

STATE OF MAINE
128TH LEGISLATURE
FIRST SPECIAL, SECOND REGULAR AND SECOND SPECIAL SESSIONS



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

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

October 2018

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Joint Standing Committee on Health and Human Services

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 Died On Adjournment

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

This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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, which is the majority report of the committee, 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.

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

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R KORNFIELD T	OTP-AM ONTP	S-406 S-429 MILLETT R S-492 MILLETT R

This bill was carried over from the First Regular Session to the Second Regular Session of the 128th Legislature. This bill was then carried over from the Second Regular Session to the next special session by joint order S.P. 748.

This bill requires schools that take drinking water from public water systems to have the same tests performed on that water as 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 Department of Health and Human Services must make test results from nursery schools available to the public.

Committee Amendment "A" (S-406)

This amendment is the majority report of the committee. It replaces the bill. It requires all schools to test water used for drinking or culinary purposes for lead using water testing kits or by submitting samples of water to an approved laboratory for lead testing. It directs the Department of Health and Human Services to establish by major substantive rule the acceptable water lead levels, testing protocols, appropriate abatement and mitigation methods and public notification requirements. It directs the department to provisionally adopt major substantive rules and submit them to the Legislature no later than 5:00 p.m. on January 11, 2019. It provides that the department has the authority to issue an order reducing exposure to lead and protecting public health until the elevated water lead levels are mitigated or abated. It provides that water lead abatement or mitigation efforts will receive Priority 1 status for receipt of funds from the School Revolving Renovation Fund in the custody of the Maine Municipal Bond Bank.

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Senate Amendment "A" To Committee Amendment "A" (S-429)

This amendment removes the \$500 penalty imposed on a school that fails to comply with lead testing requirements.

Senate Amendment "B" To Committee Amendment "A" (S-492)

This amendment removes the mandate preamble. It requires the Department of Education to provide grants for water testing required by Committee Amendment "A" to the extent funds are available. It also makes water testing by a school contingent on receipt of a grant. It also makes a technical correction to reflect the enactment of Public Law 2017, chapter 389, section 1.

LD 59 An Act To Provide Funding for a Therapeutic Adult Day Service Center Died On Adjournment

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

This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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.

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

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

This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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. 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:

Joint Standing Committee on Health and Human Services

- 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.

LD 166 An Act To Increase Reimbursement for Child Care Services

PUBLIC 412

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N HANDY J	OTP-AM ONTP	S-407

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

Committee Amendment "A" (S-407)

This amendment is the majority report of the committee. This amendment requires that any additional federal funding received in a child care and development block grant due to the passage of the federal Bipartisan Budget Act of 2018, PL 115-123, and any subsequent funding legislation, must be applied to increasing reimbursement rates to child care centers up to the 75th percentile of local market rates for child care services. Payment rates for children with special needs may be higher. Family child care providers are already being reimbursed at the 75th percentile. This amendment increases rates to child care centers, according to the amount of increased discretionary funding received, up to the 75th percentile.

Enacted Law Summary

Public Law 2017, chapter 412 requires that any additional federal funding received in a child care and development block grant due to the passage of the federal Bipartisan Budget Act of 2018, PL 115-123, and any subsequent funding legislation, must be applied to increasing reimbursement rates to child care centers up to the 75th percentile of local market rates for child care services. Payment rates for children with special needs may be higher. Family child care providers are already being reimbursed at the 75th percentile. Public Law 2017, chapter 412 increases rates to child care centers, according to the amount of increased discretionary funding received, up to the 75th percentile.

LD 186 An Act To Improve Peer Support Services

**Leave to Withdraw
Pursuant to Joint
Rule**

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

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This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

LD 230 An Act To Increase Access to Head Start

**Died On
Adjournment**

<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 was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748,

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 Families program.

Committee Amendment "A" (S-66)

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

The substance of this amendment was incorporated in Public Law 2017, chapter 284.

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

**PUBLIC 447
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAKEY E	OTP-AM	S-443

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session. This bill was reported out of committee in the Second Regular Session and then carried over to the next special session by joint order S.P. 748.

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

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

Committee Amendment "A" (S-443)

This amendment replaces the bill, which is a concept draft. The amendment:

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1. Allows a facility that tests medical marijuana samples for the cannabinoid profile, potency and contaminants to operate in the absence of rules adopted by the Department of Health and Human Services if the facility has obtained documentation of the facility's accreditation pursuant to standard ISO/IEC 17025 of the International Organization for Standardization by a third-party accrediting body;
2. Clarifies that qualifying patients, primary caregivers and registered dispensaries may manufacture marijuana products from harvested marijuana, including production of marijuana concentrate, by processes of marijuana extraction that do not involve certain inherently hazardous substances;
3. Establishes a process for persons or entities that are not qualifying patients, primary caregivers or registered dispensaries to manufacture marijuana products from harvested marijuana, including marijuana concentrate, by processes of marijuana extraction that do not involve certain inherently hazardous substances, to become registered to manufacture marijuana products;
4. Establishes a method for qualifying patients, primary caregivers and registered dispensaries to become authorized by law to produce marijuana concentrate by processes involving inherently hazardous substances if certain safety and compliance standards are met;
5. Establishes a process for persons or entities that are not qualifying patients, registered caregivers or registered dispensaries to become authorized to produce marijuana concentrate by processes involving inherently hazardous substances; and
6. Repeals specific provisions of law regarding municipal authority to establish a moratorium on registered primary caregivers near schools and municipal authority to regulate dispensaries. The amendment instead enacts a new provision of law that allows municipalities to regulate registered primary caregivers, registered dispensaries, marijuana testing facilities and marijuana manufacturing facilities, except that municipalities are not allowed to prohibit or limit the number of registered primary caregivers.

Enacted Law Summary

Public Law 2017, chapter 447:

1. Allows a facility that tests medical marijuana samples for the cannabinoid profile, potency and contaminants to operate in the absence of rules adopted by the Department of Health and Human Services if the facility has obtained documentation of the facility's accreditation pursuant to standard ISO/IEC 17025 of the International Organization for Standardization by a third-party accrediting body;
2. Clarifies that qualifying patients, primary caregivers and registered dispensaries may manufacture marijuana products from harvested marijuana, including production of marijuana concentrate, by processes of marijuana extraction that do not involve certain inherently hazardous substances;
3. Establishes a process for persons or entities that are not qualifying patients, primary caregivers or registered dispensaries to manufacture marijuana products from harvested marijuana, including marijuana concentrate, by processes of marijuana extraction that do not involve certain inherently hazardous substances, to become registered to manufacture marijuana products;
4. Establishes a method for qualifying patients, primary caregivers and registered dispensaries to become authorized by law to produce marijuana concentrate by processes involving inherently hazardous substances if certain safety and compliance standards are met;
5. Establishes a process for persons or entities that are not qualifying patients, registered caregivers or registered dispensaries to become authorized to produce marijuana concentrate by processes involving inherently hazardous substances; and

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6. Repeals specific provisions of law regarding municipal authority to establish a moratorium on registered primary caregivers near schools and municipal authority to regulate dispensaries. The amendment instead enacts a new provision of law that allows municipalities to regulate registered primary caregivers, registered dispensaries, marijuana testing facilities and marijuana manufacturing facilities, except that municipalities are not allowed to prohibit or limit the number of registered primary caregivers.

Public Law 2017, chapter 447 was enacted as an emergency measure effective July 9, 2018.

LD 267 Resolve, To Increase Certain Chiropractic Reimbursement Rates under the MaineCare Program **Died On Adjournment**

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

This resolve was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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. 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 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. The rules adopted are routine technical rules. The amendment adds an appropriations and allocations section.

LD 270 An Act To Support Kinship Families by Creating a Kinship Care Navigator Program **Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PICCHIOTTI J	OTP-AM	H-673

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session. This bill was reported out of committee in the Second Regular Session and then carried over to the next special session by joint order S.P. 748.

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.

Committee Amendment "A" (H-673)

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This amendment establishes a kinship care navigator program to be contracted by the Department of Health and Human Services to provide educational information, referrals and support to persons providing kinship care to children. It provides that funding will be drawn from federal funds, if available, and through the General Fund.

LD 272 An Act Requiring Meningococcal Meningitis Vaccinations for Teenagers ONTP

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

The substance of this bill was incorporated in LD 1664.

LD 274 An Act To Implement the Recommendations of the Working Group To PUBLIC 457
Study Background Checks for Child Care Facilities and Providers

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J HILL D	OTP-AM	H-686 S-526 HAMPER J

This bill was reported out of committee and then recommitted to the committee in the First Regular Session. It was then carried over to the Second Regular Session. The bill was reported out of committee in the Second Regular Session and then carried over on the Special Appropriations Table to the next special session by joint order S.P. 748.

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.

Committee Amendment "B" (H-534)

This amendment is one of two minority reports of the committee during the First Regular Session. It 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.

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Committee Amendment "A" (H-533)

This amendment is the majority report of the committee during the First Regular Session. It 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 also adds an appropriations and allocations section.

Committee Amendment "C" (H-535)

This amendment is one of two minority reports of the committee during the First Regular Session. It 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.

The second minority report of the committee in the First Regular Session was ought not to pass.

