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STATE OF MAINE
ONE HUNDRED AND THIRTIETH LEGISLATURE
COMMITTEE ON HEALTH AND HUMAN SERVICES

TO: Senator Catherine Breen, Senate Chair
Representative Teresa S. Pierce, House Chair
Joint Standing Committee on Appropriations and Financial Affairs

FROM: Senator Ned Claxton, Senate Chair *NC (ATB)*
Representative Michele Meyer, House Chair *MM (ATB)*
Joint Standing Committee on Health and Human Services

DATE: March 19, 2021

SUBJECT: LD 221: An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2021, June 30, 2022 and June 30, 2023

The Health and Human Services Committee is pleased to provide its recommendations on LD 221, the biennial budget bill. Committee votes on the initiatives proposed in the budget are contained in the attached green document and votes on language sections are contained in the purple document. This memo is to summarize some of the information contained in the spreadsheets and to provide additional information and reasoning on some initiatives with amendments or divided reports. Proposed language for amendments and new initiatives is attached.

Unanimous votes to oppose initiatives proposed in both the supplemental and biennial budget
The Committee voted unanimously to oppose two initiatives that we also opposed in the supplemental budget. We continue to oppose eliminating direct care cost claims on nursing home bed hold days (lines 385-387) and to achieving savings by establishing a reimbursement methodology that reimburses 340B providers at the approximate cost of 340B drugs (lines 347-349). Given the serious impact of the pandemic on nursing facilities, hospitals and other 340B-eligible entities, we are opposed to these cuts.

Divided votes on initiatives proposed in both the supplemental and biennial budget
The Committee continued to divide on partisan lines on the initiative in language Part PP that was also contained in the supplemental budget. The majority voted in favor of Part PP with a technical amendment. The technical amendment replaces “nonfarm income official poverty line” with “federal poverty level” and this language is attached. Federal poverty level is defined

in Title 22, section 3762, subsection 1, paragraph C. The minority is opposed to this initiative. However, now that the supplemental budget bill, LD 220, has been enacted and signed, this initiative seems no longer necessary.

Unanimous votes to oppose or amend initiatives proposed in the biennial budget

The Committee voted unanimously to oppose the two proposed initiatives that relate to prescription dispensing fees. The initiative on lines 364-466 would eliminate the supplemental dispensing fee paid to rural pharmacies for prescriptions provided to MaineCare members and the initiative on lines 367-369 would reduce the MaineCare prescription drug dispensing fee by approximately 10%. We are opposed to these initiatives.

The Committee voted unanimously to oppose two initiatives that relate to mental health services. We are opposed to the initiative on lines 339-340 that would reduce outpatient reimbursement to 100% of costs; these services are currently cost-settled to 117% of costs. This rate cut affects only Spring Harbor and Acadia. We are also opposed to the initiative on lines 341-342 that eliminates the distinct psychiatric discharge rates for Northern Maine Medical Center and St Mary's Regional Medical Center. The in-patient and out-patient mental health services being provided at these hospitals at issue for both initiatives have significant waitlists and demand has increased especially with the pandemic.

The Committee voted unanimously to increase the supplemental payments to hospitals in lines 312-313 by a combined total of \$530,491. The Committee unanimously voted to support the initiative related to the hospital tax in lines 308-9 and supports increasing the supplemental payments to hospitals to prevent an additional shortfall to hospitals. The amended language is attached.

Divided votes on initiatives proposed in the biennial budget

The Committee is divided on all the initiatives in the biennial budget that relate to the consolidation of MaineCare programs and accounts. These initiatives are on lines 138-143, 319-324, 327-338 and language Part SS. These votes are on partisan lines.

The Committee is divided on all the language initiatives that lapse unencumbered balances to the General Fund. These are language Parts BBB (General Assistance), CCC (TANF), DDD (ASPIRE) and EEE (Medicaid). These votes are on partisan lines with the majority voting in favor of the initiatives and the minority voting against them. With respect to Part EEE, the majority of the Committee voted for this initiative with a technical amendment to correct the language to reflect the account "Medical care payments to providers" (it is incorrectly called "Medical Care Services"). This language is attached.

