

STATE OF MAINE
128TH LEGISLATURE
FIRST REGULAR SESSION



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

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

August 2017

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Joint Standing Committee on Health and Human Services

LD 10 An Act To Build Greater Accountability into the General Assistance Program by Increasing the Penalty for Falsely Representing Information on an Application for General Assistance Died Between Houses

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

This bill increases the ineligibility penalty for falsifying a general assistance application from 120 days to 24 months.

Committee Amendment "A" (H-129)

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

This amendment was not adopted.

LD 19 An Act To Assist Residents of Nursing Homes To Return to Their Communities ONTP

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

This bill provides ongoing funding for the continuation of the Homeward Bound program to provide outreach for those eligible for a nursing home level of care to transition to services in the community.

LD 20 An Act To Reimburse Nursing Homes for the Loss of Coinsurance and Deductibles for Skilled Nursing Beds under Rules Adopted by the Department of Health and Human Services CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R	OTP-AM ONTP	H-39

This bill appropriates and allocates funding to reimburse nursing homes for the losses of coinsurance and deductibles for skilled nursing beds under rules adopted by the Department of Health and Human Services as required in Public Law 2013, chapter 368.

Committee Amendment "A" (H-39)

This amendment adjusts the funding for reimbursement for the losses of coinsurance and deductibles to reflect a more current estimate and includes additional funding for the Department of Administrative and Financial Services, Office of Information Technology for testing and development.

This bill was reported out of committee and then carried over to any special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

Joint Standing Committee on Health and Human Services

LD 33 An Act To Adjust the Lifetime Limit for the Receipt of TANF Benefits

**Accepted Majority
(ONTP) Report**

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

This bill changes the lifetime limit for receiving benefits through the Temporary Assistance for Needy Families program from 60 months to 36 months.

Committee Amendment "A" (S-103)

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

This amendment was not adopted.

LD 34 An Act To Promote Equity in Business Opportunity for Tobacco Specialty Stores

**Accepted Majority
(ONTP) Report**

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

This bill allows certain tobacco specialty stores to be licensed as a cigar lounge, which may serve nonalcoholic and alcoholic beverages. The bill permits cigar lounges to allow the consumption of food that is not prepared on its premises. The bill prohibits cigar lounges from selling cigarettes. The bill requires a tobacco specialty store that is a cigar lounge to provide notice about the dangers of environmental tobacco smoke to applicants for employment and employees. The bill establishes a \$100 fee for a cigar lounge license.

Committee Amendment "A" (S-63)

This amendment is the minority report of the committee. It replaces the bill. It requires that a cigar lounge be licensed by the Department of Health and Human Services in order to allow smoking, other than cigarette smoking, and to serve food that has not been prepared on the premises. It also allows cigar lounges to seek a liquor license from the Department of Administrative and Financial Services, Bureau of Alcoholic Beverages and Lottery Operations. The amendment provides that the cigar lounge license fee of \$100 is in addition to the required license fee for a retail tobacco license and the type of liquor license sought.

This amendment was not adopted.

LD 36 An Act To Create a 9-month Time Limit on General Assistance Benefits for Certain Persons

ONTP

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

This bill limits to a maximum of 275 days every five years the general assistance benefits a person who does not have any dependents and who is capable of working may receive.

Joint Standing Committee on Health and Human Services

LD 38 An Act To Strengthen the Maine Children's Growth Council

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R FARNSWORTH R	OTP-AM OTP-AM	S-64

This bill adds duties for the Maine Children's Growth Council. The bill requires the Maine Children's Growth Council to include additional information in the council's report to the Governor and certain legislative committees. It changes the reporting requirement from every two years to annually and includes the Legislative Council as a recipient of the report. The bill directs the Maine Children's Growth Council to develop an evaluation process and to periodically perform an evaluation of its effectiveness in performing its duties. The bill authorizes the Maine Children's Growth Council to receive staff assistance from the Child Development Services System and the Department of Health and Human Services.

Committee Amendment "A" (S-64)

This amendment is the majority report of the committee. The amendment removes from the bill the provision that allows the Maine Children's Growth Council to request staff assistance from the Department of Health and Human Services and the Child Development Services System. The bill changes a reporting requirement from every two years to annually; the amendment removes that change so that the reporting requirement remains every two years. The amendment provides funding for a part-time staff person to support the activities of the Maine Children's Growth Council. The amendment also adds an appropriations and allocations section.

Committee Amendment "B" (S-65)

This amendment is the minority report of the committee. The amendment removes from the bill the provision that allows the Maine Children's Growth Council to request staff assistance from the Department of Health and Human Services and the Child Development Services System. The bill changes a reporting requirement from every two years to annually; the amendment removes that change so that the reporting requirement remains every two years.

This amendment was not adopted.

The substance of this bill was included in Public Law 2017, chapter 284.

LD 40 An Act To Strengthen Requirements for Water Testing for Schools

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R KORNFIELD T		

This bill requires schools that take drinking water from public water systems to have the same tests performed on that water as required of schools that take drinking water from sources other than public water systems, except that school buildings less than 10 years old are exempt from this requirement. Under the bill, after receiving results of school water tests, the Department of Education must make the results available to the public. The bill requires the Department of Health and Human Services to make test results from nursery schools available to the public.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

Joint Standing Committee on Health and Human Services

LD 59 An Act To Provide Funding for a Therapeutic Adult Day Service Center CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HIGGINS N DAVIS P	ONTP OTP-AM	H-168

This bill provides one-time funding for start-up costs for the Maine Highlands Senior Center in Dover-Foxcroft to provide therapeutic adult day care.

Committee Amendment "A" (H-168)

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

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 83 An Act Regarding Changing the Designation of a Parent on the Birth Certificate of an Adult PUBLIC 5

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MIRAMANT D HYMANSON P	OTP	

This bill repeals the current law governing amendment of the birth certificate of an adult and creates a new process for amending an adult's birth certificate when genetic testing identifies a parent who was not known or listed at the time of the adult's birth and the genetic parent to be named on the amended birth certificate either consents in writing to the amendment or is deceased. The bill provides that amendment of a birth certificate without the consent of the genetic parent to be named on the amended birth certificate does not affect the rights of inheritance or descent.

Enacted Law Summary

Public Law 2017, chapter 5 repeals the current law governing amendment of the birth certificate of an adult and creates a new process for amending an adult's birth certificate when genetic testing identifies a parent who was not known or listed at the time of the adult's birth and the genetic parent to be named on the amended birth certificate either consents in writing to the amendment or is deceased. It provides that amendment of a birth certificate without the consent of the genetic parent to be named on the amended birth certificate does not affect the rights of inheritance or descent.

LD 87 An Act To Require Screening for Cytomegalovirus in Newborn Infants ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BREEN C DENNO D	ONTP	

This bill requires the testing of all newborn infants for cytomegalovirus by a saliva or urine sample no later than 21 days after birth. It requires the Department of Health and Human Services to develop public educational materials regarding cytomegalovirus for pregnant women and women who may become pregnant.

Joint Standing Committee on Health and Human Services

LD 106 An Act To Provide MaineCare Coverage for Dental Services to Adults with Intellectual Disabilities or Autism Spectrum Disorder

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TEPLER D CHIPMAN B	OTP-AM ONTP	H-245

This bill directs the Department of Health and Human Services to extend MaineCare dental services to a person 21 years of age or older who receives services under Chapter 101: MaineCare Benefits Manual, Chapter II, Section 21 or 29. The bill provides that dental services provided to such a person must be the same as those provided under the MaineCare program to an eligible person under 21 years of age.

Committee Amendment "A" (H-245)

This amendment, which is the majority report of the committee, clarifies the application of the bill, which requires reimbursement under the MaineCare program for dental services to an adult with an intellectual disability or autism spectrum disorder, by:

1. More clearly defining the requirement that the persons be eligible under the so-called Sections 21 and 29 waivers, without referring to departmental rule citations that may change over time; and
2. Providing that reimbursement is in addition to any home and community-based support benefits provided to a person and may not be included in any cap or other limitation on the home and community-based support benefits that the person may receive.

The amendment also adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 107 An Act To Increase the Effectiveness of Opioid Addiction Therapy

ONTP

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

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

LD 108 An Act To Allow a Law Enforcement Agency That Treats a Person with Naloxone Hydrochloride To Bill That Person for That Treatment

Died Between Houses

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

This bill provides that, when a member of a law enforcement agency or a municipal fire department administers naloxone hydrochloride, the law enforcement agency or municipal fire department may seek and receive reimbursement for the cost of that treatment from the person to whom the treatment was provided.

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Committee Amendment "A" (H-131)

This amendment, which is the minority report of the committee, clarifies that the legal guardian of a person who receives naloxone hydrochloride may be billed for the cost.

This amendment was not adopted.

LD 144 An Act To Create a Pilot Project To Reduce Substance Use Disorders among Youth in Piscataquis County To Be Used as a Model for All Maine Communities

Accepted Majority (ONTP) Report

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

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

This bill proposes to establish a comprehensive, evidence-based pilot project in selected Piscataquis County communities and schools with the goal of reducing the harmful effects of substance use disorder and addiction. The pilot project will use best practices for screening high-risk children, early intervention and community and family support to prevent addiction and promote public health and safety. The pilot project must be administered by a local nonprofit entity with expertise in management and in the subject matter of the project.

The bill provides funding for the planning and implementation of the pilot project, including, but not limited to, funding to:

1. Employ one full-time person to lead and manage the implementation of the project;
2. Engage outside consultants with expertise in planning, evaluation, training and technical assistance;
3. Convene community partners to leverage local, state and federal resources;
4. Train school staff and others working with priority populations;
5. Screen and provide early intervention to children and families most at risk for substance use disorder and its related implications;
6. Build school and community capacity to mitigate trauma and improve resilience; and
7. Promote understanding of and decrease stigma surrounding substance use disorder.

The bill also provides funding for a professional evaluation of the pilot project and requires a report to the Legislature on the pilot project's effectiveness and ease of replication in other communities that are being affected by the opiate epidemic.

Committee Amendment "A" (H-299)

This amendment replaces the bill, which is a concept draft, and is the minority report of the committee. The amendment establishes a pilot project in Piscataquis County to plan, implement and evaluate a comprehensive, evidence-informed program to prevent substance use disorder and addiction that may be used as a model for other Maine communities. The pilot project must be administered by the following three local nonprofit entities that have expertise in management and in reducing the harmful effects of substance use disorder and addiction: Piscataquis

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County Economic Development Council, which must act as the fiscal agent for the project; Mayo Regional Hospital; and Helping Hands with Heart. The amendment includes an appropriation of \$350,000 over the 2018-2019 fiscal biennium. The Department of Health and Human Services must convey the contracted evaluation and replicability report of the project to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than November 30, 2018, and the committee may report out legislation related to the report to the First Regular Session of the 129th Legislature.

This amendment was not adopted.

LD 153 An Act Regarding Transportation of Methadone Patients ONTP

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

This bill prohibits the operating of a motor vehicle by a person who is receiving methadone for treatment of opioid dependency or for use as a pain medication. The bill requires the Secretary of State to amend its Chapter 3 rules, "Physical, Emotional and Mental Competence to Operate a Motor Vehicle," to require a health care practitioner or facility that is treating an individual with methadone to report to the Department of the Secretary of State, Bureau of Motor Vehicles. It provides that these rules are routine technical rules.

LD 161 An Act To Remove the Treasurer of State from the Maine Vaccine Board PUBLIC 7

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CHIPMAN B	OTP	

This bill removes the Treasurer of State as a member of the Maine Vaccine Board.

Enacted Law Summary

Public Law 2017, chapter 7 removes the Treasurer of State as a member of the Maine Vaccine Board.

LD 162 An Act To Improve Care Provided to Forensic Patients Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D KATZ R	OTP-AM ONTP	H-482

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

This emergency bill proposes to require the Department of Health and Human Services to implement a plan to improve the care of forensic patients at Riverview Psychiatric Center and Dorothea Dix Psychiatric Center by developing additional resources to ensure patients are receiving appropriate care in an appropriate treatment setting.

Committee Amendment "A" (H-482)

This amendment is the majority report of the committee and replaces the bill, which is a concept draft. The amendment establishes a residential forensic step-down facility in Augusta in the Capitol Area. It defines "forensic

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step-down facility." It authorizes the Commissioner of Health and Human Services to maintain and operate the 21-bed forensic step-down facility. It provides that the facility must be licensed and that the Department of Health and Human Services must adopt rules that apply specifically to the licensure of a forensic step-down facility and that include the admission and discharge standards of the facility, the staffing model, security, patients' access to treatment and patient rights protections. It requires that the department provisionally adopt rules to implement the licensure of the forensic step-down facility no later than January 12, 2018. It creates an advisory committee to participate in and guide the planning process for the facility and to report to the Joint Standing Committee on Health and Human Services. It authorizes the committee to report out a bill based on the advisory committee's report. It requires the department to report to the committee on the progress of creating the facility and developing rules. It provides that the transfer of any forensic patients into the forensic step-down facility must be approved by a court of appropriate jurisdiction. It includes the forensic step-down facility in Title 34-B, chapter 1 as a "state institution." This amendment incorporates a fiscal note.

LD 166 An Act To Increase Reimbursement for Child Care Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N HANDY J		

This bill repeals unallocated language in Public Law 2011, chapter 380, Part UU that set the child care subsidy payment rates of the Department of Health and Human Services at the 50th percentile of local market rates. This bill increases the payment rates to the 75th percentile of local market rates for payments the department makes on behalf of recipients of benefits under the child care subsidy program, recipients of benefits under TANF and recipients of benefits under ASPIRE-TANF.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 183 An Act Requiring the Use of the Electronic Death Registration System

PUBLIC 37

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K CUSHING A	OTP-AM	H-20

This bill requires that, except for certificates filed by family members and domestic partners of the deceased, a certificate of death be filed using the electronic death registration system maintained by the State Registrar of Vital Statistics.

Committee Amendment "A" (H-20)

This amendment clarifies that a person authorized to complete or file a certificate of death, except for a certificate filed by a family member or domestic partner of the deceased, must use the electronic death registration system maintained by the State Registrar of Vital Statistics. This amendment also adds an effective date.

Enacted Law Summary

Public Law 2017, chapter 37 requires a person authorized to complete or file a certificate of death, except for a certificate filed by a family member or domestic partner of the deceased, to use the electronic death registration system maintained by the State Registrar of Vital Statistics.

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LD 184 An Act To Allow Hospitals To More Efficiently Monitor the Prescribing of Controlled Substances by Amending the Laws Governing Access to Prescription Monitoring Information

PUBLIC 87

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R	OTP-AM	H-175

The purpose of this bill is to allow a hospital to more efficiently monitor the prescribing of controlled substances by its employed prescribers by authorizing a hospital's chief medical officer, medical director or other similar individual employed by the hospital to access prescription monitoring information.

Committee Amendment "A" (H-175)

This amendment clarifies that an administrative prescriber employed by a licensed hospital may access prescription monitoring information.

Enacted Law Summary

Public Law 2017, chapter 87 allows a hospital's chief medical officer, medical director, or administrative prescriber employed by the hospital to access prescription monitoring information.

LD 185 An Act To Establish a Pilot Project for Medicaid Reimbursement for Acupuncture Treatment of Substance Abuse Disorders

PUBLIC 184

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R	OTP-AM ONTP	H-192

This bill requires the Department of Health and Human Services and the department's office of substance abuse and mental health services to apply by January 1, 2018, for authorization from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to develop a pilot project to treat alcohol abuse disorders, substance abuse disorders and co-occurring disorders using the National Acupuncture Detoxification Association auricular acupuncture protocol. The bill requires the department to consult with a statewide association representing licensed acupuncturists in the establishment of treatment standards. The bill requires that the treatment be provided by staff who are licensed to practice acupuncture in the State and whose licenses are in good standing. The project may last no longer than two years and must be reimbursable as allowed under the United States Social Security Act and be cost-neutral or result in savings to the MaineCare program. The department and the office must report their findings to the joint standing committee of the Legislature having jurisdiction over health and human services matters at the end of the project.

Committee Amendment "A" (H-192)

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

Enacted Law Summary

Public Law 2017, chapter 184 requires the Department of Health and Human Services and the department's office of substance abuse and mental health services to apply by January 1, 2018, for authorization from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to develop a pilot project to treat alcohol abuse disorders, substance abuse disorders and co-occurring disorders using the National Acupuncture Detoxification Association auricular acupuncture protocol. It requires the department to consult with a statewide association representing licensed acupuncturists in the establishment of treatment standards. It requires

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that the treatment be provided by staff who are licensed to practice acupuncture in the State and whose licenses are in good standing. It provides that the project may last no longer than two years and must be reimbursable as allowed under the United States Social Security Act and be cost-neutral or result in savings to the MaineCare program. It requires the department and the office to report their findings to the joint standing committee of the Legislature having jurisdiction over health and human services matters at the end of the project.

LD 186 An Act To Improve Peer Support Services

CARRIED OVER

Sponsor(s)
GATTINE D

Committee Report

Amendments Adopted

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

This bill proposes to improve peer support services provided to consumers of mental health services who are clients of the Department of Health and Human Services.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 219 An Act To Prioritize Use of Available Resources in General Assistance Programs

Died Between Houses

Sponsor(s)
BRAKEY E

Committee Report
ONTP
OTP-AM

Amendments Adopted

This bill makes an applicant for general assistance who voluntarily abandons or refuses to use an available resource without just cause ineligible to receive general assistance to replace the abandoned or refused resource for a period of 120 days from the date the applicant abandons or refuses the resource. The bill defines "available resource" as a resource that is immediately available or can be secured without delay. The bill also makes an applicant who forfeits an available resource due to fraud, misrepresentation or intentional violation or refusal to comply with rules without just cause ineligible to receive general assistance to replace the forfeited resource for the duration of the sanction imposed on the applicant for violation of a rule or 120 days, whichever is greater. The bill identifies circumstances relating to use of an available resource under which just cause must be found.

Committee Amendment "A" (S-62)

This amendment, which is the minority report of the committee, adds a cross-reference to provide that a person who is disqualified from general assistance for a violation of the provisions of the bill is ineligible for emergency general assistance.

This amendment was not adopted.

LD 220 An Act To Align Time Limits in the Municipal General Assistance Program and Temporary Assistance for Needy Families Program

Died Between Houses

Sponsor(s)
BRAKEY E

Committee Report
ONTP
OTP-AM

Amendments Adopted

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This bill provides that a person who has exhausted the 60-month lifetime limit on Temporary Assistance for Needy Families program benefits is ineligible to receive municipal general assistance program benefits, except that a person who has been ineligible to receive benefits under the Temporary Assistance for Needy Families program for five or more years may be considered eligible and a person who is in the process of seeking an extension of benefits under the Temporary Assistance for Needy Families program may be considered eligible.

Committee Amendment "A" (S-61)

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

This amendment was not adopted.

**LD 221 An Act To Amend the Laws Regarding the Municipality of
Responsibility for General Assistance Applicants Released from a State
Correctional Facility or County Jail Facility**

PUBLIC 130

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G PIERCE J	OTP ONTP	

This bill repeals a provision of law that provides that when a general assistance applicant applies for benefits within 45 days of being released from a correctional facility, the municipality of financial responsibility for a period of 12 months is the applicant's municipality of residence prior to incarceration.

Enacted Law Summary

Public Law 2017, chapter 130 repeals a provision of law that had provided that when a general assistance applicant applied for benefits within 45 days of being released from a correctional facility the municipality of financial responsibility for a period of 12 months was the applicant's municipality of residence prior to incarceration.

LD 223 An Act To Ensure the Timely Final Disposition of Human Remains

PUBLIC 38

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAVIS P	OTP-AM ONTP	S-14

This bill provides that the remains or dead body is considered abandoned if the person who has custody and control does not make a decision regarding disposition within 30 days.

Committee Amendment "A" (S-14)

This amendment removes the provision in the bill regarding when remains or a dead body is considered abandoned and changes the title. It provides that a funeral director or practitioner may bury remains or a dead body if the person who has custody and control of the remains or dead body does not complete decision making regarding final disposition within 30 days of the person taking custody or control.

Enacted Law Summary

Public Law 2017, chapter 38 provides that a funeral director or practitioner may bury remains or a dead body if the person who has custody and control of the remains or dead body does not complete decision making regarding final disposition within 30 days of the person taking custody or control.

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LD 226 An Act To Protect and Improve the Health of Maine Citizens and the Economy of Maine

Leave to Withdraw Pursuant to Joint Rule

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

This bill 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 for the applicable family size. The bill provides for persons with incomes equal to or below 100% of the nonfarm income official poverty line to receive coverage through the MaineCare program. The bill authorizes the Commissioner of Health and Human Services to seek approval to provide that persons with income levels over 100% of the federal poverty line and up to 133% of the federal poverty line may receive coverage from a private health insurance plan or other mechanisms. In the event that the commissioner uses this authority, the bill provides that any funds made available from unexpended state matching funds must be used to help ensure that those persons with income levels between 100% and 133% of the federal poverty line receive affordable and comprehensive health coverage. The bill provides for measures to be taken in the event that federal funding is reduced, so that the Legislature may act promptly to address the consequences of this action. The bill also 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. The bill 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 health care coverage.

The bill sets forth time standards for the start of the expansion of health care coverage, for submission of requests to obtain necessary federal approvals and for ongoing reporting to the Legislature during the start-up phase of this expansion. The bill requires further reporting on the status of any savings generated to state-funded programs as a result of this expansion. It requires the Department of Administrative and Financial Services, Maine Revenue Services to report no later than 60 days following the end of the first 12 months of enrollment under the expansion 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 within 90 days after the end of the first 12 months of enrollment under the expansion. 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 health and human services matters and to the joint standing committee having jurisdiction over appropriations and financial affairs.

LD 230 An Act To Increase Access to Head Start

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R MCELWEE C	OTP-AM OTP-AM ONTP	S-66

This bill provides funding for the delivery of Head Start services.

Committee Amendment "B" (S-67)

This amendment is the minority report of the committee. The amendment changes the funding from the General Fund to the Federal Block Grant Fund, with the funds to be delivered through the Temporary Assistance for Needy

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Families program.

This amendment was not adopted.

Committee Amendment "A" (S-66)

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

Public Law 2017, chapter 284, the biennial budget, includes an appropriation of funding for Head Start.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 232 An Act To Establish an Exemption to the 30-day Supply Limitation on ONTP
Certain Pain Medication

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAVIS P BLACK R	ONTP	

This bill allows an individual licensed to prescribe opioid medication to prescribe no more than a six-month supply of an opioid medication to a patient under treatment for chronic pain who will be out of the country at the end of a 30-day period as provided under current law.

LD 238 An Act To Amend the Maine Medical Use of Marijuana Act CARRIED OVER

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

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

This bill proposes to amend the Maine Medical Use of Marijuana Act.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 261 Resolve, Directing the Department of Health and Human Services To ONTP
Prepare for Implementation of the Federal Family First Prevention
Services Act

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

This resolve requires the Department of Health and Human Services to monitor the progress of the federal Family First Prevention Services Act or any other federal law that makes significant changes to foster care under Title IV-E of the United States Social Security Act. The resolve requires the Department of Health and Human Services to report to the Joint Standing Committee on Health and Human Services regarding the progress and with any recommendations for legislation. It authorizes the committee to report out legislation related to the report and recommendations.

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LD 262 An Act To Strengthen Kinship Care Opportunities ONTP

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

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

This bill proposes allowing the transfer of public assistance and other financial benefits to an able and willing caregiver who is a relative of a child when the child's parent or guardian is unable to provide care for the child.

LD 263 An Act To Provide Additional Assistance for the Elderly and Persons with Disabilities Receiving Food Supplement Program Benefits ONTP

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

This bill requires the State to ensure that a household that includes a member who is elderly or disabled and that receives a federally funded benefit under the statewide food supplement program receives a minimum benefit of \$30 per month by providing a supplemental benefit if necessary.

LD 264 An Act To Provide to Certain Benefit Recipients Information Regarding Personal Finance Planning and To Distribute Benefits More Frequently ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RILEY C KATZ R	ONTP	

This bill accomplishes the following.

1. It makes food supplement program benefits and Temporary Assistance for Needy Families, or "TANF," benefits payable on a semimonthly schedule.
2. It requires the Department of Health and Human Services to provide recipients of food supplement program benefits and TANF benefits with information about online and community resources on money management.

LD 265 An Act Concerning Screening of Newborns for Lysosomal Storage Disorders Accepted Majority (ONTP) Report

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

This bill requires the Department of Health and Human Services to amend its rules in Chapter 283 relating to the newborn screening program by January 1, 2018, to add to the program the lysosomal storage disorders known as Krabbe, Pompe, Gaucher, Fabry and Niemann-Pick diseases. It directs the department to explore options to enter into contracts with other states to test samples collected for lysosomal storage disorders.

