

STATE OF MAINE  
125<sup>TH</sup> LEGISLATURE  
SECOND REGULAR SESSION



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

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

June 2012

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*Joint Standing Committee on Health and Human Services*

**LD 612      An Act To Provide Reimbursement for Medication Therapy Management Services      ONTP**

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

This bill was carried over from the First Regular Session of the 125th Legislature.

This bill creates a category of pharmacy services, designated as medication therapy management services, for which pharmacists may charge separately from a charge for the prescription drug or a dispensing fee. The bill defines "medication therapy management services," "qualified pharmacist" and "targeted patient." The bill authorizes the MaineCare program to reimburse for these services if they are found by the Commissioner of Health and Human Services to be cost-effective. The bill requires health insurance carriers to pay for medication therapy management services to targeted patients by qualified pharmacists if the carrier provides coverage for prescription drugs. This bill requires an evaluation by the Commissioner of Health and Human Services of the effect of medication therapy management services by January 1, 2017, and establishes the Medication Therapy Management Advisory Committee to advise the Superintendent of Insurance within the Department of Professional and Financial Regulation on implementation of medication therapy management services.

**LD 646      An Act To Ensure the Safety of Children in the MaineCare Program Who Are Prescribed Antipsychotic Medications      ONTP**

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

This bill was carried over from the First Regular Session of the 125th Legislature.

This bill provides specific requirements for the provision of antipsychotic medications to children in the MaineCare program. It provides for uses approved and for uses not approved by the United States Department of Health and Human Services, Food and Drug Administration. It provides for documentation in the child's health care record and for monitoring for effectiveness and side effects. It directs the Department of Health and Human Services to adopt routine technical rules to implement the new requirements.

**LD 806      An Act To Increase Access to Information Regarding Health Care Facility and Practitioner Payments      PUBLIC 525**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY LANGLEY	OTP-AM	H-719

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This bill was carried over from the First Regular Session of the 125th Legislature.

This bill requires a licensed hospital to post in the hospital in an area used by the public a list of prices charged by the hospital for the 100 most commonly performed procedures in the hospital. The hospital shall also post a link or page on its publicly accessible website stating its pricing policy and current prices for the 100 most commonly performed procedures in the hospital. The bill requires ambulatory surgical facilities to post similar price lists. The bill requires review and a report on hospital efforts to control costs from the Office of Program Evaluation and Government Accountability.

**Committee Amendment "A" (H-719)**

This amendment replaces the bill. It provides a new title. It requires the Maine Health Data Organization, when posting on its website price information regarding health care facilities and practitioners, to post the information semiannually, to post information that is current to within 12 months of the date of submission of the information and to display on the website the date of posting, beginning October 1, 2012.

**Enacted Law Summary**

Public Law 2011, chapter 525, beginning October 1, 2012, requires the Maine Health Data Organization, when posting on its website price information regarding health care facilities and practitioners, to post the information semiannually, to be current to within 12 months of the date of submission of the information and to display the date of posting.

**LD 897      An Act To Amend the Application Process for the Progressive Treatment Program**

**PUBLIC 492**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HILL	OTP-AM	S-389

This bill was carried over from the First Regular Session of the 125th Legislature.

Current law limits who may obtain an order from the District Court to admit a patient to a progressive treatment program. This bill allows a health officer, law enforcement officer or any other person to obtain the order. The bill also requires that when an examiner forms an opinion it must be based on history as well as personal observation.

**Committee Amendment "A" (S-389)**

This amendment strikes and replaces the bill. It adds medical practitioners, law enforcement officers and legal guardians of individuals to the list of persons who may apply for admission to the progressive treatment program of an individual in need of psychiatric treatment. The amendment clarifies that available community providers for a progressive treatment program patient must be licensed and qualified. The amendment requires the application for admission to the program to include a proposed individualized treatment plan and to identify one or more licensed and qualified community providers willing to support the plan. The amendment requires that the applicant serve notice of hearing on a patient who is not hospitalized and provide proof of service to the court. The amendment also repeals provisions of law that apply when a patient is going to be served by an assertive community treatment team.

**Enacted Law Summary**

Public Law 2011, chapter 492 adds medical practitioners, law enforcement officers and legal guardians of individuals to the list of persons who may apply for admission to the progressive treatment program of an individual in need of psychiatric treatment. The law clarifies that available community providers for a progressive treatment

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program patient must be licensed and qualified. The law requires the application for admission to the program to include a proposed individualized treatment plan and to identify one or more licensed and qualified community providers willing to support the plan. The law requires that the applicant serve notice of hearing on a patient who is not hospitalized and provide proof of service to the court. The law also repeals provisions that would have applied when a patient was going to be served by an assertive community treatment team.

**LD 936      An Act To Conform Maine Menu Labeling Laws to Federal Standards      ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STRANG BURGESS MCCORMICK	ONTP	

This bill was carried over from the First Regular Session of the 125th Legislature.

This bill repeals provisions of law regarding menu labeling that have been preempted by the federal Patient Protection and Affordable Care Act, Public Law 111-148, Section 4205(2010), which creates a uniform national approach to nutrition labeling for restaurant menus with a primary focus on calorie content. The bill retains the current statutory definition of "chain restaurant" and directs the Department of Health and Human Services to adopt major substantive rules to locally enforce the provisions of 21 United States Code, Section 343 (2010).

**LD 1114      An Act To Improve Preventive Dental Health Care and Reduce Future Avoidable Costs      MAJORITY (ONTP) REPORT**

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

This bill was carried over from the First Regular Session of the 125th Legislature.

This bill directs the Department of Health and Human Services to establish criteria to determine those groups of adults for which the provision of preventive and restorative services would be cost effective by reducing expenditures under MaineCare, and authorizes the department to provide such services to persons within those identified groups.

**Committee Amendment "B" (H-818)**

This amendment, which is the minority report of the committee, replaces the bill. It retains the provisions of the bill that seek to provide cost-effective dental services for adult MaineCare members and adds a process for identifying those services and a requirement that the services be cost-effective. It is the same as Committee Amendment "A" from the First Regular Session with the addition of a clarification that any provision of dental services must be consistent with federal law.

The amendment was not adopted.



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by law is allowed to manipulate a person for the collection of specimens or process or submit or act as an agent for the transmittal of specimens.

3. It removes the requirement that a licensed medical laboratory send a copy of an itemized statement of laboratory services to the patient. Current practice is to send the itemized statement to the insurance company, the laboratory's client or the patient.

### **Committee Amendment "A" (S-396)**

This amendment allows specimens to be collected or processed by licensed health care professionals and their designees acting within their scope of practice and qualified medical laboratory personnel who are authorized by the director of the medical laboratory. The bill eliminates the requirement for a licensed medical laboratory to send a copy of the itemized statement of laboratory services to the patient. This amendment keeps the requirement for the patient to receive an itemized statement, but enacts it as a separate section within the Maine Medical Laboratory Act.

### **Enacted Law Summary**

Public Law 2011, chapter 531 amends the Maine Medical Laboratory Act as follows.

1. It removes the requirement that an application for a medical laboratory license be notarized. Other licensing laws do not have this requirement.
2. It allows certain specimens to be collected or processed by licensed health care professionals and their designees acting within their scope of practice and qualified medical laboratory personnel who are authorized by the director of the medical laboratory.
3. It enacts the current requirement for the patient to receive an itemized statement as a separate section within the Maine Medical Laboratory Act.

## **LD 1625     An Act To Amend the Organization of the Quality Assurance Review Committee**

**PUBLIC 495**

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

This bill gives the Department of Health and Human Services the duty to establish a statewide quality assurance review committee to review the provision of home care coordination services for long-term services and supports for elders and adults with disabilities. Previously, an agency that contracted to provide home care coordination services for the department was required to establish the committee. This bill also eliminates the requirement that the committee annually report to the department, and eliminates a reference to the Long-term Care Implementation Committee, which was repealed in 2003.

### **Enacted Law Summary**

Public Law 2011, chapter 495 gives the Department of Health and Human Services the duty to establish a statewide quality assurance review committee to review the provision of home care coordination services for long-term services and supports for elders and adults with disabilities. Previously, an agency that contracted to provide home care coordination services for the department was required to establish the committee. It also eliminates the requirement that the committee annually report to the department, and eliminates a reference to the Long-term Care Implementation Committee, which was repealed in 2003.