The Committee is also divided on a number of initiatives that propose to create new positions, continue limited positions, or move positions to General Fund within the Center for Disease Control and Prevention, the Health and Environmental Testing Laboratory and the Health Inspection Program. These initiatives are on lines 162-3, 213-215, 218-219, 443, 444, 448, 449, 450, 451-2, 453, 454, 458. The majority of the Committee voted to approve these initiatives and the minority voted against them. In addition, the majority of the Committee voted to approve the limited period positions created in Public Law 2019, chapter 343 in the lead program (line 447) but with an amendment that would change the end date of these positions from June 17, 2023 to June 17, 2027 to make these positions more secure and attractive for recruitment. This language is attached. The minority of the Committee voted against the continuation of these positions. All votes on these lines are on partisan lines.

The Committee is divided on the initiative in lines 216-217 and language Part RR that proposes to establish a Senior Legal Advisor position subject to appointment by the Commissioner of Health and Human Services. The majority of the Committee voted to approve this proposal and the minority vote against the proposal. This vote is on partisan lines.

The Committee is divided on the language in Part WW that authorizes the Department of Health and Human Services to adopt emergency rules to implement provisions of the budget. The majority of the Committee voted to approve this language and the minority voted against it. This vote is on partisan lines.

The Committee is divided on the language in Part NN that would allow for unspent funds for public health nurses to be transferred or repurposed by repealing the language that currently prevents this. The majority of the Committee voted to approve this language and the minority voted against it. This vote is on partisan lines.

The Committee is divided on the language in Part QQ which changes the frequency of life safety inspections from annual to every two years. Twelve members of the Committee voted to approve this language and Senator Baldacci voted against it.

Fund for a Healthy Maine

The Committee is divided on the two initiatives on lines 250 and 251 that are funded by the Fund for a Healthy Maine. One initiative relates to establishing the Office of Health Equity (a reconstituted Office of Minority Health) and the other funds the Overdose Prevention Through Intensive Outreach, Naloxone, and Safety Program (OPTIONS). These votes are on partisan lines with the majority voting in favor of the initiatives and the minority voting against them.

The Committee unanimously voted to include a new initiative that would provide \$5million in Fund for a Healthy Maine funding in each year, and on an ongoing basis, to be used for tobacco prevention and cessation interventions. The initiative uses Fund for a Healthy Maine funding that is currently used for MaineCare and redirects it to public health. The Committee feels strongly that Fund for a Healthy Maine funding must be used for this purpose given the source of the funding is the Master Settlement Agreement with cigarette manufacturers. The language for the new initiative is attached.

Child protective caseworkers and the Alternative Response Program

The Committee had an extensive discussion on the proposed changes to the child protective system including establishing 15 new child protective caseworkers and ending the contracts for the Alternative Response Program (lines 82-84). The Committee unanimously supports the new caseworker positions. As a result of conversations among Committee members and with the Department of Health and Human Services, we also voted unanimously to establish these positions as of October 1, 2021 instead of January 1, 2022. We are grateful to the department for offering this proposal. The initiative that accounts for these additional 3 months for the 15 caseworkers is contained in the two lines at the end of the green document.

The majority of the Committee voted to include an initiative that establishes a backstop to the transition plan for the child protective system; the minority voted against it. This language requires the department to extend the Alternative Response Program contracts by three months to March 31, 2022 if 10 of the 15 new caseworker positions have not been filled by October 31, 2021. The votes in favor of this proposal are: Claxton, Baldacci, Meyer, Craven, Perry,

Madigan, Stover, Zager and Connor. Votes opposed are: Moore, Javner, Griffin and Lemelin. This language is attached.

Technical corrections on unanimous initiatives

The Committee unanimously voted in favor of the initiative to modify the MaineCare estate recovery rules to the mandatory federal requirements on lines 325-326. Our understanding is that language to amend Title 22, section 14 is also required to accomplish this change. To that end, we voted unanimously to include this statutory change and the language is attached.

The Committee unanimously voted in favor of the initiative that establishes a public health nursing consultant position in the Department of Health and Human Services to oversee a mortality review committee to investigate deaths of individuals receiving home and community-based services under a MaineCare waiver (lines 269-270). This proposal – the language and position combined – was included in LD 1377 and LD 2126 in the 129th Legislature but the former died on the table and the latter was enacted without the proposal. The Committee voted unanimously to include the language that establishes the Aging and Disability Mortality Review Panel and the language is attached. We would also like to note that this language includes a new public records exception that requires review by the Judiciary Committee and we are in the process of undertaking that review. We will forward you any communications from the Judiciary Committee after the review has been completed.

