care to underserved children and areas of the State rather than requiring the use of contracts. The department is required to submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the number of contracts, the percentage of block grant funding used for the contracts and the number of children served. It allows, rather than requires as in the bill, the department to develop a shared services program. This amendment was not adopted.

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

Joint Standing Committee on Health and Human Services

LD 1039 Resolve, To Establish and Fund Interventions for At-risk Families and Children

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C MOORE M	OTP-AM	H-250

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve requires the Department of Health and Human Services to provide grants to behavioral health providers to fund costs to attract, retain and train new professional employees to provide treatment services known as "functional family therapy - child welfare" and "multisystemic therapy for child abuse and neglect" to children and families involved in the child protective services. The department is required to develop a rate of reimbursement for these services under MaineCare and amend its rules in rule Chapter 101: MaineCare Benefits Manual, Sections 28 and 65 accordingly. The department is required to seek federal funding including under the Family First Prevention Services Act of 2017 for the grants. If federal funding is not available, the department is required to provide grants using general funds.

Committee Amendment "A" (H-250)

The amendment adds an appropriations and allocations section.

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

LD 1052 An Act To Require Regular and Transparent Review of MaineCare Reimbursement Rates

ONTP

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

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

This bill establishes a regular review process for MaineCare reimbursement rates. The Department of Health and Human Services shall review all rates over a three-year period except those that are already subject to regular review, based on cost, reimbursed at a capitated rate, or tied to Medicare or some other rates. The three-year schedule and the reviews are required to be submitted to the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs. The results of reviews are also submitted to the Governor for consideration for inclusion in the biennial budget. The bill also establishes the MaineCare Reimbursement Rates Review Advisory Committee made up of stakeholders appointed by the Presiding Officers and the minority leaders in the Legislature to provide advice and input to the department on rate reviews. The advisory committee also submits an annual review of its activities to the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs. The advisory committee is staffed by the Department of Health and Human Services.

Joint Standing Committee on Health and Human Services

LD 1106 An Act To Improve the Health and Economic Security of Older Residents

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN M VITELLI E	OTP-AM ONTP	H-355

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill removes the asset test for the Medicare savings program and the elderly low-cost drug program. It also increases the income eligibility levels for the Medicare savings program and the elderly low-cost drug program to the levels in effect prior to Public Law 2011, chapter 657. The Department of Health and Human Services is required to submit any necessary state plan amendments for approval for the increases in income eligibility.

Committee Amendment "A" (H-355)

This amendment, which is the majority report of the committee, removes the provisions in the bill relating to income eligibility levels for the Medicare savings program and the elderly low-cost drug program. It also removes the asset test for the Medicare savings program and requires the Department of Health and Human Services to submit any necessary Medicaid state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. The amendment adds an appropriations and allocations section.

Public Law 2019, chapter 343 (the biennial budget) changed the income eligibility levels for the Medicare savings program and the elderly low-cost drug program.

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

LD 1126 Resolve, To Classify Employee Health Insurance as a Fixed Cost for MaineCare Reimbursement in Nursing Homes

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TIMBERLAKE J MORRIS J	OTP-AM	S-87

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve requires the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities no later than January 1, 2020 to move health insurance costs for personnel from direct care and routine cost components to fixed costs components. This was a majority recommendation of the Commission To Study Long-term Care Facilities, which reported in December 2013.

Committee Amendment "A" (S-87)

This amendment adds an appropriations and allocations section.

This resolve was again carried over, still on the Special Appropriations Table, to any special session of the 129th

Joint Standing Committee on Health and Human Services

Legislature by joint order, S.P. 788.

LD 1134 An Act To Set Aside Funds from Federal Block Grants for Certain Communities

CARRIED OVER

Sponsor(s)
MARTIN T

Committee Report

Amendments Adopted

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

This bill requires the Department of Health and Human Services to annually set aside 20% of each federal block grant it receives for the most vulnerable communities in the State and 10% of each federal block grant it receives for federally recognized Indian nations, tribes and bands in the State.

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

LD 1135 Resolve, To Increase Funding for Assertive Community Treatment

CARRIED OVER

Sponsor(s)

MADIGAN C
DESCHAMBAULTS

Committee Report

OTP-AM
ONTP

Amendments Adopted

H-253
S-170 GRATWICK G

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve requires the Department of Health and Human Services to increase the MaineCare reimbursement rates for assertive community treatment by 25%, contract with a third party to conduct a rate study of reimbursement rates for assertive community treatment and report with findings by January 30, 2020. The department is authorized to set new rates based on the rate study as long as the rates are no lower than those in effect on April 1, 2019. The resolve also includes an appropriations and allocations section.

Committee Amendment "A" (H-253)

This amendment, which is the majority report of the committee, amends the resolve to provide that the 25% rate increase for assertive community treatment is ongoing. It removes the directive to the Department of Health and Human Services to contract with a third party to conduct a rate study. It also replaces the appropriations and allocations section to reflect a change in funding.

Senate Amendment "A" To Committee Amendment "A" (S-170)

This amendment removes the emergency preamble and emergency clause and removes the fiscal year 2018-19 appropriation and reduces the fiscal year 2019-20 appropriation due to the delayed implementation.

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

Joint Standing Committee on Health and Human Services

**LD 1142 Resolve, To Expand Transportation Services for Seniors Who Are
MaineCare Members**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAXMIN C DOW D		

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

This emergency resolve requires the Department of Health and Human Services to submit an amendment request to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to the 1915(c) waiver that provides services to the elderly under the department's rule Chapter 101: MaineCare Benefits Manual, Section 19 to allow for coverage of transportation services required to access services specified in the individual's service plan that are nonmedical in nature. The waiver request must be submitted no later than October 1, 2019. Upon approval, the department shall amend its rules to cover the new service. The department shall submit a progress report to the Joint Standing Committee on Health and Human Services regarding the waiver request and rulemaking. The resolve also requires the Department of Health and Human Services to convene a stakeholder group to develop a plan to provide nonmedical transportation services to travel to destinations to meet basic needs to persons who are 61 years of age or older with no other means of transportation and who are MaineCare members or receive state-funded services under the department's rule Chapter 5: Office of Elder Services Policy Manual, Section 63. The plan must be submitted to the Joint Standing Committee on Health and Human Services no later than January 30, 2020.

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

**LD 1146 An Act To Ensure the Provision of Housing Navigation Services to Older
Adults and Persons with Disabilities**

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J BELLOWS S	ONTP	

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

This bill creates within the Department of Health and Human Services a housing navigator who:

1. Assists disabled and elderly persons in locating housing, transitioning between housing settings and accessing home repair and home modification services and materials;
2. Maintains and makes publicly available housing assistance information and resources; and
3. Identifies gaps in housing assistance needs of elderly persons and persons with disabilities and periodically submits a report on the gaps to the director of the Department of Health and Human Services' office of aging and disability services for inclusion in the state plan on aging.

Joint Standing Committee on Health and Human Services

LD 1171 An Act To Prevent Sexual and Domestic Violence and To Support Survivors

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HERBIG E DUNPHYM	OTP-AM	S-86

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill provides funding for sexual assault and domestic violence prevention and victim services.

Committee Amendment "A" (S-86)

This amendment incorporates a fiscal note.

Public Law 2019, chapter 343 (the biennial budget) included funding for sexual assault and domestic violence prevention and victim services at the same level as this bill but only for two years.

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

LD 1178 An Act To Address the Needs of Children with Intellectual Disabilities and Autism Spectrum Disorder

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STOVER H	OTP-AM	H-410

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill requires the Department of Health and Human Services to apply for a home and community-based waiver from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to provide services to children up to 21 years of age with intellectual disabilities or autism spectrum disorder. Services must be provided according to a care plan process that requires participation by the child's family. The care plan must address safety as the highest priority. The care plan must address the child's developmental, mental health, emotional, social, educational and physical needs in the least restrictive environment. Services must be clinically appropriate, be provided in a location as close to the child's home as possible, be provided in a timely manner and promote early identification and intervention. The department is directed to apply for the waiver no later than January 1, 2020. Upon approval of the waiver, the department is directed to adopt rules within six months. The rules are major substantive rules.

Committee Amendment "A" (H-410)

This amendment removes the requirement for the Department of Health and Human Services to request a waiver pursuant to Section 1915(c) of the United States Social Security Act for services to children with intellectual disabilities or autism spectrum disorder and allows the department to apply for any waiver or state plan amendment that would accomplish this purpose. The amendment also adds an appropriations and allocations section.

This bill was again carried over, still on the Special Appropriations Table, to any special session of the 129th

Joint Standing Committee on Health and Human Services

Legislature by joint order, S.P. 788.

LD 1180 *Resolve, To Establish the Task Force To Better Coordinate the Protection of Vulnerable Populations* ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY S GRATWICK G	ONTP	

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

This resolve establishes the Task Force To Better Coordinate the Protection of Vulnerable Populations to identify areas of improvement in the coordination of information and processes of the entities that investigate allegations of abuse and neglect. The task force must report its findings and recommendations, including suggested legislation, to the Joint Standing Committee on Health and Human Services by December 4, 2019.

LD 1295 *An Act To Determine the Need To Increase the Number of Forensic Emergency and Crisis Beds* CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TALBOT ROSS R DOW D	REFERRED ONTP	

This bill was carried over in the Criminal Justice and Public Safety Committee from the First Regular Session of the 129th Legislature by joint order, H.P. 1322. During the Second Regular Session a majority of the Criminal Justice and Public Safety Committee voted to re-refer the bill to the Health and Human Services Committee; a minority of the committee voted Ought Not to Pass. It was re-referred to the Health and Human Services Committee in the Second Regular Session.

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

This bill proposes to direct the Department of Health and Human Services and the Department of Corrections to determine the current need for forensic emergency and crisis beds to ensure the prompt and humane treatment of arrested individuals who are suffering from mental illness and awaiting trial. In making this determination, the departments shall consider:

1. The number of currently available forensic emergency and crisis beds;
2. The number of individuals currently awaiting placement pretrial;
3. The annual average number of individuals needing forensic services pretrial;
4. Proposals to address unmet needs and associated costs; and
5. Other factors that would lessen wait times for placements and provide needed mental health services to individuals pretrial.

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

Joint Standing Committee on Health and Human Services

LD 1350 An Act To Improve Rural Health Care

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T PERRY A	OTP-AM	S-259

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill provides that, for taxable years beginning on or after January 1, 2019, student loan payments made by a taxpayer's employer directly to a lender on behalf of a qualified health care employee are not included in federal adjusted gross income for Maine income tax purposes. The bill also directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter II and Chapter III regarding reimbursement to rural and nonrural hospitals, acute care critical access hospitals and rural health clinics.

Committee Amendment "A" (S-259)

This amendment makes the following changes to the bill.

