

STATE OF MAINE
126TH LEGISLATURE
SECOND REGULAR SESSION



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

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

May 2014

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STATE OF MAINE
126TH LEGISLATURE
SECOND REGULAR SESSION
LEGISLATIVE DIGEST OF BILL SUMMARIES AND
ENACTED LAWS

The *Digest* is arranged within each committee by Legislative Document (LD) number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each LD title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee.

Final action on each LD is noted to the right of the LD title. The following describes the various final actions.

CARRIED OVER.....carried over to a subsequent session of the Legislature
CON RES XXX chapter # of constitutional resolution passed by both houses
CONF CMTE UNABLE TO AGREE..... Committee of Conference unable to agree; legislation died
DIED BETWEEN HOUSESHouse & Senate disagreed; legislation died
DIED IN CONCURRENCE defeated in each house, but on different motions; legislation died
DIED ON ADJOURNMENT action incomplete when session ended; legislation died
EMERGENCYenacted law takes effect sooner than 90 days after session adjournment
FAILED, EMERGENCY ENACTMENT or FINAL PASSAGE.....emergency failed to receive required 2/3 vote
FAILED, ENACTMENT or FINAL PASSAGE..... failed to receive final majority vote
FAILED, MANDATE ENACTMENT.....legislation proposing local mandate failed required 2/3 vote
HELD BY GOVERNOR..... Governor has not signed; final disposition to be determined at subsequent session
LEAVE TO WITHDRAW.....sponsor's request to withdraw legislation granted
NOT PROPERLY BEFORE THE BODY.....ruled out of order by the presiding officer; legislation died
INDEF PP..... indefinitely postponed; legislation died
ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X... ought-not-to-pass report accepted; legislation died
P&S XXX..... chapter # of enacted private & special law
PUBLIC XXX chapter # of enacted public Law
RESOLVE XXX chapter # of finally passed resolve
VETO SUSTAINED.....Legislature failed to override Governor's veto

The effective date for non-emergency legislation enacted in the Second Regular Session of the 126th Legislature is August 1, 2014. The effective date for legislation enacted as an emergency measure may be found in the enacted law summary for that legislation.

Joint Standing Committee on Health and Human Services

**LD 20 Resolve, Directing the Department of Health and Human Services To
Review the Need for and the Costs of Services That Enable Populations
Who Are Elderly or Have Disabilities To Live Independently**

RESOLVE 79

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN GATTINE	OTP	S-331 HILL

This bill was carried over from the First Regular Session of the 126th Legislature.

This bill provides additional General Fund appropriations of \$1,500,000 in each of fiscal years 2013-14 and 2014-15 for the Department of Health and Human Services to fully fund the independent support services program, also known as the homemaker services program. This appropriation is intended to eliminate the waiting list for the independent support services program.

Senate Amendment "A" (S-331)

This amendment replaces the bill with a resolve and directs the Department of Health and Human Services to begin by December 1, 2013 reviewing and analyzing the need for services for instrumental activities of daily living among Maine's populations who are elderly or who have disabilities, the costs of providing services, the potential for savings and projections of need. This amendment directs the Department of Health and Human Services based on its review of costs and potential savings to submit by January 1, 2014 an inquiry to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services regarding the feasibility of obtaining a Medicaid waiver or a state plan amendment to enable the State to provide coverage for instrumental activities of daily living under the MaineCare program. If in response to the inquiry the Centers for Medicare and Medicaid Services indicates that it is feasible to obtain a Medicaid waiver or state plan amendment to enable the State to provide coverage for instrumental activities of daily living, the Department of Health and Human Services must apply for the necessary waiver or submit the state plan amendment by July 1, 2014.

Enacted Law Summary

Resolve 2013, chapter 79 directs the Department of Health and Human Services to begin by December 1, 2013 reviewing and analyzing the need for services for instrumental activities of daily living among Maine's populations who are elderly or who have disabilities, the costs of providing services, the potential for savings and projections of need. The resolve directs the Department of Health and Human Services based on its review of costs and potential savings to submit by January 1, 2014 an inquiry to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services regarding the feasibility of obtaining a Medicaid waiver or a state plan amendment to enable the State to provide coverage for instrumental activities of daily living under the MaineCare program. If in response to the inquiry the Centers for Medicare and Medicaid Services indicates that it is feasible to obtain a Medicaid waiver or state plan amendment to enable the State to provide coverage for instrumental activities of daily living, the Department of Health and Human Services must apply for the necessary waiver or submit the state plan amendment by July 1, 2014.

**LD 386 An Act To Reduce Tobacco-related Illness and Lower Health Care Costs
in MaineCare**

PUBLIC 444

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN LANGLEY	OTP-AM	H-247 S-337 HILL

Joint Standing Committee on Health and Human Services

This bill was enacted by the Legislature during the First Regular Session of the 126th Legislature and was held by the Governor; final disposition occurred at the beginning of the Second Regular Session.

This bill requires the provision of tobacco cessation treatment for MaineCare members who are 18 years of age or older or are pregnant. It provides for comprehensive evidence-based coverage in accordance with the United States Preventive Services Task Force and the United States Public Health Service clinical practice guideline on treating tobacco use and dependence. The bill requires coverage without copayments or other cost sharing and directs the Department of Health and Human Services to pursue opportunities for federal reimbursement of the cost of coverage.

Committee Amendment "A" (H-247)

This amendment adds an appropriations and allocations section to the bill.

Senate Amendment "A" To Committee Amendment "A" (S-337)

This amendment removes the emergency preamble and emergency clause and reduces the funding to reflect funding provided in Public Law 2013, chapter 368, the biennial budget.

Enacted Law Summary

Public Law 2013, chapter 444 requires the Department of Health and Human Services through the MaineCare program to provide tobacco cessation treatment for MaineCare members who are 18 years of age or older or are pregnant. It provides for comprehensive evidence-based coverage in accordance with the United States Preventive Services Task Force and the United States Public Health Service clinical practice guideline on treating tobacco use and dependence. The law requires coverage without copayments or other cost sharing and directs the Department of Health and Human Services to pursue opportunities for federal reimbursement of the cost of coverage.

**LD 535 An Act To Promote Greater Flexibility in the Provision of Long-term ONTP
Care Services**

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

This bill was carried over from the First Regular Session of the 126th Legislature.

Current law precludes facilities licensed pursuant to the Maine Revised Statutes, Title 22, chapter 405 from providing certain services under one license to residents living in a facility under a lower level license on the same campus. The purpose of this bill is to allow facilities licensed under Title 22, chapter 405 to provide a continuum of care and services to clients residing in those facilities without requiring the clients to leave the facility, without requiring the creation of a licensed home health agency and without having to seek approval of area licensed home health agencies.

**LD 968 An Act To Provide Needed Psychiatric Hospitalization for Persons with ONTP
Mental Illness**

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

This bill was carried over from the First Regular Session of the 126th Legislature.

Joint Standing Committee on Health and Human Services

This bill requires the Commissioner of Health and Human Services to make psychiatric hospitalization available to a person with mental illness who is experiencing a psychiatric crisis and who has been determined by a health care practitioner to be in need of hospitalization.

**LD 1031 Resolve, Directing the Department of Health and Human Services To
Review the Use of Restraint and Seclusion at Mental Health Institutes**

RESOLVE 91

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIROCKI	OTP-AM	H-610

This bill was carried over from the First Regular Session of the 126th Legislature.

This bill requires the Commissioner of Health and Human Services to establish a procedure for reviewing the use of restraint and seclusion for children receiving services in a hospital or children's home, including a mandatory review process for the repeated use of restraint or seclusion. It also adds a physician, other than the attending physician, to the review team that reviews behavior modification and behavior management programs for children under 18 years of age.

Committee Amendment "A" (H-610)

This amendment replaces the bill with a resolve. It directs the Commissioner of Health and Human Services to review the use of restraint and seclusion in state mental health institutes and nonstate mental health institutions. The commissioner is required to report the findings and recommendations of the review to the Joint Standing Committee on Health and Human Services no later than November 1, 2014. The commissioner is also required to invite members of the disability rights advocacy community to discuss the findings of the report and possible policy changes no later than November 15, 2014.

Enacted Law Summary

Resolve 2013, chapter 91 directs the Commissioner of Health and Human Services to review the use of restraint and seclusion in state mental health institutes and nonstate mental health institutions. The commissioner is required to report the findings and recommendations of the review to the Joint Standing Committee on Health and Human Services no later than November 1, 2014. The commissioner is also required to invite members of the disability rights advocacy community to discuss the findings of the report and possible policy changes no later than November 15, 2014.

**LD 1047 Resolve, To Provide a Better Transition for Foster Children to
Independent Adulthood**

ONTP

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

This resolve was carried over from the First Regular Session of the 126th Legislature.

This resolve directs the Commissioner of Health and Human Services to review and analyze services for persons in foster care making the transition to independent adulthood, including services provided under a voluntary extended support agreement, also known as a V9 agreement. The commissioner is required to submit a report containing the results of the review and analysis to the Joint Standing Committee on Health and Human Services by January 15, 2014, and the committee is authorized to submit a bill regarding the report to the Second Regular Session of the 126th Legislature.

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LD 1213 An Act To Reduce Costs and Increase Access to Methadone Treatment

**Accepted Majority
(ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LOCKMAN CUSHING	ONTP OTP-AM	

This bill was carried over from the First Regular Session of the 126th Legislature.

This bill proposes to decrease costs of and increase access to substance abuse treatment services by requiring the Department of Health and Human Services to increase the number of federally qualified health centers that provide methadone treatment services, to require enrollment at the clinic closest to the person's home and to work to facilitate access to services and distribution of services across the State. The bill requires the department to amend the methadone clinic rules to eliminate the requirement that the centers be open for administration of methadone treatment on Sundays. The bill designates the rules as routine technical rules. The department is required to work with stakeholders to address current rules and policies that act as barriers to achieve the intent of this legislation.

LD 1247 An Act To Expand Coverage of Family Planning Services

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PRINGLE	OTP-AM ONTP	H-655

This bill was carried over from the First Regular Session of the 126th Legislature.

This bill expands Medicaid coverage for family planning services to adults and adolescents who have incomes less than or equal to 200 percent of the nonfarm income official poverty line as defined by the federal Office of Management and Budget.

Committee Amendment "A" (H-655)

This amendment, which is the majority report of the committee, changes the date for implementation of a Medicaid state plan amendment that provides family planning services from October 1, 2013 to October 1, 2014.

LD 1274 An Act To Sustain Emergency Medical Services throughout the State

PUBLIC 441

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TUTTLE FARNSWORTH	OTP-AM	S-218 S-357 HILL

This bill was enacted by the Legislature during the First Regular Session of the 126th Legislature and was held by the Governor; final disposition occurred at the beginning of the Second Regular Session.

This bill increases MaineCare reimbursement rates for ambulance services to Medicare reimbursement rate levels and provides an appropriation and allocation for the increased costs to the MaineCare program.

Committee Amendment "A" (S-218)

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This amendment changes the reimbursement rate for ambulance services from not less than the average allowable reimbursement rate under Medicare to not less than 65 percent of the average allowable reimbursement rate under Medicare. The amendment also replaces the appropriations and allocations section of the bill.

Senate Amendment "A" To Committee Amendment "A" (S-357)

This amendment delays until March 1, 2015 increasing MaineCare reimbursement for ambulance services to 65 percent of the average allowable Medicare rate.

Enacted Law Summary

Public Law 2013, chapter 441 increases MaineCare reimbursement rates for ambulance services beginning March 1, 2015 from the current rate of not less than the average allowable reimbursement rate under Medicare to a new rate of not less than 65 percent of the average allowable reimbursement rate under Medicare.

LD 1449 An Act To Amend the Composition and Duties of the Maine Children's Growth Council Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ALFOND FARNSWORTH	OTP-AM ONTP	S-401

This bill was carried over from the First Regular Session of the 126th Legislature.