Unanimous votes on new initiatives

In addition to the unanimous vote on establishing the 15 child protective caseworkers mentioned above, the Committee voted unanimously to support a \$2.5m General Fund appropriation in each year to be used to maintain sexual assault and domestic violence prevention and victim services. The last biennial budget included one-time funding from the Fund for a Healthy Maine. There is still a serious need for these services – increased with the pandemic – and we recommend this funding go into the baseline. The language is attached.

Divided votes on new initiatives

The Committee voted to include a new initiative that would restore the threshold for General Assistance funding to be reimbursed by the State at 90% when the municipality is providing assistance in excess of .0003 of the municipality's most recent state valuation. This was the law prior to 2015. The initiative does not change the 70% reimbursement rate that has applied to all municipalities since 2015. The Committee vote on partisan lines with the majority voting to include this initiative in the budget and the minority opposed to it. This language is attached.

Committee members are prepared to discuss this report with you. Thank you for your consideration.

cc: Health and Human Services Committee members
Commissioner Jeanne M. Lambrew, Department of Health and Human Services
Benjamin Mann, Deputy Commissioner of Finance, Department of Health and Human Services
Molly Bogart, Government Relations Director, Department of Health and Human Services
Maureen Dawson, OFPR
Luke Lazure, OFPR
Anna Broome, OPLA
Erin Dooling, OPLA

Amendment related to lines 82-84 – Alternative Response Program:

Sec. . Department of Health and Human Services; Office of Child and Family Services; transition plan. The Department of Health and Human Services, Office of Child and Family Services shall extend the contracts for the Alternative Response Program in existence on the effective date of this Act until March 31, 2022, if fewer than 10 of the 15 Child Protective Caseworker positions authorized by Part have been filled by October 31, 2021.

Amendment to lines 312-313 – Supplemental payments to hospitals:

Total Spend as proposed - \$11,287,885

Line 312 - Increases General Fund by \$149,670 to \$3,334,383

Line 313 - Increases the Federal Expenditures Fund by \$380,821 to \$8,483,993

Total Spend as amended– \$11,818,376

Amendment related to lines 325-326 – Estate recovery:

Sec. . 22 MRSA §14, sub-§2-I, ¶A, as amended by PL 2003, c. 20, Pt. K, §2, is further amended by amending subparagraph (2) to read:

(2) It is determined that the recipient was 55 years of age or older when that person received MaineCare assistance and the MaineCare assistance received was for nursing facility services or home and community-based services, including hospital and prescription drug services provided to a person receiving nursing facility services or home and community-based services. The amount of the department's claim under this subparagraph is limited to the amount of the MaineCare assistance provided for the services specified in this subparagraph as required by federal law. The provisions of this subparagraph apply in all cases in which the department is not pursuing an action to enforce a claim against a deceased member's estate as of the effective date of this subparagraph; or

Amendment to line 447 – lead positions:

Initiative Text as amended - Continues 5 limited-period Environmental Specialist III positions previously continued in Public Law 2019, chapter 343 and 3 limited-period Environmental Specialist III positions previously established in Public Law 2019, chapter 343 and provides funding for related All Other costs. Also provides All Other funding for the continuation of lead inspection services and associated laboratory costs. **These positions will end June 2027.**

Amendment to Part PP – TANF:

Sec. PP. 22 MRSA §3762, sub-§8, ¶B, is amended to read:

B. The department shall provide limited transitional transportation benefits to meet employment-related costs to ASPIRE-TANF program participants who lose eligibility for TANF assistance due to employment and to employed families with children with income less than 200% of the federal poverty level. The department may also make transitional transportation benefits available to families in which one or both adults are working and who, although they remain financially eligible for TANF benefits, request that their benefits be terminated. Benefits may be provided for up to 18 months ~~following loss of TANF eligibility~~. The department may adopt rules that impose a weekly limit on available transitional transportation benefits and that require a contribution from each participant toward the cost of transportation. For the purposes of employed families whose household income is less than 200% of the federal poverty level and who do not qualify based on the loss of TANF eligibility due to earnings or are a 2-parent household who request termination of TANF benefits when at least one adult is working, the department may use up to \$1,400,000 annually from the federal TANF block grant for expenditures under this program.

Amendment to Part EEE – Lapsing balance:

Sec. EEE. Department of Health and Human Services; Medical Care Services account; lapsed balances. Notwithstanding any other provision of law, \$60,000,000 of unencumbered balance forward from the Department of Health and Human Services, ~~Medical Care Services~~ Medical care payments to providers, General Fund carrying account, All Other line category lapses to the unappropriated surplus of the General Fund no later than June 30, 2022.