Committee Amendment "D" (H-686)

This amendment is the unanimous report of the committee during the Second Regular Session. It strikes and replaces the bill. It excludes from the criminal background check requirement in the bill a contractor performing maintenance and repair at a child care facility or at the home of a child care provider who does not have unsupervised access to children. It provides that the cost of the required criminal background checks for child care staff members under the Maine Revised Statutes, Title 22, sections 8302-A and 8302-B be paid for by the Department of Health and Human Services from the funds available under 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 records, including fingerprint-based criminal history records, for certain child care providers and staff members. The amendment corrects lettering and numbering problems created by Public Law 2017, chapters 204, 253 and 258. The amendment also adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "D" (S-526)

This amendment directs the Department of Health and Human Services to reimburse both for the background check fees and the cost of administrating and processing the checks through a transfer of payment by the department to the Department of Public Safety 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. A transfer must be made pursuant to a schedule agreed upon by the Department of Health and Human Services and the Department of Public Safety, in consultation with the State Controller, and based on documentation of fees and processing and administration costs incurred. The amendment also corrects lettering problems created by Public Law 2017, chapters 204, 253 and 258, which enacted three substantively different provisions with the same paragraph letter, and makes technical changes.

Enacted Law Summary

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Public Law 2017, chapter 457 requires child care providers and child care staff members to undergo a criminal background check that meets the requirements of 42 United States Code, Section 9858f(b). It excludes a contractor performing maintenance and repair at a child care facility or at the home of a child care provider who does not have unsupervised access to children from the definition of "child care staff member" and the criminal background check requirement. It requires that the cost of the required criminal background checks for child care staff members be paid for by the Department of Health and Human Services from the funds available under 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 records, including fingerprint-based criminal history records, for certain child care providers and staff members.

LD 320 An Act To Provide MaineCare Coverage for Chiropractic Treatment

PUBLIC 421

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N MARTIN J	OTP-AM ONTP	S-199 S-507 HAMPER J

This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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 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.

Senate Amendment "A" To Committee Amendment "A" (S-507)

This amendment removes the amounts appropriated and allocated in fiscal year 2017-18 and revises the amounts appropriated and allocated in fiscal year 2018-19. It also makes a technical change to a section number.

Enacted Law Summary

Public Law 2017, chapter 421 requires reimbursement under the MaineCare program for chiropractic evaluation and management examinations carried out by licensed chiropractors.

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

**Died On
Adjournment**

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

This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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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.

Public Law 2017, chapter 460 added funding for 300 eligible members on the waitlist.

LD 383 Resolve, Directing the Department of Health and Human Services To Develop a Plan To Strengthen the Quality and Supply of Child Care Services

RESOLVE 50

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R HAMANN S	OTP-AM	S-408

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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

This bill proposes to increase access to child care.

Committee Amendment "A" (S-408)

This amendment replaces the bill with a resolve that requires the Department of Health and Human Services to develop a plan for increasing the supply of child care providers participating in steps 3 and 4 of the child care quality rating system established pursuant to the Maine Revised Statutes, Title 22, section 3737, subsection 3. The department is required to include stakeholders in the process of developing the plan, including those involved in the Quality for ME Revision Project. The plan must include determining whether sufficient funding in the federal child care and development fund block grant exists. It must examine federal and state statutory and regulatory frameworks to determine what is allowable, factors that present barriers and if the state child care and development fund plan must be amended. The plan must take into consideration reimbursement differentials, grant programs, contracts, professional development, child care and educational training programs and increased infant and toddler care to increase the supply of child care providers participating in steps 3 and 4. The plan must take into account geographic differences in access to quality child care in the State. The department must develop definitions of "disabilities" and "special needs" for infants and toddlers to be used in quality standards. The department is required to provide data on the numbers of children in need of care and child care providers by type, step on the child care quality rating system, geography, numbers served and capacity and any other relevant data. The department is required to submit its report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 30, 2019. The committee may report out legislation to the First Regular Session of the 129th Legislature.

Enacted Law Summary

Resolve 2017, chapter 50 requires the Department of Health and Human Services to develop a plan for increasing the supply of child care providers participating in steps 3 and 4 of the child care quality rating system established pursuant to the Maine Revised Statutes, Title 22, section 3737, subsection 3. The department is required to include stakeholders in the process of developing the plan, including those involved in the Quality for ME Revision Project. The plan must include determining whether sufficient funding in the federal child care and development fund block grant exists. It must examine federal and state statutory and regulatory frameworks to determine what is allowable, factors that present barriers and if the state child care and development fund plan must be amended. The plan must

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take into consideration reimbursement differentials, grant programs, contracts, professional development, child care and educational training programs and increased infant and toddler care to increase the supply of child care providers participating in steps 3 and 4. The plan must take into account geographic differences in access to quality child care in the State. The department must develop definitions of "disabilities" and "special needs" for infants and toddlers to be used in quality standards. The department is required to provide data on the numbers of children in need of care and child care providers by type, step on the child care quality rating system, geography, numbers served and capacity and any other relevant data. The department is required to submit its report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 30, 2019. The committee may report out legislation to the First Regular Session of the 129th Legislature.

**LD 384 Resolve, To Clarify Reimbursement for Parent-only Programs under the
MaineCare Program**

RESOLVE 47

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R MALABY R	OTP-AM	S-397

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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 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.

Committee Amendment "A" (S-397)

This amendment replaces the bill with a resolve that requires the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapters II and III, Sections 28, 65 and 90 to clarify that reimbursement is allowable for services provided to parents or guardians of children who are eligible for the MaineCare program but are not present when the service is being provided, as long as the service relates to the child's plan of care and is permitted by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. These services may be provided to parents or guardians individually or in groups. Services reimbursed under these circumstances are evidence-based parenting skills programs.

Enacted Law Summary

Resolve 2017, chapter 47 requires the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapters II and III, Sections 28, 65 and 90 to clarify that reimbursement is allowable for services provided to parents or guardians of children who are eligible for the MaineCare program but are not present when the service is being provided, as long as the service relates to the child's plan of care and is permitted by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. These services may be provided to parents or guardians individually or in groups. Services reimbursed under these circumstances are evidence-based parenting skills programs.

LD 386 An Act To Establish Universal Health Care for Maine

ONTP

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

Joint Standing Committee on Health and Human Services

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

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

PUBLIC 454

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIROCKI H	OTP-AM	H-109
LANGLEY B	ONTP	S-508 HAMPER J

This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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 on December 31, 2023.

Senate Amendment "A" To Committee Amendment "A" (S-508)

This amendment delays, from January 1, 2018 to January 1, 2019, the date by which the Department of Health and Human Services must begin reimbursing a hospital for the days a MaineCare-eligible individual is in the care of the hospital while awaiting placement in a nursing facility. It also removes the amounts appropriated and allocated in fiscal year 2017-18 and revises the amounts appropriated and allocated in fiscal year 2018-19. It also makes a technical change to a section number.

Enacted Law Summary

Public Law 2017, chapter 454 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 requirement begins January 1, 2019 and is repealed on December 31, 2023.

Joint Standing Committee on Health and Human Services

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

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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

The substance of this bill has been incorporated in LD 1539.

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

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

LD 561 An Act To Remove the Requirement That Child Care Facility Workers and Family Child Care Providers Submit to Criminal Background Checks Accepted Majority (ONTP) Report

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

Committee Amendment "A" (H-677)

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

Joint Standing Committee on Health and Human Services

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

**Leave to Withdraw
Pursuant to Joint
Rule**

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

**LD 565 An Act Regarding the Prescribing and Dispensing of Naloxone
Hydrochloride by Pharmacists**

PUBLIC 364

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHIPMAN B	OTP-AM	S-372

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

Committee Amendment "A" (S-372)

This amendment replaces the bill. It repeals the provisions of Public Law 2017, chapter 249 that prevent pharmacists from prescribing and dispensing naloxone hydrochloride after July 1, 2019, to an individual at risk of an overdose or to a family member or friend of an individual at risk of an overdose.

Enacted Law Summary

Public Law 2017, chapter 364 allows a pharmacist to prescribe and dispense naloxone hydrochloride to an individual at risk of an overdose or to a family member or friend of an individual at risk of an overdose.

The substance of Public Law 2017, chapter 364 was repealed and replaced by Public Law 2017, chapter 417 (LD 1892), which was enacted as an emergency effective May 2, 2018 before Public Law 2017, chapter 364 became effective.

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

ONTP

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

Joint Standing Committee on Health and Human Services

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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 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. (See LD 166.)

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

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

The substance of this bill was incorporated into LD 1430. The substance of LD 1430 was incorporated into Public Law 2017, chapter 460.

**LD 643 Resolve, Directing the Department of Health and Human Services To Died On
Increase Reimbursement Rates for Home-based and Community-based Adjournment
Services**

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

This resolve was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This resolve was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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.

The substance of this resolve was incorporated into Public Law 2017, chapter 459.

Joint Standing Committee on Health and Human Services

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

RESOLVE 60

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH R MILLETT R	OTP-AM ONTP	H-382 S-520 HAMPER J

This bill was reported out of committee as a resolve in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This resolve was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

This bill 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.

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

This amendment amends Committee Amendment "A" to require the Department of Health and Human Services to amend its rules relating to reimbursement rates by January 1, 2019 instead of January 1, 2018. It also removes the amounts appropriated in fiscal year 2017-18.

Enacted Law Summary

Resolve 2017, chapter 60 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. Services provided by independent speech-language pathologists are set at 90% of the reimbursement rate for agencies. Reimbursement rates for agency speech-language pathology assistants for group therapy are set at 69% of the federal Medicare rate for equivalent services for speech-language pathologists as 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.

Joint Standing Committee on Health and Human Services

LD 691 An Act To Prevent Lead Poisoning in Children

ONTP

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

LD 692 Resolve, To Provide Meals to Homebound Individuals

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAMANN S	OTP-AM ONTP	H-578

This resolve was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This resolve was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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.

