

STATE OF MAINE
126TH LEGISLATURE
FIRST REGULAR SESSION



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

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

July 2013

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LD 3 Resolve, Regarding Legislative Review of Portions of the MaineCare Benefits Manual, Chapter III, Section 21: 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 15
EMERGENCY**

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

This resolve provides for legislative review of portions of the MaineCare Benefits Manual, Chapter III, Section 21: 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 15 authorizes portions of the MaineCare Benefits Manual, Chapter III, Section 21: 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 15 was finally passed as an emergency measure effective May 10, 2013.

LD 8 Resolve, Directing the Department of Health and Human Services To Provide Coverage under the MaineCare Program for Home Support Services for Adults with Intellectual Disabilities or Autistic Disorder

RESOLVE 24

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHASE HAMPER	OTP-AM	H-68

This resolve directs the Department of Health and Human Services to amend its rules for the MaineCare program with respect to support services for adults with intellectual disabilities or autistic disorder to provide that the teaching of home life skills is a covered service. The rules are designated as routine technical rules.

Committee Amendment "A" (H-68)

This amendment replaces the resolve. It requires the Department of Health and Human Services to request approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to amend the Section 29 waiver of the MaineCare program in Chapter 101, MaineCare Benefits Manual, Chapters II and III to allow the Department of Health and Human Services to add home support as a covered service. Upon approval by the Centers for Medicare and Medicaid Services, the Department of Health and Human Services is required to adopt rules to amend the rules on the MaineCare program in Chapter 101, MaineCare Benefits Manual, Chapter II, Section 29 and Chapter III, Section 29 to add home support as a covered service. Rules to amend Chapter II, Section 29 are designated routine technical rules and rules to amend Chapter III, Section 29 are designated major substantive rules as defined in Title 5, chapter 375, subchapter 2-A. Services under the Section 29 program remain capped at an aggregate amount of \$23,771 per year after home support is added.

Enacted Law Summary

Resolve 2013, chapter 24 requires the Department of Health and Human Services to request approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to amend the

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Section 29 waiver of the MaineCare program in Chapter 101, MaineCare Benefits Manual, Chapters II and III to allow the Department of Health and Human Services to add home support as a covered service. Upon approval by the Centers for Medicare and Medicaid Services, the Department of Health and Human Services is required to adopt rules to amend the rules on the MaineCare program in Chapter 101, MaineCare Benefits Manual, Chapter II, Section 29 and Chapter III, Section 29 to add home support as a covered service. Rules to amend Chapter II, Section 29 are designated routine technical rules and rules to amend Chapter III, Section 29 are designated major substantive rules as defined in Title 5, chapter 375, subchapter 2-A. Services under the Section 29 program remain capped at an aggregate amount of \$23,771 per year after home support is added.

See also LD 969.

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* HELD BY GOVERNOR

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

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.

LD 22 *An Act To Promote Equity in Business Opportunity for Tobacco Specialty Stores* ACCEPTED MAJORITY (ONTP) REPORT

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

Current law allows the on-premises service, preparation and consumption of food and drink in tobacco specialty stores only if those stores were licensed for such services prior to January 1, 2007.

This bill removes the prohibition on the acquisition of such licenses by tobacco specialty stores subsequent to January 1, 2007.

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Committee Amendment "A" (S-34)

This amendment is the minority report of the committee and replaces the bill. It allows a tobacco specialty store to be licensed as a cigar lounge and to be licensed to sell alcoholic beverages. A tobacco specialty store that is a cigar lounge may not sell cigarettes or prepare food on premises for sale. A tobacco specialty store that is a cigar lounge must provide notice about the dangers of environmental tobacco smoke to applicants for employment and employees.

LD 23 An Act To Lower the Cost of Copies of Medical Records

PUBLIC 32

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

This bill reduces the maximum amount that a hospital may charge for copies of medical records for the first page from \$10 to \$5.

Enacted Law Summary

Public Law 2013, chapter 32 reduces the maximum amount that a hospital may charge for copies of medical records for the first page from \$10 to \$5.

See also LD 1500, enacted as Public Law 2013, chapter 158.

LD 29 An Act To Provide Support Services to Adults with Intellectual Disabilities or Autistic Disorder

**DIED ON
ADJOURNMENT**

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

This bill provides a General Fund appropriation of \$1,000,000 in fiscal years 2013-14 and 2014-15 for the Department of Health and Human Services to serve individuals on the waiting list for services under the MaineCare Benefits Manual, Chapter II, Section 29, Support Services for Adults with Intellectual Disabilities or Autistic Disorder. It also provides corresponding Federal Expenditures Fund allocations.

See also Public Law 2013, chapter 368, the biennial budget, pages 266 and 359.

LD 30 An Act To Provide Home and Community Services for Individuals with Intellectual Disabilities or Autism

**DIED ON
ADJOURNMENT**

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

This bill provides a General Fund appropriation of \$1,000,000 in fiscal years 2013-14 and 2014-15 for the Department of Health and Human Services to serve individuals on the waiting list for services under the MaineCare Benefits Manual, Chapter II, Section 21, Home and Community Benefits for Members with Intellectual Disabilities

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or Autistic Disorder. It also provides corresponding Federal Expenditures Fund allocations.

See also Public Law 2013, chapter 368, the biennial budget, page 357.

LD 62 *Resolve, Directing the Department of Health and Human Services To Increase Reimbursement Rates for Adult Day Services* CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY MILLETT	OTP-AM	

This bill provides additional General Fund appropriations of \$130,000 in fiscal year 2013-14 and \$330,000 in fiscal year 2014-15 for the Department of Health and Human Services to fund respite services in the adult day services program. This appropriation is intended to increase funding for this program to \$450,000 in fiscal year 2013-14 and to \$650,000 in fiscal year 2014-15.

Committee Amendment "A" (H-372)

This amendment replaces the bill with a resolve. It requires the Department of Health and Human Services to increase reimbursement rates for adult day services programs within Chapter 101: MaineCare Benefits Manual, Chapter II, Sections 19 and 26 and Chapter 5: Office of Elder Services Policy Manual, Sections 61 and 63 to \$12 an hour beginning October 1, 2013. It also adds an appropriations and allocations section.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 77 *An Act To Require Health Care Practitioners To Distribute Free Samples of Medication in Certain Circumstances* ONTP

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

This bill requires health care practitioners to distribute free samples of medication to a patient in order to test the reaction of the patient and the effectiveness in treatment of the patient's disease or condition. The requirement to distribute free samples depends on availability, appropriateness and timeliness.

LD 78 *An Act To Expand Transitional Assistance for Families* PUBLIC 97

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BEAUDOIN	OTP-AM	H-69

This bill expands transitional benefits for families that lose eligibility for assistance under the Temporary Assistance for Needy Families program and the MaineCare program because of increased income and for certain working families that receive supplemental nutrition assistance as follows.

1. For families that were eligible for MaineCare because their income was below 150% of the federal poverty level, it expands the upper limit of financial eligibility for transitional Medicaid from 185% to 200% of the federal poverty guidelines, extends the time period during which payment of premiums for transitional Medicaid is not

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required from six to nine months and, for families whose ineligibility is due to increased child support, extends the period of eligibility for transitional Medicaid from four to six months.

2. For families that lose eligibility for Temporary Assistance for Needy Families due to employment, it expands transitional transportation benefits from 12 to 18 months.

3. For families that lose eligibility for Temporary Assistance for Needy Families due to increased earnings or increased hours of work, it expands financial eligibility for transitional child care services from 250% to 300% of the federal poverty guidelines.

4. For certain working families that receive supplemental nutrition assistance, it expands transitional food assistance from \$50 per month to \$75 per month.

Committee Amendment "A" (H-69)

This amendment replaces the bill. The amendment allows the Department of Health and Human Services to make transitional transportation benefits available to families in which one or both adults are working and who, although they remain financially eligible for Temporary Assistance for Needy Families benefits, request that their benefits be terminated. The amendment directs the department to adopt rules on transitional transportation assistance for families who lose eligibility for benefits under the TANF program due to increased employment income. The amended rules must allow those families up to one year after termination from TANF assistance to apply for transitional transportation assistance. The rules are designated as routine technical rules.

Enacted Law Summary

Public Law 2013, chapter 97 allows the Department of Health and Human Services to make transitional transportation benefits available to families in which one or both adults are working and who, although they remain financially eligible for Temporary Assistance for Needy Families benefits, request that their benefits be terminated. The law directs the department to adopt rules on transitional transportation assistance for families who lose eligibility for benefits under the TANF program due to increased employment income. The amended rules must allow those families up to one year after termination from TANF assistance to apply for transitional transportation assistance. The rules are designated as routine technical rules.

LD 87 An Act To Improve Community Mental Health Treatment

CARRIED OVER

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

This bill requires the Department of Health and Human Services to develop programs to provide services and housing to persons with chronic mental illness. The programs must be designed to ensure psychiatric rehabilitation and to improve the rehabilitation and recovery of persons with chronic mental illness. The programs must provide medically necessary health and mental health services to persons with chronic mental illness in the least restrictive setting that is consistent with the person's choice and individual treatment plan and within the person's chosen community and provide housing options to persons with chronic mental illness including a person's home or group residential setting or another configuration according to the person's choice.

Committee Amendment "A" (S-33)

This amendment is the majority report of the committee. The amendment replaces the term "psychiatric rehabilitation" with "rehabilitation and recovery." The amendment adds to the law amended in the bill, which is a general policy statement, language regarding the Department of Health and Human Services providing services that are appropriate to a person's needs, consistent with a person's choices and geographically accessible. The

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amendment also adds an appropriations and allocations section.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 88 An Act To Update the Maine HIV Advisory Committee

PUBLIC 108

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN FARNSWORTH	OTP-AM ONTP	S-32

This bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to review and update the structure and duties of the Maine HIV Advisory Committee, as established in the Maine Revised Statutes, Title 5, section 12004-I, subsection 42 and detailed in Title 5, section 19202.

Committee Amendment "A" (S-32)

This amendment strikes and replaces the bill. It changes the deadline for the annual report of the Maine HIV Advisory Committee from January 31st to March 1st. The amendment changes the membership on the Maine HIV Advisory Committee so that it includes two Legislators, five representatives of state agencies, four persons living with HIV/AIDS, two representatives of populations most affected by HIV/AIDS in the State, two providers of HIV-related services, two representatives of the public health community and two additional members chosen by the membership.

Enacted Law Summary

Public Law 2013, chapter 108 changes the deadline for the annual report of the Maine HIV Advisory Committee from January 31st to March 1st. The law changes the membership on the Maine HIV Advisory Committee so that it includes two Legislators, five representatives of state agencies, four persons living with HIV/AIDS, two representatives of populations most affected by HIV/AIDS in the State, two providers of HIV-related services, two representatives of the public health community and two additional members chosen by the membership.

LD 95 Resolve, To Create the Task Force on the Prevention of Sexual Abuse of Children

INDEF PP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKER HASKELL	OTP-AM	H-79

This resolve establishes the Task Force on the Prevention of Sexual Abuse of Children, which is directed to study issues regarding child sexual abuse in Maine and to recommend policies to address those issues. The policies may include age-appropriate curricula for school children from prekindergarten to grade five and methods to increase teacher, student and parent awareness of the issues regarding child sexual abuse. The task force is also directed to submit a report to the Joint Standing Committee on Health and Human Services, and the joint standing committee is authorized to introduce a bill to the Second Regular Session of the 126th Legislature based on that report.

Committee Amendment "A" (H-79)

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This amendment incorporates a fiscal note.

LD 123 Resolve, Directing the Department of Health and Human Services To Clarify the Processes Regarding Registration of Recovery Agencies for Tissue and Organ Donation

RESOLVE 58

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN KRUGER	OTP-AM	S-149

This bill enacts the Anatomical Recovery Organization Act to require a person or entity that performs anatomical recovery in this State to register as an anatomical recovery organization. The bill provides penalties for performing anatomical recovery without having registered. The bill requires records to be kept on the receipt, use, processing, transplantation, transfer and disposal of all human bodies and body parts. The bill authorizes the department to adopt routine technical rules to implement the chapter.

Committee Amendment "A" (S-149)

This amendment replaces the bill with a resolve. It requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to examine the current processes for registration for recovery agencies engaged in tissue and organ donation and determine if the current policies and processes in the office of the Chief Medical Examiner and the department meet the statutory requirements under the Revised Uniform Anatomical Gift Act. The department must consult with the office of the Chief Medical Examiner, the office within the Department of the Secretary of State that issues driver's licenses, the coordinator of the Maine Organ Donor Registry within the office of the Secretary of State, the Organ Donation Advisory Council, the New England Organ Bank and other interested parties including funeral directors. The department must report its findings, recommendations and suggested legislation to the Joint Standing Committee on Health and Human Services no later than January 1, 2014.

Enacted Law Summary

Resolve 2011, chapter 58 requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to examine the current processes for registration for recovery agencies engaged in tissue and organ donation and determine if the current policies and processes in the office of the Chief Medical Examiner and the department meet the statutory requirements under the Revised Uniform Anatomical Gift Act. The department must consult with the office of the Chief Medical Examiner, the office within the Department of the Secretary of State that issues driver's licenses, the coordinator of the Maine Organ Donor Registry within the office of the Secretary of State, the Organ Donation Advisory Council, the New England Organ Bank and other interested parties including funeral directors. The department must report its findings, recommendations and suggested legislation to the Joint Standing Committee on Health and Human Services no later than January 1, 2014.

LD 132 Resolve, To Provide Organic Infant Formula through the Maine Women, Infants and Children Program

ONTP

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

This resolve requires the Department of Health and Human Services to amend its rules for the Maine Women, Infants and Children Program on contracting with the manufacturer of infant formula to make organic infant formula available to participants. It requires the Maine Women, Infants and Children Program to offer organic infant formula, as the sole product or as a choice, if the organic formula meets federal and state program requirements and is available for a cost that is equal to or less than infant formula that is not organic. It specifies that the rules are to be routine technical rules.

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LD 145 Resolve, Regarding the Presence of the Department of Health and Human Services in Urban and Rural Areas

RESOLVE 23

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FREDETTE KATZ	OTP-AM	H-70

This bill requires the Department of Health and Human Services to establish in each county of the State at least one office with appropriate staff to provide child protective services.

Committee Amendment "A" (H-70)

This amendment replaces the bill with a resolve and changes the title. The amendment directs the Department of Health and Human Services to review the distribution of offices of the department and the means by which the department provides necessary departmental presence and staffing to residents of the State in urban and rural areas. The amendment directs the department to consider the needs of all residents, both young and old, and the reasons residents are visiting the department. The amendment directs the department to consider traditional office-based services, part-time and donated office space, delivery of services by mobile means and by having personnel visit with residents in their homes and new options created by advancements in technology. The amendment directs the department to report by January 1, 2014 to the Joint Standing Committee on Health and Human Services on the results of the review and the options for and costs of improved service delivery. The report must include the costs and benefits of several options and the recommendations of the department.

Enacted Law Summary

Resolve 2013, chapter 23 directs the Department of Health and Human Services to review the distribution of offices of the department and the means by which the department provides necessary departmental presence and staffing to residents of the State in urban and rural areas. The resolve directs the department to consider the needs of all residents, both young and old, and the reasons residents are visiting the department. The resolve directs the department to consider traditional office-based services, part-time and donated office space, delivery of services by mobile means and by having personnel visit with residents in their homes and new options created by advancements in technology. The resolve directs the department to report by January 1, 2014 to the Joint Standing Committee on Health and Human Services on the results of the review and the options for and costs of improved service delivery. The report must include the costs and benefits of several options and the recommendations of the department.

LD 162 An Act To Repeal the Maine Certificate of Need Act of 2002

**ACCEPTED
MAJORITY
(ONTP) REPORT**

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

Under current law, before introducing additional health care services and procedures in a market area, a person must apply for and receive a certificate of need from the Department of Health and Human Services. This bill eliminates that requirement.

Committee Amendment "A" (H-366)

This amendment is the minority report of the committee. This amendment establishes a prior approval process for health care facility projects that will require funding from or will increase costs to the MaineCare program. "Health care facility" is defined as a hospital, psychiatric hospital, nursing facility, intermediate care facility for persons

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with intellectual disabilities, end-stage renal disease facility, rehabilitation facility, residential care facility, ambulatory surgical facility, independent radiological service center, independent cardiac catheterization center or cancer treatment center. The Department of Health and Human Services is directed to take into consideration the qualifications and experience of an applicant for prior approval, the economic feasibility of the proposed project, the public need for the project and compliance with standards for budget neutrality with respect to the MaineCare program. The prior approval process must include an opportunity for public comment and may include public information meetings, public hearings and notification, as specified by rule. Unused and reserved beds in a facility are exempt from the prior approval process. A fund is established to receive unused funding previously used for a facility bed funded under the MaineCare program and to assign that funding for use for new beds in underserved areas or for underserved populations. The department is authorized to adopt routine technical rules, except that rules regarding fees are major substantive rules. The amendment also adds an appropriations and allocations section.

LD 164 An Act To Provide MaineCare Reimbursement for Pastoral Counselors ONTP

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

This bill requires the Department of Health and Human Services to provide reimbursement under the MaineCare program for services provided by a licensed pastoral counselor beginning January 1, 2014.

LD 180 An Act Concerning the Use of Tobacco Settlement Funds for Children's Health Care CARRIED OVER

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

This bill amends the law on the Fund for a Healthy Maine to require that funding for children's health care not be reduced in order to address a budget deficit.

Committee Amendment "A" (H-10)

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

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 181 Resolve, To Require Hospitals To Provide Information Regarding Testing for Krabbe Disease for Parents of Infants ONTP

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

This resolve requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to develop an information pamphlet on testing for Krabbe disease for dissemination by a hospital to all parents of newborn infants born at the hospital or to the parents of any child up to six months of age being treated at the hospital. The Maine Center for Disease Control and Prevention is required to develop the pamphlet by

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December 1, 2013.

LD 197 An Act To Improve Health Services to Schools

PUBLIC 78

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAHAM BURNS	OTP-AM ONTP	H-75

This bill allows a family or pediatric nurse practitioner to serve as a health care provider in a school.

Committee Amendment "A" (H-75)

This amendment is the majority report of the committee. This amendment renames school physicians, including family or pediatric nurse practitioners, school health advisors and clarifies that school health advisors may not act outside the scope of practice applicable to the school health advisor. The amendment removes from the bill a provision on local health officer duties.

Enacted Law Summary

Public Law 2013, chapter 78 renames school physicians, including family or pediatric nurse practitioners, school health advisors and clarifies that school health advisors may not act outside the scope of practice applicable to the school health advisor.

LD 198 An Act To Clarify Physicians' Delegation of Medical Care

PUBLIC 33

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

This bill clarifies that a physician or surgeon may delegate to the physician's or surgeon's employees or support staff certain activities relating to medical care and treatment without being present on the premises at the time the activities are performed.

Enacted Law Summary

Public Law 2013, chapter 33 clarifies that a physician or surgeon may delegate to the physician's or surgeon's employees or support staff certain activities relating to medical care and treatment without being present on the premises at the time the activities are performed.

LD 230 An Act To Establish the Commission on Health Care Cost and Quality

CARRIED OVER

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

This bill establishes the Commission on Health Care Cost and Quality to monitor the accessibility, cost and quality of health care in the State. The bill also reestablishes the State Health Plan and requires the commission to develop the plan on a biennial basis.

Committee Amendment "A" (H-76)

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This amendment is the majority report of the committee. This amendment reduces the membership on the Commission on Health Care Cost and Quality from 20 to 13 members and corrects the schedule for staggered appointments. This amendment adds to the duties of the commission the duty to work in cooperation with the Department of Health and Human Services and the Department of Health and Human Services, Maine Center for Disease Control and Prevention to implement the federal Centers for Medicare and Medicaid Services state innovation model grant. This amendment allows funding to be provided by the state innovation model grant for the commission to coordinate with the department on health care innovation and reform. The amendment also adds an appropriations and allocations section.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 252 An Act Regarding Registration and Correction of Death Information on PUBLIC 31
Death Certificates

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

This bill adds the Office of the Chief Medical Examiner as a certifier of cause of death on a death certificate to accommodate the electronic death registration system. It also permits the Office of the Chief Medical Examiner to electronically submit amendments to the death certificate using the electronic death registration system.

