

STATE OF MAINE
127TH LEGISLATURE
SECOND REGULAR SESSION



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

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

May 2016

STAFF:

ANNA BROOME, LEGISLATIVE ANALYST
MICHAEL O'BRIEN, LEGISLATIVE ANALYST
OFFICE OF POLICY AND LEGAL ANALYSIS
13 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1670
AND
LUKE LAZURE, LEGISLATIVE ANALYST
OFFICE OF FISCAL AND PROGRAM REVIEW
5 STATE HOUSE STATION
AUGUSTA, ME 04333
(207) 287-1635
<http://legislature.maine.gov/legis/opla/>

MEMBERS:

SEN. ERIC L. BRAKEY, CHAIR
SEN. EARLE L. MCCORMICK
SEN. ANNE M. HASKELL

REP. DREW GATTINE, CHAIR
REP. PETER C. STUCKEY
REP. MATTHEW J. PETERSON
REP. SCOTT M. HAMANN
REP. CHRISTINE S. BURSTEIN
REP. PATRICIA HYMANSON
REP. DEBORAH J. SANDERSON
REP. RICHARD S. MALABY
REP. FRANCES M. HEAD
REP. KAREN VACHON

Joint Standing Committee on Health and Human Services

LD 90 Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Long-term Care Facilities Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY P BURNS D	ONTP OTP-AM	H-65

This resolve was reported out of committee in the First Regular Session of the 127th Legislature and carried over on the Special Appropriations Table.

This resolve directs the Department of Health and Human Services to amend its rules to provide for increases in the personal needs allowances of residents in nursing facilities and residential care facilities. The rules are designated as routine technical rules.

Committee Amendment "A" (H-65)

This amendment, which is the minority report of the committee, strikes out the emergency preamble and emergency clause. It changes the date the Department of Health and Human Services must adopt rules implementing the increased personal needs allowance from October 1, 2015 to January 1, 2016. It also adds an appropriations and allocations section to the bill.

LD 180 An Act To Allow Terminally Ill Patients To Choose To Use Experimental Treatments PUBLIC 418

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LONGSTAFF T BRAKEY E	OTP-AM ONTP	H-577

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill authorizes manufacturers of drugs, biological products and devices that have completed Phase I of a United States Food and Drug Administration-approved clinical trial but have not yet been approved for general use and remain under clinical investigation to make them available to eligible terminally ill patients. The bill does not require health insurers to provide coverage for the cost of such a drug, biological product or device but authorizes insurers to provide such coverage. The bill prohibits licensing boards from revoking, refusing to renew or suspending the license of or taking any other action against a health care practitioner based solely on the practitioner's recommendation to an eligible patient regarding access to or treatment with such a drug, biological product or device. It prohibits any official, employee or agent of the State from blocking or attempting to block access by an eligible patient to such a drug, biological product or device.

Committee Amendment "A" (H-577)

This amendment, which is the majority report of the committee, does the following.

1. It amends the definition of "eligible patient" in the bill by eliminating the condition that requires a patient to have been unable to participate in a clinical trial for treatment of the terminal illness within 100 miles of that person's home address.
2. It amends the definition of "terminal illness" in the bill to provide that the condition need not reasonably be expected to result in death within six months but instead will soon result in death or in a state of permanent unconsciousness from which recovery is unlikely.

Joint Standing Committee on Health and Human Services

3. It amends the definition of "written, informed consent" in the bill to remove certain requirements involving insurance implications, home health care services and hospice care and patient liability for certain expenses.
4. It amends the provision that provides for the costs that are allowed to be charged by the manufacturer to ensure that the patient is being charged only for the costs of manufacturing the dosage of an investigational drug, a biological product or a device dispensed to that patient.
5. It strikes the section of the bill related to insurance implications.
6. It provides protection to health care providers who choose to provide care to an eligible patient using an investigational drug, biological product or device.
7. It eliminates the penalty for blocking an eligible patient from access to an investigational drug, biological product or device.
8. It makes it clear that the provision of services related to an investigational drug, biological product or device by health care practitioners and providers is optional.

Enacted Law Summary

Public Law 2015, chapter 418 authorizes manufacturers of drugs, biological products and devices that have completed Phase I of a United States Food and Drug Administration-approved clinical trial but have not yet been approved for general use and remain under clinical investigation to make them available to eligible terminally ill patients.

LD 213 An Act To Ensure the Comprehensive Medical, Dental, Educational and Behavioral Assessment of Children Entering State Custody Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G HAMANN S	OTP-AM	S-362

This bill was carried over from the First Regular Session of the 127th Legislature.

Current law regarding the physical examination and psychological assessment of children entering state custody requires the physical examination of a child within 10 working days after the child enters into the custody of the Department of Health and Human Services and a psychological assessment within 30 days of the examination if an assessment is determined appropriate by the doctor or nurse practitioner performing the physical examination. This bill shortens the time requirement for the physical examination to three working days and replaces the language regarding the psychological examination with language requiring a comprehensive medical, dental, behavioral and educational assessment meeting the standards of a national academy of pediatrics within 30 days after the department's custody of the child commences.

Committee Amendment "A" (S-362)

This amendment strikes and replaces the bill. Like the bill, it shortens the time requirement for the physical examination of a child ordered into the custody of the Department of Health and Human Services from 10 days after the department's custody of the child commences to three days. The bill strikes the provision requiring under certain conditions a psychological assessment within 30 days of the required physical examination. This amendment restores that requirement. It also requires the department to adopt routine technical rules that allow for reimbursement under MaineCare for a comprehensive medical, dental, educational and behavioral assessment, which includes obtaining relevant records, when a child enters the custody of the department.

Joint Standing Committee on Health and Human Services

LD 475 Resolve, To Increase MaineCare Services for Adults with Intellectual Disabilities or Autistic Disorder

Died Between Houses

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY P	OTP-AM OTP-AM	H-608

This resolve was carried over from the First Regular Session of the 127th Legislature.

This resolve requires the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter II, Section 29: Support Services for Adults with Intellectual Disabilities or Autistic Disorder, by April 1, 2015, to increase the combined annual limit for service reimbursement to \$47,550 from the current limit of \$23,771.

Committee Amendment "A" (H-608)

This amendment, which is the majority report of the committee, adds appropriations and allocations of \$16,000,000 in all funds to reduce the number of people on the waiting list for community-based services provided under Chapter 101: MaineCare Benefits Manual, Section 21: Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder, in addition to the increase in the combined annual limit for Section 29 services.

House Amendment "C" To Committee Amendment "A" (H-669)

This amendment strikes the emergency preamble and emergency clause, changes the date by which the Department of Health and Human Services is required to amend its rules accordingly and removes appropriations and allocations for fiscal year 2015-16 for MaineCare Section 29 services, and removes appropriations and allocations for fiscal year 2015-16 and fiscal year 2016-17 for MaineCare Section 21 services. This amendment also reduces the General Fund appropriation by \$3,004,750 in fiscal year 2016-17 as a result of the ability to use increased funding available in the Federal Medical Assistance Percentage in fiscal year 2016-17.

This amendment was not adopted.

LD 552 An Act To Provide Funding for Home Visiting Services

Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKER J MILLETT R	OTP-AM	H-161

This bill was reported out of committee in the First Regular Session of the 127th Legislature and carried over on the Special Appropriations Table.

This bill appropriates funds to the Department of Health and Human Services for home visiting services to provide essential child development education and skill development for new parents, which have been shown to reduce child abuse and neglect and to identify and address domestic violence.

Committee Amendment "A" (H-161)

This amendment removes the appropriation for the 2015-16 fiscal year from the bill.

Joint Standing Committee on Health and Human Services

LD 622 An Act To Require Training of Mandated Reporters under the Child Abuse Laws

PUBLIC 407

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DIAMOND G	OTP-AM	S-378

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill requires that a person in the professional categories required to report suspected child abuse or neglect must have completed mandated reporter training within the previous year before a professional license or certification for that person may be issued or renewed.

Committee Amendment "A" (S-378)

This amendment replaces the bill. It requires all mandated reporters of suspected child abuse or neglect to complete training approved by the Department of Health and Human Services at least once every four years. Unlike the bill, the training requirement in the amendment does not affect the issuing or renewal of professional licenses.

Enacted Law Summary

Public Law 2015, chapter 407 requires all mandated reporters of suspected child abuse or neglect to complete training approved by the Department of Health and Human Services at least once every four years.

LD 633 An Act To Improve the Health of Maine Citizens and the Economy of Maine by Providing Affordable Market-based Coverage Options to Low-income Uninsured Citizens

Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SAVIELLO T	OTP-AM ONTP	S-487

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill, which is concept draft, proposes to establish an affordable market-based program to provide health insurance coverage to low-income uninsured Maine citizens who earn less than 133% of the federal poverty level. The program would be modeled after the Insure Tennessee program and the SHARE Plan program in Wyoming.

Committee Amendment "A" (S-487)

This amendment is the majority report of the committee and replaces the bill. It does the following.

1. It authorizes the State to accept federal funds to provide health insurance coverage to adults with incomes equal to or below 133% plus 5% of the nonfarm income official federal poverty line. Individuals with incomes equal to or below 100% of the nonfarm income official poverty line receive coverage through the MaineCare program. Individuals with income levels over 100% of the federal poverty line and up to 138% of the federal poverty line would receive coverage through private health insurance plans, through premium assistance at the same level that would be provided through advanced premium tax credits. Individuals within this group defined as "medically frail" in accordance with 42 Code of Federal Regulations, Section 440.315(f) are exempt from mandatory enrollment in a private individual or group qualified health plan.
2. It requires MaineCare members with incomes over 100% and equal to or below 138% of the federal poverty line who are receiving private health coverage through a private individual or group qualified health plan to pay

Joint Standing Committee on Health and Human Services

premiums and cost sharing up to a maximum of 5% of the household's income. The amendment provides for termination of coverage for nonpayment of premium without good cause. Good cause must be defined by rules adopted by the Department of Health and Human Services.

3. It authorizes the Department of Health and Human Services to contract with health insurance plans to provide coverage in order to maximize savings and to ensure access to and quality of services.

4. It repeals the expanded coverage if the enhanced federal medical assistance percentage is reduced below that specified in the federal law or if expanded coverage is not reauthorized by the Legislature by June 30, 2019.

5. It requires the Department of Health and Human Services to prepare and submit to the Federal Government any state plan amendments and federal waivers by January 1, 2017 necessary to implement the program.

6. It authorizes the Department of Health and Human Services to apply for and accept private foundation grants to be used to cover the cost of preparing and submitting any waivers and state plan amendments to the Federal Government required as a result of expanding coverage. It requires the department to develop mechanisms to create a seamless system for determining eligibility for the MaineCare program and for premium assistance for those who are already enrolled in a group or individual qualified health plan, using the federally facilitated marketplace to determine eligibility for the MaineCare program and for individuals in a private individual or group qualified health plan if it is determined to be more efficient. The amendment also requires the department, after consultation with a stakeholder group, to file a waiver to test a full continuum of substance use disorder treatment that will, among other things, authorize Medicaid coverage for services provided in inpatient and short-term residential facilities.

7. It requires monthly reporting to the committees of jurisdiction on the status of waiver submission until the disposition of such a waiver is determined, and on the status of implementation of the Maine Revised Statutes, Title 22, section 3174-G, subsection 1, paragraph H no later than June 1, 2017 and by April 30, 2017, April 30, 2018 and April 30, 2019 on savings generated for state-funded programs as a result of implementation. It requires the Department of Administrative and Financial Services, Maine Revenue Services to report by April 30, 2017 and April 30, 2018 on revenues generated as a result of expanded coverage. It requires that savings and revenues be verified by the Office of Fiscal and Program Review by May 15, 2017 and May 15, 2018. It transfers any savings to the MaineCare Stabilization Fund prior to the next fiscal year. It requires the Office of Fiscal and Program Review to report its findings to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and to the joint standing committee of the Legislature having jurisdiction over government oversight matters and authorizes the latter committee to request further review and reporting by the Office of Program Evaluation and Government Accountability on the effectiveness of providing coverage through expanded MaineCare coverage.

**LD 661 An Act To Fund HIV, Sexually Transmitted Diseases and Viral Hepatitis
Screening, Prevention, Diagnostic and Treatment Services**

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURSTEIN C GRATWICK G	OTP-AM ONTP	H-174

This bill was reported out of committee in the prior session and then carried over on the Special Appropriations Committee Table.

