

STATE OF MAINE
124TH LEGISLATURE
SECOND REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed during the Second Regular Session of the 124th Maine Legislature coming from the

JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

April 2010

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Joint Standing Committee on Health and Human Services

**LD 233 An Act To Include Independent Practice Dental Hygienists in
MaineCare**

**DIED ON
ADJOURNMENT**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| JONES SULLIVAN | OTP-AM | H-647 |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill provides for reimbursement under the MaineCare program to directly reimburse dental hygienists practicing independently as authorized under the Maine Revised Statutes, Title 32, section 1094-I for all procedures performed under Title 32, section 1094-Q, subsection 1. The bill directs the Department of Health and Human Services to adopt rules to implement this provision, and designates the rules as routine technical rules.

Committee Amendment "B" (H-647)

This amendment allows federally qualified health centers to employ independent practice dental hygienists as core providers under MaineCare rules and provides for the reimbursement of federally qualified health centers for these services. The amendment also adds an appropriations and allocations section.

**LD 624 Resolve, To Study Expenditures for Oral Health Care in the MaineCare
Program**

RESOLVE 146

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-----------------------------|-------------------------|---------------------------|
| STRANG BURGESS BRANNIGAN | OTP-AM | H-590 |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This resolve would increase MaineCare dental reimbursement rates in accordance with recommendation #1 of the 2008 Governor's Task Force on Expanding Access to Oral Health Care for Maine People.

Committee Amendment "B" (H-590)

This amendment replaces the resolve. It directs the Department of Health and Human Services to convene a working group to perform a study of oral health care in the MaineCare program. The study is directed to review MaineCare dental coverage, reimbursement and utilization and must identify ways to reduce or redirect expenditures with the goal of providing more cost-effective, high-quality care for MaineCare members. The working group is directed to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters during the First Regular Session of the 125th Legislature. The joint standing committee of the Legislature having jurisdiction over health and human services matters is authorized to report out a bill related to the subject of the report to the First Regular Session of the 125th Legislature.

Enacted Law Summary

Resolve 2009, chapter 146 directs the Department of Health and Human Services to convene a working group to perform a study of oral health care in the MaineCare program. The working group is directed to review

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MaineCare dental coverage, reimbursement and utilization and must identify ways to reduce or redirect expenditures with the goal of providing more cost-effective, high-quality care for MaineCare members. The working group is directed to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters during the First Regular Session of the 125th Legislature. The joint standing committee of the Legislature having jurisdiction over health and human services matters is authorized to report out a bill related to the subject of the report to the First Regular Session of the 125th Legislature.

LD 637 An Act To Ensure Services for Adults with Developmental Disabilities

ONTP

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| CAIN SCHNEIDER | ONTP | |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill requires the Department of Health and Human Services to provide health coverage under the MaineCare program for an adult with mental retardation or autism who is incapacitated and financially eligible for MaineCare.

**LD 701 An Act To Fund the Screening and Early Detection Elements of the
Statewide Cancer Plan**

**DIED BETWEEN
HOUSES**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|----------------------------|-------------------------|---------------------------|
| STRANG BURGESS MARRACHE | OTP-AM MAJ ONTP MIN | |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill provides funding for a portion of the comprehensive cancer screening, detection and prevention program by providing an ongoing appropriation from the Fund for a Healthy Maine.

LD 757 An Act To Improve the Transparency of Certain Hospitals

ONTP

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| GOODE PERRY J | ONTP | |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill makes medical organizations that receive over \$250,000 annually in public funds for medical services subject to the freedom of access laws.

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LD 821 An Act To Support Collection and Proper Disposal of Unwanted Drugs

**DIED BETWEEN
HOUSES**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| PERRY A | OTP-AM MAJ ONTP MIN | |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill establishes a system to collect and safely dispose of unwanted drugs from households and other residential sources.

**LD 1262 An Act To Restrict Gifts to Health Care Practitioners from
Pharmaceutical and Medical Device Manufacturers**

**LEAVE TO
WITHDRAW**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| TREAT | LTW | |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053. This bill:

1. Prohibits most gifts and payments to health care practitioners from pharmaceutical and medical device manufacturers;
2. Includes medical devices in the definition of "prescription drug" for the purposes of requirements involving a pharmaceutical manufacturer's giving of gifts to health care practitioners and reporting marketing expenses;
3. Establishes requirements for pharmaceutical manufacturers' giving sample products to health care practitioners;
4. Requires the Department of Health and Human Services to report a pharmaceutical manufacturer's gifts and payments per health care practitioner instead of in the aggregate;
5. Limits the confidentiality of pharmaceutical manufacturers' reporting information to trade information protected by state and federal law;
6. Requires the Department of Health and Human Services to post the department's annual report regarding a pharmaceutical manufacturer's marketing expenses on a publicly accessible portion of the department's website; and
7. Allows the Department of Health and Human Services to raise the fees of pharmaceutical manufacturers to cover reasonable costs of the department.

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LD 1281 An Act To Increase the Efficiency and Effectiveness of Licensing Behavioral Health Care Providers

ONTP

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| MILLS P | ONTP | |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

The purpose of this bill is to increase the efficiency and effectiveness of licensing behavioral health providers by requiring the Department of Health and Human Services to approve and license substance abuse treatment, child and adult welfare and behavioral health agencies, programs and facilities that receive and maintain accreditation by nationally recognized accrediting bodies. The department shall include such an agency, program or facility on any list of approved and licensed agencies, programs and facilities maintained by the department. Notwithstanding an agency's, program's or facility's maintenance of accreditation, the department may revoke the certificate of approval and remove a treatment program or facility from the department's list of approved programs and facilities for failure to provide data, statistics, schedules and other information reasonably required by the department pursuant to the Maine Revised Statutes, Title 5, section 20024. All agencies, programs and facilities may have approval and licensing revoked or modified by the department for findings resulting from the investigation of a critical incident.

LD 1339 An Act To Improve Oversight of Pharmaceutical Purchasing

PUBLIC 581

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| TREAT ALFOND | OTP-AM MAJ ONTP MIN | H-693 |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill requires pharmacy benefits managers to register with the Department of Professional and Financial Regulation, Bureau of Insurance before entering into any contracts for pharmacy benefits management in the State. The bill also sets forth standards for audits conducted by pharmacy benefits managers. The bill requires the State Auditor to develop audit procedures to ensure state agencies that have pharmacy benefits management contracts are compliant with state law relating to pharmacy benefits management and prescription drug rebates. The bill also expands the privacy provisions applicable to pharmacy benefits managers to ensure that patient prescription information, even deidentified information, is not used directly by the pharmacy benefits manager or sold by or transferred to others for use in pharmaceutical marketing or by insurance companies in making benefits decisions.