Committee Amendment "A" (H-578)

This amendment, which is the majority report of the committee, removes the section of the resolve that establishes a work group. It also removes the appropriation for 2017-18 but retains the requirement that the funding is ongoing.

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

**Died On
Adjournment**

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

This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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

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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.

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

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

The substance of this bill has been incorporated in LD 1539.

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

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

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

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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 3 to 12 children who are not the person's own children or who are not residing in the person's home. This bill changes the threshold requiring certification as a family child care provider from caring for three children to caring for six children.

Joint Standing Committee on Health and Human Services

LD 812 Resolve, To Establish a Pilot Project To Save Lives and Support People Veto Sustained
with Substance Use Disorder in Washington County

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKER J TUELL W	OTP-AM	S-444 S-481 MAKER J

This resolve was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session. The resolve was reported out of committee in the Second Regular Session and then carried over on the Special Appropriations Table to the next special session by joint order S.P. 748.

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.

Committee Amendment "A" (S-444)

This amendment replaces the resolve. It amends the proposed Washington County Substance Use Disorder Pilot Project in the following ways.

1. It establishes the pilot project under the Department of Health and Human Services working with local organizations, with Healthy Acadia as the lead organization. The department is required to assist Healthy Acadia with seeking federal funding for the pilot project.
2. It requires the establishment of a central coordinating telephone system available to anyone in Washington County at any time to assist individuals with accessing services related to substance use disorder treatment and recovery. Individuals receiving the phone calls must be qualified to provide counseling services to all callers in addition to providing referrals.
3. It requires the establishment of a coordinating council made up of representatives of persons and organizations in the area involved in the health and welfare of Washington County residents. The council is responsible for providing a coordinated system of services for prevention, treatment and recovery for substance use disorder.
4. It requires the establishment of a recovery coach coordinator position. The coordinator is required to establish a system of recovery coaches available in all areas of the treatment and recovery system in Washington County and provide education and support to volunteer recovery coaches.
5. It requires the Department of Health and Human Services to conduct an evaluation of the success of the pilot project in Washington County. The department must report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the evaluation no later than March 1, 2021.

Senate Amendment "A" To Committee Amendment "A" (S-481)

Committee Amendment "A" requires the Department of Health and Human Services to work with Healthy Acadia to establish a central coordinating telephone system located in Washington County no later than October 1, 2018. This amendment requires that the central coordinating telephone system be established when federal grant funding is obtained.

Joint Standing Committee on Health and Human Services

LD 842 Resolve, To Support Home Health Services

RESOLVE 61

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JORGENSEN E LIBBY N	OTP-AM ONTP OTP-AM	H-728

This resolve was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This resolve was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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%.

Committee Amendment "A" (H-727)

This amendment, which is the majority report of the committee, replaces the resolve. The amendment increases most reimbursement rates by January 1, 2019, for home health services under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 40 to 80% of the federal Medicare rates for these services. The rates for occupational therapy assistants, physical therapy assistants and speech and language assistants are increased by the same percentage increase as the respective specialists. The rates for clinical social work are increased by 30% over current rates.

Committee Amendment "B" (H-728)

This amendment, which is a minority report of the committee, replaces the resolve. The amendment increases most reimbursement rates by January 1, 2019, for home health services under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 40 to 70% of the federal Medicare rates for these services. The rates for occupational therapy assistants, physical therapy assistants and speech and language assistants are increased by the same percentage increase as the respective specialists. The rates for clinical social work are increased by 30% over current rates.

Enacted Law Summary

Resolve 2017, chapter 61 increases reimbursement rates for home health services under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 40. Beginning January 1, 2019, reimbursement rates for home health services are set at 70% of the federal Medicare rates for services with a Medicare equivalent. Rates for occupational therapy assistants, physical therapy assistants and speech and language assistants are increased by the same percentage increase as the respective specialists. The rates for clinical social work are increased by 30% over current rates.

LD 898 An Act To Address Mandatory Overtime for Hospital Professionals

ONTP

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

This bill prohibits a hospital from requiring employees that provide direct patient care to work more than 12 hours

Joint Standing Committee on Health and Human Services

in any 24-hour period. This requirement does not apply to physicians or in cases of a declared emergency. An aggrieved employee may 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. Hospitals must report all instances of mandatory overtime work to the division, which must adopt rules regarding the manner and schedule for this reporting.

LD 902 Resolve, To Develop MaineCare Reimbursement Rates for Trauma-focused Cognitive Behavioral Therapy **Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R	OTP-AM	H-726

This resolve was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This resolve was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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 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.

Committee Amendment "A" (H-726)

This amendment replaces the resolve and changes the title. It requires the Department of Health and Human Services to contract for a third-party independent rate study to develop a separate rate for MaineCare reimbursement for trauma-focused cognitive behavioral therapy to be billed under rule Chapter 101: MaineCare Benefits Manual, Section 65. Currently, this therapy is available as outpatient therapy and home-based and community-based treatment under Section 65. The rate study must take into consideration the costs to providers of delivering the service, including certification and continuing education, quality assurance and continuous quality improvement, the need to attract enough providers to clear waiting lists and serve all areas of the State and the costs to ensure fidelity to the therapy model. The rate study must be completed no later than January 1, 2019, and the department must report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 30, 2019. The department must amend its rules to establish the new rate. The amendment adds an emergency preamble and emergency clause. The amendment also adds an appropriations and allocations section.

The substance of this resolve was incorporated into Public Law 2017, chapter 471.

LD 966 An Act Regarding Persons with Mental Illness and Substance Use Disorders in Jails and Correctional Facilities **Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R BRAKEY E	OTP-AM	H-700 S-441 DESCHAMBAULT S

Joint Standing Committee on Health and Human Services

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session. The bill was then carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

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.

Committee Amendment "A" (H-700)

This amendment replaces the bill. It establishes the Statewide Criminal Justice Coordinating Council to accept and review data on encounters between law enforcement agencies and members of the public and data gathered through the use of nationally validated screening and assessment tools when persons are admitted to jail. The council is required to collect and review data submitted by law enforcement agencies, sheriffs, regional jail administrators and intensive case managers, summarize and review the data and provide an annual report to the joint standing committees of the Legislature having jurisdiction over criminal justice and public safety matters and health and human services matters beginning January 15, 2021. The report must contain any recommendations for legislative action. A legislative committee that receives a report from the Statewide Criminal Justice Coordinating Council may report out legislation to the Legislature based on the report.

The amendment requires each law enforcement agency in the State to submit to the Department of Public Safety on a quarterly basis beginning January 15, 2020, data that identifies law enforcement calls for service and encounters between law enforcement officers and certain members of the public and requires the department to forward that data to the Statewide Criminal Justice Coordinating Council.

The amendment requires a person admitted to a jail, regional jail or correctional facility to be assessed for mental health conditions and substance use disorders through use of a nationally validated screening and assessment tool. It requires that an intensive case manager assigned by the Department of Health and Human Services to a jail, regional jail or correctional facility submit in summary form to the department information gathered from an encounter with such a person. The amendment requires the department to forward this information to the Statewide Criminal Justice Coordinating Council.

The amendment also adds a mandate preamble and an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-441)

This amendment adds the Commissioner of Corrections or the commissioner's designee to the Statewide Criminal Justice Coordinating Council and corrects a cross-reference.

The substance of this bill was incorporated in LD 1268.

LD 967	An Act To Ensure Access to Community Services for Persons with Intellectual Disabilities or Autism	Died On Adjournment
<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HERBIG E HAMPER J	OTP-AM	H-342

Joint Standing Committee on Health and Human Services

This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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 for the first year of the biennium was included in Public Law 2017, chapter 284, the biennial budget. An amended version of this bill was incorporated into Public Law 2017, chapter 459.

LD 998 An Act To Adequately Pay for Emergency Medical Services

**Died On
Adjournment**

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

This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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 is the majority report of the committee. It 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

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reimbursement rates for ambulance services below the rates as of January 1, 2017. The amendment also adds an appropriations and allocations section.

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

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

LD 1000 Resolve, To Increase Access to Brain Injury Waiver Services Died On Adjournment

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

This resolve was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This resolve was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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.

LD 1063 Resolve, To Reduce the Number of Substance-exposed Infants Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAMANN S CHIPMAN B	OTP-AM ONTP	H-678 S-460 VOLK A

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This bill was reported out of committee and then recommitted to the committee in the First Regular Session. It was then carried over to the Second Regular Session. The bill was reported out of committee in the Second Regular Session and was carried over on the Special Appropriations Table to the next special session by joint order S.P. 748.

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 was the majority report of the committee during the First Regular Session. The amendment 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 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.

The minority report of the committee in the First Regular Session was ought not to pass.

Committee Amendment "B" (H-678)

This amendment is the majority report of the committee in the Second Regular Session. It replaces the bill with a resolve. It requires the Department of Health and Human Services to contract for community-based outreach and education regarding family planning options and availability that is targeted toward women and adolescents who are experiencing substance use disorder, housed in correctional facilities, experiencing homelessness or living in other circumstances that indicate a need for family planning services. The amendment also adds an appropriations and allocations section.

Senate Amendment "B" To Committee Amendment "B" (S-460)

This amendment removes the outreach and educational program requirements in Committee Amendment "B" and instead requires the Department of Health and Human Services to conduct outreach to ensure providers are aware of the availability of reimbursement under MaineCare rules for contraceptive counseling and placement of a method of long-acting, reversible contraception.

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

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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

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organizations and others that informs and educates about dementia-related conditions and how to recognize and communicate with persons who have dementia.

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

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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

The substance of this bill was incorporated in LD 1539.