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**LD 1626      An Act To Clarify the Authority of the Department of Health and Human Services To Impose Administrative Sanctions upon Vendors, Providers and Participants in the Women, Infants and Children Special Supplemental Food Program      PUBLIC 512**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCORMICK	OTP-AM	S-404

This bill clarifies that the Department of Health and Human Services has the authority to impose fines or penalties upon Women, Infants and Children Special Supplemental Food Program vendors, disqualify local agency providers and require repayment from participants or disqualify participants from program benefits for violation of program laws or rules. This authority is consistent with federal statutes and regulations. The department is required to adopt routine technical rules to define prohibited conduct and to establish penalties for such conduct.

**Committee Amendment "A" (S-404)**

This amendment adds to the bill a citation to another section of the Code of Federal Regulations to ensure an opportunity for a hearing in making a determination that a vendor, provider or participant has violated a provision of the Women, Infants and Children Special Supplemental Food Program.

**Enacted Law Summary**

Public Law 2011, chapter 512 clarifies that the Department of Health and Human Services has the authority to impose fines or penalties upon Women, Infants and Children Special Supplemental Food Program vendors, disqualify local agency providers and require repayment from participants or disqualify participants from program benefits for violation of program laws or rules. The department is required to adopt routine technical rules to define prohibited conduct and to establish penalties for such conduct.

**LD 1627      An Act Regarding the Filing of Birth, Death and Marriage Data      PUBLIC 511**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCORMICK	OTP-AM	S-419

This bill expedites electronic filing of vital records and protects persons named in vital records from identity theft and fraud by closing to public inspection filed notices of intentions to marry for the same time frame that marriage certificates are closed, except for the names of the persons who intend to marry and the intended date of marriage. The bill helps align state law regarding the delayed filing of records with the requirements of the Federal Government.

**Committee Amendment "A" (S-419)**

This amendment allows a researcher engaged in genealogical research who holds a researcher identification card under the Maine Revised Statutes, Title 22, section 2706, subsection 8 to have access to applications recording intentions to marry and permits a custodian of those applications to issue a noncertified copy of an application to a researcher.

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**Enacted Law Summary**

Public Law 2011, chapter 511 expedites electronic filing of vital records and helps align state law regarding the delayed filing of records with the requirements of the Federal Government. It closes to public inspection applications recording notice of intention to marry for the same time frame that marriage certificates are closed. The names of the persons who intend to marry and the intended date of marriage continue to be public and a researcher engaged in genealogical research with a researcher identification card continues to have access to applications.

**LD 1628      An Act To Limit Payment for Care and Treatment of Residents of State Institutions      PUBLIC 674**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCORMICK	OTP-AM MAJ OTP-AM MIN	S-468

This bill limits the amount that a provider may charge the State for medical services provided to a resident of a state institution outside of the state institution. The amount is restricted to the amount established by the rules of the Department of Health and Human Services for the MaineCare program for those services. The bill also removes references to the Homestead facility, which closed in 2007.

**Committee Amendment "A" (S-468)**

This amendment, which is the majority report of the committee, sets a reimbursement rate for medical services provided to a resident of a state institution off the premises of the state institution at the level of Medicare rather than at the rates set by the Department of Health and Human Services for the MaineCare program. It also adds an appropriations and allocations section to the bill.

**Committee Amendment "B" (S-469)**

This amendment, which is the minority report of the committee, limits the amount that the Commissioner of Health and Human Services may pay a provider for medical services provided to a resident of a state institution off the premises of the state institution to the amount payable under insurance, including Medicare, for residents that have insurance; to the amount established by rule by the Department of Health and Human Services under the MaineCare program, divided by 75% for physicians and hospitals other than critical access hospitals; or to the MaineCare rate for all other providers. It also adds an appropriations and allocations section to the bill.

This amendment was not adopted.

**Enacted Law Summary**

Public Law 2011, chapter 674 limits the amount that a provider may charge the State for medical services provided to a resident of a state institution outside of the state institution to the level of Medicare reimbursement. It also removes from statute references to the Homestead facility, which closed in 2007.

**LD 1629      An Act To Allow for a Contingency Fee Agreement with a MaineCare Program Integrity Recovery Audit Contractor      PUBLIC 593  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCORMICK	OTP-AM MAJ ONTP MIN	S-470



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**LD 1688 An Act To Clarify the Status of Patients Held under Involuntary Commitment Applications**

**PUBLIC 541**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MOULTON	OTP-AM	H-747

This bill clarifies that an application for involuntary commitment, also known as a "blue paper," or the subsequent review and endorsement of that application by a judge or justice, is not a judicial determination of commitment and that emergency hospitalization under a blue paper application is not involuntary commitment.

**Committee Amendment "A" (H-747)**

This amendment replaces the bill and clarifies that an application for admission to a psychiatric hospital under the Maine Revised Statutes, Title 34-B, section 3863 is not a commitment to a psychiatric hospital. It retains the effect of the bill. The amendment strikes a reference to commitment under Title 34-B, section 3863 in the criminal laws on firearms possession.

**Enacted Law Summary**

Public Law 2011, chapter 541 clarifies that an application for admission to a psychiatric hospital under the Maine Revised Statutes, Title 34-B, section 3863 is not a commitment to a psychiatric hospital and that emergency hospitalization under such an application is not involuntary commitment. The law also strikes a reference to commitment under Title 34-B, section 3863 in the criminal laws on firearms possession.

**LD 1692 An Act To Provide Reimbursement for MaineCare Services Provided by Qualified, Unlicensed Professionals Who Are Supervised by Licensed Health Professionals**

**INDEF PP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES CRAVEN	ONTP MAJ OTP-AM MIN	H-782

This bill ensures continuation of federal financial participation under the MaineCare program by clarifying the authority of certain licensed professionals to provide and supervise the provision of case management services under the program.

**Committee Amendment "A" (H-782)**

This amendment is the minority report of the committee and replaces the bill. The amendment provides for qualified, unlicensed professionals to provide MaineCare services when supervised by licensed health professionals and authorizes the Department of Health and Human Services to cover those services. The amendment also directs the department to adopt routine technical rules to implement the provisions.

This amendment was not adopted.

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**LD 1694      Resolve, Directing the Department of Health and Human Services To  
Review Rules Governing Reimbursement to MaineCare Recipients for  
Transportation to and from MaineCare Services**

**RESOLVE 142**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS DC THOMAS	OTP-AM MAJ ONTP MIN	H-783

This resolve directs the Department of Health and Human Services to review reimbursement to MaineCare recipients for transportation to freestanding methadone clinics and to adopt rules to ensure uniformity in reimbursement throughout the State and reduce the incidence of fraud. The department is directed to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by December 15, 2012.

**Committee Amendment "A" (H-783)**

This amendment directs the Department of Health and Human Services to review reimbursement for transportation for MaineCare members to and from MaineCare services, including but not limited to freestanding methadone clinics that provide methadone treatment services. The amendment directs the Department of Health and Human Services to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by December 15, 2012.

**Enacted Law Summary**

Resolve 2011, chapter 142 directs the Department of Health and Human Services to review reimbursement for transportation for MaineCare members to and from MaineCare services, including but not limited to freestanding methadone clinics that provide methadone treatment services. The resolve directs the Department of Health and Human Services to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by December 15, 2012.

**LD 1700      An Act To Provide an Alternative Method of Calculating Minimum  
Staffing Levels in Nursing Homes**

**ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STRANG BURGESS MCCORMICK	ONTP	

Currently, nursing home staffing ratios are calculated based on individual 8-hour shifts. This bill requires the Department of Health and Human Services to develop alternative staffing ratios that encourage person-centered care, increase quality and improve efficiency by developing a standard calculated over a 24-hour period. Nursing homes would still ultimately be required to staff according to residents' needs. The bill directs the department to convene a working group to develop such a standard and to invite the participation of representatives of the Maine Long-Term Care Ombudsman Program, the Maine Health Care Association, LeadingAge of Maine and New Hampshire, the Alzheimer's Association, Maine Chapter and other interested stakeholders. The bill provides that amendments to the licensing rules are major substantive rules.