Committee Amendment "A" (H-693)

This amendment is the majority report of the committee. The amendment replaces the bill. It requires pharmacy benefits managers to register with the Superintendent of Insurance beginning April 1, 2011, sets the registration fee at \$100 and the annual renewal fee at \$100 and gives to the superintendent rule-making authority and enforcement powers. It provides in the prescription drug practices law that the enforcement powers granted to the Attorney General do not limit the authority of the Superintendent of Insurance under the Maine Revised Statutes, Title 24-A. It directs the State Auditor to work with state agencies so that the agencies may ensure that the pharmacy benefits

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managers with which they do business comply with the requirements of existing state law.

Enacted Law Summary

Public Law 2009, chapter 581 requires pharmacy benefits managers to register with the Superintendent of Insurance beginning April 1, 2011, sets the registration fee at \$100 and the annual renewal fee at \$100 and gives to the superintendent rule-making authority and enforcement powers. It provides in the prescription drug practices law that the enforcement powers granted to the Attorney General do not limit the authority of the Superintendent of Insurance under the Maine Revised Statutes, Title 24-A. It directs the State Auditor to work with state agencies so that the agencies may ensure that the pharmacy benefits managers with which they do business comply with the requirements of existing state law.

LD 1360 An Act Regarding Mental Health Treatment

**PUBLIC 651
EMERGENCY**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|--------------------------|--|
| NUTTING J | OTP-AM MAJ OTP-AM MIN | S-512 S-517 MILLS P S-520 NUTTING J S-534 DIAMOND |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill enables law enforcement or a family member of a person with a severe and persistent mental illness who is in need of assisted outpatient treatment to petition the District Court for an order that the person must participate in assisted outpatient treatment. The assisted outpatient treatment order lasts for 6 months and is renewable for an additional 12 months. The application, hearing, review and appeal process includes notice, a mental health examination, court-appointed or retained counsel, the right to present evidence and cross-examine witnesses and a record of the proceedings. The order to participate in assisted outpatient treatment includes within it an individualized treatment plan.

The bill requires the Department of Health and Human Services to provide community mental health services, including assignment of an assertive community treatment team, for a person who is ordered to participate in assisted outpatient treatment.

The bill requires providers of mental health services who apply for grants and contracts with the Department of Health and Human Services to provide community mental health treatment to persons ordered by a court to participate in assisted outpatient treatment.

The bill includes as a duty of the Department of Health and Human Services, under the category of safety net services, providing services for persons ordered to participate in assisted outpatient treatment.

Committee Amendment "A" (S-512)

This amendment is the majority report of the committee. The amendment replaces the bill. It provides a definition for "medical practitioner" in the laws on commitment for mental illness. It redefines "likelihood of serious harm," "mentally ill person" and "patient." It decreases the number of examiners for the purposes of mental health commitment from 4 to 3 and preserves the right of the patient to choose the examiner. It increases the time period, with an extension, for a hearing on court commitment from 24 days total to 35 days total. It establishes a new option

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for the court in a civil commitment hearing, the option of ordering the person to participate in a program of outpatient treatment, and provides for compliance and consequences for noncompliance with the treatment program. It allows an alternative community treatment team or the Commissioner of Health and Human Services or the chief administrative officer of a psychiatric hospital to petition the court for an order that an alternative community treatment team participant be ordered to participate in outpatient treatment. It extends the time period in which the District Court must hold a hearing under the progressive treatment program from 14 to 21 days. It extends the time period for the progressive treatment program from 6 months to 12 months. It requires a comprehensive report from the Department of Health and Human Services by January 1, 2012. It delays implementation of the provisions that authorize an ACT team director or chief administrative officer of a nonstate psychiatric hospital to apply for a court order to admit a patient to a progressive treatment program until rulemaking has been completed and the new MaineCare claims management process is functioning. The amendment authorizes emergency rulemaking to adopt rules regarding nationally recognized essential standards and basic principles for ACT teams.

Senate Amendment "A" To Committee Amendment "A" (S-517)

This amendment clarifies the intent of Committee Amendment "A" regarding the limitation on the expansion of the number or sizes of ACT teams. It prohibits referrals until after ACT Team fidelity standards and rules have been adopted and the new MaineCare claims system have begun operation.

Senate Amendment "B" To Committee Amendment "A" (S-520)

This amendment restores the requirement in the mental health protective custody laws under the Maine Revised Statutes, Title 34-B, section 3862 that a law enforcement officer confirm that an informant has reason to believe, based upon the informant's recent personal observations of or conversations with a person, that a person may be mentally ill and that due to that condition the person presents a threat of imminent and substantial physical harm to that person or to other persons.

Senate Amendment "C" To Committee Amendment "A" (S-534)

This amendment removes the appropriations and allocations section.

Enacted Law Summary

Public Law 2009, chapter 651 provides a definition for "medical practitioner" in the laws on commitment for mental illness. It redefines "likelihood of serious harm," "mentally ill person" and "patient." It decreases the number of examiners for the purposes of mental health commitment from 4 to 3 and preserves the right of the patient to choose the examiner. It increases the time period, with an extension, for a hearing on court commitment from 24 days total to 35 days total. It establishes a new option for the court in a civil commitment hearing, the option of ordering the person to participate in a program of outpatient treatment, and provides for compliance and consequences for noncompliance with the treatment program. It allows an alternative community treatment team or the Commissioner of Health and Human Services or the chief administrative officer of a psychiatric hospital to petition the court for an order that an alternative community treatment team participant be ordered to participate in outpatient treatment. It extends the time period in which the District Court must hold a hearing under the progressive treatment program from 14 to 21 days. It extends the time period for the progressive treatment program from 6 months to 12 months. It requires a comprehensive report from the Department of Health and Human Services by January 1, 2012. It delays implementation of the provisions that authorize an ACT team director or the chief administrative officer of a nonstate psychiatric hospital to apply for a court order to admit a patient to a progressive treatment program until rulemaking has been completed, fidelity standards have been adopted and the new MaineCare claims management process is functioning. The law authorizes emergency rulemaking to adopt rules regarding nationally recognized essential standards and basic principles for ACT teams.

Public Law 2009, chapter 651 was enacted as an emergency measure effective April 14, 2010.

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LD 1364 An Act To Stimulate the Economy by Expanding Opportunities for Direct Support Aides

PUBLIC 546

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|--------------------|-------------------------|---------------------------|
| PETERSON ALFOND | OTP-AM | H-674 |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill establishes the reimbursement by the Department of Health and Human Services for personal assistance services through standardized rates, beginning October 1, 2009, that apply to all providers and workers in programs, institutional settings, in-home services and community support services.

Committee Amendment "A" (H-674)

This amendment replaces the bill. It provides a definition for "direct support aide" in the laws governing home-based and community-based services and directs the Commissioner of Health and Human Services to convene a work group to evaluate progress toward meeting goals relating to direct support aide employment policies, training programs and compensation rates.