Enacted Law Summary

Public Law 2013, chapter 31 adds the Office of the Chief Medical Examiner as a certifier of cause of death on a death certificate to accommodate the electronic death registration system. It also permits the Office of the Chief Medical Examiner to electronically submit amendments to the death certificate using the electronic death registration system.

LD 253 An Act Regarding Registration of Fetal Deaths PUBLIC 14

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

This bill allows a fetal death certificate to be filed with the State Registrar of Vital Statistics as well as with the municipal clerk. The bill also authorizes a hospital or an institution to prepare a fetal death certificate with medical information provided by a physician or other person in attendance.

Enacted Law Summary

Public Law 2013, chapter 14 allows a fetal death certificate to be filed with the State Registrar of Vital Statistics as well as with the municipal clerk. It also authorizes a hospital or an institution to prepare a fetal death certificate with medical information provided by a physician or other person in attendance.

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LD 256 An Act To Amend the Laws Governing Recipients of Temporary Assistance for Needy Families

ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to amend the current law dealing with recipients of Temporary Assistance for Needy Families. The bill will require recipients of Temporary Assistance for Needy Families to work with town officials and municipal officers to seek meaningful employment and will require recipients of such benefits to work or volunteer in order to continue to receive benefits.

LD 257 An Act To Protect Newborns Exposed to Drugs or Alcohol

PUBLIC 192

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY CRAVEN	OTP-AM OTP-AM	H-234

This bill provides greater detail regarding the timing and process under which notifications must be made to the Department of Health and Human Services by health care providers regarding infants from birth to 12 months of age who exhibit signs of fetal exposure to drugs or alcohol. Following receipt of such a notification, the department is required to prepare a plan for the safe care of the infant. The bill repeals requirements that the department investigate every notification to determine abuse or neglect.

Committee Amendment "A" (H-234)

This amendment is the majority report of the committee and replaces the bill. The amendment amends current law on reporting to the Department of Health and Human Services by a health care provider involved in the delivery or care of an infant with prenatal exposure to drugs as follows:

1. The amendment changes "reports" to the department to "notifications" to the department and changes "suffering from withdrawal symptoms" to "demonstrating withdrawal symptoms that require medical monitoring or care beyond standard newborn care";
2. The amendment repeals the requirement that the department investigate all reports and authorizes the department to investigate as it determines to be necessary to protect an infant for whom the department has received notification; and
3. The amendment defines "fetal alcohol spectrum disorders" and adds it to the conditions of an infant that require notification to the department.

Committee Amendment "B" (H-235)

This amendment is the minority report of the committee and replaces the bill. The amendment amends current law on reporting to the Department of Health and Human Services by a health care provider involved in the delivery or care of an infant with prenatal exposure to drugs as follows:

1. The amendment changes "reports" to the department to "notifications" to the department and changes "suffering from withdrawal symptoms" to "demonstrating withdrawal symptoms";
2. The amendment repeals the requirement that the department investigate all reports and authorizes the department

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to investigate as it determines to be necessary to protect an infant for whom the department has received notification; and

3. The amendment defines "fetal alcohol spectrum disorders" and adds it to the conditions of an infant that require notification to the department.

Enacted Law Summary

Public Law 2013, chapter 192 amends current law on reporting to the Department of Health and Human Services by a health care provider involved in the delivery or care of an infant with prenatal exposure to drugs as follows:

1. The law changes "reports" to the department to "notifications" to the department and changes "suffering from withdrawal symptoms" to "demonstrating withdrawal symptoms that require medical monitoring or care beyond standard newborn care";
2. The law repeals the requirement that the department investigate all reports and authorizes the department to investigate as it determines to be necessary to protect an infant for whom the department has received notification; and
3. The law defines "fetal alcohol spectrum disorders" and adds it to the conditions of an infant that require notification to the department.

LD 272 An Act To Reduce Youth Cancer Risk

**VETO
SUSTAINED**

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

This bill prohibits tanning facilities and operators from allowing individuals who have not attained 18 years of age to use tanning devices.

LD 276 Resolve, To Improve Access to Oral Health Care for MaineCare Recipients

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CAIN CAREY	OTP-AM	

This resolve increases MaineCare dental reimbursement rates for 20 preventive, diagnostic and restorative dental procedures to the 10th percentile.

Committee Amendment "A" (S-197)

This amendment removes a reference to dental procedure D1203 and inserts in its place a reference to dental procedure D1208 in the list of preventive, diagnostic and restorative dental procedures in the resolve since D1203 is an obsolete reference. The amendment adds an appropriations and allocations section.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

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LD 305 An Act To Eliminate Institute Councils for Mental Health Institutions

PUBLIC 132

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

The purpose of this bill is to eliminate obsolete language in the statutes. This bill repeals the laws establishing institute councils for the Riverview Psychiatric Center and Dorothea Dix Psychiatric Center and fixes cross-references accordingly.

Enacted Law Summary

Public Law 2013, chapter 132 repeals the laws establishing institute councils for the Riverview Psychiatric Center and Dorothea Dix Psychiatric Center and fixes cross-references accordingly.

LD 325 An Act To Repeal Provisions of the Law That Apply or Refer to State Facilities for Persons with Intellectual Disabilities

PUBLIC 21

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

This bill repeals the provisions of law that apply or refer to state-run facilities for persons with intellectual disabilities, including laws that allow for voluntary admission, involuntary admission and judicial commitment of persons with intellectual disabilities to state-run facilities. The State closed the last of its facilities for persons with intellectual disabilities in response to the 1994 community consent decree, Consumer Advisory Board et al. v. Glover, 989 F.2d 65, 68 (1st Cir. 1993).

Enacted Law Summary

Public Law 2013, chapter 21 repeals the provisions of law that apply or refer to state-run facilities for persons with intellectual disabilities, including laws that allow for voluntary admission, involuntary admission and judicial commitment of persons with intellectual disabilities to state-run facilities. The State closed the last of its facilities for persons with intellectual disabilities in response to the 1994 community consent decree, Consumer Advisory Board et al. v. Glover, 989 F.2d 65, 68 (1st Cir. 1993).

LD 330 An Act To Require All Lodging Places To Be Licensed by the State

ONTP

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

Current law requires lodging places to be licensed by the Department of Health and Human Services; lodging houses may be licensed by the municipality under the direction of state law. Private homes when not more than five rooms are let, rooms and cottages where not more than three rooms or cottages are let and fraternity and sorority houses affiliated with educational institutions are exempt from licensing by the State. Lodging houses with fewer than five lodgers are exempt from municipal licensing. The dormitories of charitable, educational or philanthropic institutions and houses used in emergency situations are exempt from both state and municipal licensing.

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This bill removes the exemptions from state licensing of lodging places, private homes and inns, requiring them all to be licensed by the State, and repeals the authority of a municipality to license lodging houses since it will now be done by the State. Fraternity and sorority houses affiliated with educational institutions, dormitories of charitable, educational or philanthropic institutions and houses used in emergency situations remain exempt from state licensing.

LD 337 An Act To Require That Burn Injuries and Wounds Be Reported to the Office of the State Fire Marshal ONTP

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

This bill establishes a requirement that health care practitioners report to the Office of the State Fire Marshal within the Department of Public Safety certain burn injuries and wounds. The bill authorizes the Office of the State Fire Marshal to adopt routine technical rules as required for reporting. The bill provides criminal and civil immunity for persons who report in good faith, abrogates the health care practitioner-patient privilege for the purposes of reporting, provides a rebuttable presumption of good faith and clarifies that a report made pursuant to the law is an exception to certain confidentiality requirements for the purposes of the Maine Revised Statutes, Title 22, section 1711-C, subsection 6, paragraph F-1.

LD 338 Resolve, Directing the Department of Health and Human Services To Adopt Rules Governing the Use of Certain Antipsychotic Drugs by Children Enrolled in MaineCare RESOLVE 17

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY LACHOWICZ	OTP-AM	H-51

This resolve directs the Department of Health and Human Services to amend its rules governing the use of atypical antipsychotic drugs by children enrolled in MaineCare to require that the prescriber of a drug beyond the recommended period provide documented justification and perform a timely assessment and ongoing monitoring of metabolic and neurologic variables in accordance with the American Academy of Child and Adolescent Psychiatry's Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents.

Committee Amendment "A" (H-51)

This amendment clarifies that the Department of Health and Human Services must adopt rules pertaining to the use of atypical antipsychotic medications by a child under 17 years of age enrolled in MaineCare. The department does not currently have rules pertaining to the use of atypical antipsychotic medications by a child under 17 years of age enrolled in MaineCare. Rules adopted are designated major substantive rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Enacted Law Summary

Resolve 2013, chapter 17 directs the Department of Health and Human Services to adopt rules governing the use of atypical antipsychotic drugs by children enrolled in MaineCare to require that the prescriber of a drug beyond the recommended period provide documented justification and perform a timely assessment and ongoing monitoring of metabolic and neurologic variables in accordance with the American Academy of Child and Adolescent Psychiatry's Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. Rules adopted are designated major substantive rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

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LD 374 An Act To Eliminate the Child Support Collecting Fee Charged to a Person Who Has Never Received Assistance under a State Program ONTP

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

This bill provides that the State may not impose a fee for collection of child support on an individual who never received assistance under a state program if the individual would have been eligible for such assistance.

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

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

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 the unified budget bill.

LD 387 Resolve, To Direct the Department of Health and Human Services To Study the Ongoing Need for Rental Subsidies to Provider Agencies VETO SUSTAINED

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH CRAVEN	OTP-AM	H-95

This resolve directs the Department of Health and Human Services to study the issues surrounding the home and community-based waiver program under the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services and locate funding to better provide services that allow program participants to meet basic needs for shelter and nourishment.

Committee Amendment "A" (H-95)

This amendment directs the Department of Health and Human Services to work within available resources with community partners, including the Maine Association for Community Service Providers, to study the issues regarding rental subsidies to determine which MaineCare members receive rental subsidies, how other states

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provide rental subsidies to service providers for individuals with intellectual disabilities and within which state and federal guidelines and programs the rental subsidies to service providers for individuals with intellectual disabilities are provided. It requires the Department of Health and Human Services to collect and use available data within available resources. The requirement to report and the reporting date from the original resolve are unchanged.

**LD 388 Resolve, To Improve the Participation Rate of Prescribers in the
Controlled Substances Prescription Monitoring Program**

**RESOLVE 25
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DORNEY	OTP-AM	H-71

This bill provides for an alternative to the current mandatory participation provision for prescribers in the Controlled Substances Prescription Monitoring Program consisting of automatic enrollment at the time of licensure or renewal or the issuance of a certificate of registration by the United States Department of Justice, Drug Enforcement Administration.

Committee Amendment "A" (H-71)

This resolve replaces the bill. It requires the Substance Abuse Services Commission to develop a process to increase registration in the Controlled Substances Prescription Monitoring Program through professional licensing boards and to develop strategies to promote the use of the program by prescribers. The Substance Abuse Services Commission is required to report its findings, recommendations and any suggested legislation to the Joint Standing Committee on Health and Human Services by January 1, 2014. The amendment also adds an emergency preamble and emergency clause.

Enacted Law Summary

Resolve 2013, chapter 25 requires the Substance Abuse Services Commission to develop a process to increase registration in the Controlled Substances Prescription Monitoring Program through professional licensing boards and to develop strategies to promote the use of the program by prescribers. The Substance Abuse Services Commission is required to report its findings, recommendations and any suggested legislation to the Joint Standing Committee on Health and Human Services by January 1, 2014.

Resolve 2013, chapter 25 was finally passed as an emergency measure effective May 20, 2013.

**LD 389 An Act To Bring Fairness to General Assistance Programs by Changing
the Method of Municipal Reimbursement**

ONTP

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

This bill changes the reimbursement of general assistance to municipalities so that they receive either a 50% reimbursement rate from the Department of Health and Human Services or a block grant equal to \$3.00 multiplied by the population of the municipality, whichever is the greater. It repeals the requirement that municipalities incurring net general assistance costs in excess of .0003 of the municipality's most recent state valuation receive a 90% reimbursement rate but maintains this reimbursement rate for the Indian tribes.

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LD 390 An Act To Restore MaineCare Coverage for Ambulatory Surgical Center Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COOPER GRATWICK	OTP-AM	

This bill restores funding for MaineCare coverage for ambulatory surgical center services.

Committee Amendment "A" (H-215)

This amendment removes from the emergency preamble the word "inpatient," which was included in the bill in error. This amendment restores reimbursement that was eliminated in state fiscal year 2012-13. This amendment switches the funding in the bill from the General Fund to the Fund for a Healthy Maine and adds a requirement that the Department of Health and Human Services adopt routine technical rules regarding the reimbursement of ambulatory surgical centers to take effect July 1, 2013.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 434 Resolve, Regarding Safer Workplaces for Home Care and Home Health Workers

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN FARNSWORTH	OTP-AM	S-198

This bill requires home health care providers to provide safe working conditions for their employees, including checking the sex offender registry for information on a client before sending an employee to the home of the client.

Committee Amendment "A" (S-198)

This amendment replaces the bill with a resolve. The amendment incorporates the concepts contained in Legislative Document 1165 of the 126th Legislature, "An Act To Improve the Safety of Workers Who Provide Direct Mental Health and Social Services." The amendment directs the Department of Health and Human Services and the Department of Labor to convene a broadly representative work group to develop a set of guidelines that helps home care workers, home health workers and home care and home health agencies to better assess workplace risks. The amendment directs the work group to examine ways in which specific information about potential threats at service locations can be better communicated to the workers who serve clients in those locations and to consider a centralized recording of all incidents of workplace violence, a written workplace violence prevention and crisis response plan and training for home care workers and home health workers. The amendment directs the departments to report to the Joint Standing Committee on Health and Human Services by January 1, 2014.

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**LD 447 An Act To Increase Patient Choice in Health Care Facilities and Health
Care Settings**

PUBLIC 214

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PATRICK BRIGGS	OTP-AM	S-122

This bill requires the disclosure of information to a patient who is being discharged from a hospital to a nursing facility, hospice provider or home health agency regarding the patient's health care options. It requires information sharing among physicians, nursing facilities, hospice providers, home health agencies and hospitals to facilitate this disclosure. It requires the information to include business connections among hospitals, nursing facilities, hospice providers and home health agencies and physicians. The bill also requires the Department of Health and Human Services to amend its rules on medical directors in nursing facilities to make the rules consistent with federal requirements and designates the rules as routine technical rules.

Committee Amendment "A" (S-122)

This amendment replaces the bill. The amendment adds hospital swing beds, acute rehabilitation care and hospice providers to the list of providers covered by the Maine Revised Statutes, Title 22, section 1831. The amendment requires distribution of a standardized list of licensed providers and physicians in the relevant settings and notice of patient rights and of how to contact the long-term care ombudsman program. The amendment requires the Department of Health and Human Services to amend its rules on medical directors in nursing facilities to include among the responsibilities of the medical director ongoing guidance in the development and implementation of resident care policies, including review and revision of existing policies. The amended rules must require that the facility, including a facility that is corporately owned, be able to show that its development, review and approval of resident care policies or procedures include the opportunity for the medical director's input.

Enacted Law Summary

Public Law 2013, chapter 214 adds hospital swing beds, acute rehabilitation care and hospice providers to the list of providers covered by the Maine Revised Statutes, Title 22, section 1831. The law requires distribution of a standardized list of licensed providers and physicians in the relevant settings and notice of patient rights and of how to contact the long-term care ombudsman program. The law requires the Department of Health and Human Services to amend its rules on medical directors in nursing facilities to include among the responsibilities of the medical director ongoing guidance in the development and implementation of resident care policies, including review and revision of existing policies. The amended rules must require that the facility, including a facility that is corporately owned, be able to show that its development, review and approval of resident care policies or procedures include the opportunity for the medical director's input.

**LD 460 An Act To Protect Newborn Infants from Critical Congenital Heart
Disease**

**PUBLIC 397
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BECK CRAVEN	OTP-AM ONTP	H-515 H-535 MALABY

This bill requires a health care facility that provides birthing and newborn care services and is licensed by the Department of Health and Human Services to perform pulse oximetry to screen for congenital heart disease in a newborn in its care no sooner than 24 hours after the birth of that newborn.

Committee Amendment "A" (H-515)

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This amendment is the majority report of the committee. This amendment changes the title and the emergency preamble and replaces the bill. This amendment adds screening for critical congenital heart disease to the mandatory newborn infant screening law. This amendment requires the entity responsible for the screening to report to the Department of Health and Human Services information on the testing including, but not limited to, the number of infants born, the number screened, the type of screening tool used and the results of the screening. The amendment requires the Department of Health and Human Services to review and report to the Joint Standing Committee on Health and Human Services by April 1, 2014 on options for making available to infants born other than in hospitals, birthing centers and other birthing services screening for critical congenital heart disease.

House Amendment "A" To Committee Amendment "A" (H-535)

This amendment removes from Committee Amendment "A" the requirements that the Department of Health and Human Services review options for making available to newborn infants screening for critical congenital heart disease and that the department report the results of its review to the Joint Standing Committee on Health and Human Services by April 1, 2014.

Enacted Law Summary

Public Law 2013, chapter 397 adds screening for critical congenital heart disease to the mandatory newborn infant screening law. The law requires the entity responsible for the screening to report to the Department of Health and Human Services information on the testing including but not limited to, the number of infants born, the number screened, the type of screening tool used and the results of the screening.

Public Law 2013, chapter 397 was enacted as an emergency measure effective July 2, 2013.

LD 468 An Act To Protect Public Health at Public Institutions of Higher Education

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHIPMAN CRAVEN	OTP-AM ONTP	H-77

This bill prohibits smoking on the grounds of any campus of the University of Maine System, the Maine Community College System or the Maine Maritime Academy.

Committee Amendment "A" (H-77)

This amendment is the majority report of the committee. This amendment provides an effective date of August 1, 2014 and an exception to the smoking ban for smoking undertaken as part of a religious ceremony or as part of a cultural activity by a defined group.

LD 480 An Act To Establish Fees under the Maine Medical Use of Marijuana Act

PUBLIC 394

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON HAMPER	OTP-AM	H-512

This bill sets fees and the range of fees in the Maine medical marijuana program, provides for payment of the cost of obtaining criminal history record information about certain registered primary caregivers and principal officers, board members and employees of registered dispensaries and lowers fees for a fiscal year if the fees paid in the

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prior year exceed program expenses for that year.

Committee Amendment "A" (H-512)

This amendment replaces the bill. The amendment strikes the application and renewal fees for a medical use of marijuana registry identification card for a qualifying patient. It requires that a registered dispensary file notice and pay a fee when it changes the location of the dispensary or the location at which it cultivates marijuana. The amendment organizes the fees payable to the medical use of marijuana program into one subsection of law, establishes a fee for out-of-date cards and a laboratory testing fee and establishes the range within which the Department of Health and Human Services must establish fees by adopting routine technical rules. The amendment clarifies that registered primary caregivers and the principal officers, board members and employees of registered dispensaries must undergo annual criminal history record checks. The amendment provides for review of the balance in the Medical Use of Marijuana Fund and provides for adjustment of the annual fees charged to registered caregivers and registered dispensaries.

Enacted Law Summary

Public Law 2013, chapter 394 repeals the application and renewal fees for a medical use of marijuana registry identification card for a qualifying patient. The law requires that a registered dispensary file notice and pay a fee when it changes the location of the dispensary or the location at which it cultivates marijuana. The law organizes the fees payable to the medical use of marijuana program into one subsection of law, establishes a fee for out-of-date cards and a laboratory testing fee and establishes the range within which the Department of Health and Human Services must establish fees by adopting routine technical rules. The law clarifies that registered primary caregivers and the principal officers, board members and employees of registered dispensaries must undergo annual criminal history record checks. The law provides for review of the balance in the Medical Use of Marijuana Fund and provides for adjustment of the annual fees charged to registered caregivers and registered dispensaries.