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Committee Amendment "A" (H-110)

This amendment is the minority report of the committee. It limits the lysosomal storage disorders addressed in the bill to Krabbe disease and adds an appropriations and allocations section to cover the additional costs of screening.

This amendment was not adopted.

LD 266 An Act Regarding Funding for Children's Behavioral Health Day Treatment

Accepted Majority (ONTP) Report

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

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

This bill proposes to examine rates paid by the Department of Health and Human Services, Department of Education and school administrative units for children's behavioral health day treatment and the survey and rate review process used to set these rates.

Committee Amendment "A" (H-259)

This amendment, which is the minority report of the committee, requires that the Department of Health and Human Services reimburse the Collaborative School in New Gloucester at reimbursement rates no less than the rates in place and being used for reimbursement for services as of July 1, 2016 under rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services unless the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services does not permit reimbursement at these rates. Any reductions in reimbursement that result for these services as a result of the Burns and Associates April 24, 2017 review of rates for behavioral health and targeted case management services may not apply to services at the Collaborative School.

This amendment was not adopted.

Public Law 2017, chapter 284, the biennial budget, included a moratorium on any changes to reimbursement rates reviewed by Burns & Associates, Inc. until June 30, 2019, unless legislative approval is received.

LD 267 Resolve, To Increase Certain Chiropractic Reimbursement Rates under the MaineCare Program

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J SAVIELLO T	OTP-AM	H-21

This resolve directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Section 15 to increase reimbursement rates for chiropractic services for manipulative treatments under procedure codes 98940, 98941 and 98942 to no less than \$30 per treatment. It provides that the rules are routine technical rules and must be amended no later than January 1, 2018.

Committee Amendment "A" (H-21)

This amendment replaces the resolve. It requires the Department of Health and Human Services, by January 1, 2018, to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Section 15 to increase

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reimbursement rates for chiropractic services for manipulative treatments under procedure codes 98940, 98941 and 98942 to no less than 70% of the federal Medicare reimbursement rate for these services as long as the rate is no lower than the rate reimbursed as of January 1, 2017. If the department conducts a rate study of chiropractic services for manipulative treatments, the department may adopt new rates. It provides that the rules adopted are routine technical rules. The amendment adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 268 An Act To Restrict Cash Access for Electronic Benefit Transfer Cards Died Between Houses

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

This bill provides that benefits received through the electronic benefits transfer system may be redeemed only through purchase by electronic transfer and may not be redeemed for cash. This bill requires the Department of Health and Human Services to establish a rule to create a system that would limit purchases at the point of sale to those goods and services allowed by law.

Committee Amendment "A" (H-479)

This amendment is the minority report of the committee and replaces the bill. It requires, beginning January 1, 2018, a recipient of Temporary Assistance for Needy Families, or TANF, benefits to retain a receipt for every transaction the recipient makes using TANF benefits under the electronic benefits transfer system. It authorizes the Department of Health and Human Services to audit up to 2% of TANF recipients for transactions occurring over periods of up to six months. The amendment provides that if the department determines that a transaction of a recipient was improper under state or federal law, the department is authorized to deduct the amount of the transaction from a recipient's benefits for the following month. The amendment adds an appropriations and allocations section.

This amendment was not adopted.

LD 269 An Act To Provide Training for Caregivers of Children with Autism and Related Disorders ONTP

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

This bill requires the Department of Health and Human Services to provide a semiannual training course regionally throughout the State for parents, family members and guardians of children with autism spectrum disorder and community providers of services for children with autism spectrum disorder.

LD 270 An Act To Consolidate Administration of Kinship Care and Relative Placement Issues within the Department of Health and Human Services CARRIED OVER

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

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This bill requires the Commissioner of Health and Human Services to appoint one person to administer all issues related to the placement of a child with a relative.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 272 An Act Requiring Meningococcal Meningitis Vaccinations for Teenagers CARRIED OVER

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

This bill requires the Department of Health and Human Services and the Department of Education to adopt rules requiring that students 11 years of age or older and under 20 years of age receive meningococcal meningitis immunizations.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 273 An Act To Add an Exception to Prescription Monitoring Program Requirements PUBLIC 122

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P BREEN C	OTP-AM	H-203

This bill expands the exception to the requirement to check prescription monitoring information when a health care professional orders or administers the medication to a person in an emergency room, an inpatient hospital, a long-term care facility or a residential care facility to include when a health care professional orders, prescribes or administers medication to a person suffering from pain associated with cancer treatment or end-of-life, palliative or hospice care.

Committee Amendment "A" (H-203)

This amendment limits the exceptions in the bill to the requirement to check the prescription monitoring program to end-of-life and hospice care and removes the references to cancer treatment and palliative care.

Enacted Law Summary

Public Law 2017, chapter 122 provides an exception to the requirement to check prescription monitoring information when a health care professional orders, prescribes or administers medication to a person suffering from pain associated with end-of-life or hospice care.

LD 274 An Act To Implement the Recommendations of the Working Group To Study Background Checks for Child Care Facilities and Providers CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J HILL D		

This bill implements the recommendations of the Working Group To Study Background Checks for Child Care Facilities and Providers. The bill clarifies requirements for criminal background checks for child care providers and child care staff members.

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Committee Amendment "B" (H-534)

This amendment, which is one of two minority reports of the committee, provides that an individual who is not supervised by a child care staff member of a family child care provider or child care facility who has passed the required criminal background check under the Maine Revised Statutes, Title 22, sections 8302-A and 8302-B and who has access to children who are cared for or supervised by a child care facility or family child care provider is required to pass a criminal background check pursuant to 42 United States Code, Section 9858f(b). It also provides that a person who provides day care in that person's home for one or two children whose care is paid for by state or federal funds is required to pass a criminal background check pursuant to 42 United States Code, Section 9858f(b). It provides that the cost of the required criminal background checks under Title 22, sections 8302-A and 8302-B be paid for by the Department of Health and Human Services from the federal Child Care and Development Block Grant Act of 1990, as amended by the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 110 Stat. 2105. It grants the Department of Health and Human Services the authority to request state and national criminal history information, including fingerprint-based criminal history information, for certain child care providers and staff members. It establishes a temporary waiver process when the background check requirement presents a hardship for the child care provider. The rules adopted by the department must minimize the impact of the temporary waiver on the safety of the children receiving child care services. This amendment adds an appropriations and allocations section.

This amendment was not adopted.

Committee Amendment "A" (H-533)

This amendment, which is the majority report of the committee, provides that an individual who is not supervised by a child care staff member of a family child care provider or child care facility who has passed the required criminal background check under the Maine Revised Statutes, Title 22, sections 8302-A and 8302-B and who has access to children who are cared for or supervised by a child care facility or family child care provider is required to pass a criminal background check pursuant to 42 United States Code, Section 9858f(b). It also provides that a person who provides day care in that person's home for one or two children whose care is paid for by state or federal funds is required to pass a criminal background check pursuant to 42 United States Code, Section 9858f(b). It provides that the cost of the required criminal background checks under Title 22, sections 8302-A and 8302-B be paid for by the Department of Health and Human Services from the federal Child Care and Development Block Grant Act of 1990, as amended by the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 110 Stat. 2105. It grants the Department of Health and Human Services the authority to request state and national criminal history information, including fingerprint-based criminal history information, for certain child care providers and staff members. This amendment adds an appropriations and allocations section.

This amendment was not adopted.

Committee Amendment "C" (H-535)

This amendment, which is one of two minority reports of the committee, removes the requirement that a family child care provider, the staff of a family child care provider or child care facility or other adult who has unsupervised access to children who are cared for or supervised by the family child care provider or child care facility undergo a criminal background check that meets the requirements of 42 United States Code, Section 9858f(b). This amendment adds an appropriations and allocations section.

This amendment was not adopted.

This bill was reported out of committee and then recommitted to the committee; it was then carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

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LD 307 An Act To Facilitate the Implementation of Mobile Narcotic Treatment Programs in Rural Counties in the State ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G KORNFIELD T	ONTP	

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

This bill proposes to facilitate the implementation of mobile narcotic treatment programs in rural counties in the State in order to ensure access to treatment for patients who reside remotely from, or lack transportation to, other narcotic treatment programs.

LD 320 An Act To Provide MaineCare Coverage for Chiropractic Treatment CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N MARTIN J	OTP-AM ONTP	S-199

This bill requires all chiropractic services that are approved by the Board of Chiropractic Licensure and performed by a chiropractic doctor to be reimbursed under the MaineCare program. The bill provides that the Department of Health and Human Services may adopt routine technical rules to implement this requirement.

Committee Amendment "A" (S-199)

This amendment, which is the majority report of the committee, modifies the bill to limit the bill's required reimbursement for chiropractic services under the MaineCare program to chiropractic evaluation and management examinations. The amendment also adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 323 An Act To Fully Fund the Waiting List for the Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder Waiver CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R LANGLEY B	OTP-AM	H-257

This bill provides to the Department of Health and Human Services the funding to fully fund the waiting list for community-based services provided under the MaineCare Benefits Manual, Chapters II and III, Section 21 relating to home and community benefits for members with intellectual disabilities or autistic disorder.

Committee Amendment "A" (H-257)

This amendment updates the funding in the bill to reflect new estimates.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

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LD 324 An Act To Allow Corrections Officers To Administer Naloxone

**PUBLIC 220
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TIPPING R CUSHING A	OTP-AM	H-191

This bill adds corrections officers to the list of persons authorized to administer naloxone hydrochloride.

Committee Amendment "A" (H-191)

This amendment clarifies that the authority to administer naloxone hydrochloride includes county and regional jail corrections officers as well as state corrections officers. The amendment specifies that a corrections officer must possess a certification from the Board of Trustees of the Maine Criminal Justice Academy in order to administer naloxone hydrochloride. The amendment also adds an emergency preamble and emergency clause.

Enacted Law Summary

Public Law 2017, chapter 220 adds state corrections officers and county and regional jail corrections officers to the list of persons authorized to administer naloxone hydrochloride. Corrections officer must possess a certification from the Board of Trustees of the Maine Criminal Justice Academy in order to administer naloxone hydrochloride.

Public Law 2017, chapter 220 was enacted as an emergency measure effective June 16, 2017.

LD 326 An Act Regarding the Licensing of Family Foster Homes

ONTP

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

This bill prohibits the Department of Health and Human Services from denying a license for a family foster home for the reason that a prospective foster parent residing in that home has a preexisting medical condition unless that medical condition would materially affect the safety or well-being of a child placed in that home.

LD 335 An Act To Expand Child Care Options for Children Placed with Older Kinship Guardians

ONTP

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

This bill requires the Department of Health and Human Services to reimburse 100% of the child care expenses incurred by an adult relative guardian of a minor if the guardian is 60 years of age or older and has an annual income of \$50,000 or less. The bill also prohibits the department from requiring the guardian to be employed a minimum number of hours per week in order to receive the reimbursement.

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LD 336 An Act To Amend the Requirements of the Temporary Assistance for Needy Families Program

PUBLIC 256

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DENNO D VOLK A	OTP-AM	H-298

This bill changes the laws governing public assistance by providing Temporary Assistance for Needy Families benefits and alternative aid benefits to two-parent families based on the same eligibility requirements as apply to single-parent families and increasing from \$200 to \$300 the special housing allowance for families receiving TANF benefits.

Committee Amendment "A" (H-298)

This amendment adds a new section to the bill to remove certain good cause provisions from the laws governing the ASPIRE-TANF program and instead transfer to the Department of Health and Human Services the responsibility to determine other good cause. The amendment also adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2017, chapter 256 changes the laws governing Temporary Assistance for Needy Families.

1. It establishes the same eligibility requirements for TANF and alternative aid benefits to two-parent families that apply to single-parent families.
2. It increases the special housing allowance for families receiving TANF benefits from \$200 to \$300.
3. It removes certain good cause provisions from the laws governing the ASPIRE-TANF program and instead transfers to the Department of Health and Human Services the responsibility to determine other good cause.

LD 347 An Act To Support Death with Dignity

Accepted Majority (ONTP) Report

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

This bill enacts a process for patient-directed care at the end of life for Maine residents who are adults who are terminally ill and who have been determined to have a limited life expectancy. The bill provides that such a patient has a right to information and includes requirements for patient and physician action and documentation in the patient's medical records of the steps taken. The bill authorizes a physician to prescribe a medication that the patient may self-administer for the purpose of hastening the patient's death. The bill provides protections for the physician, the patient's health care facility and health care providers. The bill protects the patient's life insurance and the health care providers' medical professional liability insurance. The bill protects the patient's right to palliative care. The bill requires rulemaking by the Department of Health and Human Services to provide for safe disposal of medications that are prescribed for end-of-life care and that are not used by the patient. The bill specifically states that nothing in the provisions of the bill may be construed to authorize a physician or other person to end a patient's life by lethal injection, mercy killing or active euthanasia. The bill specifically states that the provisions of the bill may not be construed to conflict with Section 1553 of the federal Patient Protection and Affordable Care Act, as amended by the federal Health Care and Education Reconciliation Act of 2010.

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Committee Amendment "A" (S-90)

This amendment is the minority report of the committee. It adds to the bill requirements that a physician must counsel a patient who is seeking medication in order to hasten the end of life regarding the importance of having another person present when the patient takes the medication, the importance of storing the medication safely and the possibility that the patient may choose not to take the medication. It also requires the physician to discuss with the patient, outside the presence of others, whether the patient feels unduly influenced.

This amendment was not adopted.

**LD 358 An Act To Close the Gap in Children's Health Care Coverage in Maine Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
POULIOT M KATZ R	OTP-AM ONTP	H-260

This bill allows children of state employees to be eligible for the State Children's Health Insurance Program as long as they meet the other eligibility requirements.

Committee Amendment "A" (H-260)

This amendment provides funding to the Department of Health and Human Services to reflect the increased cost to the State Children's Health Insurance Program and deappropriates funds from the state employee health plan.

The substance of this bill is included in Public Law 2017, chapter 284.

LD 383 An Act To Increase Access to Child Care CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R HAMANN S		

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

This bill proposes to increase access to child care.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 384 An Act To Strengthen Maine Children's Mental Health CARRIED OVER

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

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

This bill proposes to require MaineCare to cover mental health treatment for a child that uses evidence-based

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practices, to include meetings with the parent of the child without the child present as long as the meetings are focused on the goals of the treatment.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 386 An Act To Establish Universal Health Care for Maine CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G HYMANSON P		

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

This bill proposes to establish a single-payor, universal health care system in the State. Portions of the system will be based on the single-payor system in place in Vermont and the single-payor proposals submitted previously in Maine and Colorado. The single-payor system proposed in this bill will also be responsive to any changes made on the federal level to the federal Affordable Care Act.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 401 An Act To Require Reimbursement to Hospitals for Patients Awaiting Placement in Nursing Facilities CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIROCKI H LANGLEY B	OTP-AM ONTP	H-109

This bill directs the Department of Health and Human Services to provide reimbursement to hospitals other than critical access hospitals for each day after the 10th day that a MaineCare-eligible individual is in the care of a hospital while awaiting placement in a nursing facility. The reimbursement is to be paid prospectively at the statewide average rate per MaineCare member day for nursing facility services. The department is directed to implement this reimbursement for days awaiting placement for a period limited to five years. Reimbursement is limited to a maximum of \$500,000 of combined General Fund funds and federal funds for each year of the five-year period.

Committee Amendment "A" (H-109)

This amendment, which is the majority report of the committee, adds a start date of January 1, 2018, for the department to reimburse a hospital for the days a MaineCare-eligible individual is in the care of the hospital while awaiting placement in a nursing facility and adds language repealing the provision five years later.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 411 An Act To Add Addiction to or Dependency on Opiates or Prescription Drugs to the List of Qualifying Conditions for Medical Marijuana CARRIED OVER

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

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This bill adds addiction to or dependency on opiates or prescription drugs to the list of qualifying conditions for medical marijuana.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 447 An Act To Coordinate Services and Support Workforce Development for Substance Use Disorder Prevention and Peer Recovery Services ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKER J BEEBE-CENTER P	ONTP	

This bill has three parts, Part A, requires the Department of Health and Human Services to fund, through a request for proposals, a position to coordinate substance use disorder prevention, advocacy, education and community outreach statewide and a position to coordinate peer recovery support services efforts for substance use disorder recovery statewide. The request for proposals must be issued no later than January 1, 2018, and the funds awarded beginning no later than July 1, 2018.

Part B of this bill provides funding for the request for proposals in Part A. Part B also provides ongoing funding for an annual in-state conference regarding substance use disorder prevention, treatment and recovery.

Part C of this bill requires the transfer of funds to the unappropriated surplus of the General Fund from the Medical Use of Marijuana Fund for the purposes of this bill.

LD 448 An Act To Fund Research on Cancer in Firefighters ONTP

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

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

This bill proposes to appropriate funds for research on cancer in firefighters.

LD 451 An Act To Continue MaineCare Coverage for Parents during the Rehabilitation and Reunification Process Died Between Houses

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

This bill requires the Department of Health and Human Services to continue to provide MaineCare coverage to a parent who is a MaineCare member and who is participating in rehabilitation and reunification efforts in accordance with a rehabilitation and reunification plan. The bill requires the department to continue coverage until the discontinuance of reunification efforts or parental rights are terminated, whichever is earlier.

Committee Amendment "A" (S-105)

This amendment, which is the majority report of the committee, requires the Department of Health and Human

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Services to submit a waiver request no later than January 1, 2018, to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the provisions of the Maine Revised Statutes, Title 22, section 3174-ZZ. The department is required to take all reasonable and necessary steps to seek approval of the waiver. Upon approval of the waiver, the department is directed to adopt rules no later than 180 days after receiving approval. The department is required to report its progress in seeking a waiver and implementing rules on a quarterly basis beginning October 1, 2017, until the process is complete. The amendment also adds an appropriations and allocations section.

This amendment was not adopted.

LD 454 An Act To Ensure Safe Drinking Water for Families in Maine

PUBLIC 230

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K THIBODEAU M	OTP-AM ONTP OTP-AM	H-270

This bill expands the scope of the chapter regulating public water systems used for human consumption to include residential wells, and adds a new subchapter on private drinking water wells. The bill includes the following provisions.

1. Uniform recommendations. It requires the Department of Health and Human Services to develop a uniform recommendation for the testing of contaminants in residential private drinking water wells that are otherwise exempt from state and federal safe drinking water laws. It requires that anyone who recommends or provides testing of, or provides education or advertisements related to testing shall clearly identify the uniform recommendations.
2. Test results. The bill requires that laboratories provide the test results to the department for the purpose of recording multiple tests for the same well. It requires the department to keep addresses confidential.
3. Education. The bill requires the department to conduct educational outreach regarding the potential health effects of contaminants and the need for testing residential private drinking water wells. The bill requires the Maine Water Well Commission to develop educational materials to be distributed when a residential private drinking water well is drilled or deepened to inform the owners of the importance of testing for arsenic and other contaminants.
4. Fees. The bill establishes the Private Well Safe Drinking Water Fund to support educational outreach and to improve testing rates of residential private drinking water wells. The fund is funded by fees on individuals or entities ordering a water test on a residential private drinking water well by the Health and Environmental Testing Laboratory within the department. This fee is not to exceed \$10 and is in addition to any fee charged by the department for the test itself (not to exceed \$150).
5. Rental property. The bill requires landlords or building managers of residential rental property that uses a residential private drinking water well to obtain a water test every three to five years. The tests must be disclosed to the current inhabitants and to any prospective tenants.
6. Water testing guide. The bill requires that the State lab update its water testing guide and related information on the publically accessible website to be consistent with this Act. The update must have a clear, simple-to-understand and prominent recommendation for testing of residential private drinking water wells.

Committee Amendment "A" (H-270)

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

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requirement for private laboratories that test residential private drinking water wells to submit the test results to the Department of Health and Human Services. It adds additional enumerated contaminants or properties to be included in the uniform testing recommendation. It requires the department to update its education and outreach materials as needed and to recommend water testing through a state-certified laboratory.

The amendment removes the requirement for landlords to conduct water tests. It provides that the allocations from the Private Well Safe Drinking Water Fund may be used to defray costs resulting from the department's waiver of fees for water supply testing upon a showing of indigency. It requires that the advisory committee for the Private Well Safe Drinking Water Fund include representatives from at least two state-certified laboratories. It requires that the Maine Water Well Commission distribute educational materials to landowners when a residential private drinking water well is drilled or deepened.

This amendment also provides funding to the Department of Health and Human Services for additional water testing and other duties of the department related to the requirements of the bill.

Committee Amendment "B" (H-271)

This amendment is a minority report of the committee and makes the following changes to the bill. It removes the requirement for private laboratories that test residential private drinking water wells to submit the test results to the Department of Health and Human Services. It adds additional enumerated contaminants or properties to be included in the uniform testing recommendation. It requires the department to update its education and outreach materials as needed and to recommend water testing through a state-certified laboratory.

The amendment provides that the allocations from the Private Well Safe Drinking Water Fund may be used to defray costs resulting from the department's waiver of fees for water supply testing upon a showing of indigency. It requires that the advisory committee for the Private Well Safe Drinking Water Fund include representatives from at least two state-certified laboratories. It requires that the Maine Water Well Commission distribute educational materials to landowners when a residential private drinking water well is drilled or deepened.

This amendment also provides funding to the Department of Health and Human Services for additional water testing and other duties of the department related to the requirements of the bill.

This amendment was not adopted.

Enacted Law Summary

Public Law 2017, chapter 230 requires the Department of Health and Human Services to develop a uniform recommendation for the testing of contaminants and properties of water in residential private drinking water wells that are otherwise exempt from state and federal safe drinking water laws. It specifies which contaminants and properties must be included in the testing. It requires the Department of Health and Human Services to revise and update its education and outreach materials as needed. It provides that the allocations from the Private Well Safe Drinking Water Fund may be used to defray costs resulting from the department's waiver of fees for water supply testing upon a showing of indigency. It requires that the advisory committee for the Private Well Safe Drinking Water Fund include representatives from at least two state-certified laboratories. It requires that the Maine Water Well Commission distribute educational materials to landowners when a residential private drinking water well is drilled or deepened. It also provides funding to the Department of Health and Human Services for additional water testing and other duties of the department related to the requirements of the bill.

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LD 455 An Act Relating to the Provision of Nicotine Replacement Products by Pharmacists

PUBLIC 185

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHACE P BELLOWS S	OTP-AM	H-204

This bill amends the laws governing the practice of pharmacy to expressly include tobacco cessation counseling services and the furnishing of nicotine replacement products approved by the federal Food and Drug Administration. It also requires pharmacists to be reimbursed by the MaineCare program for these services. It requires the Department of Health and Human Services to adopt rules by January 1, 2018, for the reimbursement of pharmacists for counseling services. It also requires the Department of Professional and Financial Regulation, Maine Board of Pharmacy to adopt rules by January 1, 2018, in consultation with the Board of Licensure in Medicine for the provision of tobacco cessation counseling services by pharmacists and the furnishing by pharmacists of nicotine replacement products that are approved by the federal Food and Drug Administration.

Committee Amendment "A" (H-204)

This amendment, like the bill, amends the definition of "practice of pharmacy." The bill changes the definition to include counseling related to tobacco cessation products. The amendment strikes that change and instead includes the ordering and dispensing of over-the-counter nicotine replacement products as part of the definition. It removes from the bill the provisions regarding reimbursement and rulemaking.

Enacted Law Summary

Public Law 2017, chapter 185 amends the definition of "practice of pharmacy" to include counseling the ordering and dispensing of over-the-counter nicotine replacement products.

LD 458 Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a Late-filed Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 6
EMERGENCY**

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

This resolve provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

Enacted Law Summary

Resolve 2017, chapter 6 provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

Resolve 2017, chapter 6 was finally passed as an emergency measure effective April 19, 2017.

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LD 464 Resolve, Directing the Department of Health and Human Services To ONTP
Facilitate the Scheduling of Transportation for Persons with Disabilities

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VOLK A MALABY R	ONTP	

This resolve directs the Office of Aging and Disability Services within the Department of Health and Human Services to develop and maintain an accessible central database of transportation provider information and implement a statewide mobile application to facilitate the scheduling of transportation services for individuals with disabilities.

LD 470 An Act To Strengthen Maine's Hospitals and Increase Access to Health CARRIED OVER
Care

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

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

This bill, which would be contingent upon approval by the voters of the State at referendum, proposes to enact measures designed to increase access to health care for citizens of the State and strengthen Maine's hospitals.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 476 An Act To Clarify the Authority for Cremation PUBLIC 70

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

This bill clarifies that a funeral director or practitioner of funeral service with custody of abandoned remains or an abandoned dead body has the option to bury or cremate those remains or that dead body.