1. It changes the reimbursement for acute care critical access hospitals to 100% for all hospital-based physician costs rather than facility and physician costs.
2. It clarifies that rural health clinics are paid under an alternative payment methodology option that is the same as the current system except for rebasing costs to 2016 and 2017 costs as long as the rural health clinics are not paid less than the current reimbursement rate.
3. It requires the Department of Health and Human Services to submit any necessary state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services no later than January 1, 2020. Rulemaking must be completed by the department within 180 days of receiving federal approval.
4. It adds language to clarify that taxpayers cannot claim a double benefit for educational opportunity tax credits.
5. It adds an appropriations and allocations section.

The substance of this bill was incorporated into Public Law 2019, chapter 530 (LD 1028 in TAX).

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

LD 1373 Resolve, To Reduce MaineCare Spending through Targeted Nutrition Interventions

ONTP

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

Joint Standing Committee on Health and Human Services

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

This resolve directs the Department of Health and Human Services to file an application with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for a demonstration waiver to allow for reimbursement of medically tailored food and nutrition interventions when a health care provider determines that certain elements of nutrition or foods based upon a nutrition plan developed by a licensed dietitian are necessary for a patient's health. This resolve also directs the Department of Health and Human Services to file the application by October 1, 2019 with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to request that home-delivered meals be reimbursable under MaineCare as directed by Resolve 2015, chapter 54.

LD 1377 An Act To Enhance and Improve the Maine Developmental Services Oversight and Advisory Board and To Establish the Aging and Disability Mortality Review Panel CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C	OTP-AM	H-604

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill establishes the Panel To Review Deaths of and Serious Injuries to Persons with Intellectual Disabilities or Autism. The panel consists of 14 members, including a panel coordinator who is an employee of the Department of Health and Human Services, Maine Center for Disease Control and Prevention and is a registered nurse. The panel coordinator must review all cases of death of and serious injury to persons with intellectual disabilities or autism receiving adult developmental services and determine those that require further review by the panel. Other individuals may refer cases to the panel, and the panel may choose additional cases from the list of cases provided by the panel coordinator. The panel has access to records necessary for the review. The panel must provide reports to the Commissioner of Health and Human Services and the Maine Developmental Services Oversight and Advisory Board with findings and recommendations. The panel is required to provide reports to the Legislature on an annual basis and may provide trend analyses to the Legislature as necessary. Legislative reports are public documents.

The bill also makes changes to the laws governing the Maine Developmental Services Oversight and Advisory Board. It requires disclosure of final reports of investigations pursuant to the Adult Protective Services Act to the board and to the guardian of the person receiving adult developmental services who is the subject of the investigation. It provides the executive director with direct access to client records maintained by the Department of Health and Human Services and to medical examiner reports and records of department investigations into suspicious deaths of persons with intellectual disabilities or autism. It shifts administration of the board's budget to the Department of Administrative and Financial Services. It clarifies the appointment process for members of the board.

Committee Amendment "A" (H-604)

This amendment replaces the bill. It establishes the Aging and Disability Mortality Review Panel to review deaths of and serious injuries to all adults receiving home-based and community-based services under a waiver approved by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services rather than a panel to review only deaths of or injuries to adults with intellectual disabilities or autism. It removes most of the changes to the Maine Developmental Services Oversight and Advisory Board in the bill. It keeps the provisions related to moving the budget of the board from the Department of Health and Human Services to the Department of

Joint Standing Committee on Health and Human Services

Administrative and Financial Services and related to the disclosure of adult protective investigations of individuals with intellectual disabilities or autism to the board. The amendment also adds an appropriations and allocations section.

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

LD 1399 An Act To Improve Oral Health and Access to Dental Care for Maine Children

PUBLIC 546

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICH L MOORE M	OTP-AM	H-249 S-343 BREEN C

This bill was passed to be enacted by the Legislature and held by the Governor at the end of the First Regular Session. It became law without signature at the beginning of the Second Regular Session.

This bill establishes within the Department of Health and Human Services one Oral Health Coordinator position in the oral health program within the Maine Center for Disease Control and Prevention, rural health and primary care division to lead the State's work on oral health; one Planning and Research Associate II position in the rural health and primary care division within the Maine Center for Disease Control and Prevention tasked with data analysis, performance management reporting and program planning and evaluation; and one Early Periodic Screening Diagnosis and Treatment Dental Coordinator position in the Office of MaineCare Services. The bill also provides funding to expand preventive oral health services provided in schools through the oral health program within the Maine Center for Disease Control and Prevention, rural health and primary care division to all schools in the State and a half-time Office Assistant II position to provide logistical and administrative support for that expansion.

Committee Amendment "A" (H-249)

This amendment makes the following changes to the bill.

1. It replaces the appropriations and allocations section to remove the funding to expand preventive oral health services provided in schools.
2. It removes the descriptions of the responsibilities of two positions created in the bill to provide the Department of Health and Human Services flexibility.
3. It removes the interim report on the oral health program.
4. It requires a report on the status of the oral health program rather than on the expansion of the program since the funding to expand the program has been removed.

Senate Amendment "A" To Committee Amendment "A" (S-343)

This amendment requires the Department of Health and Human Services, when completing the report on oral health care services provided in schools, to include methods for utilization and maximization of Medicaid funding for oral health staff positions and school-based services. This amendment also changes the date for submission of the report to February 15, 2020 and removes the funding for new positions in the Department of Health and Human Services, Maine Center for Disease Control and Prevention.

Enacted Law Summary

Public Law 2019, chapter 546 requires the Department of Health and Human Services to report on the status of the

Joint Standing Committee on Health and Human Services

preventive oral health services provided in schools through the Department of Health and Human Services, Maine Center for Disease Control and Prevention, rural health and primary care division's oral health program, including the number of schools and children served and the results of those services, which populations and geographic areas are not being covered by the services provided by the program and whether additional funding is needed. The department shall submit a report, no later than February 15, 2020, to the joint standing committee of the Legislature having jurisdiction over oral health matters. It also establishes the Early Periodic Screening Diagnosis and Treatment Dental Coordinator in the Office of MaineCare Services.

LD 1403 An Act To Amend the General Assistance Laws Governing Reimbursement

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN M CHIPMAN B	OTP-AM ONTP	H-514

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill establishes presumptive eligibility for general assistance for persons who are provided shelter at emergency shelters for the homeless. It also reestablishes the 90% reimbursement rate for municipalities that incur net general assistance costs in any fiscal year in excess of .0003 of that municipality's most recent state valuation, which was amended in Public Law 2015, chapter 267, Part SSSS. It retains the 70% reimbursement rate for other municipalities and Indian tribes for costs below the .0003% of all state valuation amount.

Committee Amendment "A" (H-514)

This amendment, which is the majority report of the committee, removes the section of the bill relating to presumptive eligibility. It also grants 100% reimbursement for general assistance costs to Indian tribes. It clarifies that the municipality's most recent state valuation rather than the all state valuation is used for calculating when a municipality begins to be reimbursed 90% for general assistance costs and that the reimbursement is for gross costs rather than net costs. It establishes that the new departmental reimbursement to municipalities begins July 1, 2020.

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

LD 1404 Resolve, To Provide Support Services and Funds To Prevent Homelessness

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN M CHIPMAN B	OTP-AM ONTP	H-368

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This resolve requires the Department of Health and Human Services to apply to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for a waiver from the requirements of federal law and regulations to allow Maine to provide Medicaid-funded direct support services to individuals experiencing homelessness. In addition, the bill provides ongoing funds to the Housing First Assistance Program established within the Maine State Housing Authority to be distributed to community action agencies to assist individuals on the verge of becoming homeless.

Joint Standing Committee on Health and Human Services

Committee Amendment "A" (H-368)

This amendment, which is the majority report of the committee, clarifies that the Department of Health and Human Services is required to examine opportunities to provide home and community-based services to individuals experiencing homelessness using a state plan amendment option under Section 1915(i) of the federal Social Security Act or any other Medicaid-funded mechanism that may be appropriate. It requires the department to report its progress in examining options and submitting a waiver to the Joint Standing Committee on Health and Human Services. The amendment also corrects the appropriations and allocations section to reflect funding from the Temporary Housing Assistance Fund and changes the initiative language to be more consistent with the statute governing the fund.

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

LD 1417 An Act To Expand Access to Head Start To Assist Opioid-affected and Other At-risk Families **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J SANBORN L	OTP-AM ONTP	H-265

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill establishes eligibility standards for the Head Start program that allow participation for a child up to five years of age who is or whose family is affected by substance use disorder or whose family's income is at or below 185% of the federal poverty level. This bill also provides appropriations to be distributed to nontribal Head Start program service providers proportionately in an amount based upon the percentage of children up to five years of age who live at or below the federal poverty level in each provider's service area compared to the percentage of children up to five years of age who live at or below the federal poverty level statewide, with preference given to children who are at risk or whose families are at risk.

Committee Amendment "A" (H-265)

This amendment, which is the majority report of the committee, clarifies that eligibility for the Head Start program is limited to children who have not met the minimum age requirement to enroll in a school administrative unit in accordance with the Maine Revised Statutes, Title 20-A, section 5201, subsection 2.

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

LD 1418 An Act To Address Maine's Shortage of Behavioral Health Services for Minors **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J SANBORN L		

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

Joint Standing Committee on Health and Human Services

This bill:

1. Defines "behavioral health needs" to mean a wide range of mental health disorders and illnesses, substance use disorder, developmental disabilities and autism spectrum disorder;
2. Directs the Department of Health and Human Services to take measures to address the issue of extended stays in hospital emergency departments by minors with behavioral health needs by:
 - A. Maintaining a daily updated online statewide list of available mental health facility or program and community service provider placements for referral purposes by hospital emergency departments;
 - B. Maintaining a quarterly updated online resource list of mental health programs or facilities and community service providers that treat behavioral health needs; and
 - C. Collecting monthly data on and study the issue of extended stays of minors with behavioral health needs in hospital emergency departments and annually submitting a report with a summary of the study along with any recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters;
3. Directs the department to study the data and analysis on extended stays in hospital emergency departments by minors with behavioral health needs and submit an annual report to the Legislature that identifies:
 - A. Reasons for the extended stays;
 - B. Specific behavioral health needs treatment programs and the waiting list for admission to each program; and
 - C. Funding mechanisms to provide short-term transitional assistance to minors with behavioral health needs discharged from a hospital emergency department to residential placements, partial hospitalizations or home-based programs; and
4. Directs the department to study the feasibility of adding a child behavioral needs advocate within the department to coordinate the department's activities with those of various agencies and programs that provide behavioral health needs services to minors and to submit a report to the Legislature by January 1, 2020.