New initiative – Tobacco prevention and cessation:

Sec. 1. Department of Health and Human Services; Medical Care – Payments to Providers account; lapsed balances. Notwithstanding any other provision of law, \$10,000,000 of unencumbered balance forward from the Department of Health and Human Services, Medical Care – Payments to Providers, General Fund carrying account, All Other line category lapses to the unappropriated surplus of the General Fund no later than June 30, 2022.

Amend Part A of the bill by adding the following:

Sec. . Appropriations and Allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Maine Center for Disease Control and Prevention 0143**

Initiative: Provides on-going allocations to maintain tobacco prevention and cessation.

FUND FOR A HEALTHY MAINE	2021-22	2022-23
All Other	\$5,000,000	\$5,000,000
	<hr/>	<hr/>
FUND FOR A HEALTHY MAINE TOTAL	\$5,000,000	\$5,000,000

**MAINE CENTER FOR DISEASE CONTROL AND PREVENTION 0143
PROGRAM SUMMARY**

FUND FOR A HEALTHY MAINE	2021-22	2022-23
All Other	\$5,000,000	\$5,000,000
	<hr/>	<hr/>
FUND FOR A HEALTHY MAINE TOTAL	\$5,000,000	\$5,000,000

Medical Care - Payments to Providers 0147

Initiative: Decreases allocation for medical services.

FUND FOR A HEALTHY MAINE	2021-22	2022-23
All Other	(\$5,000,000)	(\$5,000,000)
	<hr/>	<hr/>
FUND FOR A HEALTHY MAINE TOTAL	(\$5,000,000)	(\$5,000,000)

Medical Care - Payments to Providers 0147

Initiative: Provides funding for medical services.

GENERAL FUND	2021-22	2022-23
All Other	\$5,000,000	\$5,000,000
	<hr/>	<hr/>
GENERAL FUND TOTAL	\$5,000,000	\$5,000,000

**MEDICAL CARE - PAYMENTS TO PROVIDERS 0147
PROGRAM SUMMARY**

GENERAL FUND	2021-22	2022-23
All Other	\$5,000,000	\$5,000,000
	<hr/>	<hr/>
GENERAL FUND TOTAL	\$5,000,000	\$5,000,000

FUND FOR A HEALTHY MAINE	2021-22	2022-23
All Other	(\$5,000,000)	(\$5,000,000)
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FUND FOR A HEALTHY MAINE TOTAL	(\$5,000,000)	(\$5,000,000)

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
DEPARTMENT TOTALS**

	2021-22	2022-23
GENERAL FUND	\$5,000,000	\$5,000,000
FUND FOR A HEALTHY MAINE	\$0	\$0
DEPARTMENT TOTAL - ALL FUNDS	\$5,000,000	\$5,000,000

SUMMARY

This amendment increases the Fund for a Healthy Maine (FHM) allocations by \$5,000,000 annually in the Maine Center for Disease Control and Prevention program to maintain tobacco prevention and cessation interventions and it reduces the FHM allocations by \$5,000,000 annually in the Medical Care - Payments to Providers program to reduce the medical services funded through FHM. These changes have a net zero impact on the FHM.

The medical services currently funded by the FHM, would need to be funded from a different source. Thus, to cover the medical services for the 2022-2023 biennium, this bill also provides a General Fund appropriation of \$5,000,000 annually in the Medical Care - Payments to Providers program. Additionally, \$10,000,000 of unencumbered balance forward from the Department of Health and Human Services, Medical Care – Payments to Providers, General Fund carrying account lapses to the unappropriated surplus of the General Fund no later than June 30, 2022. These changes have a net zero impact on the General Fund for the biennium.

Fiscal Note

	FY 2021-22	FY 2022-23	Projections FY 2023-24	Projections FY 2024-25
Net Cost (Savings)				
General Fund	(\$5,000,000)	\$5,000,000	\$5,000,000	\$5,000,000
Fund for a Healthy Maine	\$0	\$0	\$0	\$0
Appropriations/Allocations				
General Fund	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Fund for a Healthy Maine	\$0	\$0	\$0	\$0
Transfers				
General Fund	\$10,000,000	\$0	\$0	\$0

Amendment related to lines 269-270 – Aging and Disability Mortality Review Panel:

Sec. 1. 5 MRSA §12004-J, sub-§19 is enacted to read:

19.