This bill amends the composition and duties of the Maine Children's Growth Council by:

1. Requiring the Governor, President of the Senate and Speaker of the House of Representatives, when making appointments to the council, to ensure that appointees represent a diversity of interests including early learning coalitions, public health and safety networks, organizations that prevent and address child abuse and neglect and philanthropic organizations;
2. Increasing the number of members who represent statewide associations of business and industry to two;
3. Adding the commissioner, or the commissioner's designee, of the Department of Corrections, the Department of Economic and Community Development, the Department of Labor and the Department of Public Safety and the Superintendent of Insurance, or the superintendent's designee, as members;
4. Adding three more employees from the Department of Health and Human Services or the Department of Education;
5. Staggering the terms of appointed members;
6. Requiring the Governor, when appointing the chairs of the council, to consider the recommendations of the council;
7. Specifying that certain public members not otherwise compensated are entitled to receive mileage and a per diem;
8. Specifying that staff members of the council are authorized to undertake certain actions, such as entering into contracts and providing funding;
9. Repealing the current law that requires the council to develop a long-term plan for investment in the healthy development of young children and replacing it with the requirement to develop a long-term plan in accordance with

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specific requirements, including:

- A. Requirements for the council to consult with specified state agencies and local governments when developing the long-term plan; and

- B. Strategies and timelines that provide for the coordination of resources and services across state government and the elimination of duplicate programs and services to reflect the diversity of and uniqueness of young children and their families and to maximize federal funding; and

10. Requiring the long-term plan to be developed within 12 months of the effective date of this bill.

Committee Amendment "A" (S-401)

This amendment is the majority report of the committee. This amendment deletes any proposed duties of the Maine Children's Growth Council to implement and ensure implementation of the long-term plan. The amendment changes the required qualifications for state agency representatives who are appointed to the council by requiring a representative to be knowledgeable about the healthy development of the State's young children and their families and the work of the council. The amendment adds to the Maine Children's Growth Council a representative of the federally recognized Indian tribes in the State. The representative of the Indian tribes must be chosen by the tribe whose turn it is in rotation to serve on the council, nominated to the Governor and appointed by the Governor. The amendment corrects the designation of a council member from the director of the Head Start collaboration project within the Department of Health and Human Services, Office of Child Care and Head Start to the director of the Head Start collaborative office within the Department of Health and Human Services and provides for a designee of the director to serve on the council. The amendment substitutes the Commissioner of Health and Human Services for the Commissioner of Public Safety in the membership of the council. The amendment makes the state agency commissioners and representatives nonvoting members of the council. The amendment removes reimbursement and compensation for public members of the council.

LD 1487 An Act To Provide Fiscal Predictability to the MaineCare Program and Health Security to Maine People Veto Sustained

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

This bill was carried over from the First Regular Session of the 126th Legislature.

This bill establishes managed care in the MaineCare program. The bill includes requirements for managed care plans and for contracting by the Department of Health and Human Services for managed care services. The bill specifies how MaineCare members enroll in managed care plans. The bill requires the Department of Health and Human Services to apply for approval of a Medicaid state plan amendment to allow use of MaineCare funds to purchase available employer-sponsored health coverage and delays implementation of that provision until approval has been granted.

Committee Amendment "B" (S-419)

This amendment, which is the majority report of the committee, replaces the bill. The amendment contains the following provisions.

Part A establishes managed care in the MaineCare program. It includes requirements for managed care plans and for contracting by the Department of Health and Human Services for managed care services. It specifies how MaineCare members enroll in managed care plans, provides opportunities for disenrollment, provides for capitated payments to managed care plans, establishes a minimum loss ratio for managed care plans, provides a choice of plans and a choice counseling system that ensures the consumer has access to accurate information, establishes an

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ombudsman funded by the managed care plans to identify and report on systemic issues and to assist MaineCare members and providers with grievances and appeals, sets the minimum benefit package and authorizes major substantive rulemaking by the department. It establishes a managed care stakeholder group on capitated managed care in the MaineCare program to design and plan for implementation and make recommendations for implementation of managed care to the department. It requires the department to issue a request for information to determine whether there is sufficient interest among managed care companies to provide managed care as set forth in the law and in a manner that is consistent with and compatible with the goals and structure of the value-based purchasing initiatives being undertaken by the department, including but not limited to health homes, patient-centered medical homes, accountable communities, peer support organizations and other issues that are identified in the responsibilities of the stakeholder group. It requires the department to report by March 1, 2015 to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the status of implementation of managed care pursuant to the Maine Revised Statutes, Title 22, section 3174-WW, each of the areas addressed by the managed care stakeholder group, the specific recommendations of the stakeholder group and the department's value-based purchasing initiative, including accountable care. The report must also include actual and projected cost savings and the structure of the managed care program. Beginning April 1, 2015, the department is required to provide a report every month to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the implementation of managed care. It imposes a schedule of required rulemaking to ensure prompt implementation of managed care. It requires the department to apply to the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services for approval of a state plan amendment under the United States Social Security Act, Section 1932(a) to implement the provisions of this amendment and to apply for all necessary waivers. It provides a contingent effective date that requires notification from the department to the Revisor of Statutes that all necessary approvals have been granted.

Part B expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133 percent of the nonfarm income official poverty line, with the 5 percent federal income adjustment for family size, and qualifies Maine to receive federal funding for 100 percent of the cost of coverage for members who enroll under the expansion. Adults eligible are those 21 to 64 years of age, effective July 1, 2014, and, if the expansion of MaineCare coverage is not repealed, adults 19 and 20 years of age, beginning October 1, 2019. The expansion of Medicaid eligibility contained in this Part is repealed the earlier of either December 31, 2016 or three circumstances occurring: the enhanced Federal Medical Assistance Percentage for calendar years 2014 to 2016 is reduced below certain stated levels; the reduced enhanced Federal Medical Assistance Percentage has taken effect; and after the occurrence of the reduction of the enhanced Federal Medical Assistance Percentage the Legislature has convened and conducted a session of at least 30 calendar days.

Part C requires the Office of Fiscal and Program Review to contract with a nonpartisan research organization to evaluate the financial feasibility of providing health care coverage to newly eligible MaineCare members through the health insurance marketplace, modeled after Medicaid expansion coverage in Arkansas or Iowa, and the feasibility of establishing a state basic health program similar to Washington's basic health plan and to report the findings of the evaluation to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 15, 2015. It directs the Office of Fiscal and Program Review to contract for an examination of the impact of the MaineCare expansion on programs and services that do not currently receive Federal Medical Assistance Percentage matching funds or do not qualify for enhanced Federal Medical Assistance Percentage matching funds under the federal Patient Protection and Affordable Care Act, 42 United States Code, Section 18001 et seq., with the goal of identifying and maximizing General Fund savings. It requires that the research organization report by February 15, 2015 and February 15, 2016 to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on the amount of General Fund savings resulting from the MaineCare expansion. The reports must include the amount of savings expected and realized during fiscal years 2014-15 and 2015-16 by service area or program. It requires the State Budget Officer to calculate the amount of savings that applies against each General Fund account for all departments and agencies from savings associated with the MaineCare expansion and to transfer the amounts by financial order upon the

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approval of the Governor. It requires the State Controller to transfer any remaining savings to the MaineCare Stabilization Fund. It requires the State Budget Officer to provide a report of the transferred amounts to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs no later than April 30, 2015 for fiscal year 2014-15 and to submit adjustments to baseline budget requests totaling no less than \$11,800,000 per year to reflect the continuation of the identified savings in the 2016-2017 biennium.

Part D provides funding for positions in the Department of Health and Human Services, Office of Family Independence - District program.

Part E requires the department, when enrolling a MaineCare member who is eligible under Title 22, section 3174-G, subsection 1, paragraph H or I, to provide written notice that is readable at the 6th-grade reading level to the member of the requirement to sign up as a patient with a primary care provider promptly after enrolling in the MaineCare program and that the member's MaineCare coverage will end no later than December 31, 2016 unless a law is passed to extend coverage past that date.

Part F establishes the Task Force to Create Opportunities for Stable Employment for MaineCare Members. The task force is directed to meet up to four times in order to identify any policies in MaineCare that penalize or create a disincentive for members' increasing hours of employment or earnings, to make recommendations to eliminate barriers to and to propose new policies that support and promote stable and lasting employment, to examine rules related to MaineCare transitional assistance and any opportunities to further reduce the adverse effects on working families that lose eligibility for MaineCare and to consider solutions that provide continuity of care and minimize persons' moving on and off the MaineCare program. The task force is directed to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by December 8, 2014.

Part G directs the department to implement reforms specified in Public Law 2013, chapter 368, Part SS, section 4, to carry out the directives and implement the initiatives contained in Resolve 2013, chapter 24 and Public Law 2013, chapter 368, Part NN and Part SS, section 1 and to consider five reforms. This Part requires that savings resulting from accomplishing the required reforms in programs for adults with intellectual disabilities and autism be used to serve persons on the waiting lists for benefits under the MaineCare Benefits Manual, Chapter 101, Chapter II, Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder and Section 29, Support Services for Adults with Intellectual Disabilities or Autistic Disorder. This Part directs the department to develop a plan with clear steps and a timeline to ensure that waiting lists for services under Sections 21 and 29 do not exceed six months by January 15, 2015, and to present the plan to the Legislature by October 1, 2014. This Part authorizes the department to adopt emergency rules to accomplish the duties contained in law.

Part H directs the Department of the Attorney General to undertake an initiative to strengthen fraud investigation in the MaineCare program. The Department of the Attorney General is directed to establish two new positions within the Health Care Crimes Unit to investigate allegations of misuse of public funds in the MaineCare program and to aid the Attorney General in the prosecution of crimes and other legal actions related to misuse of public funds.

LD 1552 Resolve, To Provide for an Analysis of MaineCare Rates for Facility-based Preschool Services for Children with Disabilities and a Report on the Analysis Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH ALFOND	OTP-AM ONTP	H-668

This bill was carried over from the First Regular Session of the 126th Legislature.

This resolve requires the Department of Health and Human Services to initiate a rate-setting procedure for coverage

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under the MaineCare program of in-home and classroom-related preschool services for children with disabilities under the rules of the MaineCare program in Chapter 101, Chapter II, Section 28.

Committee Amendment "A" (H-668)

This amendment is the majority report of the committee. This amendment directs the Department of Health and Human Services, after consultation with providers of facility-based preschool services for children with disabilities, to perform an analysis of MaineCare rates for the services, including a review of rates over the past 20 years, details on the services provided, the needs of the children served and the costs of providing the services. The amendment directs the department to consider possible cost-savings initiatives, federal and state requirements for serving children with disabilities and improvements to services that may result from encouraging services at the appropriate level. The amendment directs the department to report the results of the analysis and any recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2015.

LD 1578 An Act To Increase Health Security by Expanding Federally Funded Health Care for Maine People

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES JACKSON T	OTP-AM ONTP	H-704 H-849 EVES

This bill accomplishes the following.

Part A expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size, and qualifies Maine to receive federal funding for 100% of the cost of coverage for members who enroll under the expansion. Adults who will be eligible are those 21 to 64 years of age effective July 1, 2014 and adults 19 and 20 years of age beginning October 1, 2019. The expansion of Medicaid eligibility contained in this Part is repealed if three circumstances occur: the enhanced Federal Medical Assistance Percentage for calendar years 2014 through 2020 is reduced below certain stated levels; the reduced enhanced Federal Medical Assistance Percentage has taken effect; and after the occurrence of the reduction of the enhanced Federal Medical Assistance Percentage the Legislature has convened and conducted a session of at least 30 calendar days. This bill repeals the expansion of medical coverage under the MaineCare program on December 31, 2016.

Part B requires the Commissioner of Health and Human Services to take all steps necessary to secure an enhanced federal match rate for services provided to the MaineCare childless adult waiver population and to report to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services by November 1, 2014 on these efforts.

Part C requires the Office of Fiscal and Program Review to contract with a nonpartisan research organization to evaluate the impact of the MaineCare expansion on programs and services that do not currently receive Federal Medical Assistance Percentage matching funds or do not qualify for enhanced Federal Medical Assistance Percentage matching funds under the federal Patient Protection and Affordable Care Act, 42 United States Code, Section 18001, et seq., with the goal of identifying and maximizing General Fund savings. Part C requires a report by October 1st in 2014 and 2015 and February 15, 2016 to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on the amount of General Fund savings resulting from the MaineCare expansion. The report must include the amount of savings expected and realized during fiscal years 2014-15 and 2015-2016 by service area or program. Part C requires the State Budget Officer to calculate the amount of savings that applies against each General Fund account for all departments and agencies from savings

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associated with the MaineCare expansion and to transfer the amounts by financial order upon the approval of the Governor. It requires the State Controller to transfer any remaining savings to the MaineCare Stabilization Fund. Part C requires the State Budget Officer to provide a report of the transferred amounts to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs no later than June 30, 2015 for fiscal year 2014-15 and no later than June 30, 2016 for fiscal year 2015-16.

Part D provides funding for positions in the Department of Health and Human Services, Office of Family Independence.