The Health and Human Services Committee requested by letter that the Department of Health and Human Services continue working with interested parties and report back on its progress, with any proposed changes to law and rule,

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by December 1, 2012.

**LD 1705      Resolve, To Create the Task Force on the Prevention of Sexual Abuse of Children**

**RESOLVE 162  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKER RAYE	OTP-AM	H-796 S-571 COURTNEY

This resolve establishes the Task Force on the Prevention of Sexual Abuse of Children, which is directed to research issues regarding child sexual abuse in Maine and to adopt policies to address those issues. The policies may include age-appropriate curricula for schoolchildren from prekindergarten to grade 5 and methods to increase teacher, student and parent awareness of the issues regarding child sexual abuse. The task force is also directed to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters, and the joint standing committee is authorized to submit legislation to the First Regular Session of the 126th Legislature based on that report.

**Committee Amendment "A" (H-796)**

This amendment changes the composition of the Task Force on the Prevention of Sexual Abuse of Children and increases membership to 13 members. It changes the task force duties to clarify that the task force is directed to make recommendations to prevent and address child sexual abuse.

**Senate Amendment "A" (S-571)**

This amendment revises the language regarding compensation. Under this amendment, legislative members of the task force receive per diem and expenses in accordance with the Joint Rules.

**Enacted Law Summary**

Resolve 2011, chapter 162 establishes the Task Force on the Prevention of Sexual Abuse of Children. The resolve directs the task force to research issues regarding child sexual abuse in Maine and to recommend policies to address those issues. The policies may include age-appropriate curricula for schoolchildren from prekindergarten to grade 5 and methods to increase teacher, student and parent awareness of the issues regarding child sexual abuse. The task force is also directed to submit a report by November 7, 2012, to the joint standing committee of the Legislature having jurisdiction over health and human services matters, and the joint standing committee is authorized to submit legislation to the First Regular Session of the 126th Legislature based on that report.

Resolve 2011, chapter 162 was passed as an emergency measure effective April 21, 2012.

**LD 1714      An Act To Restrict Further the Amount of Methamphetamine Precursors That May Be Bought or Sold**

**PUBLIC 584**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WILLETTE A MCCORMICK	OTP-AM	H-822

This bill amends the current restrictions on the sale of a targeted methamphetamine precursor to limit sales to 3.6 grams per day and 9 grams per 30 days. It also places the same restrictions on purchases.

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The bill requires a purchaser to present a valid identification to the retailer and requires the retailer to record the name and address of the purchaser, the name and quantity of targeted methamphetamine precursor purchased, the date and time of the purchase and the form of identification presented. The retailer is required to maintain a logbook, and the purchaser must sign the logbook. The bill makes it a Class E crime to sell more than 3.6 grams per day and 9 grams per 30 days of a targeted methamphetamine precursor.

The bill requires beginning January 1, 2013, a retailer to, before completing a sale, electronically submit information about the sale and the person purchasing a targeted methamphetamine precursor to a real-time electronic logging system that tracks sales of over-the-counter cold and allergy medications containing a targeted methamphetamine precursor.

The bill provides that a retailer is immune from any civil liability if the sale was made in good faith.

The bill provides that the law regarding targeted methamphetamine precursors supersedes any local, municipal or county ordinance regulating sales of cold and allergy medications containing a targeted methamphetamine precursor.

The bill also requires the Maine Board of Pharmacy to select a real-time electronic logging system and by December 1, 2012, to notify retailers of the system.

**Committee Amendment "A" (H-822)**

This amendment replaces the bill. The amendment retains the original intent of the bill to replace current restrictions on the sale of a targeted methamphetamine precursor and to limit sales to 3.6 grams per person per day and 9 grams per person per 30 days to comply with federal law. It also places the same restrictions on purchases. The amendment requires the electronic logging system to block illegal sales, subject to override if the seller has a concern for personal safety if the sale is not made. The amendment exempts from the electronic logging system a retailer who does not have access to the Internet. The amendment provides a presumption of good faith for the retailer in a civil proceeding in which use of the electronic logging system is an issue. The amendment requires the Department of Public Safety, Maine Drug Enforcement Agency to select a real-time electronic logging system by August 1, 2012, and by September 1, 2012, to notify retailers of the system.

**Enacted Law Summary**

Public Law 2011, chapter 584 replaces current restrictions on the sale of a targeted methamphetamine precursor and limits sales to 3.6 grams per person per day and 9 grams per person per 30 days to comply with federal law. The law also places the same restrictions on purchases. The law requires the electronic logging system to block illegal sales, subject to override if the seller has a concern for personal safety if the sale is not made. The law exempts from the electronic logging system a retailer who does not have access to the Internet. The law provides a presumption of good faith for the retailer in a civil proceeding in which use of the electronic logging system is an issue. The law requires the Department of Public Safety, Maine Drug Enforcement Agency to select a real-time electronic logging system by August 1, 2012, and by September 1, 2012, to notify retailers of the system.

**LD 1743      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 124  
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP

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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.

**Enacted Law Summary**

Resolve 2011, chapter 124 provides legislative approval for major substantive rules submitted by the Maine Health Data Organization.

Resolve 2011, chapter 124 was finally passed as an emergency measure effective March 14, 2012.

**LD 1811      Resolve, Directing the Department of Health and Human Services To      ONTP**  
**Review Reimbursement for Prescription Drugs under the MaineCare**  
**Program**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J SHERMAN	ONTP	

This resolve requires the Commissioner of Health and Human Services to undertake a full review of the rules governing reimbursement for prescription drugs under the MaineCare program, including a review of the MaineCare reimbursement rates for prescription drugs purchased in retail pharmacies and for prescription drugs purchased by mail order. The commissioner is directed to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 15, 2012, and the joint standing committee is authorized to submit a bill to the First Regular Session of the 126th Legislature.

**LD 1812      Resolve, Directing the Department of Health and Human Services To      RESOLVE 155**  
**Submit an Application for a Waiver from the United States Department**  
**of Agriculture**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HARVELL COURTNEY	OTP-AM MAJ ONTP MIN	H-817

This resolve requires the Department of Health and Human Services to amend its rules governing the electronic benefits transfer system to provide that a person must show photographic identification in order to use an electronic benefits transfer card that is drawing on the person's food supplement benefit account unless the card user is known to the person accepting the card for payment.

**Committee Amendment "A" (H-817)**

This amendment, which is the majority report of the committee, replaces the resolve. It requires the Department of Health and Human Services to submit an application for a waiver from the requirements of federal law and regulations to the United States Department of Agriculture. The waiver must seek approval for the Department of Health and Human Services to amend its rules to require a person to show photographic identification in order to use an electronic benefits transfer card when it is requested in an establishment that accepts Supplemental Nutritional Assistance Program benefits. The Department of Health and Human Services is required to seek the waiver by October 1, 2012. The Department of Health and Human Services is also required to continue to develop strategies to combat fraud and abuse in the use of electronic benefits transfer cards in the Supplemental Nutritional Assistance Program and report its progress in developing new strategies to the joint standing committee of the Legislature

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having jurisdiction over health and human services matters by December 1, 2012.

**Enacted Law Summary**

Resolve 2011, chapter 155 requires the Department of Health and Human Services to submit an application for a waiver from the requirements of federal law and regulations to the United States Department of Agriculture. The waiver must seek approval for the Department of Health and Human Services to amend its rules to require a person to show photographic identification in order to use an electronic benefits transfer card when it is requested in an establishment that accepts Supplemental Nutritional Assistance Program benefits. The Department of Health and Human Services is required to seek the waiver by October 1, 2012. The Department of Health and Human Services is also required to continue to develop strategies to combat fraud and abuse in the use of electronic benefits transfer cards in the Supplemental Nutritional Assistance Program and report its progress in developing new strategies to the joint standing committee of the Legislature having jurisdiction over health and human services matters by December 1, 2012.

**LD 1813 An Act To Amend the Laws Governing Confidentiality of Health Care Information**

**PUBLIC 572  
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP-AM

H-797

This bill is the report of the Joint Standing Committee on Health and Human Services pursuant to Joint Order H.P. 1328. It amends the law regarding confidentiality of health care information to allow health care practitioners or facilities to report to federal, state or local governmental entities if an alleged crime has been committed on the premises. Federal Health Insurance Portability and Accountability Act of 1996 regulations allow for disclosure if a practitioner or a facility believes a crime has been committed on the premises. This bill amends the state law to be consistent with federal law.