Enacted Law Summary

This law provides a definition for "direct support aide" in the laws governing home-based and community-based services. It directs the Commissioner of Health and Human Services to convene a work group to evaluate progress toward meeting goals relating to direct support aide employment policies, training programs and compensation rates.

LD 1408 An Act To Establish the Universal Childhood Immunization Program

PUBLIC 595

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|--------------------|-------------------------|---------------------------|
| CONNOR MARRACHE | OTP-AM MAJ ONTP MIN | H-792 |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill creates the Universal Childhood Immunization Program to provide immunizations and cover the costs of recommended vaccines for children in the State not covered by the federal Vaccines for Children Program. The bill creates the Maine Vaccine Board to determine the costs of purchasing and administering the vaccines and directs the board to assess these costs to appropriate health insurers in the State based on each insurer's share of nonelderly insureds in the State.

Committee Amendment "A" (H-792)

This amendment is the majority report of the committee. The amendment replaces the bill. It establishes the Universal Childhood Immunization Program to provide all children 18 years of age or younger in the State with access to a uniform set of vaccines. The program is administered by the Department of Health and Human Services for the purposes of optimizing public and private resources and lowering the cost of providing immunizations to children by leveraging contract prices for vaccines established through the United States Department of Health and Human Services, Centers for Disease Control and Prevention. The program and the Childhood Immunization Fund

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are overseen by the Maine Vaccine Board. The program costs associated with vaccines for children covered by health insurance carriers and 3rd-party administrators are funded by assessments on those entities. Any costs associated with vaccines for children covered by the United States Department of Health and Human Services, Centers for Disease Control and Prevention, Vaccines for Children Program are the responsibility of the State. Assessments are deposited into the fund, which does not lapse, to be used only for the purposes of the Universal Childhood Immunization Program. The board is required to report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

Enacted Law Summary

This law establishes the Universal Childhood Immunization Program to provide all children 18 years of age or younger in the State with access to a uniform set of vaccines. The program is administered by the Department of Health and Human Services for the purposes of optimizing public and private resources and lowering the cost of providing immunizations to children by leveraging contract prices for vaccines established through the United States Department of Health and Human Services, Centers for Disease Control and Prevention. The program and the Childhood Immunization Fund are overseen by the Maine Vaccine Board. The program costs associated with vaccines for children covered by health insurance carriers and 3rd-party administrators are funded by assessments on those entities. Any costs associated with vaccines for children covered by the United States Department of Health and Human Services, Centers for Disease Control and Prevention, Vaccines for Children Program are the responsibility of the State. Assessments are deposited into the fund, which does not lapse, to be used only for the purposes of the Universal Childhood Immunization Program. The board is required to report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

**LD 1464 An Act To Amend Licensing, Certification and Registration
Requirements for Health Care Providers and Other Facilities**

PUBLIC 621

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| JONES | OTP-AM | H-593 |

This bill was carried over from the First Regular Session pursuant to Joint Order, H.P. 1053.

This bill requires licensed, certified or registered providers to secure a criminal background check prior to hiring or placing a person who will have direct contact with a consumer. Providers will pay for the criminal background checks. Some providers are currently required by statute to obtain criminal background checks, and this bill adds several more providers, including hospitals, nursing facilities, ambulatory surgical facilities, intermediate care facilities for persons with mental retardation, assisted housing programs, children's homes, end-stage renal disease facilities, drug treatment centers, child placing agencies, hospice programs, agencies and facilities providing mental health services, temporary nurse agencies and nursery schools. This bill authorizes the Department of Health and Human Services to investigate complaints against temporary nurse agencies and provides enforcement mechanisms for violations. This bill requires the department to use income from penalties to improve the quality of care for residents of long-term care facilities.

Committee Amendment "B" (H-593)

This amendment changes from October 1, 2009 to October 1, 2010 the date on which the new requirement of performing criminal background checks on new employees will take effect.

Enacted Law Summary

Public Law 2009, chapter 621 requires licensed, certified or registered providers to secure a criminal background check prior to hiring or placing a person who will have direct contact with a consumer beginning October 1, 2010. Providers will pay for the criminal background checks. Some providers are currently required by statute to obtain

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criminal background checks, and this bill adds several more providers, including hospitals, nursing facilities, ambulatory surgical facilities, intermediate care facilities for persons with mental retardation, assisted housing programs, children's homes, end-stage renal disease facilities, drug treatment centers, child placing agencies, hospice programs, agencies and facilities providing mental health services, temporary nurse agencies and nursery schools. This law authorizes the Department of Health and Human Services to investigate complaints against temporary nurse agencies and provides enforcement mechanisms for violations. This law requires the department to use income from penalties to improve the quality of care for residents of long-term care facilities.

**LD 1507 An Act To Ensure Fairness in Penalties for Administrative Errors in the
Long-term Care Assessment Process**

**DIED ON
ADJOURNMENT**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|----------------------|-------------------------|---------------------------|
| PERRY A BRANNIGAN | OTP-AM | H-782 |

This bill amends the laws governing the rules of the Department of Health and Human Services for medical eligibility for coverage in nursing facilities and for private, nonmedical and board and care institutions, which provide, among other services, residential care services for the aged and disabled. It requires that for both types of facilities, to the extent the department establishes penalties or denies reimbursement when a facility is late or misses a deadline for obtaining an assessment of a resident's need for services, the department may not deny reimbursement and may not impose a penalty greater than 20 percent of total reimbursement unless it is proven that the resident, if timely assessed, would not have been eligible for continuing services.

Committee Amendment "A" (H-782)

This amendment removes from the bill provisions applicable to private, nonmedical and board and care institutions. The amendment requires the department's MaineCare reimbursement rules applicable to nursing facilities to allow 2 late assessment referrals without denial of reimbursement. This amendment also adds an appropriations and allocations section.

**LD 1542 An Act To Make Maine's Laws Consistent with the Federal Family
Smoking Prevention and Tobacco Control Act**

PUBLIC 606

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|----------------------|-----------------------------|---------------------------|
| PERRY A BRANNIGAN | OTP-AM MAJ ONTP MIN | H-776 |

This bill revises existing prohibitions on the sale of flavored tobacco products to make Maine law consistent with the new federal Family Smoking Prevention and Tobacco Control Act, which bans the sale of flavored cigarettes. This bill also simplifies enforcement of the ban on flavored tobacco products.

Committee Amendment "A" (H-776)

This amendment is the majority report of the committee. This amendment revises the bill, which amends existing prohibitions on the sale of flavored tobacco products to make Maine law consistent with the new federal Family Smoking Prevention and Tobacco Control Act. The amendment retains the prohibition on selling flavored nonpremium cigars, while exempting cigars previously exempted by the Attorney General. The amendment deletes the bill's repeal of portions of the current law regarding an Attorney General website and transfer of funds to restore lost revenues to the General Fund.