Part E amends current law on copayments in the MaineCare program. This bill directs the Department of Health and Human Services to increase copayments for adults with income above 100% of the nonfarm income official poverty line to the maximum allowable under federal law and to increase nominal copayments by the annual percentage increase in the medical care component of the Consumer Price Index for All Urban Consumers. It directs the department to increase MaineCare copayments for services provided in a hospital emergency room when the services are not emergency services and requires the department to track aggregate copayments in compliance with federal law. Part E provides that until the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services confirms that the State will get the enhanced reimbursement rate, the expansion of medical coverage under the MaineCare program will not take effect.

Committee Amendment "A" (H-704)

This amendment, which is the majority report of the committee, replaces the bill. The amendment contains the following provisions.

Part A expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size, and qualifies Maine to receive federal funding for 100% of the cost of coverage for members who enroll under the expansion. Adults eligible are those 21 to 64 years of age, effective July 1, 2014, and, if the expansion of MaineCare coverage is not repealed, adults 19 and 20 years of age, beginning October 1, 2019. The expansion of Medicaid eligibility contained in this Part is repealed the earlier of either December 31, 2016 or three circumstances occurring: the enhanced Federal Medical Assistance Percentage for calendar years 2014 to 2016 is reduced below certain stated levels; the reduced enhanced Federal Medical Assistance Percentage has taken effect; and after the occurrence of the reduction of the enhanced Federal Medical Assistance Percentage the Legislature has convened and conducted a session of at least 30 calendar days.

Part B requires the Office of Fiscal and Program Review to contract with a nonpartisan research organization to evaluate the financial feasibility of providing health care coverage to newly eligible MaineCare members through the health insurance marketplace, modeled after Medicaid expansion coverage in Arkansas or Iowa, and the feasibility of establishing a state basic health program similar to Washington's basic health plan and to report the findings of the evaluation to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 15, 2015. It directs the Office of Fiscal and Program Review to contract for an examination of the impact of the MaineCare expansion on programs and services that do not currently receive Federal Medical Assistance Percentage matching funds or do not qualify for enhanced Federal Medical Assistance Percentage matching funds under the federal Patient Protection and Affordable Care Act, 42 United States Code, Section 18001 et seq., with the goal of identifying and maximizing General Fund savings. It requires that the research organization report by February 15, 2015 and February 15, 2016 to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters, and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on the amount of General Fund savings resulting from the MaineCare expansion. The reports must include the amount of savings expected and realized during fiscal years 2014-15 and 2015-16 by service area or program. It requires the State Budget Officer to calculate the amount of savings that applies against each General Fund account for all departments and agencies from savings associated with the MaineCare expansion and to transfer the amounts by financial order upon the

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approval of the Governor. It requires the State Controller to transfer any remaining savings to the MaineCare Stabilization Fund. It requires the State Budget Officer to provide a report of the transferred amounts to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs no later than April 30, 2015 for fiscal year 2014-15 and to submit adjustments to baseline budget requests totaling no less than \$11,800,000 per year to reflect the continuation of the identified savings in the 2016-2017 biennium.

Part C provides funding for positions in the Department of Health and Human Services, Office of Family Independence - District program.

Part D requires the department, when enrolling a MaineCare member who is eligible under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H or I, to provide written notice that is readable at the 6th-grade reading level to the member that the member's MaineCare coverage will end no later than December 31, 2016 unless a law is passed to extend coverage past that date.

Part E directs the department to implement reforms specified in Public Law 2013, chapter 368, Part SS, section 4, to carry out the directives and implement the initiatives contained in Resolve 2013, chapter 24 and Public Law 2013, chapter 368, Part NN and Part SS, section 1 and to consider five reforms. This Part requires that savings resulting from accomplishing the required reforms in programs for adults with intellectual disabilities and autism be used to serve persons on the waiting lists for benefits under the MaineCare Benefits Manual, Chapter 101, Chapter II, Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder and Section 29, Support Services for Adults with Intellectual Disabilities or Autistic Disorder. This Part directs the department to develop a plan with clear steps and a timeline to ensure that waiting lists for services under Sections 21 and 29 do not exceed six months by January 15, 2015, and to present the plan to the Legislature by October 1, 2014. This Part authorizes the department to adopt emergency rules to accomplish the duties contained in law.

Part F directs the Department of the Attorney General to undertake an initiative to strengthen fraud investigation in the MaineCare program. The Department of the Attorney General is directed to establish two new positions within the Health Care Crimes Unit to investigate allegations of misuse of public funds in the MaineCare program and to aid the Attorney General in the prosecution of crimes and other legal actions related to misuse of public funds.

House Amendment "A" To Committee Amendment "A" (H-849)

This amendment is modeled on the marketplace premium assistance program enacted into law in New Hampshire. Beginning August 1, 2014, it provides medical assistance under the MaineCare program as a bridge to purchasing insurance coverage from qualified health plans on the federally facilitated exchange for newly eligible adult populations. Beginning July 1, 2015, medical assistance for childless adults is limited to assistance in purchasing insurance coverage from qualified health plans on the federally facilitated exchange under a new program, the Maine Marketplace Premium Assistance program, administered by the Department of Health and Human Services and any additional services approved by the federal Centers for Medicare and Medicaid Services pursuant to a waiver submitted by the department. The person purchasing such insurance coverage is responsible for assuming cost sharing authorized under federal law, and employees who have access to employer health plans are required to participate in those plans. In order for qualified health plans to participate in the Maine Marketplace Premium Assistance program, plans must offer to each federally qualified health center an opportunity to contract with the plans and ensure that reimbursement for each center is according to the federal Patient Protection and Affordable Care Act. The amendment directs the Commissioner of Health and Human Services to prepare and submit to the federal Centers for Medicare and Medicaid Services any necessary waivers to implement the Maine Marketplace Premium Assistance program and provides funding for the one-time costs of preparing and submitting any Maine Marketplace Premium Assistance program waivers. The amendment retains the provisions in Committee Amendment "A" providing for the repeal of the expansion of MaineCare if the enhanced Federal Medical Assistance Percentage for calendar years 2014 to 2016 is reduced below certain stated levels or December 31, 2016, whichever is earlier. In addition, it provides that if a waiver to implement the Maine Marketplace Premium Assistance program has not been approved by July 1, 2015, the expansion of MaineCare eligibility provided under this legislation is repealed 90 days thereafter.

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LD 1580 An Act To Use the Dorothea Dix Psychiatric Center To Provide Inpatient ONTP
Mental Health Services for Forensic Patients

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

This bill requires the Department of Health and Human Services to use the Dorothea Dix Psychiatric Center to provide services to patients in the custody of the Commissioner of Health and Human Services who pose a likelihood of serious harm to others and for whom there is not sufficient security at the Riverview Psychiatric Center to address the likelihood of serious harm. The bill requires the department to begin planning, physical plant improvements, staff training and administrative procedures for the acceptance of patients from the Riverview Psychiatric Center into the Dorothea Dix Psychiatric Center. The bill requires the department to transfer patients from the Riverview Psychiatric Center into the Dorothea Dix Psychiatric Center as needed beginning July 1, 2014.

LD 1581 An Act To Improve Business Certainty for Providers of Quality Child PUBLIC 559
Care

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY	OTP-AM	H-656
CRAVEN	ONTP	H-816 SANDERSON

This bill requires the Department of Health and Human Services to establish a four-step child care quality rating system and provide quality differential payments of 5%, 10% and 25% for the three highest steps. It removes language relating to requirements in the department rules regarding substantial progress toward meeting quality ratings. It provides that the department is not required to pay a quality differential rate for child care services provided through the Temporary Assistance to Needy Families block grant.

Committee Amendment "A" (H-656)

This amendment is the majority report of the committee. The bill provides exact mandatory amounts for the quality child care differentials at steps 2, 3 and 4 of the four-step child care quality rating system required by the bill. This amendment instead requires the Department of Health and Human Services to pay quality child care differential rates of at least 2% for step 2 child care services, at least 5% for step 3 child care services and at least 10% for step 4 child care services. These minimum rates are lower than those proposed in the bill. The amendment also adds an appropriations and allocations section.

House Amendment "A" To Committee Amendment "A" (H-816)

This amendment amends Committee Amendment "A" to remove the requirement that the Department of Health and Human Services adopt rules to implement a differential rate for child care services as specified in the bill. This amendment also removes the specific quality differential rates for step 2, step 3 and step 4 child care services as specified in the committee amendment and instead requires the rules to provide for graduated quality differential rates for step 2, step 3 and step 4 child care services. Like the bill, this amendment removes the requirement that the rules limit payment of the differential for substantial progress to a period of one year.

Enacted Law Summary

Public Law 2013, chapter 559 requires the Department of Health and Human Services to adopt rules to provide for graduated quality differential rates for step 2, step 3 and step 4 child care services. The law removes the requirement that the rules limit payment of the differential for substantial progress to a period of one year. The law states that the department is not required to pay a quality differential rate for child care services provided through

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the Temporary Assistance to Needy Families block grant.

LD 1582 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 94
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 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 2013, chapter 94 provides for legislative review and approval 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 2013, chapter 94 was finally passed as an emergency measure effective March 18, 2014.

LD 1583 Resolve, Regarding Legislative Review of Portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 29: Allowances for Support Services for Adults with Intellectual Disabilities or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 85
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 29: Allowances for Support Services for Adults with Intellectual Disabilities or Autistic Disorder, a major substantive rule of the Department of Health and Human Services.

Enacted Law Summary

Resolve 2013, chapter 85 provides for legislative review and approval of portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 29: Allowances for Support Services for Adults with Intellectual Disabilities or Autistic Disorder, a major substantive rule of the Department of Health and Human Services.

Resolve 2013, chapter 85 was finally passed as an emergency measure effective February 26, 2014.

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LD 1584 Resolve, Regarding Legislative Review of Portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 21: Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 84
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 21: Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder, a major substantive rule of the Department of Health and Human Services.

Enacted Law Summary

Resolve 2013, chapter 84 provides for legislative review and approval of portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 21: Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder, a major substantive rule of the Department of Health and Human Services.

Resolve 2013, chapter 84 was finally passed as an emergency measure effective February 26, 2014.

LD 1592 An Act To Improve and Modernize the Authority of Local Health Inspectors

ONTP

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

This bill directs the Department of Health and Human Services to train local health inspectors to perform limited inspections for health and safety violations of establishments such as restaurants and lodging places. The bill requires a local health inspector who performs an inspection and finds a health and safety violation that poses an imminent threat to the public health and welfare to order the immediate and temporary closing of the establishment. The bill provides that an order to temporarily close an establishment issued by a local health inspector remains in effect until the department issues an order requiring the establishment to remain closed or allowing the establishment to reopen. The bill provides that an inspection conducted by a local health inspector and an order issued pursuant to that inspection do not affect the requirement of a determination of compliance with state licensing requirements every two years as required by current law. The bill requires the department to adopt routine technical rules to implement the new training provision.

LD 1594 Resolve, To Review and Make Recommendations on Challenges, Gaps and Inefficiencies in Maine's Emergency Crisis Hotline and "Warm Line" Services

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DORNEY CRAVEN	OTP-AM ONTP	H-683 H-745 DORNEY

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This resolve requires the Commissioner of Health and Human Services to combine all of the Department of Health and Human Services' toll-free emergency crisis telephone lines under one toll-free crisis call-in number to be staffed by trained personnel who will assist callers or refer callers to other services as appropriate 24 hours per day, seven days per week. Any money saved must be used to fund a public information advertisement campaign to inform the public about the new toll-free crisis call-in number.

Committee Amendment "A" (H-683)

This amendment is the majority report of the committee. This amendment replaces the resolve with a resolve directing the Department of Health and Human Services to convene a working group. The working group is required to review the current system for emergency crisis hotline and so-called warm line services and review the report entitled "Peer and Crisis Services" prepared by the Consumer Council System of Maine for the department's Office of Substance Abuse and Mental Health Services and incorporate suggestions from the report in the working group's findings and recommendations. The working group is required to review the benefits and costs of a single easily identifiable telephone number and triage and dispatch system, make recommendations for emergency crisis services hotline and "warm line" services and determine the necessary staffing. The working group is also required to report its findings and recommendations to the department, and the department is required to report those findings and recommendations, together with any necessary legislation, to the Joint Standing Committee on Health and Human Services by November 4, 2014 or by the date that the department issues a new request for proposals for emergency crisis services in 2014, whichever date comes first.