LD 1109 *An Act To Establish Homelessness as an Emergency in the General Assistance Laws* Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHIPMAN B HAMANN S	OTP-AM OTP-AM ONTP	S-409

This bill was reported out of committee and then recommitted to the committee in the First Regular Session. It was then carried over to the Second Regular Session. The bill was reported out of committee in the Second Regular Session and was carried over on the Special Appropriations Table to the next special session by joint order S.P. 748.

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 was the majority report of the committee in the First Regular Session, 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.

The minority report of the committee in the First Regular Session ws ought not to pass.

Committee Amendment "B" (S-409)

This amendment, which is the majority report of the committee in the Second Regular Session, replaces the bill. The amendment defines "homelessness" and establishes homelessness as an emergency for the purposes of a grant of emergency general assistance, as long as the person or household is not otherwise ineligible for or disqualified from receiving general assistance.

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Committee Amendment "C" (S-410)

This amendment, which is one of two minority reports of the committee in the Second Regular Session, replaces the bill and incorporates the majority report in Committee Amendment "B", which defines "homelessness" and establishes homelessness as an emergency for the purposes of being granted emergency general assistance, as long as the person or household is not otherwise ineligible or disqualified from receiving general assistance. The amendment also 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. It defines "available resource" as a resource that is immediately available or can be secured without delay. It also makes an applicant who forfeits an available resource due to fraud, misrepresentation or intentional violation of or refusal to comply with rules without just cause ineligible to receive general assistance to replace the forfeited resource for the duration of a sanction imposed on the applicant for any of these actions or 120 days, whichever is greater. The amendment also identifies circumstances relating to use of an available resource under which just cause must be found.

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

PUBLIC 461

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J HILL D	OTP-AM	H-760

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session. This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

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. A residential service provider must provide the standardized form to the patient or the patient's parent or guardian or designated representative. A residential service provider must 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.

Committee Amendment "A" (H-760)

This amendment replaces the bill. It provides that a residential service provider may apply to the Department of Health and Human Services for temporary services in order to meet the needs of an adult patient who is ready for discharge from psychiatric hospitalization when the patient requires reasonable accommodations or a higher level of care for admission or readmission to the residential service provider's facility. It provides that if the services are reimbursable by the MaineCare program, the residential service provider must seek reimbursement first and it directs the department to provide the residential service provider with technical support in seeking MaineCare reimbursement. It directs the department to adopt rules to implement these provisions no later than January 1, 2019. It directs the department to report to the joint standing committee of the Legislature having jurisdiction over health

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and human services matters by January 15, 2020. It provides that these provisions are repealed July 1, 2020.

Enacted Law Summary

Public Law 2017, chapter 461 provides that a residential service provider may apply to the Department of Health and Human Services for temporary services in order to meet the needs of an adult patient who is ready for discharge from psychiatric hospitalization when the patient requires reasonable accommodations or a higher level of care for admission or readmission to the residential service provider's facility. It requires that if the services are reimbursable by the MaineCare program, the residential service provider must seek reimbursement first and it directs the department to provide the residential service provider with technical support in seeking MaineCare reimbursement. It directs the department to adopt rules to implement these provisions no later than January 1, 2019. It directs the department to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2020. It provides that these provisions are repealed July 1, 2020.

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

ONTP

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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 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

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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.

The substance of this bill was incorporated in LD 1539.

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

**Died Between
Houses**

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

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

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N HAMANN S	OTP-AM OTP-AM	S-380 S-420 LIBBY N

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session. The bill was then carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

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.

Committee Amendment "A" (S-380)

This amendment is the majority report of the committee. It provides funding for reimbursing medical nutritional therapy services from the Fund for a Healthy Maine. It removes the requirement for MaineCare to reimburse for obesity treatment medication. It identifies the specific conditions for which medical nutritional therapy services are reimbursed and adds gastrointestinal conditions to the list. It removes dietitian nutritionists and clarifies that physicians and dietitians providing medical nutritional therapy services must be licensed by their professional licensing boards.

Committee Amendment "B" (S-381)

This amendment is the minority report of the committee. It provides funding for reimbursing medical nutritional therapy services from the Fund for a Healthy Maine for one year. It removes the requirement for MaineCare to reimburse for obesity treatment medication. It identifies the specific conditions for which medical nutritional therapy services are reimbursed and adds gastrointestinal conditions to the list. It removes dietitian nutritionists and clarifies that physicians and dietitians providing medical nutritional therapy services must be licensed by their professional licensing boards.

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Senate Amendment "A" To Committee Amendment "A" (S-420)

This amendment allows medical nutritional therapy that is reimbursed under the MaineCare program to be provided by licensed nurse practitioners.

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

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

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 Died On Adjournment

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

This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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. 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 Register.

The substance of this bill was incorporated into Public Law 2017, chapter 460.

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

**Accepted Majority
(ONTP) Report**

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

Committee Amendment "A" (H-662)

This amendment is the minority report of the committee. It changes from 14 years of age to 12 years of age the age of a minor who may consent to treatment for abuse of alcohol or drugs or for emotional or psychological problems. It removes the provision that prevents a minor from abrogating the consent of the minor's parent or guardian. The bill provides that a parent or guardian may not abrogate the consent to treatment provided by a minor 14 years of age or older; the amendment changes that age to 12 years of age or older.

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

ONTP

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

LD 1273 Resolve, To Redispense Donated Prescription Drugs

ONTP

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

This resolve was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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

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residents of the State.

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

**Died On
Adjournment**

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

This bill was reported out of committee in the First Regular Session and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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.

LD 1314 Resolve, To Improve Access to Neurobehavioral Services

**Died On
Adjournment**

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

This resolve was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This resolve was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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.

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.

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

**Accepted Majority
(ONTP) Report**

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

Committee Amendment "A" (H-603)

This amendment is the minority report of the committee. It replaces the bill and changes the title. 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.

**LD 1374 Resolve, Directing the Department of Health and Human Services To
Assess and Improve the Availability of Child Care Services**

ONTP

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

This resolve was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

This resolve directs the Department of Health and Human Services to restore consistent scheduled meetings of the Child Care Advisory Council and directs the department to contract with a third party to conduct a study to assess the availability of child care in the State, to engage in cost modeling to determine the cost of child care and to develop a system to support child care providers and parents. The department is directed to report to the Second Regular Session of the 128th Legislature no later than February 1, 2018.

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

**Accepted Majority
(ONTP) Report**

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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

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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.

Committee Amendment "A" (S-398)

This amendment is the minority report of the committee. It retains only those sections of the bill that allow a person who receives a child care subsidy to make up the difference between the amount of the subsidy and the total cost of the child care without losing the subsidy and allow a person to care for up to four children in the person's home without that person being required to become certified as a family child care provider.

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

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K DILL J	OTP-AM ONTP	H-715

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This bill was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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. The Department of Health and Human Services is directed 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. The Department of Labor is directed 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. The Department of Health and Human Services is directed 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.

Committee Amendment "A" (H-715)

This amendment, which is the majority report of the committee, replaces the bill. It establishes the hub-and-spoke system in statute. It establishes definitions for "hub," "spoke," "levels of care," "integrated medication-assisted treatment" and "recovery support services." It requires the Department of Health and Human Services to support a hub-and-spoke system. It clarifies that the department must assess opportunities for federal funding and provide grants for training when funding is available. It requires the department to support the development of a plan to create a statewide resource and referral center for substance use disorder treatment that uses 211 Maine and links it with comprehensive statewide information on available treatment and recovery resources. It requires a report from the department to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 1, 2019. It includes an appropriations and allocations section that includes funding for the uninsured. It also adds an emergency preamble and emergency clause.

The substance of this bill was incorporated into Public Law 2017, chapter 460.

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

**Died On
Adjournment**

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

This bill was reported out of committee in the First Regular Session and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

This bill requires school administrative units to test schools for radon every five years. If radon levels are above a certain level, the school administrative unit must take action to mitigate the affected areas. 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. The Department of Health and Human Services must 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

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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.

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

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JORGENSEN E CHIPMAN B	OTP-AM ONTP	H-701

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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 department may make an expenditure if the Commissioner of Health and Human Services determines that the expenditure is necessary to avert an emergency and provides 60 days' notice to the joint standing committee.

Committee Amendment "A" (H-701)

This amendment is the majority report of the committee. The amendment replaces the bill. It requires the Department of Health and Human Services to provide an annual report to the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs regarding block grants received from the Federal Government. It requires the report to be provided no later than February 1st of each year, beginning in 2019, with information relating to the most recent federal fiscal year.

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

Died On Adjournment

<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 was reported out of committee in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This bill was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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

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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 will 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 year 2018-19, these payment rates are 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 will be increased by 10%. For fiscal year 2018-19, these payment rates will 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 will 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% will be made. In each year, this supplemental allowance will be provided as part of each facility's prospective rate, notwithstanding any otherwise applicable caps or limits on reimbursement. This supplemental allowance will 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 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 will 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% will be provided. In each year, this supplemental payment will 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 will 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 will 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

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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 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 replaced House Amendment "A". It 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.

The substance of this bill was incorporated into Public Law 2017, chapter 460.

LD 1474 An Act To Reduce the Regulation of Child Care Facilities

ONTP

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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

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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 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.

LD 1481 *Resolve, To Establish a Pilot Project To Provide Travel Vouchers to Persons with Disabilities in Rural Communities* **ONTP**

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

This resolve was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

LD 1494 *An Act To Increase the Availability of Foster Homes* **Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D	OTP-AM	H-396

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session. The bill was then carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill eliminates the requirement that the State Fire Marshal inspect a family foster home and certify that it meets

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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.