This bill provides ongoing General Fund appropriations of \$391,800 per year beginning in fiscal year 2014-15 to provide screening and prevention services and diagnostic and treatment services for individuals throughout the State who are uninsured and without covered access to such services and who are at risk in accordance with criteria established by the program.

Joint Standing Committee on Health and Human Services

Committee Amendment "A" (H-174)

This amendment strikes the fiscal year 2014-15 appropriation from the bill and adds an appropriation of \$391,800 in fiscal year 2016-17.

Senate Amendment "A" To Committee Amendment "A" (S-495)

This amendment strikes from Committee Amendment "A" the fiscal year 2015-16 appropriation and reduces the fiscal year 2016-17 appropriation from \$391,800 to \$195,900.

This amendment was not adopted.

LD 726 An Act To Increase Patient Safety in Maine's Medical Marijuana Program

PUBLIC 475

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SAVIELLO T	OTP-AM	S-451

This bill was carried over from the First Regular Session of the 127th Legislature.

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

1. It increases the amount of excess prepared marijuana a registered primary caregiver may transfer for reasonable compensation in a calendar year from two pounds to five pounds.
2. It specifies that, like registered dispensaries, a primary caregiver's cultivation facility is subject to reasonable inspection by the Department of Health and Human Services at any time, without prior notice.
3. It requires the Department of Health and Human Services to adopt routine technical rules governing the manner in which the department considers an application for and a renewal of a registry identification card for a primary caregiver.
4. It clarifies that the information provided by the Department of Health and Human Services to the Department of Administrative and Financial Services, Bureau of Revenue Services may be used by the bureau to determine whether an applicant for a license or renewal of a license as a registered dispensary has complied with the tax laws.
5. It specifies that the Medical Use of Marijuana Fund may be used by the Department of Health and Human Services for enforcement purposes that are primarily for the protection of public health and safety and for investigations.

Committee Amendment "A" (S-451)

This amendment strikes and replaces the bill. It allows for the operation of marijuana testing facilities. These facilities may possess marijuana regulated under the Maine Medical Use of Marijuana Act.

In addition, this amendment:

1. Creates an immunity provision within the Maine Medical Use of Marijuana Act for marijuana testing facilities;
2. Directs the Department of Health and Human Services to issue registry identification cards to certain individuals at marijuana testing facilities;

Joint Standing Committee on Health and Human Services

- 3. Provides that, if a label for medical marijuana refers to information about contaminants, potency or cannabinoid profile, the label must be verified by a marijuana testing facility;
- 4. Amends the definition of "incidental amount of marijuana" to mirror the definition contained in rule;
- 5. Requires a medical provider, prior to referring a patient to an entity that provides goods and services related to the medical use of marijuana, to provide written disclosure to the patient of any financial interest the provider has or may have in the referral; and
- 6. Provides legal protection to hospitals and principal officers, board members, agents and employees of hospitals when the use of smokeless forms of medical marijuana occurs in the hospital by admitted patients who are certified to do so in accordance with the Maine Medical Use of Marijuana Act.

Enacted Law Summary

Public Law 2015, chapter 475 allows for the operation of marijuana testing facilities. These facilities may possess marijuana regulated under the Maine Medical Use of Marijuana Act.

In addition, Public law 2015, chapter 475:

- 1. Creates an immunity provision within the Maine Medical Use of Marijuana Act for marijuana testing facilities;
- 2. Directs the Department of Health and Human Services to issue registry identification cards to certain individuals at marijuana testing facilities;
- 3. Provides that, if a label for medical marijuana refers to information about contaminants, potency or cannabinoid profile, the label must be verified by a marijuana testing facility;
- 4. Amends the definition of "incidental amount of marijuana" to mirror the definition contained in rule;
- 5. Requires a medical provider, prior to referring a patient to an entity that provides goods and services related to the medical use of marijuana, to provide written disclosure to the patient of any financial interest the provider has or may have in the referral; and
- 6. Provides legal protection to hospitals and principal officers, board members, agents and employees of hospitals when the use of smokeless forms of medical marijuana occurs in the hospital by admitted patients who are certified to do so in accordance with the Maine Medical Use of Marijuana Act.

LD 842 An Act To Establish Peer Center Reimbursement

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STUCKEY P LIBBY N	OTP-AM	H-649

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill directs the Department of Health and Human Services to establish reimbursement rates for peer centers.

Committee Amendment "A" (H-649)

This amendment replaces the bill. Like the bill, the amendment requires the Department of Health and Human Services to establish reimbursement rates for peer centers, but the amendment removes the requirement for an

Joint Standing Committee on Health and Human Services

annual inflation adjustment. It clarifies the definition for "peer center." It also adds additional funding of \$75,000 in fiscal year 2016-17.

LD 860 Resolve, To Adjust Reimbursement Rates for Dental Services and Improve Access to Dental Care under the MaineCare Program **Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCORMICK E	OTP-AM OTP-AM	S-235

This resolve was reported out of committee in the First Regular Session of the 127th Legislature and carried over on the Special Appropriations Table.

This resolve directs the Department of Health and Human Services to incrementally adjust the MaineCare reimbursement rates for certain dental services annually over the next five years until the rates reach the 10th percentile of the fees for the New England region in the most recent "Survey of Dental Fees" published by the American Dental Association. The resolve provides that the rates must then be adjusted annually for inflation.

Committee Amendment "A" (S-235)

This amendment is the majority report of the committee. It clarifies that increases to reimbursement rates of the dental codes in the resolve are to be made in five equal increases. The amendment requires the Department of Health and Human Services to amend the rules under Chapter 101: MaineCare Benefits Manual, Chapter II, Section 25 to cover diagnostic and preventive services to pregnant women and postpartum women and dental services necessary to avoid more costly medical or dental care as identified by a stakeholder group. It requires the Department of Health and Human Services to provide information concerning adult dental benefits to adult MaineCare members and providers. It requires the department to adopt rules by January 1, 2016 relating to dental coverage for pregnant women and postpartum women and for services provided to avoid more costly medical or dental care. The amendment also adds an appropriations and allocations section. The amendment also changes the title and adds a fiscal note.

Committee Amendment "B" (S-236)

This amendment, which is the minority report of the committee, replaces the resolve. It requires the Department of Health and Human Services to conduct a review of the reimbursement rates under the MaineCare program for the dental codes in the resolve to determine if the current reimbursement levels are appropriate for recruiting and retaining sufficient numbers and geographic coverage of dentists providing services to MaineCare members. The department shall report its findings no later than January 1, 2016 to the Joint Standing Committee on Health and Human Services. The joint standing committee may report out legislation related to the report to the Second Regular Session of the 127th Legislature.

This amendment was not adopted.

LD 885 An Act To Promote Enhanced Eligibility Verification in Maine's Welfare System **ONTP**

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

This bill was carried over from the First Regular Session of the 127th Legislature.

Joint Standing Committee on Health and Human Services

This bill requires the Department of Health and Human Services to determine the eligibility for benefits of recipients of State assistance on an annual basis.

**LD 886 Resolve, Directing the Department of Health and Human Services To
Increase Reimbursement Rates for Home-based and Community-based
Services**

RESOLVE 83

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ESPLING E LIBBY N	OTP-AM	H-645 S-520 HAMPER J

This resolve was carried over from the First Regular Session of the 127th Legislature.

This resolve directs the Department of Health and Human Services to increase the reimbursement rates for home-based and community-based services by January 15, 2016.

Committee Amendment "A" (H-645)

This amendment replaces the resolve. The amendment directs the Department of Health and Human Services to amend its rules to increase the reimbursement rates for personal care and related services to reflect the final rates modeled in the February 1, 2016 report "Rate Review for Personal Care and Related Services: Final Rate Models." The amendment also directs the Department of Health and Human Services to amend its rules to increase the reimbursement rates by 33% for home health services provided under the provisions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 40. The amendment requires the Department of Health and Human Services to estimate the number of hours, and cost of those hours, of unmet need. The estimate must include individuals eligible for services but who are on waiting lists and individuals who are unable to find staffing in order to receive those services. The amendment also adds appropriations and allocations sections.

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

This amendment strikes language from Committee Amendment "A" regarding the reimbursement for home health services and requires rulemaking for reimbursement rates that reflect 50% of the increase, instead of 100% of the increase as in the committee amendment, in rates in the report prepared by Burns & Associates, Inc. This amendment also requires the Department of Health and Human Services to conduct a rate study of services in rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 40, Home Health Services. The department is required to provide a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters with findings and recommendations for changes to the rates no later than January 1, 2017.

Enacted Law Summary

Resolve 2015, chapter 83 directs the Department of Health and Human Services to amend its rules to increase the reimbursement rates for personal care and related services to reflect 50% of the final rates modeled in the February 1, 2016 report "Rate Review for Personal Care and Related Services: Final Rate Models" prepared by Burns & Associates, Inc. The department shall estimate the number of hours, and cost of those hours, of unmet need. Unmet need includes individuals eligible for services but who are on waiting lists and individuals who are unable to find staffing in order to receive those services.

Resolve 2015, chapter 83 also requires the Department of Health and Human Services to conduct a rate study of services in rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 40, Home Health Services. The department is required to provide a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters with findings and recommendations for changes to the Section 40 rates no later than January 1, 2017.

Joint Standing Committee on Health and Human Services

**LD 949 An Act To Enact the Recommendations of the Commission on
Independent Living and Disability**

PUBLIC 452

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCELLELLAN M	OTP-AM	H-578

This bill was carried over from the First Regular Session of the 127th Legislature.

It includes the final recommendations of the Commission on Independent Living and Disability and does the following.

1. Part A replaces the requirement in current law for biennial plans for regional transit with a requirement for quinquennial plans, which is consistent with federal requirements. It eliminates the Interagency Transportation Coordinating Committee and replaces it with a new public transit advisory council. It also specifies the role of the council and requires reporting every two years. It requires the Department of Health and Human Services to convene a work group to develop a statewide transportation voucher program for persons with disabilities.
2. Part B adds new transition planning requirements for students with disabilities to include team meetings that must begin at 14 years of age with community partners, community service providers, the students and their families, the division of vocational rehabilitation within the Department of Labor, Bureau of Rehabilitation Services and the agency that is designated by the Governor to serve as the protection and advocacy agency for persons with disabilities. It requires that the transition planning include independent living assessments for the students. For students who receive services from the Department of Health and Human Services, Office of Child and Family Services, it requires the school administrative unit to work in consultation with the division of vocational rehabilitation within the Department of Labor, Bureau of Rehabilitation Services to include postsecondary preparation strategies for the students during transition planning.
3. Part C requires the Statewide Independent Living Council to provide an annual report to the Legislature on the State's strategic planning efforts to increase opportunities for persons with disabilities to live independently within the community. It also requires the Commissioner of Labor to provide an annual report to the Legislature on the State's efforts to improve vocational rehabilitation outcomes and reduce the length of time it takes the department to enter into an individualized plan of employment with individuals eligible to receive rehabilitation services.
4. Part D amends the Maine Human Rights Act to require an on-site inspection by a representative of the Office of the State Fire Marshal to ensure that new public buildings and certain buildings to which the public has access are constructed in compliance with the Maine Human Rights Act. It also requires the Technical Building Codes and Standards Board to adopt the most recent federal Americans with Disabilities Act of 1990 accessibility guidelines as published by the International Code Council. It also authorizes the agency that is designated by the Governor to serve as the protection and advocacy agency for persons with disabilities in Maine to bring a civil action in Superior Court for violations of the Maine Human Rights Act regarding public accommodations and allows the agency to receive reasonable attorney's fees and costs.
5. Part E requires a housing authority to post all rental housing vacancies that are readily accessible to and usable by persons with disabilities on the Maine State Housing Authority's publicly accessible rental housing listing service website.
6. Part F requires the Department of Health and Human Services to amend the federally approved Medicaid state plan to include and broaden coverage for assistive technology without the restrictions currently applied to telehealth; cover assistive technology within all Department of Health and Human Services waivers; include telemedicine; broaden telehealth use; and broaden telehealth home-based care.

Joint Standing Committee on Health and Human Services

Committee Amendment "A" (H-578)

This amendment replaces the bill and does the following.