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Enacted Law Summary

Public Law 2009, chapter 606 amends existing prohibitions on the sale of flavored tobacco products to make Maine law consistent with the new federal Family Smoking Prevention and Tobacco Control Act. The law prohibits selling flavored nonpremium cigars, while exempting cigars previously exempted by the Attorney General.

LD 1544 An Act To Amend the Laws Governing the Maine Health Data Processing Center and the Maine Health Data Organization

PUBLIC 613

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| PERRY A | OTP-AM | H-787 |

This bill amends the laws governing the Maine Health Data Processing Center to remove the phrase "Maine Health Information Center" and replace it with "Onpoint Health Data," the new name of the organization. It modifies the composition of the Board of Directors of the Maine Health Data Processing Center.

It restructures the laws governing reports produced by the Maine Health Data Organization and removes the requirement that the organization publish a notice of the availability of these reports at least once per year in the 3 daily newspapers of the greatest general circulation published in the State.

It also clarifies what constitutes an undisputed health care claim submitted by a health care provider or health care facility to a carrier and specifies fields in the claim that must be filled. The language also stipulates that if the claim does not conform to the requirements and does not contain any one of the required fields, the provider or facility may not request payment directly from the insured and must resubmit the claim to the carrier.

Committee Amendment "A" (H-787)

This amendment prohibits the Board of Directors of the Maine Health Data Organization and the Attorney General from assessing fines, initiating enforcement actions or seeking injunctive relief against a payor that has submitted claims data for any billing provider data element contained in the claim furnished by the provider or any service provider data element when associated with the billing provider elements, or that has failed to meet the thresholds for these data elements. This provision is repealed July 1, 2011. The amendment establishes a working group to work on issues regarding submission of data to the Maine Health Data Organization. By November 15, 2010, the working group must report to the Joint Standing Committee on Health and Human Services with a plan to resolve the service and provider issues and with an implementation schedule. This amendment deletes language in the bill that relates to requirements for an undisputed claim.

Enacted Law Summary

Public Law 2009 chapter 613 amends the laws governing the Maine Health Data Processing Center to remove the phrase "Maine Health Information Center" and replace it with "Onpoint Health Data," the new name of the organization. It modifies the composition of the Board of Directors of the Maine Health Data Processing Center. It restructures the laws governing reports produced by the Maine Health Data Organization and removes the requirement that the organization publish a notice of the availability of these reports at least once per year in the three daily newspapers of the greatest general circulation published in the State. This law prohibits the Board of Directors of the Maine Health Data Organization and the Attorney General from assessing fines, initiating enforcement actions or seeking injunctive relief against a payor that has submitted claims data for any billing provider data element contained in the claim furnished by the provider or any service provider data element when associated with the billing provider elements, or that has failed to meet the thresholds for these data elements. This

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provision is repealed July 1, 2011. The law establishes a working group to work on issues regarding submission of data to the Maine Health Data Organization. By November 15, 2010, the working group must report to the Joint Standing Committee on Health and Human Services with a plan to resolve the service and provider issues and with an implementation schedule.

**LD 1591 An Act To Amend the Maine Certificate of Need Act of 2002
Concerning Right of Entry and Investigation**

**PUBLIC 556
EMERGENCY**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| MILLER | OTP-AM | H-720 |

This bill authorizes the Department of Health and Human Services to enter and inspect a health care facility or other entity subject to the Maine Certificate of Need Act of 2002 when the department has a reasonable basis to suspect that a violation has occurred.

Committee Amendment "A" (H-720)

This amendment adds an emergency preamble and emergency clause to the bill.

Enacted Law Summary

Public Law 2009, chapter 556 authorizes the Department of Health and Human Services to enter and inspect a health care facility or other entity subject to the Maine Certificate of Need Act of 2002 when the department has a reasonable basis to suspect that a violation has occurred.

Public Law 2009, chapter 556 was enacted as an emergency measure effective March 26, 2010.

**LD 1592 An Act To Update the Laws Affecting the Maine Center for Disease
Control and Prevention**

PUBLIC 589

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| MARTIN J L | OTP-AM MAJ ONTP MIN | H-721 |

This bill implements the recommendations of an interagency work group on the control of rabies and allocates the responsibilities in various situations for taking possession, quarantine, confinement, testing and euthanasia of certain animals. This bill increases the maximum fees that may be charged with respect to certain documents regarding birth, marriage and death and requires that a portion of these fees be remitted to the Department of Health and Human Services, Maine Center for Disease Control and Prevention. It increases the maximum fee that may be charged for certain plumbing permits. It increases the license fee for certain eating establishments, eating and lodging places, lodging places, recreational camps, youth camps and camping areas and allows the department to collect a transaction fee from a licensee who renews a license electronically. It increases the fee for a voluntary inspection by the department of an electrologist's training, place of practice and equipment. It increases the license fee for micropigmentation practitioners and tattoo and body piercing artists. It provides that fees collected by the department for an inspection of an electrologist's training, place of practice and equipment and license fees for micropigmentation practitioners and tattoo and body piercing artists must be deposited into a special revenue account for health inspections.

Committee Amendment "A" (H-721)

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This amendment is the majority report of the committee. The amendment adds a mandate preamble. It removes the provisions of the bill related to rabies control and provisions of the bill that would require municipalities to remit to the Department of Health and Human Services a portion of the increased fees that towns would charge for vital records. It reduces the increased fee for burial permits from \$40 to \$20, changes the term "burial" to "disposition of human remains" and exempts dispositions of human remains paid for by municipal General Assistance from the fee. The amendment authorizes the Department of Health and Human Services to charge municipalities fees for services and paper related to vital records, the fees to be established through major substantive rulemaking and to be reviewed every three years. It requires the department to review every three years the fees charged by municipalities for vital records. It also adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2009, chapter 589 increases the maximum fees that may be charged with respect to certain documents regarding birth, marriage and death and the maximum fees that may be charged for permits for the disposition of human remains and for certain plumbing permits. It exempts burials paid for by General Assistance from the required fees. It increases the license fee for certain eating establishments, eating and lodging places, lodging places, recreational camps, youth camps and camping areas and allows the department to collect a transaction fee from a licensee who renews a license electronically. It increases the fee for a voluntary inspection by the department of an electrologist's training, place of practice and equipment. It increases the license fee for micropigmentation practitioners and tattoo and body piercing artists. It provides that fees collected by the department for an inspection of an electrologist's training, place of practice and equipment and license fees for micropigmentation practitioners and tattoo and body piercing artists must be deposited into a special revenue account for health inspections. The law allows the Department of Health and Human Services to charge municipalities fees for services and paper related to vital records, the fees to be established through major substantive rulemaking and to be reviewed every three years. It requires the department to review every three years the fees charged by municipalities for vital records.