Committee Amendment "A" (H-84)

This amendment is the minority report of the committee. It prohibits a funeral director or practitioner of funeral service from cremating abandoned remains or an abandoned dead body if the funeral director or practitioner of funeral service has knowledge that cremation conflicts with the deceased person's religious tenets and practices.

This amendment was not adopted.

Enacted Law Summary

Public Law 2017, chapter 70 clarifies that a funeral director or practitioner of funeral service with custody of abandoned remains or an abandoned dead body has the option to bury or cremate those remains or that dead body.

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LD 477 An Act To Prevent Long-term Welfare Dependency

ONTP

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

This bill requires the Department of Health and Human Services to adopt rules requiring unemployed applicants for alternative aid who are seeking employment to participate in job search activities that are consistent with the job search activities for participants of the ASPIRE-TANF program.

LD 478 Resolve, To Require the Department of Health and Human Services To Implement the Department's Study of Ambulance Services

ONTP

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

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

This resolve proposes to continue the efforts of the Department of Health and Human Services undertaken to conduct a rate study pursuant to Resolve 2015, chapter 87.

LD 479 An Act To Inform Patients of the Dangers of Addicting Opioids

PUBLIC 186

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D BRAKEY E	OTP-AM ONTP	H-246

This bill requires that a health care provider who is a prescriber of opioid medication must, before prescribing an opioid medication, inform the patient of the risks of using the opioid medication, including but not limited to the risk of forming an addiction to the opioid medication, and receive from the patient a written certification that the patient has been provided that information.

Committee Amendment "A" (H-246)

This amendment, which is the majority report of the committee, replaces the bill. Rather than requiring a prescriber of opioid medication to inform a patient of the risks of addiction, it requires health care entities that include prescribers of opioid medications to develop an opioid medication prescribing policy that includes risk assessment, informed consent and counseling on the risk of opioid use. The policy must be developed by January 1, 2018.

Enacted Law Summary

Public Law 2017, chapter 186 requires health care entities that include prescribers of opioid medications to develop an opioid medication prescribing policy that includes risk assessment, informed consent and counseling on the risk of opioid use. The policy must be developed by January 1, 2018.

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LD 480 An Act To Prioritize Access by Maine's Most Vulnerable Citizens to Welfare Resources

**Accepted Majority
(ONTP) Report**

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

This bill accomplishes the following.

1. It repeals the provision that requires the Department of Health and Human Services to provide a food supplement program for noncitizens who are ineligible for benefits under the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
2. It repeals the provision that requires the Department of Health and Human Services to provide supplemental security income for noncitizens who are ineligible for benefits under the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
3. It repeals the provision that requires the Department of Health and Human Services to provide financial assistance under the Temporary Assistance for Needy Families program to noncitizens who are ineligible for benefits under the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Committee Amendment "A" (H-302)

This amendment is the minority report of the committee. It creates a workforce development program to provide to legal immigrants English language classes, citizenship classes, financial literacy classes and training and support for adults and children seeking employment. It permits the Department of Health and Human Services to contract with an entity best suited to administer this program and allows the department to adopt rules to implement the program. The amendment provides for funding to implement the program.

This amendment was not adopted.

LD 481 An Act To Promote Workforce Participation

**PUBLIC 290
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STEWART H CARPENTER M	OTP-AM OTP-AM	H-326 H-548 STEWART H

This bill increases the amount of income earned by recipients of benefits under the Temporary Assistance for Needy Families program that is disregarded in determining the amount of benefits they receive. The amount of the disregard is lowered over time as recipients make the transition to stable employment.

Committee Amendment "A" (H-326)

This amendment, which is the majority report of the committee, removes the emergency preamble and emergency clause.

Committee Amendment "B" (H-327)

This amendment is the minority report of the Joint Standing Committee on Health and Human Services. The amendment specifies that beginning July 1, 2019, in determining benefit levels for TANF recipients who have

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earnings from employment, the Department of Health and Human Services must disregard from monthly earnings the following: for a recipient employed 40 or more hours per week and who meets work participation requirements as defined in federal TANF rules, 100% of the gross earned income for the first full month of employment and the next consecutive month of employment, 75% of the gross earned income for the next six consecutive months of employment and 50% of the gross earned income for each additional consecutive month of employment thereafter and for a recipient employed less than 40 hours per week and who meets work participation requirements as defined in federal TANF rules, 100% of the gross earned income for the first full month of employment, 75% of the gross earned income for the next six consecutive months of employment and 50% of the gross earned income for each additional consecutive month of employment thereafter.

The amendment strikes from the bill the department's prohibition on considering the following in determining benefit levels for TANF recipients: \$108 and 50% of the remaining earnings that are less than the federal poverty level. It also specifies that the department may disregard 100% of earnings for a recipient only one time in a 12-month period.

The amendment restores the provision in current law removed by the bill directing the department to disregard from monthly earnings all actual child care costs necessary for work, except that the department may limit the child care disregard to \$175 per month per child or \$200 per month per child under two years of age or with special needs.

The amendment also removes the emergency preamble and emergency clause.

This amendment was not adopted.

House Amendment "A" To Committee Amendment "A" (H-548)

This amendment replaces the income disregards for Temporary Assistance for Needy Families program recipients contained in the original bill and committee amendments with a one-time employment incentive payment of \$400 to a TANF recipient who enters employment and retains employment for the subsequent four months. This provision is repealed December 31, 2018. It retains the emergency preamble and emergency clause from the original bill.

Enacted Law Summary

Public Law 2017, chapter 290 provides for a one-time employment incentive payment of \$400 to a Temporary Assistance for Needy Families program recipient who enters employment and retains employment for the subsequent four months. This provision is repealed December 31, 2018.
Public Law 2017, chapter 290 was enacted as an emergency measure effective July 20, 2017.

LD 482 An Act To Repeal the Maine Certificate of Need Act of 2002

Died Between Houses

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

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

Committee Amendment "A" (H-300)

This amendment adds an appropriations and allocations section.

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This amendment was not adopted.

Committee Amendment "B" (H-301)

This amendment is the minority report of the committee and makes the following changes to the bill. It changes the title of the bill. It allows hospitals to construct shell space if a hospital's application containing a request to increase bed capacity is granted for a number of beds lower than the number requested and if the applicant proceeds with the approved project within the time frame required by the Maine Revised Statutes, Title 22, section 346. The amendment provides that the construction of shell space may not exceed the square footage requested in the application, the square footage of the approved project by more than 15% and 15% of the cost of the approved project. The amendment provides that in order for a hospital to use the shell space it must apply for another certificate of need. It directs the Department of Health and Human Services to provisionally adopt routine technical rules implementing these provisions no later than January 15, 2018.

This amendment was not adopted.

LD 504 An Act To Support Evaluation of Opioid Diversion Efforts ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CYRWAY S STEWART H	ONTP	

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

This bill proposes to authorize the Department of Health and Human Services to contract with a research firm to perform an evaluation of the outcomes associated with various heroin and opioid prevention efforts across the State. The evaluation must address the outcomes associated with initiatives under which a person goes to a police station, asks for help with heroin or opioid addiction and is placed in a treatment center, in a detoxification facility or with a support service program. The bill proposes to provide state and federal funding related to substance use to fund the evaluation.

LD 517 An Act To Amend Principles of Reimbursement for Residential Care Facilities PUBLIC 304

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKER J TUELL W	OTP-AM	S-91 S-321 HAMPER J

This bill requires the Department of Health and Human Services to permit capital expenditures by residential care facilities for new construction, acquisitions and renovations that are less than \$2,000,000 and to provide reimbursement without prior approval. It requires the department to provide an extraordinary circumstance allowance in permitted reimbursement to residential care facilities. It provides that costs incurred by a residential care facility to comply with federal or state laws, regulations and rules are considered reasonable and necessary costs. It removes from current law on reimbursement for services provided by a nursing facility the \$10,000 cap for the cost of a medical director and instead requires the department to provide in its calculation of reimbursement for services the cost incurred by the nursing facility for the cost of a medical director.

Committee Amendment "A" (S-91)

This amendment changes the allowance for a nursing facility medical director from \$10,000 to \$22,000. The bill proposes to remove the allowance cap entirely. The amendment changes the amount above which a residential care

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facility would need Department of Health and Human Services approval for new construction, acquisitions and renovations to \$500,000 rather than \$2,000,000 as in the bill. It also clarifies that residential facilities may be reimbursed for costs to comply with changes in local ordinances in addition to federal or state laws. The amendment also adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-321)

This amendment removes from the bill and Committee Amendment "A" the provisions regarding nursing facility medical director reimbursement. This amendment also removes the appropriations and allocations section added by Committee Amendment "A."

Enacted Law Summary

Public Law 2017, chapter 304 requires the Department of Health and Human Services to permit capital expenditures by residential care facilities for new construction, acquisitions and renovations that are less than \$500,000 and to provide reimbursement without prior approval. It also requires the department to provide an extraordinary circumstance allowance in permitted reimbursement to residential care facilities. It provides that costs incurred by a residential care facility to comply with federal or state laws, rules or local ordinances are considered reasonable and necessary costs.

LD 518 An Act To Amend the Laws Governing the Burial or Cremation of Certain Persons

PUBLIC 62

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY E	OTP-AM	S-45

This bill adds spouses and domestic partners to the list of relatives who are potentially responsible for the burial or cremation costs of a person who was eligible to receive municipal general assistance at the time of that person's death. The bill also strikes the provision of law that restricts potentially responsible relatives to persons who live or own property in Maine.

Committee Amendment "A" (S-45)

This amendment is the majority report of the committee. It specifies that a domestic partner must be a registered domestic partner to be responsible for the burial or cremation costs of a person who was eligible to receive municipal general assistance at the time of that person's death.

Enacted Law Summary

Public Law 2017, chapter 62 adds spouses and registered domestic partners to the list of relatives who are potentially responsible for the burial or cremation costs of a person who was eligible to receive municipal general assistance at the time of that person's death. It also strikes the provision of law that restricts potentially responsible relatives to persons who live or own property in Maine.

LD 530 An Act To Ensure Medical Assessments for Youth in Foster Care

ONTP

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

This bill requires that, when a child is ordered into the custody of the Department of Health and Human Services, the department must provide to the foster home in which the child is placed an overview of the child's medical condition and the name and contact information of the child's health care provider at the time of placement. The bill

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also requires the department to ensure that a child receives an appointment for a medical examination within three working days of when the department's custody commences, instead of within 10 days as in current law, and requires that the department inform the foster parents of the appointment.

LD 531 An Act Regarding the Drug Crisis and Ensuring Access to HIV Testing ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FECTEAU R GRATWICK G	ONTP	

This bill requires a person 13 years of age or older who is receiving medical services in a hospital or from a primary care provider to be offered an HIV test unless that person is being treated for a life-threatening emergency, has previously been offered or been the subject of an HIV test or lacks the capacity to provide informed consent to an HIV test. This requirement is repealed January 1, 2030.

LD 550 An Act Requiring Communication of Mammographic Breast Density Information to Patients ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BROOKS H WHITTEMORE R	ONTP	

This bill requires mammography reports and other information provided to patients describing the results of a mammography to include information regarding breast density.

LD 551 An Act To Expand the Authority of Naturopathic Doctors To Prescribe Certain Medications ONTP

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

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

This bill proposes to expand the authority of naturopathic doctors to prescribe certain naturally occurring medications.

LD 560 An Act To Amend the Laws Governing the Department of Health and Human Services ONTP

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

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

This bill proposes to amend the laws governing the Department of Health and Human Services.

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LD 561 An Act To Remove the Requirement That Child Care Facility Workers and Family Child Care Providers Submit to Criminal Background Checks CARRIED OVER

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

This bill removes the requirement that a family child care provider, the staff of a family child care provider or child care facility or other adult who has unsupervised access to children who are cared for or supervised by the family child care provider or child care facility undergo a criminal background check.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 562 An Act Concerning the Department of Health and Human Services CARRIED OVER

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

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

This bill proposes to enact or amend laws or provide for the adoption or amendment of rules concerning the Department of Health and Human Services.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 565 An Act To Address Maine's Opiate Addiction Crisis CARRIED OVER

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

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

This bill proposes to address issues related to the opiate addiction crisis in the State.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 566 An Act To Improve Access to High-quality Child Care by Increasing Child Care Rates CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ R POULIOT M		

This bill sets the reimbursement rates for child care services under the federal Child Care and Development Block Grant program and the Additional Support for People in Retraining and Employment, or ASPIRE, program at the

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federally recommended rate of the 75th percentile of local market rates. It also allocates federal funding for the increase to the block grant and ASPIRE programs.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 567 An Act To Ensure Timely Expenditure of Federal Funds in the ONTP
Department of Health and Human Services

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

This bill requires the Department of Health and Human Services to spend federal funds within one year of receiving those funds except when the time frame for expenditure is specified otherwise by the federal government.

LD 582 An Act To Provide for Timely Physical Examinations of Children Veto Sustained
Entering State Custody

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G TUCKER R	OTP-AM ONTP	S-85

This bill 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 and allows a physician's assistant to conduct the examination. It also requires, within 60 days after the department's custody of a child commences, that the child receives an appointment for a comprehensive medical, dental, educational and mental health assessment by a licensed pediatrician and a licensed child psychologist and that reimbursement, including reimbursement for obtaining and reviewing relevant records, is provided under MaineCare for the assessment. The department is directed to adopt routine technical rules pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Committee Amendment "A" (S-85)

This amendment, which is the majority report of the committee, removes the requirement for a comprehensive medical, dental, educational and mental health assessment of a child entering the custody of the Department of Health and Human Services that is in the bill. It retains the shortening of the time requirement for an appointment to be made for a medical examination from 10 days to three days but adds a requirement that the examination must take place within ten days of the child's entering custody.

LD 605 An Act To Support Evidence-based Treatment for Opioid Use Disorder CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K WOODSOME D		

This bill provides funding for primary care patient-centered medical homes and behavioral health providers that provide evidence-based, integrated medication-assisted treatment to uninsured patients with opioid use disorder to cover costs of intensive, intermediate and long-term treatment.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

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LD 606 An Act To Ensure Access to All Prescription Drugs Containing Cannabidiol Approved by the Federal Food and Drug Administration ONTP

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

This bill states that a prescription medication containing cannabidiol that is approved by federal law or rule must be available in this State within 30 days of approval or publication in the Federal Register.

LD 607 An Act To Enhance Maine's Coordinated Response to Mental Health Crises ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TALBOT ROSS R DION M	ONTP	

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, 2018, 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 every three years. The memorandum of understanding must include descriptions of the following: the internal processes the law enforcement agency uses to identify a person in need of mental health crisis services; the protocol 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 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 629 An Act To Improve Rehabilitation Services for Persons with Mental Illness in Maine ONTP

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

This bill makes occupational therapy services for persons with mental illness eligible for reimbursement under the MaineCare program.

LD 634 An Act Regarding the Drug Epidemic in Maine ONTP

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

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

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This bill proposes to provide solutions to combat addiction to heroin, opioids and other illegal drugs through enforcement, prevention and treatment.

LD 643 Resolve, Directing the Department of Health and Human Services To CARRIED OVER
Increase Reimbursement Rates for Home-based and Community-based
Services

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ESPLING E	OTP-AM	H-176

This resolve directs the Department of Health and Human Services to increase reimbursement rates for home-based care services consistent with the recommendations made by Burns & Associates, Inc. in its report "Rate Review for Personal Care and Related Services: Final Rate Models" dated February 1, 2016. The first half of this increase was ratified by the 127th Legislature through Public Law 2015, chapter 267.

Committee Amendment "A" (H-176)

This amendment clarifies that all home-based and community-based services that were included in the Burns & Associates, Inc. rate review are included in the resolve and that the reimbursement rates are to be increased to the levels recommended in the rate study. The amendment ensures that a recipient of services may not experience a reduction in hours solely as a result of increased reimbursement. The amendment also adds an appropriations and allocations section.

Public Law 2017, chapter 284, the biennial budget, included funding to increase reimbursement rates for services included in the Burns & Associates, Inc. rate review. It also included language preventing any recipient from resulting in a reduction in hours solely as a result of increased reimbursement.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 652 An Act To Provide Drug Price Relief ONTP

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

This bill requires that the State and state agencies pay a price for prescription drugs that is the same as or lower than the lowest price paid by the United States Department of Veterans Affairs.

LD 655 An Act To Lower the Price MaineCare Pays for Prescription Drugs ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARPENTER M MELARAGNO G	ONTP	

This bill requires, unless prohibited by federal law, the Commissioner of Health and Human Services to negotiate the lowest purchase price for all prescription drugs for programs under MaineCare.

Joint Standing Committee on Health and Human Services

LD 687 Resolve, Regarding Reimbursement for Speech and Language Pathology Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH R MILLETT R	OTP-AM ONTP	H-382

This resolve directs the Department of Health and Human Services to provide for reimbursement under MaineCare for all speech and language pathology services provided by an independent speech-language practitioner at the rate that is paid to a speech and hearing agency for the same services. It also directs the department to amend its rules to increase by 10% the rates of MaineCare reimbursement for all speech and language pathology services.

Committee Amendment "A" (H-382)

This amendment, which is the majority report of the committee, replaces the bill with a resolve. The amendment sets the reimbursement rates for speech and language pathology services provided by an agency under Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 109 at 69% of the federal Medicare rate as long as the reimbursement rate is no lower than the current rate. It establishes that services provided by independent speech-language pathologists are set at 90% of the reimbursement rate for agencies. The amendment also establishes reimbursement rates for agency speech-language pathology assistants for group therapy at 69% of the federal Medicare rate for equivalent services for speech-language pathologists since there is no established Medicare rate for assistants. Rates for agency assistants providing individual therapy do not change from the rate reimbursed as of January 1, 2017. Independent speech-language pathology assistant reimbursement rates are set at 90% of the agency rates for assistants. The amendment also adds an appropriations and allocations section.

This resolve was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 688 An Act To Provide MaineCare Coverage for Music Therapy

Accepted Majority (ONTP) Report

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

This bill requires music therapy services to be reimbursed under the MaineCare program upon approval of coverage by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. The Department of Health and Human Services is directed to adopt routine technical rules to implement this requirement.

Committee Amendment "A" (H-297)

This amendment, which is the minority report of the committee, narrows the Medicaid population that is eligible for music therapy under the MaineCare program to adults and children with a diagnosis of an intellectual disability or autism spectrum disorder. It also clarifies that the bill does not apply to Medicare recipients. It also moves the date by which the Department of Health and Human Services must prepare and submit a state plan amendment and waiver as required to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to January 1, 2018.

This amendment was not adopted.

Joint Standing Committee on Health and Human Services

LD 689 An Act To Confer Categorical Eligibility for Supplemental Nutrition Assistance Program Benefit Applications

Died Between Houses

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

This bill requires the Department of Health and Human Services to consider a household with a gross income at or below 185% of the federal poverty level eligible for food supplement benefits.

Committee Amendment "A" (H-398)

This amendment replaces the bill and is the majority report of the committee. It provides for broad-based categorical eligibility for food supplement benefits for households that have an elderly or disabled member. It provides that the eligibility for such a household is not subject to an asset test and is based only on the gross income of the household. This amendment also adds an appropriations and allocations section.

This amendment was not adopted.

LD 690 An Act To Provide Additional Funding for Persons with Disabilities

Leave to Withdraw Pursuant to Joint Rule

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

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

This bill proposes to provide additional funding for persons with disabilities.

LD 691 An Act To Prevent Lead Poisoning in Children

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GOLDEN J LIBBY N		

This bill provides that as part of the Department of Health and Human Services' educational and publicity program concerning lead poisoning, the home visiting program established by the department is required to provide free home lead test kits to parents of young children living in homes built before 1978.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

Joint Standing Committee on Health and Human Services

LD 692 Resolve, To Provide Meals to Homebound Individuals

CARRIED OVER

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

This resolve provides for the appropriation of funding to provide meals from the Meals on Wheels program to additional homebound individuals. This resolve also establishes a work group to research food access barriers and make recommendations about how to leverage resources to ensure regular, adequate nutrition for homebound individuals in the State and to forecast future demand and identify the appropriate level of funding in the future.

This resolve was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

**LD 717 An Act To Protect Maine School Children from Lead and Arsenic
Exposure**

ONTP

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

This bill requires all schools and nursery schools that take drinking water from any source to have the same tests performed on that water, including, but not limited to, tests for lead and arsenic. Current law requires schools that take drinking water from sources other than public water systems to have that water tested. The bill requires the Department of Health and Human Services to make all test results available on the department's publicly accessible website and to inform the parents and guardians of all students at a school or nursery school if the water is found to violate the state primary drinking water regulations.

LD 720 An Act To Provide Lung Cancer Screening for MaineCare Recipients

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KATZ R	OTP-AM ONTP	S-86

This bill requires that annual screening for lung cancer for certain recipients be reimbursed under the MaineCare program. It provides that the Department of Health and Human Services may adopt routine technical rules to implement this requirement.

Committee Amendment "A" (S-86)

This amendment, which is the majority report of the committee, specifies that the criteria to be used to determine lung cancer screening eligibility for MaineCare members are those developed by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. This amendment also includes an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

Joint Standing Committee on Health and Human Services

LD 761 An Act To Increase Access to Hearing Aids

PUBLIC 237

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HERBIG E KATZ R	OTP-AM	H-403

This bill requires the Department of Health and Human Services to pay for hearing aids under the MaineCare program.

Committee Amendment "A" (H-403)

This amendment makes changes to the bill to match current practice in the rules of the Department of Health and Human Services. It specifies that one hearing aid is reimbursable under the MaineCare program and that a second hearing aid is reimbursable if an individual meets the department's requirements established by rule. It removes the exclusion of batteries and cords and other assistive listening devices from coverage. It replaces the term "physician" with the term "primary care provider."

Enacted Law Summary

Public Law 2017, chapter 237 establishes in statute the requirements for reimbursement for hearing aids under the MaineCare program that existed previously only in rule. The Department of Health and Human Services shall reimburse under MaineCare for one hearing aid for an adult and for a second hearing aid if the individual meets the department's additional requirements established by rule.

**LD 762 An Act To Allow a Percentage of Funds from the Medical Use of
Marijuana Fund To Fund Health Care Research**

CARRIED OVER

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

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

This bill proposes to dedicate a percentage of the funds derived from the Medical Use of Marijuana Fund established in the Maine Revised Statutes, Title 22, section 2430 to a medical marijuana research fund. Under the bill, hospitals and other health care facilities may apply for grants to fund research proposals to study the medical efficacy of medical marijuana.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

**LD 763 An Act To Support Individuals with Disabilities by Exempting Certain
Wages from Consideration for MaineCare**

CARRIED OVER

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

This bill exempts income received by a person with a disability from certain work programs available to individuals with disabilities from being considered in determining the person's eligibility for MaineCare.

Joint Standing Committee on Health and Human Services

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 764 An Act To Limit the Exclusion of a Patient from Eligibility for an Organ Transplant Based on Medical Marijuana Use PUBLIC 252

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D BRAKEY E	OTP-AM ONTP	H-328 H-427 HYMANSON P

This bill prohibits the medical use of marijuana from being the sole disqualifying factor in determining a person's suitability for receiving an anatomical gift.

Committee Amendment "A" (H-328)

This amendment is the majority report of the committee. It prohibits a transplant evaluator from determining a qualifying patient to be unsuitable to receive an anatomical gift because the qualifying patient uses medical marijuana. It directs a transplant evaluator to treat a qualifying patient's use of medical marijuana like any other medication a patient may be taking. It provides that a transplant evaluator may determine a qualifying patient to be unsuitable to receive an anatomical gift if the qualifying patient does not limit the type of medical marijuana used and may require the qualifying patient's medical marijuana to be tested for fungal contamination at a marijuana testing facility.

House Amendment "A" To Committee Amendment "A" (H-427)

This amendment removes from Committee Amendment "A" the provision that prohibits a transplant evaluator from determining a qualifying patient to be unsuitable to receive an anatomical gift solely because the qualifying patient uses medical marijuana.

Enacted Law Summary

Public Law 2017, chapter 252 directs a transplant evaluator to treat a qualifying patient's use of medical marijuana like any other medication a patient may be taking. It provides that a transplant evaluator may determine a qualifying patient to be unsuitable to receive an anatomical gift if the qualifying patient does not limit the type of medical marijuana used and may require the qualifying patient's medical marijuana to be tested for fungal contamination at a marijuana testing facility.

LD 765 An Act To Allow In-home Child Care Providers To Care for up to 5 Children without State Certification CARRIED OVER

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

This bill changes the threshold requiring certification as a family child care provider from caring for three children to caring for six children. Under current law, a person who provides day care in that person's home must be certified as a family child care provider if that person provides care for three to twelve children who are not the person's own children or who are not residing in the person's home.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

Joint Standing Committee on Health and Human Services

LD 766 Resolve, To Require the Department of Health and Human Services To Recalculate the MaineCare Reimbursement Rates for Services for Persons with Disabilities **Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH R	OTP-AM ONTP	H-247 H-357 FARNSWORTH R

This resolve directs the Department of Health and Human Services no later than June 1, 2017, to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 13, 17, 21, 28, 29, 65 and 97 to increase reimbursement rates to reflect the increase in minimum wage pursuant to Initiated Bill 2015, chapter 2.