<u>Aging and Disability</u>	<u>Aging and Disability Mortality Review Panel</u>	<u>Not Authorized</u>	<u>22 MRSA §264</u>
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Sec. 2. 22 MRSA §264 is enacted to read:

§264. Aging and Disability Mortality Review Panel

1. Panel established. The Aging and Disability Mortality Review Panel, referred to in this section as "the panel," is established to review deaths of and serious injuries to all adults receiving services.

2. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Adults receiving services" means adults receiving home-based and community-based services under 42 Code of Federal Regulations, Part 441.

B. "Panel coordinator" means an employee of the Maine Center for Disease Control and Prevention who is appointed by the commissioner. The panel coordinator must be a registered nurse, nurse practitioner, physician assistant or physician licensed or registered in this State and who has completed a nationally certified training program for conducting critical incident, including death, investigations or will complete the training within 6 months of appointment as panel coordinator.

C. "Preventable death" means a premature death that could have been avoided.

D. "Serious injury" means a bodily injury that involves a substantial risk of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement or protracted loss or impairment of the function of a body part or organ or mental faculty.

E. "Suspicious death" means an unexpected death in which the circumstance or cause is medically or legally unexplained or inadequately explained or a death in which the circumstance or cause is suspected to be related to systemic issues of service access or quality.

3. Composition. The panel consists of up to 15 members and includes health care providers, social service providers, public health officials and other persons with professional expertise on the health and mortality of adults with disabilities and adults who are aging. The commissioner shall appoint the members of the panel unless otherwise specified. At a minimum, the panel consists of the following members:

A. The person who is lead staff attorney for investigations for the Office of the Attorney General or that person's designee;

B. The person who is lead staff attorney for health care crime investigations for the Office of the Attorney General or that person's designee;

- C. A person within the department responsible for licensing and certification;
- D. A person within the department responsible for aging and disability services;
- E. The executive director of the statewide protection and advocacy agency for individuals with disabilities contracted by the department pursuant to Title 5, section 19502 or the executive director's designee;
- F. The executive director of the long-term care ombudsman program as established in section 5106, subsection 11-C or the executive director's designee;
- G. A member of the Maine Developmental Services Oversight and Advisory Board as established in Title 5, section 12004-J, subsection 15 as nominated by that board;
- H. A health care provider who is licensed under Title 32, chapter 36 or 48 and who has expertise and experience in delivering services to individuals with intellectual disabilities or autism nominated by a statewide association representing physicians;
- I. A representative of the developmental service provider community who has expertise regarding community services for individuals with intellectual disabilities or autism;
- J. A representative of the provider community serving older adults and adults with physical disabilities who has expertise in home-based and community-based services;
- K. A representative of the provider community who has expertise in delivering home-based and community-based services to individuals with brain injuries or other related conditions; and
- L. A person who has expertise in forensic pathology.

4. Terms; meetings; chair. The term for each member of the panel is 3 years, except that members serve at the pleasure of the commissioner. A member may serve until a successor has been appointed. Members may be reappointed. A vacancy must be filled as soon as practicable by appointment for the unexpired term. The panel shall meet at least 4 times each year and sufficiently frequently to carry out its duties and to guarantee the timely and comprehensive reviews of all deaths and serious injuries as required in this section. The commissioner or the commissioner's designee shall call the first meeting. The panel shall elect a chair from among its members annually.

5. Panel coordinator; powers and duties. The panel coordinator has the following powers and duties.

A. The panel coordinator shall conduct preliminary reviews of all deaths of and serious injuries to all adults receiving services to determine whether to refer a case to the panel if the panel coordinator determines that any of the following circumstances exist:

- (1) The death or serious injury was unexpected;
- (2) The death was premature;
- (3) The death or serious injury was preventable;
- (4) Issues with the system of care are indicated;
- (5) Facts and circumstances related to the death or serious injury indicate that the department or providers of home-based and community-based services to adults

receiving services could implement actions that would improve the health and safety of those adults receiving services; or

(6) Other issues or facts related to the death or serious injury indicate the case should be reviewed by the panel.

The panel coordinator shall also refer cases based on the need to review particular causes and circumstances of death or serious injury or the need to obtain a representative sample of all deaths.

The panel coordinator shall conduct preliminary reviews within 7 days of the date the death or serious injury was reported. Preliminary reviews of a death may not be officially closed until the death certificate has been received and reviewed by the panel coordinator.