LD 487 Resolve, To Establish MaineCare Eligibility for Young Adults Who Were Formerly in Foster Care

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DORNEY	OTP-AM ONTP OTP-AM	H-99

This resolve directs the Department of Health and Human Services to submit to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services an application for a waiver under the Medicaid program to allow MaineCare to cover a young adult 19 to 25 years of age who was on the date of the young adult's 19th birthday in the custody of the State pursuant to the Maine Revised Statutes, Title 22, chapter 1071.

Committee Amendment "A" (H-99)

This amendment is the majority report of the committee. This amendment replaces the resolve and directs the Department of Health and Human Services to undertake an identification and outreach initiative for young adults who were formerly in foster care, to enroll those eligible in MaineCare and to provide them with a card indicating that the coverage begins on January 1, 2014.

Committee Amendment "B" (H-100)

This amendment is the minority report of the committee. This amendment replaces the resolve and adds emergency language. This amendment establishes eligibility for MaineCare funded entirely from the General Fund beginning July 1, 2013 to December 31, 2013 for certain young adults who were formerly in foster care. This amendment funds that MaineCare coverage from the General Fund.

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See also Public Law 2013, chapter 368, page 358, which provides funding for MaineCare coverage for children in the foster care program through age 25 as required by the federal Patient Protection and Affordable Care Act.

LD 488 *Resolve, Directing the Department of Health and Human Services To Develop a Process To Provide Additional Home-based and Community-based Services in the MaineCare Program* CARRIED OVER

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

This bill provides that Department of Health and Human Services coverage for services to a member who is served under one of the home-based and community-based care waiver programs in MaineCare must be at least 95% of what it would otherwise cost to provide such services to the member if the member were served in a nursing facility.

Committee Amendment "A" (H-325)

This amendment replaces the resolve. It requires the Department of Health and Human Services to develop a process in the MaineCare home-based and community-based waiver program for the elderly and the disabled to provide additional services for up to 25 unduplicated participants per year whose annual cap on services may exceed the current cap as long as the department determines that the additional services are medically necessary, are likely to delay or prevent the institutionalization of the person and are not likely to result in the cost of the services exceeding the estimated costs of comparable services in a nursing facility. The department is required to develop the process, which requires the approval of the federal Department of Health and Human Services Centers for Medicare and Medicaid Services, by October 1, 2013.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 496 *Resolve, To Ensure That Standards for Performance-based Contracts for Individuals with Intellectual Disabilities Include All Employment Options* ONTP

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

This resolve directs the Department of Health and Human Services to continue working with provider agencies to develop standards to ensure consideration of all employment options, including subminimum wage options, under the MaineCare waiver program for individuals who are designated as unemployable. The resolve requires the department to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters before implementing new standards.

LD 499 *An Act To Promote Dental Care for Low-income Populations* CARRIED OVER

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

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This bill provides funding for the dental clinic operated in Portland by Riverview Psychiatric Center. Specifically it provides funding for one part-time Physician III position and one Customer Representative Associate II - Human Services position and associated All Other funding for the dental clinic. These positions and funding are proposed for elimination in the Governor's proposed biennial budget for 2014-2015.

Committee Amendment "A" (H-18)

This amendment incorporates a fiscal note.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

**LD 507 Resolve, Directing the Department of Health and Human Services To
Amend Its Rules To Improve the Oral Health Education of Children** **ACCEPTED
MAJORITY
(ONTP) REPORT**

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

This resolve requires the Department of Health and Human Services to amend its rules to require a child care provider to assist children in brushing their teeth as a part of a daily curriculum.

**LD 515 An Act Regarding the Annual Service Fee for Child Support Services
Provided by the Department of Health and Human Services** **ONTP**

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

This bill requires the Department of Health and Human Services to pay the \$25 annual fee required by the federal Deficit Reduction Act of 2005, Public Law 109-171, for the assistance of the department in the collection of child support for certain families.

This bill reverses an initiative enacted in Public Law 2011, chapter 477.

LD 517 An Act To Restore Funding for Head Start **DIED IN
CONCURRENCE**

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

This bill provides a General Fund appropriation of \$2,000,000 in fiscal year 2013-14 and fiscal year 2014-15 for the Department of Health and Human Services to restore funding for Head Start services that was eliminated during fiscal year 2012-13.

Committee Amendment "A" (S-199)

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

LD 520 An Act To Protect Maine Consumers from Predatory Medical Pricing ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to establish standardized pricing for health care procedures in order to protect Maine consumers from predatory pricing.

LD 534 An Act To Improve Care Coordination for Persons with Mental Illness PUBLIC 326

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PRINGLE GRATWICK	OTP-AM ONTP	H-341

This bill provides an exception to the health care information confidentiality laws that protect mental health information for the purposes of care management and coordination of care.

Committee Amendment "A" (H-341)

This amendment is the majority report of the committee. This amendment amends the bill regarding disclosure of protected health care information for care management or coordination of care purposes to require a person who discloses information without authorization to make a reasonable effort to notify the individual or the authorized representative of the individual of the disclosure.

Enacted Law Summary

Public Law 2013, chapter 326 amends the law regarding disclosure of protected health care information for the purposes of care management and care coordination. The law requires a person who discloses information without authorization for care management or care coordination purposes to make a reasonable effort to notify the individual or the authorized representative of the individual of the disclosure.

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

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

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.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

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LD 536 An Act To Improve the Efficiency of Use of MaineCare Funds

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TIPPING-SPITZ CRAVEN	ONTP	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to amend the law and direct the Department of Health and Human Services to amend its rules to ensure that a person who has applied for MaineCare coverage is discharged from the hospital to a rehabilitation facility promptly as appropriate to that person's medical condition. The purpose of the bill will be to ensure appropriate care in the appropriate setting and to decrease inappropriate hospital use.

LD 537 An Act To Help Maine Residents Receive Private Health Care Insurance

**ACCEPTED
MAJORITY
(ONTP) REPORT**

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

This bill provides that, as a condition of eligibility for MaineCare, individuals must apply for enrollment in an employer's group health plan. The bill makes clear that the employer's group health plan is the primary coverage and any MaineCare benefits are secondary.

Committee Amendment "A" (H-367)

This amendment is the minority report of the committee. This amendment strikes the bill but retains and reallocates the provision prohibiting an individual from accepting anything of value in exchange for not enrolling in the individual's employer's group health plan.

LD 538 An Act To Align Costs Recognized for Transfer of Nursing Facilities and Residential Care Facilities with Ordinary Commercial and Government Contracting Standards

CARRIED OVER

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

This bill provides that, to align treatment of long-term care providers with other government contractors and typical private transactions, MaineCare depreciation recapture from sellers of nursing facilities and residential care facilities does not apply to any sales on or after July 1, 2012.

Committee Amendment "A" (H-516)

This amendment is the majority report of the committee. This amendment provides a new methodology under the MaineCare program for calculating recapture of depreciation upon the sale of a nursing facility. The amendment requires the Department of Health and Human Services to apply for a state plan amendment to enable the use of the new methodology and makes the effective date of the provision of law that establishes the new methodology contingent upon the approval by the United States Department of Health and Human Services, Centers for Medicare

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and Medicaid Services of the state plan amendment. The amendment also provides a new methodology for recapturing depreciation upon the sale of residential care facilities for which reimbursement for room and board costs, including depreciation, is provided by the Department of Health and Human Services. The methodology is similar to the methodology used for nursing facilities.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 539 An Act To Ensure Parity in the Ability To Counsel Patients ONTP

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

This bill adds licensed clinical professional counselors to the list of persons who may provide counseling to a minor in connection with the minor's decision regarding pregnancy.

**LD 579 Resolve, To Clarify and Improve the Eligibility Process for Services for ONTP
Persons with Intellectual Disabilities or Autism**

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

This resolve directs the Department of Health and Human Services to undertake a process to update the criteria for eligibility for services for persons with intellectual disabilities or autism. The resolve directs the department to convene a stakeholder group to develop a guide to the application and eligibility process. The resolve directs the department to adopt routine technical rules relating to the department's intellectual disabilities complex case committee. The resolve designates both sets of rules as routine technical rules and requires adoption of the rules by January 1, 2014.

**LD 597 An Act To Inform Persons of the Options for the Treatment of Lyme PUBLIC 340
Disease**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRIGGS CRAVEN	OTP-AM OTP-AM	H-184 H-453 BRIGGS

This bill directs the Maine Center for Disease Control and Prevention to include on its publicly accessible website information about different alternatives for the treatment of Lyme disease. The bill also requires the center to include information about treatment guidelines recommended by the Infectious Diseases Society of America, which represents physicians, scientists and other health care professionals who specialize in infectious diseases, and the International Lyme and Associated Diseases Society, an international nonprofit multidisciplinary medical society. The bill directs the center to work with health care professionals to inform patients about different alternatives for the treatment of Lyme disease.

Committee Amendment "A" (H-184)

This amendment, which is the majority report of the committee, replaces the bill. It requires any health care

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provider that orders a laboratory test for the presence of Lyme disease to inform the patient that a negative test for Lyme disease does not necessarily mean that Lyme disease is not present and that if symptoms continue, the patient should contact a health care provider and inquire about the appropriateness of retesting or additional treatment. The amendment also requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to include information on Lyme disease diagnosis and treatment on its publicly accessible website that informs users about the difficulty of diagnosing and treating Lyme disease, that some doctors and patients believe longer doses of antibiotics may be helpful and beneficial, that antibiotic use can lead to the development of drug-resistant organisms and that information on treatment alternatives for Lyme disease is available through certain websites.

Committee Amendment "B" (H-185)

This amendment, which is the minority report of the committee, replaces the bill. It requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to include on its publicly accessible website information that informs users about the difficulty of diagnosing and treating Lyme disease, that scientific studies suggest longer doses of antibiotics are not helpful but that some doctors and patients believe they are helpful and beneficial, that antibiotic use can lead to the development of drug-resistant organisms and that information on treatment alternatives for Lyme disease is available through Internet search engines. This amendment was not adopted.

House Amendment "B" To Committee Amendment "A" (H-378)

This amendment removes the provision that requires any health care provider that orders a laboratory test for the presence of Lyme disease to inform the patient that a negative test for Lyme disease does not necessarily mean that Lyme disease is not present and that if symptoms continue, the patient should contact a health care provider and inquire about the appropriateness of retesting or additional treatment. This amendment was not adopted.

House Amendment "C" To Committee Amendment "A" (H-453)

This amendment requires a health care provider to give a patient a copy of the results of a Lyme disease test rather than informing the patient that a negative test does not necessarily mean that Lyme disease is not present. It also requires the Maine Center for Disease Control include information on its website about negative test results and expands the list of information resources that must be included on the website.

Enacted Law Summary

Public Law 2013, chapter 340 requires a health care provider to give a patient a copy of the results of a Lyme disease test. It also requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to include the following information on its publicly accessible website regarding Lyme disease and treatment:

1. Lyme disease may be difficult to treat and diagnose;
2. Some doctors and patients believe longer doses of antibiotics may be helpful and beneficial;
3. Antibiotic use can lead to the development of drug-resistant organisms;
4. A negative result for a Lyme disease test does not necessarily mean that Lyme disease is not present; and
5. Information on treatment alternatives for Lyme disease is available through certain websites.

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LD 598 *Resolve, Directing All Relevant Agencies of State Government To Work in Concert with a Plan To End and Prevent Homelessness To Ensure That Resources Are Available To End Homelessness in the State* **VETO SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRIGGS CRAVEN	OTP-AM ONTP	H-342

This resolve requires all relevant state agencies, including the Department of Health and Human Services, the Department of Labor, the Department of Corrections, the Department of Education and the Maine State Housing Authority, to work with advocates and organizations serving the homeless population in the State to direct resources to eradicate homelessness in the State within four years.

Committee Amendment "A" (H-342)

This amendment, which is the majority report of the committee, removes the requirement for state agencies to align their budgets in concert with "Maine's Plan to End & Prevent Homelessness" but retains the requirement for state agencies to work to align their resources and efforts in concert with the plan. The amendment also clarifies that state agencies are to focus their resources with the immediate goal of reducing the rate of homelessness.

LD 610 *Resolve, To Review and Amend the Rules Regarding Hospital Charity Care Guidelines* **VETO SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON CUSHING	OTP-AM	H-236

This resolve requires the Department of Health and Human Services to amend Chapter 150 of its rules pertaining to mandatory charity care policies to permit hospitals to impose the asset test for MaineCare in effect as of January 1, 2013 and to establish the federal poverty limit eligibility threshold at 133% for individuals eligible for federal premium tax credits to purchase insurance through exchanges.

Committee Amendment "A" (H-236)

This amendment replaces the resolve. The amendment requires the Department of Health and Human Services to convene a working group and provisionally adopt rules to amend the hospital charity care guidelines by February 1, 2015. The amendment directs the working group to examine the use of an asset test. The amendment requires reports to the joint standing committee of the Legislature having jurisdiction over health and human services matters by April 1, 2014 and February 1, 2015. The amendment states the intention of the Legislature that the charity care rules in effect on January 1, 2013 remain in effect until any proposed major substantive rules come into effect.

LD 625 *Resolve, Regarding Temporary Campgrounds* **RESOLVE 55**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MASON G TIMBERLAKE	OTP-AM	S-134

This bill exempts from licensing as a campground a commercial lot permitted by the municipality as a racetrack or for another mass public gathering purpose and any camping is incidental to the purpose and the owner or renter of

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the lot does not charge a fee beyond the attendance fee for a person to camp overnight on the lot.

Committee Amendment "A" (S-134)

This amendment replaces the bill with a resolve directing the Department of Health and Human Services, Maine Center for Disease Control and Prevention's division of environmental health to review the regulation of camping on premises on which the owner is hosting an event when that camping is temporary in nature and open only to participants and spectators of the event. The amendment directs the department to report the results of its review and any recommended legislation or rulemaking to the Joint Standing Committee on Health and Human Services by January 1, 2014. The amendment removes the emergency preamble and emergency clause.

Enacted Law Summary

Resolve 2013, chapter 55 directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention's division of environmental health to review the regulation of camping on premises on which the owner is hosting an event when that camping is temporary in nature and open only to participants and spectators of the event. The resolve directs the department to report the results of its review and any recommended legislation or rulemaking to the Joint Standing Committee on Health and Human Services by January 1, 2014.

LD 629 An Act To Restore Eligibility and Funding for Drug Programs for the Elderly and Disabled

**DIED ON
ADJOURNMENT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TUTTLE FARNSWORTH	OTP-AM ONTP	S-25

In Public Law 2011, chapter 657, Part HH, the Commissioner of Health and Human Services was directed to seek a waiver to reduce income eligibility levels for the Medicare savings program by 10%. The reduction of income eligibility levels was contingent on the grant of the waiver by the federal Centers for Medicare and Medicaid Services; the waiver was granted. This bill instructs the Commissioner of Health and Human Services to submit an application to restore income eligibility levels for the Medicare savings program to the levels they were before the waiver was granted and makes the increase contingent upon the approval of the federal Centers for Medicare and Medicaid Services. This bill also makes adjustments to appropriations and allocations to reflect the increase in the eligibility levels.

Committee Amendment "A" (S-25)

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

LD 633 An Act To Grant the Commissioner of Health and Human Services and the Commissioner's Designees the Independent Authority To Issue Adjudicatory Subpoenas

PUBLIC 202

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

This bill grants to the Commissioner of Health and Human Services and the commissioner's designees the independent authority to issue administrative subpoenas for adjudicatory proceedings, consistent with statutory authority given to other agencies.

Enacted Law Summary

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Public Law 2013, chapter 202 grants to the Commissioner of Health and Human Services and the commissioner's designees the independent authority to issue administrative subpoenas for adjudicatory proceedings, consistent with statutory authority given to other agencies.

LD 634 An Act Regarding Permits for Final Disposition of Dead Human Bodies PUBLIC 20

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

This bill adds the State Registrar of Vital Statistics as a source for obtaining the disposition permit required for transportation, burial, cremation or other disposal of a dead human body after a body is disinterred or removed from a vault or tomb. Currently, the law allows only municipal clerks to issue disposition permits when a body is disinterred or removed. The bill also requires a person in charge of burial grounds or a crematory to add the date that body was disposed of on the disposition permit and return the permit to the registrar or the clerk of the municipality.

Enacted Law Summary

Public Law 2013, chapter 20 adds the State Registrar of Vital Statistics as a source for obtaining the disposition permit required for transportation, burial, cremation or other disposal of a dead human body after a body is disinterred or removed from a vault or tomb. It also requires a person in charge of burial grounds or a crematory to add the date that body was disposed of on the disposition permit and return the permit to the registrar or the clerk of the municipality.

LD 650 Resolve, To Require the Department of Health and Human Services To ONTP
Seek a Federal Waiver of Certain Requirements Regarding Contracting
for Transportation Services under MaineCare

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

This resolve requires the Department of Health and Human Services to request a federal waiver from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. The application must seek approval for the Department of Health and Human Services to award nonprofit regional transportation providers in the State with contracts for MaineCare nonemergency transportation without the required involvement of a broker to separate the requests for trips from those who provide them. The department is required to submit the application for a waiver by October 1, 2013.

LD 678 An Act To Allow Random Drug Testing for Recipients of Certain Public ONTP
Benefits

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

Current law allows the drug testing of a person receiving Temporary Assistance for Needy Families, or TANF, program benefits if the person has been convicted of a drug-related felony within the past 20 years. If the drug test is positive for illegal drugs, a second test may be requested by the person and the suspension of TANF program

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benefits may be avoided if the person enrolls in a substance abuse treatment program.

This bill repeals that law and instead allows the random drug testing of a person receiving MaineCare benefits, TANF program benefits or general assistance and requires the suspension of those benefits if the person tests positive for use of an illegal drug. The benefits may resume once the person does not test positive for use of an illegal drug.

LD 710 Resolve, Requiring the Department of Health and Human Services To ONTP
Adopt an Alternative MaineCare Nonemergency Transportation System
to the Current Risk-based Prepaid Ambulatory Health Plan

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

This resolve requires the Department of Health and Human Services to adopt an alternative MaineCare nonemergency transportation system to the current risk-based prepaid ambulatory health plan. The department shall examine the transportation models presented by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services and adopt one of the models that is not a risk-based prepaid ambulatory health plan. The current contracts issued under the risk-based system remain in place, but at the end of the contract period new requests for proposals must comply with the newly adopted system.

LD 711 An Act To Facilitate Patient Education PUBLIC 336

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LACHOWICZ GATTINE	OTP-AM	S-200

This bill exempts a registered nurse educator who provides post prescription training to a patient or caregiver in a patient's place of residence from the laws governing the licensure of home health care providers.

Committee Amendment "A" (S-200)

This amendment replaces the bill. The amendment repeals an outdated provision of law, enacts a definition of "registered nurse educator" and excludes registered nurse educators from the provisions of the Maine Revised Statutes, Title 22, chapter 419, which concerns home health services and the licensure of home health care providers.

Enacted Law Summary

Public Law 2013, chapter 336 repeals an outdated provision of law, enacts a definition of "registered nurse educator" and excludes registered nurse educators from the provisions of the Maine Revised Statutes, Title 22, chapter 419, which concerns home health services and the licensure of home health care providers.