House Amendment "A" To Committee Amendment "A" (H-745)

This amendment amends Committee Amendment "A." The amendment removes the emergency preamble and emergency clause and changes the date by which the working group must convene from April 1, 2014 to no later than two weeks after adjournment of the Second Regular Session of the 126th Legislature.

LD 1595 An Act To Preserve Access to Nursing Home Care by Correcting Chronic Shortfalls in MaineCare Reimbursement

**Leave to Withdraw
Pursuant to Joint
Rule**

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

This bill provides for an increase in MaineCare payments to nursing homes to address a chronic shortfall between audited MaineCare allowable costs and payments for those costs; implements a pay-for-performance program to reward strong performance by nursing homes; and provides for a supplemental payment for facilities at which a high percentage of patients are MaineCare patients.

The Department of Health and Human Services is authorized to adopt emergency rules to take effect retroactively to July 1, 2014 for the establishment of the supplemental MaineCare payments to nursing homes that serve a high percentage of MaineCare residents.

The bill also appropriates state funds and allocates matching federal funds for this increase in MaineCare reimbursement to nursing facilities in the 2014-2015 biennium. See LD 1776 for nursing facilities reimbursement issues.

Joint Standing Committee on Health and Human Services

LD 1596 Resolve, Directing the Department of Health and Human Services To Amend MaineCare Rules as They Pertain to the Delivery of Covered Services via Telecommunications Technology

**RESOLVE 105
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCELWEE JACKSON T	OTP-AM	H-723

This resolve directs the Department of Health and Human Services to amend MaineCare rules to allow registered nurses and behavioral health specialists to be reimbursed for providing covered services via telecommunications technology as are medical doctors, physician assistants and family nurse practitioners.

Committee Amendment "A" (H-723)

This amendment replaces the resolve with a resolve directing the Department of Health and Human Services to convene a working group to review the MaineCare rules regarding the definition of "telehealth" and the technologies used for provider-patient interaction involving MaineCare patients. The working group is required to determine when communications that are not visual may be appropriate and sufficient. The Department of Health and Human Services is directed to amend its rules regarding telehealth based upon the review by the working group.

Enacted Law Summary

Resolve 2013, chapter 105 directs the Department of Health and Human Services to convene a working group to review the MaineCare rules regarding the definition of "telehealth" and the technologies used for provider-patient interaction involving MaineCare patients. The working group is required to determine when communications that are not visual may be appropriate and sufficient. The Department of Health and Human Services is directed to amend its rules regarding telehealth based upon the review by the working group.

Resolve 2013, chapter 105 was finally passed as an emergency measure effective April 8, 2014.

LD 1597 An Act To Clarify Provisions of the Maine Medical Use of Marijuana Act

**PUBLIC 501
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE SAVIELLO	OTP-AM	H-665

This bill amends the Maine Medical Use of Marijuana Act to specify that access to a marijuana cultivation facility operated by a patient, a primary caregiver or a dispensary is open to government officials acting within the scope of their employment, under the direct supervision of the patient, the primary caregiver or a principal officer, board member or employee of the dispensary. Currently, a dispensary and any additional location at which the dispensary cultivates marijuana for medical use by a patient are subject to reasonable inspection by the Department of Health and Human Services.

Committee Amendment "A" (H-665)

This amendment retains the emergency language in the bill and replaces the remainder of the bill. It allows an invited elected official access to a facility in which marijuana is cultivated for medical use by a primary caregiver or a dispensary if access is given for the purpose of providing education to the elected official on cultivation.

Enacted Law Summary

Public Law 2014, chapter 501 amends the Maine Medical Use of Marijuana Act to specify that access to a

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marijuana cultivation facility operated by a patient, a primary caregiver or a dispensary is open to an invited elected official for the purpose of providing education to the elected official on cultivation provided the access is under the direct supervision of the patient, the primary caregiver or a principal officer, board member or employee of the dispensary.

Public Law 2013, chapter 501 was enacted as an emergency measure effective April 2, 2014.

LD 1598 An Act To Improve Hospital-based Behavioral Health Treatment for PUBLIC 500
Persons with Intellectual Disabilities or Autism

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH BOYLE	OTP-AM	H-666

This bill amends the laws concerning the rights and basic protections of a person with an intellectual disability or autism. It clarifies that the provisions governing behavioral support, modification and management do not apply to a person who is a patient in an acute psychiatric unit of a hospital. It also adds to the team of persons who must review behavior modification and behavior management programs a licensed psychologist who has training and experience in the development of behavioral support plans.

Committee Amendment "A" (H-666)

This amendment clarifies that the provisions governing behavioral support, modification and management do not apply to a person who is a patient in a psychiatric unit of an acute hospital or a psychiatric hospital as defined in the Maine Revised Statutes, Title 34-B, section 3801, subsection 7-B. It removes the changes made by the bill that indicate a licensed psychologist must be a part of the review team overseeing behavior modification and behavior management programs.

Enacted Law Summary

Public Law 2013, chapter 500 amends the laws concerning the rights and basic protections of a person with an intellectual disability or autism. It clarifies that the provisions governing behavioral support, modification and management do not apply to a person who is a patient in a psychiatric unit of an acute hospital or a psychiatric hospital as defined in the Maine Revised Statutes, Title 34-B, section 3801, subsection 7-B.

LD 1599 Resolve, Directing the Commissioner of Health and Human Services To ONTP
Advance the Safe Handling of Hazardous Drugs To Protect Health Care
Personnel

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

This resolve requires the Commissioner of Health and Human Services to adopt by rule a standard for the handling of antineoplastic drugs in health care facilities regardless of the setting. The resolve requires the standard to be consistent with and not exceed specific recommendations adopted by the United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health for preventing occupational exposures to those drugs in health care settings.

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**LD 1623 An Act To Further Protect Patient Access to Safe Medical Marijuana by
Allowing Dispensaries To Purchase Excess Marijuana from Other
Dispensaries** **PUBLIC 503
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON CRAVEN	OTP-AM	H-691

Under the Maine Medical Use of Marijuana Act, a registered dispensary may obtain prepared marijuana only from a primary caregiver. This bill allows registered dispensaries to purchase and sell excess prepared marijuana from and to each other.

Committee Amendment "A" (H-691)

This amendment replaces the bill. This amendment adds an emergency preamble and emergency clause. This amendment defines "extended inventory supply interruption" and, in the event of an extended inventory supply interruption, allows a dispensary to obtain prepared marijuana from another dispensary and provide prepared marijuana to another dispensary.

Enacted Law Summary

Public Law 2014, chapter 503 amends the laws on dispensaries for medical use of marijuana, defines "extended inventory supply interruption" and, in the event of an extended inventory supply interruption, allows a dispensary to obtain prepared marijuana from another dispensary and provide prepared marijuana to another dispensary.

Public Law 2013, chapter 503 was enacted as an emergency measure effective April 2, 2014.

**LD 1636 An Act To Provide a More Efficient and Reliable System of
Nonemergency Transportation for MaineCare Members** **ONTP**

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

This bill requires the Department of Health and Human Services to implement a new system to contract for and provide nonemergency transportation for MaineCare members within 30 days after the effective date of the bill. The bill requires the new system to use sole source contracts with regional public transportation agencies that had agreements on July 31, 2013 to provide MaineCare transportation services. The bill provides specific requirements for the contracts, requires the department to adopt performance standards and allows termination of contracts if the department determines that a regional public transportation agency has not met its contractual obligations. The bill requires one-year contracts that are renewable for up to three years. The bill provides a transition period during which regional public transportation agencies are not required to submit data to the department. The bill requires the department to apply to the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services by April 1, 2014 for all necessary Medicaid waiver and state plan amendment approvals.

LD 1640 An Act To Expand MaineCare for Veterans and Low-income Residents **Veto Sustained**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T EVES	OTP-AM ONTP	S-464

Joint Standing Committee on Health and Human Services

This bill is a concept draft pursuant to Joint Rule 208. It proposes to enact measures designed to enhance the stability and predictability of health care costs for returning veterans and others by addressing the issues associated with hospital charity care and bad debt. In order to address that portion of uncompensated care provided by hospitals that is directed to low-income patients who do not have health insurance, measures proposed in this bill may include, but are not limited to, expanding MaineCare coverage in the State.

Committee Amendment "A" (S-464)

This amendment, which is the majority report of the committee, replaces the concept draft. The amendment contains the following provisions.

Part A expands medical coverage under the MaineCare program to adults who qualify under federal law with incomes up to 133% of the nonfarm income official poverty line, with the 5% federal income adjustment for family size, and qualifies Maine to receive federal funding for 100% of the cost of coverage for members who enroll under the expansion. Adults eligible are those 21 to 64 years of age, effective July 1, 2014, and, if the expansion of MaineCare coverage is not repealed, adults 19 and 20 years of age, beginning October 1, 2019. The expansion of Medicaid eligibility contained in this Part is repealed the earlier of either December 31, 2016 or three circumstances occurring: the enhanced Federal Medical Assistance Percentage for calendar years 2014 to 2016 is reduced below certain stated levels; the reduced enhanced Federal Medical Assistance Percentage has taken effect; and after the occurrence of the reduction of the enhanced Federal Medical Assistance Percentage the Legislature has convened and conducted a session of at least 30 calendar days.

Part B requires the Office of Fiscal and Program Review to contract with a nonpartisan research organization to evaluate the financial feasibility of providing health care coverage to newly eligible MaineCare members through the health insurance marketplace, modeled after Medicaid expansion coverage in Arkansas or Iowa, and the feasibility of establishing a state basic health program similar to Washington's basic health plan and to report the findings of the evaluation to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 15, 2015. It directs the Office of Fiscal and Program Review to contract for an examination of the impact of the MaineCare expansion on programs and services that do not currently receive Federal Medical Assistance Percentage matching funds or do not qualify for enhanced Federal Medical Assistance Percentage matching funds under the federal Patient Protection and Affordable Care Act, 42 United States Code, Section 18001 et seq., with the goal of identifying and maximizing General Fund savings. It requires that the research organization report by February 15, 2015 and February 15, 2016 to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the joint standing committee of the Legislature having jurisdiction over health and human services matters, and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on the amount of General Fund savings resulting from the MaineCare expansion. The reports must include the amount of savings expected and realized during fiscal years 2014-15 and 2015-16 by service area or program. It requires the State Budget Officer to calculate the amount of savings that applies against each General Fund account for all departments and agencies from savings associated with the MaineCare expansion and to transfer the amounts by financial order upon the approval of the Governor. It requires the State Controller to transfer any remaining savings to the MaineCare Stabilization Fund. It requires the State Budget Officer to provide a report of the transferred amounts to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs no later than April 30, 2015 for fiscal year 2014-15 and to submit adjustments to baseline budget requests totaling no less than \$11,800,000 per year to reflect the continuation of the identified savings in the 2016-2017 biennium.

Part C provides funding for positions in the Department of Health and Human Services, Office of Family Independence - District program.

Part D requires the department, when enrolling a MaineCare member who is eligible under the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H or I, to provide written notice that is readable at the 6th-grade reading level to the member that the member's MaineCare coverage will end no later than December 31, 2016 unless a law is passed to extend coverage past that date.

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LD 1642 An Act To Clarify the Law Governing Public Disclosure of Health Care Prices

PUBLIC 515

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WOODBURY	OTP-AM OTP-AM	S-431

This bill amends the law governing the public disclosure of health care prices. It specifies that it is a health care entity that must maintain a price list and defines "health care entity" to mean a health care practitioner, a group of health care practitioners or a health care facility. It clarifies the information that must be included with the price list and it eliminates the requirement that health care entities make available copies of the price list upon request.

Committee Amendment "A" (S-431)

This amendment, which is the majority report of the committee, replaces the bill. It retains the substance of the bill and adds the following.

1. It requires health care entities to maintain prices rather than price lists to reflect that prices are typically retained in databases.
2. It requires health care entities to display a notice informing patients of their ability to obtain estimates of costs from the Maine Health Data Organization.
3. It allows health care entities that do not render their services directly to patients in an office setting to satisfy the requirements of notice by providing information on their publicly accessible websites.

Committee Amendment "B" (S-432)

This amendment, which is the minority report of the committee, replaces the bill. It retains the substance of the bill and adds the following.

1. It requires health care entities to maintain prices rather than price lists to reflect that prices are typically retained in databases.
2. It requires health care entities to display a notice informing patients of their ability to obtain estimates of costs from the Maine Health Data Organization.