Committee Amendment "A" (H-247)

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

House Amendment "A" To Committee Amendment "A" (H-357)

This amendment strikes the emergency preamble and emergency clause. This amendment replaces the appropriations and allocations section to remove funding in fiscal year 2016-17.

LD 804 An Act To Establish Long-term Memory Care Facilities and To Provide Adequate Staffing and Reimbursement **ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N HYMANSON P	ONTP	

This bill requires the Department of Health and Human Services to provide long-term care services in memory care facilities to persons who qualify under the Maine Revised Statutes, Title 22, section 3174-G and require assistance with activities of daily living because of cognitive impairments by January 1, 2018, in accordance with standards established by the department through routine technical rulemaking. The rules must provide that memory care facilities that provide assistance with activities of daily living to persons with memory impairments are staffed at the following patient-to-staff ratios: on the day shift a ratio of 6 to 1; on the evening shift a ratio of 12 to 1; and on the night shift a ratio of 18 to 1. The rules must provide for rates of reimbursement for facilities that provide assistance with activities of daily living to persons with memory impairments at a level that is 50% above the rates of reimbursement provided for the highest level of private nonmedical institutions by MaineCare.

LD 808 An Act To Restore Community Support Services for Adults with Mental Illness **Veto Sustained**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S GATTINE D	OTP-AM ONTP	S-241

This bill restores access to services for persons with mental illness under Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17 to those persons who were eligible for those services before the Department of Health and Human Services adopted new eligibility rules in 2016.

Committee Amendment "A" (S-241)

Joint Standing Committee on Health and Human Services

This amendment adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-270)

This amendment directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17, Community Support Services to restore access to services to persons who have a diagnosis of bipolar disorder or post-traumatic stress disorder. The amendment removes the need for the appropriations and allocations section by reducing some of the eligibility criteria and requiring the department to fund the remaining added services within existing resources.

This amendment was not adopted.

LD 812	Resolve, To Establish a Pilot Project To Save Lives and Support People with Substance Use Disorder in Washington County	CARRIED OVER
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKER J TUELL W		

This resolve establishes a pilot project in Washington County to provide treatment and recovery services for substance use disorders. It provides \$1,600,000 in funding over the 2018-2019 fiscal biennium. The Department of Health and Human Services is required to report on the planning and implementation of the pilot project to the Joint Standing Committee on Health and Human Services no later than November 30, 2018, and the joint standing committee of the Legislature having jurisdiction over health and human services matters may report out legislation to the First Regular Session of the 129th Legislature.

This resolve was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 842	Resolve, To Support Home Health Services	CARRIED OVER
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JORGENSEN E LIBBY N		

This resolve directs the Department of Health and Human Services to increase the rates for home health services under the MaineCare Benefits Manual, Chapter II, Section 40 by 30%.

This resolve was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 886	An Act To Require That Maine Welfare Benefits Be Used in Maine	Died Between Houses
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY E	ONTP OTP-AM	

This bill prohibits a recipient of benefits under the Temporary Assistance for Needy Families, or TANF, program from using an electronic benefits transfer system card to access those benefits outside of Maine.

Committee Amendment "A" (S-247)

Joint Standing Committee on Health and Human Services

This amendment is the minority report of the committee. It prohibits a recipient of benefits under the Temporary Assistance for Needy Families, or TANF, program from using an electronic benefits transfer system card to access those benefits outside of Maine unless the recipient is in New Hampshire or fleeing a domestic violence situation.

This amendment was not adopted.

LD 889 An Act To Reduce Youth Cancer Risk

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VOLK A DEVIN M	OTP ONTP	

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

LD 898 An Act To Address Mandatory Overtime for Hospital Professionals

CARRIED OVER

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

This bill prohibits a hospital from requiring employees that provide direct patient care to work more than 12 hours in any 24-hour period. This bill provides that this requirement does not apply to physicians or in cases of a declared emergency. The bill allows an aggrieved employee to file a complaint with the division of licensing and regulatory services within the Department of Health and Human Services, which must notify the hospital involved. The bill requires hospitals to report all instances of mandatory overtime work to the division, which must adopt rules regarding the manner and schedule for this reporting.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

**LD 902 Resolve, To Increase Access to Evidence-based Psychosocial Treatment
for Children in the MaineCare Program**

CARRIED OVER

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

This resolve requires the Department of Health and Human Services to increase the MaineCare reimbursement rates for evidence-based outpatient psychosocial treatments for children to a rate that covers all costs involved with providing the service, including additional training, clears waiting lists and attracts providers to all areas of the State, including underserved rural areas. The resolve also requires the department to cover two additional evidence-based services known as trauma-focused cognitive behavioral therapy and parent management training programs through a request for proposals, using General Fund funds for training and hiring staff. The resolve requires the department and the contracted providers are required to develop a reimbursement rate for providing the service that is sufficient to allow the continued financial health of the service providers providing these therapies.

This resolve was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

Joint Standing Committee on Health and Human Services

LD 909 An Act To Stimulate the Maine Economy and Alleviate Child Poverty by Indexing Certain Benefits to Inflation Leave to Withdraw Pursuant to Joint Rule

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

This bill provides that, beginning October 1, 2017, if there are available unexpended funds, the Commissioner of Health and Human Services must increase the maximum monthly assistance amount under the Temporary Assistance for Needy Families program by the percentage increase in the Consumer Price Index between 2001 and 2017 and must further increase the monthly assistance amount on January 1, 2018, and annually every January 1st thereafter by the percentage increase, if any, in the Consumer Price Index.

LD 910 An Act To Encourage Living Kidney Donation in Maine Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K VOLK A	OTP-AM	H-420

This bill directs the Department of Health and Human Services to establish a grant program to encourage living kidney donation.

Committee Amendment "A" (H-420)

This amendment, which is the majority report of the committee, directs the Department of Health and Human Services to contract with an entity to administer a grant program to encourage living kidney donation. It provides that the department may disburse funds for the program to the entity and may condition disbursement of those funds on the entity's providing a report about the activities and services provided by the program. It provides that, every two years beginning January 1, 2019, the department must report on the activities and services of the program to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

LD 932 Resolve, To Establish the Commission To Study the Siting and Building of a Drug Treatment Facility in Northern Maine ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KINNEY M CUSHING A	ONTP	

This resolve establishes the Commission To Study the Siting and Building of a Drug Treatment Facility in Northern Maine.

Joint Standing Committee on Health and Human Services

LD 952 An Act To Ensure Access to Opiate Addiction Treatment in Maine

PUBLIC 305

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WOODSOME D POULIOT M	OTP-AM	S-106 S-331 HAMPER J

This bill directs the Department of Health and Human Services to amend its rules to increase the MaineCare reimbursement rate for outpatient opioid treatment to \$80 per week and to permit outpatient opioid treatment providers to be open six days per week as provided under federal law. It directs the department to contract with a third-party consultant to conduct a rate study regarding reimbursement to outpatient opioid treatment providers. It authorizes opioid treatment programs under the Maine Pharmacy Act to operate without maintaining a pharmacist in charge but requires opioid treatment programs to enter into a written agreement with a licensed pharmacist to serve as a consultant to the opioid treatment program. It authorizes registered professional nurses, certified nurse practitioners and licensed practical nurses to dispense opioid medication for substance abuse treatment purposes to patients in an opioid treatment program.

Committee Amendment "A" (S-106)

This amendment removes the section from the bill that relates to pharmacy oversight. It changes the increase in reimbursement in the bill for methadone providers from \$80 to \$72 a week. It removes the language that gives the Department of Health and Human Services the authority to increase reimbursement by rulemaking.

Senate Amendment "A" To Committee Amendment "A" (S-331)

This amendment amends Committee Amendment "A" by striking the requirement that the Department of Health and Human Services conduct a rate study, striking the provision mandating that the department increase the reimbursement rate for outpatient opioid treatment providers and adding language permitting the department to increase that rate if the department finds an increase to be justified. In addition, the amendment gives the Joint Standing Committee on Health and Human Services the authority to report out legislation to the Second Regular Session of the 128th Legislature to increase the reimbursement rate for outpatient opioid treatment providers. With the removal of the two initiatives requiring appropriations and allocations, the amendment strikes the appropriations and allocations section.

Enacted Law Summary

Public Law 2017, chapter 305 authorizes registered professional nurses, certified nurse practitioners and licensed practical nurses to dispense opioid medication for substance abuse treatment purposes to patients in an opioid treatment program. It also directs the Department of Health and Human Services to amend its rules to permit outpatient opioid treatment providers to be open six days per week as provided under federal law. It permits the department to increase the MaineCare reimbursement rate for outpatient opioid treatment from \$60 per week if the department finds an increase to the reimbursement rate to be justified. It authorizes the Joint Standing Committee on Health and Human Services to report out legislation to the Second Regular Session of the 128th Legislature to increase the reimbursement rate for outpatient opioid treatment providers.

LD 966 An Act To Create Mental Health Liaison Positions in Each County Jail

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R BRAKEY E		

Joint Standing Committee on Health and Human Services

This bill provides for a mental health liaison in each county or regional jail to oversee inmates with serious mental illness and connect them to the services for which they qualify, to work with the court system to ensure that they receive due process and speedy trials and to assist inmates who qualify for MaineCare to apply for and receive MaineCare benefits and services. This bill directs the Department of Health and Human Services to issue a request for proposals to private providers of behavioral health services and advocacy to replace intensive case manager positions within the department to staff the 15 mental health liaison positions in the county and regional jails.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 967 An Act To Ensure Access to Community Services for Persons with Intellectual Disabilities or Autism CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HERBIG E HAMPER J	OTP-AM	H-342

This bill requires the Department of Health and Human Services to reimburse services provided to MaineCare member adults with intellectual disabilities or autistic disorder under a waiver granted by the federal Centers for Medicare and Medicaid Services for home-based and community-based care on the basis of rates and a methodology for application of the rates that reflects assessment of individual need and applies criteria for resource allocation established by the department pursuant to criteria established in the bill. The bill also directs the department to adopt rules providing reimbursement rates that take into account specified costs of care and service; are sufficient to ensure access, including compliance with federal standards; are based on a 2007 report of the department adjusted for cost increases from 2007 to 2016; provide future annual inflation adjustments; and consider competitive wage markets, training and qualification requirements and increased costs of new technologies.

Committee Amendment "A" (H-342)

This amendment directs the Department of Health and Human Services to increase reimbursement rates by 10% over the reimbursement levels implemented in 2007 pursuant to Public Law 2005, chapter 12, Part CCCC, section 1 for services provided under Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 21 and 29 no later than October 1, 2017. The amendment narrows the services that are reimbursed to codes that provide direct support services to the MaineCare members receiving services under the waiver programs. It also directs the department and representatives of organizations of providers of community support services for individuals with intellectual disabilities and autism to examine reimbursement rates, costs of providing services and other costs to determine opportunities for efficiencies and savings. The department and the providers are required to report findings to the Joint Standing Committee on Health and Human Services no later than January 1, 2018. This amendment also adds an appropriations and allocations section.

Funding to increase reimbursement rates under Sections 21 and 29 were included in Public Law 2017, chapter 284, the biennial budget.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 998 An Act To Adequately Pay for Emergency Medical Services CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D	OTP-AM ONTP	H-296

Joint Standing Committee on Health and Human Services

This bill requires the Department of Health and Human Services to work with emergency medical services providers in the State to define, and provide reimbursement under MaineCare for, community paramedicine services that do not involve transporting patients.

Committee Amendment "A" (H-296)

This amendment, which is the majority report of the committee, removes the provisions in the bill that relate to community paramedicine services. It increases beginning March 1, 2018, the reimbursement rate for ambulance services under the MaineCare program under current law from 65% to 70% of the average allowable reimbursement rate under Medicare. It provides that the Department of Health and Human Services may not lower any reimbursement rates for ambulance services below the rates as of January 1, 2017. The amendment also adds an appropriations and allocations section.

This resolve was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 999 An Act To Provide a Healthy Learning Environment in Early Care CARRIED OVER
Settings by Requiring Rules Concerning Nutrition and Physical Activity

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

This bill provides that rules adopted by the Department of Health and Human Services for child care facilities and family child care providers must include rules pertaining to physical activity and recreational screen time and the provision of nutritious foods that contribute to the wellness, healthy growth and development of young children.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1000 Resolve, To Increase Access to Brain Injury Waiver Services CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R LANGLEY B	OTP-AM	H-295

This resolve directs the Department of Health and Human Services to increase the rates for services provided to MaineCare members receiving Home Support (Residential Habilitation) Level I under the brain injury waiver, rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 18, to no less than \$8.63 per quarter hour. It also allows up to 400 units of care coordination each year rather than only in the first year of receiving services under the waiver. The Department of Health and Human Services is directed to explore opportunities to provide additional telehealth services, including care coordination services, provided by both licensed medical personnel and nonlicensed personnel.

Committee Amendment "A" (H-295)

This amendment clarifies that the Department of Health and Human Services must seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to amend the brain injury waiver to increase Home Support (Residential Habilitation) Level I rates to no less than \$8.63 per quarter hour. It requires the increase in reimbursement to go to direct support employees. This amendment also includes an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session of the 128th

Joint Standing Committee on Health and Human Services

Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 1001 An Act To Promote Testing of Drinking Water for Maine Families

**Died Between
Houses**

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

This bill waives the fee for testing a private residential water supply for any household with income at or below 200% of the federal poverty level.

Committee Amendment "A" (H-162)

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

This amendment was not adopted.

LD 1017 An Act To Strengthen Work Participation in the Temporary Assistance for Needy Families Program

ONTP

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

This bill 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 Temporary Assistance for Needy Families program for failure to participate in the ASPIRE-TANF program, with the exception of domestic violence. Some of the substance of this bill was included in Public Law 2017, chapter 256 (LD 336).

LD 1031 An Act To Clarify the Opioid Medication Prescribing Limits Laws

**PUBLIC 213
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G BERRY S	OTP-AM	S-242

This bill addresses opioid medication prescribing limits.

Public Law 2015, chapter 488 requires that, beginning July 1, 2017, the aggregate amount of opioid medication prescribed to a patient may not be in excess of 100 morphine milligram equivalents per day and directs the Department of Health and Human Services to adopt rules establishing reasonable exceptions to those prescriber limits. This bill codifies in statute the exceptions adopted in the department's rules and adds an exception to prescribing limits for medical necessity.

Committee Amendment "A" (S-242)

This amendment replaces the bill. The amendment makes the following changes to the laws relating to the Controlled Substances Prescription Monitoring Program and limits on opioid prescribing.

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1. In the laws governing the Palliative Care and Quality of Life Interdisciplinary Advisory Council, it changes the definition of "palliative care" to clarify that palliative care does not always include a requirement for hospice care or attention to spiritual needs and includes chronic, unremitting or intractable pain such as neuropathic pain as an example of "serious illness."
2. It changes the definition of "dispenser" to remove health care professionals.
3. It removes the requirement to submit to the Department of Health and Human Services information regarding a controlled substance that is dispensed by a hospital emergency department for use during a period of 48 hours or less.
4. It adds to the list of individuals who can access the Controlled Substances Prescription Monitoring Program information the staff members of a group practice of prescribers who are authorized by a designated group practice leader, insofar as the information relates to a patient receiving care from that group practice.
5. It removes the requirement for a dispenser to notify the Controlled Substances Prescription Monitoring Program if the dispenser has reason to believe that a prescription is fraudulent or duplicative, maintaining the requirement that the dispenser contact the prescriber.
6. It clarifies that the requirement to check the Controlled Substances Prescription Monitoring Program does not apply for surgical procedures, rather than only inpatient surgery.
7. It clarifies that dispensing in connection with surgical procedures is exempt from the 100 morphine milligram equivalents limitation on opioids.
8. It clarifies that an opioid product that is labeled by the federal Food and Drug Administration to be dispensed only in a stock bottle that exceeds a seven-day supply may be prescribed as long as the amount dispensed does not exceed a 14-day supply.
9. It makes all rules related to the Controlled Substances Prescription Monitoring Program major substantive rules except that the Department of Health and Human Services is directed to adopt routine technical rules to conform to the changes in the definition of "dispenser" and the removal of the requirement of a pharmacist to notify the program when a prescription appears fraudulent or duplicative.

Enacted Law Summary

Public Law 2017, chapter 213 makes the following changes to the laws relating to the Controlled Substances Prescription Monitoring Program and limits on opioid prescribing.

1. In the laws governing the Palliative Care and Quality of Life Interdisciplinary Advisory Council, it changes the definition of "palliative care" to clarify that palliative care does not always include a requirement for hospice care or attention to spiritual needs and includes chronic, unremitting or intractable pain such as neuropathic pain as an example of "serious illness."
2. It changes the definition of "dispenser" to remove health care professionals.
3. It removes the requirement to submit to the Department of Health and Human Services information regarding a controlled substance that is dispensed by a hospital emergency department for use during a period of 48 hours or less.
4. It adds to the list of individuals who can access the Controlled Substances Prescription Monitoring Program information the staff members of a group practice of prescribers who are authorized by a designated group practice leader, insofar as the information relates to a patient receiving care from that group practice.

Joint Standing Committee on Health and Human Services

- 5. It removes the requirement for a dispenser to notify the Controlled Substances Prescription Monitoring Program if the dispenser has reason to believe that a prescription is fraudulent or duplicative, maintaining the requirement that the dispenser contact the prescriber.
- 6. It clarifies that the requirement to check the Controlled Substances Prescription Monitoring Program does not apply for surgical procedures, rather than only inpatient surgery.
- 7. It clarifies that dispensing in connection with surgical procedures is exempt from the 100 morphine milligram equivalents limitation on opioids.
- 8. It clarifies that an opioid product that is labeled by the federal Food and Drug Administration to be dispensed only in a stock bottle that exceeds a seven-day supply may be prescribed as long as the amount dispensed does not exceed a 14-day supply.
- 9. It makes all rules related to the Controlled Substances Prescription Monitoring Program major substantive rules except that the Department of Health and Human Services is directed to adopt routine technical rules to conform to the changes in the definition of "dispenser" and the removal of the requirement of a pharmacist to notify the program when a prescription appears fraudulent or duplicative.

Public Law 2017, chapter 213 was enacted as an emergency measure effective June 16, 2017.

LD 1039 An Act To Enhance Access to Affordable Health Care

**Died Between
Houses**

Sponsor(s)

Committee Report

Amendments Adopted

This initiated bill was not referred to committee. This initiated bill requires the State to provide federally approved Medicaid services through MaineCare to qualifying persons under 65 years of age with income equal to or below 133% plus 5% of the nonfarm income official poverty line. The initiated bill requires the Department of Health and Human Services to prepare and submit to the Federal Government any state plan amendments, no later than 90 days after the effective date of the initiated bill, necessary to implement the provisions of the initiated bill. The initiated bill requires monthly reporting by the department to the appropriate joint standing committees of the Legislature on the status of a state plan amendment submission until such an amendment is approved and reporting on the status of implementation of the expanded coverage under MaineCare and on the status of implementation and savings generated to state-funded programs as a result of the expanded coverage. It requires the Department of Administrative and Financial Services, Maine Revenue Services to report on revenues generated as a result of expanded coverage. It requires any savings to be transferred to the MaineCare Stabilization Fund prior to the end of fiscal year 2018-19. It requires the Office of Fiscal and Program Review to independently review these reports and report its findings to the appropriate joint standing committees of the Legislature.

LD 1052 An Act To Allow Drug Testing Prior to Providing Welfare Benefits

ONTP

Sponsor(s)

HANLEY J
HAMPER J

Committee Report

ONTP

Amendments Adopted

Joint Standing Committee on Health and Human Services

This bill allows the Department of Health and Human Services to require an applicant for Temporary Assistance for Needy Families, or TANF, benefits to complete a written screening tool to determine the applicant's likelihood of current illegal drug or controlled substance use. Based on the results of the screening tool or interactions with a TANF applicant or recipient, the department may require the applicant or recipient to submit to a drug test as a condition of receiving benefits if the department has a reasonable suspicion that the applicant or recipient is using an illegal drug or controlled substance.

LD 1053 *Resolve, Concerning the Format of Birth Certificates of Deceased Persons* ONTP

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

This resolve requires the Department of Health and Human Services, Office of Data, Research and Vital Statistics to decrease the prominence of the words indicating a person is deceased on a copy of a birth certificate. The changes must include decreasing the size of the words and making the location of the words less prominent on the birth certificate. The resolve directs the office to begin working with its vendor to make the changes by January 1, 2018.

LD 1054 *Resolve, To Expand Research To Fight Lyme Disease* ONTP

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

This resolve, for the purpose of reducing the effects of Lyme disease, does the following.

1. It requires the Department of Inland Fisheries and Wildlife and the University of Maine to undertake a joint study into the effects of ticks and disease-infected ticks on the deer population and the effects of winter ticks on the moose population; and
2. It provides funding to the Department of Health and Human Services, Maine Center for Disease Control and Prevention for the Lyme and Vector-Borne Disease Laboratory in the Maine Medical Center Research Institute and the University of Maine for research and development to combat Lyme disease.

LD 1063 *An Act To Protect Substance-exposed Infants* CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAMANN S CHIPMAN B		

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

This bill proposes to enact measures designed to enhance the protection of substance-exposed infants, which may include prevention, intervention, identification of risk and treatment of prenatal substance exposure.

Committee Amendment "A" (H-383)

This amendment, which is the majority report, replaces the bill and changes the title. It requires the Department of Health and Human Services to amend its rules in the MaineCare Eligibility Manual to provide for presumptive

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eligibility for individuals who are likely to qualify for the family planning benefit under the Maine Revised Statutes, Title 22, section 3173-G. It also requires the department to amend its rules under the MaineCare Benefits Manual, Section 90 to include contraceptive counseling as part of the services provided to women and adolescents eligible for the MaineCare program, including counseling immediately postpartum as long as the patient and the provider determine it is appropriate. It requires the department to contract for community-based outreach and education regarding family planning options and availability that is targeted toward women and adolescents who are participating in substance use disorder treatment, in correctional settings, experiencing homelessness and living in other circumstances that identify a need for family planning services. The amendment also adds an appropriations and allocations section.

This amendment was not adopted.

This bill was reported out of committee and then recommitted to the committee; it was then carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1066 An Act To Promote Life with Dignity

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PARKER J CHIPMAN B	ONTP	

This bill enacts a process for patient-directed care at the end of life for Maine residents who are adults who are terminally ill and who have been determined to have a limited life expectancy. The bill provides that such a patient has a right to information and includes requirements for patient and physician action and documentation in the patient's medical records of the steps taken. The bill authorizes a physician to prescribe a medication that the patient may self-administer for the purpose of hastening the patient's death. The bill provides protections for the physician and the patient's health care facility and health care providers. The bill protects the patient's life insurance and the health care providers' medical professional liability insurance. The bill protects the patient's right to palliative care. The bill requires rulemaking by the Department of Health and Human Services to provide for safe disposal of medications that are prescribed for end-of-life care and that are not used by the patient. The bill specifically states that nothing in the provisions of the bill may be construed to authorize a physician or other person to end a patient's life by lethal injection, mercy killing or active euthanasia. The bill specifically states that the provisions of the bill may not be construed to conflict with Section 1553 of the federal Patient Protection and Affordable Care Act, as amended by the federal Health Care and Education Reconciliation Act of 2010.

LD 1070 Resolve, To Alleviate Hunger in Rural Maine in Areas of High Unemployment

Died Between Houses

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T HAMANN S	OTP-AM ONTP	S-107

This resolve requires the Department of Health and Human Services to submit a request to the United States Department of Agriculture to waive the Supplemental Nutrition Assistance Program benefits time limit for able-bodied adults without dependents in areas designated as labor surplus areas by the United States Department of Labor, Employment and Training Administration.

Committee Amendment "A" (S-107)

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

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LD 1075 An Act To Eliminate Drug Use among Welfare Recipients

ONTP

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

This bill requires an applicant for Temporary Assistance for Needy Families, or TANF, benefits to complete a written screening tool to determine the applicant's likelihood of current substance use. Based on the results of the screening tool or interactions with a TANF applicant or recipient, the Department of Health and Human Services may require the applicant or recipient to submit to a drug test as a condition of receiving benefits if the department has a reasonable suspicion that the applicant or recipient is using an illegal drug or controlled substance. If a recipient or applicant fails a drug test, that person may appeal the results and take a second drug test. If a recipient of TANF benefits or applicant for TANF benefits does not appeal or fails a second drug test, that recipient is denied TANF benefits for 120 days and the applicant is prohibited from reapplying for TANF benefits for 120 days. This mandatory denial provision is repealed October 1, 2019.