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LD 716 Resolve, To Review and Make Recommendations on Appropriate Prescribing of Certain Medications for Children with Attention Deficit Hyperactivity Disorder That Are Reimbursed under the MaineCare Program

RESOLVE 68

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY	OTP-AM	H-368

This bill directs the Department of Health and Human Services to adopt a program regarding prescription medications for children that consists of a prescription medication protocol, monitoring and prior authorization for reimbursement under the MaineCare program. The program must ensure that children have access to medically needed prescription medications in compliance with the requirements of this bill and the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Committee Amendment "A" (H-368)

This amendment replaces the bill with a resolve and changes the title. The amendment establishes a work group to review the use of certain medications prescribed to children for the treatment of attention deficit hyperactivity disorder and reimbursed through the MaineCare program and to make any recommendations for improvements in access to behavioral health and psychiatric services and for improvements in prescribing practices as determined to be appropriate by the work group. The amendment directs the Department of Health and Human Services to report its findings and recommendations to the Joint Standing Committee on Health and Human Services not later than January 15, 2014.

Enacted Law Summary

Resolve 2013, chapter 68 establishes a work group to review the use of certain medications prescribed to children for the treatment of attention deficit hyperactivity disorder and reimbursed through the MaineCare program and to make any recommendations for improvements in access to behavioral health and psychiatric services and for improvements in prescribing practices as determined to be appropriate by the work group. The resolve directs the Department of Health and Human Services to report its findings and recommendations to the Joint Standing Committee on Health and Human Services not later than January 15, 2014.

LD 746 Resolve, Directing the Department of Health and Human Services To Provide an Exception to the 60-day Limit on Out-of-state Services under the MaineCare Section 21 Waiver Program

ONTP

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

This resolve requires the Department of Health and Human Services to amend its rules related to the MaineCare waiver program that allows certain persons with intellectual disabilities or autism the option of home-based or community-based services instead of institutional services to provide that if all parties agree, an exception to the 60-day limit on out-of-state services must be granted.

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LD 752 Resolve, To Require the Department of Health and Human Services To Study the Effectiveness of Professional Development Services Provided to Child Care Providers and Referral Services Provided to Parents in Need of Child Care

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KUMIEGA CRAVEN	OTP-AM ONTP	H-271

This resolve is a concept draft pursuant to Joint Rule 208. The purpose of this resolve is to restore the contracts with the resource development centers that provided professional development services to licensed and registered child care providers and referral services to parents in need of child care.

Committee Amendment "A" (H-271)

This amendment, which is the majority report of the committee, replaces the concept draft with a resolve requiring the Department of Health and Human Services to study the effectiveness of the services replacing those provided by the former resource development centers. The study must examine the availability of professional development services to licensed and certified child care providers, department plans for improving access and quality of the professional development services, satisfaction with access to services by providers, availability of technical assistance to providers, the number of referrals by the department to parents for child care services under the department's child care resource and referral system and educational components available to parents to evaluate the quality and suitability of child care providers. The department must submit the report no later than January 1, 2014 to the Joint Standing Committee on Health and Human Services.

LD 753 An Act To Prohibit the Sale of High-caffeine Energy Drinks to Persons under 18 Years of Age

**ACCEPTED
MINORITY
(ONTP) REPORT**

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

This bill prohibits the sale of energy drinks to minors. An energy drink is a soft drink that contains 80 or more milligrams of caffeine per eight fluid ounces advertised as being specifically designed to provide energy.

Committee Amendment "A" (H-461)

This amendment is the majority report of the committee. The amendment replaces the bill with a resolve and changes the title. The amendment creates the Task Force on Public Awareness Regarding Caffeine-added Drinks, Foods, Food Products, Over-the-counter Medicines and Dietary Supplements to consider options for a public awareness campaign regarding caffeine-added drinks, foods, food products, over-the-counter medicines and dietary supplements and to make recommendations for implementation. The Department of Health and Human Services, Maine Center for Disease Control and Prevention is directed to appoint, chair and convene the task force, which must include representatives from a variety of stakeholders. The task force is directed to consider options for a public awareness campaign, including information and activities to convey information on the effects of caffeine-added drinks, foods, food products, over-the-counter medicines and dietary supplements on children and adolescents. The task force is directed to consider any relevant studies and initiatives undertaken by the United States Department of Health and Human Services, Food and Drug Administration. By February 14, 2014 the task force is required to report to the Joint Standing Committee on Health and Human Services on the results of its work and its recommendations.

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**LD 754 An Act To Encourage Transparency in the Disclosing of the Ingredients
in Vaccinations for Children DIED BETWEEN
HOUSES**

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

The purpose of this bill is to provide greater transparency regarding the ingredients of vaccinations and to reduce confusion related to school immunization requirements and a parent's right to decide against immunizing that parent's child. The bill requires a health care provider or clinic staff person, prior to immunizing a person under 18 years of age, to disclose the ingredients of the immunizing agent or agents to the parent or guardian of the child. It also requires the health care provider or clinic staff person to notify the parent or guardian of the option of refusing immunization of the child based on religious or philosophical beliefs.

LD 755 An Act To Require Estimates of Patient Costs Prior to Treatment ONTP

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

This bill requires a health care provider to provide to a person recommended for a nonemergency health care procedure or course of treatment a cost estimate of the procedure or treatment, the provider's reasons for the procedure or treatment, other options and their costs and the amount of the cost that will be paid for by the person's insurer. This bill also requires a health care provider to provide a cost estimate to a referring provider on a recommended procedure or course of treatment for a referred patient.

**LD 801 Resolve, To Extend the Deadline for the Department of Health and
Human Services To Submit a Report on Persons with Intellectual
Disabilities or Autism RESOLVE 73
EMERGENCY**

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

This resolve extends the deadline for the Department of Health and Human Services to submit its 2013 system of care plan for persons with intellectual disabilities or autism from January 15, 2013 to December 15, 2013. The resolve is retroactive to January 15, 2013.

Enacted Law Summary

Resolve 2013, chapter 73 extends the deadline for the Department of Health and Human Services to submit its 2013 system of care plan for persons with intellectual disabilities or autism from January 15, 2013 to December 15, 2013. The resolve is retroactive to January 15, 2013.

Resolve 2013, chapter 73 was finally passed as an emergency measure effective July 2, 2013.

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**LD 802 An Act To Encourage Alternative Forms of Treatment for Opiate or
Opioid Addiction by Prohibiting MaineCare Coverage for
Medication-assisted Treatment for Addiction**

**ACCEPTED
MAJORITY
(ONTP) REPORT**

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

Current law limits to 24 months MaineCare coverage or reimbursement for buprenorphine and naloxone combination drugs, also known as Suboxone, and for methadone for the treatment of addiction to opioids.

This bill, beginning January 1, 2015, prohibits all MaineCare coverage or reimbursement for Suboxone and methadone for treatment of addiction to opioids.

Committee Amendment "A" (H-237)

This amendment, which is the minority report of the committee, adds an appropriations and allocations section.

**LD 803 Resolve, Requiring the Department of Health and Human Services To
Amend the Rules Regarding Child Care Facilities and Family Child
Care Providers**

RESOLVE 60

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MOONEN ALFOND	OTP-AM	H-268

This bill allows a parent or guardian to request that a child care facility use cloth diapers for the parent's or guardian's child if allowed by the child care facility.

Committee Amendment "A" (H-268)

This amendment replaces the bill with a resolve. It requires the Department of Health and Human Services to amend its rules by February 1, 2014 to allow both licensed child care facilities and certified family child care providers to use cloth diapers for any child. The rules must require the parent or guardian to provide clean diapers for the child, and a licensed child care facility or certified family child care provider that uses a cloth diaper upon the request of a parent or guardian is required to comply with diapering guidelines available from the department's Division of Licensing and Regulatory Services.

Enacted Law Summary

Resolve 2013, chapter 60 requires the Department of Health and Human Services to amend its rules by February 1, 2014 to allow both licensed child care facilities and certified family child care providers to use cloth diapers for any child. The rules must require the parent or guardian to provide clean diapers for the child, and a licensed child care facility or certified family child care provider that uses a cloth diaper upon the request of a parent or guardian is required to comply with diapering guidelines available from the department's Division of Licensing and Regulatory Services.

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LD 804 An Act To Improve Preventive Dental Health Care and Reduce Costs in CARRIED OVER
the MaineCare Program

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

This bill adds one annual preventive oral health visit to the MaineCare-covered oral health services for adults 21 years of age and older.

Committee Amendment "A" (H-517)

This amendment, which is the majority report of the Joint Standing Committee on Health and Human Services, adds an appropriations and allocations section to the bill.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H-B (H-580) and H-C (H-582).

LD 828 An Act To Improve the Administration of the Child Care Subsidy VETO
Program and To Prevent Erroneous Termination of Child Care Services SUSTAINED

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE	OTP-AM OTP-AM	H-272

This bill amends the program that provides child care services to persons who meet certain income eligibility requirements to require the Department of Health and Human Services to:

1. Allow an applicant who is unable to comply a reasonable extension of time to meet the requirements or a modification of the application of eligibility rules; and
2. Prior to reducing or terminating the child care services provided to a person, provide the person an opportunity for a hearing and final agency determination, except when the reduction or termination is due to a loss of program funding.

Committee Amendment "A" (H-272)

This amendment, which is the majority report of the committee, replaces the bill. The bill requires the Department of Health and Human Services to provide a reasonable extension of time or modification of the application of the rules governing eligibility for the program that provides child care services to certain persons who meet income eligibility requirements but are unable to comply with the time requirements. The amendment retains the provisions of the bill that afford a person a reasonable opportunity for a fair hearing and final agency determination of child care program eligibility. The amendment requires the Department of Health and Human Services to amend its rules to make these changes in rules instead of statute. The amended rule may also provide changes to the language in letters of notification to parents.

Committee Amendment "B" (H-273)

This amendment, which is the minority report of the committee, replaces the bill. The bill requires the Department of Health and Human Services to provide a reasonable extension of time or modification of the application of the rules for a program that provides child care services to certain persons who meet income eligibility requirements but are unable to comply with the time requirements. The amendment retains the provisions of the bill that afford a

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person a reasonable opportunity for a fair hearing and final determination of child care program eligibility.

LD 829 Resolve, To Continue the Redesign of Shared Living Services for Adults with Intellectual Disabilities or Autism RESOLVE 57 EMERGENCY

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY	OTP-AM	H-269

This resolve requires the Department of Health and Human Services to continue to work on the redesign of its shared living program and to complete the redesign by June 30, 2013.

Committee Amendment "A" (H-269)

This amendment requires the Department of Health and Human Services to continue to work on the redesign of its shared living program and removes from the bill the due date for completion. The amendment requires the department to submit a progress report to the Joint Standing Committee on Health and Human Services by January 15, 2014.

Enacted Law Summary

Resolve 2013, chapter 57 requires the Department of Health and Human Services to continue to work on the redesign of its shared living program and removes from the bill the due date for completion. The law requires the department to submit a progress report to the Joint Standing Committee on Health and Human Services by January 15, 2014.

Resolve 2013, chapter 57 was finally passed as an emergency measure effective June 19, 2013.

LD 846 An Act To Improve and Modernize the Authority of Local Health Officers ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to:

1. Direct the Department of Health and Human Services, Maine Center for Disease Control and Prevention to update its manual for local health officers to reflect changes in the health inspection rules adopted by the center, provide annual training for local health officers and communicate regularly with local health officers;
2. Repeal the prohibition on local health officers' entering licensed establishments for purposes of inspection;
3. Simplify and modernize the training required for certain municipalities to select a local health officer; and
4. Repeal the requirement that a municipality appoint a local health officer.

LD 847 Resolve, To Address Changes Needed for Providers of Private Nonmedical Institution Services ONTP

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

Joint Standing Committee on Health and Human Services

In response to requirements of the federal Centers for Medicare and Medicaid Services, this resolve directs the Department of Health and Human Services to take all necessary actions to convert private nonmedical institution services beds for adults with intellectual disabilities to home and community-based waiver beds for adults with intellectual disabilities. The resolve directs the department to complete a plan for the conversion and submit the plan to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Appropriations and Financial Affairs by January 1, 2014. The resolve directs the department to complete the conversion by July 1, 2014 and to submit a full report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Appropriations and Financial Affairs upon completion of the conversion. The resolve states that the conversion must be accomplished within existing resources appropriated for private nonmedical institution services.

LD 881 An Act To Improve the Unused Pharmaceutical Disposal Program

PUBLIC 121

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

This bill makes changes to the Unused Pharmaceutical Disposal Program as recommended by the Prescription Drug Abuse Task Force, which was established by the Governor and the Attorney General by Executive Order 2012-002. The purpose of the bill is to reduce the cost of safe, effective and proper disposal of unused pharmaceuticals in order to reduce prescription drug abuse.

Enacted Law Summary

Public Law 2013, chapter 121 makes changes to the Unused Pharmaceutical Disposal Program as recommended by the Prescription Drug Abuse Task Force, which was established by the Governor and the Attorney General by Executive Order 2012-002. The law reduces the cost of safe, effective and proper disposal of unused pharmaceuticals in order to reduce prescription drug abuse.

LD 882 An Act To Amend the Laws Governing Confidentiality of Health Care Information To Enhance Public Safety

PUBLIC 289

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN GATTINE	OTP-AM	S-264

Current law permits health care practitioners or facilities to provide private health care information to law enforcement officials and other governmental entities in order to protect public health and welfare when reporting is authorized by law and when reporting a suspected crime against them or a crime they believe occurred on their premises. Federal regulations permit disclosure of private health care information when, in the health care practitioner's judgment, disclosure is necessary to avert a serious threat to the health or safety of others under conditions prescribed by the regulations.

This bill makes Maine law consistent with federal regulations and preserves a practitioner's ability to report private health care information to law enforcement officials and other governmental entities in order to protect public health and welfare when reporting is authorized by law while expanding permitted disclosure in other cases when necessary to avert a threat to the health or safety of others.

Committee Amendment "A" (S-264)

This amendment replaces the bill. This amendment clarifies the language of the bill that allows disclosure of

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**LD 897 An Act To Establish the Volunteer Advocate Program and the
Volunteer Advocate Program Council**

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WILLETTE JACKSON T	OTP-AM ONTP	H-462

This bill establishes in law the Volunteer Advocate Program to replace the Volunteer Correspondent Program established in 1978 pursuant to the Pineland Consent Decree. The bill establishes a structure and guidelines for the enhancement and continuation of a program of volunteer advocates for persons with intellectual disabilities and autism with the goal of establishing an independent not-for-profit corporation to provide volunteer advocacy services.

Committee Amendment "A" (H-462)

This amendment is the majority report of the committee. This amendment changes the name of the Volunteer Advocate Program Board to the Volunteer Advocate Program Council, places the council within the Maine Developmental Services Oversight and Advisory Board established pursuant to the Maine Revised Statutes, Title 34-B, section 1223 and gives to the board the responsibility of making recommendations to the Governor for appointments to the council. This amendment adds a person who serves as a volunteer advocate under the Volunteer Advocate Program to the list of persons who are required to report to the Department of Health and Human Services known or suspected abuse, neglect or exploitation of an incapacitated or dependent adult. The amendment allows council members to serve three terms and changes the budget of the council to a portion of the budget of the Maine Developmental Services Oversight and Advisory Board in the same proportion as was provided to the volunteer correspondent program. The amendment adds to the duties of the council supervision of the program coordinator. The amendment removes from the provision on fund-raising the statement on use of funds to defray the State's budget expenditure for the program. The amendment adds to the council's duties the duty to exercise operational control of the program. The amendment adds rulemaking and bylaw and policy responsibilities for the Maine Developmental Services Oversight and Advisory Board. The amendment adds to the duties of the council the duty to provide an annual report to the board, the department and the joint standing committee of the Legislature having jurisdiction over health and human services matters on the activities of the council and the operations of the program. The amendment clarifies that a volunteer advocate is available to a person who requests the assignment of an advocate and allows a consumer to restrict the advocate's access to people, facilities and records. The amendment changes existing provisions of law on personal planning for persons with intellectual disabilities or autism, enacting a definition of "volunteer advocate," eliminating references to volunteer correspondents and substituting references to volunteer advocates.

**LD 908 An Act To Limit MaineCare Reimbursement for Suboxone and
Methadone Treatment**

**ACCEPTED
MAJORITY
(ONTP) REPORT**

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

Current law limits to 24 months MaineCare coverage or reimbursement for buprenorphine and naloxone combination drugs, also known as Suboxone, for the treatment of addiction to opioids and for methadone for the treatment of addiction to opiates. The Department of Health and Human Services may authorize an extension of the 24-month limit for Suboxone or methadone.

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This bill removes the ability of the department to authorize an extension of the 24-month limit for either Suboxone or methadone and specifies that the 24-month limit on Suboxone is a lifetime maximum limit. This lifetime limit is already in place for methadone.

LD 909 Resolve, To Establish MaineCare Eligibility for Parents Participating in Reunification Activities RESOLVE 61

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAMANN MILLETT	OTP-AM	H-248

This resolve directs the Department of Health and Human Services to submit to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services an application for a MaineCare waiver to cover parents who are MaineCare members or are eligible to be MaineCare members who are participating in rehabilitation and family reunification activities in accordance with a rehabilitation and reunification plan. Under the waiver, coverage would last until the parent ceases to participate in reunification activities or until parental rights are terminated.

Committee Amendment "A" (H-248)

This amendment incorporates a fiscal note.

Enacted Law Summary

Resolve 2013, chapter 61 directs the Department of Health and Human Services to submit to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services an application for a MaineCare waiver to cover parents who are MaineCare members or are eligible to be MaineCare members who are participating in rehabilitation and family reunification activities in accordance with a rehabilitation and reunification plan. Under the waiver, coverage would last until the parent ceases to participate in reunification activities or until parental rights are terminated.

LD 928 An Act To Improve MaineCare Nursing Home Reimbursement To Preserve Access and Promote Quality CARRIED OVER

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

This bill provides supplemental MaineCare payments to nursing homes that serve a high percentage of MaineCare residents and establishes a pay-for-performance program in nursing homes. The Department of Health and Human Services is authorized to adopt emergency rules to take effect retroactively to July 1, 2013 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 cost-of-living increases for MaineCare reimbursement to nursing facilities in the 2014-2015 biennium.

Committee Amendment "A" (H-365)

This amendment is the majority report of the committee. This amendment deletes all of the provisions of the bill and inserts an appropriation and an allocation sufficient to grant to nursing facilities a 2% rate increase in MaineCare reimbursement rates for nursing facilities.

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This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

See also LD 986.

LD 929 An Act To Amend the Requirements for the Reporting of New Hires

**PUBLIC 279
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY HAMPER	OTP-AM	H-249

Current law requires an employer, upon notice by the Department of Health and Human Services, to report the hiring, rehiring or return to work of an employee. The department transmits the information to the National Directory of New Hires maintained by the federal Department of Health and Human Services.

This bill requires an employer to forward the information, including the date the person starts work, within seven days of the employee's beginning or returning to service, without being notified by the Department of Health and Human Services.

Committee Amendment "A" (H-249)

This amendment provides a definition of "newly hired employee" that conforms with federal law. It defines a newly hired employee as a person who has not been previously employed by the employer or who has been separated from prior employment by the same employer for a period of at least 60 consecutive days.

Enacted Law Summary

Public Law 2013, chapter 279 provides a definition of "newly hired employee" that conforms with federal law. It defines a newly hired employee as a person who has not been previously employed by the employer or who has been separated from prior employment by the same employer for a period of at least 60 consecutive days. It requires an employer to forward information on newly hired employees and the date the person starts work, within seven days of the employee's beginning or returning to service, without notification by the Department of Health and Human Services.

Public Law 2013, chapter 279 was enacted as an emergency measure effective June 18, 2013.

LD 951 Resolve, Requiring the Department of Health and Human Services To Provide Methadone Clinic Data

CARRIED OVER

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

Current law limits to 24 months MaineCare coverage or reimbursement for buprenorphine and naloxone combination drugs, also known as Suboxone, and methadone for the treatment of addiction to opioids. This bill repeals the 24-month limit.