LD 1495 An Act To Break the Generational Cycle of Domestic Violence

ONTP

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.

LD 1517 Resolve, To Ensure Access to Behavioral Health Services

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CHIPMAN B	OTP-AM ONTP	H-491

This bill was reported out of committee as a resolve in the First Regular Session of the 128th Legislature and then carried over to the Second Regular Session on the Special Appropriations Table. This resolve was again carried over, still on the Special Appropriations Table, from the Second Regular Session to the next special session by joint order S.P. 748.

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%

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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.

The substance of this resolve was incorporated in Public Law 2017, chapter 460.

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 ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A MAKER J	ONTP	

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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.
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.

The substance of this bill was incorporated in LD 1539.

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LD 1539 An Act To Amend Maine's Medical Marijuana Law

PUBLIC 452

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D	OTP-AM OTP-AM	H-765 S-530 BRAKEY E S-539 LANGLEY B S-540 KATZ R

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session. The bill was again carried over from the Second Regular Session to the next special session by joint order S.P. 748.

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 2 1/2 ounces of marijuana that may be dispensed to a qualifying patient who is a 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;

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13. Removes the limit of 2 1/2 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 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.

Committee Amendment "A" (H-765)

This amendment is the majority report of the committee. It replaces the bill and makes the following changes to the Maine Medical Use of Marijuana Act. The amendment:

1. Eliminates the list of debilitating medical conditions for which a medical provider may provide a written certification and instead allows a medical provider to certify use to patients who have a medical diagnosis that may be alleviated by the therapeutic or palliative use of marijuana;
2. Eliminates the requirement that qualifying patients designate a primary caregiver or dispensary as the sole provider of cultivation services or medical marijuana;
3. Increases the possession limit in law for qualifying patients and unregistered caregivers from 2 1/2 ounces to eight pounds, which was the amount previously authorized in rules adopted by the Department of Health and Human Services;

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4. Increases the possession limit for registered caregivers and dispensaries from an amount based on the number of patients who have designated the registered caregiver or dispensary to the amount that the registered caregiver or dispensary cultivated or otherwise lawfully acquired;
5. Allows registered caregivers and dispensaries to sell up to 30% of the marijuana the registered caregiver or dispensary cultivated to another registered caregiver or dispensary in wholesale transactions;
6. Authorizes qualifying patients, caregivers and dispensaries to manufacture marijuana products as long as certain substances that are considered hazardous are not used;
7. Authorizes qualifying patients, caregivers and dispensaries to produce marijuana concentrate using substances that are considered hazardous if certain safety and inspection requirements are met;
8. Establishes a registration process for persons and entities that are not qualifying patients, caregivers or dispensaries to manufacture marijuana products and to engage in marijuana extraction using substances that are considered hazardous if certain safety and inspection requirements are met;
9. Expands the authorization of a qualifying patient to use medical marijuana in certain assisted living and residential care facilities, in addition to hospice and nursing facilities, as long as that use is consistent with the facility's policy;
10. Allows medical marijuana testing facilities to operate in the absence of rules adopted by the Department of Health and Human Services if the facilities meet certain standards;
11. Establishes packaging, labeling and marketing requirements for the sale of medical marijuana;
12. Requires registered caregivers, dispensaries, marijuana testing facilities and manufacturing facilities to track marijuana within the medical marijuana program from seeds to final user;
13. Requires registered caregivers, dispensaries, marijuana testing facilities and manufacturing facilities to maintain books and records and allows the Department of Health and Human Services to inspect those books and records;
14. Establishes additional authority for the Department of Health and Human Services to oversee medical marijuana-related activities, including the authority to inspect registered caregiver operations, dispensaries, marijuana testing facilities and manufacturing facilities during regular business hours or hours of apparent activity without notice, except that the department may not enter the dwelling unit of a registered caregiver to undertake an inspection if the caregiver is not present;
15. Requires that records containing patient information be kept in a manner that does not allow identification of the patient or be kept confidential;
16. Directs the Department of Health and Human Services to issue six registration certificates to dispensaries, in addition to the eight dispensaries existing on April 1, 2018, to different entities, except that an existing dispensary may be awarded one additional registration certificate if its application is approved by the department;
17. Prohibits the Department of Health and Human Services from limiting the number of dispensary registration certificates issued after January 1, 2021;
18. Removes the requirement in current law that a dispensary must operate as a nonprofit business entity;
19. Clarifies that municipalities may regulate registered caregivers, registered dispensaries, medical marijuana manufacturing facilities and marijuana testing facilities, except that municipalities may not prohibit or limit the

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number of registered caregivers; and

20. Establishes a grant program to support objective scientific research funded by revenue from the Medical Use of Marijuana Fund and requires the Department of Health and Human Services to adopt rules to implement the grant program by March 1, 2019.

The amendment also allows businesses that are not permitted to deduct business expenses under federal law due to the United States Internal Revenue Code of 1986, Section 280E to deduct business expenses to the same extent as if those expenses were not excluded from deduction for federal tax purposes and requires the cost of these deductions, as well as the cost of administering these deductions, to be paid from the Medical Use of Marijuana Fund, to the extent that funds are available in the fund for those purposes.

The amendment also requires the Department of Health and Human Services to consult with statewide associations representing licensed medical professionals to develop and provide educational materials related to medical marijuana.

The amendment adds an appropriations and allocations section.

Committee Amendment "B" (H-766)

This amendment is the minority report of the committee. It replaces the bill and makes the following changes to the Maine Medical Use of Marijuana Act. The amendment:

1. Eliminates the list of debilitating medical conditions for which a medical provider may provide a written certification and instead allows a medical provider to certify use to patients who have a medical diagnosis that may be alleviated by the therapeutic or palliative use of marijuana;
2. Eliminates the requirement that qualifying patients designate a primary caregiver or dispensary as the sole provider of cultivation services or medical marijuana;
3. Increases the possession limit in law for qualifying patients and unregistered caregivers from 2 1/2 ounces to eight pounds, which was the amount previously authorized in rules adopted by the Department of Health and Human Services;
4. Increases the possession limit for registered caregivers and dispensaries from an amount based on the number of patients who have designated the registered caregiver or dispensary to the amount that the registered caregiver or dispensary cultivated or otherwise lawfully acquired;
5. Allows registered caregivers and dispensaries to sell up to 30% of the marijuana the registered caregiver or dispensary cultivated to another registered caregiver or dispensary in wholesale transactions;
6. Authorizes qualifying patients, caregivers and dispensaries to manufacture marijuana products as long as certain substances that are considered hazardous are not used;
7. Authorizes qualifying patients, caregivers and dispensaries to produce marijuana concentrate using substances that are considered hazardous if certain safety and inspection requirements are met;
8. Establishes a registration process for persons and entities that are not qualifying patients, caregivers or dispensaries to manufacture marijuana products and to engage in marijuana extraction using substances that are considered hazardous if certain safety and inspection requirements are met;
9. Expands the authorization of a qualifying patient to use medical marijuana in certain assisted living and residential care facilities, in addition to hospice and nursing facilities, as long as that use is consistent with the

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facility's policy;

10. Allows medical marijuana testing facilities to operate in the absence of rules adopted by the Department of Health and Human Services if the facilities meet certain standards;
11. Establishes packaging, labeling and marketing requirements for the sale of medical marijuana;
12. Requires registered caregivers, dispensaries, marijuana testing facilities and manufacturing facilities to track marijuana within the medical marijuana program from seeds to final user;
13. Requires registered caregivers, dispensaries, marijuana testing facilities and manufacturing facilities to maintain books and records and allows the Department of Health and Human Services to inspect those books and records;
14. Establishes additional authority for the Department of Health and Human Services to oversee medical marijuana-related activities, including the authority to inspect registered caregiver operations, dispensaries, marijuana testing facilities and manufacturing facilities during regular business hours or hours of apparent activity without notice, except that the department may not enter the dwelling unit of a registered caregiver to undertake an inspection if the caregiver is not present;
15. Requires that records containing patient information be kept in a manner that does not allow identification of the patient or be kept confidential;
16. Removes the limit on the number of dispensaries that may operate;
17. Prohibits the Department of Health and Human Services from limiting the number of dispensary registration certificates issued after January 1, 2021;
18. Removes the requirement in current law that a dispensary must operate as a nonprofit business entity;
19. Clarifies that municipalities may regulate registered caregivers, registered dispensaries, medical marijuana manufacturing facilities and marijuana testing facilities, except that municipalities may not prohibit or limit the number of registered caregivers; and
20. Establishes a grant program to support objective scientific research funded by revenue from the Medical Use of Marijuana Fund and requires the Department of Health and Human Services to adopt rules to implement the grant program by March 1, 2019.

The amendment also allows businesses that are not permitted to deduct business expenses under federal law due to the United States Internal Revenue Code of 1986, Section 280E to deduct business expenses to the same extent as if those expenses were not excluded from deduction for federal tax purposes and requires the cost of these deductions, as well as the cost of administering these deductions, to be paid from the Medical Use of Marijuana Fund, to the extent that funds are available in the fund for those purposes.

The amendment also requires the Department of Health and Human Services to consult with statewide associations representing licensed medical professionals to develop and provide educational materials related to medical marijuana.

The amendment adds an appropriations and allocations section.

Senate Amendment "D" To Committee Amendment "A" (S-530)

This amendment corrects cross-references and terms in the Maine Medical Use of Marijuana Act to conform to the Maine Revised Statutes, Title 28-B, Adult Use Marijuana, as enacted in Public Law 2017, chapter 409.