LD 1599 An Act Regarding the Maternal and Infant Death Review Panel

**PUBLIC 531
EMERGENCY**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| MARRACHE | OTP-AM | S-383 |

This bill requires health care providers to report to the maternal and infant death review panel all deaths of infants under one year of age and women during pregnancy and within 42 days of giving birth and to provide notice of the report, at the time of death or at the time of making the report, to the parent or parents or authorized representative of the deceased person. The bill repeals the ending date of January 1, 2011 of the maternal and infant death review panel.

Committee Amendment "A" (S-383)

This amendment authorizes the maternal and infant death panel coordinator to have access to fetal death certificates. The amendment requires the panel coordinator to review the majority of fetal deaths occurring after 28 weeks' gestation. The amendment prohibits the panel coordinator from reviewing cases of abortion.

Enacted Law Summary

Public Law 2009, chapter 531 requires health care providers to report to the maternal and infant death review panel all deaths of infants under one year of age and women during pregnancy and within 42 days of giving birth and to provide notice of the report, at the time of death or at the time of making the report, to the parent or parents or authorized representative of the deceased person. The law repeals the ending date of January 1, 2011 of the maternal and infant death review panel. The law authorizes the maternal and infant death panel coordinator to have

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access to fetal death certificates. It requires the panel coordinator to review the majority of fetal deaths occurring after 28 weeks' gestation and prohibits the panel coordinator from reviewing cases of abortion.

Public Law 2009, chapter 531 was enacted as an emergency measure effective March 22, 2010.

LD 1600 *Resolve, To Allow for the Proper Disposal of Medical Supplies* **ONTP**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| MARRACHE | ONTP | |

This resolve directs the Department of Health and Human Services to establish by rule a program to allow consumers to safely dispose of medical supplies, including, but not limited to, syringes and diabetic test supplies.

LD 1602 *An Act To Clarify the Child Abuse or Neglect Substantiation Process* **PUBLIC 558**

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

This bill makes it explicit that the Department of Health and Human Services has authority to make findings as a result of allegations against the parents or caregivers regarding whether or not a child has been abused or neglected.

Enacted Law Summary

Public Law 2009, chapter 558 specifies that the Department of Health and Human Services has authority to make findings as a result of allegations against the parents or caregivers regarding whether or not a child has been abused or neglected.

LD 1615 *An Act To Reimburse Pharmacies under the MaineCare Program Based on Wholesale Acquisition Costs* **ONTP**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| LEWIN RAYE | ONTP | |

This bill requires the Department of Health and Human Services to reimburse pharmacies for dispensing covered brand name and generic drugs under the MaineCare program based on a formula that includes calculated wholesale acquisition cost plus 6.7% and a dispensing fee of \$3.35 per prescription and allows the department to adopt routine technical rules. The formula applies to drugs dispensed under the MaineCare program on or after September 26, 2009.

Joint Standing Committee on Health and Human Services

**LD 1616 An Act To Enhance Newborn Blood Spot Screening To Conform to
Federal Newborn Screening Standards**

PUBLIC 514

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

This bill amends the newborn screening program law to describe conditions for which screening is available and reliable and for which treatment improves outcomes. The bill also allows the program to align with national and regional efforts in screening, treatment and evaluation consistent with the federal Newborn Screening Saves Lives Act of 2007. The collection and sharing of data with other states involved in the same newborn blood spot screening programs will allow the department to assess the comprehensive newborn screening system's strengths and weaknesses and will promote quality assurance, quality improvement and ongoing evaluation of the effectiveness of the newborn blood spot screening program as established by rule of the Department of Health and Human Services.

Enacted Law Summary

Public Law 2009, chapter 514 amends the newborn screening program law to describe conditions for which screening is available and reliable and for which treatment improves outcomes. The law allows the program to align with national and regional efforts in screening, treatment and evaluation consistent with the federal Newborn Screening Saves Lives Act of 2007. The law requires the Department of Health and Human Services' genetics program to coordinate matters pertaining to detection, prevention and treatment of genetic conditions and metabolic disorders.

LD 1617 An Act Enabling Expedited Partner Therapy

PUBLIC 533

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| PERRY A | OTP-AM | H-653 |

This bill allows a health care professional who diagnoses a patient with a sexually transmitted disease to provide prescription antibiotic drugs to that patient's sexual partner for the treatment of the sexually transmitted disease without a physical examination if in the judgment of the health care professional the partner is unlikely or unable to be seen for comprehensive health care.

Committee Amendment "A" (H-653)

This amendment adds to the counseling requirements for expedited partner therapy advice regarding seeking medical attention.

Enacted Law Summary

Public Law 2009, chapter 533 allows a health care professional who diagnoses a patient with a sexually transmitted disease to provide prescription antibiotic drugs to that patient's sexual partner for the treatment of the sexually transmitted disease without a physical examination if in the judgment of the health care professional the partner is unlikely or unable to be seen for comprehensive health care. The law requires counseling advice regarding seeking medical attention.

Joint Standing Committee on Health and Human Services

LD 1648 Resolve, To Repeal the Fee Increase for Copies of Vital Records

INDEF PP

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

This resolve directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention, Office of Health Data and Program Management by March 1, 2010 to adopt emergency routine technical rules and then nonemergency routine technical rules to set the fees for obtaining copies of vital records from the office at the same levels as were in effect in September 2009. This resolve did not pass. But see also PL 2009, chapter 571, Part EEE, which rolls back certain vital records fees to their levels as of September 2009 and provides one time funding to the Office of Health Data and Program Management to offset the loss of fees in State FY11.

LD 1672 Resolve, Regarding the Dispensing of Antiepileptic Drugs

RESOLVE 188

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|-----------------------------|
| BOWMAN | ONTP MAJ OTP-AM MIN | S-390 S-434 MARRACHE |

This bill requires a pharmacist to notify and get consent from the prescriber of an antiepileptic drug for a patient with epilepsy if the drug is switched from one formulation or manufacturer to another.

Committee Amendment "A" (S-390)

This amendment is the minority report of the committee. This amendment provides a new title and replaces the bill. Beginning August 1, 2010 it requires pharmacists to obtain the consent of the practitioner prescribing a prescription drug before substituting a therapeutically equivalent drug when the practitioner has handwritten on the prescription form the words "epilepsy or seizure risk." This amendment provides a repeal date of August 1, 2012.

Senate Amendment "A" To Committee Amendment "A" (S-434)

This amendment replaces Committee Amendment "A" with a resolve that directs a study group to examine substitution within the antiepileptic class of medications, current state laws governing substitutions generally, the powers available to prescribers under current substitution laws and whether there is a need to grant any additional powers to prescribers in this State for any one class of drugs. The study group shall submit its findings in a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 15, 2011.