Committee Amendment "A" (H-559)

This amendment replaces the bill and is the majority report of the committee. The amendment amends the prior authorization process for methadone and so-called Suboxone treatments under MaineCare. It allows for the continuation of coverage, without prior authorization, if the individual receiving the treatment is pregnant, has

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serious and persistent mental illness or resides with a child under 3 years of age for whom the individual is primarily responsible. It also allows an individual who is on a low daily dose that is considered a maintenance dose to continue coverage without prior authorization. For Suboxone, this amount is 4 milligrams. The maintenance dose for methadone will be determined in the Department of Health and Human Services rules. The amendment also directs the department to increase the reimbursement rates paid to methadone clinics from \$60 a week to \$70 a week.

Committee Amendment "B" (H-560)

This amendment, which is the minority report of the committee, requires the office of substance abuse and mental health services within the Department of Health and Human Services to prepare a report using data from 2009 to 2013 from methadone clinics in this State. The report must be submitted to the Joint Standing Committee on Health and Human Services no later than January 1, 2014. The report must include, but is not limited to, data on the number of clients at the clinics, the number of clients receiving at-home doses of methadone, the average doses and range of doses of methadone received by clients both at the clinic and receiving at-homes doses, the incidence of tapering of the dosage, including any changes in tapering resulting from the enactment of a lifetime limit of two years, the frequency of drug use and the number of arrests in the last 30 days of clients at the clinics, the number of clients discharged and the reasons for the discharges and the number of deaths of clients.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 967 An Act Regarding Residency Requirements for General Assistance ONTP

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

This bill amends the municipal general assistance requirements to establish criteria to determine residency in a municipality, including the requirement that a person be registered to vote in that municipality or have a Maine driver's license. This bill also permits a municipality to establish a durational residency requirement of up to six months before a person who is not a resident of the State may apply for general assistance.

LD 968 An Act To Provide Needed Psychiatric Hospitalization for Persons with Mental Illness CARRIED OVER

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

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.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P.1145, as amended by H-B (H-580) and H-C (H-582).

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LD 969 Resolve, Directing the Department of Health and Human Services To Reduce and Limit the Adult Developmental Services Waiting Lists by Implementing a More Efficient, Responsive and Individualized Model of Service Delivery

**DIED ON
ADJOURNMENT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY CRAVEN	OTP-AM	H-431

This resolve requires the Department of Health and Human Services to request approval from the federal Centers for Medicare and Medicaid Services to amend the MaineCare waivers for Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder, and Section 29, Support Benefits for Adults with Intellectual Disabilities or Autistic Disorder, to permit the reimbursement for the use of appropriate electronic technology as a means of reducing the costs of supporting people currently being served. It also requires the department to apply to the Centers for Medicare and Medicaid Services to amend the Section 29 waiver to add as a covered service home support as an option under the current service cap. Home support is direct support provided to a member in the member's home by a direct support professional to improve and maintain the member's ability to live as independently as possible in the member's own home and primarily consists of personal assistance, such as preparing meals, cleaning and personal care. Upon the granting of the amended waivers, the department is required to undertake rulemaking to amend the Section 21 and 29 rules to reflect the changes in the waiver. Any savings from the use of electronic technology and the provision of home support services must be used to serve additional people on Sections 21 and 29 waiting lists.

The resolve also requires the Department of Health and Human Services to report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Appropriations and Financial Affairs on the status of the recommendations of the adult developmental services working group formed pursuant to Public Law 2011, chapter 477, Part W, section 1. The department is required to develop a plan to incorporate the recommendations of the working group, including specific steps and a timeline with a goal that current and future waiting lists do not exceed 6 months.

Committee Amendment "A" (H-431)

This amendment changes the deadline for the Department of Health and Human Services to submit the application for 2 MaineCare waivers from July 1, 2013 to October 1, 2013. This amendment also changes the goal of a maximum of 6 months for current and future waiting lists to a maximum of 6 months for future waiting lists.

See also LD 8.

LD 986 Resolve, To Establish the Commission To Study Long-term Care Facilities

**RESOLVE 78
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS MAKER	OTP-AM	S-201 S-325 GOODALL

This resolve establishes the Commission To Study Long-term Care Facilities. The commission has 13 members and is required to report by December 4, 2013.

Committee Amendment "A" (S-201)

The resolve establishes the Commission To Study Long-term Care Facilities. This amendment changes the

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membership of the commission so that it consists of 7 Legislators, one representative of a nursing facility, 2 representatives of long-term care facilities, one director of a long-term care ombudsman program, one person representing a municipality and one person representing the Governor's office or the Governor's administration. This amendment adds to the duties of the commission duties derived from 3 bills that were before the Joint Standing Committee on Health and Human Services, Legislative Document 928, Legislative Document 1245 and Legislative Document 1246. The amendment authorizes the chairs of the commission to establish subcommittees composed of interested persons, including representatives of nursing facilities with a high percentage of residents whose care is reimbursed through the MaineCare program, individuals with specialized knowledge in implementing an acuity-based staffing system, individuals with expertise in acuity-based reimbursement systems, a representative of an agency that provides services to the elderly and any other persons with experience or interest in nursing facility care. The amendment directs the commission to submit a report with findings and recommendations to the 126th Legislature by December 4, 2013.

Senate Amendment "A" To Committee Amendment "A" (S-325)

This amendment modifies the membership of the Commission To Study Long-term Care Facilities to reduce the number of Legislators from 7 to 5 and adds an emergency preamble and emergency clause.

Enacted Law Summary

Resolve 2013, chapter 78 establishes the Commission To Study Long-term Care Facilities. The membership of the commission consists of 7 legislators, one representative of a nursing facility, 2 representatives of long-term care facilities, one director of a long-term care ombudsman program, one person representing a municipality and one person representing the Governor's office or the Governor's administration. The duties of the commission are derived from 3 bills that were before the Joint Standing Committee on Health and Human Services, Legislative Document 928, Legislative Document 1245 and Legislative Document 1246. The chairs of the commission are authorized to establish subcommittees composed of interested persons, including representatives of nursing facilities with a high percentage of residents whose care is reimbursed through the MaineCare program, individuals with specialized knowledge in implementing an acuity-based staffing system, individuals with expertise in acuity-based reimbursement systems, a representative of an agency that provides services to the elderly and any other persons with experience or interest in nursing facility care. The resolve directs the commission to submit a report with findings and recommendations to the 126th Legislature by December 4, 2013.

See also LD 928, 1245 and 1246.

Resolve 2013, chapter 78 was finally passed as an emergency measure effective July 16, 2013.

LD 990 An Act To Require Public Disclosure of Health Care Prices

PUBLIC 332

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WOODBURY	OTP-AM	S-202

This bill requires health care practitioners to maintain and make available to clients a price list of their most frequently provided services and procedures. The prices stated are the prices charged to a patient when there is no insurance coverage or when reimbursement by an insurance company is denied.

Committee Amendment "A" (S-202)

This amendment retains the provisions of the bill that require a health care practitioner to maintain and make available to clients a price list of the health care practitioner's most frequently provided services and procedures. The amendment exempts pharmacists from the consumer information requirements. The amendment adds a requirement that the prices must be accompanied by the applicable standard medical codes listed by diagnosis. The amendment requires health care practitioners to make available written information on health claims data that may

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be obtained through the publicly accessible website of the Maine Health Data Organization.

Enacted Law Summary

Public Law 2013, chapter 332 requires a health care practitioner to maintain and make available to clients a price list of the health care practitioner's most frequently provided services and procedures. The law exempts pharmacists from the consumer information requirements. The law adds a requirement that the prices must be accompanied by the applicable standard medical codes listed by diagnosis. The law requires health care practitioners to make available written information on health claims data that may be obtained through the publicly accessible website of the Maine Health Data Organization.

LD 1014 **An Act To Improve Law Enforcement Access to Prescription Monitoring Program Data**

**ACCEPTED
MINORITY
(ONTP) REPORT**

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

This bill is a product of the Maine Prescription Drug Abuse Task Force established by the Governor and the Attorney General through Executive Order 2012-002. This bill allows a law enforcement agency access to prescription monitoring program information only for an active law enforcement investigation. Information provided to a law enforcement agency remains confidential and must be safeguarded in the same manner as other investigative information.

Committee Amendment "A" (H-343)

This amendment is the majority report of the committee. This amendment retains the intent and effect of the bill but limits the context of a request for information from the Controlled Substances Prescription Monitoring Program by law enforcement to an active investigation involving a prescription drug offense. This amendment requires the Department of Health and Human Services, in consultation with the Attorney General, to adopt routine technical rules regarding the manner of communicating requests for information from the program.

LD 1029 **Resolve, Directing the Department of Health and Human Services To Amend Its Rules Pertaining to a Request for Mental Health Records**

ONTP

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

Current rules of the Department of Health and Human Services allow a recipient of mental health services or the recipient's parent or legal guardian to review the recipient's mental health records within a reasonable amount of time. This resolve directs the department to amend its rules to allow for reviewing those records on a daily basis.

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LD 1030 An Act To Require That Electronic Benefits Transfer System Cash Benefits Are Used for the Purpose for Which the Benefits Are Provided

**ACCEPTED
MAJORITY
(ONTP) REPORT**

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

This bill requires a recipient of benefits under the electronic benefits transfer system to retain a receipt of every cash transaction the recipient makes under the system and to provide the receipts monthly to the Department of Health and Human Services. This bill requires the Department of Health and Human Services to deduct the amount of a transaction the department determines is improper under state or federal law from the recipient's monthly benefits.

Committee Amendment "A" (H-518)

This amendment, which is the minority report of the committee, replaces the bill. It prohibits recipients of Temporary Assistance for Needy Families, or TANF, benefits from using benefits to purchase alcoholic beverages or tobacco products. The amendment also requires recipients of TANF to retain receipts for cash transactions, including those made with cash withdrawn from the electronic benefits transfer system card, for 12 months. The Department of Health and Human Services may audit the receipts for a six-month period for up to 1% of all TANF recipients to determine if a recipient has spent TANF cash benefits on prohibited items. If the Department of Health and Human Services determines that such a purchase has been made, the department is required to deduct that amount from the recipient's TANF benefits for the following month.

LD 1031 An Act To Require a Mandatory Peer Review Process for the Restraint and Seclusion of Children in a Hospital or Children's Home

CARRIED OVER

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

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.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 1032 Resolve, Establishing the Commission To Study the Incidence of and Mortality Related to Cancer

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCGOWAN	OTP-AM ONTP	H-344

This resolve directs the Department of Health and Human Services to establish a task force to study the high incidence of cancer in the State, ways to lower the incidence of cancer and how the State can assist its citizens

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through education and prevention programs. The department is directed to invite interested parties to serve on the task force and to make its findings available to the public in distributable format and online.

Committee Amendment "A" (H-344)

This amendment is the majority report of the committee. The amendment retains the duties of the task force proposed in the resolve and changes that task force into the Commission To Study the Incidence of and Mortality Related to Cancer. This amendment provides for appointments of 13 members by the President of the Senate and the Speaker of the House. This amendment directs the commissioners of several state agencies to provide information and data to the commission. This amendment authorizes the Legislative Council to provide staffing to the commission. This amendment directs the commission to submit a report to the Joint Standing Committee on Health and Human Services by December 4, 2013.

See also LD 1574.

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

CARRIED OVER

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

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.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 1062 An Act To Add Conditions That Qualify for Medical Marijuana Use

PUBLIC 361

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DICKERSON GERZOFKY	OTP-AM ONTP	H-398

This bill amends the Maine Medical Use of Marijuana Act to add to the list of debilitating medical conditions for which a physician may certify the use of medical marijuana. The conditions added are post-traumatic stress disorder, opiate or pharmaceutical drug addiction and recovery and any other medical condition or its treatment as determined by a physician.

Committee Amendment "A" (H-398)

This amendment is the majority report of the committee. The amendment revises the listed medical conditions that qualify a patient for the medical use of marijuana. The amendment adds to the list of conditions post-traumatic stress disorder, inflammatory bowel disease, dyskinetic and spastic movement disorders and otehr diseases ccausing severe and persistent myuscle spasms. The amendment removes from the list of conditions Crohn's disease and a chronic or debilitating disease or medical condition or its treatment that produces severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.

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Enacted Law Summary

Public Law 2013, chapter 361 revises the listed medical conditions that qualify a patient for the medical use of marijuana. The law adds to the list of conditions post-traumatic stress disorder, inflammatory bowel disease, dyskinetic and spastic movement disorders and otehr diseases ccausing severe and persistent myuscle spasms. The law removes from the list of conditions Crohn's disease and a chronic or debilitating disease or medical condition or its treatment that produces severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.

LD 1063 An Act To Remove a Conflict in the Law Restricting the Sale or Purchase of Targeted Methamphetamine Precursors

**PUBLIC 223
EMERGENCY**

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

Public Law 2011, chapter 584 made changes to the law restricting the sale of targeted methamphetamine precursors, including setting a limit of 3.6 grams of targeted methamphetamine precursors that could be sold in a 24-hour period to the same person; this limit is the same as in federal law. At the time Public Law 2011, chapter 584 was enacted, the law prohibited the sale of targeted methamphetamine precursors to no more than 3 grams and also restricted the number of packages sold per transaction.

This bill repeals the restriction on the number of packages of medication containing pseudoephedrine that may be sold at one time, leaving the 3.6 gram per month maximum in place. The requirement that the targeted methamphetamine precursors be sold in blister packages is also repealed since this is already a federal requirement under the federal Combat Methamphetamine Epidemic Act.

Enacted Law Summary

Public Law 2013, chapter 223 repeals the restriction on the number of packages of medication containing pseudoephedrine that may be sold at one time, leaving the 3.6 gram per month maximum in place. The requirement that the targeted methamphetamine precursors be sold in blister packages is repealed by this law since this is already a federal requirement under the federal Combat Methamphetamine Epidemic Act.

Public Law 2013, chapter 223 was enacted as an emergency measure effective June 10, 2013.

LD 1064 Resolve, To Establish the Task Force on Independence from Public Assistance

INDEF PP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NEWENDYKE FLOOD	OTP-AM	H-270

This resolve establishes the Task Force on Independence from Public Assistance. The task force must meet up to eight times, consists of nine members and must report by December 4, 2013 with its findings and recommendations and suggested legislation to the Joint Standing Committee on Health and Human Services.

Committee Amendment "A" (H-270)

This amendment increases the membership of the Task Force on Independence from Public Assistance from nine members to 13 members. In addition to the task force's duties in the resolve, the amendment requires the task force to identify provisions in current state policy, law and rules that penalize or create a disincentive to work and make

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recommendations on how to eliminate those barriers and to review legislative and academic studies conducted in Maine. It clarifies that recommendations made to the Joint Standing Committee on Health and Human Services must be evidence-based.

LD 1065 An Act Regarding Patient-directed Care at the End of Life

**ACCEPTED
MAJORITY
(ONTP) REPORT**

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

This bill authorizes a patient who is terminally ill and the patient's physician or the medical director of the patient's hospice care provider to sign companion documents that will guide the provision of health care to the patient and the provision of care at the end of life. The companion documents establish the choices and directives of the patient and the responsibilities of the physician or medical director. This bill shields physicians and medical directors from liability or disciplinary sanctions so that the physicians and medical directors may provide care in conformance with patients' choices and directives.

LD 1066 An Act To Increase Access to Health Coverage and Qualify Maine for Federal Funding

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN WOODBURY	OTP-AM ONTP	H-286 S-221 KATZ

This bill 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 beginning January 1, 2014 and adults 19 and 20 years of age beginning October 1, 2019.

Committee Amendment "A" (H-286)

This amendment replaces the bill.

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 beginning January 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 3 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.

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, 2013 on these efforts.

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Part C requires the Commissioner of Health and Human Services, the Commissioner of Corrections and the Executive Director of the State Board of Corrections 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, with the goal of identifying and maximizing General Fund savings. Part C requires a report by March 1, 2014 to the Joint Standing Committee on Appropriations and Financial Affairs, the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Criminal Justice and Public Safety on the amount of General Fund savings resulting from the MaineCare expansion. The report must include the amount of savings realized during fiscal year 2013-14 by service area or program and the amount of savings projected to be achieved during the remainder of that fiscal year and during fiscal year 2014-15. 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 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 on Appropriations and Financial Affairs no later than June 30, 2014 and a 2nd report by June 30, 2015.

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

Senate Amendment "A" To Committee Amendment "A" (S-221)

This amendment repeals the expansion of medical coverage under the MaineCare program on December 31, 2016.

This amendment requires the Commissioner of Health and Human Services to provide certain information to the Secretary of the United States Department of Health and Human Services to enable the secretary to make the determination as to the eligibility of the State to obtain an enhanced Federal Medical Assistance Percentage for services for MaineCare members eligible as childless adults. The amendment provides in Part E that until the secretary confirms that the State will get the enhanced reimbursement rate, which is 100% federal Medicaid reimbursement for calendar years 2014, 2015 and 2016 and as further set forth in the federal Patient Protection and Affordable Care Act, for the childless adult population in MaineCare, including persons who were members under that eligibility grouping on December 1, 2009, the expansion of medical coverage under the MaineCare program will not take effect. The amendment requires the commissioner, upon receiving confirmation from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, to notify the President of the Senate, the Speaker of the House of Representatives and the Revisor of Statutes and to provide them with a copy of the written confirmation.

This amendment requires the Office of Fiscal and Program Review to contract with a private, nonpartisan research organization to evaluate the impact of the MaineCare expansion authorized in Part A and changes the reporting entity to the research organization. This amendment adds to the services evaluated under Part C, section 1 the amount of payment for services that hospitals received during calendar years 2014 and 2015 as a result of the expansion of MaineCare eligibility pursuant to Part A, section 3 and any savings and impact on health outcomes achieved through the State Innovation Models Initiative grant. The amendment changes the reporting dates for the reports on General Fund savings in Part C, section 2 to March 1st in 2014 and 2015 and February 15th in 2016, includes in savings any amount credited to the MaineCare Stabilization Fund and extends the years for projecting savings through fiscal year 2020-21. The amendment directs the joint standing committee of the Legislature having jurisdiction over health and human services matters to review the information provided in the reports from the research organization under Part C, section 2 and to determine if the net cost to the General Fund of providing coverage under the MaineCare program to individuals pursuant to Part A, section 3 exceeds the savings to the General Fund, including any amount deposited in the MaineCare Stabilization Fund pursuant to Part C, section 3, due to the expansion of coverage for those individuals.

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This amendment adds a new Part E that amends current law on copayments in the MaineCare program. This amendment 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. This amendment directs the department to increase MaineCare copayments for services provided in a hospital emergency room when the services are not emergency services. This amendment requires the department to track aggregate copayments in compliance with federal law.

LD 1089 Resolve, To Allow York County To Renegotiate with the Department of Health and Human Services a Decision Regarding Transportation Services

**ACCEPTED
MAJORITY
(ONTP) REPORT**

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

This resolve requires the Commissioner of Health and Human Services to reopen the decision to designate a broker for MaineCare nonemergency transportation services in Region 8, which covers York County, and permit York County Community Action Corporation to compete for designation.

Committee Amendment "A" (S-203)

This amendment is the minority report of the committee. The amendment changes the title of the resolve. The amendment directs the Department of Health and Human Services to convene a working group to study and report on changes in regional transportation systems in Maine. The amendment directs the working group to study the revenues and expenses, utilization, efficiencies and interrelationships of the transportation systems in effect on January 1, 2013 and the systems as they will be altered by the risk-based system that the department is instituting during 2013. The amendment also directs the working group to consider whether the risk-based system will split the regional transportation systems into smaller units or weaken services to residents of urban and rural communities and the department to report to the Joint Standing Committee on Health and Human Services by January 15, 2014 on the results of the study.

LD 1155 An Act To Ensure the Integrity of Neuropsychological and Psychological Testing Materials and Data

**PUBLIC 353
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH	OTP-AM	H-442

This bill provides that neuropsychological test materials and neuropsychological test data may not be disclosed to anyone, including the person who is the subject of the test, and are not subject to disclosure in any administrative, judicial or legislative proceeding, except that the person who is the subject of the neuropsychological evaluation is entitled to have all records relating to that evaluation, including neuropsychological test materials and neuropsychological test data, disclosed to any qualified psychologist designated by the person.