**Committee Amendment "A" (H-797)**

This amendment replaces the bill. It replaces the language from the bill with language that mirrors the federal Health Insurance Portability and Accountability Act of 1996 regulations in 45 Code of Federal Regulations, Section 164.512(f)(5). It also adds an emergency preamble and emergency clause.

**Enacted Law Summary**

Public Law 2011, chapter 572 amends the law regarding confidentiality of health care information to allow health care practitioners or facilities to report to federal, state or local governmental entities if an alleged crime has been committed on the premises. Federal Health Insurance Portability and Accountability Act of 1996 regulations allow for disclosure if a practitioner or a facility believes a crime has been committed on the premises. This law amends the state law to be consistent with federal law.

Public Law 2011, chapter 572 was enacted as an emergency measure effective March 30, 2012.

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**LD 1818      Resolve, To Extend the Reporting Deadline of the Working Group on an All-payor Claims Database System**

**RESOLVE 121**

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

This resolve is the report of the Joint Standing Committee on Health and Human Services pursuant to Joint Rule 353. It amends the reporting date of Resolve 2011, chapter 109 to extend the reporting date of the working group on an all-payor claims database system from January 31, 2012 to December 1, 2012.

**Enacted Law Summary**

Resolve 2011, chapter 121 amends the reporting date of Resolve 2011, chapter 109 to extend the reporting date of the working group on an all-payor claims database system from January 31, 2012, to December 1, 2012.

**LD 1823      An Act To Amend the Maine Wild Mushroom Harvesting Certification Program**

**PUBLIC 587**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIROCKI	OTP-AM	H-823

This bill increases the maximum fees for training, examination and certification under the Maine Wild Mushroom Harvesting Certification Program within the Department of Health and Human Services from \$20 to \$75 to permit the program to be funded solely from the revenue from program fees.

**Committee Amendment "A" (H-823)**

This amendment replaces the bill and changes the title. It amends the Maine Wild Mushroom Harvesting Certification Program as follows.

1. The amendment removes from the duties of the Maine Wild Mushroom Harvesting Advisory Committee the development and delivery of training courses and the identification of technical and educational advisors.
2. The amendment specifies that the Maine Wild Mushroom Harvesting Advisory Committee members serve on a voluntary basis and conforms their duties to within the scope of the Department of Health and Human Services.
3. The amendment repeals the Wild Mushroom Harvesting Fund and specifies that revenues from certification application fees are payable into a special revenue account dedicated to a health inspection program within the department.
4. The amendment specifies that certification for mushroom harvesting, brokering or selling is issued to applicants based on completion of department-approved training.
5. The amendment adds an appropriations and allocations section.

**Enacted Law Summary**

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Public Law 2011, chapter 587 amends the Maine Wild Mushroom Harvesting Certification Program as follows.

1. The law removes from the duties of the Maine Wild Mushroom Harvesting Advisory Committee the development and delivery of training courses and the identification of technical and educational advisors.
2. The law specifies that the Maine Wild Mushroom Harvesting Advisory Committee members serve on a voluntary basis and conforms their duties to within the scope of the Department of Health and Human Services.
3. The law repeals the Wild Mushroom Harvesting Fund and specifies that revenues from certification application fees are payable into a special revenue account dedicated to a health inspection program within the department.
4. The law specifies that certification for mushroom harvesting, brokering or selling is issued to applicants based on completion of department-approved training.

**LD 1829      An Act To Require Photographic Identification for Prescriptions for      ONTP**  
**Certain Controlled Substances**

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

This bill is a recommendation from the Substance Abuse Services Commission's work group convened pursuant to Resolve 2011, chapter 81 and is reported out by the Joint Standing Committee on Health and Human Services pursuant to Joint Order 2011, H.P. 1328. This bill requires a pharmacist or person acting at the direction of a pharmacist to demand, inspect and record proof of identification before filling a prescription for a controlled substance. For the purposes of this bill, "controlled substance" means a drug or other substance included in schedules II, III or IV of 21 United States Code, Section 812 or 21 Code of Federal Regulations, Section 1308.

**LD 1840      An Act To Limit MaineCare Reimbursement for Methadone Treatment      DIED ON**  
**ADJOURNMENT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS DC THIBODEAU	OTP-AM MAJ OTP-AM MIN	H-912

This bill proposes to limit MaineCare reimbursement for methadone for the treatment of addiction to opiates to a lifetime maximum of 24 months, effective January 1, 2013. The bill authorizes reimbursement for longer than 24 months if the Department of Health and Human Services provides prior authorization. The bill proposes to limit services to the clinic closest to the home of the member. The bill requires the department to review the options to restrict transportation services reimbursement for methadone treatment under the MaineCare program to encourage efficient use of transportation services and to discourage and penalize fraud. The review must include a study of limitations based on one-way or round-trip reimbursement and a requirement to use the provider whose office is the closest to the MaineCare member's home. The department is required to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by December 15, 2012, on the department's findings and recommendations as a result of the review.

**Committee Amendment "A" (H-912)**

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This amendment is the majority report of the committee. The amendment removes from the bill the requirement that methadone services reimbursed under the MaineCare program be accessed at the clinic closest to the home of the MaineCare member. The amendment removes from the bill the directive to the Department of Health and Human Services to review MaineCare transportation services because a similar directive was included by the committee in the committee amendment to LD 1694, which was enacted as Resolve 2011, chapter 142. The amendment adds to the routine technical rulemaking a requirement that the Department of Health and Human Services seek input for the prior authorization rules from stakeholders and experts in the field of substance abuse addiction and recovery, including, but not limited to, representatives of the Office of Substance Abuse and individuals with expertise in medication-assisted treatment. This amendment adds an appropriations and allocations section.

**Committee Amendment "B" (H-913)**

This amendment is the minority report of the committee. The amendment removes from the bill the requirement that methadone services reimbursed under the MaineCare program be accessed at the clinic closest to the home of the MaineCare member. The amendment removes from the bill the directive to the Department of Health and Human Services to review MaineCare transportation services because a similar directive was included by the committee in the committee amendment to LD 1694. The amendment changes the rulemaking to major substantive rules and adds a requirement that the Department of Health and Human Services seek input for the prior authorization rules from stakeholders and experts in the field of substance abuse addiction and recovery, including, but not limited to, representatives of the Office of Substance Abuse and individuals with expertise in medication-assisted treatment. The amendment restores the \$10 per week rate cut to methadone clinics enacted in Public Law 2011, chapter 477, and provides funding for services to persons with intellectual disabilities. The amendment also adds an appropriations and allocations section.

This bill was not enacted. The provisions of the bill, as amended by the majority, were included in the second DHHS supplemental budget, LD 1746, which was enacted as Public Law 2011, chapter 657, Part S.

**LD 1845    An Act To Implement the Recommendations of the Department of Health and Human Services and the Maine Developmental Disabilities Council Regarding Respectful Language**

**PUBLIC 542  
EMERGENCY**

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

This bill is the report of the Joint Standing Committee on Health and Human Services. Part A of this bill implements the recommendations of the Department of Health and Human Services and the Maine Developmental Disabilities Council regarding respectful language developed pursuant to Public Law 2011, chapter 186, Part B and makes other minor technical amendments to those statutory provisions to conform them to current drafting standards.

Part B renames certain programs within the Department of Health and Human Services. It also directs the department, when adopting or amending its rules and when developing, publishing and issuing forms, policies and publications, to replace references to "mental retardation" and "mentally retarded" with references to "intellectual disability" and "person with an intellectual disability" and to ensure that language referring to persons with disabilities is consistent with the recommendations of the respectful language working group contained in the report submitted by the Maine Developmental Disabilities Council to the Joint Standing Committee on Health and Human Services pursuant to Resolve 2007, chapter 62.

**Enacted Law Summary**

Public Law 2011, chapter 542 does the following.