Enacted Law Summary

Resolve 2009, chapter 188 directs a study group to examine substitution within the antiepileptic class of medications, current state laws governing substitutions generally, the powers available to prescribers under current substitution laws and whether there is a need to grant any additional powers to prescribers in this State for any one class of drugs. The study group shall submit its findings in a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 15, 2011.

Joint Standing Committee on Health and Human Services

LD 1687 Resolve, To Define High-risk Populations for the Purposes of Hospital Surveillance for Methicillin-resistant Staphylococcus Aureus and To Implement Public Law 2009, chapter 346

DIED BETWEEN HOUSES

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

This resolve defines high-risk populations for Maine hospitals to screen for methicillin-resistant Staphylococcus aureus, known as MRSA, to facilitate implementation of Public Law 2009, chapter 346. In addition, this resolve requires that hospitals report positive test results to the Maine Health Data Organization and the Department of Health and Human Services, Maine Center for Disease Control and Prevention.

LD 1688 An Act To Update the Laws Affecting the Department of Health and Human Services, Division of Licensing and Regulatory Services

PUBLIC 590

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| MILLER | OTP-AM | H-744 |

This bill authorizes the Department of Health and Human Services to charge a processing fee when a licensed, certified or registered facility, health care provider or program must have a license, certificate or registration reissued by the department because the licensee, certificate holder or registration holder made changes that require the reissuance of the license, certificate or registration. The bill authorizes the department to establish an annual registration fee for temporary nurse agencies and to increase the initial and renewal licensing fees for nursery schools, not to exceed \$40. The bill also authorizes the department to charge certain providers a transaction fee to renew licenses electronically. It authorizes the department to charge a verification fee to providers to check a certified nursing assistant's credentials and training history.

Committee Amendment "A" (H-744)

This amendment clarifies that the provider verification fee is an annual fee.

Enacted Law Summary

Public Law 2009, chapter 590 authorizes the Department of Health and Human Services to charge a processing fee when a licensed, certified or registered facility, health care provider or program must have a license, certificate or registration reissued by the department because the licensee, certificate holder or registration holder made changes that require the reissuance of the license, certificate or registration. The law authorizes the department to establish an annual registration fee for temporary nurse agencies and to increase the initial and renewal licensing fees for nursery schools, not to exceed \$40. The law authorizes the department to charge certain providers a transaction fee to renew licenses electronically. It authorizes the department to charge an annual verification fee to providers to check a certified nursing assistant's credentials and training history.

Joint Standing Committee on Health and Human Services

LD 1706 An Act To Create the Children's Wireless Protection Act

**ACCEPTED ONTP
REPORT**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| BOLAND BLISS | ONTP MAJ OTP-AM MIN | |

This bill provides that a manufacturer may not sell at retail in this State, or to a retailer in this State or for use in this State a cellular telephone unless, at no cost to the Maine retailer or Maine distributor, the cellular telephone and its packaging bear a warning label relating to the potential for brain cancer associated with electromagnetic radiation of the form emitted from cellular telephones, with the recommendation that users, especially children and pregnant women, keep the device away from the head and body. A violation of this provision is a violation of the Maine Unfair Trade Practices Act.

LD 1727 Resolve, Regarding Legislative Review of Portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a Major Substantive Rule of the Department of Health and Human Services, Office of Substance Abuse

**RESOLVE 175
EMERGENCY**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| | OTP-AM | H-696 |

This resolve provides for legislative review of portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a major substantive rule of the Department of Health and Human Services, Office of Substance Abuse.

Committee Amendment "A" (H-696)

This amendment requires that the rules under review be amended to include an intervention approach to be undertaken with certain MaineCare members, not to include terminating the member from MaineCare services.

Enacted Law Summary

Resolve 2009, chapter 175 provides for legislative review of portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a major substantive rule of the Department of Health and Human Services, Office of Substance Abuse. The resolve requires that the rules under review be amended to include an intervention approach to be undertaken with certain MaineCare members, not to include terminating the member from MaineCare services.

Resolve 2009, chapter 175 was finally passed as an emergency measure effective March 26, 2010.

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LD 1749 Resolve, Regarding Legislative Review of Portions of MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 166
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP MAJ
ONTP MIN

This resolve provides for legislative review of portions of MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a major substantive rule of the Department of Health and Human Services.

Enacted Law Summary

Resolve 2009, chapter 166 provides legislative approval of portions of MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a major substantive rule of the Department of Health and Human Services.

Resolve 2009, chapter 166 was finally passed as an emergency measure effective March 22, 2010.

LD 1767 Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Benefits for Members with Mental Retardation or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 176
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP

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

Enacted Law Summary

Resolve 2009, chapter 176 approves portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Benefits for Members with Mental Retardation or Autistic Disorder, a major substantive rule of the Department of Health and Human Services.

Resolve 2009, chapter 176 was passed as an emergency measure effective March 26, 2010.

Joint Standing Committee on Health and Human Services

**LD 1780 Resolve, Regarding Legislative Review of Portions of Chapter 270:
Uniform Reporting System for Quality Data Sets, a Major Substantive
Rule of the Maine Health Data Organization**

**RESOLVE 193
EMERGENCY**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| | OTP-AM | H-770 |

This resolve provides for legislative review of portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a major substantive rule of the Maine Health Data Organization.

Committee Amendment "A" (H-770)

This amendment states that the Legislature approves the major substantive rule on health care-associated infection quality data set filing if the rule is amended to require reporting of the results of a hospital's active surveillance culturing of high-risk patients for methicillin-resistant *Staphylococcus aureus* and to clarify that the Maine Quality Forum must within 90 days of adoption of the rule establish a schedule for periodic prevalence studies.

Enacted Law Summary

Resolve 2009, chapter 193 approves portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a major substantive rule of the Maine Health Data Organization. The resolve requires that the rule be amended to require reporting of the results of a hospital's active surveillance culturing of high-risk patients for methicillin-resistant *Staphylococcus aureus* and to clarify that the Maine Quality Forum must within 90 days of adoption of the rule establish a schedule for periodic prevalence studies.

Resolve 2009, chapter 193 was finally passed as an emergency measure effective April 1, 2010.