Committee Amendment "A" (H-442)

This amendment, which replaces the bill, retains all of the provisions of the bill and adds an emergency preamble and emergency clause. The amendment adds a definition of "psychological evaluation" and adds protection of psychological test materials and test data. The amendment changes the title to reflect the addition of protections for psychological test materials and data.

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Enacted Law Summary

Public Law 2013, chapter 353 provides that neuropsychological test materials and neuropsychological test data may not be disclosed to anyone, including the person who is the subject of the test, and are not subject to disclosure in any administrative, judicial or legislative proceeding, except that the person who is the subject of the neuropsychological evaluation is entitled to have all records relating to that evaluation, including neuropsychological test materials and neuropsychological test data, disclosed to any qualified psychologist designated by the person. The law defines "psychological evaluation".

Public Law 2013, chapter 353 was enacted as an emergency measure effective June 25, 2013.

LD 1161 An Act To Ensure Regulated Safe Access to Medical Marijuana ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to increase the number of medical marijuana dispensaries, and to ensure that the additional newly authorized dispensaries are located in previously underserved areas within the State.

LD 1165 An Act To Improve the Safety of Workers Who Provide Direct Mental Health and Social Services ONTP

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

This bill requires all programs providing direct services to clients that are operated, licensed or funded by the Department of Health and Human Services to establish a workplace violence prevention program, including a workplace violence prevention and crisis response plan, to educate, train and assist direct service workers who may be affected by or threatened with workplace violence.

LD 1166 An Act Regarding Records Retention by Mental Health Practitioners ONTP

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

This bill requires mental health agencies and mental health professionals to plan for and provide secure and private retention of client records and record destruction after specified terms or when an agency or facility ceases to operate or a professional ceases to practice.

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**LD 1188 Resolve, Directing the Department of Health and Human Services To
Amend Its Rules of Reimbursement under the MaineCare Program for
Audiology and Speech-language Pathology Services**

CARRIED OVER

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

This resolve directs the Department of Health and Human Services to amend the rules of reimbursement under the MaineCare program for audiology and speech-language pathology services by October 1, 2013 in order to equalize rates, eliminate a prior authorization requirement and provide for payment by the MaineCare program of the Medicare deductible for audiology services for certain MaineCare members. The rules are designated as routine technical rules.

Committee Amendment "A" (H-494)

This amendment deletes the provisions of the resolve that pertain to services for persons who are eligible for the Medicare program and that pertain to prior authorization. The amendment retains the provision that raises rates for speech and hearing pathology services, but at only half the increase proposed in the resolve, and replaces references to "hearing services" with references to "audiology services." It also adds an appropriations and allocations section.

This bill was committed to the Joint Standing Committee on Appropriations and Financial Affairs and was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

**LD 1189 Resolve, Regarding Implementation of Cost-of-living Increases for
Nursing Facilities**

**RESOLVE 72
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE	OTP-AM	H-513

This bill amends the law governing the nursing facility and assisted living facility cost-of-living adjustment enacted by the 125th Legislature to specify that during the first year in which an adjustment is made, the reimbursement is reduced by that portion of the adjustment that exceeds the percentage increase in wages and benefits actually provided to frontline employees during the facility's fiscal years ending in 2009, 2010 and 2011.

Committee Amendment "A" (H-513)

This amendment replaces the bill. It directs the Department of Health and Human Services to adopt rules regarding the cost-of-living adjustment payable to a nursing facility for the fiscal year that ends in 2012 that allow full payment of the cost-of-living adjustment if the required wage increases to frontline employees are granted over a longer period of time than allowed by current rule. The amendment authorizes the Department of Health and Human Services to adopt the rules on an emergency basis. The amendment designates the rules as routine technical rules.

Enacted Law Summary

Resolve 2013, chapter 72 directs the Department of Health and Human Services to adopt rules regarding the cost-of-living adjustment payable to a nursing facility for the fiscal year that ends in 2012 that allow full payment of the cost-of-living adjustment if the required wage increases to frontline employees are granted over a longer period of time than allowed by current rule. The resolve authorizes the Department of Health and Human Services to adopt the rules on an emergency basis. The resolve designates the rules as routine technical rules.

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Resolve 2013, chapter 72 was finally passed as an emergency measure effective June 28, 2013.

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

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

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.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 1214 An Act To Require a Mandatory Assessment by a Physician prior to ONTP
Psychotropic or Electroconvulsive Therapy

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

This bill requires a physical examination by a physician prior to the administration of psychotropic drugs or electroconvulsive therapy to a person in a hospital with a psychotic condition.

LD 1215 An Act To Protect Public Health by Regulating Excessive Wood Smoke INDEF PP
as a Nuisance

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

This bill makes operating in a densely populated area an outdoor wood-burning device that produces visible emissions totaling 12 minutes in any hour that cross onto any land or buildings immediately adjacent to a dwelling or commercial building not owned by the owner of the outdoor wood-burning device a nuisance. A fine of not less than \$10 nor more than \$100 may be adjudged for creating the nuisance.

Committee Amendment "A" (H-284)

This amendment, which is the minority report of the committee, amends the bill to apply to all wood-burning devices rather than only outdoor wood-burning devices. The bill does not apply to outdoor wood boilers which are governed by the Department of Environmental Protection. The amendment removes the definition for "densely populated area" and adds a definition for "residential area" that includes residential zoning and areas that are designated growth areas in a municipal comprehensive plan. It removes the range of fines that may be adjudged from between \$10 and \$100 and instead specifies a fine of \$100. Emissions generated by wood-burning devices during the course of a ceremony of a federally recognized Indian tribe are exempt from the emissions regulation.

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LD 1232 An Act To Maintain the Integrity of the Fund for a Healthy Maine

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN GRAHAM	OTP-AM ONTP	S-204 S-354 HILL

Under current law, the Fund for a Healthy Maine is funded by ongoing funds from the so-called tobacco settlement. These funds may not be transferred to the General Fund to be used for any purpose other than specified prevention and health promotion purposes except when specifically approved by the Legislature.

This bill removes the provision of current law that allows the Legislature to approve transfers of funds from the Fund for a Healthy Maine to the General Fund.

Committee Amendment "A" (S-204)

This amendment, which is the majority report of the Joint Standing Committee on Health and Human Services, incorporates a fiscal note.

Senate Amendment "A" (S-354)

This amendment provides that the legislation takes effect January 1, 2016.

**LD 1244 An Act To Require Child Protective Services To Screen Parents of
Newborn Infants**

ONTP

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

This bill requires hospitals and institutions to electronically submit the same information that is submitted to the municipality in which the live birth occurred or the Department of Health and Human Services for the purposes of recording births and gathering medical information to the department to be used to identify any parent that has previously had parental rights terminated. Within 24 hours of receiving the birth record, the department must identify if a parent of a newborn child has previously had parental rights terminated. The department is required to adopt rules to determine appropriate action.

**LD 1245 Resolve, Directing the Department of Health and Human Services To
Create a More Equitable, Transparent Resource Allocation System for
Nursing Facilities Based on Residents' Needs**

ONTP

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

This resolve instructs the Department of Health and Human Services to eliminate the current nursing home reimbursement peer group limits and establish a capitated system that treats all facilities equally by setting MaineCare rates as a percentage of the existing Medicare acuity-based resource utilization group rates. It also requires the department to publish on a publicly accessible website its reimbursement rates and any related exception adjustments of all providers. Availability of MaineCare funds will be used to determine the base

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

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

LD 1284 An Act Regarding Delayed Birth Registration

DIED BETWEEN HOUSES

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

This bill removes an affidavit of personal knowledge as an accepted document as evidence of birth required for a delayed registration of birth. The bill also changes from more than 15 years to 15 years or more the number of years after which supporting documentation is required as evidence.

Committee Amendment "A" (S-205)

This amendment, which is the majority report of the committee, adds to the bill by allowing for the use of an affidavit of personal knowledge to establish delayed registration of birth only when there are insufficient supporting documents and with the approval of the State Registrar of Vital Statistics. The Department of Health and Human Services is directed to adopt rules. The department's rules may allow for the use of court determination of paternity if it can be used to establish parentage prior to the filing of the delayed birth certificate and must allow for the use of an affidavit of personal knowledge only when insufficient reporting documents are available and with approval of the state registrar.

LD 1294 An Act To Increase the Penalty for Smoking in a Motor Vehicle When a Child Is Present

ONTP

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

This bill increases the fine for smoking in a motor vehicle when a child is present from \$50 for all offenses to \$250 for a first offense and \$500 for a second or subsequent offense. It requires fines to be deposited in the Fund for a Healthy Maine and used for smoking cessation activities. The court is required to report information regarding a person who is adjudicated of a third or subsequent offense to the office of the Department of Health and Human Services responsible for child protection. It allows an offender the option of taking a class on the dangers of secondhand smoke to children and receiving a fine waiver for a first offense and requires an offender to take a class on the dangers of secondhand smoke to children for a second offense if the offender has not taken this class before.

LD 1333 Resolve, Directing the Department of Health and Human Services To Amend the MaineCare Benefits Manual

DIED ON ADJOURNMENT

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN ROTUNDO	OTP-AM	S-206

This resolve directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 45.03 to pay a distinct psychiatric unit discharge rate equal to \$9,128.31 per

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psychiatric discharge for patients under 18 years of age from hospitals in the Lewiston-Auburn area.

Committee Amendment "A" (S-206)

This amendment amends the resolve by adding a new section directing the Department of Health and Human Services to amend the rules for reimbursement under the MaineCare program as necessary for inpatient substance abuse services in distinct inpatient units. It requires that inpatient substance abuse services be reimbursed based on a case mix index multiplied by the psychiatric discharge rate, resulting in a rate of \$4,898 per discharge. This amendment also adds an appropriations and allocations section.

See also Public Law 2013, chapter 368, the biennial budget, Part PPP for provisions identical to the proposal in the committee amendment.

LD 1334 An Act To Create Child Advocacy Centers in Maine

PUBLIC 364

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN FARNSWORTH	OTP-AM	S-216

This bill provides for the establishment of child advocacy centers throughout the State. One center may be established in each of the State's nine public health districts, and each center is responsible for coordinating the investigation and prosecution of child sexual abuse and referral of victims of child sexual abuse for treatment in that district.

The bill requires that an advisory board govern each center. Board members must be from the district and must include representatives from a county sheriff's office and District Attorney's office; the Department of Health and Human Services, Office of Child and Family Services; the State and municipal police; and a county mental health organization. Each board is required to prepare a written protocol for interagency notification and dispute resolution for involved agencies when a conflict arises in how to proceed with the investigation of the case.

Upon the execution of a Memorandum of Understanding, a center may be established. A center must assess victims of child sexual abuse and their families to determine their needs for services relating to the investigation of child sexual abuse; provide those services; provide a facility at which a multidisciplinary team can meet to facilitate the disposition of child sexual abuse cases through the civil and criminal justice systems; and coordinate the activities of governmental entities relating to investigations and services to victims and families. Multidisciplinary teams must include employees of the participating agencies who are professionals involved in the investigation or prosecution of child sexual abuse cases. The teams may also include professionals involved in the delivery of services to victims and families.

The bill specifies that a person is immune from civil liability for a recommendation or an opinion given in good faith while acting in the official scope of the person's duties as a member of a center's multidisciplinary team or as a staff member or volunteer of a center. The bill also specifies that the files, reports, records, communications and working papers used or developed in providing services are confidential and are not public records.

Beginning January 2015, the Department of Health and Human Services must annually report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the centers. The report must include the number of centers and an overview of the protocols adopted by the centers and the effectiveness of the centers in coordinating the investigation and prosecution of child sexual abuse and referral of victims of child sexual abuse for treatment. The committee may submit legislation related to the report.

Committee Amendment "A" (S-216)

This amendment replaces the bill. It retains the provisions of the bill, but broadens the focus of child advocacy

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centers from child sexual abuse to child sexual abuse and other child abuse and neglect. It requires the participants in a center's memorandum of understanding and the members of a center's child advocacy advisory board to include a representative from a sexual assault support center and also allows a center's multidisciplinary team to include such a representative. It also limits the intake of the centers to children and their families referred to the centers from the Department of Health and Human Services, law enforcement and district attorneys.

Enacted Law Summary

Public Law 2013, chapter 364 provides for the establishment of child advocacy centers throughout the State. One center may be established in each of the State's nine public health districts, and each center is responsible for coordinating the investigation and prosecution of child sexual abuse and other child abuse and neglect as well as referral of victims of child sexual abuse for treatment in that district. The intake of the centers is limited to children and their families referred to the centers from the Department of Health and Human Services, law enforcement and district attorneys.

The law requires that an advisory board govern each center. Board members must be from the district and must include representatives from a county sheriff's office and District Attorney's office; the Department of Health and Human Services, Office of Child and Family Services; the State and municipal police; a sexual assault support center; and a county mental health organization. Each board is required to prepare a written protocol for interagency notification and dispute resolution for involved agencies when a conflict arises in how to proceed with the investigation of the case.

Upon the execution of a Memorandum of Understanding, a center may be established. A center must assess victims of child sexual abuse and their families to determine their needs for services relating to the investigation of child sexual abuse; provide those services; provide a facility at which a multidisciplinary team can meet to facilitate the disposition of child sexual abuse cases through the civil and criminal justice systems; and coordinate the activities of governmental entities relating to investigations and services to victims and families. Multidisciplinary teams must include employees of the participating agencies who are professionals involved in the investigation or prosecution of child sexual abuse cases. The teams may also include professionals involved in the delivery of services to victims and families.

The law specifies that a person is immune from civil liability for a recommendation or an opinion given in good faith while acting in the official scope of the person's duties as a member of a center's multidisciplinary team or as a staff member or volunteer of a center. It also specifies that the files, reports, records, communications and working papers used or developed in providing services are confidential and are not public records.

Beginning January 2015, the Department of Health and Human Services must annually report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the centers. The report must include the number of centers and an overview of the protocols adopted by the centers and the effectiveness of the centers in coordinating the investigation and prosecution of child sexual abuse and referral of victims of child sexual abuse for treatment. The committee may submit legislation related to the report.

LD 1337 An Act To Revise the Maine Wild Mushroom Harvesting Certification Program

**ACCEPTED
MAJORITY
(ONTP) REPORT**

Sponsor(s)

SIROCKI

Committee Report

ONTP
OTP

Amendments Adopted

This bill creates an annual licensing requirement, in addition to the existing certification requirement, for certain persons selling, transferring or otherwise delivering wild mushrooms within the State. This bill provides that a

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person does not need a license to sell wild mushrooms that had been originally received from a licensed person. Fees currently required for certification are shifted to the annual licensing system. This bill adds a requirement that license holders maintain liability insurance, provides for a civil penalty of \$1,000 to \$5,000 for each violation of the license or insurance requirement and provides for license suspension for repeat offenses.

**LD 1343 An Act To Improve Work Readiness for Families Facing Significant
Barriers to Employment**

PUBLIC 376

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES FLOOD	OTP-AM	H-345

This bill provides that if the case manager of a participant in the ASPIRE-TANF program determines that the participant has physical or mental health impairments, learning disabilities, cognitive impairments or limitations, the case manager must explore with the participant whether the participant wishes to undergo a comprehensive screening with possible referral to alternative services, supports and benefits. Following the assessment, the case manager, in coordination with the participant, is directed to establish a plan for the participant and the participant's family that includes appropriate services, supports and programs.

Committee Amendment "A" (H-345)

This amendment clarifies the role of the case manager in the comprehensive screening and assessment process. It also clarifies that a person who fails to participate without good cause may be sanctioned by the Department of Health and Human Services.

Enacted Law Summary

Public Law 2013, chapter 376 provides for a participant in the ASPIRE-TANF program to be screened for physical or mental health impairments, learning disabilities, cognitive impairments or limitations related to providing care for a household member with a disability or serious illness or a child with a serious behavioral condition. If it is determined that barriers to economic self-sufficiency and well-being exist, the participant must be offered the opportunity for a comprehensive assessment that may result in referral for alternative services, supports and income benefits. The participant's case manager shall ensure that any accommodation or support services necessary for the participant to participate in the assessment are made available to the participant. A person who fails to participate without good cause may be sanctioned by the Department of Health and Human Services.

**LD 1364 An Act To Amend the Laws Governing Hospital Leave Days for
MaineCare Recipients**

**PUBLIC 423
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON HAMPER	OTP-AM	H-370 S-360 HILL

This bill amends Public Law 2013, chapter 1 to clarify that the number of hospital and therapeutic leave days for MaineCare recipients is limited to 4 hospital leave days per hospital visit and one therapeutic leave day per year.

Committee Amendment "A" (H-370)

This amendment changes the number of hospital leave days per hospital visit to 7 and the number of therapeutic leave days to 20 per year. The amendment adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-360)

This amendment amends Committee Amendment "A" to strike the substance of the bill and instead changes the

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retroactive application date contained in Public Law 2013, chapter 368 regarding the number of hospital leave days and therapeutic leave days from March 25, 2013 to April 1, 2013.

See also Public Law 2013, chapter 368, page 365 for an appropriation and an allocation to fund the initiative in the bill and page 681, Part LLLLL, to apply the initiative retroactively to March 25, 2013.

Enacted Law Summary

Public Law 2013, chapter 423 changes the retroactive application date contained in Public Law 2013, chapter 368 regarding the number of hospital leave days and therapeutic leave days from March 25, 2013 to April 1, 2013.

See also Public Law 2013, chapter 368, page 365 for an appropriation and an allocation to fund the initiative in LD 1364 and page 681, Part LLLLL, to apply the initiative retroactively to March 25, 2013.

Public Law 2013, chapter 423 was enacted as an emergency measure effective July 16, 2013.

LD 1383 An Act To Improve the Delivery of Early Child Care and Education Services

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY CRAVEN	OTP-AM	H-464 S-362 HILL

This bill requires the Department of Health and Human Services to pay child care services at the 75th percentile of the most current local market rate survey and pay a 10% premium to providers who meet tiered quality rating standards. It requires all providers of home visiting services to collaborate to better define rules and service parameters, directs Head Start program funding to the Early Head Start program, requires the department and the Child Care Advisory Council to establish a definition of "at-risk child" for the purposes of child care eligibility and diversifies the funding and uses of the early childhood professional development registry. It contains funding appropriations for child care, home visiting and Head Start.

Committee Amendment "A" (H-464)

This amendment makes a number of changes to the bill.

1. It removes all references to the Temporary Assistance for Needy Families program from the bill.
2. It removes the section that would have required the Department of Health and Human Services to amend its rules regarding child care rates.
3. It requires, in the provision regarding home visiting services collaboration, the providers of home visiting and other home-based family services that receive funding from the department to report annually to the department and requires the department to report to the joint standing committee of the Legislature with jurisdiction over health and human services matters.
4. It replaces the section that would have directed all new Head Start program funding to the Early Head Start program with a requirement for state Head Start program funding to be targeted to the most at-risk children and families. Early Head Start program funding must be used for center-based services except when otherwise negotiated by the department.
5. It replaces the section that would have required the Child Care Advisory Council to develop a definition of "at-risk child." Instead, the council is required to make recommendations to the department regarding specific

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changes in rules or policies governing child care services. The department is required to take into account the recommendations during its rule-making process.

6. It requires the Child Care Advisory Council to include in its 2014 annual report the recommendations made to the department regarding child care services rules or policies, as well as an update on the funding and use of the early childhood professional development registry. It removes the requirement for the department to adopt rules regarding the registry.

Senate Amendment "A" To Committee Amendment "A" (S-362)

This amendment provides that the Department of Health and Human Services is not required to pay a quality differential rate for child care services provided through the Temporary Assistance to Needy Families block grant. It also removes the appropriations and allocations section.