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1. It implements the recommendations of the Department of Health and Human Services and the Maine Developmental Disabilities Council regarding respectful language developed pursuant to Public Law 2011, chapter 186, Part B and makes other minor technical amendments to those statutory provisions to conform them to current drafting standards.
2. It renames certain programs within the Department of Health and Human Services.
3. It directs the department, when adopting or amending its rules and when developing, publishing and issuing forms, policies and publications, to replace references to "mental retardation" and "mentally retarded" with references to "intellectual disability" and "person with an intellectual disability" and to ensure that language referring to persons with disabilities is consistent with the recommendations of the respectful language working group contained in the report submitted by the Maine Developmental Disabilities Council to the Joint Standing Committee on Health and Human Services pursuant to Resolve 2007, chapter 62.

Public Law 2011, chapter 542 was enacted as an emergency measure effective March 20, 2012.

**LD 1848      An Act To Expand the Notification Requirements of the Maine  
Certificate of Need Act of 2002**

**PUBLIC 636**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RAYE	OTP-AM	S-493

This bill requires that notice be given in a newspaper published in the service area of a health care facility that may be negatively affected by a certificate of need application filed with the Department of Health and Human Services and to municipal officers of and Legislators representing the municipality where the facility is located. The bill requires the department to adopt rules specifying the conditions that constitute a negative impact on a facility.

**Committee Amendment "A" (S-493)**

This amendment replaces the bill and changes its title. The amendment expands the notification requirements of the Maine Certificate of Need Act of 2002 in the bill to specify that if an existing health care facility may close or lose bed capacity as a result of a proposal for which a certificate of need application has been filed, the Department of Health and Human Services must notify the municipal officers of the municipality in which that health care facility is located and the members of the State House of Representatives and the State Senate representing any part of that municipality. The amendment requires the published notice to identify the name and location of any health care facility that may close or lose bed capacity as a result of the proposal for which a certificate of need has been filed.

**Enacted Law Summary**

Public Law 2011, chapter 636 expands the notification requirements of the Maine Certificate of Need Act of 2002 to specify that if an existing health care facility may close or lose bed capacity as a result of a proposal for which a certificate of need application has been filed, the Department of Health and Human Services must notify the municipal officers of the municipality in which that health care facility is located and the members of the State House of Representatives and the State Senate representing any part of that municipality. The law requires the published notice to identify the name and location of any health care facility that may close or lose bed capacity as a result of the proposal for which a certificate of need has been filed.

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**LD 1851 An Act To Amend the Laws Concerning Municipal Inspections of Establishments**

**PUBLIC 589**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STRANG BURGESS MCCORMICK	OTP-AM	H-824

The purpose of this bill is to remove language that prohibits a municipality from licensing eating establishments. The bill also corrects a conflict created by Public Law 2011, chapters 193 and 295, which affected the same provision of law. The bill repeals the provision and replaces it with the chapter 295 version.

**Committee Amendment "A" (H-824)**

This amendment clarifies that any inspections of establishments by municipalities that have not been delegated authority by the Department of Health and Human Services are void.

**Enacted Law Summary**

Public Law 2011, chapter 589 clarifies that any inspections of establishments by municipalities that have not been delegated authority by the Department of Health and Human Services are void.

**LD 1855 An Act Regarding the Fund for a Healthy Maine's Prevention, Education and Treatment Activities Concerning Unhealthy Weight and Obesity**

**PUBLIC 617**

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

This bill is the report of the Joint Standing Committee on Health and Human Services pursuant to Joint Order H.P. 1355. It proposes changes to the Fund for a Healthy Maine as recommended by the Commission To Study Allocations of the Fund for a Healthy Maine established pursuant to Resolve 2011, chapter 112. It adds prevention, education and treatment activities concerning unhealthy weight and obesity to the health promotion purposes of the fund. It requires the Commissioner of Administrative and Financial Services to review the program structure for the programs of the fund and to recommend a new program structure, including a program for prevention, education and treatment activities concerning unhealthy weight and obesity, to be used in the state budget beginning in fiscal year 2014-15. It directs the commissioner to report to the Legislature on the review and recommendations by October 1, 2012.

**Committee Amendment "A" (H-830)**

This amendment clarifies that the Commissioner of Administrative and Financial Services in consultation with the Commissioner of Health and Human Services is required to create a separate entry for prevention, education and treatment activities concerning unhealthy weight and obesity to be used in the state budget beginning in fiscal year 2014-15. The entry must include the funds being spent on obesity prevention. By October 1, 2012, the Commissioner of Administrative and Financial Services is required to make a progress report to the Legislature on creating the separate entry.

**Enacted Law Summary**

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Public Law 2011, chapter 617 makes changes to the Fund for a Healthy Maine as recommended by the Commission To Study Allocations of the Fund for a Healthy Maine established pursuant to Resolve 2011, chapter 112. It adds prevention, education and treatment activities concerning unhealthy weight and obesity to the health promotion purposes of the fund. It also requires the Commissioner of Administrative and Financial Services, in consultation with the Commissioner of Health and Human Services, to create a separate entry for prevention, education and treatment activities concerning unhealthy weight and obesity to be used in the state budget beginning in fiscal year 2014-15. The entry must include the funds being spent on obesity prevention. By October 1, 2012, the Commissioner of Administrative and Financial Services is required to make a progress report to the Legislature on creating the separate entry.

**LD 1862      An Act To Limit Eligibility under the Municipal General Assistance Program      ONTP**

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

This bill excludes from eligibility for a municipal general assistance program a person who is a member of a household that is ineligible to receive Temporary Assistance for Needy Families program benefits because the household has exhausted the 60-month lifetime limit on Temporary Assistance for Needy Families program benefits.

**LD 1884      An Act To Revise the Laws Regarding the Fund for a Healthy Maine      PUBLIC 701**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	S-612 ROSEN R

This bill is the report of the Joint Standing Committee on Health and Human Services pursuant to Joint Rule 353. This bill, which is based on recommendations from the Commission To Study Allocations of the Fund for a Healthy Maine, proposes changes to the Fund for a Healthy Maine. The bill changes the Fund for a Healthy Maine from an Other Special Revenue Funds account to a separate fund. It requires an annual report on targeted uses of fund money to the Commissioner of Administrative and Financial Services and provides for an annual report to the Legislature. It places in law review by the joint standing committee of the Legislature having jurisdiction over health and human services matters of legislative proposals affecting the fund, which is currently in effect through Joint Rule 317. It requires the Legislature to establish a study commission to review allocations of the fund every 4 years in the same manner in which those allocations were reviewed in 2011 and to report with recommendations to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters.

**Senate Amendment "A" (S-612)**

This amendment removes the Fund for a Healthy Maine Study Commission proposed in the bill.

**Enacted Law Summary**

Public Law 2011, chapter 701, which is based on recommendations from the Commission To Study Allocations of the Fund for a Healthy Maine, makes changes to the Fund for a Healthy Maine. The law changes the Fund for a Healthy Maine from an Other Special Revenue Funds account to a separate fund. The law requires an annual report

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on targeted uses of fund money to the Commissioner of Administrative and Financial Services and provides for an annual report to the Legislature. It places in law review by the joint standing committee of the Legislature having jurisdiction over health and human services matters of legislative proposals affecting the fund, which review is currently in effect through Joint Rule 317.

**LD 1886      *Resolve, Directing Review of Strategies To Improve Communication between Patients and Physicians***

**RESOLVE 159**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAYES LANGLEY	OTP-AM MAJ ONTP MIN	H-905

This bill requires mammography reports or other information provided to patients to include information regarding breast density.

**Committee Amendment "A" (H-905)**

This amendment is the majority report of the committee. The amendment replaces the bill with a resolve that directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention, in conjunction with the Maine Medical Association, to convene a broadly representative work group to review strategies to improve the dialogue between patients and physicians regarding breast density and breast imaging options and report with recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by December 7, 2012.

**Enacted Law Summary**

Resolve 2011, chapter 159 directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention, in conjunction with the Maine Medical Association, to convene a broadly representative work group to review strategies to improve the dialogue between patients and physicians regarding breast density and breast imaging options and report with recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by December 7, 2012.

**LD 1887      *An Act To Restructure the Department of Health and Human Services***

**DIED ON  
ADJOURNMENT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCORMICK	OTP-AM MAJ ONTP MIN	S-533

This bill restructures the Department of Health and Human Services. The bill does not eliminate the duties and functions of those organizational units eliminated in the bill; under the bill, the department and the Commissioner of Health and Human Services are directed to carry out those duties and functions.