LD 1097 An Act To Develop and Distribute Work Training Pamphlets To Educate State Agencies, Private Businesses and Other Organizations about Dementia

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HARLOW D LIBBY N		

This bill requires the Department of Health and Human Services to administer an educational program on dementia. The department is required to create a pamphlet to be distributed to state agencies, businesses, nonprofit organizations and others that informs and educates about dementia-related conditions and how to recognize and communicate with persons who have dementia.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1098 An Act To Ensure Reasonable Accommodations for Children for Whom Medical Marijuana Has Been Recommended

CARRIED OVER

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

This bill allows a medical provider with whom the child has a bona fide relationship to possess and administer marijuana on school grounds.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1105 An Act To Promote Independent Living for People with Disabilities

ONTP

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

Joint Standing Committee on Health and Human Services

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

This bill proposes to reallocate certain federal funds currently received by the Department of Labor and the Department of Health and Human Services to ensure that those departments are in alignment with the goal of allowing people with disabilities to live as independently as possible. Under this bill, Maine programs would become more consistent with federal regulations by redirecting existing resources to fund the newly mandated fifth requirement of the independent living core services in the federal Independent Living Program, as adopted by the U.S. Department of Health and Human Services, Administration for Community Living, Independent Living Administration. The fifth core requirement of this bill directs the provision of services to focus on three key areas for people with disabilities: transition from nursing homes to home and community settings; diversion from nursing homes; and transition of youths 18 to 24 years of age from school to adult living. Possible funding streams for this bill include federal funding under the federal Workforce Innovation and Opportunity Act and Maine's Money Follows the Person demonstration project administered by the Department of Health and Human Services, federal funding currently allocated for the Office of Child and Family Services, Office of Aging and Disability Services and Office of Substance Abuse and Mental Health Services within the Department of Health and Human Services and funding from the Department of Education from federal funds for the Carl D. Perkins Career and Technical Education Act of 2006 grant for special services and adult education, as well as funds allocated or appropriated by the State from General Fund or Other Special Revenue sources.

LD 1108 An Act To Restore Public Health Nursing Services

PUBLIC 312

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARSON B	OTP-AM ONTP	S-155 S-329 HAMPER J

This bill is emergency legislation. This bill enumerates the types of nursing services that must be provided by the Public Health Nursing Program within the Department of Health and Human Services. It specifies required staffing in the program. It sets deadlines for staffing and requires the Public Health Nursing Program by September 1, 2017, and October 15, 2017, to report on progress in achieving full staffing. The bill requires the Joint Standing Committee on Health and Human Services to conduct a review of public health nursing services including types of public health needs of persons who have recently moved to the State, services being provided to meet those needs and any unmet needs. The bill requires the committee to provide to the Legislature a written report of its findings and recommendations for any future action by January 1, 2018.

Committee Amendment "A" (S-155)

This amendment is the majority report of the committee. It removes the emergency preamble and emergency clause. It adds to the description of services provided by public health nurses. It clarifies that the 50 full-time nurses must be providing nursing services directly to communities in Maine. It provides that the staff required by the bill must be licensed nurses. The amendment changes the staffing level and report dates. It removes the historical review of the Public Health Nursing Program. The amendment also adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-329)

This amendment requires the Department of Health and Human Services to promptly fill all public health nurse positions within the Public Health Nursing Program for which funding is provided. It prohibits the transfer or otherwise repurposing of any funds appropriated or allocated for the salaries, benefits and other costs of public health nurses and the services they provide. It changes reporting deadlines for the Director of the Public Health Nursing Program under the Department of Health and Human Services to report to the Joint Standing Committee on Health and Human Services on the progress of the department in achieving full staffing of the Public Health Nursing Program. The amendment also removes the appropriations and allocations section.

Joint Standing Committee on Health and Human Services

Enacted Law Summary

Public Law 2017, chapter 312 enumerates the types of nursing services that must be provided by the Public Health Nursing Program within the Department of Health and Human Services. It requires the Department of Health and Human Services to promptly fill all public health nurse positions within the Public Health Nursing Program for which funding is provided as soon as possible after enactment of this Act and no later than March 1, 2018. It prohibits the transfer or otherwise repurposing of any funds appropriated or allocated for the salaries, benefits and other costs of public health nurses and the services they provide. It sets deadlines for staffing and requires the Director of the Public Health Nursing Program under the Department of Health and Human Services to report to the Joint Standing Committee on Health and Human Services by December 15, 2017, and February 15, 2018, on the progress of the department in achieving full staffing of the Public Health Nursing Program.

Public Law 2017, chapter 284, the biennial budget, reinstates several Public Health Nurse positions.

LD 1109 An Act To Improve General Assistance Reimbursements

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHIPMAN B HAMANN S		

This bill amends the municipal general assistance laws to provide a different method of determining the residence of an applicant and the municipality responsible for providing general assistance to that applicant, including an applicant relocating from another municipality. The bill provides that the municipality of record, which is defined as the municipality in which the applicant resided immediately prior to applying for assistance, is the responsible municipality.

Committee Amendment "A" (S-273)

This amendment, which is the majority report of the committee, replaces the bill and changes the title. It requires a municipality or Indian tribe to be responsible for 30% of the costs of its general assistance program and specifies that the costs incurred by the municipality or Indian tribe for administering the program count toward the 30%. It requires the Department of Health and Human Services to adopt routine technical rules to establish appropriate costs for administration. The amendment also adds an appropriations and allocations section.

This bill was reported out of committee and then recommitted to the committee; it was then carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1110 An Act Concerning Medicaid for Incarcerated Persons about To Be Released

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G TUCKER R	ONTP	

This bill requires the Department of Health and Human Services to allow an incarcerated person who has lost Medicaid coverage due to losing a federal benefit provided under the United States Social Security Act while incarcerated to be given the opportunity and assistance to reapply for Medicaid coverage 45 days before release from incarceration.

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LD 1111 Resolve, To Establish a Task Force To Study the Causes of and Solutions to the Epidemic of Childhood Obesity in Maine ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G DENNO D	ONTP	

This resolve directs the Commissioner of Health and Human Services to convene a task force to study the epidemic of childhood obesity in Maine.

LD 1112 An Act Regarding the Maternal and Infant Death Review Panel PUBLIC 203

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KEIM L	OTP-AM	S-189

This bill gives the maternal and infant death review panel the power to request the Commissioner of Health and Human Services to issue subpoenas to require disclosure of records and information. This is the same authority allowed the child death and serious injury review panel. It requires the panel to meet twice per year and to study the causes of the increase in infant mortality in the State within the past ten years. The bill requires the panel to report its findings by February 7, 2018, to the Department of Health and Human Services and the Joint Standing Committee on Health and Human Services in the Second Regular Session of the 128th Legislature.

Committee Amendment "A" (S-189)

This amendment replaces the bill. It changes the maternal and infant death review panel to the maternal, fetal and infant mortality review panel. It provides that "director" in the laws governing the review panel refers to the medical director of the Maine Center for Disease Control and Prevention because of the recent reorganization of personnel within the center. It allows the panel coordinator of the review panel to obtain, without the individual's or family's consent, the health information of a woman who died during pregnancy or within 42 days of giving birth, a child who died within one year of birth or a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation. It provides that the review panel is required to meet at least twice per year.

Enacted Law Summary

Public Law 2017, chapter 203 changes the maternal and infant death review panel to the maternal, fetal and infant mortality review panel. It provides that "director" in the laws governing the review panel refers to the medical director of the Maine Center for Disease Control and Prevention because of the recent reorganization of personnel within the center. It allows the panel coordinator of the review panel to obtain, without the individual's or family's consent, the health information of a woman who died during pregnancy or within 42 days of giving birth, a child who died within one year of birth or a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation. It provides that the review panel is required to meet at least twice per year.

LD 1119 An Act To Ensure Safe Drinking Water in Public Buildings ONTP

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

Joint Standing Committee on Health and Human Services

This bill expands the requirement to test drinking water in schools that take drinking water from sources other than public water systems to include all public buildings that take water from a source other than a public water system, except that public buildings less than ten years old are exempt from this requirement. Under the bill, the Department of Health and Human Services must provide test results to the Department of Environmental Protection. The bill requires that the Department of Environmental Protection must make the results available on the department's publicly accessible website.

**LD 1133 An Act Regarding Access to Appropriate Residential Services for
Individuals Being Discharged from Psychiatric Hospitalization**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J HILL D		

This bill provides that, if a patient in a hospital who received treatment for a psychiatric condition and who the hospital has determined is clinically ready for discharge requests admission or readmission from the hospital to a facility operated by a residential service provider and that request is denied, the residential service provider must provide the patient the reasons for the denial in writing no later than three business days after the request is denied.

The bill directs the Department of Health and Human Services to develop a standardized form for use by residential service providers to state the specific reasons for denial. It requires a residential service provider to provide the standardized form to the patient or the patient's parent or guardian or designated representative. It requires a residential service provider to annually send to the department's division of licensing and regulatory services a report of all patients who are denied admission or readmission and the reasons given the patients that were contained in the standardized forms.

The bill allows a patient or a patient's parent or guardian or designated representative to recover \$500 from a residential service provider that violates these provisions. It also provides for the revocation of the license of a residential service provider that violates these provisions three times or more in a calendar year.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

**LD 1134 An Act To Amend the Laws Governing Nursing Facilities To Permit
Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants
To Perform Certain Physician Tasks**

**PUBLIC 145
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STEWART H CARPENTER M	OTP-AM	H-258 S-144 BRAKEY E

This bill provides that, in accordance with federal regulations:

1. For nursing home residents receiving skilled nursing facility level services, a physician assistant, nurse practitioner or clinical nurse specialist may provide medically necessary visits, certifications and recertifications and required visits that alternate with those performed by a physician; and
2. For nursing home residents receiving nursing facility level services, a physician assistant, nurse practitioner or clinical nurse specialist may perform any physician task.

Committee Amendment "A" (H-258)

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This amendment clarifies that alternate required visits and medically necessary visits in skilled nursing facilities may be performed by physician assistants, nurse practitioners and clinical nurse specialists operating within their scope of practice if those tasks have been delegated by a physician.

Senate Amendment "A" To Committee Amendment "A" (S-144)

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

Enacted Law Summary

Public Law 2017, chapter 145 makes the following changes relating to staffing in nursing homes in accordance with federal regulations:

1. Alternate required visits and medically necessary visits for residents receiving skilled nursing facility level services may be performed by physician assistants, nurse practitioners and clinical nurse specialists operating within their scope of practice if those tasks have been delegated by a physician;
2. Certifications and recertifications to verify that the resident requires daily skilled nursing care or rehabilitation services may be performed by a physician assistant, nurse practitioner or clinical nurse specialist; and
3. Any physician task for nursing home residents receiving nursing facility level services may be performed by a physician assistant, nurse practitioner or clinical nurse specialist.

Public Law 2017, chapter 145 was enacted as an emergency measure effective June 8, 2017.

LD 1135 An Act To Strengthen the Efficacy of the Medical Marijuana Laws

CARRIED OVER

Sponsor(s)

CHACE P

Committee Report

Amendments Adopted

This bill makes the following changes to the Maine Medical Use of Marijuana Act:

1. The limit on the number of qualifying patients a primary caregiver may assist is clarified to be for a period of one calendar month or more;
2. The definition of a collective is strengthened;
3. The penalties for participation in a collective are enhanced;
4. A level of local control is provided by allowing a municipality to limit the number of primary caregivers that may operate within that municipality and allowing for enactment of reasonable municipal regulations applicable to primary caregivers;
5. The confidentiality provisions of primary caregivers are removed;
6. A primary caregiver and a registered dispensary are subject to fines for violations of the provisions of the Act or for failing to register as a primary caregiver or dispensary;
7. Fines prescribed for violations of the Act are mandatory;
8. The Office of the Attorney General may seek an injunction to require a registered primary caregiver, a registered dispensary, a person who fails to register as a primary caregiver and who engages in conduct that is only authorized

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for a registered primary caregiver or a person or entity that fails to register as a dispensary and that engages in conduct that is only authorized for a registered dispensary to comply with the Act. The District Court may order the registered primary caregiver, the registered dispensary or the person or entity to pay the costs of the investigation and the costs of suit, including attorney's fees;

9. The Office of the Attorney General may seek court action against a registered primary caregiver, a registered dispensary or a person or entity for violation of an injunction, including but not limited to imposition of a fine; and

10. The Department of Health and Human Services' burden of proof for a violation of the Act is a preponderance of the evidence.

The bill also includes an appropriations and allocations section.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1136 *Resolve, Directing the Department of Health and Human Services To* **ONTP
Amend Its Rules Regarding Services Provided to Students**

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

This resolve directs the Department of Health and Human Services to amend its rules regarding services provided to students to:

1. Allow speech pathologists to bill directly for services they provide to students who are eligible for the MaineCare program; and
2. Remove requirements that, for a student to be eligible for coverage for services under early periodic screening, diagnosis and treatment, the services be included in the student's individualized education plan or the family's individualized family service plan and that the services be medical in nature as opposed to educational.

LD 1148 *An Act To Safeguard the Rights of Private Child Care Businesses* **CARRIED OVER**

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

This bill provides that the State may not prohibit the expulsion of a child from or compel the attendance of a child at an independently operated, privately owned child care facility except to remedy unlawful discrimination under the Maine Human Rights Act.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1162 *An Act To Reduce the Incidence of Obesity and Chronic Disease in* **CARRIED OVER
Maine**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N HAMANN S		

Joint Standing Committee on Health and Human Services

This bill provides for reimbursement under the MaineCare program for medical nutritional therapy provided by physicians, licensed dietitians and dietitian nutritionists and reimbursement for obesity treatment medication.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1170 An Act To Reduce Youth Access to Tobacco Products

PUBLIC 308

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAVIS P	OTP-AM	S-146
GUERIN S	ONTP	S-306 DAVIS P
	OTP-AM	S-325 HAMPER J

This bill raises the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age. The definition of "tobacco product" is expanded to include additional forms of tobacco and materials and devices used in the consumption of tobacco, including electronic smoking devices. The bill also changes the penalties for the unlawful sale and purchase of tobacco products.

Committee Amendment "A" (S-146)

This amendment, which is the majority report of the committee, changes the references to ages in the bill to be consistent with current drafting standards.

Committee Amendment "B" (S-147)

This amendment, which is the minority report of the committee, allows persons who were 18 years old as of October 15, 2017, to purchase tobacco products and changes references to ages to conform to drafting standards.

This amendment was not adopted.

Senate Amendment "B" To Committee Amendment "A" (S-306)

This amendment amends committee amendment "A" to allow persons who were 18 years of age as of July 1, 2018 to purchase tobacco products.

Senate Amendment "A" (S-325)

This amendment requires the State Controller to transfer \$106,075 from the Maine Center for Disease Control and Prevention program, Fund for a Healthy Maine account in the Department of Health and Human Services to the unappropriated surplus of the General Fund.

Enacted Law Summary

Public Law 2017, chapter 308 raises the minimum legal age to purchase tobacco products from 18 years of age to 21 years of age, unless the person was 18 years of age as of July 1, 2018. It expands the definition of "tobacco product" to include additional forms of tobacco and materials and devices used in the consumption of tobacco, including electronic smoking devices. It changes the penalties for the unlawful sale and purchase of tobacco products. It requires the State Controller to transfer \$106,075 from the Maine Center for Disease Control and Prevention program, Fund for a Healthy Maine account in the Department of Health and Human Services to the unappropriated surplus of the General Fund.

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LD 1177 An Act To Create an Appeals Process for Child Care Providers

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VOLK A ESPLING E		

This bill establishes the Child Care Appeal Review Panel to review disputes related to the licensing and certification of child care facilities, family child care providers and nursery schools, including revocations, suspensions, denials, demotions to conditional status, rule compliance issues and denials of requests for alternative compliance methods but not including child abuse and neglect investigations. The review panel members are appointed by the Governor for five-year terms. The director of the division of licensing and regulatory services within the Department of Health and Human Services is the chair of the panel but does not vote. The Office of the Attorney General provides legal counsel. The department and facility are required to abide by decisions made by the review panel.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1186 Resolve, Directing the Department of Health and Human Services To Develop a Resource Guide for Assistance in Substance Abuse Matters

ONTP

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

This resolve requires the Department of Health and Human Services to create a resource guide for state-funded and other alcohol and drug abuse treatment, prevention and recovery programs. The resource guide must be made available on a publicly accessible website and searchable by location and by services provided.

LD 1188 An Act To Facilitate MaineCare-Funded Assisted Living by Providing a Cost-of-living Adjustment to Private Nonmedical Institutions and Adult Family Care Homes

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R	ONTP OTP-AM	H-330

This bill provides funds to the Department of Health and Human Services to give adult family care homes, residential care facilities and certain private nonmedical institutions a 4% cost-of-living rate increase for the state fiscal year ending June 30, 2018, and an additional cost-of-living increase for the state fiscal year ending June 30, 2019, based on a projected increase in the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index. The bill provides that 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" (H-330)

This amendment, which is the minority report of the committee, removes from the bill the 4% increase in fiscal year 2017-18 for reimbursement for adult family care homes, residential care facilities and certain private nonmedical institutions. It includes a reimbursement increase of 2.1% in fiscal year 2018-19. It establishes an annual increase beginning in fiscal year 2019-20 using the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, Long-Term Care Hospital Market Basket change as published in the Federal

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Register.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 1189 An Act To Define the Age of Consent for Alcohol or Drug Treatment and CARRIED OVER
Mental Health Services

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
POULIOT M HILL D		

Current law provides that a minor under 18 years of age may consent to treatment for abuse of alcohol or drugs or for emotional or psychological problems. This bill provides that a minor who is 14 years of age or older may consent to treatment for abuse of alcohol or drugs or for emotional or psychological problems and does not need the consent of a parent or guardian for such treatment. It also provides that if the parent or guardian consents to such treatment of a minor 14 years of age or older, the minor may not abrogate that consent and that if a minor 14 years of age or older consents to such treatment, a parent or guardian may not abrogate that consent.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1205 Resolve, Regarding Legislative Review of Portions of Chapter 101: RESOLVE 15
MaineCare Benefits Manual, Chapter III, Section 21, Allowances for EMERGENCY
Home and Community Services for Adults with Intellectual Disabilities
or Autism Spectrum Disorder, a Late-filed Major Substantive Rule of
the Department of Health and Human Services

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-325

This resolve provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

Committee Amendment "A" (H-325)

This amendment provides that the Department of Health and Human Services may finally adopt portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a provisionally adopted major substantive rule, only if the rule is modified.

The first required modification to the rule is the removal of the requirement that a provider bill only for days on which a member is receiving per diem home support at 11:59 p.m. The rule must also clarify that there is no requirement that a provider bill only for days on which a member is physically present in the home at 11:59 p.m., to account for times when the member may be temporarily away from the home, for instance on a family visit. The modification must also clarify that on days when a member is transitioning between providers of home support, only the provider providing home support at 11:59 p.m. may bill for home support.

The second required modification to the rule relates to documentation for the audit of services provided. The proposed rule requires documentation showing the hours and the name of the direct staff scheduled to work with the

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member. The required modification returns the rule to the current requirement that documentation show the hours and the name of the direct staff scheduled to work at the facility.

Enacted Law Summary

Resolve 2017, chapter 15 provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

Resolve 2017, chapter 15 was finally passed as an emergency resolve effective June 8, 2017.

LD 1214 An Act To Create Fairness in Home-based Care Fees for Service

CARRIED OVER

Sponsor(s)
LIBBY N

Committee Report

Amendments Adopted

This bill provides that rules adopted by the Department of Health and Human Services for the administration of the program for in-home and community support services for the elderly may not require a person receiving services under a state-funded program to make a monthly payment toward the administrative cost of coordination services if an in-home care service was not provided in that month.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1272 An Act To Move Administration of the Child and Adult Care Food Program from the Department of Health and Human Services to the Department of Education

ONTP

Sponsor(s)
HAMANN S

Committee Report
ONTP

Amendments Adopted

This bill moves the administration of the federal Child and Adult Care Food Program, which provides food assistance to children and adult participants in nonresidential institutions that provide care, from the Department of Health and Human Services to the Department of Education. It directs the Department of Education to enter into a written agreement with the United States Department of Agriculture to administer the program. It directs the Department of Health and Human Services to work with the Department of Education to move the administration of the program. It directs the Department of Education to report to the committee of jurisdiction during the Second Regular Session of the 128th Legislature and the First Regular Session of the 129th Legislature and include suggested legislation. It authorizes the Department of Education to adopt routine technical rules.

Some of the substance of this bill is included in Public Law 2017, chapter 284, the biennial budget.

LD 1273 Resolve, To Redispense Donated Prescription Drugs

CARRIED OVER

Sponsor(s)
HYMANSON P

Committee Report

Amendments Adopted

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This resolve requires the Maine Board of Pharmacy to adopt rules to allow a nongovernmental organization in the State to coordinate both the donation of unused prescription drugs by nursing homes, hospitals, wholesalers and other institutional pharmacies and the subsequent redispensing of these prescription drugs at no cost to low-income residents of the State.

This resolve was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

**LD 1291 An Act To Increase Affordability of and Access to Heat Pumps for
Maine Homeowners** ONTP

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

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

This bill proposes to use unallocated funds from the Temporary Assistance for Needy Families program to increase affordability of and access to heat pumps for Maine homeowners.

**LD 1300 An Act To Require a Prescription for a Medication That Contains
Certain Substances That May Be Used To Make Methamphetamine** ONTP

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

This bill requires a prescription to possess any amount of ephedrine or pseudoephedrine. It removes references to ephedrine and pseudoephedrine from the laws governing over-the-counter sales of methamphetamine precursors.

LD 1301 An Act To Improve Access to Preventive, Cost-saving Dental Services CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J KATZ R	OTP-AM ONTP	H-248

This bill requires that, beginning October 1, 2017, MaineCare coverage for adult dental services include an annual comprehensive oral examination and preventive services, including prophylaxis, topical fluoride, sealants, oral hygiene instruction, behavior management and smoking cessation counseling.

Committee Amendment "A" (H-248)

This amendment is the majority report of the committee. It makes consistent the dates by which the Department of Health and Human Services is to notify providers of the scope of dental benefits covered by the MaineCare program. It moves the directive to the department to adopt rules relating to coverage of adult preventive dental services and the designation of those rules as routine technical rules to allocated language. This amendment also provides funding for increased MaineCare coverage required by the bill.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

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LD 1302 An Act To Increase Workforce Participation in the Temporary Assistance for Needy Families Program and Other Assistance Programs Died Between Houses

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

This bill requires the Department of Health and Human Services to administer a program to provide financial assistance to families receiving Temporary Assistance for Needy Families benefits or statewide food supplement program benefits for motor vehicle repairs, registration and inspection when the motor vehicle is needed for employment purposes. Under the bill, the program must be supported with federal block grant funding under the Temporary Assistance for Needy Families program.

Committee Amendment "A" (H-329)

This amendment is the majority report of the committee. It increases the allowable financial assistance for vehicle repairs to \$2,000 per year for a family receiving benefits under the ASPIRE-TANF program. It removes from the bill financial assistance for motor vehicle repairs and other expenses for recipients of food supplement programs. The amendment also adds an appropriations and allocations section.

Public Law 2017, chapter 284, the biennial budget, includes a pilot Working Cars for Families program for certain TANF recipients.

LD 1303 An Act To Establish the Vaccine Consumer Protection Program within the Department of Health and Human Services INDEF PP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
O'CONNOR B		

This bill was not referred to committee.

This bill establishes the Vaccine Consumer Protection Program within the Department of Health and Human Services and describes the services provided under the program. This bill also clarifies that a medical exemption from immunization for the purposes of school attendance is to be determined by the child's physician. This bill also removes the Commissioner of Education and the Department of Health and Human Services rule-making authority regarding the statutory immunization provisions and school and municipal authority to have more stringent immunization requirements than state law.

LD 1314 Resolve, To Improve Access to Neurobehavioral Services CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R	OTP-AM	H-202

This resolve requires the Department of Health and Human Services to provide by September 1, 2018, 16 new neurobehavioral beds in one or more neurobehavioral centers to serve individuals with significant behavioral challenges and complex medical needs who need short-term evaluation and treatment before transitioning to a long-term care environment either in the community or a long-term care facility.

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Committee Amendment "A" (H-202)

This amendment delays the date by which neurobehavioral beds must be provided from September 1, 2018, to July 1, 2019. It requires the Department of Health and Human Services to provide beds in two or more different centers rather than one or more centers as in the resolve. It restricts the population served to individuals with neurobehavioral issues or dementia and accompanying behavioral issues and removes individuals with brain injury, intellectual disabilities or autism.