1. It authorizes the agency that is designated by the Governor to serve as the protection and advocacy agency for persons with disabilities in Maine to bring a civil action in Superior Court for violations of the Maine Human Rights Act regarding public accommodations and allows the agency to receive reasonable attorney's fees and costs.
2. It requires the Statewide Independent Living Council to provide an annual report to the Legislature on the State's strategic planning efforts to increase opportunities for persons with disabilities to live independently within the community in a number of areas, including transition planning for students, vocational rehabilitation services, available housing and accessibility of public accommodations.
3. It requires the Statewide Independent Living Council to convene a working group to develop a statewide transportation voucher program for persons with disabilities.

Enacted Law Summary

Public Law 2015, chapter 452 enacts the following recommendations from the Commission on Independent Living and Disability.

1. It authorizes the agency that is designated by the Governor to serve as the protection and advocacy agency for persons with disabilities in Maine to bring a civil action in Superior Court for violations of the Maine Human Rights Act regarding public accommodations and allows the agency to receive reasonable attorney's fees and costs.
2. It requires the Statewide Independent Living Council to provide an annual report to the Legislature on the State's strategic planning efforts to increase opportunities for persons with disabilities to live independently within the community in a number of areas, including transition planning for students, vocational rehabilitation services, available housing and accessibility of public accommodations.
3. It requires the Statewide Independent Living Council to convene a working group to develop a statewide transportation voucher program for persons with disabilities.

LD 966 An Act To Assist Patients in Need of Psychiatric Services

ONTP

Sponsor(s)
MALABY R

Committee Report
ONTP

Amendments Adopted

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill, which is a concept draft, proposes to take steps to help provide acute psychiatric care in an inpatient setting by increasing the availability of inpatient beds. The bill will seek to do the following:

1. Create and fund additional psychiatric beds for geriatric patients;
2. Review and make changes to the bed hold regulations for nursing homes and group homes to create incentives to take difficult mental health patients back after a hospital stay;
3. Review and make changes to the bed hold regulations for nursing homes and group homes to create penalties for facilities that refuse to take difficult mental health patients back after a hospital stay;

Joint Standing Committee on Health and Human Services

- 4. Provide psychiatric urgent care centers with accompanying medically supervised crisis beds;
- 5. Create and fund additional psychiatric observation units;
- 6. Create an effective and professional mental health placement rapid response team or ombudsman in the Department of Health and Human Services; and
- 7. Provide additional MaineCare reimbursement for long-stay mental health emergency department patients and patients awaiting placement in psychiatric units.

LD 1030 An Act To Better Coordinate the Work of Mental Health Crisis Agencies ONTP
with Law Enforcement Agencies

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

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill requires the Department of Health and Human Services to provide assistance to crisis intervention teams and agencies that provide mental health crisis services and to law enforcement agencies to enable them to coordinate mental health crisis services. The bill sets July 1, 2016 as the date by which a crisis intervention team or agency must enter into and sign a memorandum of understanding with each law enforcement agency that provides law enforcement services in the area of the State served by the crisis intervention team or agency. The bill requires the memorandum of understanding to be effective for three years and to be renewed for a three-year period upon expiration. The memorandum of understanding must include descriptions of the following: the internal processes that the law enforcement agency uses to identify a person in need of mental health crisis services; the protocol that the law enforcement agency uses to share a contact report with a crisis intervention team or agency; the process the crisis intervention team or agency uses to receive the report; the protocol that the crisis intervention team or agency uses to communicate with a person in need of mental health services or the guardian or family members of that person; and the procedures to be used to convene on a quarterly basis multidisciplinary team meetings to review experiences and discuss opportunities for improvement.

LD 1097 An Act To Improve the Integrity of Maine's Welfare Programs PUBLIC 484

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N	OTP-AM OTP-AM	S-481 S-542 BAKER L

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill restricts the use of benefits for recipients of Temporary Assistance for Needy Families under the electronic benefits transfer system by prohibiting use of the electronic benefits transfer system outside of the State, except for in New Hampshire, withdrawals of cash per month in an amount over 25% of a recipient's monthly benefits and expenditures on items such as tobacco products, liquor and lottery tickets and several other similar items. This bill also directs the Department of Health and Human Services to hire five additional fraud investigators.

Committee Amendment "A" (S-481)

This amendment is the majority report of the committee. Like the bill, the amendment prohibits the expenditure of benefits received by recipients under the Temporary Assistance for Needy Families program, using the electronic

Joint Standing Committee on Health and Human Services

benefits transfer system, for products or services such as tobacco products, liquor and lottery tickets. The amendment requires the Department of Health and Human Services to develop a system to prevent the use of the electronic benefits transfer system for such purchases by blocking the purchases at the point of sale. It establishes penalties for violations. It requires the Commissioner of Health and Human Services to create an implementation committee to determine the most effective system to prevent prohibited expenditures at the point of sale. It directs the implementation committee to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 15, 2016. The implementation committee report may include any legislation necessary to implement the system.

Committee Amendment "B" (S-482)

This amendment, which is the minority report of the committee, removes from the bill the restriction on the withdrawal of cash from the electronic benefits transfer system account of a recipient of Temporary Assistance for Needy Families program benefits. It also requires the Office of the Attorney General to hire an additional assistant attorney general to prosecute fraud, replacing the provision in the bill that provides for the hiring of fraud investigators in the Department of Health and Human Services.

This amendment was not adopted.

Senate Amendment "A" To Committee Amendment "A" (S-542)

This amendment makes the following changes to Committee Amendment "A."

1. It removes the requirement that the Department of Health and Human Services establish a system to electronically block the purchase of certain products and services at the point of sale using the electronic benefits transfer system, or "EBT system."
2. It requires the Department of Health and Human Services to find by clear and convincing documentary evidence that the individual knowingly purchased prohibited items using the EBT system and limits recovery by the department to the amount allowed under current law regarding recovery of TANF benefits.
3. It changes the penalty imposed for using the EBT system to purchase prohibited items by imposing a three-month disqualification from receiving benefits for a first offense and increases the penalty for a second offense to a 12-month disqualification and to a 24-month disqualification for a third and subsequent offense.
4. It requires the Department of Health and Human Services to initiate an administrative hearing if the department finds that a recipient of benefits has used the EBT system to purchase prohibited items and requires the notice and hearing to be conducted consistent with the department rules governing notice and hearing for an intentional program violation.
5. It changes the name of the implementation committee, which is responsible for determining options for preventing the use of the EBT system for prohibited purchases, to the feasibility working group and removes the authority of that group to provide advice to the Commissioner of Health and Human Services with respect to the development of rules regarding the EBT system.
6. It removes the appropriations and allocations provided to the Department of Health and Human Services related to the restriction of certain purchases using the EBT system.

Enacted Law Summary

Public Law 2015, chapter 484 prohibits the expenditure of benefits received by recipients under the Temporary Assistance for Needy Families program, using the electronic benefits transfer system, on tobacco products, liquor, gambling activities, lottery tickets, bail, firearms, vacation or travel services, publications or services that contain or promote obscene matters and tattoos. Individuals who knowingly purchase a prohibited item may receive penalties imposed by the Department of Health and Human Services of a three-month disqualification from receiving benefits

Joint Standing Committee on Health and Human Services

for the first offense, a 12-month disqualification for the second offense and a 24-month disqualification for third and subsequent offenses. The department must initiate an administrative hearing if the department finds that a recipient of benefits has used the EBT system to purchase prohibited items and requires the notice and hearing to be conducted consistent with the department rules governing notice and hearing for an intentional program violation.

Public Law 2015, chapter 484 establishes a feasibility working group to determine options for preventing the use of the EBT system for prohibited purchases by researching, evaluating and recommending the most effective means of ensuring that EBT cards block purchases at the point of sale. The working group shall submit a report of its findings and recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 15, 2016.

**LD 1149 Resolve, Directing the Maine Center for Disease Control and Prevention ONTP
To Report on Progress toward Meeting Healthy Maine 2020 Goals
Pertaining to Reproductive Health**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURSTEIN C GRATWICK G	ONTP	

This resolve was carried over from the First Regular Session of the 127th Legislature.

This resolve directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention to report by October 1, 2015 to the Joint Standing Committee on Health and Human Services on state-led efforts to achieve goals identified in its document "Healthy Maine 2020" pertaining to reproductive health. The report must include an explanation of failed or failing efforts to meet a goal and evidence-based strategies or recommendations on how state programs can meet the goal and a description of the State's efforts to improve the health and welfare of its citizens, including efforts to increase high school graduation rates.

LD 1209 An Act To Increase the Effectiveness of Peer Supports in the State ONTP

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

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill establishes a peer support services program in the Office of Substance Abuse and Mental Health Services within the Department of Health and Human Services. The bill requires each assertive community treatment team to include at least one full-time intentional peer support specialist certified by the department. "Intentional peer support specialist" is defined. The bill requires the department to appoint and convene the Intentional Peer Support Advisory Committee. It requires the department to adopt necessary rules and designates the rules as routine technical rules. It also requires the costs of intentional peer support services and the advisory committee to be met through the transfer of funding from the Mental Health - Community account and the Mental Health - Community Medicaid account and through the discontinuance of two full-time positions within the Office of Substance Abuse and Mental Health Services.

Joint Standing Committee on Health and Human Services

LD 1267 An Act To Assist Working Families with Young Children

**Died Between
Houses**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE A MILLETT R	OTP-AM ONTP	

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill provides funding to the Department of Health and Human Services to leverage all available federal child care development funds.

Committee Amendment "A" (H-635)

This amendment, which is the majority report of the committee, replaces the bill. The amendment repeals unallocated language in Public Law 2011, chapter 380, Part UU that set the child care subsidy reimbursement rates at the 50th percentile of local market rates. This amendment increases the reimbursement rates to the 60th percentile of local market rates beginning on August 1, 2016, the implementation date for the new child care and development fund plan for Maine.

This amendment was not adopted.

**LD 1268 An Act To Reform Welfare by Establishing Bridges to Sustainable
Employment**

**Died Between
Houses**

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

This bill was carried over from the First Regular Session of the 127th Legislature.

This bill makes the following changes to the laws governing public assistance, which are intended to provide bridges to employment.

1. Child care assistance begins on the date of application if the applicant is eligible.
2. The Department of Health and Human Services is directed to establish rules to provide uninterrupted access to subsidized child care for eligible persons with irregular hours of employment.
3. It provides Temporary Assistance for Needy Families, or TANF, benefits and alternative aid benefits to two-parent families based on the same eligibility requirements as single-parent families have.
4. It changes the income amounts for TANF recipients who have employment earnings that are disregarded in calculating TANF benefits.
5. It directs the Department of Health and Human Services to set up specialized navigator services related to employment in the Additional Support for People in Retraining and Employment - Temporary Assistance for Needy Families program so that families receiving TANF benefits understand how earned income affects benefit levels and work supports.

Joint Standing Committee on Health and Human Services

6. It requires the Department of Health and Human Services, Department of Labor, Maine employers, the Maine Community College System and the University of Maine System to establish structured pathways leading to education, training and employment opportunities for persons eligible for TANF.

7. It requires the Commissioner of Health and Human Services to convene a working group to review and make recommendations to establish a program to provide access to reliable transportation for families that qualify for assistance under TANF. The commissioner must report the findings of the working group to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services by January 1, 2016. The Department of Health and Human Services must amend its TANF rules to incorporate the findings of the working group.

Committee Amendment "A" (H-650)

This amendment, which is the majority report of the committee, replaces the bill. It makes the following changes to the Temporary Assistance for Needy Families, TANF, program.

1. It requires the Department of Health and Human Services to establish a service delivery model with different tracks that are based on the levels of education, work experience, family physical and mental health and other conditions that affect a person's ability to work. The family profile developed during the comprehensive screening and assessment program in the Maine Revised Statutes, Title 22, section 3788, subsection 3-A is used to determine which track a family should be on. Tracks are based on crisis resolution, employment, education and work incentive disregards.

2. It changes eligibility for the Parents as Scholars Program so that families that do not qualify for TANF but earn no more than 150% of the federal poverty level qualify for the program.

3. It allows educational institutions and programs in the State to refer eligible applicants to the Parents as Scholars Program.

4. It establishes the Transitional Jobs Program in the Department of Health and Human Services for families unable to find employment through conventional means. Employers receive subsidies and must meet certain requirements to participate in the program. Performance data on the program must be collected by the department.

5. It develops a voucher program through the Maine State Housing Authority for families with shelter expenses that exceed 50% of their monthly income.