Part A eliminates as a separate and distinct office the Office of Substance Abuse.

Part B eliminates as a separate and distinct office the Office of Elder and Adult Services.

Part C eliminates as a separate and distinct office the Office of Adults with Cognitive and Physical Disabilities.

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Part D eliminates as a separate and distinct office the Office of Adult Mental Health Services.

Part E eliminates the Office of Advocacy and directs the department to contract with an agency to provide services to individuals with intellectual disabilities and autism.

Part F directs the commissioner to review the current organizational structure, systems and operations of the department and restructure the department in order to improve and streamline services. Part F also requires the commissioner and the State Budget Officer to provide a report to the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs outlining the progress towards the new organizational structure and any transferred amounts.

Part G makes appropriations and allocations to support this restructuring and authorizes the State Budget Officer to transfer positions, appropriations and allocations between accounts and line categories by financial order upon approval of the Governor.

**Committee Amendment "A" (S-533)**

This amendment is the majority report of the committee. The amendment clarifies that the authority of the Commissioner of Health and Human Services to restructure the Department of Health and Human Services is limited to actions to achieve the enacted provisions. The amendment corrects errors in the designation of fiscal years, requires the report from the Commissioner of Health and Human Services and the State Budget Officer by December 1, 2012 and requires another report by June 30, 2013. The amendment corrects appropriations and allocations in Part G. The amendment to Part G keeps as departmental personnel the intensive case managers who are connected to correctional facilities. The amendment retains the provisions of the bill that eliminate the positions of departmental personnel who are intensive case managers for adult mental health clients of the department and contract out that service.

This amendment also amends certain sections of the bill to incorporate changes to the laws in Public Law 2011, chapters 477 and 542.

**Senate Amendment "A" To Committee Amendment "A" (S-541)**

This amendment restores 21 positions in the Mental Health Services - Community program and restores 4 positions associated with the restructuring of the Department of Health and Human Services, Office of Substance Abuse and Office of Adult Mental Health Services.

**House Amendment "A" To Committee Amendment "A" (H-934)**

This amendment restores 21 positions in the Mental Health Services - Community program and restores 4 positions associated with the restructuring of the Department of Health and Human Services, Office of Substance Abuse and Office of Adult Mental Health Services.

This bill was not enacted. The provisions of the bill were included in the second DHHS supplemental budget, LD 1746, enacted as Public Law 2011, chapter 657, Parts AA to FF.

**LD 1888     An Act To Strengthen the State's Ability To Investigate and Prosecute  
Misuse of Public Benefits**

**PUBLIC 687**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCORMICK	OTP-AM MAJ OTP-AM MIN	S-542 S-608 ROSEN R

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This bill provides successor liability for all health care providers in the MaineCare program; prohibits misuse of public benefits instruments; authorizes administrative recovery of improperly received municipal general assistance and MaineCare benefits; bans the use of electronic benefits transfer system benefits at liquor stores, gambling facilities and adult entertainment businesses; criminalizes the trafficking of electronic benefits by making the unauthorized transfer or possession of electronic benefits devices a Class D crime; conforms Maine law to federal requirements regarding suspension of payments to MaineCare providers upon determination of a credible allegation of fraud; and adds 8 Fraud Investigator and 2 Office Associate II positions to the Department of Health and Human Services, Office of Family Independence.

**Committee Amendment "A" (S-542)**

This amendment is the majority report of the committee. The amendment removes from the bill a provision regarding the scope of administrative hearings with regard to appeals of suspensions of payments for credible allegations of fraud. The amendment adds a provision on confidentiality. The amendment authorizes the Department of Health and Human Services to adopt by rule a procedure for expedited relief from suspension of payments. The amendment revises the requirement on adoption of rules and requires rules to define "credible allegation of fraud" and to provide exception and appeal procedures as required by and in accordance with the requirements of federal law and regulations. The amendment narrows the definition of "overpayment" with respect to certain public assistance program benefits. The amendment provides that the provisions concerning credible allegations of fraud and MaineCare provider payment suspensions are repealed if Section 6402(h)(2) of the federal Patient Protection and Affordable Care Act of 2010 and 42 Code of Federal Regulations, Part 455 are invalidated by the United States Supreme Court.

**Senate Amendment "A" To Committee Amendment "A" (S-608)**

This amendment delays the funding for the positions provided in Committee Amendment "A" until January 1, 2013, and adjusts the appropriations and allocations section accordingly.

**Enacted Law Summary**

Public Law 2011, chapter 687 establishes successor liability for all health care providers in the MaineCare program; prohibits misuse of public benefits instruments; authorizes administrative recovery of improperly received municipal general assistance and MaineCare benefits; bans the use of electronic benefits transfer system benefits at liquor stores, gambling facilities and adult entertainment businesses; criminalizes the trafficking of electronic benefits by making the unauthorized transfer or possession of electronic benefits devices a Class D crime; conforms Maine law to federal requirements regarding suspension of payments to MaineCare providers upon determination of a credible allegation of fraud; and adds 8 Fraud Investigator and 2 Office Associate II positions to the Department of Health and Human Services, Office of Family Independence effective January 1, 2013.

**LD 1902      Resolve, Regarding Legislative Review of Chapter 30: Maine Uniform Accounting and Auditing Practices for Community Agencies, a Major Substantive Rule of the Department of Health and Human Services**

**RESOLVE 157  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM MAJ OTP MIN	H-914

This resolve provides for legislative review of Chapter 30: Maine Uniform Accounting and Auditing Practices for Community Agencies, a major substantive rule of the Department of Health and Human Services.

**Committee Amendment "A" (H-914)**

This amendment is the majority report of the committee. The amendment provides that the rule is approved only if it

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is amended to reflect that restricted revenue is income from organizations and individuals that require the funds to be used for a specific purpose within a program and unrestricted revenue is revenue from funding sources to a community agency that is not restricted for a particular purpose within a program by the donor. The rule must reflect that revenue that has been designated to a specific program, but not for a specific purpose, is considered unrestricted revenue.

**Enacted Law Summary**

Resolve 2011, chapter 157 approves the major substantive rule if it is amended to reflect that restricted revenue is income from organizations and individuals that require the funds to be used for a specific purpose within a program and unrestricted revenue is revenue from funding sources to a community agency that is not restricted for a particular purpose within a program by the donor. The rule must reflect that revenue that has been designated to a specific program, but not for a specific purpose, is considered unrestricted revenue.

Resolve 2011, chapter 157 was finally passed as an emergency measure effective April 18, 2012.

**LD 1909     An Act To Simplify the Certificate of Need Process and Lessen the Regulatory Burden on Providers**

**PUBLIC 648**

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

This bill is the report of the Joint Standing Committee on Health and Human Services pursuant to Public Law 2011, chapter 424. It amends the Maine Certificate of Need Act of 2002 as follows.

1. The bill modifies the definition of "person directly affected by a review" to conform to provisions that permit 5 persons in a health service area to request a hearing.
2. The bill standardizes and simplifies the process for submission of a department-approved annual report form on reserved beds. The report must be submitted on or before July 1st of each year. Annual reports may be submitted by an individual facility or on behalf of multiple facilities by a single filing by a department-approved membership organization. This change will eliminate the requirement that facilities submit multiple reports on multiple dates throughout the year on the anniversary date the facility established the bed as a reserved bed.
3. The bill requires divisions within the Department of Health and Human Services that are responsible for licensing and MaineCare reimbursement for nursing facilities and residential care facilities to work cooperatively to review and consider approving transfers between nursing facilities and residential care facilities on an expedited basis and to review and consider approving projects that expand nursing facility bed capacity on an expedited basis. This provision is included because residential care beds are managed by the Bureau of Elder and Adult Services and nursing facility beds are managed by the Division of Licensing and Regulatory Services.
4. The bill clarifies that projects may be reviewed on a competitive basis when the projects propose the same or similar services.
5. The bill permits contacts with the Commissioner of Health and Human Services or the department regarding certificate of need applications and letters of intent as long as these communications are made part of the record.
6. The bill exempts from the Bureau of Insurance actuarial analysis, in addition to nursing facility projects, any project that qualifies for simplified review. The bill removes reference to review cycles, consistent with Public Law 2011, chapter 424.