**LD 1781 An Act To Allow Electronic Filing of Vital Records and Closing of
Records To Guard against Fraud and Make Other Changes to the Vital
Records Laws**

PUBLIC 601

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| PERRY A | OTP-AM | H-783 |

This bill changes the name of the Department of Health and Human Services, Office of Health Data and Program Management to the Office of Data, Research and Vital Statistics. This bill enables the Office of Data, Research and Vital Statistics to establish a system for the electronic filing of death certificates. This bill acknowledges the change in name of the Veterans Administration Center at Togus to the United States Department of Veterans Affairs at Togus. This bill shortens the time period in which a vital record may be corrected or completed from one year to 90 days. This bill closes vital records from public procurement to guard against fraud. This bill enables the State Registrar of Vital Statistics to appoint subregistrars. This bill allows a disposition of human remains permit to be issued for a fetus regardless of gestational age. This bill enables the State Registrar of Vital Statistics to change the design of forms for adult adoptee access to records without using the rule-making process. This bill authorizes the Chief Medical Examiner within the Department of the Attorney General to designate individuals to execute supplemental certificates of death as regards time, date, place and circumstances of death, while reserving to the medical examiner responsibility for determining the cause and manner of death in medical examiner cases. This bill

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updates the penalty section in the laws governing vital statistics to be compliant with current statutes.

Committee Amendment "A" (H-783)

This amendment adds a provision to the bill to allow inspection of vital records by and issuance of noncertified copies of vital records to persons doing genealogical research who hold researcher identification cards. It directs the Department of Health and Human Services to adopt routine technical rules to implement the provision. The amendment also adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2009, chapter 601 changes the name of the Department of Health and Human Services, Office of Health Data and Program Management to the Office of Data, Research and Vital Statistics. The law enables the Office of Data, Research and Vital Statistics to establish a system for the electronic filing of death certificates. The law acknowledges the change in name of the Veterans Administration Center at Togus to the United States Department of Veterans Affairs at Togus. The law shortens the time period in which a vital record may be corrected or completed from one year to 90 days. The law enables the State Registrar of Vital Statistics to appoint subregistrars. The law allows a disposition of human remains permit to be issued for a fetus regardless of gestational age. The law enables the State Registrar of Vital Statistics to change the design of forms for adult adoptee access to records without using the rule-making process. The law authorizes the Chief Medical Examiner within the Department of the Attorney General to designate individuals to execute supplemental certificates of death as regards time, date, place and circumstances of death, while reserving to the medical examiner responsibility for determining the cause and manner of death in medical examiner cases. The law updates the penalty section in the laws governing vital statistics to be compliant with current statutes. The law allows inspection of vital records by and issuance of noncertified copies of vital records to persons doing genealogical research who hold researcher identification cards. The law directs the Department of Health and Human Services to adopt routine technical rules to implement the law.

LD 1798 An Act To Authorize a General Fund Bond Issue To Create Access to Dental Care throughout the State

INDEF PP

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|--------------------|-------------------------|---------------------------|
| CONNOR COURTNEY | OTP-AM MAJ ONTP MIN | |

This resolve proposes bonding for dental and oral health purposes. The funds provided by the bond issue in Part A, in the amount of \$7,000,000, will be awarded on a competitive basis, \$5,000,000 to be used for a community-based teaching clinic affiliated with or operated by a college of dental medicine and \$2,000,000 to be used to upgrade community-based health care clinics across the State to increase their capacity. Part B establishes a regular monitoring requirement regarding grant recipients. Part C establishes a committee to award the funds. Part D makes Part B and Part C contingent on passage of the General Fund bond issue. This resolve did not pass. But see LD 1826 Parts D, E, F and G on bond issues to go to statewide vote in 2010.

LD 1811 An Act To Amend the Maine Medical Marijuana Act

**PUBLIC 631
EMERGENCY**

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|-------------------|-------------------------|---------------------------|
| BRANNIGAN | OTP-AM | S-508 S-519 DIAMOND |

Joint Standing Committee on Health and Human Services

This bill amends the statutes enacted by Initiated Bill 2009, chapter 1, which allows a person who has been diagnosed by a physician as suffering from certain medical conditions to possess marijuana for medical use. It reflects the recommendations of the Committee on the Implementation of the Maine Medical Marijuana Act and the Criminal Law Advisory Commission. It also clarifies many of the provisions of the statutes, clarifies the process to add new debilitating conditions and conforms the language of the statutes to other Maine laws. It also applies retroactively to December 23, 2009, the effective date of the initiated bill.

Committee Amendment "A" (S-508)

This amendment replaces the bill. It adds emergency language to the bill. It clarifies definitions and certain terms, including changing the term for marijuana that is used for medical purposes from "usable marijuana" to "prepared marijuana," changes implementation dates to July 1, 2010 and delays repeal of the provisions on affirmative defense that apply to qualifying patients and caregivers who do not hold registration cards. It adds three health care practitioners to the advisory board that will consider adding medical conditions, diseases and treatments to the list of qualifying debilitating conditions and provides additional confidentiality protections. It provides a physician review process for qualifying patients who are minors and allows for the administration of marijuana to registered patients in food and in other preparations. The amendment resolves a conflict in the bill regarding the rights of visiting registered patients, allowing possession of marijuana for medical use for 30 days based on the other jurisdiction's registry card while not allowing the visiting qualifying patient to obtain marijuana based on that registry card. The amendment prohibits the employment of minors in marijuana dispensaries and requires an annual report from the Department of Health and Human Services by April 1st each year. The amendment sets the fee for dispensaries, as determined by rule adopted by the department, at no less than \$5,000 and no greater than \$15,000 per year. The amendment limits the number of dispensaries to one per department public health district for the first year, with review by the department after one year. This amendment provides startup funding through a General Fund working capital advance of \$200,000, with a two-year repayment schedule.

Senate Amendment "A" To Committee Amendment "A" (S-519)

This amendment increases the General Fund working capital advance from \$200,000 to \$250,000 and changes the payback schedule to require all advanced funds to be repaid by June 30, 2011.

Enacted Law Summary

Public Law 2009, chapter 631 amends the statutes enacted by Initiated Bill 2009, chapter 1, which allows a person who has been diagnosed by a physician as suffering from certain medical conditions to possess marijuana for medical use. It reflects the recommendations of the Committee on the Implementation of the Maine Medical Marijuana Act and the Criminal Law Advisory Commission. It also clarifies many of the provisions of the statutes, clarifies the process to add new debilitating conditions and conforms the language of the statutes to other Maine laws.

It clarifies definitions and certain terms, including changing the term for marijuana that is used for medical purposes from "usable marijuana" to "prepared marijuana," changes implementation dates to July 1, 2010 and delays until January 1, 2011 repeal of the provisions on affirmative defense that apply to qualifying patients and caregivers who do not hold registration cards. It adds three health care practitioners to the advisory board that will consider adding medical conditions, diseases and treatments to the list of qualifying debilitating conditions and provides additional confidentiality protections. It provides a physician review process for qualifying patients who are minors and allows for the administration of marijuana to registered patients in food and in other preparations. The law allows possession of marijuana for medical use for 30 days based on the registry card of another jurisdiction while not allowing the visiting qualifying patient to obtain marijuana based on that registry card. The law prohibits the employment of minors in marijuana dispensaries and requires an annual report from the Department of Health and Human Services by April 1st each year. The law sets the fee for dispensaries, as determined by rule adopted by the department, at no less than \$5,000 and no greater than \$15,000 per year. The law limits the number of dispensaries to one per department public health district for the

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first year, with review by the department after one year.