LD 1387 An Act To Provide Clarity and Consistency in Routine Public Health Licensing Activities

PUBLIC 264

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH HAMPER	OTP-AM	H-371

This bill makes changes in licensing laws administered by the Department of Health and Human Services for the purposes of clarity and consistency. It clarifies to whom the definitions of "eating establishment" and "lodging place" apply, applies license fine and penalty provisions to public pools and public spas and provides a procedure for the referral of persons who fail to pay certain licensing penalties to the Attorney General's office for prosecution. The bill makes changes in the laws governing electrologists, tattoo artists and persons performing micropigmentation and body piercing to increase fines for violations and provide consistency in regulation and enforcement among these professions. The bill also makes toilet facility requirements for eating establishments consistent with rules of the Plumbers' Examining Board and provides that the law prohibiting animals in food stores also applies to animals owned by store owners and managers.

Committee Amendment "A" (H-371)

This amendment changes the definition of "lodging place" so that bed and breakfasts and inns are included. It enacts a definition of "vacation rental" and excludes vacation rentals from licensing requirements applicable to lodging places.

Enacted Law Summary

Public Law 2013, chapter 264 makes changes in licensing laws administered by the Department of Health and Human Services for the purposes of clarity and consistency. It clarifies to whom the definitions of "eating establishment" and "lodging place" apply, applies license fine and penalty provisions to public pools and public spas and provides a procedure for the referral of persons who fail to pay certain licensing penalties to the Attorney General's office for prosecution. It enacts a definition of "vacation rental" and excludes vacation rentals from licensing requirements applicable to lodging places. The law makes changes in the laws governing electrologists, tattoo artists and persons performing micropigmentation and body piercing to increase fines for violations and provide consistency in regulation and enforcement among these professions. The law also makes toilet facility requirements for eating establishments consistent with rules of the Plumbers' Examining Board and provides that the law prohibiting animals in food stores also applies to animals owned by store owners and managers.

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**LD 1388 An Act To Clarify Civil Liability of Persons Making False Claims to the
Department of Health and Human Services**

PUBLIC 235

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON HAMPER	OTP-AM	H-250

This bill clarifies liability for conduct associated with false claims made to the Department of Health and Human Services. It changes the description of the statements, documents and records the making or submission of which incurs liability and adds provisions governing so-called reverse false claims, submission of false information to the department in order to avoid or decrease an obligation to pay or transmit money or property to the department. It adds a definition of "knowing" or "knowingly."

Committee Amendment "A" (H-250)

This amendment adds clarifications that a person must knowingly make false statements or submit false documents that are material to a fraudulent claim to the Department of Health and Human Services to be liable for conduct associated with false claims.

Enacted Law Summary

Public Law 2013, chapter 235 clarifies liability for conduct associated with false claims made to the Department of Health and Human Services. It changes the description of the statements, documents and records the making or submission of which incurs liability and adds provisions governing so-called reverse false claims, submission of false information to the department in order to avoid or decrease an obligation to pay or transmit money or property to the department. It adds a definition of "knowing" or "knowingly" and clarifies that a person must knowingly make false statements or submit false documents that are material to a fraudulent claim to the Department of Health and Human Services to be liable for conduct associated with false claims.

LD 1404 An Act To Ensure the Integrity of Maine's Medical Marijuana Program

**PUBLIC 396
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GILBERT LACHOWICZ	OTP-AM	H-514

This bill amends the Maine Medical Use of Marijuana Act to:

1. Allow primary caregivers to have an unlimited number of registered patients, removing the current restriction of 5 patients; and
2. Allow primary caregivers to have employees. The employees must meet the same age and criminal record requirements as primary caregivers.

Committee Amendment "A" (H-514)

This amendment does the following.

1. It removes from the bill the provision that allows primary caregivers to provide services to an unlimited number of patients.
2. It retains and clarifies the provision of the bill that allows a primary caregiver to employ one person to assist the primary caregiver in performing the duties of the primary caregiver.

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3. It allows a primary caregiver, for the purposes of disposing of excess prepared marijuana, to transfer marijuana to a qualifying patient if nothing of value is provided to the primary caregiver and allows the patient to accept the excess prepared marijuana.

4. It directs the Department of Health and Human Services to adopt rules regarding employees of primary caregivers to establish an annual registration fee of no less than \$25 and no more than \$50, to require a criminal history record check prior to registration and annually thereafter and to establish a criminal history record check fee of no less than \$31 and no more than \$60.

Enacted Law Summary

Public Law 2013, chapter 396 does the following.

1. It allows a primary caregiver to employ one person to assist the primary caregiver in performing the duties of the primary caregiver.

2. It allows a primary caregiver, for the purposes of disposing of excess prepared marijuana, to transfer marijuana to a qualifying patient if nothing of value is provided to the primary caregiver and allows the patient to accept the excess prepared marijuana.

3. It directs the Department of Health and Human Services to adopt rules regarding employees of primary caregivers to establish an annual registration fee of no less than \$25 and no more than \$50, to require a criminal history record check prior to registration and annually thereafter and to establish a criminal history record check fee of no less than \$31 and no more than \$60.

Public Law 2013, chapter 396 was enacted as an emergency measure effective July 2, 2013.

LD 1407 An Act To Increase Access to Postsecondary Education for Maine's Children ONTP

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

This bill requires the Department of Health and Human Services to require a parent of an infant under one year of age seeking family assistance from the department to apply on behalf of the infant for a Harold Alfond College Challenge grant or sign a statement indicating why the parent chooses not to apply. The bill also requires the department to provide information to parents about the grants and assist parents in applying if requested.

LD 1411 Resolve, To Require the Department of Health and Human Services To Request a Waiver To Prohibit the Use of Food Supplement Benefits for the Purchase of Taxable Food Items DIED BETWEEN HOUSES

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

This resolve requires the Department of Health and Human Services to request a waiver from the United States Department of Agriculture to allow Maine to prohibit the use of federal Supplemental Nutrition Assistance Program benefits for the purchase of taxable food items.

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Committee Amendment "B" (S-309)

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

Committee Amendment "A" (S-308)

This amendment, which is the majority report, amends the bill by replacing it with a requirement that the Commissioner of Health and Human Services convene a work group to consider strategies, educational opportunities and other initiatives to reduce food insecurity, promote healthy eating habits and improve access to fresh fruits and vegetables and local foods through farmers' markets and community-supported agriculture by recipients of benefits under the state-administered federal food supplement program known as SNAP. The Commissioner is required to report the work group's findings and recommendations to the Joint Standing Committee on Health and Human Services by January 15, 2014.

**LD 1416 An Act Regarding Responsibility of General Assistance for a Person ONTP
Who Is Released from Prison**

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

This bill provides that if an applicant for general assistance under the Maine Revised Statutes, Title 22, chapter 1161 has been released from a correctional facility within 45 days of application, the municipality of responsibility for the first 12 months of benefits is the municipality that was on record as the residence of the applicant when the applicant was committed to the correctional facility. The bill requires that a responsible municipality accept applications by telephone as long as the call is being made from a municipal office.

**LD 1417 An Act To Amend the Laws Governing Certain Human Services PUBLIC 179
Licensing and Certification Requirements**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAMPER SANDERSON	OTP-AM	S-104

This bill accomplishes the following.

1. To comply with federal requirements, it provides that the survey interval may be up to 15 months for intermediate care facilities for persons with intellectual disabilities.
2. It requires the Department of Health and Human Services to adopt routine technical rules necessary to license intermediate care facilities for persons with intellectual disabilities.
3. It changes the designation for most rules for licensed assisted housing programs from major substantive to routine technical.
4. It changes definitions relating to children's homes by replacing the term "residential child care facility" with "children's residential care facility," replacing the term "emergency shelter" with "emergency children's shelter" and replacing the term "residential treatment facility with secure capacity" with "children's residential treatment facility with secure capacity."
5. It clarifies that rules regarding various levels of children's residential care facilities are routine technical rules.

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6. It reduces training requirements for the certification of activity coordinators in long-term care facilities from 200 hours to 180 hours.

Committee Amendment "A" (S-104)

This amendment removes from the bill the section that changes the statutory designation of rules for licensed assisted housing programs from major substantive to routine technical.

Enacted Law Summary

Public Law 2013, chapter 179 does the following.

1. To comply with federal requirements, it provides that the survey interval may be up to 15 months for intermediate care facilities for persons with intellectual disabilities.
2. It requires the Department of Health and Human Services to adopt routine technical rules necessary to license intermediate care facilities for persons with intellectual disabilities.
3. It changes definitions relating to children's homes by replacing the term "residential child care facility" with "children's residential care facility," replacing the term "emergency shelter" with "emergency children's shelter" and replacing the term "residential treatment facility with secure capacity" with "children's residential treatment facility with secure capacity."
4. It clarifies that rules regarding various levels of children's residential care facilities are routine technical rules.
5. It reduces training requirements for the certification of activity coordinators in long-term care facilities from 200 hours to 180 hours.

LD 1423 An Act To Amend the Maine Medical Use of Marijuana Act with Regard to Excess Prepared Marijuana

PUBLIC 393

Sponsor(s)

HICKMAN

Committee Report

OTP-AM
ONTP

Amendments Adopted

H-537

Under the Maine Medical Use of Marijuana Act, a person who is authorized to possess marijuana is limited in the amount of marijuana seedlings, marijuana plants or prepared marijuana that the person may possess. A person who exceeds the specified limits must forfeit the excess amount to a law enforcement officer. A 2nd violation results in the forfeiture of all marijuana in the possession of that person and the revocation of the person's registry identification card. A primary caregiver may transfer excess marijuana to a registered dispensary or another caregiver but only if nothing of value is received in return. This bill allows a qualifying patient or primary caregiver who possesses excess marijuana to sell the excess marijuana to a qualifying patient, primary caregiver or registered dispensary for reasonable compensation. This bill also removes the penalties for possession of excess marijuana.

Committee Amendment "A" (H-537)

This amendment is the majority report of the committee and replaces the bill. This amendment authorizes a registered primary caregiver, for the purpose of disposing of excess prepared marijuana, to transfer for reasonable compensation up to 2 pounds per year to a dispensary and allows a dispensary to accept that transfer. This amendment corrects an error in current law on dispensaries regarding acquisition of marijuana plants.

Enacted Law Summary

Public Law 2013, chapter 393 authorizes a registered primary caregiver, for the purpose of disposing of excess

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prepared marijuana, to transfer for reasonable compensation up to 2 pounds per year to a dispensary and allows a dispensary to accept that transfer. The law corrects an error in the statute regarding dispensaries and the acquisition of marijuana plants.

LD 1443 An Act To Make Convicted Drug Felons Ineligible for TANF Assistance

**ACCEPTED
MAJORITY
(ONTP) REPORT**

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

Current law prohibits a person who has been convicted of a drug-related felony from being denied Temporary Assistance to Needy Families, or TANF, benefits due to that conviction. Current law also allows the drug testing of a person receiving TANF benefits if the person has been convicted of a drug-related felony within 20 years of receiving TANF. If the drug test is positive for illegal drugs, a second test may be requested by the person and, if the second test is positive, the suspension of TANF benefits may be avoided by enrolling in a substance abuse treatment program.

This bill repeals the prohibition against the denial of TANF benefits for a conviction of a drug-related felony, instead providing that anyone who is convicted for a drug-related felony after August 22, 1996 is ineligible for TANF benefits, including a person who is receiving TANF benefits on the effective date of the legislation. The bill also repeals the provision allowing the Department of Health and Human Services to administer drug tests to persons convicted of a drug-related felony and the person who tests positive for illegal drug use to avoid the loss of benefits. The bill requires an applicant for or recipient of TANF benefits to declare in a written, signed statement whether the person or any member of that person's household has been convicted of a drug-related felony.

Committee Amendment "A" (H-519)

This amendment, which is the minority report of the committee, replaces the term "felony drug offense" with "disqualifying drug conviction."

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

CARRIED OVER

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

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 2;
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;

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4. Adding 3 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 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.

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 1462 An Act To Clarify and Correct Provisions of the Maine Medical Use of Marijuana Act PUBLIC 374

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DION HASKELL	OTP-AM	H-465

This bill amends the Maine Medical Use of Marijuana Act in the following ways:

1. It changes the name of the act to the Maine Medical Use of Cannabis Act;
2. It allows access to a registered dispensary's cultivation facility or a cultivation facility used by a patient or primary caregiver by a licensed health care professional, vendor, consultant or person performing repairs or maintenance, but only under the direct supervision of a registered cardholder who is a principal officer, board member or employee of the registered dispensary or a patient or primary caregiver;
3. It directs the Department of Health and Human Services to amend its rules for the medical use of marijuana to eliminate the requirement that a dispensary or a primary caregiver tag each marijuana plant with a patient's name or have any other method that allows the department to determine for whom a plant is being cultivated;
4. It requires the department to change the rule regarding written notification given by registered dispensaries of any substantive policy or procedure change, requiring notification to be made within 30 days of the implementation

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of the change, instead of at least 10 days prior to the change; and

5. It requires a correction to a reference to caregivers in the rules of the department; the reference should be to registered dispensaries.

Committee Amendment "A" (H-465)

This amendment replaces the bill. The amendment allows access to a cultivation facility by emergency services personnel and by a person who needs to gain access in order to perform repairs or maintenance or to do construction, but only under the direct supervision of a cardholder who is allowed access to the cultivation facility. The amendment requires a primary caregiver or dispensary that cultivates marijuana to use a numerical identification system and requires the Department of Health and Human Services to amend the rules on primary caregivers and dispensaries to implement the numerical identification system requirement.

Enacted Law Summary

Public Law 2013, chapter 374 amends the Maine Medical Use of Marijuana Act in the following ways:

1. It allows access to a registered dispensary's cultivation facility or a cultivation facility used by a patient or primary caregiver by a by emergency services personnel and by a person who needs to gain access in order to perform repairs or maintenance or to do construction, but only under the direct supervision of a cardholder who is allowed access to the cultivation facility;
2. It directs the Department of Health and Human Services to amend its rules for the medical use of marijuana to eliminate the requirement that a dispensary or a primary caregiver tag each marijuana plant with a patient's name. The law requires a primary caregiver or dispensary that cultivates marijuana to use a numerical identification system and requires the Department of Health and Human Services to amend the rules on primary caregivers and dispensaries to implement the numerical identification system requirement; and
3. It requires a correction to a reference to caregivers in the rules of the department because the reference should be to registered dispensaries.

See also LD 1536, Part G, which corrects an error in the law.

LD 1486 An Act To Maximize Funds Available To Provide Oral Health Care Services to Persons with Developmental, Behavioral or Other Severely Disabling Conditions Requiring Specialized and Time-intensive Oral Health Care

**VETO
SUSTAINED**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES GRATWICK	OTP-AM ONTP	H-520 H-562 GATTINE

This bill expands MaineCare coverage of oral health treatment for persons 21 years of age and older who seek treatment from their primary care provider or in a hospital emergency department for an acute oral health or related condition and are referred by the primary care provider or the hospital to a dental clinic certified by the Department of Health and Human Services to receive referrals. The bill requires MaineCare to cover medically necessary treatment of the underlying oral health conditions that led to the referral, as well as the screening, diagnosis and treatment of other conditions identified upon referral to the dental clinic. The department is authorized to adopt routine technical rules to determine the extent of covered services and the dental clinics that qualify to provide the expanded scope of services, including ensuring that those clinics provide prompt access to treatment.

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Committee Amendment "A" (H-520)

This amendment, which is the majority report of the Joint Standing Committee on Health and Human Services, adds an appropriations and allocations section.

House Amendment "A" To Committee Amendment "A" (H-562)

This amendment requires the Department of Health and Human Services to seek a Medicaid state plan amendment to provide preventive and restorative dental services for adults with developmental, behavioral or other severely disabling conditions who require specialized and time-intensive care and services. The department is authorized to implement such coverage with approval from the Centers for Medicare and Medicaid Services and transfer funds currently used for services provided at the Portland Dental Clinic.

LD 1487 An Act To Implement Managed Care in the MaineCare Program CARRIED OVER

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

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 "A" (S-217)

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

This bill was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 1500 An Act Regarding the Cost of Copies of Medical Records PUBLIC 158

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

This bill was reported by the Health and Human Services Committee pursuant to Joint Order S.P. 525. This bill amends the current law regarding copies of medical records to specify that it applies to paper copies, to change the maximum per page charge to 45¢ and to impose a cap of \$250 on the total charge. The bill requires electronic copies of medical records to be made available if electronic copies are reasonably possible, allows charges for reasonable costs of staff time and necessary costs for supplies and postage and imposes a cap of \$150 on the total charge. The bill prohibits a health care practitioner or hospital, when charging for an electronic copy of a medical record, from charging a retrieval fee or for the costs of new technology, maintenance of the electronic record system, data access or storage infrastructure.

Enacted Law Summary

Public Law 2013, chapter 158 amends the current law regarding copies of medical records to specify that it applies to paper copies, to change the maximum per page charge to 45¢ and to impose a cap of \$250 on the total charge.

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The law requires electronic copies of medical records to be made available if electronic copies are reasonably possible, allows charges for reasonable costs of staff time and necessary costs for supplies and postage and imposes a cap of \$150 on the total charge. The law prohibits a health care practitioner or hospital, when charging for an electronic copy of a medical record, from charging a retrieval fee or for the costs of new technology, maintenance of the electronic record system, data access or storage infrastructure. See also LD 23.

LD 1538 Resolve, To Establish a Task Force on Poverty and Personal Responsibility ONTP

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

This resolve is a concept draft pursuant to Joint Rule 208. This resolve proposes to establish a task force to study poverty and personal responsibility and report its findings and recommendations to the Legislature.

LD 1552 Resolve, To Require the Department of Health and Human Services To Initiate a New Rate-setting Procedure for Preschool Services for Children with Disabilities under the MaineCare Program CARRIED OVER

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

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

This resolve was carried over to any special or regular session of the 126th Legislature by joint order, H.P. 1145, as amended by H-B (H-580) and H-C (H-582).

LD 1556 Resolve, To Establish the Study Group To Examine the Issue of Medicaid Expansion DIED ON ADJOURNMENT

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

This resolve establishes the Study Group To Examine the Issue of Medicaid Expansion to examine the issues associated with expanding Medicaid eligibility pursuant to the federal Patient Protection and Affordable Care Act.

LD 1556 was not reported out of committee. The bill died in committee upon adjournment.

LD 1574 Resolve, Establishing the Commission To Study the Incidence of and Mortality Related to Cancer RESOLVE 77 EMERGENCY

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

Joint Standing Committee on Health and Human Services

This bill was acted upon without reference to committee.

This resolve creates the Commission To Study the Incidence of and Mortality Related to Cancer. This resolve incorporates the provisions of Legislative Document 1032 of the 126th Legislature but with the following changes. It:

1. Reduces the number of Legislators on the commission to 5;
2. Provides that the Director of the Maine Center for Disease Control and Prevention or the director's designee serves on the committee and is not appointed by the President of the Senate;
3. Reduces the number of authorized meetings to 4;
4. Provides that 50% of the funding for the committee comes from outside sources; and
5. Adds an emergency preamble and emergency clause.

Enacted Law Summary

Resolve 2013, chapter 77 establishes the Commission To Study the Incidence of and Mortality Related to Cancer. The commission consists of no more than 11 members: 2 Senators, 3 Representatives, the Director of the Maine Center for Disease Control and Prevention or the director's designee and 5 members of the public. The commission is directed gather information and data from public and private entities related to the incidence of and mortality from cancer. The resolve directs state agencies to provide information and data to the commission as necessary for its work, within existing resources. The commission is required to report no later than December 4, 2013, to the Joint Standing Committee on Health and Human Services and to include its findings and recommendations. The commission is required to seek funding contributions to fund 50% of the costs of the study.

Resolve 2013, chapter 77 was finally passed as an emergency measure effective July 16, 2013.