B. The panel coordinator has access to the following records:

(1) Death certificates;

(2) Autopsy, medical examiner and coroner reports;

(3) Emergency medical personnel reports and documentation;

(4) Health care information of an adult receiving services who is deceased pursuant to section 1711-C, subsection 6, paragraph V. For the purposes of this subparagraph, "health care information" has the same meaning as in section 1711-C, subsection 1, paragraph E; and

(5) Notwithstanding any provision of law to the contrary, information or records from the department determined by the panel coordinator to be necessary to carry out the panel coordinator's duties. The department shall provide the panel coordinator with direct access to the information or records or provide the information or records necessary and relevant as soon as is practicable upon oral or written request of the panel coordinator. Records that must be provided include, but are not limited to, the following:

(a) Personal plans and treatment plans of an adult receiving services when that adult is deceased or injured;

(b) Service plans and agreements developed on behalf of an adult receiving services;

(c) Documents from providers of home-based and community-based services and case managers;

(d) Documents related to an adult protective case or investigation; and

(e) Reports relating to incidents or reportable events of an adult receiving services that occurred in the 12 months prior to the adult's death or serious injury.

C. The panel coordinator may conduct voluntary interviews with parties that may have relevant information for a preliminary review pursuant to paragraph A, including a guardian of or family of or the provider of services to the adult receiving services who has died or experienced serious injury, in accordance with this paragraph.

(1) For interviews pertaining to serious injury of an adult receiving services, prior to conducting any interview, the panel coordinator shall obtain the permission of the adult or the adult's guardian, if the adult cannot consent.

(2) For interviews pertaining to preventable death or suspicious death of an adult receiving services, prior to conducting any interview, the panel coordinator shall obtain the permission of the adult's personal representative if one was appointed or, if there is no personal representative, the adult's guardian if the adult had a guardian.

(3) The purpose of an interview is limited to gathering information or data for the panel, provided in summary or abstract form without family names or identification of the adult receiving services.

(4) The panel coordinator may delegate the responsibility to conduct interviews pursuant to this paragraph to a registered nurse, physician assistant, nurse practitioner or physician licensed or registered in this State and who has completed a nationally certified training program for conducting critical incident investigations. If the interview pertains to a preventable death or suspicious death, the person conducting the interview must have professional training or experience in bereavement services.

(5) A person conducting an interview under this paragraph may make a referral for bereavement counseling if indicated and desired by the person being interviewed.

D. The panel coordinator shall endeavor to minimize the burden imposed on health care providers, hospitals and service providers.

E. A case of death of or serious injury to an adult receiving services may be referred to the panel coordinator by the commissioner, the statewide protection and advocacy agency for individuals with disabilities contracted by the department pursuant to Title 5, section 19502, a member of the panel or any other person who presents credible evidence that a death or serious injury warrants referral to the panel as determined by preliminary review by the panel coordinator.

F. The panel coordinator shall prepare a summary and abstract of relevant trends in deaths of the population of adults receiving services for comparison to cases reviewed by the panel pursuant to subsection 6.

G. The panel coordinator shall prepare a review summary or abstract of information regarding each case, as determined to be useful to the panel and at a time determined to be timely, without the name or identifier of the adult receiving services who is deceased or who has experienced a serious injury to be presented to the panel.

H. The panel coordinator shall, in conjunction with the department, establish and maintain a state mortality database that includes, but is not limited to, the following:

(1) Name, age, sex, race or ethnicity and type of disability or condition of the adult receiving services who is deceased;

(2) Community-based service received by the adult receiving services who is deceased and the name of the service provider;

(3) Description of the events leading to the death of the adult receiving services and the immediate circumstances of the death;

(4) Location of the death, such as the home of the adult receiving services, community setting, hospital or hospice;

(5) Immediate and secondary causes of death of an adult receiving services, including if the death was:

(a) Expected due to a known terminal illness;

(b) Associated with a known chronic illness;

(c) A sudden unexpected death;

(d) Due to an unknown cause;

(e) Due to an accident, including the type of accident;

(f) Due to a self-inflicted injury or illness, including suicide or serious self-injurious behavior;

(g) Due to suspicious or unusual circumstances; and

(h) Due to suspected or alleged neglect, abuse or criminal activity;

(6) Whether an autopsy was conducted and a narrative of any findings from the autopsy;

(7) Findings of the preliminary reviews of all deaths by the panel coordinator pursuant to paragraph A;

(8) Findings of the comprehensive reviews by the panel pursuant to subsection 6; and

(9) Recommendations pursuant to subsection 6, paragraph B issued by the panel and information related to the implementation of those recommended corrective actions.