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7. The bill adds a second technical assistance meeting to the application process prior to the department's publication of its preliminary analysis to encourage dialogue regarding whether the application is likely to be approved so that the applicant will be given the opportunity to comment on the department's proposed findings before they are formally issued in the form of the preliminary analysis. The other technical assistance meeting in the certificate of need process occurs after submission of the letter of intent.

8. The bill makes the following changes to the certificate of need review process. The bill permits the commissioner to delegate certificate of need decisions to a designee for certain projects. It states that emergency nursing facility projects and other emergency projects are exceptions to the requirement for detailed findings. It provides a more streamlined process for simplified reviews. It clarifies which projects are subject to expanded review and which projects qualify for simplified reviews. It clarifies "fit, willing and able" and "economic feasibility" determinations for applicants whose prior services are consistent with pertinent licensing and certification standards. It modifies provisions requiring reliance on particular types of data, including data from the Maine Health Data Organization.

9. The bill clarifies the application of simplified review with respect to projects that are required for code compliance and for certain other needs. It broadens simplified review to cover a wider range of projects, including transfers of ownership of nursing facilities to existing in-state providers of nursing facility services. It clarifies that eligible capital expenditure projects include those that foster compliance or quality improvement. It gives the commissioner authority to identify other categories of projects that qualify for simplified review that are consistent with the purposes of the law and will foster timely review of qualifying projects.

10. The bill modifies the certificate of need application process, allowing the applicant to waive the technical assistance meeting after filing the letter of intent and requiring multiple project-specific application forms and other certificate of need forms to be made available on the department's website. It allows the department to require additional information if an application is contested by another provider or another person directly affected by a review or the department determines that a public hearing must be held. It requires the department to publish on the department's website, as well as in the newspaper, the public notice that the applicant has filed a certification that the application is complete. It specifies when a public informational meeting is required and includes processes for requesting a public hearing.

11. The bill enacts a new procedure for an applicant to request a suspension of the review process and permits suspensions of no less than 10 days and no greater than one 12-month period in duration.

12. The bill allows the department to adopt by rule reasonable fees for the administration of its duties.

13. The bill allows the commissioner to consult with persons with relevant skills and experience regarding the need to replace, renovate or upgrade health care facilities to meet current and future needs.

14. The bill permits any person directly affected by a review to request a public hearing, including health care facilities, providers or insurers. The public hearing must be requested within 15 days of the public informational meeting. If no public informational meeting is held, a public hearing must be requested within 15 days of publication of the notice of filing of the certificate of completion.

15. The bill modifies the time frames to provide that, to the extent practicable, a review must be completed and the commissioner must make a decision within 60 days after the application has been certified as complete by the applicant for a simplified review, or within 90 days for an expanded review.

16. The bill permits extension of review time to 120 days after an application is certified as complete in case of public necessity.

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17. The bill specifies that a certificate of need expires if the underlying project is not commenced within 24 months. Current law provides 12 months.
18. The bill eliminates the mandatory nature of 3 categories of reports and allows the department to seek reports on a project for up to 3 years following completion of the project.

### **Enacted Law Summary**

Public Law 2011, chapter 648 amends the Maine Certificate of Need Act of 2002 as follows.

1. The law modifies the definition of "person directly affected by a review" to conform to provisions that permit 5 persons in a health service area to request a hearing.
2. The law standardizes and simplifies the process for submission of a department-approved annual report form on reserved beds. The report must be submitted on or before July 1st of each year. Annual reports may be submitted by an individual facility or on behalf of multiple facilities by a single filing by a department-approved membership organization. This change will eliminate the requirement that facilities submit multiple reports on multiple dates throughout the year on the anniversary date the facility established the bed as a reserved bed.
3. The law requires divisions within the Department of Health and Human Services that are responsible for licensing and MaineCare reimbursement for nursing facilities and residential care facilities to work cooperatively to review and consider approving transfers between nursing facilities and residential care facilities on an expedited basis and to review and consider approving projects that expand nursing facility bed capacity on an expedited basis. This provision is included because residential care beds are managed by the Bureau of Elder and Adult Services and nursing facility beds are managed by the Division of Licensing and Regulatory Services.
4. The law clarifies that projects may be reviewed on a competitive basis when the projects propose the same or similar services.
5. The law permits contacts with the Commissioner of Health and Human Services or the department regarding certificate of need applications and letters of intent as long as these communications are made part of the record.
6. The law exempts from the Bureau of Insurance actuarial analysis, in addition to nursing facility projects, any project that qualifies for simplified review. The law removes reference to review cycles, consistent with Public Law 2011, chapter 424.
7. The law adds a second technical assistance meeting to the application process prior to the department's publication of its preliminary analysis to encourage dialogue regarding whether the application is likely to be approved so that the applicant will be given the opportunity to comment on the department's proposed findings before they are formally issued in the form of the preliminary analysis. The other technical assistance meeting in the certificate of need process occurs after submission of the letter of intent.
8. The law makes the following changes to the certificate of need review process. The law permits the commissioner to delegate certificate of need decisions to a designee for certain projects. It states that emergency nursing facility projects and other emergency projects are exceptions to the requirement for detailed findings. It provides a more streamlined process for simplified reviews. It clarifies which projects are subject to expanded review and which projects qualify for simplified reviews. It clarifies "fit, willing and able" and "economic feasibility" determinations for applicants whose prior services are consistent with pertinent licensing and certification standards. It modifies provisions requiring reliance on particular types of data, including data from the Maine Health Data Organization.

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9. The law clarifies the application of simplified review with respect to projects that are required for code compliance and for certain other needs. It broadens simplified review to cover a wider range of projects, including transfers of ownership of nursing facilities to existing in-state providers of nursing facility services. It clarifies that eligible capital expenditure projects include those that foster compliance or quality improvement. It gives the commissioner authority to identify other categories of projects that qualify for simplified review that are consistent with the purposes of the law and will foster timely review of qualifying projects.
10. The law modifies the certificate of need application process, allowing the applicant to waive the technical assistance meeting after filing the letter of intent and requiring multiple project-specific application forms and other certificate of need forms to be made available on the department's website. It allows the department to require additional information if an application is contested by another provider or another person directly affected by a review or the department determines that a public hearing must be held. It requires the department to publish on the department's website, as well as in the newspaper, the public notice that the applicant has filed a certification that the application is complete. It specifies when a public informational meeting is required and includes processes for requesting a public hearing.
11. The law enacts a new procedure for an applicant to request a suspension of the review process and permits suspensions of no less than 10 days and no greater than one 12-month period in duration.
12. The law allows the department to adopt by rule reasonable fees for the administration of its duties.
13. The law allows the commissioner to consult with persons with relevant skills and experience regarding the need to replace, renovate or upgrade health care facilities to meet current and future needs.
14. The law permits any person directly affected by a review to request a public hearing, including health care facilities, providers or insurers. The public hearing must be requested within 15 days of the public informational meeting. If no public informational meeting is held, a public hearing must be requested within 15 days of publication of the notice of filing of the certificate of completion.
15. The law modifies the time frames to provide that, to the extent practicable, a review must be completed and the commissioner must make a decision within 60 days after the application has been certified as complete by the applicant for a simplified review, or within 90 days for an expanded review.
16. The law permits extension of review time to 120 days after an application is certified as complete in case of public necessity.
17. The law specifies that a certificate of need expires if the underlying project is not commenced within 24 months. Current law provides 12 months.
18. The law eliminates the mandatory nature of 3 categories of reports and allows the department to seek reports on a project for up to 3 years following completion of the project.

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**LD 1914      Resolve, Regarding Legislative Review of Portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 32: Allowances for Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders, a Major Substantive Rule of the Department of Health and Human Services**

**RESOLVE 160  
EMERGENCY**

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

This resolve provides for legislative review of portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 32: Allowances for Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders, a major substantive rule of the Department of Health and Human Services.

**Enacted Law Summary**

Resolve 2011, chapter 160 approves portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 32: Allowances for Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders, a major substantive rule of the Department of Health and Human Services.

Resolve 2011, chapter 160 was finally passed as an emergency measure effective April 23, 2012.