6. It requires the Department of Health and Human Services to collect data related to performance measures of the TANF program, including reducing child poverty and food insecurity and improving educational attainment, employment and income levels. It also requires the department to set benchmarks to measure improvement and success of the TANF program.

7. It establishes the Independent Citizens Oversight Committee to monitor the Department of Health and Human Services' progress with respect to meeting benchmarks for success of the TANF program.

8. It requires any administrative, technological or other costs associated with the changes to the TANF program outlined in the amendment to be funded by using the federal block grant funding allocated to the Department of Health and Human Services within the State Family Assistance Grant of the TANF program.

This amendment was not adopted.

Joint Standing Committee on Health and Human Services

LD 1412 An Act To Fund a Training Partnership between Riverview Psychiatric Center and the University of Maine at Augusta

Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES M KATZ R	OTP-AM	H-332

This bill was reported out of committee in the First Regular Session of the 127th Legislature and then carried over on the Special Appropriations Table.

This bill provides a one-time General Fund appropriation of \$500,000 in fiscal years 2015-16 and 2016-17 for Riverview Psychiatric Center to contract with the University of Maine at Augusta to provide training and educational opportunities for its staff.

Committee Amendment "A" (H-332)

This amendment changes the appropriation in the bill for Riverview Psychiatric Center in both fiscal years from \$500,000 to \$250,000.

LD 1465 Resolve, To Require the Department of Health and Human Services To Conduct a Study of Ambulance Services

RESOLVE 87

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LAJOIE M BAKER L	OTP-AM	H-547 S-496 HAMPER J

This bill changes the law to ensure that MaineCare reimbursement for ambulance services is not less than the average Medicare allowable rate.

Committee Amendment "A" (H-547)

This amendment replaces the bill and increases the reimbursement rate for ambulance services under MaineCare from the current no less than 65% of the average allowable reimbursement rate under Medicare for such services to no less than 70%, rather than to the Medicare rate as in the bill. This amendment also requires the Department of Health and Human Services to contract with a third-party consultant to conduct a rate study on ambulance services. The rate study must include the feasibility of developing community paramedicine reimbursement rates. The Department of Health and Human Services is required to submit a report on developing a reimbursement rate for community paramedicine programs to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 1, 2017. The amendment also adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-496)

This amendment amends Committee Amendment "A," changes the title and makes the bill a resolve. The amendment removes the requirement that the Department of Health and Human Services increase the reimbursement rate for ambulance services under MaineCare to no less than 70% and removes the funding related to that increase.

Enacted Law Summary

Resolve 2015, chapter 87 requires the Department of Health and Human Services to contract with a third-party consultant to conduct a rate study on Medicaid rates for ambulance services. The rate study must include the

Joint Standing Committee on Health and Human Services

feasibility of developing community paramedicine reimbursement rates. The Department of Health and Human Services is required to submit a report on progress on developing a reimbursement rate for community paramedicine programs to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 1, 2017.

LD 1470 An Act To Amend Maine's Death Certificate Disclosure Law

PUBLIC 393

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N MAREAN D	OTP-AM	S-358

This bill allows the sole living parent of a minor to obtain a certified or noncertified copy of the death certificate of the minor's deceased parent.

Committee Amendment "A" (S-358)

This committee amendment establishes that certified or noncertified copies of the death certificate of a minor's parent may not be made available to that minor's living parent if that parent's parental rights with respect to that minor have been terminated. It also specifies that "parent" with respect to this provision has the same meaning as in the Maine Parentage Act.

Enacted Law Summary

Public Law 2015, chapter 393 allows the living parent of a minor to obtain a certified or noncertified copy of the death certificate of the minor's deceased parent, but establishes that these documents may not be made available to that minor's living parent if that parent's parental rights with respect to that minor have been terminated.

LD 1472 Resolve, To Enhance the Administration of the Child and Adult Care Food Program by Creating Clear Guidelines for Organizations and Streamlining the Application Process

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ALFOND J GATTINE A	OTP-AM ONTP	S-411 S-445 ALFOND J

This resolve requires the Department of Health and Human Services to review the application and reapplication procedures and forms required for an organization to apply to participate in the federal Child and Adult Care Food Program, and it directs the department to streamline the application and reapplication forms; provide access to the forms through the department's publicly accessible website; and enable online completion and submission of all forms required for an organization to participate in the program, including but not limited to the application and reapplication forms.

Committee Amendment "A" (S-411)

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

Senate Amendment "A" (S-445)

This amendment requires that the forms for an organization to apply to participate in the federal Child and Adult Care Food Program be made available on the Department of Health and Human Services' publicly accessible website no later than August 1, 2017.

Joint Standing Committee on Health and Human Services

LD 1473 Resolve, To Increase Access to Opiate Addiction Treatment in Maine

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WOODSOME D DION M	OTP-AM	S-392

This resolve directs the Department of Health and Human Services to amend its MaineCare rules regarding the reimbursement rate paid to outpatient opioid treatment providers to increase the rate from \$60 to \$80 a week.

Committee Amendment "A" (S-392)

This amendment requires the Department of Health and Human Services to amend its rules to increase the reimbursement rate paid to outpatient opioid treatment providers to \$72 a week until December 31, 2017. On January 1, 2018, the reimbursement rate returns to \$60 a week although the department may choose to amend its rules to increase the reimbursement rates above the specified amounts at any time. The amendment also requires the Department of Health and Human Services to contract with a third-party consultant to conduct a rate study of outpatient opioid treatment services that must be reported to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 30, 2016. The committee may report out a bill related to the report to the First Regular Session of the 128th Legislature. If the Legislature does not amend the reimbursement rate in response to the rate study or the department does not change the rate in rules, the reimbursement rate will return to \$60 per week on January 1, 2018. The amendment also adds an appropriations and allocations section.

LD 1496 An Act To Support Maine People in Recovery

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKER J LANGLEY B	OTP-AM	H-546

This bill provides funding for three new peer centers in different parts of the State to coordinate and run peer support programs to help persons in recovery from drug addiction. In order to serve populations in rural parts of the State, two of these peer centers must be located in currently underserved areas that are outside of Maine's largest cities. Funding for each peer center must be used to support the hiring of a coordinator who must support recovery group facilitation, peer mentoring and peer recovery resource connections. The peer centers may be coordinated and housed within existing health care settings, such as a rural health care center.

Committee Amendment "A" (H-546)

This amendment clarifies that peer centers established in the bill must be situated in different areas of the State as well as in underserved areas outside of Maine's largest cities. The new peer centers must be in different areas than the peer support recovery centers established pursuant to Public Law 2015, chapter 378, Part D.

The substance of this bill and amendment was incorporated in Public Law 2015, chapter 481, Part F (LD 1606).

Joint Standing Committee on Health and Human Services

LD 1497 An Act To Align the Child and Family Services and Child Protection Act with the Federal Preventing Sex Trafficking and Strengthening Families Act

**PUBLIC 381
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D VOLK A	OTP	

This bill amends the Child and Family Services and Child Protection Act to comply with the federal Preventing Sex Trafficking and Strengthening Families Act. The bill requires the Department of Health and Human Services to disclose certain information on missing or abducted children or youth to the National Crime Information Center database of the Federal Bureau of Investigation and to a national information clearinghouse for missing and exploited children and to provide notification of the removal of a child from the custody of a parent or custodian to all parents of a sibling of the child who have legal custody of the sibling. The bill also requires that permanency plans for children who are 14 years of age and older must determine the services needed to assist the children to make the transition from foster care to independent living.

Enacted Law Summary

Public Law 2015, chapter 381 amends the Child and Family Services and Child Protection Act to comply with the federal Preventing Sex Trafficking and Strengthening Families Act. It requires the Department of Health and Human Services to disclose certain information on missing or abducted children or youth to the National Crime Information Center database of the Federal Bureau of Investigation and to a national information clearinghouse for missing and exploited children and to provide notification of the removal of a child from the custody of a parent or custodian to all parents of a sibling of the child who have legal custody of the sibling. It also requires that permanency plans for children who are 14 years of age and older must determine the services needed to assist the children to make the transition from foster care to independent living.

Public Law 2015, chapter 381 was enacted as an emergency measure effective March 1, 2016.

LD 1498 An Act To Clarify Medicaid Ombudsman Services

PUBLIC 511

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K VOLK A	OTP-AM ONTP	H-620

Current law requires the Department of Health and Human Services to contract for ombudsman services for the Medicaid managed care population as long as nonstate funding is available. This bill retains that provision and establishes the ombudsman program in statute, describes the Medicaid managed care population and specifies the duties of the ombudsman program, which include providing services and outreach for members and eligible members of the Medicaid program and the state children's health insurance program under Title XXI of the Social Security Act.

Committee Amendment "A" (H-620)

This amendment makes the following changes to the bill.

1. It clarifies that the children's health insurance program is also known as Cubcare, CHIP and S-CHIP.
2. It clarifies that the definition of "outreach and education" includes workshops for members, eligible members and health care providers, social service providers and health insurance navigators, brokers and agents and that

Joint Standing Committee on Health and Human Services

screenings for eligibility include but are not limited to prescription assistance programs.

3. It strikes references to managed care, including in the title of the bill.
4. It clarifies that the long-term care ombudsman program established pursuant to the Maine Revised Statutes, Title 22, section 5106, subsection 11-C continues to provide services for those receiving long-term care home-based and community-based or institutional services.
5. It requires the Medicaid ombudsman program to provide annual reports to the joint standing committee of the Legislature having jurisdiction over health and human services matters.
6. It clarifies that the program may only be contracted for with nonstate funding and removes any references to state seed match.

Enacted Law Summary

Public Law 2015, chapter 511 establishes the Medicaid ombudsman program in statute. It establishes the duties of the ombudsman program, including providing services and outreach services and outreach for members and eligible members of the Medicaid program and the state children's health insurance program is also known as Cubcare, CHIP and S-CHIP. It requires the ombudsman program to provide annual reports to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The program, operated by contract, may only be contracted for with nonstate funding.

LD 1522 Resolve, Regarding Legislative Review of the Final Repeal of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 32: Allowances for Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders, a Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 61
EMERGENCY**

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

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

Enacted Law Summary

Resolve 2015, chapter 61 authorizes final adoption of the repeal of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 32: Allowances for Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders, a major substantive rule of the Department of Health and Human Services.

Resolve 2015, chapter 61 was finally passed as an emergency measure effective March 16, 2016.

LD 1527 An Act To Facilitate MaineCare Assisted Living by Providing a Cost-of-living Adjustment to Private Nonmedical Institutions and Adult Family Care Homes

**Died On
Adjournment**

<u>Sponsor(s)</u> BURNS D POULIOT M	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-402
---	-----------------------------------	------------------------------------

Joint Standing Committee on Health and Human Services

This bill provides funds to give adult family care homes, residential care facilities and Appendix C private nonmedical institutions a 4% cost-of-living rate increase in funding in the fiscal year beginning July 1, 2016. Annual cost-of-living adjustments are to be provided by rule for each fiscal year thereafter in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

Committee Amendment "A" (S-402)

This amendment provides for two cost-of-living rate increases in funding rather than an annual ongoing increase. The 4% cost-of-living rate increase in funding in the fiscal year beginning July 1, 2016 remains the same as in the bill but with updated appropriation and allocation amounts. The second rate increase, for fiscal year 2017-18, is based on the Consumer Price Index medical care services index.

The substance of this bill and amendment was incorporated in Public Law 2015, chapter 481, Part C (LD 1606).

LD 1533 An Act To Provide an Annual Cost-of-living Adjustment to Nursing Facilities To Further Implement the Recommendations of the Commission To Study Long-term Care Facilities Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS D POULIOT M	OTP-AM	S-381

This bill provides funds to provide an annual cost-of-living adjustment to nursing facilities under the MaineCare program.

Committee Amendment "A" (S-381)

This amendment adjusts the funding amounts in the bill to reflect more accurate estimates. It also directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities to remove the requirement that cost-of-living adjustments received by nursing facilities must be applied to the wages and benefits of front line employees.

LD 1547 An Act To Facilitate Access to Naloxone Hydrochloride PUBLIC 508

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON S BREEN C	OTP-AM ONTP	H-619 S-473 HASKELL A

This bill establishes the Naloxone Bulk Purchase Fund administered by the Office of the Attorney General for the purpose of providing funding to the Office of the Attorney General to make bulk purchases of naloxone hydrochloride that may be purchased by municipalities for use by first responders.