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This amendment also provides for the change in the terms "primary caregiver" and "registered primary caregiver" to "caregiver" and "registered caregiver," respectively.

Senate Amendment "G" To Committee Amendment "A" (S-539)

This amendment requires a caregiver, except for a caregiver who is a parent, guardian or person having legal custody of the qualifying patient, designated to possess medical marijuana for use by a qualifying patient and administer medical marijuana to a qualifying patient who is enrolled in primary or secondary school to submit to the same background check applicable to education personnel. The background check required includes fingerprinting.

This amendment also clarifies that a parent, guardian or person having legal custody of a qualifying patient who is enrolled in school may possess medical marijuana for use by that qualifying patient and administer medical marijuana to that qualifying patient.

Senate Amendment "H" To Committee Amendment "A" (S-540)

This amendment provides that a registered caregiver may operate one retail store to sell harvested marijuana to qualifying patients. It provides that a municipality may not prohibit registered caregiver retail stores, registered dispensaries, marijuana testing facilities and manufacturing facilities that are operating with municipal approval in the municipality prior to the effective date of this legislation and that a municipality may not authorize registered caregiver retail stores, registered dispensaries, marijuana testing facilities and manufacturing facilities that are not operating on the effective date of this legislation to operate in the municipality unless the municipal legislative body has voted to adopt or amend an ordinance or approve a warrant article allowing registered caregiver retail stores, registered dispensaries, marijuana testing facilities or manufacturing facilities to operate within the municipality.

Enacted Law Summary

Public Law 2017, chapter 452:

1. Eliminates the list of debilitating medical conditions for which a medical provider may provide a written certification and instead allows a medical provider to certify use to patients who have a medical diagnosis that may be alleviated by the therapeutic or palliative use of marijuana;
2. Eliminates the requirement that qualifying patients designate a primary caregiver or dispensary as the sole provider of cultivation services or medical marijuana;
3. Increases the possession limit in law for qualifying patients and unregistered caregivers from 2 1/2 ounces to eight pounds, which was the amount previously authorized in rules adopted by the Department of Health and Human Services;
4. Increases the possession limit for registered caregivers and dispensaries from an amount based on the number of patients who have designated the registered caregiver or dispensary to the amount that the registered caregiver or dispensary cultivated or otherwise lawfully acquired;
5. Allows registered caregivers and dispensaries to sell up to 30% of the marijuana the registered caregiver or dispensary cultivated to another registered caregiver or dispensary in wholesale transactions;
6. Authorizes qualifying patients, caregivers and dispensaries to manufacture marijuana products as long as certain substances that are considered hazardous are not used;
7. Authorizes qualifying patients, caregivers and dispensaries to produce marijuana concentrate using substances that are considered hazardous if certain safety and inspection requirements are met;
8. Establishes a registration process for persons and entities that are not qualifying patients, caregivers or

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- dispensaries to manufacture marijuana products and to engage in marijuana extraction using substances that are considered hazardous if certain safety and inspection requirements are met;
9. Expands the authorization of a qualifying patient to use medical marijuana in certain assisted living and residential care facilities, in addition to hospice and nursing facilities, as long as that use is consistent with the facility's policy;
 10. Allows medical marijuana testing facilities to operate in the absence of rules adopted by the Department of Health and Human Services if the facilities meet certain standards;
 11. Establishes packaging, labeling and marketing requirements for the sale of medical marijuana;
 12. Requires registered caregivers, dispensaries, marijuana testing facilities and manufacturing facilities to track marijuana within the medical marijuana program from seeds to final user;
 13. Requires registered caregivers, dispensaries, marijuana testing facilities and manufacturing facilities to maintain books and records and allows the Department of Health and Human Services to inspect those books and records;
 14. Establishes additional authority for the Department of Health and Human Services to oversee medical marijuana-related activities, including the authority to inspect registered caregiver operations, dispensaries, marijuana testing facilities and manufacturing facilities during regular business hours or hours of apparent activity without notice, except that the department may not enter the dwelling unit of a registered caregiver to undertake an inspection if the caregiver is not present;
 15. Requires that records containing patient information be kept in a manner that does not allow identification of the patient or be kept confidential;
 16. Directs the Department of Health and Human Services to issue six registration certificates to dispensaries, in addition to the eight dispensaries existing on April 1, 2018, to different entities, except that an existing dispensary may be awarded one additional registration certificate if its application is approved by the department;
 17. Prohibits the Department of Health and Human Services from limiting the number of dispensary registration certificates issued after January 1, 2021;
 18. Removes the requirement in current law that a dispensary must operate as a nonprofit business entity;
 19. Establishes a grant program to support objective scientific research funded by revenue from the Medical Use of Marijuana Fund and requires the Department of Health and Human Services to adopt rules to implement the grant program by March 1, 2019;
 20. Clarifies that a registered caregiver may operate one retail store to sell harvested marijuana to qualifying patients;
 21. Provides that a municipality may not prohibit registered caregiver retail stores, registered dispensaries, marijuana testing facilities and manufacturing facilities that are operating with municipal approval in the municipality prior to the effective date of this legislation and that a municipality may not authorize registered caregiver retail stores, registered dispensaries, marijuana testing facilities and manufacturing facilities that are not operating on the effective date of this legislation to operate in the municipality unless the municipal legislative body has voted to adopt or amend an ordinance or approve a warrant article allowing registered caregiver retail stores, registered dispensaries, marijuana testing facilities or manufacturing facilities to operate within the municipality;
 22. Allows businesses that are not permitted to deduct business expenses under federal law due to the United States

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Internal Revenue Code of 1986, Section 280E to deduct business expenses to the same extent as if those expenses were not excluded from deduction for federal tax purposes and requires the cost of these deductions, as well as the cost of administering these deductions, to be paid from the Medical Use of Marijuana Fund, to the extent that funds are available in the fund for those purposes;

23. Requires a caregiver, except for a caregiver who is a parent, guardian or person having legal custody of the qualifying patient, designated to possess medical marijuana for use by a qualifying patient and administer medical marijuana to a qualifying patient who is enrolled in primary or secondary school to submit to the same background check applicable to education personnel. The background check required includes fingerprinting. It also clarifies that a parent, guardian or person having legal custody of a qualifying patient who is enrolled in school may possess medical marijuana for use by that qualifying patient and administer medical marijuana to that qualifying patient;

24. Requires the Department of Health and Human Services to consult with statewide associations representing licensed medical professionals to develop and provide educational materials related to medical marijuana; and

25. Corrects cross-references and terms in the Maine Medical Use of Marijuana Act to conform to the Maine Revised Statutes, Title 28-B, Adult Use Marijuana, as enacted in Public Law 2017, chapter 409. It also provides for the change in the terms "primary caregiver" and "registered primary caregiver" to "caregiver" and "registered caregiver," respectively.

LD 1612 An Act To Support Maine Families through Universal Family Care

ONTP

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

This bill was carried over from the First Regular Session of the 128th Legislature to the Second Regular Session.

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

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Regular Session of the 128th Legislature to establish universal family care taxes to fully fund the Universal Family Care Program.

LD 1661 Resolve, Regarding Legislative Review of Portions of Chapter 33: Rule Relating to the Licensing of Family Child Care Providers, a Major Substantive Rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention

**RESOLVE 48
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP-AM

H-675

This resolve provides for legislative review of portions of Chapter 33: Rule Relating to the Licensing of Family Child Care Providers, a major substantive rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention.

Committee Amendment "A" (H-675)

This amendment provides that the Department of Health and Human Services may finally adopt portions of Chapter 33: Rule Relating to the Licensing of Family Child Care Providers, a provisionally adopted major substantive rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention, only if the rule is modified to:

1. Clarify that parents are allowed to visit and observe at the child care site at any time the provider is open rather than specifying documentation of the policy for parental visitation at the child care site;
2. Clarify that provider-child ratios are based on ages and not on developmental stages;
3. Clarify that a single provider may care for eight children aged two to five years and two children over five years old;
4. Change the age of the children of the licensee being included in provider-child ratios from under the age of three to under the age of four;
5. Change the requirement that climbing equipment must be six feet from hard surfaces to requiring that it be located at a sufficient distance to prevent injury;
6. Clarify that the 36-inch-high threshold for requiring energy-absorbing materials refers to the height of the climbable or standing surface and remove the requirement that the rubber tiles and mats used beneath the equipment must be approved by the American Society for Testing and Materials;
7. Remove the requirement that the depth of energy-absorbing materials around climbers and slides be six inches or greater and instead require a sufficient amount of material to prevent injury, and clarify that the equipment includes swings in addition to climbers and slides;
8. Remove requirements that energy-absorbing materials around playground equipment extend at least six feet in all directions and instead require the materials to extend beyond the equipment in all directions to prevent injury in the event of a fall; and
9. Clarify that a person assigned by a provider to drive children enrolled in care must complete training for transportation of children every two years to match the training requirements in other sections of the rule.