I. The panel coordinator shall determine the records that are made available to the panel for the purposes of reviewing cases of death or serious injury. The panel coordinator shall maintain custody of all records.

6. Panel; powers and duties. The panel shall conduct comprehensive multidisciplinary reviews of data presented by the panel coordinator, with a particular focus on preventable deaths, suspicious deaths and serious injuries.

A. The panel shall review all cases of death or serious injury that are referred by the panel coordinator. A review of a case by the panel is a comprehensive evaluation of the circumstances surrounding the death of or serious injury to an adult receiving services, including the overall care of the adult, quality of life issues, the death or serious injury event and the medical care that preceded and followed the event.

B. The panel shall submit an annual report, no later than January 2nd of each year beginning in 2021, to the Governor, the commissioner, the joint standing committee of the Legislature having jurisdiction over health and human services matters and the Maine Developmental Services Oversight and Advisory Board established in Title 5, section 12004-J, subsection 15. The report must contain the following:

(1) Factors contributing to the mortality of adults receiving services;

(2) Strengths and weaknesses of the system of care;

(3) Recommendations to the commissioner to decrease the rate of mortality of adults receiving services;

(4) Recommendations about methods to improve the system for protecting adults receiving services, including modifications to law, rules, training, policies and procedures; and

(5) Any other information the panel considers necessary for the annual report.

C. The panel shall offer a copy of the annual report under paragraph B to any party who granted permission for an interview conducted by the panel coordinator pursuant to subsection 5, paragraph C.

D. Following the submission of the annual report to the commissioner and the joint standing committee of the Legislature having jurisdiction over health and human services matters pursuant to paragraph B, the report must be released to the public.

7. Access to information and records. In any case subject to review by the panel under subsection 6, upon oral or written request of the panel, notwithstanding any provision of law to the contrary, a person that possesses information or records that are necessary and relevant to a panel review shall as soon as practicable provide the panel with the information or records. Persons disclosing or providing information or records upon request of the panel are not criminally or civilly liable for disclosing or providing information or records in compliance with this subsection.

8. Confidentiality. Records held by the panel coordinator or the panel are confidential to the same extent they are confidential while in the custody of the entity that provided the record to the panel coordinator or the panel. Records relating to interviews conducted pursuant to subsection 5, paragraph C by the panel coordinator and proceedings of the panel are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The commissioner shall disclose conclusions of the panel upon request but may not disclose information, records or data that are otherwise classified as confidential.

9. Rulemaking. The department shall adopt rules to implement this section, including rules on collecting information and data, selecting and setting any limits on the number of terms for the members of the panel, managing and avoiding conflicts of interest of members, collecting and using individually identifiable health information and conducting reviews. adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 3. 22 MRSA §1711-C, sub-§6, ¶T is amended to read:

T. To a lay caregiver designated by an individual pursuant to section 1711-G; ~~and~~

Sec. 4. 22 MRSA §1711-C, sub-§6, ¶U, is amended to read:

U. To a panel coordinator of the maternal, fetal and infant mortality review panel pursuant to section 261, subsection 4, paragraph B-1 for the purposes of reviewing health care information of a deceased person and a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation. For purposes of this paragraph, "panel coordinator" has the same meaning as in section 261, subsection 1, paragraph E and "deceased person" has the same meaning as in section 261, subsection 2, paragraph B-; ~~and~~

Sec. 5. 22 MRSA §1711-C, sub-§6, ¶V is enacted to read:

V. To a panel coordinator of the Aging and Disability Mortality Review Panel pursuant to section 264, subsection 5, paragraph B, subparagraph (4) for the purposes of reviewing health care information of an adult receiving services who is deceased in accordance with section 264, subsection 5, paragraph A. For purposes of this paragraph, "panel coordinator" has the same meaning as in section 264, subsection 2, paragraph B.

Sec. 6. Initial appointments; staggered terms. All appointments to the Aging and Disability Mortality Review Panel established in the Maine Revised Statutes, Title 22, section 264 must be made no later than 90 days after the effective date of this Act. Notwithstanding Title 22, section 264, subsection 4, of the initial appointments to the Aging and Disability Mortality Review Panel, the Commissioner of Health and Human Services shall appoint 2 members to serve an initial term of one year, 2 members to serve an initial term of 2 years and 2 members to serve an initial term of 3 years.