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

LD 1429 An Act To Fund Opioid Use Disorder Prevention and Treatment

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T MCCREIGHT J	ONTP	

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

This bill establishes the Opioid Use Disorder Prevention and Treatment Fund administered by the Department of Health and Human Services for the purpose of supporting opioid use disorder analysis, prevention and treatment. The fund is funded by a 2¢ fee per morphine milligram equivalent assessed against prescription opioid drug

Joint Standing Committee on Health and Human Services

manufacturers for prescription opioid drugs distributed in the State as well as appropriations, allocations and contributions from private and public sources.

LD 1461 An Act To Support Early Intervention and Treatment of Mental Health Disorders **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BREEN C WARREN C	OTP-AM	S-244 S-300 BREEN C

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill requires the Department of Health and Human Services to establish a funding mechanism and reimbursement rate for the treatment of individuals showing early signs of a psychotic disorder using a coordinated specialty care model. Services must be evidence-based and treat both the individual and the family. The Department of Health and Human Services is directed to establish a funding mechanism to reimburse for the treatment of individuals in cooperation with the Department of Education and the Department of Labor. The Department of Health and Human Services is directed to apply to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for any necessary waivers and state plan amendments and to seek federal funding under the community mental health services block grant.

Committee Amendment "A" (S-244)

This amendment clarifies that the department must establish a bundled rate for coordinated specialty care. It also provides that the department may review, develop or apply for any source of funds that may be available to implement reimbursement for the coordinated specialty care model. The amendment also adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-300)

This amendment amends the committee amendment. This amendment retains the emergency preamble and emergency clause and, as in the committee amendment and the bill, requires the Department of Health and Human Services to establish a reimbursement rate for a coordinated specialty care model to treat individuals showing early signs of psychotic disorder. Services must be evidence-based and treat both the individual and the family. Under this amendment, the Department of Health and Human Services is directed, in cooperation with the Department of Education and the Department of Labor and no later than July 1, 2020, to establish a bundled rate to reimburse for services provided under the coordinated specialty care model that are not otherwise covered under the MaineCare program. This amendment moves the statutory requirements for the reimbursement to the Maine Revised Statutes, Title 22. This amendment retains the requirement that the Department of Health and Human Services apply to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for any necessary waivers and state plan amendments and to seek federal funding under the community mental health services block grant but changes cross-references and requires that necessary applications be submitted no later than 90 days after the effective date of this legislation. The amendment also changes the appropriations and allocations section.

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

Joint Standing Committee on Health and Human Services

LD 1539 An Act To Provide Maine Children Access to Affordable Health Care

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARNEY A MILLETTR	OTP-AM OTP-AM	H-578

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill makes the following changes to the Cub Care program.

1. It changes the maximum eligibility level for family income from 200% of the federal poverty level to 325% of the federal poverty level.
2. It removes the three-month waiting period for enrollment in the Cub Care program following the loss of health insurance or coverage under an employer-based plan.
3. It establishes that eligibility is not subject to an asset test.
4. It provides coverage to persons 19 and 20 years of age and to noncitizens under 21 years of age. The Department of Health and Human Services is required to use state funds to fund the program but may apply for waivers or state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to receive federal matching funds.
5. It repeals the provisions regarding premium payments for the Cub Care program.
6. It requires the department to contract for outreach activities rather than providing them directly. The department must have a contract or contracts in place no later than January 1, 2020. The department is also required to seek federal grant funds for additional outreach activities under the federal Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act, Public Law 115-120 and the federal Advancing Chronic Care, Extenders and Social Services (ACCESS) Act, Public Law 115-123.
7. It requires the department to submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the use of the express lane eligibility option no later than January 1, 2020 and to implement it no later than six months after receiving approval.

Committee Amendment "A" (H-578)

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

1. It changes the maximum eligibility level for family income from 325% of the federal poverty level to 300% of the federal poverty level.
2. It directs the Department of Health and Human Services to submit any waivers or state plan amendments to accomplish the eligibility criteria established in this legislation, including but not limited to removing the three-month waiting period for enrollment in the Cub Care program following the loss of health insurance or coverage under an employer-based plan.
3. It removes the provision that eligibility is not subject to an asset test because current rules do not make eligibility subject to an asset test.

Joint Standing Committee on Health and Human Services

4. It removes the requirement to provide coverage to persons 19 and 20 years of age and to noncitizens under 21 years of age.
5. It removes the requirement that the department contract for outreach activities and removes the reference to specific federal grant funds the department must seek for additional outreach activities.
6. It removes the requirement for the department to submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the use of the express lane eligibility option.
7. It makes the repeal of the waiting period and premium payment requirements under the Cub Care program contingent on the approval of a waiver of those requirements by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.
8. It also adds an appropriations and allocations section.

Committee Amendment "B" (H-579)

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

1. It keeps the maximum eligibility level for family income at 200% of the federal poverty level, which is the amount established in current law.
2. It directs the Department of Health and Human Services to submit any waivers or state plan amendments to accomplish the eligibility criteria established in this legislation, including but not limited to removing the three-month waiting period for enrollment in the Cub Care program following the loss of health insurance or coverage under an employer-based plan.
3. It removes the provision that eligibility is not subject to an asset test because current rules do not make eligibility subject to an asset test.
4. It removes the requirement to provide coverage to persons 19 and 20 years of age and to noncitizens under 21 years of age.
5. It removes the requirement that the department contract for outreach activities and removes the reference to specific federal grant funds the department must seek for additional outreach activities.
6. It removes the requirement for the department to submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the use of the express lane eligibility option.
7. It makes the repeal of the waiting period and premium payment requirements under the Cub Care program contingent on the approval of a waiver of those requirements by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.
8. It also adds an appropriations and allocations section.

This amendment was not adopted.

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

Joint Standing Committee on Health and Human Services

LD 1577 An Act To Assist Nursing Homes in the Management of Facility Beds

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRYA	OTP-AM	H-350

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order H.P. 1322.

This bill restores the ability of nursing facilities to voluntarily reduce the number of their licensed beds and then later increase the number of their licensed beds to the prior level after obtaining a certificate of need and meeting certain conditions. It modifies the process to obtain certificate of need approval to reopen reserved beds. Applications that seek to reopen reserved beds must be approved if the projected incremental costs of reopening and operating the reopened beds are consistent with the facility's costs of operating its other beds. Applicants are not required to demonstrate that any increases in MaineCare costs are offset by other MaineCare savings. The costs of ongoing operation of both the restored beds and the complement of facility beds at the time the reserved beds are reopened must be recognized as allowable costs and incorporated into the facility's MaineCare payment rates.

The bill requires the Department of Health and Human Services to include in its calculation of reimbursement for services provided by a nursing facility the cost incurred by the facility for a medical director.

The bill requires the cost incurred by a nursing facility for the acquisition, use and maintenance of computer or cloud-based software systems to be included as a fixed cost.

The bill requires the Department of Health and Human Services to amend its rules governing adult family care services to provide reimbursement for up to 30 bed hold days per calendar year when a resident is absent from a facility.

The bill requires the Department of Health and Human Services to amend its rules governing principles of reimbursement for nursing facilities to include the cost of health insurance for employees attributable to MaineCare residents as a fixed cost. It also requires the department to amend these rules to include reimbursement for 50% of a nursing facility's charges for a maximum of six months for a newly admitted resident who is determined to be financially ineligible for MaineCare after the resident is admitted to the nursing facility and the charges remain unpaid after reasonable efforts are made by the nursing facility to collect the debt based on these charges.

Committee Amendment "A" (H-350)

This amendment removes from the bill the sections related to bed hold days, health insurance and bad debt and adds an appropriations and allocations section.

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

LD 1630 Resolve, To Ensure Access to Opiate Addiction Treatment

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON S WOODSOME D	ONTP	

Joint Standing Committee on Health and Human Services

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

This resolve directs the Department of Health and Human Services to set the weekly MaineCare reimbursement rate paid to outpatient opioid treatment providers at \$110 per week, or at a higher rate if the department determines a higher rate is justified.

The substance of this resolve was incorporated in Public Law 2019, chapter 343 (the biennial budget).

LD 1655 An Act To Improve and Modernize Home-based Care

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MEYER M MOORE M	OTP-AM	H-524

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

This bill:

1. Establishes the Social Determinants of Health Stakeholder Advisory Group to collaborate with providers of home health care services and other services relating to the social determinants of health and make recommendations to the Department of Health and Human Services;
2. Provides for reimbursement for telehealth or telemonitoring private duty nursing, home health services and personal care services for an adult MaineCare member with a physical disability or an adult who is elderly who is receiving MaineCare services under a waiver granted by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services for home-based and community-based services or state-funded home-based and community-based support services. The services must include:
 - A. Services that support a member's ability to remain in the member's home, including, but not limited to, telehealth and telemonitoring services that support a member's safety, mobility or medication compliance, or that support virtual home visits and clinical consultation; and
 - B. Services of a pharmacist to provide medication evaluation or consultation to a member;
3. Expands the duties of the Maine Telehealth and Telemonitoring Advisory Group to include making recommendations about home technology to the Department of Health and Human Services;
4. Directs the Department of Health and Human Services, beginning in 2020 and at least every two years thereafter and whenever legislation is enacted that affects the costs of providing private duty nursing, home health services and personal care services, to review the rates for providers of services under a waiver granted by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services for home-based and community-based services or state-funded home-based and community-based support services;
5. Directs the Department of Health and Human Services to amend its rules for services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter II, Sections 19, 40 and 96 and rule Chapter 5, Office of Elder Services Policy Manual, Section 63 so that:
 - A. A certified nurse practitioner licensed under the Maine Revised Statutes, Title 32, chapter 31 and a

Joint Standing Committee on Health and Human Services

physician assistant licensed under Title 32, chapter 36 or 48 may authorize or amend a plan of care; and

B. Reimbursement is provided for activities performed outside of the home by a registered nurse licensed under Title 32, chapter 31 that are directly related to a member's care and are part of the member's plan of care;

6. Directs the Department of Health and Human Services to convene a work group to review options for adjusting rates in order to provide health care coverage and paid sick leave to home-based and community-based care providers and to report the recommendations of the work group to the Joint Standing Committee on Health and Human Services; and

7. Directs the Department of Health and Human Services to review its in-person supervisory requirement for home-based and community-based care providers to determine whether the use of technology that provides interactive, real-time communication is feasible and practical and to report its recommendations to the Joint Standing Committee on Health and Human Services.

Committee Amendment "A" (H-524)

This amendment removes the sections of the bill that establish the Social Determinants of Health Stakeholder Advisory Group within the Department of Health and Human Services, requires review of certain home-based and community-based MaineCare reimbursement rates every two years and convenes a work group to review options for adjusting reimbursement rates for home-based and community-based services. It requires the department to amend its rules for reimbursement for pharmacists conducting a medication evaluation or consultation in the home. It clarifies that certified nurse practitioners and physician assistants may only authorize or amend a plan of care under rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 40 after the federal government allows for it. It adds making recommendations to the department on best practices to the additional duties of the Maine Telehealth and Telemonitoring Advisory Group included in the bill. It also adds an appropriations and allocations section.