Enacted Law Summary

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Resolve 2017, chapter 48 authorizes the Department of Health and Human Services to finally adopt portions of Chapter 33: Rule Relating to the Licensing of Family Child Care Providers, a provisionally adopted major substantive rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention, as long as the rule is modified to:

1. Clarify that parents are allowed to visit and observe at the child care site at any time the provider is open rather than specifying documentation of the policy for parental visitation at the child care site;
2. Clarify that provider-child ratios are based on ages and not on developmental stages;
3. Clarify that a single provider may care for eight children aged two to five years and two children over five years old;
4. Change the age of the children of the licensee being included in provider-child ratios from under the age of three to under the age of four;
5. Change the requirement that climbing equipment must be six feet from hard surfaces to requiring that it be located at a sufficient distance to prevent injury;
6. Clarify that the 36-inch-high threshold for requiring energy-absorbing materials refers to the height of the climbable or standing surface and remove the requirement that the rubber tiles and mats used beneath the equipment must be approved by the American Society for Testing and Materials;
7. Remove the requirement that the depth of energy-absorbing materials around climbers and slides be six inches or greater and instead require a sufficient amount of material to prevent injury, and clarify that the equipment includes swings in addition to climbers and slides;
8. Remove requirements that energy-absorbing materials around playground equipment extend at least six feet in all directions and instead require the materials to extend beyond the equipment in all directions to prevent injury in the event of a fall; and
9. Clarify that a person assigned by a provider to drive children enrolled in care must complete training for transportation of children every two years to match the training requirements in other sections of the rule.

Resolve 2017, chapter 48 was finally passed as an emergency measure effective April 15, 2018.

LD 1664 Resolve, Regarding Legislative Review of Portions of Chapters 126 and 261: Immunization Requirements for School Children, Joint Major Substantive Rules of the Department of Education and the Department of Health and Human Services

**RESOLVE 32
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP
OTP-AM

This resolve provides for legislative review of portions of Chapters 126 and 261: Immunization Requirements for School Children, joint major substantive rules of the Department of Education and the Department of Health and Human Services.

Committee Amendment "A" (H-588)

This amendment is the minority report of the committee. It amends the resolve to not authorize portions of Chapters

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126 and 261: Immunization Requirements for School Children, joint major substantive rules of the Department of Education and the Department of Health and Human Services that were submitted to the Legislature.

Enacted Law Summary

Resolve 2017, chapter 32 authorizes portions of Chapters 126 and 261: Immunization Requirements for School Children, joint major substantive rules of the Department of Education and the Department of Health and Human Services that were submitted to the Legislature regarding requirements for students to receive the meningococcal immunization.

Resolve 2017, chapter 32 was finally passed as an emergency measure effective March 7, 2018.

LD 1665	An Act To Maintain Mental Health Staffing at the Dorothea Dix Psychiatric Center and Support Statewide Forensic Services	PUBLIC 380
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R	OTP-AM	H-602

This bill makes permanent six limited-period Mental Health Worker I positions at the Dorothea Dix Psychiatric Center and transfers funds from All Other to Personal Services.

Committee Amendment "A" (H-602)

This amendment strikes and replaces the bill's appropriations and allocations section.

Enacted Law Summary

Public Law 2017, chapter 380 makes permanent six limited-period Mental Health Worker I positions at the Dorothea Dix Psychiatric Center.

LD 1675	An Act To Clarify Definitions in the Laws Regarding the Licensing of Eating Establishments and Lodging Places	PUBLIC 322
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P	OTP	

This bill repeals the definition of "eating and lodging place" in the laws regarding campgrounds, recreational camps, youth camps and eating establishments and removes references to the term in other provisions of law. It clarifies the definition of "eating establishment" to provide exceptions to a broad definition and amends other provisions of law to agree with the changes.

Enacted Law Summary

Public Law 2017, chapter 322 repeals the definition of "eating and lodging place" in the laws regarding campgrounds, recreational camps, youth camps and eating establishments and removes references to the term in other provisions of law. It clarifies the definition of "eating establishment" to provide exceptions to a broad definition and amends other provisions of law to agree with the changes.

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LD 1676 An Act Expanding the Authority of the Maine Elder Death Analysis Review Team To Investigate Deaths and Serious Injuries of Persons with Intellectual Disabilities or Autism

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DENNO D	OTP-AM OTP-AM	H-770

This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill reestablishes the Office of Advocacy, abolished in 2011, in the Department of Health and Human Services as an internal agency to protect the interests of individuals with intellectual disabilities and autism.

Committee Amendment "A" (H-769)

This amendment, which is the majority report of the committee, replaces the bill. It establishes the Panel To Review Deaths of and Serious Injuries to Persons with Intellectual Disabilities or Autism. The panel consists of 14 members, including a panel coordinator who is an employee of the Department of Health and Human Services, Maine Center for Disease Control and Prevention and is a registered nurse and a member appointed by the Maine Developmental Services Oversight and Advisory Board. Other members of the panel are appointed by the Governor, the President of the Senate and the Speaker of the House of Representatives. Terms are for three years, and members receive expenses if they are not already compensated by their employers. The panel coordinator must review all cases of death of and serious injury to persons with intellectual disabilities or autism receiving adult developmental services and determine those that require further review by the panel. Other individuals may refer cases to the panel, and the panel may choose additional cases from the list of cases provided by the panel coordinator. The panel has access to records necessary for the review. The panel must provide reports to the Commissioner of Health and Human Services and the Maine Developmental Services Oversight and Advisory Board with findings and recommendations. The panel is required to provide reports to the Legislature on an annual basis and may provide trend analyses to the Legislature as necessary. Legislative reports are public documents. The amendment also adds an appropriations and allocations section.

Committee Amendment "B" (H-770)

This amendment, which is the minority report of the committee, replaces the bill. It requires the Maine Elder Death Analysis Review Team created in the Office of the Attorney General to undertake an examination of all deaths and serious injuries of persons with intellectual disabilities or autism receiving adult developmental services from the Department of Health and Human Services. The Office of the Attorney General is required to examine all cases of death or serious injury and refer cases to the Maine Elder Death Analysis Review Team in which the death or serious injury was not expected or could have been prevented and cases for which there were system issues identified or there were other issues that indicate that a case should be reviewed. The team must identify whether systems that assist or protect persons receiving adult developmental services are sufficient for the particular circumstances or whether improvement is necessary. The team must recommend methods for improvement to the Office of the Attorney General and the Department of Health and Human Services. The amendment also adds the director of the office within the Department of Health and Human Services that provides adult developmental services to persons with intellectual disabilities or autism to the Maine Elder Death Analysis Review Team. The amendment also adds an appropriations and allocations section.

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LD 1682 An Act To Ensure the Quality of and Increase Access to Recovery Residences

Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S VACHON K	OTP-AM ONTP	S-411

This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill directs the Department of Health and Human Services to establish standards for recovery residences based on standards established by the National Alliance for Recovery Residences. It also authorizes the Bridging Rental Assistance Program to assist persons with substance use disorders involving opioids with housing placement in recovery residences, including residences in which residents share rooms.

Committee Amendment "A" (S-411)

This amendment is the majority report of the committee. It adds definitions of "person recovering from a substance use disorder" and "recovery residence" and directs the Department of Health and Human Services to establish a voluntary certification process for recovery residences. It also directs the Maine State Housing Authority to create a pilot project to provide a short-term rental subsidy to a person recovering from a substance use disorder to reside in a certified recovery residence.

It also adds recovery to substance abuse prevention and treatment in the context of activities and services under the laws addressing alcohol and drug abuse. It also adds an appropriations and allocations section.

LD 1707 An Act To Reduce the Cost of Care Resulting from Blood-borne Infectious Diseases

PUBLIC 464

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K VOLK A	OTP-AM ONTP	H-604 H-648 VACHON K

This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill provides funds to support hypodermic apparatus, or syringe, exchange programs.

Committee Amendment "A" (H-604)

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

House Amendment "A" (H-648)

This amendment removes from the bill the emergency preamble, the emergency clause and the General Fund appropriation for fiscal year 2017-18.

Enacted Law Summary

Public Law 2017, chapter 464 provides funds to support hypodermic apparatus, or syringe, exchange programs.

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LD 1708 Resolve, Directing the Department of Health and Human Services To Allow Relatives and Legal Guardians To Provide Home and Community-based Services to Eligible Members Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COREY P DIAMOND B	OTP-AM	H-664

This bill was carried over as a resolve on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill allows a MaineCare member approved for consumer-directed attendant services under the MaineCare program to hire any family member, including a spouse, or a legal guardian to provide those services in the home or community. It requires the Department of Health and Human Services to submit a waiver request to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services no later than January 1, 2019. The department is required to adopt rules within 180 days of receiving approval for the waiver.

Committee Amendment "A" (H-664)

This amendment replaces the bill with a resolve. The amendment requires the Department of Health and Human Services to submit a request to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to amend the current 1915(c) waiver so that eligible members receiving home and community-based services under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 19 will be able to receive services provided by relatives, including spouses, or legal guardians who are employed to provide those services. It requires the department to amend its rules after the amended waiver approval has been received from the Federal Government. The amendment requires the department to provide an interim report and a final report regarding the progress in applying for, receiving and implementing the amended waiver, as well as data on the number of individuals receiving services from relatives, including spouses, or legal guardians, any information about costs or savings and recommendations about the feasibility for similarly expanding other MaineCare programs or other potential waiver programs available under Medicaid. It also adds an appropriations and allocations section.

LD 1709 An Act To Allow the Maine Developmental Services Oversight and Advisory Board Access to Investigations of Suspicious Deaths and Mortality Reviews Performed by the Department of Health and Human Services Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PARKER J	OTP-AM ONTP	H-702

This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill grants the Maine Developmental Services Oversight and Advisory Board direct access to the personal planning and other records of a person receiving adult developmental services, subject to appropriate safeguards to protect the person's right to confidentiality, and grants the board direct access to the records of an investigation into the suspicious death of or the records of a mortality review pertaining to a person with intellectual disabilities or autism, subject to appropriate safeguards for the privacy of the deceased person. It also requires the Department of Health and Human Services to notify the board of any report made to a medical examiner regarding a mandated reporter's knowledge or reasonable suspicion that an adult receiving adult developmental services has died as a

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result of abuse or neglect.