Committee Amendment "A" (H-619)

This amendment, which is the majority report of the committee, replaces the bill. It directs the Maine Board of Pharmacy to establish by rule procedures and standards for authorizing pharmacists to dispense naloxone hydrochloride. The rules must establish adequate training requirements and protocols for dispensing naloxone hydrochloride by prescription drug order, standing order or pursuant to a collaborative practice agreement. The amendment also clarifies current law to allow first responders to obtain the naloxone hydrochloride that they are authorized to administer. It provides criminal, civil and professional disciplinary immunities for persons who, acting in good faith and with reasonable care, possess, store, prescribe, dispense or administer naloxone hydrochloride in accordance with the governing law. The amendment also adds an emergency preamble and

Joint Standing Committee on Health and Human Services

emergency clause.

Senate Amendment "A" To Committee Amendment "A" (S-473)

This amendment removes the emergency preamble and emergency clause added by Committee Amendment "A".

Enacted Law Summary

Public Law 2015, chapter 508 directs the Maine Board of Pharmacy to establish by rule procedures and standards for authorizing pharmacists to dispense naloxone hydrochloride. The rules must establish adequate training requirements and protocols for dispensing naloxone hydrochloride by prescription drug order, standing order or pursuant to a collaborative practice agreement. It provides criminal, civil and professional disciplinary immunities for persons who, acting in good faith and with reasonable care, possess, store, prescribe, dispense or administer naloxone hydrochloride in accordance with the governing law.

LD 1548 An Act To Establish a Foster Parents' Bill of Rights

ONTP

Sponsor(s)
MALABY R

Committee Report
ONTP

Amendments Adopted

This bill establishes a foster parents' bill of rights.

LD 1552 An Act To Reduce Morbidity and Mortality Related to Injected Drugs

PUBLIC 507

Sponsor(s)
VACHON K
HASKELL A

Committee Report
OTP-AM

Amendments Adopted
H-559
S-513 HAMPER J

This bill provides \$75,000 in General Funds in 2016-17 for existing and new hypodermic apparatus exchange programs certified by the Department of Health and Human Services, Maine Center for Disease Control and Prevention. The center must allocate funds appropriated for existing hypodermic apparatus exchange programs among programs based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program and the amount of services historically provided by the program, except that funds awarded in order to facilitate the operation of programs in counties without a program may be awarded through a competitive grant process. It also provides that, unless the use of funds to support a hypodermic apparatus exchange program is prohibited by the original funding source, the department may not prohibit funds it awards to an entity involved in HIV, viral hepatitis and substance abuse issues from being used to support a hypodermic apparatus exchange program as long as the services the program provides can reasonably be expected to contribute to the desired result identified when the funding is first made available.

Committee Amendment "A" (H-559)

The amendment makes the following changes to the bill.

1. It adds language to indicate that the funds provided by the bill are not intended to be the sole source of funding for hypodermic apparatus exchange programs and clarifies that the intent of the bill is not to limit securing other sources of funding.
2. It establishes the same methodology for distributing funds for both existing and new programs.

Joint Standing Committee on Health and Human Services

3. It requires funds appropriated in the bill to be awarded no later than 60 days after the effective date of the legislation.
4. It removes the bill provisions related to restrictions on use of funds.
5. It amends the rule-making authority of the Maine Center for Disease Control and Prevention to ensure that the center may amend the rules regulating the hypodermic apparatus exchange programs with respect to the distribution of funds, renewal of certification, complaint investigation procedures and decertification criteria.

Senate Amendment "A" (S-513)

This amendment removes the appropriations and allocations section.

Enacted Law Summary

Public Law 2015, chapter 507 establishes a methodology for distributing funds for the hypodermic apparatus exchange programs certified by the Department of Health and Human Services, Maine Center for Disease Control and Prevention and allows the center to amend the rules with respect to the distribution of funds, renewal of certification, complaint investigation procedures and decertification criteria. The center must allocate funds appropriated for existing hypodermic apparatus exchange programs among programs based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program and the amount of services historically provided by the program although funds awarded in order to facilitate the operation of programs in counties without a program may be awarded through a competitive grant process.

LD 1573 An Act To Improve Hospital Governance by Clarifying the Requirement for a Certificate of Need for Intracorporation Transfers

PUBLIC 453

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
THIBODEAU M GILLWAY J	OTP-AM	S-410

This bill clarifies that a certificate of need is not required when there is a change in ownership or acquisition of control in which the entities or health care facilities involved are already in the same corporate family, such as when the entities or health care facilities involved are subsidiaries of the same parent corporation or the transaction involves a parent corporation and its subsidiary.

Committee Amendment "A" (S-410)

This amendment incorporates a fiscal note.

Enacted Law Summary

Public Law 2015, chapter 453 clarifies that a certificate of need is not required when there is a change in ownership or acquisition of control in which the entities or health care facilities involved are already in the same corporate family, such as when the entities or health care facilities involved are subsidiaries of the same parent corporation or the transaction involves a parent corporation and its subsidiary.

LD 1577 An Act To Increase the Availability of Mental Health Services

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D CYRWAY S	OTP-AM OTP-AM	H-636

Joint Standing Committee on Health and Human Services

This bill provides that, under certain circumstances, the Commissioner of Health and Human Services or the commissioner's designee may determine that a mental health unit at a correctional facility is an appropriate institution or program for the placement of persons who have been determined to be incompetent to stand trial or not criminally responsible by reason of insanity.

Committee Amendment "A" (H-636)

This amendment, which is the majority report of the committee, strikes the language in the bill and replaces it with the following provisions.

1. For individuals in the custody of the Commissioner of Health and Human Services pursuant to the Maine Revised Statutes, Title 15, section 101-D and section 103, placements must be made in the following priority:
 - A. In the State at a state-owned hospital;
 - B. In the State at another facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program; and
 - C. Outside the State at a facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program.
2. By December 31, 2016, the Department of Health and Human Services is required to develop a facility separate from the Riverview Psychiatric Center that will provide the least restrictive setting possible for forensic patients in the custody of the Commissioner of Health and Human Services and for whom the Department of Health and Human Services has verified a hospital level of care is no longer needed.
3. By August 1, 2016, and at least every 90 days thereafter, the Department of Health and Human Services is required to submit a written report to the joint standing committee of the Legislature having jurisdiction over matters concerning the State's psychiatric hospitals that includes the following information:
 - A. The status of any forensic patients who have been placed by the Commissioner of Health and Human Services at an in-state facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program or an out-of-state facility accredited by a nationally recognized health care organization accrediting body whose standards for accreditation meet or exceed the requirements for a health care facility to be eligible to receive payment from the Medicare or Medicaid program pursuant to Title 15, section 101-D and section 103, including, as permitted by law, the names of any patients and the location, timeline and reason for their placement;
 - B. The status of the Department of Health and Human Services' development of a unit separate from the Riverview Psychiatric Center that will provide the least restrictive setting possible for forensic patients in the custody of the Commissioner of Health and Human Services who no longer need a hospital level of care;
 - C. The status of staffing levels at Riverview Psychiatric Center, including data about any vacancies among the direct care staff positions and licensed professional positions, information about any recent hiring that has occurred or efforts that have been made to fill any vacancies and information about any recent training provided to current or newly hired staff members; and
 - D. Any recommendations, including proposed statutory changes, that the Department of Health and Human Services determines to be necessary regarding the placement of individuals in the custody of the Commissioner of Health and Human Services pursuant to Title 15, section 101-D and section 103, the use of the required new

Joint Standing Committee on Health and Human Services

facility that is separate from the Riverview Psychiatric Center for forensic patients in the custody of the Commissioner of Health and Human Services who no longer need a hospital level of care and the staffing situation at Riverview Psychiatric Center.

Committee Amendment "B" (H-637)

This amendment, which is the minority report of the committee, establishes a repeal date of August 1, 2017 for the provisions in the bill that provide the Commissioner of Health and Human Services, or the commissioner's designee, with the option to determine that a mental health unit at a correctional facility is an appropriate institution or program for the placement of persons who have been determined to be not competent to stand trial or not criminally responsible by reason of insanity, at which time the law will revert to the previous version of statute, which does not offer such an option.

This amendment was not adopted.

**LD 1581 Resolve, Regarding Legislative Review of Portions of Chapter 270:
Uniform Reporting System for Quality Data Sets, a Late-filed Major
Substantive Rule of the Maine Health Data Organization**

**RESOLVE 71
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP

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

Enacted Law Summary

Resolve 2015, chapter 71 authorizes final adoption of portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a major substantive rule of the Maine Health Data Organization that was filed outside the legislative rule acceptance period.

Resolve 2015, chapter 71 was finally passed as an emergency measure effective March 29, 2016.

**LD 1599 Resolve, To Implement the Recommendations of the Commission To
Strengthen and Align the Services Provided to Maine's Veterans by
Authorizing MaineCare Transportation Services To Transport Veterans
to Medical Appointments Administered by the United States
Department of Veterans Affairs**

ONTP

Sponsor(s)

Committee Report

Amendments Adopted

ONTP

This resolve was reported by the Joint Standing Committee on Veterans and Legal Affairs pursuant to Resolve 2015, chapter 48 and then referred to the Health and Human Services Committee for processing in the normal course.

This resolve implements recommendations of the Commission To Strengthen and Align the Services Provided to Maine's Veterans. It 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 provide transportation services to veterans who are eligible for the MaineCare program but also receive health care benefits from the United States Department of Veterans Affairs at the hospital located at

Joint Standing Committee on Health and Human Services

Togus or affiliated community-based outpatient clinics.

**LD 1615 *Resolve, To Establish the Commission To Continue the Study of
Difficult-to-place Patients***

**Died On
Adjournment**

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

This resolve was reported by the committee pursuant to joint order, S.P. 639 and then referred back to the committee for processing in the normal course.

This resolve, which is a recommendation of the Commission To Study Difficult-to-place Patients, establishes the Commission To Continue the Study of Difficult-to-place Patients. The commission is charged with studying certain issues related to patients with complex medical conditions and the feasibility of making policy changes to the long-term care system for those patients. The commission comprises 13 members reflecting a similar membership to that of the Commission To Study Difficult-to-place Patients. The commission is required to submit a report containing its findings and recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 15, 2016. The committee is authorized to report out legislation to the First Regular Session of the 128th Legislature.

Committee Amendment "A" (S-398)

This amendment, which is the majority report of the committee, adds to the resolve a duty for the Commission To Continue the Study of Difficult-to-place Patients. It requires the commission to develop a methodology for collecting data regarding the refusal of long-term care facilities to admit patients with complex medical conditions, as a means to identify barriers to placement. It changes the date that the report is due from December 15, 2016 to November 2, 2016.

LD 1616 *An Act To Expand Geropsychiatric Facility Capacity*

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM ONTP	S-412

This bill was reported by the committee pursuant to joint order, S.P. 639 and then referred back to the committee for processing in the normal course.

This bill, which is a recommendation of the Commission To Study Difficult-to-place Patients, requires the Department of Health and Human Services to increase the number of geropsychiatric beds by up to 25 beds. The beds may be in nursing facilities, private nonmedical institutions or a combination of both. The beds must be made available in underserved parts of the State, some specifically to be made available in the northern part of the State. The beds are funded and therefore are exempt from MaineCare budget neutrality provisions.

Committee Amendment "A" (S-412)

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

Joint Standing Committee on Health and Human Services

LD 1617 An Act Regarding the Long-term Care Ombudsman Program

PUBLIC 506

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

This bill was reported by the committee pursuant to joint order, S.P. 639 and then referred back to the committee for processing in the normal course.

This bill, which is a recommendation of the Commission To Study Difficult-to-place Patients, amends the law governing the long-term care ombudsman program to clarify that the long-term care ombudsman has the authority to act as a resource during the hospital discharge process to assist patients with complex medical needs who experience significant barriers to admission in a residential care facility, nursing facility or assisted living facility or program. It also provides funds to allow the program to contract for two new full-time positions within the program.

Committee Amendment "A" (S-389)

This amendment clarifies that the long-term care ombudsman program is authorized to provide information during and after the hospital discharge process to patients with complex medical needs who experience significant barriers to hospital discharge, including information regarding accessing home and community-based services. The bill includes only reference to assisting patients with barriers to admission to facilities.