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

LD 1662 Resolve, To Save Lives by Establishing the Low Barrier Opioid Treatment Response Pilot Project within the Department of Health and Human Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CLAXTON N	OTP-AM	S-398

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

This bill requires the Department of Health and Human Services to establish the Low Barrier Opioid Treatment Response Program in Maine's federally qualified health centers to improve the availability of medication-assisted treatment and enhance the effectiveness and sustainability of acute care responses to persons in urgent need of treatment for substance use disorders, including opioid use disorder. The department is required to implement the program on a pilot basis initially and expand the program statewide after reviewing initial outcomes of the pilot.

This bill also directs the department and representatives of federally qualified health centers to examine the extent to which existing structures for reimbursement and delivery of services by federally qualified health centers and other providers may hamper or facilitate access to opioid use disorder treatment and develop proposed changes to address identified barriers, reduce unnecessary costs and enhance coordination between federally qualified health centers and other providers serving persons at risk of opioid overdose. The department is required to report findings

Joint Standing Committee on Health and Human Services

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

Committee Amendment "A" (S-398)

This amendment replaces the bill with a resolve. The resolve requires the Department of Health and Human Services to establish a 24-month pilot project to provide low barrier opioid treatment response in Maine's federally qualified health centers to improve the availability of medication-assisted therapy and enhance the effectiveness and sustainability of acute care responses to persons in urgent need of treatment for substance use disorder, including opioid use disorder. The resolve provides funding of \$460,000 for implementing the first year of the 24-month pilot project in eight federally qualified health centers. It is anticipated that the same amount of funding will be required in fiscal year 2021-22.

It also directs the department to submit reports by December 1, 2021 and at the conclusion of the pilot project regarding the implementation of the pilot project 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 health and human services matters may submit legislation relating to the pilot project to the Second Regular Session of the 130th Legislature.

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

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

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

This bill was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

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

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

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

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

Committee Amendment "A" (S-177)

This amendment removes the sections of the bill that decriminalize the crimes of furnishing or possessing

Joint Standing Committee on Health and Human Services

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

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

LD 1737 An Act Relating to the Retention and Hiring of Mental Health Staff at the Department of Health and Human Services

Leave to Withdraw Pursuant to Joint Rule

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

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

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

This bill proposes to enact measures designed to promote the hiring and retention of mental health professionals at the Department of Health and Human Services.

LD 1758 An Act To Clarify and Amend MaineCare Reimbursement Provisions for Nursing and Residential Care Facilities

PUBLIC 533 EMERGENCY

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSONT	OTP-AM	S-265 S-368 BREEN C

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

This bill is an emergency bill amending statutory and unallocated provisions to require the Department of Health and Human Services to amend the department's rules regarding MaineCare reimbursement of nursing facility and residential care facility costs, including:

1. Clarifying and requiring additional cost-of-living adjustments to reimbursed costs based upon:
 - A. The costs paid by nursing facilities for goods and services required to provide patient care;
 - B. The forecasted increase in the skilled nursing facility market basket index for the coming federal fiscal year published by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services; and
 - C. Any further changes to the United States Department of Labor, Bureau of Labor Statistics Consumer Price

Joint Standing Committee on Health and Human Services

Index medical care services index or market basket index projections over the payment year when the department is carrying out cost report audits and determining final prospective rates pursuant to department rules regarding costs related to resident care under principles of reimbursement for nursing facilities during the payment year;

2. Clarifying and amending nursing facility reimbursement provisions enacted in Public Law 2017, chapter 460 regarding a 10% special supplemental wage allowance by:

- A. Requiring the allowance to include contract labor and requiring an additional 10% wage allowance in state fiscal year 2019-20 and incorporating both requirements into a rebasing of the reimbursement rates in future years;
- B. Prohibiting department rules that require a nursing facility to ensure or otherwise demonstrate that the increase in rates applies only to wages and benefits;
- C. Changing the low-cost, high Medicaid facility supplemental payment by removing the low-cost requirement; and
- D. Providing a supplemental allowance of 60¢ per reimbursed MaineCare resident day for each 1% over 70% MaineCare occupancy to nursing facilities with specialty medical-psychiatric beds or units and to nursing facilities that provide intensive acquired brain injury rehabilitation services; and

3. Clarifying and amending residential care facility reimbursement provisions enacted in Public Law 2017, chapter 460 regarding a 10% special supplemental wage allowance by:

- A. Requiring the allowance to include contract labor and requiring an additional 10% wage allowance in state fiscal year 2019-20 and incorporating both requirements into a rebasing of the reimbursement rates in future years;
- B. Prohibiting department rules that require a residential care facility to ensure or otherwise demonstrate that the increase in rate applies only to wages and benefits; and
- C. Requiring reimbursement rates for allowable direct care, personal care services and routine care costs to be adjusted yearly for inflation.

Committee Amendment "A" (S-265)

This amendment removes the sections of the bill that require additional cost-of-living adjustments to nursing facilities and residential care facilities and supplemental allowances for facilities with a high proportion of MaineCare residents and facilities with specialty beds. It retains the requirements for the 10% one-time supplemental payment provided in Public Law 2017, chapter 460, Part B to nursing facilities and residential care facilities to continue in successive years until rebasing incorporates the increase, but the amendment removes the retroactive requirement to include contract labor. It retains the requirement to grant an additional 10% increase that is carried forward until rebasing incorporates the increase, but it removes the language relating to requiring increases to go to routine care cost components of the rates. It removes the specific prohibition upon the Department of Health and Human Services to require a nursing facility or residential care facility to demonstrate how increased reimbursement is applied to wages and benefits to direct care workers but specifies that the increased reimbursement is not limited to only wages and wage-related costs. It removes the retroactivity section of the bill but retains the emergency provision of the bill. It adds an appropriations and allocations section.

Senate Amendment "B" To Committee Amendment "A" (S-368)

This amendment directs the Department of Health and Human Services to amend its rules to determine, of the funds provided in the bill, the proportional amount to be distributed to each provider based on the supplemental allowances and additional special wage allowances established in the bill as amended by Committee Amendment

Joint Standing Committee on Health and Human Services

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

Enacted Law Summary

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

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

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

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

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

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

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

LD 1809 Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children RESOLVE 110 EMERGENCY

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

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

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

Joint Standing Committee on Health and Human Services

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

Committee Amendment "A" (H-500)

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

Enacted Law Summary

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

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

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

CARRIED OVER

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

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

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

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

Joint Standing Committee on Health and Human Services

**LD 1838 Resolve, Requiring the Department of Health and Human Services To
Examine Options for Upper Payment Limit Adjustments for MaineCare
Services**

RESOLVE 111

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	S-369 BREEN C

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

This resolve was reported by the committee pursuant to joint order, H.P. 1266. This resolve requires the Department of Health and Human Services to examine upper payment limit options to increase the federally approved limits for services provided under MaineCare. The department may contract with any consultant or third-party organization that the department determines appropriate for this purpose. The department may also consult with any stakeholders that the department determines appropriate. The department shall report its findings, actions taken, adjustments to upper payment limits, negotiations with United States Department of Health and Human Services, Centers for Medicare and Medicaid Services and any necessary legislation to the Joint Standing Committee on Health and Human Services no later than January 15, 2020.

Senate Amendment "A" (S-369)

This amendment decreases funding from \$26,000 to \$13,000 to contract with a third party to examine upper payment limit options to increase federally approved limits for services provided under MaineCare.

Enacted Law Summary

Resolve 2019, chapter 111 requires the Department of Health and Human Services to examine upper payment limit options to increase the federally approved limits for services provided under MaineCare. The department may contract with any consultant or third-party organization that the department determines appropriate for this purpose. The department may also consult with any stakeholders that the department determines appropriate. The department shall report its findings, actions taken, adjustments to upper payment limits, negotiations with United States Department of Health and Human Services, Centers for Medicare and Medicaid Services and any necessary legislation to the Joint Standing Committee on Health and Human Services no later than January 15, 2020.

LD 1839 Resolve, To Provide Sustainable Funding for Assisted Living Facilities

CARRIED OVER

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

This resolve was carried over from the First Regular Session of the 129th Legislature on the Special Appropriations Table by joint order H.P. 1322.

This emergency resolve was reported by the committee pursuant to Public Law 2017, chapter 460, Part H. This resolve includes the recommendations of the sustainable funding review conducted by the Department of Health and Human Services pursuant to Public Law 2017, chapter 460, Part H. The resolve requires the Department of Health and Human Services, by July 1, 2019, to increase the total reimbursement amount by \$569,111 in each year to the seven assisted living facilities that have contracts with the department. The Department of Health and Human Services shall also amend its Section 63 rules of the Office of Elderly Services Policy Manual, 10-149 C.M.R. Chapter 5, to increase the number of medication passes per consumer per day from three to six. The rules must

Joint Standing Committee on Health and Human Services

allow for reimbursement for this service beginning July 1, 2019.

The substance of this resolve was incorporated into Public Law 2019, chapter 616 (the supplemental budget).

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

LD 1856 Resolve, To Support Individuals with Acute Mental Health Needs CARRIED OVER

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

This resolve requires the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 45.03 to provide reimbursement for patients discharged from Southern Maine Health Care's psychiatric inpatient unit in the amount of \$13,396.47 per distinct discharge; the amended rule must be submitted to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services in time for the increased rate of reimbursement to apply beginning July 1, 2020.

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

LD 1883 An Act Regarding the Recommendations of the Federal Traumatic Brain Injury State Partnership Program Concerning the Membership of the Acquired Brain Injury Advisory Council PUBLIC 566

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HEPLER A MOORE M	OTP	

This bill expands the membership of the Acquired Brain Injury Advisory Council who are persons with acquired brain injury or family caregivers to 50% of the voting membership of the council and adds representatives from the long-term care ombudsman program, an aging and disability resource center and a center for independent living.

Enacted Law Summary

Public Law 2019, chapter 566 expands the membership of the Acquired Brain Injury Advisory Council who are persons with acquired brain injury or family caregivers to 50% of the voting membership of the council and adds representatives from the long-term care ombudsman program, an aging and disability resource center and a center for independent living.

LD 1934 An Act Regarding Prior Authorization for Treatment for Opioid Use Disorder under the MaineCare Program PUBLIC 645

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STOVER H GRATWICK G	OTP-AM	H-751

This bill prohibits the Department of Health and Human Services from requiring under the MaineCare program prior authorization for medication-assisted treatment for opioid use disorder for the prescription of at least one drug

Joint Standing Committee on Health and Human Services

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

Committee Amendment "A" (H-751)

This amendment makes the following changes to the bill.