The law provides for a General Fund working capital advance of \$250,000, with a payback schedule that requires all advanced funds to be repaid by June 30, 2011. The law applies retroactively to December 23, 2009, the effective date of the initiated bill.

Public Law 2009, chapter 631 was enacted as an emergency measure effective June 9, 2010.

Joint Standing Committee on Health and Human Services

SUBJECT INDEX

Aging and Long-term Care

Not Enacted

| | | |
|---------|---|------------------------|
| LD 1507 | An Act To Ensure Fairness in Penalties for Administrative Errors in the Long-term Care Assessment Process | DIED ON ADJOURNMENT |
|---------|---|------------------------|

Certificate of Need/Capital Investment Fund

Enacted

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|---------|---|-------------------------|
| LD 1591 | An Act To Amend the Maine Certificate of Need Act of 2002 Concerning Right of Entry and Investigation | PUBLIC 556 EMERGENCY |
|---------|---|-------------------------|

Children's Services

Enacted

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| LD 1602 | An Act To Clarify the Child Abuse or Neglect Substantiation Process | PUBLIC 558 |
|---------|---|------------|

Departmental Organization and Administration

Enacted

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|---------|---|------------|
| LD 1592 | An Act To Update the Laws Affecting the Maine Center for Disease Control and Prevention | PUBLIC 589 |
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|---------|---|------------|
| LD 1781 | An Act To Allow Electronic Filing of Vital Records and Closing of Records To Guard against Fraud and Make Other Changes to the Vital Records Laws | PUBLIC 601 |
|---------|---|------------|

Not Enacted

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|---------|---|----------|
| LD 1648 | Resolve, To Repeal the Fee Increase for Copies of Vital Records | INDEF PP |
|---------|---|----------|

Developmental Disabilities

Not Enacted

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|--------|--|------|
| LD 637 | An Act To Ensure Services for Adults with Developmental Disabilities | ONTP |
|--------|--|------|

Health Care

Enacted

| | | |
|---------|--|-------------------------|
| LD 1408 | An Act To Establish the Universal Childhood Immunization Program | PUBLIC 595 |
| LD 1616 | An Act To Enhance Newborn Blood Spot Screening To Conform to Federal Newborn Screening Standards | PUBLIC 514 |
| LD 1617 | An Act Enabling Expedited Partner Therapy | PUBLIC 533 |
| LD 1811 | An Act To Amend the Maine Medical Marijuana Act | PUBLIC 631 EMERGENCY |

Not Enacted

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|---------|--|-------------------------|
| LD 701 | An Act To Fund the Screening and Early Detection Elements of the Statewide Cancer Plan | DIED BETWEEN HOUSES |
| LD 1262 | An Act To Restrict Gifts to Health Care Practitioners from Pharmaceutical and Medical Device Manufacturers | LEAVE TO WITHDRAW |
| LD 1600 | Resolve, To Allow for the Proper Disposal of Medical Supplies | ONTP |
| LD 1706 | An Act To Create the Children's Wireless Protection Act | ACCEPTED ONTP REPORT |
| LD 1798 | An Act To Authorize a General Fund Bond Issue To Create Access to Dental Care throughout the State | INDEF PP |

Health Care Workforce

Enacted

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| LD 1364 | An Act To Stimulate the Economy by Expanding Opportunities for Direct Support Aides | PUBLIC 546 |
|---------|---|------------|

Health Information and Data

Enacted

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|---------|--|--------------------------|
| LD 1544 | An Act To Amend the Laws Governing the Maine Health Data Processing Center and the Maine Health Data Organization | PUBLIC 613 |
| LD 1780 | Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization | RESOLVE 193 EMERGENCY |

Hospitals

Not Enacted

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|--------|---|------|
| LD 757 | An Act To Improve the Transparency of Certain Hospitals | ONTP |
|--------|---|------|

LD 1687 **Resolve, To Define High-risk Populations for the Purposes of Hospital Surveillance for Methicillin-resistant Staphylococcus Aureus and To Implement Public Law 2009, chapter 346** **DIED BETWEEN HOUSES**

Licensing

Enacted

LD 1464 **An Act To Amend Licensing, Certification and Registration Requirements for Health Care Providers and Other Facilities** **PUBLIC 621**

LD 1688 **An Act To Update the Laws Affecting the Department of Health and Human Services, Division of Licensing and Regulatory Services** **PUBLIC 590**

Not Enacted

LD 1281 **An Act To Increase the Efficiency and Effectiveness of Licensing Behavioral Health Care Providers** **ONTP**

Maternal/Infant

Enacted

LD 1599 **An Act Regarding the Maternal and Infant Death Review Panel** **PUBLIC 531 EMERGENCY**

Medicaid/MaineCare

Enacted

LD 624 **Resolve, To Study Expenditures for Oral Health Care in the MaineCare Program** **RESOLVE 146**

LD 1749 **Resolve, Regarding Legislative Review of Portions of MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a Major Substantive Rule of the Department of Health and Human Services** **RESOLVE 166 EMERGENCY**

LD 1767 **Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Benefits for Members with Mental Retardation or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services** **RESOLVE 176 EMERGENCY**

Not Enacted

LD 233 **An Act To Include Independent Practice Dental Hygienists in MaineCare** **DIED ON ADJOURNMENT**

LD 1615 **An Act To Reimburse Pharmacies under the MaineCare Program Based on Wholesale Acquisition Costs** **ONTP**

Mental Health

Enacted

LD 1360 **An Act Regarding Mental Health Treatment** **PUBLIC 651
EMERGENCY**

Prescription Drugs

Enacted

LD 1339 **An Act To Improve Oversight of Pharmaceutical Purchasing** **PUBLIC 581**

LD 1672 **Resolve, Regarding the Dispensing of Antiepileptic Drugs** **RESOLVE 188**

Not Enacted

LD 821 **An Act To Support Collection and Proper Disposal of Unwanted
Drugs** **DIED BETWEEN
HOUSES**

Substance Abuse

Enacted

LD 1727 **Resolve, Regarding Legislative Review of Portions of Chapter 11:
Rules Governing the Controlled Substances Prescription
Monitoring Program, a Major Substantive Rule of the
Department of Health and Human Services, Office of Substance
Abuse** **RESOLVE 175
EMERGENCY**

Tobacco Sale and Use

Enacted

LD 1542 **An Act To Make Maine's Laws Consistent with the Federal
Family Smoking Prevention and Tobacco Control Act** **PUBLIC 606**

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