Enacted Law Summary

Public Law 2013, chapter 515 amends the law governing the public disclosure of health care prices. It defines "health care entity" to mean a health care practitioner, a group of health care practitioners or a health care facility. It requires a health care entity to maintain prices rather than a price list to reflect that prices are typically retained in databases and to display a notice informing patients of their ability to obtain estimates of costs from the Maine Health Data Organization. It allows health care entities that do not render their services directly to patients in an office setting to satisfy the requirements of notice by providing information on their publicly accessible websites.

LD 1663 Resolve, To Require New Contracts for MaineCare Nonemergency Transportation

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GATTINE	OTP-AM ONTP	S-441 H-754 FARNSWORTH

Joint Standing Committee on Health and Human Services

This resolve directs the Department of Health and Human Services to terminate its August 1, 2013 agreement to purchase nonemergency medical transportation services to MaineCare and Children's Health Insurance Program recipients.

Committee Amendment "A" (S-441)

This amendment, which is the majority report of the committee, replaces the resolve. It prohibits the Department of Health and Human Services from renewing the contracts for MaineCare nonemergency transportation beyond June 30, 2014. It also cancels the request for proposals that was issued on February 26, 2014. The department is required to develop a new request for proposals that maximizes the scoring criteria evaluating a bidder's economic impact on the Maine economy and employment, reconnects with existing regional transportation resources and infrastructure and penalizes any bidders with a previous contract for MaineCare nonemergency transportation services that have a record of poor performance or for whom there was a corrective action plan in place. The request for proposals must include a transition period of no more than three months after June 30, 2014 if it is necessary for the current brokers to continue to provide services on a temporary basis as long as suitable contractual protections are in place. The department is required to provide monthly reports that include performance data on the new system to the joint standing committee of the Legislature having jurisdiction over health and human services matters from one month after the effective date of this resolve until one year after the new contracts are in place.

House Amendment "A" To Committee Amendment "A" (H-754)

This amendment strikes the emergency preamble and the emergency clause and adds a retroactivity clause.

LD 1682 An Act To Preserve Head Start and Child Care Services

**Died On
Adjournment**

<u>Sponsor(s)</u> FREY LANGLEY	<u>Committee Report</u> OTP-AM ONTP	<u>Amendments Adopted</u> H-624
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This bill provides for the allocation of funding among Maine's 11 nontribal Head Start programs based on a formula that provides a base allocation to each program and distributes all remaining funding based on the number of children in poverty in each program's service area. The bill also provides a \$2,000,000 appropriation to state Head Start programs in fiscal year 2014-15, fully replacing the cut that was made in fiscal year 2012-13. These funds will allow the State to maximize child care development fund block grants to provide child care vouchers.

Committee Amendment "A" (H-624)

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

LD 1683 An Act To Improve Degree and Career Attainment for Former Foster Children

PUBLIC 577

<u>Sponsor(s)</u> BERRY VALENTINO	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-539 HILL
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This bill raises the upper age limit, from 20 years of age to 26 years of age, for voluntary participation in extended care for persons who attained 18 years of age while in the care and custody of the State. The bill also directs the joint standing committee of the Legislature having jurisdiction over health and human services matters to annually request an organization with expertise in foster care to provide to the committee a report and briefing on the

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implementation of the law.

Senate Amendment "A" (S-539)

This amendment replaces the bill and establishes a transition grant program for individuals exiting the state foster care system at 21 years of age and actively pursuing a postsecondary education. The program is limited to 40 individuals at any one time who are at least 21 years of age but less than 27 years of age. The Department of Health and Human Services is required to adopt rules to govern the program, and must determine eligibility, levels of financial support, duration of assistance, provision of postsecondary education navigator services and the membership, terms, voting procedures and governance structure of an advisory committee to advise the department, which must provide an annual report to the department and to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The department is required to develop the roles and responsibilities for one postsecondary education navigator to provide transitional services and college student support for those individuals in the transition grant program.

Enacted Law Summary

Public Law 2013, chapter 577 establishes a transition grant program for individuals exiting the state foster care system at 21 years of age and actively pursuing a postsecondary education. The program is limited to 40 individuals at any one time who are at least 21 years of age but less than 27 years of age. The Department of Health and Human Services is required to adopt rules to govern the program, and must determine eligibility, levels of financial support, duration of assistance, provision of postsecondary education navigator services and the membership, terms, voting procedures and governance structure of an advisory committee to advise the department, which must provide an annual report to the department and to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The department is required to develop the roles and responsibilities for one postsecondary education navigator to provide transitional services and college student support for those individuals in the transition grant program.

LD 1685 Resolve, To Strengthen the Protection of Children from Abuse and Neglect

**RESOLVE 99
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH SAVIELLO	OTP-AM	H-667

This bill makes the following changes to the laws governing the protection of children from abuse and neglect.

1. It requires the Department of Health and Human Services, in the case of an abuse and neglect investigation involving an allegation of abuse and neglect outside of the home of the child, to investigate whether a licensing violation has occurred.
2. It requires a public or private agency or program that is administered, licensed or funded by the Department of Education that hires staff or selects volunteers and provides care or services for children to develop a written policy regarding child abuse and neglect.
3. It requires that a child protection petition, in the case of alleged abuse or neglect outside of the home of the child, include the name and address of the caregiver and the address of the place in which the alleged abuse or neglect occurred.
4. It allows a court in a protection order to order the removal of a perpetrator from a setting outside of the home of the child.
5. It provides a criminal penalty for the violation of a provision of a protection order that prohibits a person from

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entering the out-of-home setting of the abuse or neglect.

6. It amends the laws governing the investigative duties of the out-of-home abuse and neglect investigating team and clarifies the duty of the team to eliminate the collection of redundant information to the extent possible. It specifies that the team must complete an investigation of issues involving licensure within six months from the start of the investigation in most cases. It requires the team to include relevant professionals outside the Department of Health and Human Services or service center as members of the team for investigations of schools or other settings that provide supervisory care for children. It specifies that, in the case of an allegation of abuse and neglect outside of the home of a child in a facility or by a person not subject to licensure by the department, the team must refer the case to the agency or department charged with the responsibility to conduct a separate investigation to determine if licensure or certification action is necessary.

Committee Amendment "A" (H-667)

This amendment replaces the bill with a resolve directing the Department of Health and Human Services to convene a working group to review current laws and the scope of departmental authority with respect to the abuse and neglect of children, to identify gaps in the safety net to protect children from abuse and neglect and to make recommendations to strengthen the protection of children from abuse and neglect. The amendment requires the department to submit a report on behalf of the working group to the Joint Standing Committee on Education and Cultural Affairs and the Joint Standing Committee on Health and Human Services by November 5, 2014.

Enacted Law Summary

Resolve 2013, chapter 99 directs the Department of Health and Human Services to convene a working group to review current laws and the scope of departmental authority with respect to the abuse and neglect of children, to identify gaps in the safety net to protect children from abuse and neglect and to make recommendations to strengthen the protection of children from abuse and neglect. The resolve requires the department to submit a report on behalf of the working group to the Joint Standing Committee on Education and Cultural Affairs and the Joint Standing Committee on Health and Human Services by November 5, 2014.

Resolve 2013, chapter 99 was finally passed as an emergency measure effective April 2, 2014.

LD 1686 An Act To Address Preventable Deaths from Drug Overdose

**PUBLIC 579
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON	OTP-AM	H-712
CRAVEN	OTP-AM	S-527 HAMPER

This bill authorizes the prescription, possession and administration of opioid antagonists under certain circumstances and provides criminal and civil immunities for such prescription, possession and administration; provides for Medicaid coverage of naloxone hydrochloride using existing resources; authorizes standing orders and collaborative practice agreements for the dispensing of opioid antagonists; provides for an annual report on unintentional drug overdose; and directs the Department of Health and Human Services to make grants from existing resources for various drug overdose prevention projects.

Committee Amendment "A" (H-711)

This amendment is the majority report of the committee. The amendment strikes the emergency preamble and emergency clause. Like the bill, the amendment defines "opioid antagonist" and "opioid-related drug overdose" and authorizes emergency medical personnel to administer opioid antagonists, but the amendment adds a provision authorizing law enforcement officers and municipal firefighters to administer intranasal opioid antagonists. Like the bill, the amendment allows the prescribing and dispensing of an opioid antagonist to a person at risk of an opioid-related drug overdose and to a person who may be in a position to assist an individual experiencing an

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opioid-related drug overdose and allows such persons to possess and administer opioid antagonists, but the amendment removes the provisions regarding liability. It clarifies the provision in the bill that provides an exemption from pharmacy license requirements for a person who stores or dispenses an opioid antagonist under a standing order from an appropriate health care professional to provide that the person must be employed by an organization that provides a significant level of services to persons who are actively using drugs or have a history of actively using drugs. Like the bill, the amendment allows collaborative practice between a pharmacist and a health care professional with respect to opioid antagonist therapy, but the amendment expands the provision to include all opioid antagonists, not just naloxone hydrochloride. It removes the provisions of the bill that require the Department of Health and Human Services to make grants from existing resources for drug overdose education projects, to publish an annual report on unintentional drug overdose fatalities in the State and to add naloxone hydrochloride to the department's Medicaid drug formulary.

Committee Amendment "B" (H-712)

This amendment is the minority report of the committee. This amendment clarifies language in the emergency preamble. This amendment retains the provision of the bill that defines "opioid antagonist." This amendment provides that emergency medical personnel may, in accordance with policies applicable to the performance of their duties, administer opioid antagonists in accordance with the provisions of the Maine Revised Statutes, Title 32, chapter 2-B. This amendment authorizes law enforcement officers in accordance with policies adopted by a law enforcement agency and municipal firefighters in accordance with policies adopted by a municipality to administer intranasal opioid antagonists. This amendment strikes provisions of the bill pertaining to grants for drug overdose education projects, an annual report on unintentional drug overdose fatalities in the State, immunity for prescribing, possessing and administering opioid antagonists, Medicaid coverage for opioid antagonists, pharmacy licensure and collaborative practice.

Senate Amendment "A" To Committee Amendment "B" (S-527)

This amendment does the following.

1. It allows certain emergency medical personnel, law enforcement officers and municipal firefighters to administer naloxone hydrochloride.
2. It allows prescribers to prescribe naloxone hydrochloride to persons at risk of an opioid-related drug overdose and members of their family.
3. It allows a family member to possess and administer the drug in the event of a suspected opioid-related drug overdose.

Enacted Law Summary

Public Law 2013, chapter 579 allows the following persons to possess and administer naloxone hydrochloride to a person believed to be experiencing an opioid-related drug overdose: (1) a law enforcement officer in conformance with policies adopted by the law enforcement agency if the law enforcement officer has been trained in administering the drug, (2) a municipal firefighter in conformance with policies adopted by the municipality if the firefighter has been trained in administering the drug, and (3) a family member who was prescribed the drug or who was provided the drug by the individual who was prescribed the drug.

Public Law 2013, chapter 579 was enacted as an emergency measure effective April 29, 2014.

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LD 1704 An Act To Increase the Use of Dental Services by MaineCare-eligible Children ONTP

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

This bill amends the Maine Revised Statutes, Title 22, section 3174-S to require the Department of Health and Human Services to include in its annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters the number of MaineCare-eligible children who receive dental services annually and what services they are provided and also to report quarterly to the Commissioner of Health and Human Services the names of MaineCare-eligible children from birth to 20 years of age who are not receiving dental services. The bill directs the Department of Health and Human Services, through the department's office of MaineCare services in cooperation with the dental care community, to design a pilot program to increase the use of dental services by MaineCare-eligible children. The bill also requires the Department of Health and Human Services to submit a report regarding the pilot program to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than November 5, 2014. The joint standing committee may report out a bill to the First Regular Session of the 127th Legislature.

LD 1717 Resolve, To Support Homeless Youth Shelters Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN BRIGGS	OTP-AM ONTP	S-414

This bill requires the Department of Health and Human Services to allocate funds available in the Homeless Youth Program based on the proportion of the total amount each geographic region received during fiscal year 2012-13 and prohibits the department from reallocating funds between geographic regions. The bill provides a General Fund appropriation of \$750,000 in fiscal year 2014-15 for the Maine State Housing Authority to provide funding for homeless shelters.

Committee Amendment "A" (S-414)

This amendment, which is the majority report of the committee, replaces the bill with a resolve and changes the title. It requires the Department of Health and Human Services to allocate funds available in the Homeless Youth Program proportionately based on the total amount each geographic region received during fiscal year 2012-13 for the fiscal years 2014-15 and 2015-16. It requires any unspent funds from the 2013-14 contract with the now-closed Halcyon House emergency shelter in Skowhegan to be allocated to the New Beginnings emergency shelter in Lewiston as soon as the Department of Health and Human Services determines that all financial obligations of Halcyon House have been satisfied.