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

Enacted Law Summary

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

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

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

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

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

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

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

Joint Standing Committee on Health and Human Services

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

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

**LD 1937 An Act To Provide Timely Access to Behavioral Health Services for
Maine Children and To Address Trauma and the Impacts of the Opioid
Crisis** **CARRIED OVER**

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

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

Committee Amendment "A" (H-708)

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

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

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

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

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

Committee Amendment "A" (H-706)

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

Joint Standing Committee on Health and Human Services

federal TRICARE program providing health insurance to uniformed service members and veterans and their families.

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

LD 1939 Resolve, To Ensure High-quality Long-term Care for Maine Veterans ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
O'NEIL M LUCHINIL	ONTP	

This resolve directs the Board of Trustees of the Maine Veterans' Homes to increase the required staff-to-patient ratio at Maine Veterans' Homes for long-term care to three staff to 15 patients and the Department of Health and Human Services to increase MaineCare reimbursement rates for certified nursing assistants by 10%.

**LD 1940 Resolve, Directing the Department of Health and Human Services To CARRIED OVER
Increase MaineCare Reimbursement Rates for Targeted Case
Management Services To Reflect Inflation**

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

This resolve requires the Department of Health and Human Services to amend its rules governing MaineCare reimbursement for targeted case management services to provide an increase reflecting cost increases from 2010 to 2019.

Committee Amendment "A" (H-750)

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

This resolve was carried over in the House to any special session of the 129th Legislature by joint order, S.P. 788.

LD 1943 An Act To Protect Drinking Water for Low-income Maine Residents CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICH L BLACK R		

This bill requires the Department of Health and Human Services to establish and maintain a program through the Health and Environmental Testing Laboratory offering free well water testing for low-income residents of the State. It also requires the department to review recent research regarding arsenic toxicity and levels suitable for consumption and to amend its rules to revise the maximum contaminant level for arsenic to be consistent with that research.

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

Joint Standing Committee on Health and Human Services

LD 1944 An Act To Expand Eligibility for Home Accessibility Adaptation Benefits under the MaineCare Program

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TEPLER D LIBBY N	ONTP	

This bill extends the current home accessibility adaptations available to MaineCare members receiving services under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Sections 21 and 29 to persons providing shared living housing to a member receiving these services. The bill also requires that the Department of Health and Human Services evaluate the effectiveness of contracts for services for adults with diagnoses of intellectual disabilities or other developmental disabilities.

LD 1946 An Act To Improve Access to Mental and Behavioral Health Care by Providing Care in Clinical Reproductive and Sexual Health Care Settings

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J SANBORN L		

This bill establishes a program within the Department of Health and Human Services to deliver mental health and behavioral health services in clinical reproductive and sexual health care settings through the deployment of licensed mental health professionals in those settings and by enhancing patient screening and care coordination. It includes an appropriations and allocations section with a \$150,000 annual appropriation beginning in fiscal year 2020-21.

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

LD 1950 An Act To Advance Palliative Care Utilization in the State

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M MOORE M	ONTP	

This bill directs the Department of Health and Human Services to provide reimbursement under the MaineCare program for palliative care. It also requires the department to adopt rules that support and standardize the delivery of palliative care in the State, including but not limited to, strategies for the distribution of public educational documents and the distribution by health care providers of information regarding the availability of palliative care to patients. It also requires the department to consult with the Maine Hospice Council, the Palliative Care and Quality of Life Interdisciplinary Advisory Council and other stakeholders when developing educational documents and rules related to palliative care.

Joint Standing Committee on Health and Human Services

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

LD 1957 An Act To Provide Women Access to Affordable Postpartum Care CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARNEY A MILLETTR	OTP-AM	H-704

This bill extends from 60 days to 12 months the period of time following delivery of a baby that a woman may be eligible for services under MaineCare.

Committee Amendment "A" (H-704)

This amendment amends the bill to provide that the period of time following delivery of a baby for which a woman may be eligible for services under MaineCare is six months. The amendment directs the Department of Health and Human Services to submit a waiver or state plan amendment request no later than January 1, 2021 to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the provisions of this legislation that extend MaineCare coverage to a woman following delivery of a baby from 60 days to six months. The department is required to take all reasonable and necessary steps to seek approval of the waiver or state plan amendment. In the event the waiver or state plan amendment is not granted, the department is directed to implement the coverage provisions using federal funds, if allowable, and then using the General Fund. Upon approval or denial of the waiver or state plan amendment, the department is directed to adopt rules no later than 180 days after the decision of the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. The department is required to report on a quarterly basis beginning April 1, 2021 to the joint standing committee of the Legislature having jurisdiction over health and human services matters its progress in seeking a waiver or state plan amendment until the decision by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services has been made. The committee is authorized to report out legislation related to each report.

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

LD 1961 An Act To Establish the Trust for a Healthy Maine CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KESCHL D SANBORN L		

This bill establishes the Trust for a Healthy Maine to receive money paid to the State pursuant to the tobacco settlement and from other sources and to distribute that money to state agencies or designated agents of the State to fund tobacco use prevention and control, ensure adequate resources for other disease prevention efforts, promote public health, plan and deliver public health and prevention programs and services, support accreditation of the Department of Health and Human Services, Maine Center for Disease Control and Prevention and support public health workforce development. The trust is governed by a board of trustees appointed by the Governor and legislative leaders.

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

Joint Standing Committee on Health and Human Services

**LD 1970 An Act To Establish Electronic Visit Verification for In-home and
Community-based Health Care Workers**

ONTP

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

This bill governs the implementation by the Commissioner of Health and Human Services of the federal requirements for electronic visit verification with respect to personal care services and home health care services for adults with long-term care needs under the federal 21st Century Cures Act.

LD 1974 An Act To Promote Telehealth

**PUBLIC 649
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G STOVER H	OTP-AM	S-433

This bill directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter I, Section 4, Telehealth and Chapter 101: MaineCare Benefits Manual, Chapter II, Section 13, Targeted Case Management Services to provide for reimbursement of case management services delivered through telehealth to targeted populations. The bill makes other changes necessary for the delivery of telehealth services to be expanded to include case management services. The bill clarifies that telehealth services reimbursable under a health plan or the MaineCare program include consultation between health professionals regarding a patient, whether the consultation occurs in real time or asynchronously.

Committee Amendment "A" (S-433)

This amendment adds an emergency preamble and emergency clause to the bill. It removes the four-meeting limit on the Maine Telehealth and Telemonitoring Advisory Group. It also provides that private insurance carriers may provide coverage for health care services delivered through telehealth that is consistent with the Medicare coverage policy for interprofessional Internet consultations and provides that if a carrier provides such coverage the carrier may also provide coverage for interprofessional Internet consultations that are provided by a federally qualified health center or rural health clinic.

Enacted Law Summary

Public Law 2019, chapter 649 directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter I, Section 4, Telehealth and Chapter 101: MaineCare Benefits Manual, Chapter II, Section 13, Targeted Case Management Services to provide for reimbursement of case management services delivered through telehealth to targeted populations. It makes other changes necessary for the delivery of telehealth services to be expanded to include case management services. The legislation removes the 4-meeting limit on the Maine Telehealth and Telemonitoring Advisory Group. It also provides that private insurance carriers may provide coverage for health care services delivered through telehealth that is consistent with the Medicare coverage policy for interprofessional Internet consultations and provides that if a carrier provides such coverage the carrier may also provide coverage for interprofessional Internet consultations that are provided by a federally qualified health center or rural health clinic.

Public Law 2019, chapter 649 was enacted as an emergency measure effective March 18, 2020.

Joint Standing Committee on Health and Human Services

LD 1984 An Act To Eliminate Waiting Lists for Home and Community-based Services for Adults with Intellectual Disabilities, Autism, Brain Injury and Other Related Conditions

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R HYMANSON P		

This bill amends the system of care for adults with intellectual disabilities, autism, brain injury and other related conditions to reduce and eliminate MaineCare waiver waiting lists for home and community-based services.

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

LD 2051 An Act To Amend the Qualifications for the State Nuclear Safety Inspector

PUBLIC 589

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

This bill amends the qualifications for the State Nuclear Safety Inspector position to increase the required minimum number of years of experience in nuclear operations from three to four and to change the degree required of the person holding the position from a master's degree to a bachelor's degree.

Enacted Law Summary

Public Law 2019, chapter 589 amends the qualifications for the State Nuclear Safety Inspector position to increase the required minimum number of years of experience in nuclear operations from three to four and to change the degree required of the person holding the position from a master's degree to a bachelor's degree.

LD 2052 An Act To Enact Restrictions on Electronic Smoking Devices and New Tobacco Products

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R HYMANSON P	ONTP	

This bill:

1. Generally prohibits selling, furnishing, giving away or offering to sell, furnish or give away electronic smoking devices and nicotine liquid;
2. Allows a registered dispensary under the Maine Medical Use of Marijuana Act to continue to sell electronic smoking devices as part of its authorized activity as a dispensary;
3. Allows tobacco retailers to sell electronic smoking devices and nicotine liquid after the Department of Health and Human Services has adopted governing rules. These rules are permitted only after the United States Department of Health and Human Services, Food and Drug Administration approves the use of electronic smoking

Joint Standing Committee on Health and Human Services

devices as an evidence-based tobacco cessation strategy and promulgates regulations relating to the manufacture, testing, sale and use of the devices and the federal Secretary of Health and Human Services issues an order authorizing the devices to be introduced or delivered for introduction into interstate commerce;

4. Allows marijuana stores to sell electronic smoking devices after the Department of Administrative and Financial Services adopts rules governing the sale of the devices by a marijuana store. The rules may be adopted only after the federal Secretary of Health and Human Services issues an order authorizing the devices to be introduced or delivered for introduction into interstate commerce; and

5. Prohibits the sale of other new tobacco products until the Department of Health and Human Services adopts rules governing their sale. The rules governing a new tobacco product may be adopted only after the federal Secretary of Health and Human Services issues an order authorizing the new product to be introduced or delivered for introduction into interstate commerce.

LD 2053 An Act To Remove the Application of the Maine Background Check Center Act to Facilities That Provide Services to Children

PUBLIC 660

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

This bill removes the application of the Maine Background Check Center Act to facilities that provide services for children and to individuals working as direct care workers in such facilities.

Enacted Law Summary

Public Law 2019, chapter 660 removes the application of the Maine Background Check Center Act to facilities that provide services for children and to individuals working as direct care workers in such facilities.

LD 2054 An Act To Consolidate Certain Reporting Requirements of the Department of Health and Human Services

PUBLIC 612

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

This bill consolidates reporting requirements regarding Department of Health and Human Services planning for and activities concerning the State's aging population and incapacitated and dependent adults and the department's quality assurance review committee's recommendations and activities. It also repeals requirements for annual press releases and reports by the Commissioner of Health and Human Services regarding department spending, welfare fraud-related statistics, contracting services, grants received from the Federal Government and total out-of-state travel costs for employees.