Enacted Law Summary

Public Law 2015, chapter 506 amends the law governing the long-term care ombudsman program to clarify that the long-term care ombudsman has the authority to act as a resource during the hospital discharge process to assist patients with complex medical needs who experience significant barriers to admission to a residential care facility, nursing facility, assisted living facility or to home and community-based services. It also provides funds to allow the program to contract for two new full-time positions within the program.

LD 1618 An Act To Provide Additional Resources for Nurse Education Consultants in the Department of Health and Human Services

Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	S-391

This bill was reported by the committee pursuant to joint order, S.P. 639 and then referred back to the committee for processing in the normal course.

This bill, which is a recommendation of the Commission To Study Difficult-to-place Patients, establishes an additional Nurse Education Consultant position within the Department of Health and Human Services.

Committee Amendment "A" (S-391)

This amendment changes the amounts appropriated and allocated for an additional Nurse Education Consultant position within the Department of Health and Human Services.

Joint Standing Committee on Health and Human Services

LD 1619 Resolve, Regarding Home Care Service Rates for Serving Persons with Complex Medical Needs

Died Between Houses

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

This resolve was reported by the committee pursuant to joint order, S.P. 639 and then referred back to the committee for processing in the normal course.

This resolve includes recommendations of the Commission to Study Difficult-to-place Patients. It requires the Department of Health and Human Services' Office of Aging and Disability Services to implement a demonstration project that will provide enhanced rates for home care services, with participation limited to patients with complex medical needs who are enrolled in the Maine "Homeward Bound" program, which is funded by the federal Centers for Medicaid and Medicare Services. The department is directed to submit a report, no later than January 15, 2018, to the joint standing committee of the Legislature having jurisdiction over health and human services matters detailing its findings and any recommendations regarding the provision of enhanced rates for home care services.

The resolve also requires the Department of Health and Human Services' quality assurance review committee to conduct a review of the adequacy of home care services provided to individuals with complex needs under Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities. The Department of Health and Human Services is directed to submit a report, no later than January 15, 2017, to the joint standing committee of the Legislature having jurisdiction over health and human services matters detailing the quality assurance review committee's findings and any recommendations for legislation regarding the adequacy of home care services provided under Section 19.

Committee Amendment "A" (S-408)

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

This amendment was not adopted.

LD 1620 Resolve, Establishing a Stakeholder Group To Examine Methods of Protecting the Elderly and Persons with Disabilities from Financial Exploitation

ONTP

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

This resolve was reported by the committee pursuant to joint order, S.P. 639 and then referred back to the committee for processing in the normal course.

This resolve, which is a recommendation of the Commission To Study Difficult-to-place Patients, directs the financial abuse specialist team in the Department of Health and Human Services' Office of Aging and Disability Services to convene a stakeholder group to review the State's criminal laws, the Adult Protective Services Act in the Maine Revised Statutes, Title 22, chapter 958-A and any other relevant state laws to identify potential statutory changes to enable and support criminal prosecution of crimes against the elderly and persons with disabilities, including the enhancement of penalties for such crimes. The financial abuse specialist team is directed to submit, by January 15, 2017, a report to the joint standing committee of the Legislature having jurisdiction over health and

Joint Standing Committee on Health and Human Services

human services matters detailing the stakeholder group's findings and any recommendations for legislation regarding changes to the State's laws to enable and support criminal prosecution of crimes against the elderly and persons with disabilities and the committee may report out legislation relating to the report.

LD 1621 *Resolve, Directing the Department of Health and Human Services To Amend Its Rules Governing Reimbursement to Hospitals for Patients Awaiting Placement in Nursing Facilities* **Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	S-433

This resolve was reported by the committee pursuant to joint order, S.P. 639 and then referred back to the committee for processing in the normal course.

This resolve, which is a recommendation of the Commission To Study Difficult-to-place Patients, directs the Department of Health and Human Services to amend the rules under Chapter 101: MaineCare Benefits Manual, Chapter III, Section 45, Hospital Services to provide reimbursement to hospitals other than critical access hospitals for each day that a MaineCare-eligible individual is in the care of a hospital other than a critical access hospital while awaiting placement in a nursing facility. The reimbursement is to be paid prospectively at the statewide average rate per member day for nursing facility services. The department is directed to implement this reimbursement for days awaiting placement for a period of no more than five years and is limited to a maximum of \$500,000 of combined General Fund and federal funds for the entire five-year period.

Committee Amendment "A" (S-433)

This amendment specifies that the reimbursement in the resolve for days awaiting placement does not begin until the 11th day that a MaineCare-eligible individual is in the care of a hospital while awaiting placement in a nursing facility. It also changes the maximum amount of funding to \$500,000 in combined funding for each year. It adds an appropriations and allocations section.

LD 1631 *An Act To Reduce the Liability of Maine Taxpayers by Aligning Maine's Welfare Programs with Federal Law* **Died Between Houses**

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

This bill makes changes to the laws governing the Temporary Assistance for Needy Families, or TANF, program. It removes all the good cause exceptions that prevent a person from being sanctioned under the Additional Support for People in Retraining and Employment - Temporary Assistance for Needy Families, or ASPIRE-TANF, program or the TANF program for failure to participate in the ASPIRE-TANF program, with the exception of domestic violence. It removes the 24-month limit on education training and treatment for participants in the ASPIRE-TANF program in order to eliminate the difference between Maine and federal law regarding the number of months of education and training that may qualify as countable work activities and specifies that accommodations for an individual with a disability are limited to those required by federal law. The bill amends the Parents as Scholars Program to specify that an enrollee in the program must meet federal work participation requirements. The bill establishes the Fund for the Payment of Federal Fines Imposed for Noncompliance with Federal Work Participation Requirements in the Department of Health and Human Services to pay fines imposed on the State by the Federal Government due to the State's failure to comply with federal requirements related to the ASPIRE-TANF program. The bill provides an appropriation in fiscal year 2016-17 and requires the Commissioner of Health and Human

Joint Standing Committee on Health and Human Services

Services to report annually regarding the fines owed by the State for noncompliance to the joint standing committee of the Legislature having jurisdiction over health and human services matters, which is required to report out a bill, within 30 days of the commissioner's report, appropriating the amount necessary to pay the fines.

Committee Amendment "A" (H-651)

This amendment, which is the majority report of the committee, replaces the bill with a resolve establishing the Commission on Child Poverty and Extreme Child Poverty. The commission has 13 members appointed by the President of the Senate and the Speaker of the House of Representatives. The commission must invite the director of the Office of Family Independence within the Department of Health and Human Services or the director's designee and the Director of the Office of Child and Family Services within the Department of Health and Human Services or the director's designee to participate. The commission must study the scope and magnitude of child poverty and extreme child poverty in the State, the roots of poverty and reasons for any recent increases in poverty and recommend policy solutions to improve the situation of children in poverty and extreme poverty in this State. The commission must submit a report to the Legislature no later than November 2, 2016. The amendment also establishes a moratorium on actions to contract for the administration of the ASPIRE-TANF program until 90 days after the adjournment of the First Regular Session of the 128th Legislature in order to allow the commission to examine and recommend effective methods of administering the ASPIRE-TANF program and the Legislature to review and act on those recommendations before changes to administration of the program are made.

This amendment was not adopted.

Committee Amendment "B" (H-652)

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

This amendment was not adopted.

LD 1638 An Act To Increase Payments to MaineCare Providers That Are Subject to Maine's Service Provider Tax

**PUBLIC 477
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R BRAKEY E	OTP-AM	H-623 S-521 HAMPER J

This bill provides for an increase in reimbursement rates to eligible MaineCare providers who are subject to the service provider tax.

Committee Amendment "A" (H-623)

This amendment strikes the bill and instead provides an appropriations and allocations section that adds funding for an increase in reimbursement rates to eligible MaineCare providers for the last three months of fiscal year 2015-16 and for fiscal year 2016-17. The purpose of the additional funding is to offset the increase in the service provider tax that took effect January 1, 2016. This amendment also adds an emergency preamble and emergency clause.

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

This amendment reduces the General Fund appropriation in Committee Amendment "A" by using increased funding available in the Federal Medical Assistance Percentage.

Enacted Law Summary

Public Law 2015, chapter 477 provides funding for an increase in reimbursement rates to eligible MaineCare providers for the last three months of fiscal year 2015-16 and for fiscal year 2016-17 to offset the increase in the service provider tax that took effect January 1, 2016.

Joint Standing Committee on Health and Human Services

Public Law 2015, chapter 477 was enacted as an emergency measure effective April 15, 2016.

LD 1644 Resolve, Establishing the Commission To Study Ways To Support and Strengthen the Direct Care Workforce across the Long-term Care Continuum **Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EVES M BURNS D	OTP-AM ONTP	H-606 S-455 HASKELL A

This resolve establishes the Commission To Study Ways To Support and Strengthen the Direct Care Workforce across the Long-term Care Continuum. The commission is required to study current challenges to recruiting and retaining direct care workers and recommend ways to support and strengthen that workforce across the long-term care continuum. The commission's duties include reviewing related studies, legislation and Department of Health and Human Services' initiatives; determining current demand for direct care workers across long-term care settings; identifying career pathways for direct care workers within and across long-term care settings; developing worker incentive programs; and developing strategies to create high-quality work environments. The commission must submit its report, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 2, 2016. The committee may report out legislation to the First Regular Session of the 128th Legislature.

Committee Amendment "A" (H-606)

This amendment, which is the majority report of the committee, makes the following changes to the Commission To Study Ways To Support and Strengthen the Direct Care Workforce across the Long-term Care Continuum.

1. It adds three members, including a representative of a labor intermediary, a representative of an organization providing services to individuals with intellectual disabilities and autism and a representative of an organization promoting independent living for individuals with disabilities.
2. It clarifies that the Commissioner of Health and Human Services and the Commissioner of Labor may be invited to participate.
3. It adds to the duties of the commission an examination of technological advances to help individuals living in their homes remain independent and an examination of the barriers to employment as direct care workers for populations who may lack credentials, transportation or English proficiency or other relevant factors.
4. It changes the date for the commission's report from December 2, 2016 to November 2, 2016.

Senate Amendment "A" (S-455)

This amendment removes the emergency preamble and emergency clause from the resolve.

LD 1646 An Act To Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program **PUBLIC 488**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CUSHING A MCCABE J	OTP-AM OTP-AM	S-531

Joint Standing Committee on Health and Human Services

This bill makes the following changes to the laws governing the Controlled Substances Prescription Monitoring Program and the prescribing and dispensing of opioids and other drugs.

1. It provides to a prescriber immunity from liability for disclosure of information to the Controlled Substances Prescription Monitoring Program.
2. It provides that upon initial prescription of a benzodiazepine or an opioid to a person and every 90 days for as long as the prescription is renewed, a prescriber must check prescription monitoring information maintained by the Controlled Substances Prescription Monitoring Program for records related to that person. A prescriber who violates this provision is subject to a fine of \$250 per incident, not to exceed \$5,000 per calendar year.
3. It provides that prior to dispensing a benzodiazepine or an opioid to a person, a dispenser must check prescription monitoring information maintained by the Controlled Substances Prescription Monitoring Program for records related to that person. A dispenser must notify the program and withhold a prescription until the dispenser is able to contact the prescriber of that prescription if the dispenser has reason to believe that that prescription is fraudulent or duplicative. A dispenser who violates these provisions is subject to a fine of \$250 per incident, not to exceed \$5,000 per calendar year.
4. It provides that the failure of a health care provider who is a prescriber or dispenser to check prescription monitoring information or to submit prescription monitoring information to the Department of Health and Human Services as required by law is grounds for discipline of that health care provider.
5. It requires that by December 31, 2017 and every five years thereafter a health care provider who is a prescriber must successfully complete a training course on the prescription of opioid pain medication that has been approved by the Department of Health and Human Services as a condition of prescribing opioid pain medications.
6. It sets limits on the amount of opioid pain medication that may be prescribed to a patient.
7. It provides that beginning January 1, 2018 opioid pain medication may only be prescribed electronically.

Committee Amendment "A" (S-531)

This amendment, which is the majority report of the committee, makes the following changes to the laws governing the Controlled Substances Prescription Monitoring Program and the prescribing and dispensing of opioid medication and other drugs.