LD 1739 An Act To Amend the Maine Medical Use of Marijuana Act PUBLIC 516

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DION HAMPER	OTP-AM OTP-AM	H-713 H-732 SANDERSON

During the First Regular Session of the 126th Legislature, the Legislature passed six separate laws that affected the Maine Medical Use of Marijuana Act in various ways. The purpose of this bill is to clarify and coordinate those

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changes, including doing the following:

1. Defining "medical provider" to mean a physician or a certified nurse practitioner and adding a definition of "certified nurse practitioner" in order to authorize a certified nurse practitioner who is a qualifying patient's primary care provider to issue a written certification for the qualifying patient's medical use of marijuana;
2. Defining and prohibiting the use, possession or sale of kief;
3. Clarifying that tinctures containing marijuana are considered food or goods containing marijuana;
4. Clarifying that a medical provider's written certification for the medical use of marijuana expires within one year after issuance;
5. Authorizing disclosure of registered primary caregiver and dispensary information to the Department of Administrative and Financial Services, Maine Revenue Services for taxation compliance purposes;
6. Enacting provisions regarding compliance, including collection of evidence, complaint investigation, penalty and injunctive relief provisions; and
7. Authorizing the Department of Health and Human Services to transport marijuana for laboratory testing and evidence collection purposes.

Committee Amendment "A" (H-713)

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

1. The amendment removes the requirement that a certified nurse practitioner who may certify medical use of marijuana for a patient must be the patient's primary care provider.
2. The amendment adds to the definition of "prepared marijuana" to include the by-products of leaves and flowers and provides that prepared marijuana does not include hashish.
3. The amendment removes from the bill provisions that change the commissioner with responsibility for best practices in pest management from the Commissioner of Agriculture, Conservation and Forestry to the Commissioner of Health and Human Services.
4. The amendment adds to the provisions on confidentiality in the medical use of marijuana program that the confidentiality provisions do not prevent the Department of Health and Human Services from complying with the Maine Revised Statutes, Title 36, section 175. The amendment strikes from the bill a provision that creates an exception to confidentiality for release by the department to Maine Revenue Services for taxation compliance purposes.
5. The amendment removes from the bill provisions on complaint investigation, penalties, injunctive relief and attorneys' fees and costs. The amendment retains provisions in the bill allowing the department to ensure compliance, including, but not limited to, laboratory testing on soil, marijuana plant samples and samples of products.
6. The amendment directs the Department of Health and Human Services to develop a framework for processing, documenting and investigating complaints concerning the implementation of the Maine Medical Use of Marijuana Act. It directs the department to review mechanisms for processing, documenting and investigating complaints and to report its recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by December 1, 2014. The amendment directs the department to include in its report whether enacting new laws or authorizing new rules, either routine technical or major substantive, is required to

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implement the recommendations of the department.

House Amendment "A" To Committee Amendment "A" (H-732)

This amendment removes the exclusion of hashish from the definition of "prepared marijuana" as proposed in Committee Amendment "A."

Enacted Law Summary

Public Law 2013, chapter 516 amends the Maine Medical Use of Marijuana Act. The law does the following:

1. It authorizes certified nurse practitioners to certify the medical use of marijuana.
2. It adds to the definition of "prepared marijuana" by-products of the dried leaves and flowers.
3. It authorizes caregivers and dispensaries to prepare tinctures of marijuana.
4. It changes the language on the number of patients who a caregiver may assist from "no more than 5 patients at any one time" to "a maximum of 5 patients who have designated the primary caregiver to cultivate marijuana for their medical use".
5. It authorizes the Department of Health and Human Services to take action necessary to ensure compliance with the medical use of marijuana chapter.
6. It directs the department to develop a framework for processing, documenting and investigating complaints concerning the medical use of marijuana chapter. In so doing, it directs the department to review mechanisms for processing, documenting and investigating and to report its recommendations to the joint standing committee having jurisdictions over health and human services matters by December 1, 2014. It directs the department to include in its report whether new laws or rules are required.

See Public Law 2013, Chapter 595 Part D on taxation issues and Part 1 on oversight and technology and Public Law 2013, Chapter 502 on oversight and technology.

LD 1740 An Act To Amend Laws Relating to Health Care Data

PUBLIC 528

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY GRATWICK	OTP-AM ONTP	H-733

This bill conforms state law as it relates to the release of protected health information to the restrictions established in federal law and regulations. The bill requires the Maine Health Data Organization to adopt rules for the release of protected health information.

Committee Amendment "A" (H-733)

This amendment makes the following changes to the bill.

1. It adds a definition of "HIPAA," which is the federal Health Insurance Portability and Accountability Act of 1996.
2. The bill amends the definition of "health care information" as it regards hospitals and medical care. The amendment strikes that change and instead inserts those provisions into the definition of "protected health information" for the Maine Health Data Organization.

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3. It adds privacy protections to prevent the release of protected health information for individuals with HIV and individuals undergoing mental health or substance abuse treatment.
4. It requires the Board of Directors of the Maine Health Data Organization to adopt rules to ensure privacy and security protections of data that are equivalent to the requirements in the federal Health Insurance Portability and Accountability Act of 1996.
5. It requires the Board of Directors of the Maine Health Data Organization to provide a definition of "breach" and notifications regarding breaches that are equivalent to the requirements in the federal Health Insurance Portability and Accountability Act of 1996. It requires a breach to be reported to the joint standing committee of the Legislature having jurisdiction over health and human services matters within 30 days of the breach.
6. It requires the Board of Directors of the Maine Health Data Organization to develop rules to establish a complaints procedure for individuals who believe their protected health information has been released inappropriately.
7. It prohibits the Maine Health Data Organization from collecting any clinical data that are different from the data the organization collects as of March 1, 2014 without rulemaking. These rules are major substantive rules.
8. It adds an effective date so that the sections limiting the collection of clinical data and granting rule-making authority go into effect 90 days after adjournment and the rest of the Act goes into effect upon final adoption of major substantive rules.

Enacted Law Summary

Public Law 2013, chapter 528 allows for the release of protected health information by the Maine Health Data Organization under certain conditions. It prevents the release of protected health information for individuals with HIV and individuals undergoing mental health or substance abuse treatment. It requires the Board of Directors of the Maine Health Data Organization to adopt rules to ensure privacy and security protections of data that are equivalent to the requirements in the federal Health Insurance Portability and Accountability Act of 1996. It requires the Board of Directors of the Maine Health Data Organization to provide a definition of "breach" and notifications regarding breaches that are equivalent to the requirements in the federal Health Insurance Portability and Accountability Act of 1996 and it requires a breach to be reported to the joint standing committee of the Legislature having jurisdiction over health and human services matters within 30 days of the breach. It requires the Board of Directors of the Maine Health Data Organization to develop rules to establish a complaints procedure for individuals who believe their protected health information has been released inappropriately. It prohibits the Maine Health Data Organization from collecting any clinical data that are different from the data the organization collects as of March 1, 2014 without rulemaking; these rules are major substantive rules. It adds an effective date so that the sections limiting the collection of clinical data and granting rule-making authority go into effect 90 days after adjournment and the rest of the Act goes into effect upon final adoption of major substantive rules.

LD 1745 An Act To Preserve Maine's Long-term Care Facilities

**Died On
Adjournment**

Sponsor(s)

CASSIDY
BURNS

Committee Report

OTP-AM

Amendments Adopted

H-690

This bill provides funds to give MaineCare Appendix C private nonmedical institutions a 2 percent cost-of-living rate increase in funding.

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This resolve establishes the Blue Ribbon Commission on Independent Living and Disability.

Committee Amendment "A" (H-705)

This amendment, which is the majority report of the committee, changes the membership of the Blue Ribbon Commission on Independent Living and Disability. It removes four members of the public from the membership in the resolve and replaces them with a representative of a business that is a model work place for individuals with disabilities, a representative of a statewide association of providers of services for individuals with intellectual disabilities and autism, a representative of a program serving individuals with disabilities who are members of a federally recognized Indian tribe and a representative of a statewide association of adults with developmental disabilities and autism.

Joint Order, H.P. 1361 incorporates the substance of the LD 1757 resolve and amendment, removing appointing authority for the Governor and representatives of the Department of Health and Human Services and the Office of the Attorney General. Joint Order, H.P. 1361 was passed by the Legislature.

LD 1759	Resolve, Implementing the Recommendations of the Commission To Study the Incidence of and Mortality Related to Cancer	ONTP
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	ONTP	

This resolve extends the Commission To Study the Incidence of and Mortality Related to Cancer and requires a report by December 15, 2014. The resolve also directs the Commissioner of Health and Human Services, in conjunction with the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services and the Commissioner of Education, to convene a working group to develop a long-term, evidenced-based strategy to prevent obesity as a significant risk factor for cancer.

LD 1776	An Act To Implement the Recommendations of the Commission To Study Long-term Care Facilities	PUBLIC 594 EMERGENCY
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	S-497 S-559 HILL

This bill implements the recommendations of the Commission To Study Long-term Care Facilities. The bill requires the Department of Health and Human Services to amend its rules governing reimbursement for nursing facilities under the MaineCare program with regard to facility base year, peer group upper limits, administrative and management cost ceiling, personnel health insurance costs, cost-of-living adjustments, supplemental payments for nursing facilities whose MaineCare residents constitute more than 70% of their residents and increased acuity for dementia. The bill requires the Department of Health and Human Services to collect amounts overpaid to nursing facilities and private nonmedical institutions under the category of cost of care and to correct the computer problems that are leading to the overpayments. The bill requires the first \$10,000,000 of collected overpayments to be used to fund nursing facility reimbursement under the amended rules. The bill also establishes two study commissions: the Commission To Continue the Study of Long-term Care Facilities and the Blue Ribbon Commission on Long-term Care. No later than October 15, 2014, the Commission To Continue the Study of Long-term Care Facilities is required to submit a report that includes its findings and recommendations, including suggested legislation, to the Blue Ribbon Commission on Long-term Care and to the Joint Standing Committee on Health and Human Services. The joint standing committee may report out a bill regarding the subject matter of the report to the First Regular Session of the 127th Legislature. No later than November 5, 2014, the Blue Ribbon

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Commission on Long-term Care is required to submit a report that includes its findings and recommendations, including suggested legislation, to the Joint Standing Committee on Health and Human Services. The joint standing committee may report out a bill regarding the subject matter of the report to the First Regular Session of the 127th Legislature. The bill also includes an appropriations and allocations section to provide funds for reimbursement under the MaineCare program for nursing facilities.

Committee Amendment "A" (S-497)

This amendment is the unanimous report of the committee. This amendment clarifies that the rules regarding the principles of reimbursement for nursing facilities must establish a nursing facility's base year every two years and increase the rate of reimbursement beginning July 1, 2014 and every year thereafter. The amendment also clarifies that the rate of reimbursement for nursing facilities that results from amending the rules to reflect rebasing the nursing facility's base year may not result for any nursing facility in a rate of reimbursement that is lower than the rate in effect on April 1, 2014. The amendment also clarifies that the rules regarding the principles of reimbursement for nursing facilities must be amended in Sections 91 and 91.1 to provide for ongoing, annual rate changes beginning July 1, 2014 to adjust for inflation and to set the inflation adjustment cost-of-living percentage change in nursing facility reimbursement each year in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index. This amendment replaces the appropriations and allocations section in the bill.

Senate Amendment "A" To Committee Amendment "A" (S-521)

This amendment removes the provisions that require the Department of Health and Human Services to amend rules governing principles of reimbursement for nursing facilities as they relate to the inclusion of the costs of health insurance for nursing facility personnel. It delays by one year the supplemental payment to nursing facilities with a high percentage of MaineCare residents. It requires the Commission To Continue the Study of Long-term Care Facilities to determine the extent that collections of cost-of-care overpayments and other savings initiatives of the department have resulted in savings in excess of amounts projected to be saved in developing and reporting budget information to the Legislature or the Governor. These savings must provide a minimum of \$8,000,000 in General Fund savings in fiscal year 2014-15. This amendment replaces the appropriations and allocations section in the committee amendment.