SUMMARY

This amendment 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 State Plan Amendment or a waiver approved by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

New initiative – Sexual assault and domestic violence prevention and victim services:

Amend Part A of the bill by adding the following:

Sec. . Appropriations and Allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF**

Purchased Social Services 0228

Initiative: Provides on-going appropriations to maintain sexual assault and domestic violence prevention and victim services.

GENERAL FUND	2021-22	2022-23
All Other	\$2,500,000	\$2,500,000
GENERAL FUND TOTAL	\$2,500,000	\$2,500,000

SUMMARY

This amendment increases the General Fund appropriations by \$2,500,000 annually in the Purchased Social Services program to maintain sexual assault and domestic violence prevention and victim services.

Fiscal Note

	FY 2021-22	FY 2022-23	Projections FY 2023-24	Projections FY 2024-25
Net Cost (Savings)				
General Fund	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Appropriations/Allocations				
General Fund	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000

New initiative – General Assistance:

Sec. 1. 22 MRSA §4311, sub-§1, as amended by PL 2015, c. 267, Pt. SSSS, §1, is further amended to read:

1. Departmental reimbursement. When a municipality incurs net general assistance costs in any fiscal year prior to July 1, 2015 in excess of .0003 of that municipality's most recent state valuation relative to the state fiscal year for which reimbursement is being issued, as determined by the State Tax Assessor in the statement filed as provided in Title 36, section 381, the Department of Health and Human Services shall reimburse the municipality for 90% of the amount in excess of these expenditures when the department finds that the municipality has been in compliance with all requirements of this chapter. If a municipality elects to determine need without consideration of funds distributed from any municipally-controlled trust fund that must otherwise be considered for purposes of this chapter, the department shall reimburse the municipality for 66 2/3% of the amount in excess of such expenditures when the department finds that the municipality has otherwise been in compliance with all requirements of this chapter.

The department shall reimburse each municipality and each Indian tribe 70% of the direct costs incurred by that municipality or tribe on or after July 1, 2015 and prior to July 1, 2020 for the general assistance program granted by that municipality or tribe. For the purposes of this subsection, "Indian tribe" has the same meaning as in section 411, subsection 8-A.

Sec. 2. 22 MRSA §4311, sub-§1-D is enacted to read:

1-D. Departmental reimbursement. Beginning July 1, 2021, the department shall reimburse each municipality for the direct costs incurred by that municipality for the general assistance program granted by that municipality if the department finds that the municipality was in compliance with all requirements of this chapter during the fiscal year for which reimbursement is sought. The department shall reimburse to each municipality an amount equal to 70% of all direct general assistance granted by the municipality equal to or below .0003, and 90% of all direct general assistance granted by the municipality in excess of .0003, of that municipality's most recent state valuation relative to the state fiscal year for which reimbursement is being issued, as determined by the State Tax Assessor in the statement filed as provided in Title 36, section 381.

Sec. 3. 22 MRSA §4311, sub-§1-E is enacted to read:

1-E. Reimbursement to Indian tribes. Beginning July 1, 2021, the department shall reimburse each Indian tribe for 100% of all direct costs for general assistance granted by the Indian tribe if the department finds that the Indian tribe was in compliance with all requirements of this chapter during the fiscal year for which reimbursement is sought. For the purposes of this subsection, "Indian tribe" has the same meaning as in section 411, subsection 8-A.

Amend Part A of the bill by adding the following:

Sec. . Appropriations and Allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF**

General Assistance - Reimbursement to Cities and Towns 0130

Initiative: Provides funding for a 90% reimbursement rate for general assistance expenditures incurred that are in excess of .0003 of that municipality's most recent state valuation in any fiscal year.

GENERAL FUND	2021-22	2022-23
All Other	\$1,182,268	\$1,182,268
GENERAL FUND TOTAL	<u>\$1,182,268</u>	<u>\$1,182,268</u>

**GENERAL ASSISTANCE - REIMBURSEMENT TO CITIES AND TOWNS 0130
PROGRAM SUMMARY**

GENERAL FUND	2021-22	2022-23
All Other	\$1,182,268	\$1,182,268
GENERAL FUND TOTAL	<u>\$1,182,268</u>	<u>\$1,182,268</u>

SUMMARY

This amendment 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, 2021.

Fiscal Note

	FY 2021-22	FY 2022-23	Projections FY 2023-24	Projections FY 2024-25
Net Cost (Savings)				
General Fund	\$1,182,268	\$1,182,268	\$1,182,268	\$1,182,268
Appropriations/Allocations				
General Fund	\$1,182,268	\$1,182,268	\$1,182,268	\$1,182,268