Enacted Law Summary

Public Law 2019, chapter 612 consolidates reporting requirements regarding Department of Health and Human Services planning for and activities concerning the State's aging population and incapacitated and dependent adults and the department's quality assurance review committee's recommendations and activities. It also repeals requirements for annual press releases and reports by the Commissioner of Health and Human Services regarding department spending, welfare fraud-related statistics, contracting services, grants received from the Federal Government and total out-of-state travel costs for employees.

Joint Standing Committee on Health and Human Services

LD 2056 Resolve, To Create the Frequent Users System Engagement Collaborative

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MORALES V SANBORN L		

This resolve establishes the Frequent Users System Engagement Collaborative in order to develop a plan to provide stable housing and community services to 200 persons who are homeless or at risk of homelessness who are the most frequent consumers of high-cost services, such as psychiatric hospitals, emergency shelters, emergency rooms, police, jails and prisons. The collaborative must submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 1, 2021 on its plan and recommendations. The joint standing committee of the Legislature having jurisdiction over health and human services matters is authorized to report out a bill to the First Regular Session of the 130th Legislature related to the report.

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

LD 2057 An Act To Ensure an Efficient Contracting Process for the Department of Health and Human Services

PUBLIC 590

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

This bill amends the law regarding performance-based contracts entered into by the Department of Health and Human Services to give the Commissioner of Health and Human Services discretion in holding informational meetings and requiring notices of intent to bid. The bill also repeals duplicative language regarding performance-based contracts.

Enacted Law Summary

Public Law 2019, chapter 590 amends the law regarding performance-based contracts entered into by the Department of Health and Human Services to give the Commissioner of Health and Human Services discretion in holding informational meetings and requiring notices of intent to bid. It also repeals duplicative language regarding performance-based contracts.

LD 2058 An Act To Strengthen Protections for Incapacitated and Dependent Adults from Abuse, Neglect and Exploitation

PUBLIC 661

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P	OTP-AM	H-780

This bill specifies the categories of care providers for whom the Department of Health and Human Services must maintain a reportable event and adult protective services system. This bill requires the department to establish and maintain an adult protective services registry of persons for whom there have been substantiated reports of abuse, neglect or exploitation of dependent adults or incapacitated adults. This bill changes current law, which limits registry entries to cases in which the person abused, neglected or exploited is an adult with an intellectual disability

Joint Standing Committee on Health and Human Services

or autism, to instead include all cases involving incapacitated adults and dependent adults.

Committee Amendment "A" (H-780)

This amendment replaces the bill. It changes the references in the bill to cite the Adult Protective Services Act in the Maine Revised Statutes, Title 22, chapter 958-A when requiring that the Department of Health and Human Services include reports of persons who have exploited, abused or neglected incapacitated and dependent adults in its system as provided in Title 34-B.

Enacted Law Summary

Public Law 2019, chapter 661 requires the Department of Health and Human Services to establish and maintain an adult protective services registry of persons for whom there have been substantiated reports of abuse, neglect or exploitation of dependent adults or incapacitated adults. Previously, the registry was limited to cases in which the person abused, neglected or exploited is an adult with an intellectual disability or autism. Public Law 2019, chapter 661 extends the registry to cases involving incapacitated adults and dependent adults.

LD 2059 An Act To Clarify the Provision for Care of Infants after Birth

PUBLIC 613

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

This bill makes the following changes to the laws governing the administration of prophylactic ophthalmic ointment and vitamin K injections to infants:

1. It specifies that the incidence of inflamed or reddened eyes in an infant be reported to the infant's primary care provider rather than to an unspecified physician;
2. It removes language specifying that the ophthalmic ointment is prescribed and provided without cost by the Department of Health and Human Services; and
3. It requires the department to develop a form to be used by a parent wishing to refuse the prophylactic ophthalmic ointment or vitamin K injection that is separate from the newborn blood spot screening refusal form.

Enacted Law Summary

Public Law 2019, chapter 613 makes the following changes to the laws governing the administration of prophylactic ophthalmic ointment and vitamin K injections to infants:

1. It specifies that the incidence of inflamed or reddened eyes in an infant be reported to the infant's primary care provider rather than to an unspecified physician;
2. It removes language specifying that the ophthalmic ointment is prescribed and provided without cost by the Department of Health and Human Services; and
3. It requires the department to develop a form to be used by a parent wishing to refuse the prophylactic ophthalmic ointment or vitamin K injection that is separate from the newborn blood spot screening refusal form.

Joint Standing Committee on Health and Human Services

LD 2063 An Act To Provide Program Solvency, Clarity, Consistency and Flexibility in Routine Public Health Licensing Activities

CARRIED OVER

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

This bill does the following.

1. It corrects a conflict regarding fees related to municipal inspections in the laws governing eating establishments, lodging places, campgrounds, recreational and sporting camps, youth camps, public pools and public spas and adds provisions regarding applications and conditional licensing. It adds a fine for second and subsequent violations and a provision stating that information identifying a reference, complainant or reporter of a suspected licensing violation is confidential. The bill also adds clarifying definitions and changes the chapter headnote to better reflect the content of that chapter.
2. It repeals the laws governing the defunct Maine Wild Mushroom Harvesting Certification Program.
3. It amends the laws governing body artists, including electrologists, tattoo artists, micropigmentation practitioners and body piercers, to include late fees, inspection fees and fines in the payment of all license fees; to allow the issuance of conditional licenses; to add grounds for license refusal, suspension or revocation; and to add right of entry and inspection frequency language that is consistent with other professional licenses.

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

LD 2068 Resolve, Regarding Legislative Review of Portions of Chapter 15: Death with Dignity Act Reporting Rule, a Major Substantive Rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention

RESOLVE 130

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP ONTP	H-719 HYMANSON P

This resolve provides for legislative review of portions of Chapter 15: Death with Dignity Act Reporting Rule, a major substantive rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention.

House Amendment "A" (H-719)

This amendment removes the emergency preamble and emergency clause.

Enacted Law Summary

Resolve 2019, chapter 130 authorizes the Department of Health and Human Services, Maine Center for Disease Control and Prevention to adopt the major substantive rule, Chapter 15: Death with Dignity Act Reporting Rule.

Joint Standing Committee on Health and Human Services

LD 2099 An Act To Amend Provisions of the Maine Medical Use of Marijuana Act

CARRIED OVER

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

This bill makes the following changes to the Maine Medical Use of Marijuana Act.

1. It adds definitions of "batch" and "batch number." It also adds to the definition of "inherently hazardous substance" alcohol and ethanol and amends the definition of "cultivation area" to require such an area to be obscured from public viewing by a person under 21 years of age. It changes the definitions of "seedling" and "immature marijuana plant." It changes the definition of "registered caregiver" to specify that it means a natural person who is a caregiver.
2. It aligns the labeling requirements of the Maine Medical Use of Marijuana Act with the labeling requirements of the Marijuana Legalization Act and provides more specific guidance regarding required labeling.
3. It requires local authorization for caregiver retail stores, registered dispensaries, marijuana testing facilities and manufacturing facilities operating in towns, plantations and townships in the unorganized and deorganized areas, in addition to local authorization by municipalities already required by law.
4. It authorizes the Department of Administrative and Financial Services to impose upon registered caregivers, caregiver retail stores, dispensaries, manufacturing facilities and persons authorized to engage in marijuana extraction using inherently hazardous substances fines for violations of the Maine Medical Use of Marijuana Act and rules adopted pursuant to the Act. It also establishes maximum allowable fines for minor and major registration violations, including major registration violations affecting public safety.
5. It requires all registered caregivers and assistants of registered caregivers and officers, directors and assistants of registered dispensaries, registered manufacturing facilities, persons authorized to engage in marijuana extraction using inherently hazardous substances and marijuana testing facilities to submit to an annual state and federal criminal history record check in order for the department to issue or renew a registry identification card.
6. It authorizes the department to assess a fee for caregivers registering with the department based upon plant canopy and amends the statutory fee schedule to clarify that caregivers may register based upon plant count or plant canopy. It requires a caregiver to obtain a registration certificate to operate a caregiver retail store and provides that the annual registration fee for a caregiver retail store may not be less than \$50 or more than \$500. It requires a caregiver to notify the department of the physical address of a caregiver retail store. It allows a caregiver to organize the caregiver's business activities as any type of legal business entity recognized under the laws of the State.

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

LD 2107 An Act To Amend the Nursing Facility Licensing Rules To Enhance Cost of Care Collection

CARRIED OVER

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

Joint Standing Committee on Health and Human Services

This bill was reported by the committee pursuant to joint order, H.P. 1489, and then referred back to the committee for processing in the normal course. This bill requires the Department of Health and Human Services to amend its nursing facility rules, Chapter 110: Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities, to modify the standard admission contract for the residents of nursing homes to specifically include a requirement for a resident's legal agent to use the resident's financial resources to pay for nursing facility services and to clarify that a nursing facility seeking relief when a resident's agent fails to perform the agent's obligations may also request attorney's fees and costs. The department is required to amend the rule no later than January 1, 2021.

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

**LD 2109 An Act To Implement the Recommendations of the Commission To
Study Long-term Care Workforce Issues**

CARRIED OVER

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

This bill was reported out by the committee pursuant to Public Law 2019, chapter 343, Part BBBBB and then referred back to the committee for processing in the normal course. This bill implements the recommendations of the Commission To Study Long-term Care Workforce Issues. The bill does the following.

1. It requires direct care workers across the long-term care spectrum to be paid no less than 125% of the minimum wage. It requires the Department of Health and Human Services to adopt rules that take into account the cost of this increased wage in its reimbursement rates.
2. It requires the Department of Health and Human Services to adopt rules to increase reimbursement rates under Chapter 101: MaineCare Benefits Manual and any state-funded programs to take into account costs of providing care and services in conformity with applicable state and federal laws, rules, regulations, training requirements and quality and safety standards, including, but not limited to, increases in the minimum wage, earned paid leave, electronic visit verification, background checks and other costs that are not provided for in the current reimbursement rates.
3. It establishes a long-term care workforce oversight advisory committee to collect and compile data related to workforce shortages and services provided to clients, review progress by the Department of Health and Human Services regarding recommendations provided to the department and the joint standing committee of the Legislature having jurisdiction over health and human services matters, including the recommendations of the Commission To Study Long-term Care Workforce Issues, identify barriers to implementing recommendations and make recommendations on proposals to address long-term care workforce shortages. The oversight committee must submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

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

Joint Standing Committee on Health and Human Services

LD 2117 An Act To Expand and Rename the Controlled Substances Prescription Monitoring Program

CARRIED OVER

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

This bill amends the provisions of law governing the Controlled Substances Prescription Monitoring Program to require dispensers to report all prescription drugs dispensed intended for human consumption rather than controlled substances only, allowing the program database to be used for medication reconciliation and other patient safety activities. The enhanced program allows pharmacists and all prescribers to obtain a complete record of all medication prescribed to a patient, identifying the prescriber for each drug and listing the dates on which each prescription was filled. This information gives health care providers additional means to ensure that patients do not have adverse reactions due to incompatible drug interactions or overprescribing of medications from multiple prescribers. The program name is changed to the Prescription Monitoring Program to reflect its wider scope. The bill also directs the Department of Health and Human Services to apply for federal funds and seek other funding sources to develop the improvements to the program.