This resolve was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 1325 An Act Regarding Opioids and Palliative Care ONTP

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

This bill allows an exemption from the limits on opioid medication prescribing for a patient receiving palliative care under a management plan that is submitted by a licensed medical professional caring for the patient and approved by the Department of Health and Human Services and that documents the need for ongoing treatment of the patient that exceeds the limits on opioid medication prescribing.

LD 1326 An Act To Reduce Morbidity and Mortality Related to Opioid Misuse Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K	OTP-AM OTP-AM	H-293

This bill:

1. Repeals the provision making possession of a hypodermic apparatus a crime;
2. Creates a medical assistance exemption from criminal liability, including arrest, prosecution or incarceration, for a person who seeks medical assistance for that person's self or another who experiences a drug overdose if the grounds for the arrest, prosecution or incarceration were obtained as a result of the person's seeking medical assistance;
3. Removes Department of Health and Human Services rule-making authority over establishing community-based drug overdose prevention programs and adds statutory criteria for the establishment of the programs; and
4. Appropriates to the Department of Health and Human Services \$75,000 for syringe exchange programs and \$50,000 for naloxone hydrochloride distribution through community-based drug prevention programs for each year of the current biennium.

Committee Amendment "A" (H-293)

This amendment is the majority report of the committee. It returns to the Department of Health and Human Services rule-making authority over establishing community-based drug overdose prevention programs, which is removed in the bill. It directs the department to provisionally adopt rules regarding community-based drug overdose prevention programs by January 15, 2018. It removes from the bill the appropriation for syringe exchange programs

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and naloxone hydrochloride distribution.

Committee Amendment "B" (H-294)

This amendment is the minority report of the committee. It removes the provisions in the bill that decriminalize possession of a hypodermic apparatus. It returns to the Department of Health and Human Services rule-making authority over establishing community-based drug overdose prevention programs, which is removed in the bill. It directs the department to provisionally adopt rules regarding community-based drug overdose prevention programs by January 15, 2018. It removes from the bill the appropriation for syringe exchange programs and naloxone hydrochloride distribution.

This amendment was not adopted.

LD 1329 An Act To Allow Tobacco Retail Establishments To Serve Alcohol

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PIERCE J SAVIELLO T		

This bill allows the Department of Administrative and Financial Services, Bureau of Alcoholic Beverages and Lottery Operations to issue licenses to tobacco retail establishments to sell spirits, wine and malt liquor for consumption on the premises of those establishments.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1363 Resolve, Regarding Legislative Review of Portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a Late-filed Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 16
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-477

This resolve provides for legislative review of portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

Committee Amendment "A" (H-477)

This amendment provides that the Department of Health and Human Services may finally adopt portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a provisionally adopted major substantive rule that was filed outside the legislative rule acceptance period, only if the rule is modified.

The first required modification is to the routine technical portions of the rule establishing Exemption Code A for active and aftercare cancer treatment. The exemption code in the rule must be amended to remove the six-month limit for aftercare cancer treatment post remission.

The second required modification is to the routine technical portions of the rule establishing Exemption Code H for circumstances when an individual is prescribed a second opioid after proving unable to tolerate a first opioid. The exemption code in the rule must be amended so that the individual is not required to return the initial prescription to

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a pharmacy for collection prior to dispensation of the second prescription. The department must recommend to dispensers that patients are provided with guidance on proper disposal of the first opioid prescription.

The third required modification is to allow for dispensers to provide an early refill of a prescription before the refill date if, in the judgment of the dispenser, the early refill does not represent a pattern of early refill requests by the individual.

The fourth required modification is to allow for dispensers to contact prescribers by telephone to verify and document information about prescriptions.

The fifth required modification is to establish a process for a dispenser who receives a prescription for an opioid medication from an out-of-state prescriber that does not comply with department rules. The dispenser may fill the prescription if the dispenser records an oral confirmation with the validity of the prescription from the out-of-state prescriber and documents any missing information such as diagnosis code, exemption code and acute or chronic pain notation and the dispenser makes a reasonable effort to determine that the oral confirmation came from the prescriber or prescriber's agent, which may include a telephone call to the prescriber's telephone number listed in a telephone directory or other directory.

The sixth required modification is to delay the requirement for dispensers to provide information to the Prescription Monitoring Program on the exemption code and ICD-10 code until July 1, 2018, and allow the Department of Health and Human Services to approve waivers after July 1, 2018 for dispensers who are unable with good cause to comply with the requirement.

Enacted Law Summary

Resolve 2017, chapter 16 provides for legislative review of portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

Resolve 2017, chapter 16 was finally passed as an emergency measure effective June 19, 2017.

**LD 1364 Resolve, Regarding Legislative Review of Portions of Chapter 101:
MaineCare Benefits Manual, Chapter III, Section 97: Private
Non-Medical Institution Services, a Major Substantive Rule of the
Department of Health and Human Services**

**RESOLVE 17
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP

S-164 BRAKEY E

This resolve provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97: Private Non-Medical Institution Services, a major substantive rule of the Department of Health and Human Services.

Senate Amendment "A" (S-164)

This amendment specifies that the Legislature does not authorize final adoption of the portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97: Private Non-Medical Institution Services. The provisionally adopted rule was approved by the Legislature as part of Resolve 2017, chapter 6, making approval pursuant to this resolve unnecessary (see LD 458).

Enacted Law Summary

Resolve 2017, chapter 17 prohibits the final adoption of the portions of Chapter 101: MaineCare Benefits Manual,

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members acting in accordance with the provisions of the bill and creates a tolerance zone with 0.5 miles of the facility. The facilities are directed to report certain demographic and other information to the department, which is directed to analyze the information and report to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The department is also directed to review the effectiveness of the facilities to determine whether to open additional facilities.

Committee Amendment "A" (H-501)

This amendment is the minority report of the committee and replaces the bill. It establishes a precertification process within the Department of Health and Human Services that would review the qualifications of an applicant seeking to open a safer drug use facility and it establishes requirements for such a facility. It provides certain exemptions from criminal liability for clients and staff members of a facility. It provides for a referendum process at the municipal level for municipalities to approve the establishment of a safer drug use facility. The amendment also adds an appropriations and allocations section.

This amendment was not adopted.

**LD 1408 An Act To Establish an Independent Citizens Oversight Committee on Died Between
Maine's Welfare Programs Houses**

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

This bill requires the Department of Health and Human Services to collect data related to performance measures of the Temporary Assistance for Needy Families, or 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. 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.

Committee Amendment "A" (S-156)

This amendment, which is the majority report of the committee, makes minor changes to the data and benchmarks that must be collected by the Department of Health and Human Services and reviewed by the Independent Citizens Oversight Committee, which is established in the bill. This amendment also adds an appropriations and allocations section to provide funding for a position in the Department of Health and Human Services to analyze the data.

This amendment was not adopted.

**LD 1412 An Act To Increase Access to Workforce Development Programs for Accepted Minority
New Maine Residents (ONTP) Report**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHIPMAN B FECTEAU R	REF TO LCED/ONTP ONTP	

This bill establishes and funds the Immigrant Workforce Development Fund, which provides competitive grants to ethnicity-based community organizations to fund programs and services to help legal immigrants and refugees become economically self-sufficient.

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LD 1413 Resolve, Regarding Sober Living Transitional Assistance

ONTP

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

This resolve establishes the Help Me Recover Fund within the Department of Health and Human Services to provide grants to persons being discharged from detoxification or residential treatment programs to use as a deposit and first month rent payment for housing in a recovery residence. To be eligible for a grant from the fund a person must be financially unable to provide a deposit and first month rent payment. The resolve directs the department to enter into a contract with a nonprofit organization with experience in substance use disorder treatment or recovery to administer and make distributions from the fund.

LD 1418 An Act To Ban the Purchase of Retail Marijuana and Retail Marijuana Products with Temporary Assistance for Needy Families Program Benefits

PUBLIC 208

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COREY P DIAMOND B	OTP	

This bill prohibits the purchase of retail marijuana and retail marijuana products using the electronic benefits transfer system under the Temporary Assistance for Needy Families program.

Enacted Law Summary

Public Law 2017, chapter 208 prohibits the purchase of retail marijuana and retail marijuana products using the electronic benefits transfer system under the Temporary Assistance for Needy Families program.

LD 1419 Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 29, Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a Late-filed Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 10
EMERGENCY**

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

This resolve provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 29, Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

Enacted Law Summary

Resolve 2017, chapter 10 provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 29, Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

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Resolve 2017, chapter 10 was finally passed as an emergency measure effective May 31, 2017.

LD 1423 An Act To Amend Certain Laws Governing Child Care Providers

CARRIED OVER

Sponsor(s)

LIBBY N

Committee Report

Amendments Adopted

This bill makes various changes to the laws governing child care facilities and family child care providers, including:

1. Allowing a parent who receives a child care subsidy to make up the difference between the amount of the subsidy and the total cost of child care without losing the subsidy;
2. Defining an infant as a child six weeks of age or older and under 12 months of age and a toddler as a child 12 months of age or older and under 36 months of age;
3. Allowing a person to care for up to four children in the person's home without that person's being required to become certified as a family child care provider;
4. Creating a license or certification renewal with a term of five years for a child care facility or family child care provider that has been in operation and licensed or certified in good standing for at least five consecutive years;
5. Directing the Department of Health and Human Services upon a complaint to investigate only that complaint unless there is reasonable cause to suspect another violation;
6. Providing a period of up to 90 days for a person to work as a staff member for a child care facility or family child care provider without the completion of a criminal background check while a criminal background check is being conducted;
7. Allowing for exceptions to department rules involving child to staff ratios, the ages of children and infants and toddlers in cases of extenuating circumstances due to an unexpected staff member absence or parent drop-off of a child at the facility or provider or due to the particular needs of an individual child;
8. Requiring department rules to be narrowly based upon the health and safety of the children and not to unreasonably interfere with facility or provider business operations in which the health and safety of the children are not involved;
9. Requiring in the instance of the department's declining to renew a license or certification of a child care facility or family child care provider that the renewal fee paid by the facility or provider be refunded;
10. Detailing inspection and post-inspection processes including the posting of information regarding a child care facility or family child care provider by the department on a publicly accessible website; and
11. Directing the department to develop recommended legislation to create an appeals board composed of members not employed or appointed by the department to review department decisions regarding child care facilities and family child care providers and to develop a child care provider bill of rights.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

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LD 1424 An Act To Amend the Laws Governing MaineCare Eligibility Determination For Applicants To Nursing Homes

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G FAY J	ONTP	

This bill amends the laws governing MaineCare eligibility determinations for applicants to nursing homes. It directs the Department of Health and Human Services to provide timely and adequate notice to both the applicant and the facility in which the individual resides or seeks to reside if the department is unable to make a decision of eligibility due to inconclusive or conflicting information or other deficiencies in the application and requires the department to notify the applicant and the affected facility of the additional information required. It requires that the provision of copies of all communications be timely provided to the facility as well as the applicant, and that the applicant be provided a reasonable amount of time to respond and provide information. It directs the department to extend the time frame for responses in appropriate circumstances. If an application is denied and if necessary information is later provided, the additional information must be used to update and supplement the prior application, and the applicant need not submit a new application. The bill also requires the department to provide timely advance notice of reviews for annual determinations and other periodic redeterminations of MaineCare eligibility to a MaineCare recipient and the facility in which the recipient resides or seeks to reside. The bill requires the department to provide to the recipient and the facility in which the recipient resides or seeks to reside copies of communications.

LD 1425 An Act To Repeal the Laws Governing the Mental Health Homicide, Suicide and Aggravated Assault Review Board

PUBLIC 93

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

This bill repeals the Mental Health Homicide, Suicide and Aggravated Assault Review Board. This board is no longer active.

Enacted Law Summary

Public Law 2017, chapter 93 repeals the Mental Health Homicide, Suicide and Aggravated Assault Review Board.

LD 1430 An Act To Develop a Statewide Resource and Referral Center and Develop Hub-and-spoke Models To Improve Access, Treatment and Recovery for Those with Substance Use Disorder

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K DILL J		

This bill establishes a statewide resource and referral center for individuals with substance use disorders and friends and family members of individuals with substance use disorders, law enforcement and providers of substance abuse treatment. It requires the Department of Health and Human Services to contract with evidence-based substance abuse treatment providers across the State to provide integrated medication-assisted treatment to individuals with substance use disorders. Hubs provide comprehensive services for acute needs, and spokes are primary care facilities that offer behavioral health services or are connected to providers of those services. It directs the

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Department of Health and Human Services to fund treatment for individuals without insurance and develop a rate of reimbursement that takes into account the multiple parts of treatment an individual with a substance use disorder requires in addition to medication. It directs the Department of Labor to develop a career center program to assist individuals in treatment for substance use disorders or in recovery with career planning and taking advantage of employment opportunities. It directs the Department of Health and Human Services to develop assessment measures to evaluate performance and present a report on progress, implementation and assessment to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2020.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

**LD 1433 An Act To Protect Maine Children from Lung Cancer by Requiring
Radon Testing in Schools**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARREN C MILLETT R	OTP-AM	H-516

This bill requires school administrative units to test schools for radon every five years. It requires the school administrative unit to take action to mitigate the affected areas if radon levels are above a certain level. It requires that the school administrative unit must notify parents, faculty and staff of test results and must report test results to the Department of Education and the Department of Health and Human Services. It directs the Department of Health and Human Services to report these results every five years to the Legislature and the Governor.

The bill also requires school administrative units to build new schools using radon-resistant new construction techniques as recommended by the United States Environmental Protection Agency.

Committee Amendment "A" (H-516)

This amendment provides that radon testing in schools must comply with the United States Environmental Protection Agency's recommended testing standards for schools. It allocates money from the Fund for a Healthy Maine to pay for the schools' radon testing costs. It removes the provisions in the bill that require schools to mitigate radon levels in areas with high levels of radon. This amendment adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

**LD 1435 An Act To Ensure Transparency in the Distribution of Federal Block
Grant Funds**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JORGENSEN E CHIPMAN B		

This bill requires the Department of Health and Human Services annually to develop and submit to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs proposed plans for expenditures of federal block grant funds including a description of current expenditures of federal block grant funds and how the department proposes to change any expenditure. Under the bill, the department may not make an expenditure from any federal block grant unless the expenditure is recommended by the joint standing committee and approved by the Legislature. When the Legislature is not in session, the bill authorizes the department to make an expenditure if the Commissioner of Health and Human Services determines that the expenditure is necessary to

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avert an emergency and provides 60 days' notice to the joint standing committee.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1436 *Resolve, To Reduce MaineCare Spending through Targeted Nutrition Interventions* **Died Between Houses**

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

This resolve directs the Department of Health and Human Services to file an application with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for a demonstration waiver to allow for reimbursement of medically tailored food and nutrition interventions when a health care provider determines that certain elements of nutrition or foods based upon a nutrition plan developed by a licensed dietitian are necessary for a patient's health. This resolve also directs the Department of Health and Human Services to file the application by October 1, 2017, with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to request that home-delivered meals be reimbursable under MaineCare as directed by Resolve 2015, chapter 54.

Committee Amendment "A" (H-508)

This amendment, which is the majority report of the committee, narrows the medically tailored and nutrition interventions demonstration waiver program to individuals who are being released from the hospital, are at risk of readmission and have received a doctor's recommendation that certain elements of nutrition or foods are necessary for the patient's health. It provides that patients offered medically tailored food and nutrition interventions may receive one meal per day for up to seven days under the program. The amendment also requires the Department of Health and Human Services to reimburse under the MaineCare program for medical nutritional therapy for certain conditions on a pilot basis. It directs the Department of Health and Human Services to report annually for five years on the medically tailored food and nutritional interventions demonstration program and the medical nutritional therapy pilot program. The amendment also adds an appropriations and allocations section.

The amendment was not adopted.

LD 1466 *An Act To Address Severe and Ongoing Shortfalls in the Funding of Direct Care Workers in Long-term Care Settings and To Establish the Commission To Study Long-term Care Workforce Issues* **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T GIDEON S	OTP-AM ONTP	S-186 H-529 HYMANSON P

This bill directs the Department of Health and Human Services to increase MaineCare payment rates for certain personal care and related services, including those set forth in 10-144, Chapter 101: MaineCare Benefits Manual, Chapter III, Section 12, Allowances for Consumer-Directed Attendant Services; Chapter III, Section 19, Home and Community Benefits for Elderly and Adults with Disabilities; and Chapter III, Section 96, Private Duty Nursing and Personal Care Services; and in 10-149, Chapter 5: Office of Aging and Disability Services Policy Manual, Section 63, In-Home and Community Support Services for Elderly and Other Adults; and 14-197, Chapter 11: Consumer Directed Personal Assistance Services. For fiscal year 2017-18, these payment rates must be increased to the levels necessary to fully fund and implement the recommendations in "Rate Review for Personal Care and Related Services: Final Rate Models," the report prepared by Burns & Associates, Inc. dated February 1, 2016. For fiscal

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year 2018-19, these payment rates must be increased by an additional 10%.

The bill directs the department to increase MaineCare payment rates for certain adult family care services, adult day services and homemaker services, including those set forth in 10-144, Chapter 101: MaineCare Benefits Manual, Chapter III, Section 2, Adult Family Care Services; Chapter III, Section 26, Day Health Services; and in 10-149 Chapter 5: Office of Aging and Disability Services Policy Manual, Section 61, Adult Day Services and Section 69, Independent Support Services Program. For fiscal year 2017-18, these payment rates must be increased by 10%. For fiscal year 2018-19, these payment rates must be increased by an additional 10%.

The bill directs the department to increase MaineCare payment rates for nursing facilities set forth in 10-144, Chapter 101: MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities. For fiscal year 2017-18, an extraordinary circumstance supplemental allowance must be made that is equal to 10% of the portion of each facility's prospective and final prospective rate that is attributable to wages and wage-related benefits in both the direct care cost component and routine care cost component. For fiscal year 2018-19, an additional extraordinary circumstance supplemental allowance of 10% must be made. In each year, this supplemental allowance must be provided as part of each facility's prospective rate, notwithstanding any otherwise applicable caps or limits on reimbursement. This supplemental allowance must also be allowed and paid at final audit to the full extent that the facility has reported increased costs for wages and wage-related benefits, notwithstanding any otherwise applicable caps or limits on reimbursement, including without limitation the amount of the supplemental allowance added to prospective payment rates.

The bill directs the department to increase MaineCare payment rates for residential care facilities set forth in 10-144, Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97, Appendix C, Principles of Reimbursement for Medical and Remedial Service Facilities; and 10-144, Chapter 115: Principles of Reimbursement for Residential Care Facilities - Room and Board Costs. For fiscal year 2017-18, a supplemental payment must be provided equal to 10% of the portion of the facility's per diem rate that is attributable to wages, wage-related benefits and workers' compensation. For fiscal year 2018-19, an additional supplemental payment of 10% must be provided. In each year, this supplemental payment must be added to the per diem rate until the department adjusts the direct care pricer, the routine limit and the personal care services limit, as applicable, to incorporate this 10% increase going forward. In each year, this increase must be provided as part of each facility's per diem rate notwithstanding any otherwise applicable caps or limits on reimbursement. In each year, this supplemental payment must also be allowed and paid at final audit to the full extent that the facility has reported increased costs for wages, wage-related benefits and workers' compensation, notwithstanding any otherwise applicable caps or limits on reimbursement, including without limitation the amount of the supplemental payment added to prospective payment rates.

The bill also establishes the Commission To Study Long-term Care Workforce Issues.

Committee Amendment "A" (S-186)

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

1. Instead of the 10% increase proposed in the bill, the amendment provides that rate increases for fiscal year 2018-19 for all services in the bill must be paid according to the inflation adjustment cost-of-living percentage change to reimbursement in accordance with the United States Department of Labor, Bureau of Labor Statistics, Consumer Price Index medical care services index.
2. The amendment provides that rate increases for fiscal year 2019-20 and annually thereafter for those services must be paid using the same adjustment as fiscal year 2018-19 until a rate study has been completed by the Department of Health and Human Services, conducted by a third party and including the participation of providers, and the rates in the rate study have been implemented.
3. It changes the date of the report from the Commission To Study Long-term Care Workforce Issues from October

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15, 2017 to December 2, 2017.

4. It adds an appropriations and allocations section.

House Amendment "A" To Committee Amendment "A" (H-514)

This amendment amends Committee Amendment "A" to limit increases for nursing facilities so as not to exceed federally established upper payment limits.

This amendment was not adopted.

House Amendment "B" To Committee Amendment "A" (H-529)

This amendment incorporates the changes made by House Amendment "A" to Committee Amendment "A," removes the emergency preamble and emergency clause and changes the reporting deadline for the Commission To Study Long-term Care Workforce Issues.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

LD 1474 An Act To Reduce the Regulation of Child Care Facilities

CARRIED OVER

Sponsor(s)

ESPLING E
BRAKEY E

Committee Report

Amendments Adopted

This bill makes a number of changes to the child care system in the State.

1. It repeals Public Law 2011, chapter 380, Part UU, which set the child care subsidy payment rates of the Department of Health and Human Services at the 50th percentile of local market rates. This bill increases the payment rates to the 75th percentile of local market rates for payments the department makes on behalf of recipients of benefits under the child care subsidy program, recipients of benefits under TANF and recipients of benefits under ASPIRE-TANF.

2. It allows recipients of child care subsidies to pay the difference out of pocket between the amount of subsidy received and the amount charged by the child care provider.

3. It exempts from licensure family child care providers, nursery schools and small child care facilities that care for fewer than five children. Current law maintains this exemption for fewer than three children.

4. It establishes a five-year license and certification for child care providers that have been continuously in business without compliance violations. The cost of a five-year license or certification is 150% of the current two-year license or certification.

5. It specifies that when an inspection is prompted by a complaint the investigator may investigate only the specific complaint and not conduct an inspection that is unrelated to the complaint.

6. It removes the authority of the department to post complaints and investigation results on the department's website.

7. It establishes the Child Care Appeal Review Panel to review disputes related to the licensing and certification of child care facilities. This includes revocations, suspensions, denials, demotions to conditional status, rule compliance issues and denials of requests for alternative compliance methods. The review panel members are

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appointed by the Governor for five-year terms. The director of the office of licensing and regulatory services within the department is the chair of the panel but does not vote. The Office of the Attorney General provides legal counsel to the review panel. The department is required to abide by decisions made by the review panel.

- 8. It allows a child care provider to employ on a provisional basis an employee for 90 days before receiving a background check report from the Background Check Center.

- 9. It requires the department to develop a sliding scale plan to allow recipients of child care subsidies to keep part of the subsidy for a period of time after the recipient earns sufficient income to no longer be eligible for the subsidy. The Joint Standing Committee on Health and Human Services is authorized to report out a bill relating to eliminating the so-called welfare cliff with respect to child care subsidies after receiving the plan.

- 10. It requires the department to make a number of changes to rules governing licensed child care facilities and certified family child care providers regarding staff-child ratios, qualifications of staff, providing inspection reports to facilities at the time of inspection, removing requirements for references for owners and staff, removing requirements of spare clothing and removing specific requirements for the type of food provided.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1475	An Act To Reduce Child Poverty by Leveraging Investments in Families	Died On
	Today	Adjournment

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

This bill makes the following changes to the laws governing public assistance. The bill is intended to help alleviate poverty and hardship among families with children through increased employment, earnings, education and training and the provision of support and individualized services for those with particular barriers to employment. The bill does the following.

- 1. It requires the Department of Health and Human Services to collect data to measure the status of child and family economic security and establish benchmarks on an annual basis to monitor year-to-year improvement in the well-being of families with children in the State.

- 2. It directs the Department of Health and Human Services to increase access to high-quality child care services by establishing rates that are equal to the 75th percentile of local market rates for various categories of child care and higher rates for children with special needs.

- 3. It establishes a voucher program to improve housing stability and reduce risk of homelessness through the Maine State Housing Authority. The voucher program provides housing assistance in the form of a voucher to Temporary Assistance for Needy Families and TANF transitional families whose shelter expenses equal or exceed 50% of their monthly income.

- 4. It amends the alternative aid provisions to help families facing an emergency that threatens their ability to get or keep a job by extending program eligibility to two-parent families, requiring that assistance be provided more promptly and modifying the amount of aid that may be available to address an emergency.

- 5. It provides an increase in the monthly TANF maximum benefit. It requires that Maine's TANF benefit equal the average TANF benefit in other New England states.

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6. It establishes a pilot program that provides access to reliable transportation for working low-income families with children or those engaged in a training program directly leading to employment.
7. It establishes a program to reduce energy use and improve heating affordability among low-income homeowners with children.
8. It establishes a TANF reserve fund using accrued but unobligated and unliquidated funds from the TANF federal assistance grant to maintain eligibility and services when adequate funding is not otherwise available.
9. It allows the Department of Health and Human Services to accept referrals from educational institutions and similar programs in the State for eligible parents for the Parents as Scholars Program.
10. It increases the value of the state earned income credit for working families whose incomes are below 150% of the federal poverty level.
11. It ensures that funding to provide the eligibility and services established by this bill will come from the state family assistance grant and the child care development block grant.
12. It establishes the Addiction Prevention and Family Stabilization Program.