Senate Amendment "B" To Committee Amendment "A" (S-559)

This amendment strikes the committee amendment. It incorporates the substance of the bill as amended by Committee Amendment "A," but removes the provisions that require the Department of Health and Human Services to amend rules governing principles of reimbursement for nursing facilities as they relate to the inclusion of the costs of health insurance for nursing facility personnel. It provides funding for the first year of the rate provisions of the bill based on collections of cost-of-care overpayments in excess of amounts projected to be saved in developing and reporting budget information to the Legislature or the Governor. It caps the actual rate increases to be provided in each of the next three fiscal years based on the amount appropriated by the Legislature to fund those increases. These savings are expected to provide \$4,000,000 in General Fund savings in fiscal year 2014-15. This amendment removes the Blue Ribbon Commission on Long-term Care established in the bill. This amendment replaces the appropriations and allocations section in the committee amendment. It also requires the department to carry over any debts collected in fiscal year 2014-15 in excess of \$13,000,000 to fiscal year 2015-16 to provide additional funding. Finally, the amendment requires the department to report bimonthly to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs on the department's efforts to collect the debt arising from cost-of-care overpayments.

Enacted Law Summary

Public Law 2013, chapter 594 requires the Department of Health and Human Services to amend its rules governing reimbursement for nursing facilities under the MaineCare program beginning July 1, 2014 and every year thereafter with regard to facility base year to adjust the base year every two years, peer group upper limits, administrative and management cost ceiling, cost-of-living adjustments, supplemental payments for nursing facilities whose MaineCare

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residents constitute more than 70% of their residents and increased acuity for dementia. The law states that the rate of reimbursement for nursing facilities that results from amending the rules to reflect rebasing the nursing facility's base year may not result for any nursing facility in a rate of reimbursement that is lower than the rate in effect on April 1, 2014. The law requires that the rules regarding the principles of reimbursement for nursing facilities must be amended in Sections 91 and 91.1 to provide for ongoing, annual rate changes beginning July 1, 2014 to adjust for inflation and to set the inflation adjustment cost-of-living percentage change in nursing facility reimbursement each year in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index. The law requires the Department of Health and Human Services to collect amounts overpaid to nursing facilities and private nonmedical institutions under the category of cost of care and to correct the computer problems that are leading to the overpayments. The law establishes the Commission To Continue the Study of Long-term Care Facilities. No later than October 15, 2014, the Commission To Continue the Study of Long-term Care Facilities is required to submit a report that includes its findings and recommendations, including suggested legislation, to the Joint Standing Committee on Health and Human Services. The joint standing committee may report out a bill regarding the subject matter of the report to the First Regular Session of the 127th Legislature.

The law provides funding for the first year of the rate provisions based on collections of cost-of-care overpayments in excess of amounts projected to be saved in developing and reporting budget information to the Legislature or the Governor. The law caps the actual rate increases to be provided in each of the next three fiscal years based on the amount appropriated by the Legislature to fund those increases. The law requires the department to carry over any debts collected in fiscal year 2014-15 in excess of \$13,000,000 to fiscal year 2015-16 to provide additional funding. The law requires the department to report bimonthly beginning in July 2014 and ending in June 2016 to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs on the department's efforts to collect the debt arising from cost-of-care overpayments.

Public Law 2013, chapter 594 was enacted as an emergency measure effective May 1, 2014.

LD 1779 An Act Relating to Nursing Facility and Inpatient Hospice Patients and Medical Marijuana Use

PUBLIC 520

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LACHOWICZ HICKMAN	OTP-AM	S-430

This bill allows a qualifying patient to use forms of marijuana or prepared marijuana that are not smoked, including, but not limited to, vaporized marijuana, edible marijuana and tinctures and salves of marijuana, in an inpatient hospice or nursing facility and to keep forms of marijuana or prepared marijuana that are not smoked in that qualifying patient's room. The qualifying patient is not required to obtain a registry identification card in order to use a form of marijuana or prepared marijuana that is not smoked in the inpatient hospice or nursing facility.

Committee Amendment "A" (S-430)

This amendment replaces the bill. It allows a hospice provider facility or nursing facility to allow a qualifying patient to use prepared marijuana for medical use without requiring the facility to be named as a primary caregiver or the qualifying patient to obtain a registry identification card as long as the prepared marijuana is used in a form that is not smoked. The amendment allows a hospice provider facility or nursing facility to adopt a policy that restricts or prevents the use or storage of marijuana by qualifying patients residing within the facility.

Enacted Law Summary

Public Law 2013, chapter 520 allows a hospice provider facility or nursing facility to allow a qualifying patient to use prepared marijuana for medical use without requiring the facility to be named as a primary caregiver or the qualifying patient to obtain a registry identification card as long as the prepared marijuana is used in a form that is

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not smoked. It allows a hospice provider facility or nursing facility to adopt a policy that restricts or prevents the use or storage of marijuana by qualifying patients residing within the facility.

LD 1794 An Act To Cancel the No-bid Alexander Group Contract To Produce Savings in Fiscal Year 2013-14 Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH CRAVEN	OTP-AM ONTP	H-684 H-760 FARNSWORTH

This bill prohibits the Department of Health and Human Services from expending or transferring funds to the Alexander Group, Inc. for the performance of a comprehensive evaluation of the safety net programs administered by the department or a review or analysis of the department's programs, processes, practices or potential reforms or for any other consulting services, and it deappropriates and deallocates unexpended funds that are encumbered for this project.

Committee Amendment "A" (H-684)

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

House Amendment "A" (H-760)

This amendment strikes the emergency preamble and the emergency clause.

LD 1815 An Act To Require a Work Search for Job-ready Applicants for Benefits under the Temporary Assistance for Needy Families Program Accepted Majority (ONTP) Report

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

This bill creates a work search requirement for job-ready applicants to the Temporary Assistance for Needy Families program. Before assistance is granted, an applicant must apply in writing for three separate advertised jobs and provide verifiable documentation to the Department of Health and Human Services, if considered job-ready.

LD 1820 Resolve, Directing the Department of Health and Human Services To Develop a Report with Data on Out-of-state Access to Temporary Assistance for Needy Families Program Benefits Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NADEAU A BURNS	OTP-AM OTP-AM	H-792

This bill prohibits a recipient of benefits under the Temporary Assistance for Needy Families program from using an electronic benefits transfer card, or EBT card, outside of Maine, either at an automated teller machine or for an electronic point of sale transaction.

Committee Amendment "A" (H-792)

This amendment, which is the majority report of the committee, replaces the bill with a resolve. It requires the Department of Health and Human Services to develop a report on out-of-state access to Temporary Assistance for

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Needy Families program benefits to be submitted to the Joint Standing Committee on Health and Human Services no later than November 1, 2014. The report must include data on out-of-state transactions at automated teller machines and electronic points of sale, the types of establishments where benefits are accessed, the type of purchases made using point-of-sale transactions and the duration of continuous access out of state. The Department of Health and Human Services is required to work with the Office of the Attorney General to investigate possible misuse of benefits and whether continuous use outside of the State means the individual accessing those benefits is no longer a resident of the State.

LD 1822 An Act To Increase Integrity in the Temporary Assistance for Needy Families Program through Restriction of Expenditures Died Between Houses

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MACDONALD S CUSHING	OTP-AM OTP-AM OTP-AM	H-787

This bill prohibits benefits provided under the Temporary Assistance for Needy Families program from being expended on tobacco, imitation liquor, liquor, gambling, lotteries or bail.

Committee Amendment "A" (H-787)

This amendment, which is the majority report of the committee, replaces the bill. It prohibits the use of the electronic benefits transfer system at tobacco specialty stores. It requires the Department of Health and Human Services to develop an education program for recipients of benefits under the Temporary Assistance for Needy Families program that emphasizes that those benefits are to be used for supporting dependent children and are not to be used to pay for tobacco products, liquor products, gambling activities, lotteries or bail. In addition, the Department of Health and Human Services must collect as much data as possible on the use of Temporary Assistance for Needy Families program benefits for tobacco and liquor products, gambling activities, lotteries and bail. The department is required to report its findings, including recommendations and suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 15, 2014.

Committee Amendment "B" (H-788)

This amendment, a minority report of the committee, incorporates a fiscal note.

Committee Amendment "C" (H-789)

This amendment, which is a minority report of the committee, bans the use of electronic transfer system benefits at tobacco specialty stores. It requires the Department of Health and Human Services to develop an education program for recipients of benefits under the Temporary Assistance for Needy Families program that emphasizes the importance of using benefits for supporting dependent children and the prohibition on using benefits to purchase tobacco products or liquor products or for gambling activities, lotteries or bail. In addition, the Department of Health and Human Services must collect as much data as possible on the use of Temporary Assistance for Needy Families program benefits for tobacco and liquor products, gambling activities, lotteries and bail. The department is required to report its findings, including recommendations and suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 15, 2014.

House Amendment "A" To Committee Amendment "A" (H-802)

This amendment restores the provisions of the bill that prohibit benefits under the Temporary Assistance for Needy Families program from being expended on tobacco, imitation liquor, liquor, gambling, lotteries or bail. In addition, the Department of Health and Human Services is directed to collect information on the cost and impact of implementing and enforcing the restrictions on the use of Temporary Assistance for Needy Families program

Joint Standing Committee on Health and Human Services

benefits for tobacco and liquor products, gambling activities, lotteries and bail. The department is required to report its findings, including recommendations and suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than March 15, 2015.

House Amendment "C" To Committee Amendment "A" (H-805)

Like the bill, this amendment prohibits benefits provided under the Temporary Assistance for Needy Families program from being expended on tobacco, imitation liquor, liquor, gambling, lotteries or bail. It eliminates the requirement established in Committee Amendment "A" that the Department of Health and Human Services develop an education program for recipients of benefits under the Temporary Assistance for Needy Families program that emphasizes that those benefits are to be used for supporting dependent children and are not to be used to pay for tobacco products, liquor products, gambling activities, lotteries or bail. In addition, it eliminates the requirement that the Department of Health and Human Services collect as much data as possible on the use of Temporary Assistance for Needy Families program benefits for tobacco and liquor products, gambling activities, lotteries and bail. This amendment also makes the following changes to the laws governing the Temporary Assistance for Needy Families program.

1. It removes the provision that prohibits a person from being sanctioned under the Additional Support for People in Retraining and Employment-Temporary Assistance for Needy Families program or the Temporary Assistance for Needy Families program for failure to participate in the Additional Support for People in Retraining and Employment-Temporary Assistance for Needy Families program if that failure to participate is based on good cause.
2. It removes the 24-month limit on education, training and treatment for participants in the Additional Support for People in Retraining and Employment-Temporary Assistance for Needy Families program.
3. It prohibits a recipient of benefits under the Temporary Assistance for Needy Families program from using an electronic benefits transfer card, or EBT card, outside of Maine, either at an automated teller machine or for an electronic point of sale transaction.
4. It creates a work search requirement for job-ready applicants to the Temporary Assistance for Needy Families program.

House Amendment "B" To Committee Amendment "A" (H-803)

This amendment provides that retailers and vendors may not accept TANF benefits through electronic benefits transfer system debit cards for tobacco, imitation liquor, liquor, gambling or lotteries.

Senate Amendment "A" To Committee Amendment "A" (S-505)

This amendment restores the provisions of the bill that prohibit benefits under the Temporary Assistance for Needy Families program from being expended on tobacco, imitation liquor, liquor, gambling, lotteries or bail. In addition, this amendment provides that retailers and vendors may not accept TANF benefits through electronic benefits transfer system debit cards for those prohibited expenditures. This amendment specifies that the recipient of Temporary Assistance for Needy Families program benefits must agree to refrain from expending the benefits in violation of the law. This amendment provides for the education of Temporary Assistance for Needy Families program recipients regarding the appropriate, approved and prohibited uses of Temporary Assistance for Needy Families program benefits. In addition, the Department of Health and Human Services is directed to collect information on the cost and impact of implementing and enforcing the restrictions on the use of Temporary Assistance for Needy Families program benefits for tobacco and liquor products, gambling activities, lotteries and bail. The department is required to report its findings, including recommendations and suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than March 15, 2015.

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LD 1829 An Act To Require the Department of Health and Human Services To Report Annually on Investigations and Prosecutions of False Claims Made under the MaineCare, Temporary Assistance for Needy Families and Food Supplement Programs

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE LACHOWICZ	OTP-AM ONTP	H-786 H-818 FARNSWORTH

This bill requires the Department of Health and Human Services to report annually by February 15th to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over financial affairs regarding actions taken by the department to investigate program integrity under the MaineCare, Temporary Assistance for Needy Families and food supplement programs, including the amount recovered, the cost of those investigations and prosecutions, the number of personnel working on the investigations, the status of cases referred to the Attorney General's office, a description of the performance and activities of a vendor, contractor or other program integrity unit used by the department to help recover overpayments, a description of the department's participation in federally mandated program integrity efforts, the results of federal audits, a description of defects, deficiencies or weaknesses in department systems, a description of planned investments in technology and a description of policy changes or improvements implemented.

