

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND AND FIFTEEN

—
H.P. 113 - L.D. 155

Resolve, To Establish the Commission To Study Difficult-to-place Patients

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this resolve establishes the Commission To Study Difficult-to-place Patients to study certain issues related to difficult-to-place patients with complex medical conditions and the feasibility of making policy changes to the long-term care system for those patients; and

Whereas, immediate enactment of this resolve is necessary to provide the commission adequate time to complete its work; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it,

Sec. 1. Commission established. Resolved: That, notwithstanding Joint Rule 353, the Commission To Study Difficult-to-place Patients, referred to in this resolve as "the commission," is established; and be it further

Sec. 2. Commission membership. Resolved: That the commission consists of 13 members appointed as follows:

1. Two members of the Senate appointed by the President of the Senate, including members from each of the 2 parties holding the largest number of seats in the Legislature;
 2. Three members of the House of Representatives appointed by the Speaker of the House, including members from each of the 2 parties holding the largest number of seats in the Legislature;
 3. The Commissioner of Health and Human Services or the commissioner's designee;
- and

4. Seven members appointed by the Governor who possess expertise in the subject matter of the study, as follows:

- A. The director of the long-term care ombudsman program described under the Maine Revised Statutes, Title 22, section 5106, subsection 11-C;
- B. An individual representing a statewide association of long-term care facilities;
- C. An individual representing a statewide association of hospitals;
- D. An individual representing an organization that represents people with disabilities;
- E. An individual representing a statewide organization advocating for people with mental illness;
- F. An individual representing an organization promoting independent living for individuals with disabilities; and
- G. An individual or a family member of an individual with a complex medical condition; and be it further

Sec. 3. Chairs; subcommittees. Resolved: That the first-named Senate member is the Senate chair and the first-named House of Representatives member is the House chair of the commission. The chairs of the commission are authorized to establish subcommittees to work on the duties listed in section 5 and to assist the commission. Any subcommittees established by the chairs must be composed of members of the commission and interested persons who are not members of the commission and who volunteer to serve on the subcommittees without reimbursement. Interested persons may include individuals with expertise in placing individuals with complex medical conditions in long-term care placements, individuals who provide long-term care to individuals with complex medical conditions, individuals affected by neurodegenerative diseases and individuals affected by mental illness; and be it further

Sec. 4. Appointments; convening of commission. Resolved: That all appointments must be made no later than 30 days following the effective date of this resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. After appointment of all members and after adjournment of the First Regular Session of the 127th Legislature, the chairs shall call and convene the first meeting of the commission. If 30 days or more after the effective date of this resolve a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the commission to meet and conduct its business; and be it further

Sec. 5. Duties. Resolved: That the commission shall study the following issues and the feasibility of making policy changes to the long-term care system for patients with complex medical conditions:

- 1. Identification of categories of patients with complex medical and mental health conditions who are unable to be discharged from hospitals because there are no facilities or providers who are able to care for them or to accept them for care;

2. A description of how patients with complex medical and mental health conditions are placed currently, including the involvement of staff from the Department of Health and Human Services;

3. Identification of primary barriers to placement of patients with complex medical and mental health conditions currently;

4. A description of facilities in which patients with complex medical and mental health conditions are currently placed, including whether the facilities are in-state and the costs associated with the patients' care;

5. Options for increasing availability of residential care and long-term care facilities, including conversion of existing facilities such as hospitals, nursing homes and the Dorothea Dix Psychiatric Center to long-term care facilities for specialized populations that are difficult to place for care, such as ventilator-dependent patients, geropsychiatric patients and bariatric patients;

6. Rates of reimbursement necessary to operate facilities to manage patients with complex medical conditions, including psychiatric conditions and neurodegenerative diseases; and

7. Any other issue identified by the commission; and be it further

Sec. 6. Staff assistance. Resolved: That the Legislative Council shall provide necessary staffing services to the commission; and be it further

Sec. 7. Information and assistance. Resolved: That the Commissioner of Health and Human Services shall provide information and assistance to the commission as required for its duties; and be it further

Sec. 8. Report. Resolved: That, no later than December 2, 2015, the commission shall submit a report that includes its findings and recommendations, including suggested legislation, for presentation to the Joint Standing Committee on Health and Human Services.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.