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

LD 2119 An Act To Amend the Laws Governing the Maternal, Fetal and Infant Mortality Review Panel

PUBLIC 671

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

This bill was reported by the committee pursuant to joint rule 353 and then referred back to the committee for processing in the normal course. This bill amends the laws governing the maternal, fetal and infant mortality review panel to require the review of maternal deaths that occur within one year of giving birth. Current law requires the panel to review maternal deaths that occur within 42 days of giving birth.

Enacted Law Summary

Public Law 2019, chapter 671 requires the panel coordinator of the maternal, fetal and infant mortality review panel to review maternal deaths that occur within one year of giving birth. Previously, only maternal deaths within 42 days of giving birth were reviewed.

LD 2135 An Act To Amend the Definition of "Tobacco Product" To Exclude Matches and Lighters

CARRIED OVER

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

This bill specifies that tobacco products do not include matches, lighters or similar devices in the laws governing retail tobacco sales.

This bill, which had not yet been voted by the committee, was carried over in committee to any special session of

Joint Standing Committee on Health and Human Services

the 129th Legislature by joint order, S.P. 788.

LD 2137 Resolve, To Increase the Reimbursement Rates for Home-based Services CARRIED OVER

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

This resolve requires that the Department of Health and Human Services amend its rules to increase reimbursement rates for certain specified home-based services.

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

LD 2141 Resolve, To Ensure Continued Services for Children with Disabilities by Imposing a Delay on MaineCare Rulemaking until an Impact Study is Completed CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MEYER M JACKSON T		

This resolve imposes a delay on the adoption by the Department of Health and Human Services of any rule that proposes to change provisions of 10-144 C.M.R. Chapter 101: MaineCare Benefits Manual governing school-based services. It requires the department, before initiating rulemaking, to complete an impact study setting forth the rationale for the proposed changes, the financial impacts on affected families and providers of school-based services, potential service delays and other issues relating to state and federal law. The department is required to seek and consider input from affected provider groups, schools, children and family advocacy groups, the Department of Education, the Child Development Services System and other stakeholders and is also required to incorporate into the study the recommendations and implementation plan for early intervention services in public schools that will be forthcoming from the review of the State's early childhood special education services being carried out pursuant to Public Law 2019, chapter 343, Part VVVV. This report, produced by an independent entity, is due to be completed on December 1, 2020.

It requires the department to submit the completed study and a further report regarding any proposed rules or modifications to current rule pertaining to medically necessary school-based services to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than April 1, 2021. The joint standing committee is authorized to report out legislation relating to the subject matter of the study and the report to the First Regular Session of the 130th Legislature.

It authorizes the department, following completion of its study and report but no earlier than July 1, 2021, to initiate rulemaking to change rules governing school-based services provided under 10-144 C.M.R. Chapter 101: MaineCare Benefits Manual and specifies that any rules adopted are major substantive rules pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

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

Joint Standing Committee on Health and Human Services

LD 2154 An Act Regarding Asset Tests for Social Services Programs

CARRIED OVER

Sponsor(s)

Committee Report

Amendments Adopted

This bill was reported by the committee pursuant to Resolve 2019, chapter 41, section 1 and then referred back to the committee for processing in the normal course. The bill, implements the recommendations of the stakeholder group established pursuant to Resolve 2019, chapter 41. The bill removes the asset tests for the elderly low-cost drug program, the Medicare savings program, the statewide food supplement program and the Temporary Assistance for Needy Families program to the extent allowable under federal law.

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

LD 2155 An Act To Prevent Accidental Overdoses by Establishing a Protocol for Prescription Drug Recovery

CARRIED OVER

Sponsor(s)

Committee Report

Amendments Adopted

GRAMLICHL
FOLEY R

This bill seeks to reduce accidental overdose deaths caused by access to unused controlled substances by:

1. Requiring an entity, agency, facility or individual who offers or plans to offer any in-home or community support services or institutionally based long-term care services and who administers a controlled substance to an adult with long-term care needs as part of those services, referred to in the bill as "an administering provider," to document any controlled substance prescribed and obtained for the adult with long-term care needs, referred to in the bill as "the client-patient," and to participate in the Controlled Substances Prescription Monitoring Program, with certain exceptions;
2. Requiring that all controlled substances be kept in a locked container to which only the administering provider, the client-patient and, if there is one, a designated caregiver have access; and
3. Requiring the administering provider, upon the death of the client-patient, to collect any unused controlled substances that were prescribed and obtained for that client-patient and dispose of them properly after documenting the National Drug Code, quantity and strength. The administering provider is required to submit this documentation, including the manner of disposal of the controlled substances collected from the deceased client-patient, to the Department of Health and Human Services using the reporting system established in the Controlled Substances Prescription Monitoring Program.

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

Joint Standing Committee on Health and Human Services

LD 2157 An Act Regarding Reimbursements to Municipalities for General Assistance

CARRIED OVER

Sponsor(s)

Committee Report

Amendments Adopted

This bill was reported by the committee pursuant to Public Law 2019, chapter 515, section 4 and then referred back to the committee for processing in the normal course. This bill enacts one recommendation of the stakeholder group established pursuant to Public Law 2019, chapter 515, section 4. The bill requires the Department of Health and Human Services to reimburse a municipality for the amount of general assistance provided to an individual in an emergency situation that is in excess of the maximum level of assistance established by that municipality.

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

LD 2159 An Act To Establish the Help Me Grow Program

CARRIED OVER

Sponsor(s)

Committee Report

Amendments Adopted

This bill was reported by the committee pursuant to Resolve 2019, chapter 66 and then referred back to the committee for processing in the normal course. This bill establishes the Help Me Grow program in the Department of Health and Human Services. The program is a comprehensive, statewide, coordinated system of early identification, referral and follow-up for children from prenatal care up to eight years of age and their families. The program ensures access to early periodic screening, diagnosis and treatment services and related services to promote healthy development and develop a coordinated system of screening, referral and services. The bill establishes five positions within the Department of Health and Human Services and provides funding for software and program evaluation. The department must submit annual reports to the joint standing committees of the Legislature having jurisdiction over health and human services and education matters.

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

Joint Standing Committee on Health and Human Services

SUBJECT INDEX

Aging and Long-term Care

Enacted

LD 1758	An Act To Clarify and Amend MaineCare Reimbursement Provisions for Nursing and Residential Care Facilities	PUBLIC 533 EMERGENCY
LD 2058	An Act To Strengthen Protections for Incapacitated and Dependent Adults from Abuse, Neglect and Exploitation	PUBLIC 661

Not Enacted

LD 177	Resolve, To Improve Access to Bariatric Care	CARRIED OVER
LD 315	Resolve, To Promote Healthy Living in Maine	CARRIED OVER
LD 325	An Act To Provide Emergency Funds for Clients of the Adult Protective Services System	CARRIED OVER
LD 474	Resolve, To Establish a Medically Tailored Food Pilot Project	CARRIED OVER
LD 511	An Act To Create a Position within the Department of Health and Human Services to Coordinate Dementia Programs and Services	CARRIED OVER
LD 539	Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Nursing Facilities	CARRIED OVER
LD 653	Resolve, To Establish the Task Force To Study Opportunities for Improving Home and Community-based Services	ONTP
LD 697	Resolve, Directing the Department of Health and Human Services To Conduct a Review of Rules Governing In-home Personal Care Assistance Services	ONTP
LD 935	An Act To Increase the Viability of Assisted Living Facilities by Increasing the Rate of Reimbursement	CARRIED OVER
LD 1126	Resolve, To Classify Employee Health Insurance as a Fixed Cost for MaineCare Reimbursement in Nursing Homes	CARRIED OVER
LD 1146	An Act To Ensure the Provision of Housing Navigation Services to Older Adults and Persons with Disabilities	ONTP
LD 1577	An Act To Assist Nursing Homes In the Management of Facility Beds	CARRIED OVER
LD 1655	An Act To Improve and Modernize Home-base Care	CARRIED OVER

LD 1839	Resolve, To Provide Sustainable Funding for Assisted Living Facilities	CARRIED OVER
LD 1939	Resolve, To Ensure High-quality Long-term Care for Maine Veterans	ONTP
LD 1970	An Act To Establish Electronic Visit Verification for In-home and Community-based Health Care Workers	ONTP
LD 2107	An Act To Amend the Nursing Facility Licensing Rules To Enhance Cost of Care Collection	CARRIED OVER
LD 2109	An Act To Implement the Recommendations of the Commission to Study Long-term Care Workforce Issues	CARRIED OVER
LD 2137	Resolve, To Increase the Reimbursement Rates for Home-based Services	CARRIED OVER

Brain Injury

Enacted

LD 1883	An Act Regarding the Recommendations of the Federal Traumatic Brain Injury State Partnership Program Concerning the Membership of the Acquired Brain Injury Advisory Council	PUBLIC 566
---------	--	------------

Not Enacted

LD 972	Resolve, To Increase Access To Brain Injury Waiver Services	CARRIED OVER
--------	---	--------------

Child Care

Enacted

LD 2053	An Act To Remove the Application of the Maine Background Check Center Act to Facilities That Provide Services to Children	PUBLIC 660
---------	---	------------

Not Enacted

LD 1012	An Act To Provide Stable Funding and Support for Child Care Providers	CARRIED OVER
---------	---	--------------

Child Development

Enacted

LD 2141	Resolve, To Ensure Continued Services for Children with Disabilities by Imposing a Delay on MaineCare Rulemaking until an Impact Study is Completed	CARRIED OVER
LD 2159	An Act To Establish the Help ME Grow Program	CARRIED OVER

Children's Mental Health

Enacted

LD 1809	Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children	RESOLVE 110 EMERGENCY
---------	--	--------------------------

Not Enacted

LD 1039	Resolve, To Establish and Fund Interventions for At-risk Families and Children	CARRIED OVER
LD 1418	An Act To Address Maine's Shortage of Behavioral Health Services for Minors	CARRIED OVER
LD 1937	An Act To Provide Timely Access to Behavioral Health Services for Maine Children and To Address Trauma and the Impacts of the Opioid Crisis	CARRIED OVER

Children's Services

Not Enacted

LD 115	An Act To Appropriate Funds for Home Visiting Services To Provide Child Development Education and Skills Development for New Parents	CARRIED OVER
LD 633	An Act To Create a Kinship Care Navigator Program within the Department of Health and Human Services	CARRIED OVER
LD 1417	An Act To Expand Access to Head Start To Assist Opioid-affected and Other At-risk Families	CARRIED OVER
LD 1760	An Act To Support Children's Healthy Development and School Readiness	CARRIED OVER