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SUBJECT INDEX

Aging and Long-term Care

Enacted

LD 447	An Act To Increase Patient Choice in Health Care Facilities and Health Care Settings	PUBLIC 214
LD 986	Resolve, To Establish the Commission To Study Long-term Care Facilities	RESOLVE 78 EMERGENCY
LD 1189	Resolve, Regarding Implementation of Cost-of-living Increases for Nursing Facilities	RESOLVE 72 EMERGENCY

Not 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	HELD BY GOVERNOR
LD 62	Resolve, Directing the Department of Health and Human Services To Increase Reimbursement Rates for Adult Day Services	CARRIED OVER
LD 535	An Act To Promote Greater Flexibility in the Provision of Long-term Care Services	CARRIED OVER
LD 538	An Act To Align Costs Recognized for Transfer of Nursing Facilities and Residential Care Facilities with Ordinary Commercial and Government Contracting Standards	CARRIED OVER
LD 1245	Resolve, Directing the Department of Health and Human Services To Create a More Equitable, Transparent Resource Allocation System for Nursing Facilities Based on Residents' Needs	ONTP
LD 1246	An Act To Promote Greater Staffing Flexibility without Compromising Safety or Quality in Nursing Facilities	ONTP

Certificate of Need

Not Enacted

LD 162	An Act To Repeal the Maine Certificate of Need Act of 2002	MAJORITY (ONTP) REPORT
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Child Care

Enacted

LD 803	Resolve, Requiring the Department of Health and Human Services To Amend the Rules Regarding Child Care Facilities and Family Child Care Providers	RESOLVE 60
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Not Enacted

LD 517	An Act To Restore Funding for Head Start	DIED IN CONCURRENCE
LD 752	Resolve, To Require the Department of Health and Human Services To Study the Effectiveness of Professional Development Services Provided to Child Care Providers and Referral Services Provided to Parents in Need of Child Care	VETO SUSTAINED

Child Care

Not Enacted

LD 828	An Act To Improve the Administration of the Child Care Subsidy Program and To Prevent Erroneous Termination of Child Care Services	VETO SUSTAINED
LD 1383	An Act To Improve the Delivery of Early Child Care and Education Services	VETO SUSTAINED

Children's Services

Enacted

LD 257	An Act To Protect Newborns Exposed to Drugs or Alcohol	PUBLIC 192
LD 1334	An Act To Create Child Advocacy Centers in Maine	PUBLIC 364

Not Enacted

LD 95	Resolve, To Create the Task Force on the Prevention of Sexual Abuse of Children	INDEF PP
LD 1031	An Act To Require a Mandatory Peer Review Process for the Restraint and Seclusion of Children in a Hospital or Children's Home	CARRIED OVER
LD 1047	Resolve, To Provide a Better Transition for Foster Children to Independent Adulthood	CARRIED OVER
LD 1244	An Act To Require Child Protective Services To Screen Parents of Newborn Infants	ONTP
LD 1407	An Act To Increase Access to Postsecondary Education for Maine's Children	ONTP
LD 1449	An Act To Amend the Composition and Duties of the Maine Children's Growth Council	CARRIED OVER

Departmental Organization and Administration

Enacted

LD 123	Resolve, Directing the Department of Health and Human Services To Clarify the Processes Regarding Registration of Recovery Agencies for Tissue and Organ Donation	RESOLVE 58
LD 145	Resolve, Regarding the Presence of the Department of Health and Human Services in Urban and Rural Areas	RESOLVE 23
LD 252	An Act Regarding Registration and Correction of Death Information on Death Certificates	PUBLIC 31
LD 253	An Act Regarding Registration of Fetal Deaths	PUBLIC 14
LD 305	An Act To Eliminate Institute Councils for Mental Health Institutions	PUBLIC 132
LD 633	An Act To Grant the Commissioner of Health and Human Services and the Commissioner's Designees the Independent Authority To Issue Adjudicatory Subpoenas	PUBLIC 202
LD 634	An Act Regarding Permits for Final Disposition of Dead Human Bodies	PUBLIC 20
LD 929	An Act To Amend the Requirements for the Reporting of New Hires	PUBLIC 279 EMERGENCY
LD 1388	An Act To Clarify Civil Liability of Persons Making False Claims to the Department of Health and Human Services	PUBLIC 235

Not Enacted

Departmental Organization and Administration

Not Enacted

LD 374	An Act To Eliminate the Child Support Collecting Fee Charged to a Person Who Has Never Received Assistance under a State Program	ONTP
LD 515	An Act Regarding the Annual Service Fee for Child Support Services Provided by the Department of Health and Human Services	ONTP
LD 1089	Resolve, To Allow York County To Renegotiate with the Department of Health and Human Services a Decision Regarding Transportation Services	MAJORITY (ONTP) REPORT
LD 1284	An Act Regarding Delayed Birth Registration	DIED BETWEEN HOUSES

Developmental Disabilities

Enacted

LD 325	An Act To Repeal Provisions of the Law That Apply or Refer to State Facilities for Persons with Intellectual Disabilities	PUBLIC 21
LD 801	Resolve, To Extend the Deadline for the Department of Health and Human Services To Submit a Report on Persons with Intellectual Disabilities or Autism	RESOLVE 73 EMERGENCY
LD 829	Resolve, To Continue the Redesign of Shared Living Services for Adults with Intellectual Disabilities or Autism	RESOLVE 57 EMERGENCY

Not Enacted

LD 387	Resolve, To Direct the Department of Health and Human Services To Study the Ongoing Need for Rental Subsidies to Provider Agencies	VETO SUSTAINED
LD 496	Resolve, To Ensure That Standards for Performance-based Contracts for Individuals with Intellectual Disabilities Include All Employment Options	ONTP
LD 579	Resolve, To Clarify and Improve the Eligibility Process for Services for Persons with Intellectual Disabilities or Autism	ONTP
LD 847	Resolve, To Address Changes Needed for Providers of Private Nonmedical Institution Services	ONTP
LD 897	An Act To Establish the Volunteer Advocate Program and the Volunteer Advocate Program Council	VETO SUSTAINED
LD 969	Resolve, Directing the Department of Health and Human Services To Reduce and Limit the Adult Developmental Services Waiting Lists by Implementing a More Efficient, Responsive and Individualized Model of Service Delivery	DIED ON ADJOURNMENT

Health

Enacted

LD 88	An Act To Update the Maine HIV Advisory Committee	PUBLIC 108
LD 198	An Act To Clarify Physicians' Delegation of Medical Care	PUBLIC 33
LD 480	An Act To Establish Fees under the Maine Medical Use of Marijuana Act	PUBLIC 394
LD 1062	An Act To Add Conditions That Qualify for Medical Marijuana Use	PUBLIC 361
LD 1404	An Act To Ensure the Integrity of Maine's Medical Marijuana Program	PUBLIC 396 EMERGENCY
LD 1423	An Act To Amend the Maine Medical Use of Marijuana Act with Regard to Excess Prepared Marijuana	PUBLIC 393

Health

Not Enacted

LD 520	An Act To Protect Maine Consumers from Predatory Medical Pricing	ONTP
LD 539	An Act To Ensure Parity in the Ability To Counsel Patients	ONTP

Health Care

Enacted

LD 23	An Act To Lower the Cost of Copies of Medical Records	PUBLIC 32
LD 460	An Act To Protect Newborn Infants from Critical Congenital Heart Disease	PUBLIC 397 EMERGENCY
LD 711	An Act To Facilitate Patient Education	PUBLIC 336
LD 990	An Act To Require Public Disclosure of Health Care Prices	PUBLIC 332
LD 1462	An Act To Clarify and Correct Provisions of the Maine Medical Use of Marijuana Act	PUBLIC 374
LD 1500	An Act Regarding the Cost of Copies of Medical Records	PUBLIC 158

Not Enacted

LD 230	An Act To Establish the Commission on Health Care Cost and Quality	CARRIED OVER
LD 610	Resolve, To Review and Amend the Rules Regarding Hospital Charity Care Guidelines	VETO SUSTAINED
LD 754	An Act To Encourage Transparency in the Disclosing of the Ingredients in Vaccinations for Children	DIED BETWEEN HOUSES
LD 755	An Act To Require Estimates of Patient Costs Prior to Treatment	ONTP
LD 1065	An Act Regarding Patient-directed Care at the End of Life	MAJORITY (ONTP) REPORT
LD 1161	An Act To Ensure Regulated Safe Access to Medical Marijuana	ONTP

Health Care Workforce

Not Enacted

LD 434	Resolve, Regarding Safer Workplaces for Home Care and Home Health Workers	VETO SUSTAINED
LD 1165	An Act To Improve the Safety of Workers Who Provide Direct Mental Health and Social Services	ONTP

Health Information and Data

Enacted

LD 882	An Act To Amend the Laws Governing Confidentiality of Health Care Information To Enhance Public Safety	PUBLIC 289
LD 886	Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization	RESOLVE 54 EMERGENCY

Health Information and Data

Enacted

LD 1574 Resolve, Establishing the Commission To Study the Incidence of and Mortality Related to Cancer RESOLVE 77
EMERGENCY

Not Enacted

LD 337 An Act To Require That Burn Injuries and Wounds Be Reported to the Office of the State Fire Marshal ONTP

Hospitals

Not Enacted

LD 181 Resolve, To Require Hospitals To Provide Information Regarding Testing for Krabbe Disease for Parents of Infants ONTP

Licensing

Enacted

LD 1387 An Act To Provide Clarity and Consistency in Routine Public Health Licensing Activities PUBLIC 264

LD 1417 An Act To Amend the Laws Governing Certain Human Services Licensing and Certification Requirements PUBLIC 179

Not Enacted

LD 330 An Act To Require All Lodging Places To Be Licensed by the State ONTP

LD 1337 An Act To Revise the Maine Wild Mushroom Harvesting Certification Program MAJORITY
(ONTP) REPORT

Maternal/Infant

Not Enacted

LD 132 Resolve, To Provide Organic Infant Formula through the Maine Women, Infants and Children Program ONTP

Medicaid/MaineCare

Enacted

LD 3 Resolve, Regarding Legislative Review of Portions of the MaineCare Benefits Manual, Chapter III, Section 21: 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 15
EMERGENCY

LD 8 Resolve, Directing the Department of Health and Human Services To Provide Coverage under the MaineCare Program for Home Support Services for Adults with Intellectual Disabilities or Autistic Disorder RESOLVE 24

LD 338 Resolve, Directing the Department of Health and Human Services To Adopt Rules Governing the Use of Certain Antipsychotic Drugs by Children Enrolled in MaineCare RESOLVE 17

LD 716 Resolve, To Review and Make Recommendations on Appropriate Prescribing of Certain Medications for Children with Attention Deficit Hyperactivity Disorder That Are Reimbursed under the MaineCare Program RESOLVE 68

LD 909 Resolve, To Establish MaineCare Eligibility for Parents Participating in Reunification Activities RESOLVE 61

LD 1364 An Act To Amend the Laws Governing Hospital Leave Days for MaineCare Recipients PUBLIC 423
EMERGENCY

Not Enacted

Medicaid/MaineCare

Not Enacted

LD 29	An Act To Provide Support Services to Adults with Intellectual Disabilities or Autistic Disorder	DIED ON ADJOURNMENT
LD 30	An Act To Provide Home and Community Services for Individuals with Intellectual Disabilities or Autism	DIED ON ADJOURNMENT
LD 164	An Act To Provide MaineCare Reimbursement for Pastoral Counselors	ONTP
LD 276	Resolve, To Improve Access to Oral Health Care for MaineCare Recipients	CARRIED OVER
LD 390	An Act To Restore MaineCare Coverage for Ambulatory Surgical Center Services	CARRIED OVER
LD 487	Resolve, To Establish MaineCare Eligibility for Young Adults Who Were Formerly in Foster Care	VETO SUSTAINED
LD 488	Resolve, Directing the Department of Health and Human Services To Develop a Process To Provide Additional Home-based and Community-based Services in the MaineCare Program	CARRIED OVER
LD 536	An Act To Improve the Efficiency of Use of MaineCare Funds	ONTP
LD 537	An Act To Help Maine Residents Receive Private Health Care Insurance	MAJORITY (ONTP) REPORT
LD 650	Resolve, To Require the Department of Health and Human Services To Seek a Federal Waiver of Certain Requirements Regarding Contracting for Transportation Services under MaineCare	ONTP
LD 710	Resolve, Requiring the Department of Health and Human Services To Adopt an Alternative MaineCare Nonemergency Transportation System to the Current Risk-based Prepaid Ambulatory Health Plan	ONTP
LD 746	Resolve, Directing the Department of Health and Human Services To Provide an Exception to the 60-day Limit on Out-of-state Services under the MaineCare Section 21 Waiver Program	ONTP
LD 928	An Act To Improve MaineCare Nursing Home Reimbursement To Preserve Access and Promote Quality	CARRIED OVER
LD 1066	An Act To Increase Access to Health Coverage and Qualify Maine for Federal Funding	VETO SUSTAINED
LD 1188	Resolve, Directing the Department of Health and Human Services To Amend Its Rules of Reimbursement under the MaineCare Program for Audiology and Speech-language Pathology Services	CARRIED OVER
LD 1247	An Act To Expand Coverage of Family Planning Services	CARRIED OVER
LD 1274	An Act To Sustain Emergency Medical Services throughout the State	HELD BY GOVERNOR
LD 1333	Resolve, Directing the Department of Health and Human Services To Amend the MaineCare Benefits Manual	DIED ON ADJOURNMENT
LD 1487	An Act To Implement Managed Care in the MaineCare Program	CARRIED OVER

Medicaid/MaineCare

Not Enacted

LD 1552	Resolve, To Require the Department of Health and Human Services To Initiate a New Rate-setting Procedure for Preschool Services for Children with Disabilities under the MaineCare Program	CARRIED OVER
LD 1556	Resolve, To Establish the Study Group To Examine the Issue of Medicaid Expansion	DIED ON ADJOURNMENT

Mental Health

Enacted

LD 534	An Act To Improve Care Coordination for Persons with Mental Illness	PUBLIC 326
LD 1155	An Act To Ensure the Integrity of Neuropsychological and Psychological Testing Materials and Data	PUBLIC 353 EMERGENCY

Not Enacted

LD 87	An Act To Improve Community Mental Health Treatment	CARRIED OVER
LD 968	An Act To Provide Needed Psychiatric Hospitalization for Persons with Mental Illness	CARRIED OVER
LD 1029	Resolve, Directing the Department of Health and Human Services To Amend Its Rules Pertaining to a Request for Mental Health Records	ONTP
LD 1166	An Act Regarding Records Retention by Mental Health Practitioners	ONTP
LD 1214	An Act To Require a Mandatory Assessment by a Physician prior to Psychotropic or Electroconvulsive Therapy	ONTP

Oral Health/Dental Care

Not Enacted

LD 499	An Act To Promote Dental Care for Low-income Populations	CARRIED OVER
LD 507	Resolve, Directing the Department of Health and Human Services To Amend Its Rules To Improve the Oral Health Education of Children	MAJORITY (ONTP) REPORT
LD 804	An Act To Improve Preventive Dental Health Care and Reduce Costs in the MaineCare Program	CARRIED OVER
LD 1486	An Act To Maximize Funds Available To Provide Oral Health Care Services to Persons with Developmental, Behavioral or Other Severely Disabling Conditions Requiring Specialized and Time-intensive Oral Health Care	VETO SUSTAINED

Poverty and Homelessness

Not Enacted

LD 598	Resolve, Directing All Relevant Agencies of State Government To Work in Concert with a Plan To End and Prevent Homelessness To Ensure That Resources Are Available To End Homelessness in the State	VETO SUSTAINED
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Prescription Drugs

Enacted

LD 388	Resolve, To Improve the Participation Rate of Prescribers in the Controlled Substances Prescription Monitoring Program	RESOLVE 25 EMERGENCY
LD 881	An Act To Improve the Unused Pharmaceutical Disposal Program	PUBLIC 121
LD 1063	An Act To Remove a Conflict in the Law Restricting the Sale or Purchase of Targeted Methamphetamine Precursors	PUBLIC 223 EMERGENCY

Prescription Drugs

Not Enacted

LD 77	An Act To Require Health Care Practitioners To Distribute Free Samples of Medication in Certain Circumstances	ONTP
LD 629	An Act To Restore Eligibility and Funding for Drug Programs for the Elderly and Disabled	DIED ON ADJOURNMENT
LD 1014	An Act To Improve Law Enforcement Access to Prescription Monitoring Program Data	ACCEPTED MINORITY (ONTP) REPORT

Public Assistance

Enacted

LD 78	An Act To Expand Transitional Assistance for Families	PUBLIC 97
LD 1343	An Act To Improve Work Readiness for Families Facing Significant Barriers to Employment	PUBLIC 376

Not Enacted

LD 256	An Act To Amend the Laws Governing Recipients of Temporary Assistance for Needy Families	ONTP
LD 389	An Act To Bring Fairness to General Assistance Programs by Changing the Method of Municipal Reimbursement	ONTP
LD 678	An Act To Allow Random Drug Testing for Recipients of Certain Public Benefits	ONTP
LD 892	An Act Regarding Municipal General Assistance	MAJORITY (ONTP) REPORT
LD 967	An Act Regarding Residency Requirements for General Assistance	ONTP
LD 1030	An Act To Require That Electronic Benefits Transfer System Cash Benefits Are Used for the Purpose for Which the Benefits Are Provided	MAJORITY (ONTP) REPORT
LD 1064	Resolve, To Establish the Task Force on Independence from Public Assistance	INDEF PP
LD 1411	Resolve, To Require the Department of Health and Human Services To Request a Waiver To Prohibit the Use of Food Supplement Benefits for the Purchase of Taxable Food Items	DIED BETWEEN HOUSES
LD 1416	An Act Regarding Responsibility of General Assistance for a Person Who Is Released from Prison	ONTP
LD 1443	An Act To Make Convicted Drug Felons Ineligible for TANF Assistance	MAJORITY (ONTP) REPORT
LD 1538	Resolve, To Establish a Task Force on Poverty and Personal Responsibility	ONTP

Public Health

Enacted

LD 197	An Act To Improve Health Services to Schools	PUBLIC 78
LD 597	An Act To Inform Persons of the Options for the Treatment of Lyme Disease	PUBLIC 340

Public Health

Enacted

LD 625 Resolve, Regarding Temporary Campgrounds RESOLVE 55

Not Enacted

LD 180 An Act Concerning the Use of Tobacco Settlement Funds for Children's Health Care CARRIED OVER

LD 272 An Act To Reduce Youth Cancer Risk VETO
SUSTAINED

LD 753 An Act To Prohibit the Sale of High-caffeine Energy Drinks to Persons under 18 Years of Age MINORITY
(ONTP) REPORT

LD 846 An Act To Improve and Modernize the Authority of Local Health Officers ONTP

LD 1032 Resolve, Establishing the Commission To Study the Incidence of and Mortality Related to Cancer VETO
SUSTAINED

LD 1215 An Act To Protect Public Health by Regulating Excessive Wood Smoke as a Nuisance INDEF PP

LD 1232 An Act To Maintain the Integrity of the Fund for a Healthy Maine VETO
SUSTAINED

LD 1294 An Act To Increase the Penalty for Smoking in a Motor Vehicle When a Child Is Present ONTP

Substance Abuse

Not Enacted

LD 802 An Act To Encourage Alternative Forms of Treatment for Opiate or Opioid Addiction by Prohibiting MaineCare Coverage for Medication-assisted Treatment for Addiction MAJORITY
(ONTP) REPORT

LD 908 An Act To Limit MaineCare Reimbursement for Suboxone and Methadone Treatment MAJORITY
(ONTP) REPORT

LD 951 Resolve, Requiring the Department of Health and Human Services To Provide Methadone Clinic Data CARRIED OVER

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

Tobacco Sale and Use

Not Enacted

LD 22 An Act To Promote Equity in Business Opportunity for Tobacco Specialty Stores MAJORITY
(ONTP) REPORT

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

LD 468 An Act To Protect Public Health at Public Institutions of Higher Education VETO
SUSTAINED

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