Committee Amendment "A" (H-401)

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

1. It removes from the bill the program to reduce energy use and improve heating affordability.
2. It changes the enrollment period for participants in the Working Cars for Working Families Program from three years to four years. It also clarifies that participants must designate 15% of the monthly loan payment for deposit only if they have a loan.
3. It makes minor changes to the factors to be considered in making grants under the Addiction Prevention and Family Stabilization Program. It also removes the years for which the \$1,100,000 in TANF funds must be used.
4. It clarifies that taxpayers with one or more minor dependents are eligible for the enhanced earned income tax credit in the bill.

The amendment adds an appropriations and allocations section.

This amendment was not adopted.

Committee Amendment "B" (H-402)

This amendment, which is a minority report of the committee, removes everything from the bill except the pilot program that provides access to reliable transportation for working low-income families with children or those engaged in a training program directly leading to employment. It decreases the funding for the pilot program to \$6,000,000 rather than the \$10,000,000 in the bill. The amendment also requires the Department of Health and Human Services to promote the Parents as Scholars Program. The amendment adds an appropriations and allocations section.

This amendment was not adopted.

A number of statutory changes to public assistance programs are included in Public Law 2017, chapter 284, Part NNNNNNNN.

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**LD 1481 Resolve, To Establish a Pilot Project To Provide Travel Vouchers to
Persons with Disabilities in Rural Communities**

CARRIED OVER

Sponsor(s)

Committee Report

Amendments Adopted

This resolve incorporates the recommendations of the Statewide Independent Living Council's travel voucher working group convened pursuant to Public Law 2015, chapter 452, section 3. It requires the Department of Health and Human Services to issue a request for proposals for a one-year pilot project to develop travel voucher transportation programs for individuals with disabilities living in rural areas of the State. The department is required to report on the progress and implementation of the project to the Joint Standing Committee on Health and Human Services no later than November 30, 2018.

This resolve was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1485 An Act Regarding MaineCare Coverage for Telehealth Services

PUBLIC 307

Sponsor(s)

Committee Report

Amendments Adopted

GRATWICK G
MASTRACCIO A

OTP-AM

S-205
S-328 HAMPER J

This bill requires that services under MaineCare that are provided through telehealth be reimbursed at the same rates as those services that are not provided through telehealth. The bill also requires the Department of Health and Human Services to amend its rule relating to MaineCare coverage for services delivered through telehealth.

Committee Amendment "A" (S-205)

This amendment establishes an advisory group within the Department of Health and Human Services to study telehealth and telemonitoring. It changes the guidance for rulemaking by the department. It changes the date of the required annual report from the department to the Legislature. It also adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-328)

This amendment removes the appropriations and allocations section from Committee Amendment "A."

Enacted Law Summary

Public Law 2017, chapter 307 establishes an advisory group within the Department of Health and Human Services to study telehealth and telemonitoring. It defines the services under MaineCare that are provided through telehealth. It allows the Department of Health and Human Services to solicit, apply for and receive grants that support telehealth and telemonitoring. It requires the Department of Health and Human services to report to the Joint Standing Committee of Health and Human Services annually beginning January 1, 2018, on the use of telehealth in the MaineCare program. The bill requires the Department of Health and Human Services to amend its rule relating to MaineCare coverage for services delivered through telehealth and provides guidance for rulemaking to the Department.

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LD 1494 An Act To Increase the Availability of Foster Homes

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D	OTP-AM	H-396

This bill eliminates the requirement that the State Fire Marshal inspect a family foster home and certify that it meets all elements of the fire safety code before the Department of Health and Human Services may issue a license to operate as a family foster home. The bill moves the inspection responsibility to the Department of Health and Human Services, which is directed to adopt rules governing the method of inspection.

Committee Amendment "A" (H-396)

The amendment adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, H.P. 1138.

LD 1495 An Act To Break the Generational Cycle of Domestic Violence

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HEAD F BRAKEY E		

This bill provides that a nonprofit organization that provides counseling and educational services to children who are affected by domestic violence and that receives referrals from a parent, guardian or relative of a child affected by domestic violence or a school, law enforcement agency, health care organization, health care provider or domestic violence resource center may apply to the Department of Health and Human Services for funding for these services. The bill directs the department to divide the State into eight regions for purposes of providing funding to these nonprofit organizations and to provide funding in all eight regions. In determining which nonprofit organizations to fund, the department must consider, among other factors, how much money each nonprofit organization spends on administration versus direct services and must give special consideration to nonprofit organizations that minimize administrative expenses and to nonprofit organizations in rural areas. Services provided by the nonprofit organization must be targeted to children who are two years of age or older and under 12 years of age. The bill provides that the department must report on the implementation of these provisions to the joint standing committee of the Legislature having jurisdiction over public safety matters and the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than November 7, 2018.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1496 An Act To Clarify the Scope of the Maternal and Infant Death Review Panel

ONTP

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

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This bill changes the name of the maternal and infant death review panel to the maternal, fetal and infant mortality review panel and allows the panel coordinator access to medical records for the purposes of conducting a review without having to obtain permission in all cases.

LD 1517 Resolve, To Ensure Access to Behavioral Health Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CHIPMAN B	OTP-AM ONTP	H-491

This bill establishes the Behavioral Health Oversight Council to review reimbursement rate-setting for certain behavioral health services provided under MaineCare and advise the Commissioner of Health and Human Services, the Commissioner of Corrections and the Commissioner of Public Safety regarding the behavioral health system in the State. It sets out requirements for reimbursement rate-setting to be used by the Department of Health and Human Services to determine rates for certain behavioral health services provided under MaineCare. It directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 13, 17, 23, 28, 65 and 97 to increase reimbursement rates by fiscal year 2018-19 to reflect a 20% increase from rates in fiscal year 2008-09.

Committee Amendment "A" (H-491)

This amendment, which is the majority report of the committee, strikes the bill and makes it a resolve. The amendment retains the section in the bill that increases reimbursement rates by June 1, 2018. The increase in that section is changed from 20% to 2%, which must be applied to employee wages and benefits. The amendment specifies that increases to Section 97, Private Non-Medical Institution Services include only Appendix B and Appendix E. The amendment adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to the next special or regular session of the 128th Legislature on the Special Appropriations Table by joint order, S.P. 601.

**LD 1527 An Act To Ensure Safety, Quality and Transparency in the Medical
Marijuana Market and To Ensure Sufficient Funding for Regulation
and Enforcement with Respect to the Retail Marijuana Industry**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A MAKER J		

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

1. It imposes mandatory testing, labeling and record-keeping requirements on registered dispensaries. It provides that registered dispensaries are subject to inspection by the local fire department, building inspector or code enforcement officer to confirm that no health or safety concerns are present and that local health and safety ordinances apply to registered dispensaries.

2. It imposes mandatory testing, labeling and record-keeping requirements on registered primary caregivers. It provides that registered primary caregivers are subject to inspection by the Department of Health and Human Services to ensure regulatory compliance. It provides that registered primary caregivers are subject to inspection by the local fire department, building inspector or code enforcement officer to confirm that no health or safety concerns are present and that local health and safety ordinances apply to registered primary caregivers.

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3. It provides that mandatory testing of medical marijuana and medical marijuana products may be conducted by testing facilities licensed under either the Maine Medical Use of Marijuana Act or the Marijuana Legalization Act

4. It imposes a special tax of 20% on retail marijuana and retail marijuana products sold by retail marijuana stores and retail marijuana social clubs to ensure that the tax revenue generated is sufficient to fund enforcement and regulation with respect to the retail marijuana industry. It also provides that in addition to this special tax, retail marijuana and retail marijuana products are subject to the state sales tax.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1538 An Act To Provide Supplemental Nutrition Assistance to Veterans and Rental Assistance to Long-term Homeless Persons Died Between Houses

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

This bill exempts veterans who are otherwise eligible for assistance under the federal Supplemental Nutrition Assistance Program from time limits that would otherwise apply to the veterans. It also requires 5% of the Bridging Rental Assistance Program funding to be used to assist individuals who have been homeless for long periods of time. The Department of Health and Human Services is directed to establish five case management positions to provide services to individuals receiving housing assistance and community mental health services under MaineCare.

Committee Amendment "A" (H-399)

This amendment, which is the majority report of the committee, removes the sections of the bill related to the Bridging Rental Assistance Program and retains only the section related to the eligibility of veterans for the Supplemental Nutrition Assistance Program. This amendment also provides funding to the Department of Health and Human Services for technology changes necessary to implement the bill.

This amendment was not adopted.

LD 1539 An Act To Amend Maine's Medical Marijuana Law CARRIED OVER

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

This bill amends the laws governing the cultivation, possession and use of medical marijuana. It:

1. Amends definitions to add terms and to expand upon or provide clarity for existing terms;
2. Amends the qualifying condition of intractable pain to include pain that a medical provider determines is not managed effectively by prescription narcotics and allows a medical provider the discretion to issue a written certification for any medical condition that the physician believes may be alleviated by the patient's using marijuana for medical use. It also requires consultation with a minimum of three medical professionals, one of whom may be selected by the petitioner, prior to accepting or denying a petition to add a debilitating medical condition as a qualifying condition;
3. Replaces the limit of two and a half ounces of marijuana that may be dispensed to a qualifying patient who is a

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Maine resident during a 15-day period with a limit of no more than two pounds in one transfer;

4. Allows a qualifying patient who is cultivating marijuana to furnish seeds and plants to another qualifying patient;

5. Permits a qualifying patient to designate more than one primary caregiver to assist the patient; the additional primary caregivers may not cultivate marijuana for the patient;

6. Prohibits a visiting qualifying patient, who is not a resident of Maine, from cultivating marijuana;

7. Permits a primary caregiver designated to cultivate marijuana to furnish seeds and plants to an authorized person;

8. Increases the number of employees that a registered cultivating primary caregiver may employ. A primary caregiver designated to cultivate can employ one person for each registry identification card the caregiver is issued;

9. Permits a primary caregiver designated to cultivate marijuana to dispose of marijuana by transferring the marijuana to a designated primary caregiver; current law allows the transfer to a dispensary;

10. Allows for certain authorized transfers of marijuana by a primary caregiver designated to cultivate marijuana for reasonable compensation;

11. Allows a primary caregiver who is assisting no more than two patients who are members of the primary caregiver's household or family to not register with the department;

12. Authorizes a primary caregiver designated to cultivate marijuana to cultivate up to six mature marijuana plants per registry identification card. The maximum number of plants allowed for cultivation is the same as in current law;

13. Removes the limit of two and a half ounces of prepared marijuana and establishes the allowable amount of harvested marijuana to be up to eight pounds that may be possessed by a patient or authorized person on behalf of a patient. It also establishes the allowable amount of marijuana to be up to eight pounds per registry identification card for a designated primary caregiver required to register, no more than eight pounds per patient, up to two patients, for a primary caregiver not required to register and eight pounds per patient for a dispensary designated by a patient;

14. Establishes tracking and reporting requirements for primary caregivers and dispensaries;

15. Permits the Department of Health and Human Services to inspect areas related to marijuana for medical use to assess compliance with the laws regulating marijuana;

16. Reduces the review period from ten days to three business days for a second physician consultation in order for a qualifying patient who is a minor to obtain a written certification when there is a list of consulting physicians and permits a physician to proceed with certification for a minor in the absence of a consulting physician list maintained by the department. It allows the Medical Use of Marijuana Fund to be used at the department's discretion to reimburse families for the cost of the required consultation by a second physician;

17. Extends the immunity existing for dispensary employees, principal officers and board members to registered primary caregivers and their employees;

18. Authorizes the department, in addition to law enforcement agencies, to remove marijuana determined to be in excess of allowable limits;

19. Permits the department to establish a period of time when persons who have had authorizations denied or

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revoked are ineligible for reauthorization;

20. Requires a cardholder to notify the department when the information on the card issued by the department is inaccurate or changes;

21. Amends fees for various registrations;

22. Adds a sanction for a person found to be in possession of a registry identification card issued to another person; and

23. Provides for an opportunity for an informal hearing process for specified persons aggrieved by a department enforcement action.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

LD 1545 An Act Regarding Disclosure of Health Care Information of a Deceased Person ONTP

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

This bill requires a health care practitioner or facility to provide health care information of a deceased person to an immediate family member upon request of the family member, including the parent or guardian of a minor child of the deceased when there is documented need for parental medical history for the health and well-being of that minor child.

LD 1556 An Act To Protect Children from Prenatal Drug and Alcohol Exposure Accepted Majority (ONTP) Report

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

This bill amends the law that requires certain mandated reporters of child abuse to report to the Department of Health and Human Services when they know or suspect that an infant had been exposed to drugs or alcohol prior to birth. This bill extends that mandate to all mandated reporters of child abuse, adds substance abuse addiction treatment providers to the list of mandated reporters and requires all mandated reporters to report to the Department of Health and Human Services not only after the birth of an infant but also when they know of or suspect substance abuse by a woman during her pregnancy.

Committee Amendment "A" (H-261)

This amendment replaces the bill and is the minority report of the committee. The amendment requires that a health care provider involved in the care of a pregnant woman who knows or has reasonable cause to suspect that a fetus has been or will be affected by the pregnant woman's unlawful use of drugs during the pregnancy is required to notify the Department of Health and Human Services of the pregnant woman's unlawful use of drugs. The amendment also specifies that this notification must be made in the same manner as other reports of abuse or neglect required by the Maine Revised Statutes, Title 22, chapter 1071, subchapter 2 and that the notification may not be construed to establish a definition of "abuse" or "neglect" and may not be construed to require prosecution for any illegal action, including, but not limited to, the act of exposing a fetus to drugs or other substances or

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unlawful use of drugs by a pregnant woman.

This amendment was not adopted.

LD 1563 Resolve, To Establish the Maine Health Advisory Committee

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRATWICK G TUCKER R	ONTP	

This resolve establishes the Maine Health Advisory Committee.

LD 1612 An Act To Support Maine Families through Universal Family Care

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D BELLOWS S		

This bill establishes the Universal Family Care Program of universal child care and in-home and community support services for all individuals and families who are eligible. Eligibility for universal child care is based on the age of the child, and eligibility for in-home and community support services is based on medical eligibility. Income is not a factor for eligibility. The bill establishes the Universal Family Care Trust Fund, which is managed by a board composed of members who represent child care providers, home care agencies, employees of child care providers and home care agencies and consumers of child care and home care services. The board employs professional staff and receives advice from an advisory committee composed of the Commissioner of Health and Human Services, the Commissioner of Education and the Commissioner of Labor as well as the Treasurer of State, the President of the Senate and the Speaker of the House of Representatives. Base funding for universal child care is from child care funds from the Temporary Assistance for Needy Families program and the federal Child Care and Development Fund block grant. Base funding for universal in-home and community support services is from federal matching funding related to home and community support services and state funding for elder services provided in the home.

To complete the funding for the Universal Family Care Program, the Department of Administrative and Financial Services, Bureau of Revenue Services is directed to develop and submit to the Joint Standing Committee on Health and Human Services draft legislation to establish universal family care taxes. The taxes are to be structured to include three elements: a tax on wages that is substantially equivalent to the federal Social Security's Old-Age, Survivors, and Disability Insurance program tax, but that applies only to earnings above the annual contribution and benefit base of the federal tax; a self-employment tax applicable to taxpayers who are subject to the federal Self-Employment Contributions Act tax that is equivalent to that tax and applies to net earnings above the annual limit subject to taxation under that federal tax; and a tax equal to the wage and self-employment taxes that is imposed on unearned annual income and that applies in a manner similar to the federal Net Investment Income Tax. The bill directs the Joint Standing Committee on Health and Human Services to report out a bill to the Second Regular Session of the 128th Legislature to establish universal family care taxes to fully fund the Universal Family Care Program.

This bill was carried over to any special or regular session of the 128th Legislature by joint order, H.P. 1138.

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LD 1615 An Act To Facilitate Substance Abuse Treatment for Certain Applicants for and Recipients of Temporary Assistance for Needy Families Benefits

Died Between Houses

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

This bill requires an applicant for Temporary Assistance for Needy Families, or TANF, benefits to complete a written screening tool to determine the applicant's likelihood of current substance use. This bill also allows the Department of Health and Human Services, if it has a reasonable suspicion that a recipient of TANF benefits is using an illegal drug or abusing a controlled substance, to require the recipient to complete a written screening tool to determine the TANF recipient's likelihood of substance use. If the results of the screening tool or other factors provide the department with a reasonable suspicion that the applicant or recipient is using an illegal drug or abusing a controlled substance, the department must identify and pay for an appropriate substance abuse treatment program for the applicant or recipient as a condition of obtaining or receiving benefits. If the applicant or recipient refuses to enroll in a treatment program, the applicant or recipient may appeal the denial of benefits but is subject to a drug test. If the applicant or recipient fails the drug test and is unsuccessful with the appeal, the applicant or recipient may still enroll in substance abuse treatment as a condition of obtaining or receiving benefits.

Committee Amendment "A" (H-476)

This amendment, which is the minority report of the committee, replaces the bill. It repeals the provision of law allowing the Department of Health and Human Services to determine reasonable suspicion of illegal drug use or controlled substance abuse by recipients of Temporary Assistance for Needy Families, or TANF, assistance by means other than through the use of a written screening tool. It applies the procedures for applicants contained in the bill to current recipients of TANF assistance with felony drug convictions in the last 20 years. It requires a recipient of TANF assistance who is convicted of a drug conviction of any kind after October 1, 2017 to be enrolled in a substance abuse treatment program in order to retain TANF assistance. The amendment also clarifies that denial of assistance applies only to an adult and not to the eligible children in the adult's household. This amendment adds an appropriations and allocations section.

This amendment was not adopted.

LD 1619 An Act To Report Limited Information to the Controlled Substances Prescription Monitoring Program Concerning Methadone

PUBLIC 243

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-397

This bill allows for the name of a methadone treatment facility and dosage information regarding methadone for the treatment of opioid dependency to be entered into the Controlled Substances Prescription Monitoring Program if a patient has given consent to the facility and the information is disclosed only during a medical emergency and only to medical personnel involved in treating the patient. Any disclosure of methadone dosage information must be documented in the Controlled Substances Prescription Monitoring Program and communicated to the methadone treatment facility.

Committee Amendment "A" (H-397)

This amendment makes the following changes to the bill.

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1. It clarifies that the consent form in the bill is presented to every patient at a methadone treatment facility rather than only to new patients.
2. It requires the Department of Health and Human Services to develop the consent form in both paper or electronic form.
3. It changes the frequency of a patient's dosage information entered into the Controlled Substances Prescription Monitoring Program from every 90 days to the day treatment begins, 90 days later and every 180 days after that.
4. It allows a prescriber or the prescriber's designee to enter a patient's identifying information into the Controlled Substances Prescription Monitoring Program.
5. It provides that disclosure of a patient's identifying information is subject to 42 Code of Federal Regulations, Section 2.32.
6. It requires an enhancement to the Controlled Substances Prescription Monitoring Program to be in a contract amendment rather than a request for proposals process.
7. It requires the department to convene a stakeholder group to advise on the criteria for the enhancement to the Controlled Substances Prescription Monitoring Program. The stakeholders must include methadone providers and providers of emergency services.
8. It removes the date by which the enhancement to the Controlled Substances Prescription Monitoring Program must be completed and requires a progress report on implementation of the enhancement to the Joint Standing Committee on Health and Human Services by January 30, 2018.

Enacted Law Summary

Public Law 2017, chapter 243 allows for the name of a methadone treatment facility and dosage information regarding methadone for the treatment of opioid dependency to be entered into the Controlled Substances Prescription Monitoring Program if a patient has given consent to the facility and the information is disclosed only during a medical emergency and only to medical personnel involved in treating the patient. Any disclosure of methadone dosage information is subject to 42 Code of Federal Regulations, Section 2.32. A patient's dosage information must be entered into the Controlled Substances Prescription Monitoring Program when treatment begins, 90 days after that, and then every 180 days. The Department of Health and Human Services must amend the contract amendment to ensure the required enhancement to the Controlled Substances Prescription Monitoring Program. The department must convene a stakeholder group to advise on the criteria for the enhancement and stakeholders must include methadone providers and providers of emergency services. The department must submit a progress report on implementation of the enhancement to the Joint Standing Committee on Health and Human Services by January 30, 2018.

LD 1620 An Act To Reform Welfare for Increased Security and Employment

**Died On
Adjournment**

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

This bill makes a number of changes to the statutes relating to programs administered by the Department of Health and Human Services.

The bill makes changes to the laws relating to electronic benefits transfer cards by allowing the department to place

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photographs on the cards and to restrict the number of replacement cards issued. It removes reference to the Aid to Families with Dependent Children, or AFDC, program in the laws relating to electronic benefits transfer cards.

The bill requires reporting by the department on welfare fraud, electronic benefits transfer card transactions, provider contracts, grant funding, department out-of-state travel costs and spending in the MaineCare program, the Temporary Assistance for Needy Families program, the statewide food supplement program and municipal general assistance. The bill also requires the Attorney General to report information on welfare fraud cases.

The bill provides for annual eligibility evaluations under the MaineCare program.

The bill allows the department to withhold municipal reimbursement for general assistance if a municipality is found to have committed a violation that includes improper expenditures.

The bill changes the statewide food supplement program eligibility requirements as they relate to felony drug offenders, certain felons convicted of violent crimes and sexual assault, noncooperation with child support collection and certain lottery and gambling winners.

The bill ensures the asset test for the statewide food supplement program eligibility remains in effect and is not waived. It also ensures the federal work requirement and time limit provisions for able-bodied adults without dependents are in effect and not waived.

The bill limits eligibility for the federally funded food supplement program to citizens and individuals with qualified noncitizen status as determined by the United States Department of Agriculture. Under current law, the lifetime limit on Temporary Assistance for Needy Families assistance is 60 months. This bill reduces that limit to 36 months, absent hardship.

The bill repeals the laws governing the food stamp standard utility allowance. The bill makes individuals convicted of the crimes of theft or fraud in connection to the Temporary Assistance for Needy Families program, the statewide food supplement program or child care subsidies ineligible to receive Temporary Assistance for Needy Families assistance.

Finally, the bill requires education programs paid for through the Temporary Assistance for Needy Families program to be for occupations that have at least an average job outlook as determined by the United States Department of Labor, Bureau of Labor Statistics.

Committee Amendment "A" (H-536)

This amendment, which is the minority report of the committee, clarifies that the photograph of an authorized representative of a recipient of benefits issued through an electronic benefits transfer card may be included on the recipient's electronic benefits transfer cards and that such an electronic benefits transfer card is a government-issued identification card. It clarifies that an individual is permanently disqualified from receiving food assistance through the food supplement program if, on or after July 1, 2017, the individual has been convicted of a second or subsequent felony offense that includes as an element of the offense the manufacture, cultivation, distribution, possession or use of a controlled substance. It clarifies that a family group is not eligible for TANF assistance, a child care subsidy or employment services if the family group contains at least one adult member who has received TANF assistance, including federal TANF assistance received in any other state, for 36 or more calendar months since October 1, 1996, unless the Commissioner of Health and Human Services determines a hardship exists. The amendment also adds an appropriations and allocations section.

This amendment was not adopted.

A number of statutory changes to public assistance programs are included in Public Law 2017, chapter 284, Part NNNNNNN.

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LD 1636 An Act To Allow Municipalities To Establish Ordinances Banning or Restricting Marijuana Caregivers within 500 Feet of a School

**PUBLIC 271
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY S	OTP-AM	H-509

This bill amends the Maine Medical Use of Marijuana Act to allow a municipality to adopt an ordinance that prohibits the location of primary caregivers within 500 feet of the property line of a preexisting school.

Committee Amendment "A" (H-509)

This amendment allows a municipality to adopt an ordinance establishing a moratorium on the location within 500 feet of a preexisting public or private school of new or expanded facilities where registered primary caregivers cultivate marijuana plants. Any ordinance adopted may only be adopted until July 1, 2018. Any ordinance adopted may not affect permits or providers that have been approved prior to the adoption of the ordinance. The Joint Standing Committee on Health and Human Services may report out legislation on this topic to the Second Regular Session of the 128th Legislature.

Enacted Law Summary

Public Law 2017, chapter 271 allows a municipality to adopt an ordinance establishing a moratorium on the location within 500 feet of a preexisting public or private school of new or expanded facilities where registered primary caregivers cultivate marijuana plants. It provides that any ordinance adopted may only be adopted until July 1, 2018. It also provides that any ordinance adopted may not affect permits or providers that have been approved prior to the adoption of the ordinance. It authorizes the Joint Standing Committee on Health and Human Services to report out legislation on this topic to the Second Regular Session of the 128th Legislature.