1. It provides to the prescriber immunity from liability for disclosure of information to the Controlled Substances Prescription Monitoring Program.
2. It allows the Department of Health and Human Services to provide prescription monitoring information to and receive prescription monitoring information from a Canadian province.
3. It clarifies that staff in hospitals and pharmacies are authorized to access the Controlled Substances Prescription Monitoring Program insofar as the access relates to a patient's prescription.
4. It establishes a fine for dispensers who fail to submit prescription monitoring information to the Controlled Substances Prescription Monitoring Program of \$250 per incident, not to exceed \$5,000 per calendar year.
5. It provides that upon the initial prescription of a benzodiazepine or an opioid medication to a person and every 90 days for as long as the prescription is renewed, a prescriber must check prescription monitoring information maintained by the Controlled Substances Prescription Monitoring Program for records related to that person. A prescriber who violates this provision is subject to a fine of \$250 per incident, not to exceed \$5,000 per calendar year.

Joint Standing Committee on Health and Human Services

6. It requires dispensers to check the prescription monitoring information for out-of-state individuals, for out-of-state prescribers, for individuals with insurance paying cash and if an individual has not had a prescription for an opioid medication in the previous 12 months. A dispenser who violates this provision is subject to a fine of \$250 per incident, not to exceed \$5,000 per calendar year.
7. It provides that the failure of a health care provider who is a prescriber or dispenser to check the prescription monitoring information or to submit prescription monitoring information to the Department of Health and Human Services as required by law is grounds for discipline of that health care provider.
8. It requires that a health care provider who is a prescriber of opioid medication or a veterinarian who is a prescriber of opioid medication must complete three hours every two years of continuing education related to opioid medication prescribing practices.
9. It sets limits on the supply of opioid medication that may be prescribed to a patient to seven days for acute pain and 30 days for chronic pain beginning January 1, 2017.
10. It sets limits on the amount of opioid medication that may be prescribed to no more than 100 morphine milligram equivalents for new prescriptions beginning on the effective date of this legislation. For patients who have prescriptions that total over 100 morphine milligram equivalents on the effective date of this legislation, the prescribing limit is 300 morphine milligram equivalents; those patients must be tapered to a level of no more than 100 morphine milligram equivalents by July 1, 2017.
11. It establishes statutory exceptions to opioid medication limits and requires the Department of Health and Human Services to adopt rules for other exceptions. The rules must be adopted by January 1, 2017.
12. It clarifies that opioid medication limits do not apply to health care professionals directly administering medication to a patient in an emergency room setting, inpatient hospital setting, long-term care setting or residential care setting.
13. It provides immunity for pharmacists who dispense opioid medication over 100 morphine milligram equivalents in accordance with a prescription.
14. It requires prescribers to electronically prescribe opioid medication if the capability exists. A prescriber who does not have the capability for electronic prescribing must seek a waiver from the Commissioner of Health and Human Services listing the reasons why the prescriber is unable to electronically prescribe. Pharmacists must be able to receive electronic prescriptions of opioid medication or seek a waiver.
15. It requires pharmacists and veterinarians who prescribe opioid medication to register with the Controlled Substances Prescription Monitoring Program.
16. It authorizes pharmacists to partially fill prescriptions of schedule II controlled substances upon request from the patient.
17. It requires the Department of Professional and Financial Regulation, Bureau of Insurance to evaluate the effect of prescription limits on out-of-pocket costs and report on options to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters.
18. It requires the Department of Health and Human Services to make enhancements to the Controlled Substances Prescription Monitoring Program through its request for proposals process for the maintenance of the program. It provides that a penalty may not be imposed for a violation of the limits on opioid medication prescribing until the

Joint Standing Committee on Health and Human Services

enhancement to the Controlled Substances Prescription Monitoring Program that will enable the conversion of dosages to and from morphine milligram equivalents is implemented.

19. It requires the Department of Health and Human Services to report to the joint standing committees of the Legislature having jurisdiction over health and human services matters and occupational and professional regulation matters on the implementation of the registration and use of the Controlled Substances Prescription Monitoring Program, improvements to the program, the effect of opioid medication prescribing limits on the prescriber workforce, the implementation of continuing education requirements and progress on the electronic prescribing of opioid medication.

Committee Amendment "B" (S-532)

This amendment, which is the minority report of the committee, replaces the bill. It authorizes pharmacists to partially fill prescriptions of schedule II controlled substances upon request from the patient.

This amendment was not adopted.

Enacted Law Summary

Public Law 2015, chapter 488 makes the following changes to the laws governing the Controlled Substances Prescription Monitoring Program and the prescribing and dispensing of opioid medication and other drugs.

1. It provides to the prescriber immunity from liability for disclosure of information to the Controlled Substances Prescription Monitoring Program.
2. It allows the Department of Health and Human Services to provide prescription monitoring information to and receive prescription monitoring information from a Canadian province.
3. It clarifies that staff in hospitals and pharmacies are authorized to access the Controlled Substances Prescription Monitoring Program insofar as the access relates to a patient's prescription.
4. It establishes a fine for dispensers who fail to submit prescription monitoring information to the Controlled Substances Prescription Monitoring Program of \$250 per incident, not to exceed \$5,000 per calendar year.
5. It provides that upon the initial prescription of a benzodiazepine or an opioid medication to a person and every 90 days for as long as the prescription is renewed, a prescriber must check prescription monitoring information maintained by the Controlled Substances Prescription Monitoring Program for records related to that person. A prescriber who violates this provision is subject to a fine of \$250 per incident, not to exceed \$5,000 per calendar year.
6. It requires dispensers to check the prescription monitoring information for out-of-state individuals, for out-of-state prescribers, for individuals with insurance paying cash and if an individual has not had a prescription for an opioid medication in the previous 12 months. A dispenser who violates this provision is subject to a fine of \$250 per incident, not to exceed \$5,000 per calendar year.
7. It provides that the failure of a health care provider who is a prescriber or dispenser to check the prescription monitoring information or to submit prescription monitoring information to the Department of Health and Human Services as required by law is grounds for discipline of that health care provider.
8. It requires that a health care provider who is a prescriber of opioid medication or a veterinarian who is a prescriber of opioid medication must complete three hours every two years of continuing education related to opioid medication prescribing practices.
9. It sets limits on the supply of opioid medication that may be prescribed to a patient to seven days for acute pain

Joint Standing Committee on Health and Human Services

and 30 days for chronic pain beginning January 1, 2017.

10. It sets limits on the amount of opioid medication that may be prescribed to no more than 100 morphine milligram equivalents for new prescriptions beginning on the effective date of this legislation. For patients who have prescriptions that total over 100 morphine milligram equivalents on the effective date of this legislation, the prescribing limit is 300 morphine milligram equivalents; those patients must be tapered to a level of no more than 100 morphine milligram equivalents by July 1, 2017.
11. It establishes statutory exceptions to opioid medication limits and requires the Department of Health and Human Services to adopt rules for other exceptions. The rules must be adopted by January 1, 2017.
12. It clarifies that opioid medication limits do not apply to health care professionals directly administering medication to a patient in an emergency room setting, inpatient hospital setting, long-term care setting or residential care setting.
13. It provides immunity for pharmacists who dispense opioid medication over 100 morphine milligram equivalents in accordance with a prescription.
14. It requires prescribers to electronically prescribe opioid medication if the capability exists. A prescriber who does not have the capability for electronic prescribing must seek a waiver from the Commissioner of Health and Human Services listing the reasons why the prescriber is unable to electronically prescribe. Pharmacists must be able to receive electronic prescriptions of opioid medication or seek a waiver.
15. It requires pharmacists and veterinarians who prescribe opioid medication to register with the Controlled Substances Prescription Monitoring Program.
16. It authorizes pharmacists to partially fill prescriptions of schedule II controlled substances upon request from the patient.
17. It requires the Department of Professional and Financial Regulation, Bureau of Insurance to evaluate the effect of prescription limits on out-of-pocket costs and report on options to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters.
18. It requires the Department of Health and Human Services to make enhancements to the Controlled Substances Prescription Monitoring Program through its request for proposals process for the maintenance of the program. It provides that a penalty may not be imposed for a violation of the limits on opioid medication prescribing until the enhancement to the Controlled Substances Prescription Monitoring Program that will enable the conversion of dosages to and from morphine milligram equivalents is implemented.
19. It requires the Department of Health and Human Services to report to the joint standing committees of the Legislature having jurisdiction over health and human services matters and occupational and professional regulation matters on the implementation of the registration and use of the Controlled Substances Prescription Monitoring Program, improvements to the program, the effect of opioid medication prescribing limits on the prescriber workforce, the implementation of continuing education requirements and progress on the electronic prescribing of opioid medication.

Joint Standing Committee on Health and Human Services

LD 1648 An Act To Amend the Laws Governing the Controlled Substances ONTP
Prescription Monitoring Program and To Review Limits on the
Prescription of Controlled Substances

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ R VACHON K	ONTP	

This bill directs the licensing boards regulating prescribers and dispensers of controlled substances to engage in rulemaking regarding required use of the Controlled Substances Prescription Monitoring Program and to review the possibility of establishing prescribing limits. It requires pharmacists to register to use the program and allows the Department of Health and Human Services to provide prescription monitoring information to and receive prescription monitoring information from a Canadian province.

LD 1650 An Act To Enact the Recommendations of the Study of the Allocations of Veto Sustained
the Fund for a Healthy Maine

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

This bill was reported ought to pass by the committee pursuant to Joint Rule 353.

This bill enacts recommendations of the study of the allocations of the Fund for a Healthy Maine conducted pursuant to Resolve 2015, chapter 47. The bill requires the Department of Health and Human Services to submit an annual report by January 1st to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters on the Fund for a Healthy Maine. The report must include annual expenditures in all programs, progress made toward improving the health status of persons in the State using the fund, a description of how funds were targeted to prevention and health-related purposes outlined in statute and information on any audits in the previous year. The requirement for the Department of Administrative and Financial Services to provide an annual report regarding the expenditure of the Fund for a Healthy Maine on prevention and health-related purposes is removed from the statute. The bill also repeals several provisions of law requiring reports by the Department of Health and Human Services that are no longer necessary.

LD 1665 Resolve, Regarding Legislative Review of Chapter 120: Release of Data RESOLVE 79
to the Public, a Late-filed Major Substantive Rule of the Maine Health EMERGENCY
Data Organization

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-618

This resolve provides for legislative review of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization that was filed outside the legislative rule acceptance period.

Committee Amendment "A" (H-618)

This amendment provides that final adoption of Chapter 120: Release of Data to the Public, a provisionally adopted major substantive rule of Maine Health Data Organization, is authorized contingent upon the Maine Health Data Organization's making minor clarifying language changes to the proposed rule.

Joint Standing Committee on Health and Human Services

Enacted Law Summary

Resolve 2015, chapter 79 authorizes final adoption of Chapter 120: Release of Data to the Public, a provisionally adopted major substantive rule of Maine Health Data Organization, contingent upon the Maine Health Data Organization's making minor clarifying language changes to the proposed rule.

Resolve 2015, chapter 79 was finally passed as an emergency measure effective April 16, 2016.

LD 1682 An Act To Specify That Certain Rules Regarding Services to Persons with Intellectual Disabilities or Autism Are Major Substantive Rules Veto Sustained

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

This bill was reported by the committee pursuant to the Maine Revised Statutes, Title 5, section 11115 in response to a petition filed relating to proposed changes to Chapter 101: MaineCare Benefits Manual, Chapter II, Section 21. The bill designates as major substantive rules any rules that are adopted by the Department of Health and Human Services on or after August 1, 2016 regarding community-based services and reimbursement for providers of community-based services for persons with intellectual disabilities or autism.

LD 1696 Resolve, To Establish a Moratorium on Rate Changes Related to Rule Chapter 101: MaineCare Benefits Manual, Sections 13, 17, 28 and 65 RESOLVE 88

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

This resolve was reported ought to pass by a majority of the committee pursuant to joint order, H.P. 1156.

The resolve requires the Department of Health and Human Services to present a completed rate study regarding reimbursement rates under Chapter 101: MaineCare Benefits Manual, Sections 13, 17, 28 and 65 to the joint standing committee of the Legislature having jurisdiction over health and human services matters on January 2, 2017. The Department of Health and Human Services may not begin any rulemaking connected with rate changes under those sections until at least 60 days after the completed rate study has been presented to the committee.

Enacted Law Summary

Resolve 2015, chapter 88 requires the Department of Health and Human Services to present a completed rate study regarding reimbursement rates under Chapter 101: MaineCare Benefits Manual, Sections 13, 17, 28 and 65 to the joint standing committee of the Legislature having jurisdiction over health and human services matters on January 2, 2017. The Department of Health and Human Services may not begin any rulemaking connected with rate changes under those sections until at least 60 days after the completed rate study has been presented to the committee.