Department Organization and Administration

Enacted

LD 2051	An Act To Amend the Qualifications for the State Nuclear Safety Inspector	PUBLIC 589
LD 2054	An Act To Consolidate Certain Reporting Requirements of the Department of Health and Human Services	PUBLIC 612
LD 2057	An Act To Ensure an Efficient Contracting Process for the Department of Health and Human Services	PUBLIC 590

Not Enacted

LD 428	An Act To Establish Wage and Employment Parity between Adult and Child Protective Services Caseworkers in the Department of Health and Human Services	CARRIED OVER
LD 1134	An Act To Set Aside Funds from Federal Block Grants for Certain Communities	CARRIED OVER

LD 1180	Resolve, To Establish the Task Force To Better Coordinate the Protection of Vulnerable Populations	CARRIED OVER ONTP
LD 1377	An Act To Enhance and Improve the Maine Developmental Services Oversight and Advisory Board and To Establish the Aging and Disability Mortality Review Panel	CARRIED OVER

Developmental Disabilities

Not Enacted

LD 373	An Act To Provide MaineCare Coverage for Dental Services to Adults with Intellectual Disabilities or Autism Spectrum Disorder, Brain Injuries and Other Related Conditions	CARRIED OVER
LD 399	An Act To Align Wages for Direct Care Workers for Persons with Intellectual Disabilities or Autism with the Minimum Wage	CARRIED OVER
LD 1178	An Act To Address the Needs of Children With Intellectual Disabilities and Autism Spectrum Disorder	CARRIED OVER
LD 1944	An act To Expand Eligibility for Home Accessibility Adaptation Benefits under the MaineCare Program	ONTP
LD 1984	An Act To Eliminate Waiting Lists for Home and Community-based Services for Adults with Intellectual Disabilities, Autism, Brain Injury and Other Related Conditions	CARRIED OVER

End of Life

Enacted

LD 2068	Resolve, Regarding Legislative Review for Portions of Chapter 15: Death with Dignity Act Reporting Rule, a Major Substantive Rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention	RESOLVE 130
---------	---	-------------

Fund for a Healthy Maine

Not Enacted

LD 1961	An Act To Establish the Trust for a Healthy Maine	CARRIED OVER
---------	---	--------------

Health Care

Not Enacted

LD 181	An Act To Provide Funding to the Department of Health and Human Services To Support Free Health Clinics in the State	CARRIED OVER
LD 745	An Act To Support the Northern New England Poison Center	CARRIED OVER
LD 836	An Act To Expand Maine's School-based Health Centers	CARRIED OVER

LD 1539 An Act To Provide Maine Children Access to Affordable Health Care CARRIED OVER

Hospitals

Not Enacted

An Act To Improve Rural Health Care CARRIED OVER

Licensing

Not Enacted

LD 2063 An Act To Provide Program Solvency, Clarity, Consistency and Flexibility in Routine Public Health Licensing Activities CARRIED OVER

Maternal/Infant

Enacted

LD 2059 An Act To Clarify the Provision for Care of Infants after Birth PUBLIC 613

LD 2119 An Act To Amend the Laws Governing the Maternal, Fetal and Infant Mortality Review Panel PUBLIC 671

Not Enacted

LD 1957 An Act To Provide Women Access to Affordable Postpartum Care CARRIED OVER

Medicaid/MaineCare

Enacted

LD 1838 Resolve, Requiring the Department of Health and Human Services To Examine Options For Upper Payment Limit Adjustments for MaineCare Services RESOLVE 111

Not Enacted

LD 154 An Act To Amend the Law Governing MaineCare Coverage of Chiropractic Treatment CARRIED OVER

LD 234 Resolve, To Increase Certain Chiropractic Reimbursement Rates under the Maine Care Program CARRIED OVER

LD 362 Resolve, To Require the Department of Health and Human Services To Submit a State Plan Amendment To Exempt Retirement and Educational Assets from Calculations for Medicaid Eligibility CARRIED OVER

LD 493	An Act To Provide Lung Cancer Counseling and Screening for MaineCare Recipients	CARRIED OVER
LD 498	Resolve, Regarding Reimbursement of Physical Medicine and Rehabilitation Codes under MaineCare	CARRIED OVER
LD 593	Resolve, To Stabilize the Behavioral Health Workforce and Avert More Expensive Treatments	CARRIED OVER
LD 692	Resolve, To Address Reimbursement Rates for Licensed Clinical Social Workers under MaineCare	CARRIED OVER
LD 880	An Act To Respond To Federal Changes to Social Programs	CARRIED OVER
LD 915	An Act To Provide Adequate Reimbursement under MaineCare for Ambulance and Neonatal Transportation	CARRIED OVER
LD 1052	An Act To Require Regular and Transparent Review of MaineCare Reimbursement Rates	ONTP
LD 1142	Resolve, To Expand Transportation Services for Seniors Who Are MaineCare Members	CARRIED OVER
LD 1373	Resolve, To Reduce MaineCare Spending through Targeted Nutrition Interventions	ONTP
LD 1936	An Act To Allow Parents of Minors Who Qualify for In-home Personal Care under the MaineCare Program To Be Employed as Caregivers for Those Minors	CARRIED OVER
LD 1938	An Act Concerning MaineCare Coverage for Donor Breast Milk	CARRIED OVER
LD 1940	Resolve, Directing the Department of Health and Human Services To Increase MaineCare Reimbursement Rates for Targeted Case Management Services To Reflect Inflation	CARRIED OVER
LD 1954	An Act To Amend the Laws Governing Estate Recovery under the MaineCare Program	CARRIED OVER

Medical Use of Marijuana

Not Enacted

LD 2099	An Act To Amend Provisions of the Maine Medical Use Marijuana Act	CARRIED OVER
---------	--	---------------------

Mental Health

Enacted

LD 775	Resolve, To Authorize the Department of Health and Human Services To Amend Its Rules for Eligibility for Community Support Services	RESOLVE 117
---------------	--	--------------------

Not Enacted

LD 232	Resolve, Directing the Department of Health and Human Services To Review the Progressive Treatment Program and Process by Which a Person May Be Voluntarily Admitted to a Psychiatric Hospital or Receive Court-ordered Community Treatment	HELD BY GOVERNOR
LD 284	An Act To Improve Care Provided to Forensic Patients	ONTP
LD 414	An Act To Increase the Number of Intensive Case Managers	CARRIED OVER
LD 763	An Act To Ensure the Availability of Community Integration Services	CARRIED OVER
LD 803	An Act To Create 4 Regional Mental Health Receiving Centers	CARRIED OVER
LD 1135	Resolve, To Increase Funding for Assertive Community Treatment	CARRIED OVER
LD 1295	An Act To Determine the Need to Increase the Number of Forensic Emergency and Crisis Beds	CARRIED OVER
LD 1461	An Act To Support Early Intervention and Treatment of Mental Health Disorders	CARRIED OVER
LD 1737	An Act Relating to the Retention and Hiring of Mental Health Staff at the Department of Health and Human Services	Leave to Withdraw Pursuant to Joint Rule310
LD 1822	An Act To Protect Access to Services for Adults with Serious and Persistent Mental Illness	CARRIED OVER
LD 1856	Resolve, To Support Individuals with Acute Mental Health Needs	CARRIED OVER
LD 1946	An Act To Improve Access To Mental and Behavioral Health Care by Providing Care in Clinical Reproductive and Sexual Health Care Settings	CARRIED OVER

Oral Health/Dental Care

Enacted

LD 1399 An Act To Improve Oral Health and Access to Dental Care for Maine Children PUBLIC 546

Not Enacted

LD 1955 An Act To Promote Cost-effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children CARRIED OVER

Palliative Care

Not Enacted

LD 1950 An Act To Advance Palliative Care Utilization in the State ONTP

Poverty and Homelessness

Not Enacted

LD 1404 Resolve, To Provide Support Services and Funds To Prevent Homelessness CARRIED OVER

LD 2056 Resolve, To Create the Frequent Users System Engagement Collaborative CARRIED OVER

Prescription Drugs

Not Enacted

LD 1951 An Act To Assist Persons with Disabilities Who are Subject to Pill Count Requirements ONTP

LD 2117 An Act To Expand and Rename the Controlled Substances Prescription Monitoring Program CARRIED OVER

LD 2155 An Act To Prevent Accidental Overdoses by Establishing a Protocol for Prescription Drug Recovery CARRIED OVER

Enacted

Public Assistance

LD 1106 An Act To Improve the Health and Economic Security of Older Residents CARRIED OVER

LD 1403 An Act To Amend the General Assistance Laws Governing Reimbursement CARRIED OVER

LD 2154 An Act Regarding Asset Tests for Social Services Programs CARRIED OVER

LD 2157 An Act Regarding Asset Tests for Social Services Programs CARRIED OVER

An Act Regarding Reimbursements to Municipalities for General Assistance

Public Health

Enacted

LD 227 **Resolve, Directing the Department of Health and Human Services To Review the State's Public Health Infrastructure** **RESOLVE 114**

Not Enacted

LD 231 **An Act To Improve the Health and Economic Security of Older Residents** **CARRIED OVER**

LD 706 **An Act To Amend the General Assistance Laws Governing Reimbursement** **CARRIED OVER**

LD 931 **An Act To Reduce the Incidence of Obesity and Chronic Disease in the State** **CARRIED OVER**

LD 1171 **An Act To Prevent Sexual and Domestic Violence and To Support Survivors** **CARRIED OVER**

LD 1943 **An Act To Protect Drinking Water for Low-income Maine Residents** **CARRIED OVER**

Substance Use Disorder

Enacted

LD 1934 **An Act Regarding Prior Authorization for Treatment for Opioid Use Disorder under the MaineCare Program** **PUBLIC 645**

Not Enacted

LD 46 **An Act To Establish a Substance Use Disorder Clinic at the Cumberland County Jail** **CARRIED OVER**

LD1429 **An Act To Fund Opioid Use Disorder Prevention and Treatment** **ONTP**

LD 1630 **Resolve, To Ensure Access to Opiate Addiction Treatment** **ONTP**

LD 1662 **Resolve, To Save Lives by Establishing the Low Barrier Opioid Treatment Response Pilot Project within the Department of Health and Human Services** **CARRIED OVER**

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

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

Telemedicine

Enacted

**PUBLIC 649
EMERGENCY**

LD 1974 An Act To Promote Telehealth

Not Enacted

**LD 508 Resolve, To Study the Protection of Youth and Young Adults from
Addiction and Premature Death by Restricting Marketing of Tobacco
Products**

ONTP

**LD 2052 An Act To Enact Restrictions on Electrons Smoking Devices and New
Tobacco Products**

ONTP

**LD 2135 An Act To Amend the Definition of “Tobacco Product” To Exclude
Matches and Lighters**

CARRIED OVER