Public Law 2017, chapter 271 was enacted as an emergency measure effective June 23, 2017.

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SUBJECT INDEX

Aging and Long-term Care

Enacted

LD 458	Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a Late-filed Major Substantive Rule of the Department of Health and Human Services	RESOLVE 6 EMERGENCY
LD 517	An Act To Amend Principles of Reimbursement for Residential Care Facilities	PUBLIC 304
LD 1134	An Act To Amend the Laws Governing Nursing Facilities To Permit Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants To Perform Certain Physician Tasks	PUBLIC 145 EMERGENCY
LD 1364	Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97: Private Non-Medical Institution Services, a Major Substantive Rule of the Department of Health and Human Services	RESOLVE 17 EMERGENCY

Not Enacted

LD 19	An Act To Assist Residents of Nursing Homes To Return to Their Communities	ONTP
LD 20	An Act To Reimburse Nursing Homes for the Loss of Coinsurance and Deductibles for Skilled Nursing Beds under Rules Adopted by the Department of Health and Human Services	CARRIED OVER
LD 59	An Act To Provide Funding for a Therapeutic Adult Day Service Center	CARRIED OVER
LD 643	Resolve, Directing the Department of Health and Human Services To Increase Reimbursement Rates for Home-based and Community-based Services	CARRIED OVER
LD 692	Resolve, To Provide Meals to Homebound Individuals	CARRIED OVER
LD 804	An Act To Establish Long-term Memory Care Facilities and To Provide Adequate Staffing and Reimbursement	ONTP
LD 1188	An Act To Facilitate MaineCare-Funded Assisted Living by Providing a Cost-of-living Adjustment to Private Nonmedical Institutions and Adult Family Care Homes	CARRIED OVER
LD 1214	An Act To Create Fairness in Home-based Care Fees for Service	CARRIED OVER

LD 1314	Resolve, To Improve Access to Neurobehavioral Services	CARRIED OVER
LD 1367	Resolve, To Support Family-directed Housing Initiatives and Alternative Programming for Individuals with Disabilities in Underserved Areas	ONTP
LD 1612	An Act To Support Maine Families through Universal Family Care	CARRIED OVER

Certificate of Need

Not Enacted

LD 482	An Act To Repeal the Maine Certificate of Need Act of 2002	Died Between Houses
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Child Care

Not Enacted

LD 166	An Act To Increase Reimbursement for Child Care Services	CARRIED OVER
LD 230	An Act To Increase Access to Head Start	CARRIED OVER
LD 274	An Act To Implement the Recommendations of the Working Group To Study Background Checks for Child Care Facilities and Providers	CARRIED OVER
LD 383	An Act To Increase Access to Child Care	CARRIED OVER
LD 561	An Act To Remove the Requirement That Child Care Facility Workers and Family Child Care Providers Submit to Criminal Background Checks	CARRIED OVER
LD 566	An Act To Improve Access to High-quality Child Care by Increasing Child Care Rates	CARRIED OVER
LD 765	An Act To Allow In-home Child Care Providers To Care for up to 5 Children without State Certification	CARRIED OVER
LD 999	An Act To Provide a Healthy Learning Environment in Early Care Settings by Requiring Rules Concerning Nutrition and Physical Activity	CARRIED OVER
LD 1148	An Act To Safeguard the Rights of Private Child Care Businesses	CARRIED OVER
LD 1177	An Act To Create an Appeals Process for Child Care Providers	CARRIED OVER
LD 1423	An Act To Amend Certain Laws Governing Child Care Providers	CARRIED OVER
LD 1474	An Act To Reduce the Regulation of Child Care Facilities	CARRIED OVER

Child Development

Not Enacted

LD 38	An Act To Strengthen the Maine Children's Growth Council	Died On Adjournment
LD 1111	Resolve, To Establish a Task Force To Study the Causes of and	ONTP

Solutions to the Epidemic of Childhood Obesity in Maine

Children's Mental Health

Not Enacted

LD 266	An Act Regarding Funding for Children's Behavioral Health Day Treatment	Majority (ONTP) Report
LD 384	An Act To Strengthen Maine Children's Mental Health	CARRIED OVER
LD 902	Resolve, To Increase Access to Evidence-based Psychosocial Treatment for Children in the MaineCare Program	CARRIED OVER

Children's Services

Not Enacted

LD 261	Resolve, Directing the Department of Health and Human Services To Prepare for Implementation of the Federal Family First Prevention Services Act	ONTP
LD 262	An Act To Strengthen Kinship Care Opportunities	ONTP
LD 270	An Act To Consolidate Administration of Kinship Care and Relative Placement Issues within the Department of Health and Human Services	CARRIED OVER
LD 326	An Act Regarding the Licensing of Family Foster Homes	ONTP
LD 335	An Act To Expand Child Care Options for Children Placed with Older Kinship Guardians	ONTP
LD 530	An Act To Ensure Medical Assessments for Youth in Foster Care	ONTP
LD 582	An Act To Provide for Timely Physical Examinations of Children Entering State Custody	Veto Sustained
LD 1136	Resolve, Directing the Department of Health and Human Services To Amend Its Rules Regarding Services Provided to Students	ONTP
LD 1374	Resolve, Directing the Department of Health and Human Services To Assess and Improve the Availability of Child Care Services	CARRIED OVER
LD 1494	An Act To Increase the Availability of Foster Homes	CARRIED OVER

Departmental Organization and Administration

Enacted

LD 83	An Act Regarding Changing the Designation of a Parent on the Birth Certificate of an Adult	PUBLIC 5
LD 183	An Act Requiring the Use of the Electronic Death Registration System	PUBLIC 37

Not Enacted

LD 560	An Act To Amend the Laws Governing the Department of Health and Human Services	ONTP
LD 562	An Act Concerning the Department of Health and Human Services	CARRIED OVER
LD 567	An Act To Ensure Timely Expenditure of Federal Funds in the Department of Health and Human Services	ONTP
LD 1053	Resolve, Concerning the Format of Birth Certificates of Deceased Persons	ONTP
LD 1272	An Act To Move Administration of the Child and Adult Care Food Program from the Department of Health and Human Services to the Department of Education	ONTP
LD 1412	An Act To Increase Access to Workforce Development Programs for New Maine Residents	Accepted Minority (ONTP) Report
LD 1435	An Act To Ensure Transparency in the Distribution of Federal Block Grant Funds	CARRIED OVER

Developmental Disabilities

Not Enacted

LD 106	An Act To Provide MaineCare Coverage for Dental Services to Adults with Intellectual Disabilities or Autism Spectrum Disorder	CARRIED OVER
LD 269	An Act To Provide Training for Caregivers of Children with Autism and Related Disorders	ONTP
LD 323	An Act To Fully Fund the Waiting List for the Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder Waiver	CARRIED OVER
LD 763	An Act To Support Individuals with Disabilities by Exempting Certain Wages from Consideration for MaineCare	CARRIED OVER
LD 967	An Act To Ensure Access to Community Services for Persons with Intellectual Disabilities or Autism	CARRIED OVER

Disabilities

Not Enacted

LD 464	Resolve, Directing the Department of Health and Human Services To Facilitate the Scheduling of Transportation for Persons with Disabilities	ONTP
LD 690	An Act To Provide Additional Funding for Persons with Disabilities	Leave to Withdraw Pursuant to Joint Rule 310
LD 1105	An Act To Promote Independent Living for People with	ONTP

Disabilities

LD 1481 Resolve, To Establish a Pilot Project To Provide Travel Vouchers to Persons with Disabilities in Rural Communities CARRIED OVER

Disposition of Human Remains

Enacted

LD 223 An Act To Ensure the Timely Final Disposition of Human Remains PUBLIC 38
LD 476 An Act To Clarify the Authority for Cremation PUBLIC 70
LD 518 An Act To Amend the Laws Governing the Burial or Cremation of Certain Persons PUBLIC 62

End of Life

Not Enacted

LD 347 An Act To Support Death with Dignity Majority (ONTP) Report
LD 1066 An Act To Promote Life with Dignity ONTP

Health

Not Enacted

LD 448 An Act To Fund Research on Cancer in Firefighters ONTP
LD 910 An Act To Encourage Living Kidney Donation in Maine Died On Adjournment
LD 1097 An Act To Develop and Distribute Work Training Pamphlets To Educate State Agencies, Private Businesses and Other Organizations about Dementia CARRIED OVER
LD 1300 An Act To Require a Prescription for a Medication That Contains Certain Substances That May Be Used To Make Methamphetamine ONTP

Health Care

Not Enacted

LD 358 An Act To Close the Gap in Children's Health Care Coverage in Maine Died On Adjournment
LD 550 An Act Requiring Communication of Mammographic Breast Density Information to Patients ONTP
LD 1563 Resolve, To Establish the Maine Health Advisory Committee ONTP

Health Care Workforce

Not Enacted

LD 898 An Act To Address Mandatory Overtime for Hospital Professionals CARRIED OVER

LD 1466 An Act To Address Severe and Ongoing Shortfalls in the Funding of Direct Care Workers in Long-term Care Settings and To Establish the Commission To Study Long-term Care Workforce Issues CARRIED OVER

Health Information and Data

Not Enacted

LD 1545 An Act Regarding Disclosure of Health Care Information of a Deceased Person ONTP

Hospitals

Not Enacted

LD 401 An Act To Require Reimbursement to Hospitals for Patients Awaiting Placement in Nursing Facilities CARRIED OVER

Immunizations

Enacted

LD 161 An Act To Remove the Treasurer of State from the Maine Vaccine Board PUBLIC 7

Not Enacted

LD 272 An Act Requiring Meningococcal Meningitis Vaccinations for Teenagers CARRIED OVER

LD 1303 An Act To Establish the Vaccine Consumer Protection Program within the Department of Health and Human Services INDEF PP

Lead Poisoning

Not Enacted

LD 691 An Act To Prevent Lead Poisoning in Children CARRIED OVER

Maternal/Infant

Enacted

LD 1112 An Act Regarding the Maternal and Infant Death Review Panel PUBLIC 203

Not Enacted

LD 87 An Act To Require Screening for Cytomegalovirus in Newborn Infants ONTP

LD 265 An Act Concerning Screening of Newborns for Lysosomal Storage Disorders Majority (ONTP) Report

LD 1063	An Act To Protect Substance-exposed Infants	CARRIED OVER
LD 1496	An Act To Clarify the Scope of the Maternal and Infant Death Review Panel	ONTP

Medicaid/MaineCare

Enacted

LD 455	An Act Relating to the Provision of Nicotine Replacement Products by Pharmacists	PUBLIC 185
LD 761	An Act To Increase Access to Hearing Aids	PUBLIC 237
LD 1205	Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a Late-filed Major Substantive Rule of the Department of Health and Human Services	RESOLVE 15 EMERGENCY
LD 1419	Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 29, Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a Late-filed Major Substantive Rule of the Department of Health and Human Services	RESOLVE 10 EMERGENCY

Not Enacted

LD 226	An Act To Protect and Improve the Health of Maine Citizens and the Economy of Maine	Leave to Withdraw Pursuant to Joint Rule 310
LD 267	Resolve, To Increase Certain Chiropractic Reimbursement Rates under the MaineCare Program	CARRIED OVER
LD 320	An Act To Provide MaineCare Coverage for Chiropractic Treatment	CARRIED OVER
LD 386	An Act To Establish Universal Health Care for Maine	CARRIED OVER
LD 451	An Act To Continue MaineCare Coverage for Parents during the Rehabilitation and Reunification Process	Died Between Houses
LD 470	An Act To Strengthen Maine's Hospitals and Increase Access to Health Care	CARRIED OVER
LD 478	Resolve, To Require the Department of Health and Human Services To Implement the Department's Study of Ambulance Services	ONTP
LD 687	Resolve, Regarding Reimbursement for Speech and Language Pathology Services	CARRIED OVER
LD 688	An Act To Provide MaineCare Coverage for Music Therapy	Majority (ONTP)

Report

LD 766	Resolve, To Require the Department of Health and Human Services To Recalculate the MaineCare Reimbursement Rates for Services for Persons with Disabilities	Died On Adjournment
LD 842	Resolve, To Support Home Health Services	CARRIED OVER
LD 998	An Act To Adequately Pay for Emergency Medical Services	CARRIED OVER
LD 1000	Resolve, To Increase Access to Brain Injury Waiver Services	CARRIED OVER
LD 1039	An Act To Enhance Access to Affordable Health Care	Died Between Houses
LD 1110	An Act Concerning Medicaid for Incarcerated Persons about To Be Released	ONTP
LD 1162	An Act To Reduce the Incidence of Obesity and Chronic Disease in Maine	CARRIED OVER
LD 1424	An Act To Amend the Laws Governing MaineCare Eligibility Determination For Applicants To Nursing Homes	ONTP
LD 1436	Resolve, To Reduce MaineCare Spending through Targeted Nutrition Interventions	Died Between Houses

Medical Use of Marijuana

Enacted

LD 764	An Act To Limit the Exclusion of a Patient from Eligibility for an Organ Transplant Based on Medical Marijuana Use	PUBLIC 252
LD 1636	An Act To Allow Municipalities To Establish Ordinances Banning or Restricting Marijuana Caregivers within 500 Feet of a School	PUBLIC 271 EMERGENCY

Not Enacted

LD 238	An Act To Amend the Maine Medical Use of Marijuana Act	CARRIED OVER
LD 411	An Act To Add Addiction to or Dependency on Opiates or Prescription Drugs to the List of Qualifying Conditions for Medical Marijuana	CARRIED OVER
LD 762	An Act To Allow a Percentage of Funds from the Medical Use of Marijuana Fund To Fund Health Care Research	CARRIED OVER
LD 1098	An Act To Ensure Reasonable Accommodations for Children for Whom Medical Marijuana Has Been Recommended	CARRIED OVER
LD 1135	An Act To Strengthen the Efficacy of the Medical Marijuana Laws	CARRIED OVER
LD 1527	An Act To Ensure Safety, Quality and Transparency in the	CARRIED OVER

Medical Marijuana Market and To Ensure Sufficient Funding for Regulation and Enforcement with Respect to the Retail Marijuana Industry

LD 1539 An Act To Amend Maine's Medical Marijuana Law CARRIED OVER

Mental Health

Enacted

LD 1425 An Act To Repeal the Laws Governing the Mental Health Homicide, Suicide and Aggravated Assault Review Board PUBLIC 93

Not Enacted

LD 162 An Act To Improve Care Provided to Forensic Patients Veto Sustained
LD 186 An Act To Improve Peer Support Services CARRIED OVER
LD 607 An Act To Enhance Maine's Coordinated Response to Mental Health Crises ONTP
LD 629 An Act To Improve Rehabilitation Services for Persons with Mental Illness in Maine ONTP
LD 808 An Act To Restore Community Support Services for Adults with Mental Illness Veto Sustained
LD 966 An Act To Create Mental Health Liaison Positions in Each County Jail CARRIED OVER
LD 1133 An Act Regarding Access to Appropriate Residential Services for Individuals Being Discharged from Psychiatric Hospitalization CARRIED OVER
LD 1189 An Act To Define the Age of Consent for Alcohol or Drug Treatment and Mental Health Services CARRIED OVER
LD 1517 Resolve, To Ensure Access to Behavioral Health Services CARRIED OVER

Oral Health/Dental Care

Not Enacted

LD 1301 An Act To Improve Access to Preventive, Cost-saving Dental Services CARRIED OVER

Prescription Drugs

Enacted

LD 184 An Act To Allow Hospitals To More Efficiently Monitor the Prescribing of Controlled Substances by Amending the Laws Governing Access to Prescription Monitoring Information PUBLIC 87
LD 273 An Act To Add an Exception to Prescription Monitoring Program Requirements PUBLIC 122
LD 479 An Act To Inform Patients of the Dangers of Addicting Opioids PUBLIC 186
LD 1031 An Act To Clarify the Opioid Medication Prescribing Limits Laws PUBLIC 213 EMERGENCY
LD 1363 Resolve, Regarding Legislative Review of Portions of Chapter 11: RESOLVE 16

Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a Late-filed Major Substantive Rule of the Department of Health and Human Services EMERGENCY

Not Enacted

LD 232	An Act To Establish an Exemption to the 30-day Supply Limitation on Certain Pain Medication	ONTP
LD 551	An Act To Expand the Authority of Naturopathic Doctors To Prescribe Certain Medications	ONTP
LD 606	An Act To Ensure Access to All Prescription Drugs Containing Cannabidiol Approved by the Federal Food and Drug Administration	ONTP
LD 652	An Act To Provide Drug Price Relief	ONTP
LD 655	An Act To Lower the Price MaineCare Pays for Prescription Drugs	ONTP
LD 1273	Resolve, To Redispense Donated Prescription Drugs	CARRIED OVER
LD 1325	An Act Regarding Opioids and Palliative Care	ONTP

Public Assistance

Enacted

LD 221	An Act To Amend the Laws Regarding the Municipality of Responsibility for General Assistance Applicants Released from a State Correctional Facility or County Jail Facility	PUBLIC 130
LD 336	An Act To Amend the Requirements of the Temporary Assistance for Needy Families Program	PUBLIC 256
LD 481	An Act To Promote Workforce Participation	PUBLIC 290 EMERGENCY
LD 1418	An Act To Ban the Purchase of Retail Marijuana and Retail Marijuana Products with Temporary Assistance for Needy Families Program Benefits	PUBLIC 208

Not Enacted

LD 10	An Act To Build Greater Accountability into the General Assistance Program by Increasing the Penalty for Falsely Representing Information on an Application for General Assistance	Died Between Houses
LD 33	An Act To Adjust the Lifetime Limit for the Receipt of TANF Benefits	Majority (ONTP) Report
LD 36	An Act To Create a 9-month Time Limit on General Assistance Benefits for Certain Persons	ONTP
LD 219	An Act To Prioritize Use of Available Resources in General Assistance Programs	Died Between Houses
LD 220	An Act To Align Time Limits in the Municipal General	Died Between Houses

Assistance Program and Temporary Assistance for Needy Families Program

LD 263	An Act To Provide Additional Assistance for the Elderly and Persons with Disabilities Receiving Food Supplement Program Benefits	ONTP
LD 264	An Act To Provide to Certain Benefit Recipients Information Regarding Personal Finance Planning and To Distribute Benefits More Frequently	ONTP
LD 268	An Act To Restrict Cash Access for Electronic Benefit Transfer Cards	Died Between Houses
LD 477	An Act To Prevent Long-term Welfare Dependency	ONTP
LD 480	An Act To Prioritize Access by Maine's Most Vulnerable Citizens to Welfare Resources	Majority (ONTP) Report
LD 689	An Act To Confer Categorical Eligibility for Supplemental Nutrition Assistance Program Benefit Applications	Died Between Houses
LD 886	An Act To Require That Maine Welfare Benefits Be Used in Maine	Died Between Houses
LD 909	An Act To Stimulate the Maine Economy and Alleviate Child Poverty by Indexing Certain Benefits to Inflation	Leave to Withdraw Pursuant to Joint Rule 310
LD 1017	An Act To Strengthen Work Participation in the Temporary Assistance for Needy Families Program	ONTP
LD 1052	An Act To Allow Drug Testing Prior to Providing Welfare Benefits	ONTP
LD 1070	Resolve, To Alleviate Hunger in Rural Maine in Areas of High Unemployment	Died Between Houses
LD 1075	An Act To Eliminate Drug Use among Welfare Recipients	ONTP
LD 1109	An Act To Improve General Assistance Reimbursements	CARRIED OVER
LD 1291	An Act To Increase Affordability of and Access to Heat Pumps for Maine Homeowners	ONTP
LD 1302	An Act To Increase Workforce Participation in the Temporary Assistance for Needy Families Program and Other Assistance Programs	Died Between Houses
LD 1408	An Act To Establish an Independent Citizens Oversight Committee on Maine's Welfare Programs	Died Between Houses
LD 1475	An Act To Reduce Child Poverty by Leveraging Investments in Families Today	Died On Adjournment
LD 1538	An Act To Provide Supplemental Nutrition Assistance to Veterans	Died Between Houses

	and Rental Assistance to Long-term Homeless Persons	
LD 1615	An Act To Facilitate Substance Abuse Treatment for Certain Applicants for and Recipients of Temporary Assistance for Needy Families Benefits	Died Between Houses
LD 1620	An Act To Reform Welfare for Increased Security and Employment	Died On Adjournment

Public Health

Enacted

LD 454	An Act To Ensure Safe Drinking Water for Families in Maine	PUBLIC 230
LD 1108	An Act To Restore Public Health Nursing Services	PUBLIC 312

Not Enacted

LD 40	An Act To Strengthen Requirements for Water Testing for Schools	CARRIED OVER
LD 531	An Act Regarding the Drug Crisis and Ensuring Access to HIV Testing	ONTP
LD 717	An Act To Protect Maine School Children from Lead and Arsenic Exposure	ONTP
LD 889	An Act To Reduce Youth Cancer Risk	Veto Sustained
LD 1001	An Act To Promote Testing of Drinking Water for Maine Families	Died Between Houses
LD 1054	Resolve, To Expand Research To Fight Lyme Disease	ONTP
LD 1119	An Act To Ensure Safe Drinking Water in Public Buildings	ONTP
LD 1433	An Act To Protect Maine Children from Lung Cancer by Requiring Radon Testing in Schools	CARRIED OVER
LD 1495	An Act To Break the Generational Cycle of Domestic Violence	CARRIED OVER

Substance Use Disorder

Enacted

LD 185	An Act To Establish a Pilot Project for Medicaid Reimbursement for Acupuncture Treatment of Substance Abuse Disorders	PUBLIC 184
LD 324	An Act To Allow Corrections Officers To Administer Naloxone	PUBLIC 220 EMERGENCY
LD 952	An Act To Ensure Access to Opiate Addiction Treatment in Maine	PUBLIC 305
LD 1619	An Act To Report Limited Information to the Controlled Substances Prescription Monitoring Program Concerning Methadone	PUBLIC 243

Not Enacted

LD 107	An Act To Increase the Effectiveness of Opioid Addiction Therapy	ONTP
LD 108	An Act To Allow a Law Enforcement Agency That Treats a	Died Between Houses

Person with Naloxone Hydrochloride To Bill That Person for That Treatment

LD 144	An Act To Create a Pilot Project To Reduce Substance Use Disorders among Youth in Piscataquis County To Be Used as a Model for All Maine Communities	Majority (ONTP) Report
LD 153	An Act Regarding Transportation of Methadone Patients	ONTP
LD 307	An Act To Facilitate the Implementation of Mobile Narcotic Treatment Programs in Rural Counties in the State	ONTP
LD 447	An Act To Coordinate Services and Support Workforce Development for Substance Use Disorder Prevention and Peer Recovery Services	ONTP
LD 504	An Act To Support Evaluation of Opioid Diversion Efforts	ONTP
LD 565	An Act To Address Maine's Opiate Addiction Crisis	CARRIED OVER
LD 605	An Act To Support Evidence-based Treatment for Opioid Use Disorder	CARRIED OVER
LD 634	An Act Regarding the Drug Epidemic in Maine	ONTP
LD 812	Resolve, To Establish a Pilot Project To Save Lives and Support People with Substance Use Disorder in Washington County	CARRIED OVER
LD 932	Resolve, To Establish the Commission To Study the Siting and Building of a Drug Treatment Facility in Northern Maine	ONTP
LD 1186	Resolve, Directing the Department of Health and Human Services To Develop a Resource Guide for Assistance in Substance Abuse Matters	ONTP
LD 1326	An Act To Reduce Morbidity and Mortality Related to Opioid Misuse	Veto Sustained
LD 1375	An Act To Prevent Overdose Deaths and Infectious Diseases by Establishing Safer Drug Use Facilities	Majority (ONTP) Report
LD 1413	Resolve, Regarding Sober Living Transitional Assistance	ONTP
LD 1430	An Act To Develop a Statewide Resource and Referral Center and Develop Hub-and-spoke Models To Improve Access, Treatment and Recovery for Those with Substance Use Disorder	CARRIED OVER
LD 1556	An Act To Protect Children from Prenatal Drug and Alcohol Exposure	Majority (ONTP) Report

Telemedicine

Enacted

LD 1485	An Act Regarding MaineCare Coverage for Telehealth Services	PUBLIC 307
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Tobacco Sale and Use

Enacted

LD 1170 An Act To Reduce Youth Access to Tobacco Products PUBLIC 308

Not Enacted

LD 34 An Act To Promote Equity in Business Opportunity for Tobacco
Specialty Stores Majority (ONTP)
Report

LD 1329 An Act To Allow Tobacco Retail Establishments To Serve
Alcohol CARRIED OVER