Committee Amendment "A" (H-786)

This amendment, which is the majority report of the committee, clarifies the bill by adding references to the chapters of the Maine Revised Statutes, Title 22 through which benefits are provided under the MaineCare program, Temporary Assistance for Needy Families, TANF, program, Additional Support for People in Retraining and Employment-Temporary Assistance for Needy Families program and the statewide food supplement program. The amendment also specifies that information disclosed by the Office of the Attorney General for the purposes of the annual report from the Department of Health and Human Services on investigations and prosecutions of false claims made under the MaineCare, TANF and food supplement programs on the status of cases must conform to the law on intelligence and investigative record information and may not compromise the investigation or prosecution of a case. The amendment also specifies that the requirements of the bill must be accomplished within the existing resources of the department.

House Amendment "A" (H-818)

This amendment removes the emergency preamble and emergency clause.

LD 1840 An Act To Implement the Recommendations of the Substance Abuse Services Commission with Regard to the Controlled Substances Prescription Monitoring Program

**PUBLIC 587
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	S-531 HILL

This bill implements the recommendations of the Substance Abuse Services Commission with regard to the Controlled Substances Prescription Monitoring Program pursuant to Resolve 2013, chapter 25. The bill is the unanimous report of the Joint Standing Committee on Health and Human Services and is reported out of committee pursuant to Joint Rule 353. The bill repeals provisions of the Controlled Substances Prescription Monitoring Program that pertain to specific participation requirements. It appropriates funding to enable the Department of

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Health and Human Services to update the monitoring program's online enrollment mechanism for prescribers of controlled substances and directs the department to take action to enable those prescribers to renew professional applications online. It appropriates funding to implement electronic coding necessary to update the monitoring program's computer system. The bill directs the Department of Health and Human Services to seek outside funding if funding is insufficient to complete the update.

Senate Amendment "A" (S-531)

This amendment removes the appropriations and allocations section.

Enacted Law Summary

Public Law 2013, chapter 587 implements the recommendations of the Substance Abuse Services Commission with regard to the Controlled Substances Prescription Monitoring Program pursuant to Resolve 2013, chapter 25. The law repeals provisions of the Controlled Substances Prescription Monitoring Program that pertain to specific participation requirements. The law requires the Department of Health and Human Services to update the enrollment mechanism for prescribers of controlled substances who are registering with the program or are renewing registration. The law requires the department to update its computer system to allow subaccount holders and delegated account holders access to the database using the online application process. The law requires updating of the computer system to enable licensing data to be extracted on a scheduled basis and transferred to the program in order to allow for some automated enrollment. The law allows the Department of Health and Human Services to seek outside funding if funding is insufficient to complete the update.

Public Law 2013, chapter 587 was enacted as an emergency measure effective April 30, 2014.

LD 1842 An Act To Amend the Laws Governing the Temporary Assistance for Needy Families Program

Accepted Majority (ONTP) Report

Sponsor(s)
GILLWAY
HAMPER

Committee Report
ONTP
OTP-AM

Amendments Adopted

This bill makes the following changes to the laws governing the Temporary Assistance for Needy Families program.

1. It removes the provision that prohibits a person from being sanctioned under the Additional Support for People in Retraining and Employment-Temporary Assistance for Needy Families program or the Temporary Assistance for Needy Families program for failure to participate in the Additional Support for People in Retraining and Employment-Temporary Assistance for Needy Families program if that failure to participate is based on good cause.
2. It removes the 24-month limit on education, training and treatment for participants in the Additional Support for People in Retraining and Employment-Temporary Assistance for Needy Families program.
3. It eliminates the Parents as Scholars Program.

Committee Amendment "A" (H-790)

This amendment, which is the minority report of the committee, retains the provision of current law that prohibits a person from being sanctioned under the Additional Support for People in Retraining and Employment Temporary Assistance for Needy Families program if the person is a victim of domestic violence.

Joint Standing Committee on Health and Human Services

LD 1844 An Act To Increase Local Responsibility for General Assistance

**Accepted Majority
(ONTP) Report**

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

This bill, beginning July 1, 2015, changes the formula for determining the rate of reimbursement paid by the State to municipalities and Indian tribes under the general assistance program to 50% of the municipalities' and Indian tribes' net general assistance costs. The bill also requires all municipalities to submit reports to the Department of Health and Human Services on a monthly basis. The bill repeals the requirement that the State reimburse municipalities and Indian tribes for a portion of the costs incurred in paying benefits through the municipality's or Indian tribe's general assistance program.

Committee Amendment "A" (H-794)

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

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SUBJECT INDEX

Aging and Long-term Care

Enacted

LD 20	Resolve, Directing the Department of Health and Human Services To Review the Need for and the Costs of Services That Enable Populations Who Are Elderly or Have Disabilities To Live Independently	RESOLVE 79
LD 1776	An Act To Implement the Recommendations of the Commission To Study Long-term Care Facilities	PUBLIC 594 EMERGENCY

Not Enacted

LD 535	An Act To Promote Greater Flexibility in the Provision of Long-term Care Services	ONTP
LD 1745	An Act To Preserve Maine's Long-term Care Facilities	Died On Adjournment
LD 1757	Resolve, To Establish the Blue Ribbon Commission on Independent Living and Disability	Veto Sustained

Child Care

Enacted

LD 1581	An Act To Improve Business Certainty for Providers of Quality Child Care	PUBLIC 559
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Not Enacted

LD 1682	An Act To Preserve Head Start and Child Care Services	Died On Adjournment
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Children's Mental Health

Enacted

LD 1031	Resolve, Directing the Department of Health and Human Services To Review the Use of Restraint and Seclusion at Mental Health Institutes	RESOLVE 91
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Children's Services

Enacted

LD 1683	An Act To Improve Degree and Career Attainment for Former Foster Children	PUBLIC 577
LD 1685	Resolve, To Strengthen the Protection of Children from Abuse and Neglect	RESOLVE 99 EMERGENCY

Not Enacted

LD 1047	Resolve, To Provide a Better Transition for Foster Children to Independent Adulthood	ONTP
LD 1449	An Act To Amend the Composition and Duties of the Maine Children's Growth Council	Veto Sustained

Departmental Organization and Administration

Not Enacted

LD 1794	An Act To Cancel the No-bid Alexander Group Contract To Produce Savings in Fiscal Year 2013-14	Veto Sustained
LD 1829	An Act To Require the Department of Health and Human Services To Report Annually on Investigations and Prosecutions of False Claims Made under the MaineCare, Temporary Assistance for Needy Families and Food Supplement Programs	Veto Sustained

Developmental Disabilities

Enacted

LD 1582	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 94 EMERGENCY
LD 1583	Resolve, Regarding Legislative Review of Portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 29: Allowances for Support Services for Adults with Intellectual Disabilities or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services	RESOLVE 85 EMERGENCY
LD 1584	Resolve, Regarding Legislative Review of Portions of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 21: Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services	RESOLVE 84 EMERGENCY
LD 1598	An Act To Improve Hospital-based Behavioral Health Treatment for Persons with Intellectual Disabilities or Autism	PUBLIC 500

Health Care Workforce

Not Enacted

LD 1599	Resolve, Directing the Commissioner of Health and Human Services To Advance the Safe Handling of Hazardous Drugs To Protect Health Care Personnel	ONTP
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Health Information and Data

Enacted

LD 1642	An Act To Clarify the Law Governing Public Disclosure of Health Care Prices	PUBLIC 515
LD 1740	An Act To Amend Laws Relating to Health Care Data	PUBLIC 528

Not Enacted

LD 1759	Resolve, Implementing the Recommendations of the Commission To Study the Incidence of and Mortality Related to Cancer	ONTP
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Licensing

Not Enacted

LD 1592	An Act To Improve and Modernize the Authority of Local Health Inspectors	ONTP
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Medicaid/MaineCare

Enacted

LD 1274	An Act To Sustain Emergency Medical Services throughout the State	PUBLIC 441
LD 1596	Resolve, Directing the Department of Health and Human Services To Amend MaineCare Rules as They Pertain to the Delivery of Covered Services via Telecommunications Technology	RESOLVE 105 EMERGENCY
LD 1748	Resolve, Regarding Legislative Review of Portions of Chapter 101: 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 104 EMERGENCY

Not Enacted

LD 1247	An Act To Expand Coverage of Family Planning Services	Veto Sustained
LD 1487	An Act To Provide Fiscal Predictability to the MaineCare Program and Health Security to Maine People	Veto Sustained
LD 1552	Resolve, To Provide for an Analysis of MaineCare Rates for Facility-based Preschool Services for Children with Disabilities and a Report on the Analysis	Veto Sustained
LD 1578	An Act To Increase Health Security by Expanding Federally Funded Health Care for Maine People	Veto Sustained
LD 1595	An Act To Preserve Access to Nursing Home Care by Correcting Chronic Shortfalls in MaineCare Reimbursement	Leave to Withdraw Pursuant to Joint Rule 310
LD 1636	An Act To Provide a More Efficient and Reliable System of Nonemergency Transportation for MaineCare Members	ONTP
LD 1640	An Act To Expand MaineCare for Veterans and Low-income Residents	Veto Sustained
LD 1663	Resolve, To Require New Contracts for MaineCare Nonemergency Transportation	Veto Sustained

Medical Use of Marijuana

Enacted

LD 1597	An Act To Clarify Provisions of the Maine Medical Use of Marijuana Act	PUBLIC 501 EMERGENCY
LD 1623	An Act To Further Protect Patient Access to Safe Medical Marijuana by Allowing Dispensaries To Purchase Excess Marijuana from Other Dispensaries	PUBLIC 503 EMERGENCY
LD 1739	An Act To Amend the Maine Medical Use of Marijuana Act	PUBLIC 516
LD 1779	An Act Relating to Nursing Facility and Inpatient Hospice Patients and Medical Marijuana Use	PUBLIC 520

Mental Health

Not Enacted

LD 968	An Act To Provide Needed Psychiatric Hospitalization for Persons with Mental Illness	ONTP
LD 1580	An Act To Use the Dorothea Dix Psychiatric Center To Provide Inpatient Mental Health Services for Forensic Patients	ONTP
LD 1594	Resolve, To Review and Make Recommendations on Challenges, Gaps and Inefficiencies in Maine's Emergency Crisis Hotline and "Warm Line" Services	Veto Sustained

Oral Health/Dental Care

Not Enacted

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| LD 1704 | An Act To Increase the Use of Dental Services by MaineCare-eligible Children | ONTP |
| LD 1749 | An Act To Create Greater Cost Efficiency and Improve Health Outcomes by Incorporating Increased Access to Dental Services for Adults through MaineCare's Care Management and Coordination Initiatives | ONTP |

Poverty and Homelessness

Not Enacted

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| LD 1717 | Resolve, To Support Homeless Youth Shelters | Veto Sustained |
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Public Assistance

Not Enacted

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| LD 1815 | An Act To Require a Work Search for Job-ready Applicants for Benefits under the Temporary Assistance for Needy Families Program | Majority (ONTP) Report |
| LD 1820 | Resolve, Directing the Department of Health and Human Services To Develop a Report with Data on Out-of-state Access to Temporary Assistance for Needy Families Program Benefits | Veto Sustained |
| LD 1822 | An Act To Increase Integrity in the Temporary Assistance for Needy Families Program through Restriction of Expenditures | Died Between Houses |
| LD 1842 | An Act To Amend the Laws Governing the Temporary Assistance for Needy Families Program | Majority (ONTP) Report |
| LD 1844 | An Act To Increase Local Responsibility for General Assistance | Majority (ONTP) Report |

Substance Abuse

Enacted

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| LD 1686 | An Act To Address Preventable Deaths from Drug Overdose | PUBLIC 579
EMERGENCY |
| LD 1840 | An Act To Implement the Recommendations of the Substance Abuse Services Commission with Regard to the Controlled Substances Prescription Monitoring Program | PUBLIC 587
EMERGENCY |

Not Enacted

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| LD 1213 | An Act To Reduce Costs and Increase Access to Methadone Treatment | Majority (ONTP) Report |
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Tobacco Sale and Use

Enacted

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| LD 386 | An Act To Reduce Tobacco-related Illness and Lower Health Care Costs in MaineCare | PUBLIC 444 |
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