**LD 1698 Resolve, Related To Legislative Review of a Change to the MaineCare Benefits Manual, Chapters II and III, Section 17 RESOLVE 82
EMERGENCY**

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

Joint Standing Committee on Health and Human Services

This resolve, which is an emergency, was reported ought to pass by the committee pursuant to Maine Revised Statutes, Title 5, section 11115. This resolve:

1. Requires the Department of Health and Human Services to extend eligibility for community support services to an individual who received services under Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17 before Section 17 was updated on March 22, 2016 if that individual is found to no longer meet the eligibility requirements under the updated Section 17 until that individual is able to access appropriate services under any other section of the MaineCare Benefits Manual. This extension of eligibility may not exceed a period of 120 days after that individual's current authorization period has expired;
2. Establishes that an individual who was receiving bridging rental assistance program housing subsidy vouchers due to Section 17 eligibility immediately before Section 17 was updated on March 22, 2016 continues to remain eligible for the housing subsidy vouchers, unless the individual becomes ineligible for the housing subsidy vouchers for a reason unrelated to Section 17 eligibility;
3. Until June 30, 2017, requires the Office of MaineCare Services within the Department of Health and Human Services to authorize 90-day extensions of community support services under Section 17 for an individual who received Section 17 services before Section 17 was updated on March 22, 2016 if that individual is able to reasonably demonstrate to the department that that individual has been unable to access appropriate services under any other section of the MaineCare Benefits Manual; and
4. Provides the department with the authority to adopt emergency rules as necessary for implementation of this resolve.

Enacted Law Summary

Resolve 2015, chapter 82:

1. Requires the Department of Health and Human Services to extend eligibility for community support services to an individual who received services under Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17 before Section 17 was updated on March 22, 2016 if that individual is found to no longer meet the eligibility requirements under the updated Section 17 until that individual is able to access appropriate services under any other section of the MaineCare Benefits Manual. This extension of eligibility may not exceed a period of 120 days after that individual's current authorization period has expired;
2. Establishes that an individual who was receiving bridging rental assistance program housing subsidy vouchers due to Section 17 eligibility immediately before Section 17 was updated on March 22, 2016 continues to remain eligible for the housing subsidy vouchers, unless the individual becomes ineligible for the housing subsidy vouchers for a reason unrelated to Section 17 eligibility;
3. Until June 30, 2017, requires the Office of MaineCare Services within the Department of Health and Human Services to authorize 90-day extensions of community support services under Section 17 for an individual who received Section 17 services before Section 17 was updated on March 22, 2016 if that individual is able to reasonably demonstrate to the department that that individual has been unable to access appropriate services under any other section of the MaineCare Benefits Manual; and
4. Provides the department with the authority to adopt emergency rules as necessary for implementation of this resolve.

Resolve 2015, chapter 82 was finally passed as an emergency measure effective April 26, 2016.

Joint Standing Committee on Health and Human Services

**LD 1700 Resolve, To Require the Gathering of Information in Order To Develop
a Plan To Expand the Infrastructure Capacity for State Forensic and
Civil Mental Health Treatment**

**FAILED EMERG.
PASSAGE**

Sponsor(s)

Committee Report

Amendments Adopted

This resolve, which is an emergency measure, was reported ought to pass by the committee pursuant to joint order, H.P. 1160.

This resolve directs the Department of Health and Human Services to issue a request for information by July 31, 2016 regarding alternatives and solutions to the issues at Riverview Psychiatric Center, with responses due by September 30, 2016. It also establishes a stakeholder group to review the responses received during the request for information process and develop a report by December 31, 2016 to be presented to the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs.

Joint Standing Committee on Health and Human Services

SUBJECT INDEX

Aging and Long-term Care

Enacted

LD 886	Resolve, Directing the Department of Health and Human Services To Increase Reimbursement Rates for Home-based and Community-based Services	RESOLVE 83
LD 1617	An Act Regarding the Long-term Care Ombudsman Program	PUBLIC 506
LD 1638	An Act To Increase Payments to MaineCare Providers That Are Subject to Maine's Service Provider Tax	PUBLIC 477 EMERGENCY

Not Enacted

LD 90	Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Long-term Care Facilities	Died On Adjournment
LD 1527	An Act To Facilitate MaineCare Assisted Living by Providing a Cost-of-living Adjustment to Private Nonmedical Institutions and Adult Family Care Homes	Died On Adjournment
LD 1533	An Act To Provide an Annual Cost-of-living Adjustment to Nursing Facilities To Further Implement the Recommendations of the Commission To Study Long-term Care Facilities	Died On Adjournment
LD 1615	Resolve, To Establish the Commission To Continue the Study of Difficult-to-place Patients	Died On Adjournment
LD 1616	An Act To Expand Geropsychiatric Facility Capacity	Died On Adjournment
LD 1618	An Act To Provide Additional Resources for Nurse Education Consultants in the Department of Health and Human Services	Died On Adjournment
LD 1619	Resolve, Regarding Home Care Service Rates for Serving Persons with Complex Medical Needs	Died Between Houses
LD 1620	Resolve, Establishing a Stakeholder Group To Examine Methods of Protecting the Elderly and Persons with Disabilities from Financial Exploitation	ONTP

Certificate of Need

Enacted

LD 1573	An Act To Improve Hospital Governance by Clarifying the Requirement for a Certificate of Need for Intracorporation Transfers	PUBLIC 453
---------	--	------------

Child Care

Not Enacted

LD 1267	An Act To Assist Working Families with Young Children	Died Between Houses
---------	---	---------------------

Children's Services

Enacted

LD 622	An Act To Require Training of Mandated Reporters under the Child Abuse Laws	PUBLIC 407
LD 1522	Resolve, Regarding Legislative Review of the Final Repeal of Chapter 101, MaineCare Benefits Manual, Chapter III, Section 32: Allowances for Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders, a Major Substantive Rule of the Department of Health and Human Services	RESOLVE 61 EMERGENCY

Not Enacted

LD 213	An Act To Ensure the Comprehensive Medical, Dental, Educational and Behavioral Assessment of Children Entering State Custody	Veto Sustained
LD 1548	An Act To Establish a Foster Parents' Bill of Rights	ONTP

Departmental Organization and Administration

Not Enacted

LD 1472	Resolve, To Enhance the Administration of the Child and Adult Care Food Program by Creating Clear Guidelines for Organizations and Streamlining the Application Process	Veto Sustained
---------	---	----------------

Developmental Disabilities

Not Enacted

LD 475	Resolve, To Increase MaineCare Services for Adults with Intellectual Disabilities or Autistic Disorder	Died Between Houses
LD 1682	An Act To Specify That Certain Rules Regarding Services to Persons with Intellectual Disabilities or Autism Are Major Substantive Rules	Veto Sustained

Disabilities

Enacted

LD 949	An Act To Enact the Recommendations of the Commission on Independent Living and Disability	PUBLIC 452
--------	--	------------

Fund for a Healthy Maine

Not Enacted

LD 1650	An Act To Enact the Recommendations of the Study of the Allocations of the Fund for a Healthy Maine	Veto Sustained
---------	---	----------------

Health Care Workforce

Not Enacted

LD 1644	Resolve, Establishing the Commission To Study Ways To Support and Strengthen the Direct Care Workforce across the Long-term Care Continuum	Died On Adjournment
---------	--	---------------------

Health Information and Data

Enacted

LD 1581	Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a Late-filed Major Substantive Rule of the Maine Health Data Organization	RESOLVE 71 EMERGENCY
LD 1665	Resolve, Regarding Legislative Review of Chapter 120: Release of Data to the Public, a Late-filed Major Substantive Rule of the Maine Health Data Organization	RESOLVE 79 EMERGENCY

Hospitals

Not Enacted

LD 1621	Resolve, Directing the Department of Health and Human Services To Amend Its Rules Governing Reimbursement to Hospitals for Patients Awaiting Placement in Nursing Facilities	Died On Adjournment
---------	--	---------------------

Maternal/Infant

Not Enacted

LD 552	An Act To Provide Funding for Home Visiting Services	Died On Adjournment
LD 1149	Resolve, Directing the Maine Center for Disease Control and Prevention To Report on Progress toward Meeting Healthy Maine 2020 Goals Pertaining to Reproductive Health	ONTP

Medicaid/MaineCare

Enacted

LD 1465	Resolve, To Require the Department of Health and Human Services To Conduct a Study of Ambulance Services	RESOLVE 87
LD 1498	An Act To Clarify Medicaid Ombudsman Services	PUBLIC 511
LD 1696	Resolve, To Establish a Moratorium on Rate Changes Related to Rule Chapter 101: MaineCare Benefits Manual, Sections 13, 17, 28 and 65	RESOLVE 88

Not Enacted

LD 633	An Act To Improve the Health of Maine Citizens and the Economy of Maine by Providing Affordable Market-based Coverage Options to Low-income Uninsured Citizens	Died On Adjournment
LD 1599	Resolve, To Implement the Recommendations of the Commission To Strengthen and Align the Services Provided to Maine's Veterans by	ONTP

Authorizing MaineCare Transportation Services To Transport Veterans to Medical Appointments Administered by the United States Department of Veterans Affairs

Medical Use of Marijuana

Enacted

LD 726 An Act To Increase Patient Safety in Maine's Medical Marijuana Program PUBLIC 475

Mental Health

Enacted

LD 1698 Resolve, Related To Legislative Review of a Change to the MaineCare Benefits Manual, Chapters II and III, Section 17 RESOLVE 82 EMERGENCY

Not Enacted

LD 842 An Act To Establish Peer Center Reimbursement Died On Adjournment

LD 966 An Act To Assist Patients in Need of Psychiatric Services ONTP

LD 1030 An Act To Better Coordinate the Work of Mental Health Crisis Agencies with Law Enforcement Agencies ONTP

LD 1209 An Act To Increase the Effectiveness of Peer Supports in the State ONTP

LD 1412 An Act To Fund a Training Partnership between Riverview Psychiatric Center and the University of Maine at Augusta Died On Adjournment

LD 1577 An Act To Increase the Availability of Mental Health Services Died On Adjournment

LD 1700 Resolve, To Require the Gathering of Information in Order To Develop a Plan To Expand the Infrastructure Capacity for State Forensic and Civil Mental Health Treatment Emergency Final Passage Failed

Miscellaneous

Enacted

LD 1470 An Act To Amend Maine's Death Certificate Disclosure Law PUBLIC 393

LD 1497 An Act To Align the Child and Family Services and Child Protection Act with the Federal Preventing Sex Trafficking and Strengthening Families Act PUBLIC 381 EMERGENCY

Oral Health/Dental Care

Not Enacted

LD 860 Resolve, To Adjust Reimbursement Rates for Dental Services and Improve Access to Dental Care under the MaineCare Program Died On Adjournment

Prescription Drugs

Enacted

LD 180 An Act To Allow Terminally Ill Patients To Choose To Use Experimental Treatments PUBLIC 418

LD 1646 An Act To Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program PUBLIC 488

Not Enacted

LD 1648 An Act To Amend the Laws Governing the Controlled Substances Prescription Monitoring Program and To Review Limits on the Prescription of Controlled Substances ONTP

Public Assistance

Enacted

LD 1097 An Act To Improve the Integrity of Maine's Welfare Programs PUBLIC 484

Not Enacted

LD 885 An Act To Promote Enhanced Eligibility Verification in Maine's Welfare System ONTP

LD 1268 An Act To Reform Welfare by Establishing Bridges to Sustainable Employment Died Between Houses

LD 1631 An Act To Reduce the Liability of Maine Taxpayers by Aligning Maine's Welfare Programs with Federal Law Died Between Houses

Public Health

Not Enacted

LD 661 An Act To Fund HIV, Sexually Transmitted Diseases and Viral Hepatitis Screening, Prevention, Diagnostic and Treatment Services Died On Adjournment

Substance Use Disorder

Enacted

LD 1547 An Act To Facilitate Access to Naloxone Hydrochloride PUBLIC 508

LD 1552 An Act To Reduce Morbidity and Mortality Related to Injected Drugs PUBLIC 507

Not Enacted

LD 1473 Resolve, To Increase Access to Opiate Addiction Treatment in Maine Died On Adjournment

LD 1496 An Act To Support Maine People in Recovery Died On Adjournment