**LD 1915      Resolve, Regarding Legislative Review of Portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 50, Principles of Reimbursement for Intermediate Care Facilities for the Mentally Retarded (ICF-MR) Services, a Major Substantive Rule of the Department of Health and Human Services**

**RESOLVE 161  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-955

This resolve provides for legislative review of portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 50, Principles of Reimbursement for Intermediate Care Facilities for the Mentally Retarded (ICF-MR) Services, a major substantive rule of the Department of Health and Human Services.

**Committee Amendment "A" (H-955)**

This amendment approves the major substantive rule as provisionally adopted if the rule is amended to bring the distribution of funding from the increase in tax from 5.5% to 6% into conformance with the funding requirements of the Maine Revised Statutes, Title 36, section 2873, subsection 4, paragraph B and to bring the language of the rule into conformance with Public Law 2011, chapter 542.

**Enacted Law Summary**

Resolve 2011, chapter 161 approves the major substantive rule as provisionally adopted if the rule is amended to bring the distribution of funding from the increase in tax from 5.5% to 6% into conformance with the funding requirements of the Maine Revised Statutes, Title 36, section 2873, subsection 4, paragraph B and to bring the language of the rule into conformance with Public Law 2011, chapter 542.

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Resolve 2011, chapter 161 was finally passed as an emergency measure effective April 23, 2012.

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**SUBJECT INDEX**

*Aging and Long-term Care*

Not Enacted

LD 1700      **An Act To Provide an Alternative Method of Calculating  
Minimum Staffing Levels in Nursing Homes**      **ONTP**

*Certificate of Need*

Enacted

LD 1848      **An Act To Expand the Notification Requirements of the Maine  
Certificate of Need Act of 2002**      **PUBLIC 636**

LD 1909      **An Act To Simplify the Certificate of Need Process and Lessen  
the Regulatory Burden on Providers**      **PUBLIC 648**

*Children's Services*

Enacted

LD 1705      **Resolve, To Create the Task Force on the Prevention of Sexual  
Abuse of Children**      **RESOLVE 162  
EMERGENCY**

*Departmental Organization and Administration*

Enacted

LD 1625      **An Act To Amend the Organization of the Quality Assurance  
Review Committee**      **PUBLIC 495**

LD 1627      **An Act Regarding the Filing of Birth, Death and Marriage Data**      **PUBLIC 511**

LD 1628      **An Act To Limit Payment for Care and Treatment of Residents  
of State Institutions**      **PUBLIC 674**

LD 1902      **Resolve, Regarding Legislative Review of Chapter 30: Maine  
Uniform Accounting and Auditing Practices for Community  
Agencies, a Major Substantive Rule of the Department of Health  
and Human Services**      **RESOLVE 157  
EMERGENCY**

Not Enacted

LD 1887      **An Act To Restructure the Department of Health and Human  
Services**      **DIED ON  
ADJOURNMENT**

*Developmental Disabilities*

Enacted

LD 1845      **An Act To Implement the Recommendations of the Department of Health and Human Services and the Maine Developmental Disabilities Council Regarding Respectful Language**      **PUBLIC 542  
EMERGENCY**

Not Enacted

LD 1115      **An Act To Clarify the Responsibilities of the Maine Developmental Services Oversight and Advisory Board**      **ONTP**

*Health*

Enacted

LD 1884      **An Act To Revise the Laws Regarding the Fund for a Healthy Maine**      **PUBLIC 701**

*Health Care*

Enacted

LD 806      **An Act To Increase Access to Information Regarding Health Care Facility and Practitioner Payments**      **PUBLIC 525**

LD 1624      **An Act To Lessen the Regulatory Burden on Medical Laboratories by Removing Outdated Requirements from the Maine Medical Laboratory Act**      **PUBLIC 531**

LD 1886      **Resolve, Directing Review of Strategies To Improve Communication between Patients and Physicians**      **RESOLVE 159**

*Health Information and Data*

Enacted

LD 1743      **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 124  
EMERGENCY**

LD 1813      **An Act To Amend the Laws Governing Confidentiality of Health Care Information**      **PUBLIC 572  
EMERGENCY**

LD 1818      **Resolve, To Extend the Reporting Deadline of the Working Group on an All-payor Claims Database System**      **RESOLVE 121**

*Licensing*

Enacted

LD 1851      **An Act To Amend the Laws Concerning Municipal Inspections of Establishments**      **PUBLIC 589**

*Medicaid/MaineCare*

Enacted

LD 1629      **An Act To Allow for a Contingency Fee Agreement with a MaineCare Program Integrity Recovery Audit Contractor**      **PUBLIC 593  
EMERGENCY**

LD 1694	Resolve, Directing the Department of Health and Human Services To Review Rules Governing Reimbursement to MaineCare Recipients for Transportation to and from MaineCare Services	RESOLVE 142
LD 1888	An Act To Strengthen the State's Ability To Investigate and Prosecute Misuse of Public Benefits	PUBLIC 687
LD 1914	Resolve, Regarding Legislative Review of Portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 32: Allowances for Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders, a Major Substantive Rule of the Department of Health and Human Services	RESOLVE 160 EMERGENCY
LD 1915	Resolve, Regarding Legislative Review of Portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 50, Principles of Reimbursement for Intermediate Care Facilities for the Mentally Retarded (ICF-MR) Services, a Major Substantive Rule of the Department of Health and Human Services	RESOLVE 161 EMERGENCY

Not Enacted

LD 646	An Act To Ensure the Safety of Children in the MaineCare Program Who Are Prescribed Antipsychotic Medications	ONTP
LD 1114	An Act To Improve Preventive Dental Health Care and Reduce Future Avoidable Costs	MAJORITY (ONTP) REPORT
LD 1692	An Act To Provide Reimbursement for MaineCare Services Provided by Qualified, Unlicensed Professionals Who Are Supervised by Licensed Health Professionals	INDEF PP
LD 1811	Resolve, Directing the Department of Health and Human Services To Review Reimbursement for Prescription Drugs under the MaineCare Program	ONTP
LD 1840	An Act To Limit MaineCare Reimbursement for Methadone Treatment	DIED ON ADJOURNMENT

*Mental Health*

Enacted

LD 897	An Act To Amend the Application Process for the Progressive Treatment Program	PUBLIC 492
LD 1688	An Act To Clarify the Status of Patients Held under Involuntary Commitment Applications	PUBLIC 541

*Oral Health/Dental Care*

Not Enacted

LD 936	An Act To Conform Maine Menu Labeling Laws to Federal Standards	ONTP
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*Prescription Drugs*

**Enacted**

LD 1679	<b>An Act To Conform Maine's Prescription Drug Privacy Laws with the United States Constitution</b>	<b>PUBLIC 494</b>
LD 1714	<b>An Act To Restrict Further the Amount of Methamphetamine Precursors That May Be Bought or Sold</b>	<b>PUBLIC 584</b>

**Not Enacted**

LD 612	<b>An Act To Provide Reimbursement for Medication Therapy Management Services</b>	<b>ONTP</b>
LD 1364	<b>An Act To Improve the Quality and Reduce the Cost of Health Care</b>	<b>ONTP</b>
LD 1829	<b>An Act To Require Photographic Identification for Prescriptions for Certain Controlled Substances</b>	<b>ONTP</b>

***Public Assistance***

**Enacted**

LD 1626	<b>An Act To Clarify the Authority of the Department of Health and Human Services To Impose Administrative Sanctions upon Vendors, Providers and Participants in the Women, Infants and Children Special Supplemental Food Program</b>	<b>PUBLIC 512</b>
LD 1812	<b>Resolve, Directing the Department of Health and Human Services To Submit an Application for a Waiver from the United States Department of Agriculture</b>	<b>RESOLVE 155</b>

**Not Enacted**

LD 1862	<b>An Act To Limit Eligibility under the Municipal General Assistance Program</b>	<b>ONTP</b>
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***Public Health***

**Enacted**

LD 1823	<b>An Act To Amend the Maine Wild Mushroom Harvesting Certification Program</b>	<b>PUBLIC 587</b>
LD 1855	<b>An Act Regarding the Fund for a Healthy Maine's Prevention, Education and Treatment Activities Concerning Unhealthy Weight and Obesity</b>	<b>PUBLIC 617</b>

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