Committee Amendment "A" (H-702)

This amendment is the majority report of the committee. It clarifies that records being accessed by the Maine Developmental Services Oversight and Advisory Board are records that are in the possession of the Department of Health and Human Services and do not include records generated by a hospital. The department is required to implement the requirements of this legislation within existing resources.

LD 1710 An Act To Restore Maine's School-based Health Centers

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HANDY J MAKER J	OTP-AM ONTP	H-635 H-667 HANDY J

This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill restores funding to Maine's school-based health centers to the level of funding provided in fiscal year 2016-17.

Committee Amendment "A" (H-635)

This amendment, which is the majority report of the committee, provides that funding for school-based health centers is a one-time appropriation from the Fund for a Healthy Maine and authorizes the joint standing committee of the Legislature having jurisdiction over health and human services matters to report out legislation to provide ongoing funding for school-based health centers in the First Regular Session of the 129th Legislature.

House Amendment "A" To Committee Amendment "A" (H-667)

This amendment strikes the emergency preamble and emergency clause and replaces the appropriations and allocations section.

The substance of this bill was incorporated into Public Law 2017, chapter 460.

LD 1711 Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services

Veto Sustained

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D MAKER J	OTP-AM ONTP	H-737 S-523 HAMPER J

This resolve was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This resolve establishes within the Department of Health and Human Services a pilot project to provide rapid access to low-barrier treatment for substance use disorders and stable housing to support recovery and create stability for 50 opioid users who are among the most vulnerable and unstable in the State. It directs the department to implement the pilot project no later than September 1, 2018, and to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by March 15, 2019. The joint standing

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committee is authorized to submit legislation regarding the pilot project, including legislation to continue the pilot project, to the First Regular Session of the 129th Legislature.

Committee Amendment "A" (H-737)

This amendment is the majority report of the committee. It strikes and replaces the resolve. Like the resolve, the amendment establishes within the Department of Health and Human Services a pilot project to provide rapid access to low-barrier treatment for substance use disorders and stable housing to support recovery and create stability for 50 opioid users who are among the most vulnerable and unstable in the State. The amendment details the pilot project objectives, eligibility criteria for pilot project participants and services that must be provided to those participants, including medication-assisted treatment, intensive case management services and financial and case management assistance to ensure immediate and continued access to stable housing. The amendment requires an independent evaluation of the pilot project and directs the department to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the pilot project by March 15, 2019. The joint standing committee is authorized to submit legislation regarding the pilot project, including legislation to continue or to expand the pilot project, to the First Regular Session of the 129th Legislature.

Senate Amendment "A" To Committee Amendment "A" (S-523)

This amendment reduces the number of opioid users to be served by the homeless opioid users service engagement pilot project from 50 to 25 and replaces the appropriations and allocations section. It also changes the date by which the Department of Health and Human Services must issue a request for proposals and implement the pilot project through social service contracts.

LD 1712 An Act Regarding Health Care Ombudsman Services

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VACHON K LANGLEY B	ONTP	

This bill allows Medicaid contracted ombudsman support services to be expanded to support an eligible member applying for federal Affordable Care Act special enrollment health insurance coverage to be paid for by the eligible member.

LD 1713 An Act To Improve Housing Support in the Bridging Rental Assistance Program

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D BELLOWS S	OTP-AM ONTP	H-663

This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill requires a participant in the Bridging Rental Assistance Program to contribute the same amount toward rent that is required of a participant in the housing voucher program administered by the United States Department of Housing and Urban Development under the United States Housing Act of 1937, Public Law 75-412, 50 Stat. 888, Section 8.

Committee Amendment "A" (H-663)

This amendment is the majority report of the committee. It requires that participants in the Bridging Rental

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Assistance Program accept a Section 8 voucher when it becomes available. The amendment provides a start date of July 1, 2018, for the requirement in the bill that the Department of Health and Human Services require a program participant to contribute the same amount toward rent that is required of a participant in a housing voucher program administered by the United States Department of Housing and Urban Development under the United States Housing Act of 1937, Public Law 75-412, 50 Stat. 888, Section 8. It directs the Department of Health and Human Services to ensure that no program participants lose assistance during the transition to the new contribution amount. It also adds an appropriations and allocations section.

**LD 1714 An Act To Clarify Liability Pertaining to the Collection of Debts of
MaineCare Providers by the Department of Health and Human Services**

**PUBLIC 442
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D	OTP-AM	H-674

This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill clarifies requirements for the definition of an ownership or control relationship for purposes of determining when the Department of Health and Human Services may offset debts owed to the department by a provider against current MaineCare reimbursement due to that provider or an entity related to that provider. It clarifies that the department may not offset current reimbursement owed to an entity related by ownership or control to the provider unless the person whose relationship is the subject of the offset has the voting power to govern the operation of the provider owing the debt. The bill prohibits the department from imposing liability for a debt owed by a provider on any person except a provider notified in accordance with statute of the debt or a person subject to collection by offset. The bill retains the provision in current law allowing the department to recover a debt by seeking a civil penalty for a false claim.

Committee Amendment "A" (H-674)

This amendment incorporates a fiscal note.

Enacted Law Summary

Public Law 2017, chapter 442 clarifies requirements for the definition of an ownership or control relationship for purposes of determining when the Department of Health and Human Services may offset debts owed to the department by a provider against current MaineCare reimbursement due to that provider or an entity related to that provider. It clarifies that the department may not offset current reimbursement owed to an entity related by ownership or control to the provider unless the person whose relationship is the subject of the offset has the voting power to govern the operation of the provider owing the debt. It prohibits the department from imposing liability for a debt owed by a provider on any person except a provider notified in accordance with statute of the debt or a person subject to collection by offset. It retains the provision in current law allowing the department to recover a debt by seeking a civil penalty for a false claim.

Public Law 2017, chapter 442 was enacted as an emergency measure effective July 4, 2018.

**LD 1715 An Act To Ensure Rural Patient Populations Receive Safe and Effective
Health Care**

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STANLEY S CARSON B	ONTP	

Joint Standing Committee on Health and Human Services

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

This bill proposes to ensure that patient populations located in rural areas of the State receive safe and effective health care by placing certain reporting and approval requirements on an acute care or critical access hospital that is considering closure or terminating or reducing services. Any such hospital would need to provide at least six months' notice to the joint standing committee of the Legislature having jurisdiction over health and human services matters prior to the planned date of closure of the hospital or the termination or reduction of services. The hospital would also need to provide a study to the committee conducted by an independent third party describing the impact of the closure or the termination or reduction of services on the patient population. Any closure or any termination or reduction of services would require approval prior to taking effect.

LD 1730 An Act To Change the Procedures for Veterinarians in the Controlled Substances Prescription Monitoring Program

PUBLIC 360

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAMPER J	OTP-AM	S-422

This bill eliminates the requirement that veterinarians check prescription monitoring information under the Controlled Substances Prescription Monitoring Program upon prescribing certain medications, including opioids. It also changes the continuing education requirement to require a veterinarian who prescribes opioid medication to successfully complete three hours of continuing education every two years on the administration, prescription and management of controlled substances. Current law requires such a veterinarian to successfully complete three hours of continuing education every two years on the prescription of opioid medication.

Committee Amendment "A" (S-422)

This amendment retains the provisions of the bill that remove veterinarians from the definition of "prescriber" in the laws governing the Controlled Substances Prescription Monitoring Program so that veterinarians are not required to check the program when prescribing controlled substances, including opioids. The amendment provides that veterinarians who dispense benzodiazepines or opioid medications for animals are "dispensers" within the Controlled Substances Prescription Monitoring Program. It requires a veterinarian who dispenses a benzodiazepine or an opioid medication to check prescription monitoring information except when the veterinarian is operating in mobile or emergency circumstances or is dispensing less than 48 hours of medication. The amendment reestablishes the waiver on electronic prescribing of opioids that expired on July 1, 2017. The amendment includes benzodiazepines under the waiver and provides that the waiver extends until July 1, 2022, unless an electronic platform becomes available earlier as determined by the Commissioner of Health and Human Services. After electronic prescribing is required, veterinarians may apply for a waiver from the Commissioner of Health and Human Services. The amendment retains the changes made by the bill to the continuing education requirements for veterinarians but reduces the amount of continuing education required for administration, prescription and management of controlled substances from three hours every two years to one hour every two years and specifies that the requirements apply to veterinarians who prescribe benzodiazepines as well as to veterinarians who prescribe opioid medications. It allows the State Board of Veterinary Medicine to adopt rules rather than requiring rulemaking.

Enacted Law Summary

Public Law 2017, chapter 360 makes a number of changes to the requirements for veterinarians in the laws governing the Controlled Substances Prescription Monitoring Program.

1. It removes veterinarians from the definition of "prescriber" so that veterinarians are not required to check the Controlled Substances Prescription Monitoring Program when prescribing controlled substances, including opioids. Veterinarians who dispense benzodiazepines or opioid medications for animals are defined as "dispensers" under the

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law. A veterinarian who dispenses a benzodiazepine or an opioid medication is required to check prescription monitoring information except when the veterinarian is operating in mobile or emergency circumstances or is dispensing less than 48 hours of medication.

2. It extends the waiver on electronic prescribing of opioids until July 1, 2022, unless an electronic platform becomes available earlier as determined by the Commissioner of Health and Human Services. It also includes benzodiazepines under the waiver. After electronic prescribing becomes required, veterinarians may apply for a waiver from the Commissioner of Health and Human Services.

3. It broadens the content of continuing education requirements to include administration and management of opioid medications as well as prescription of opioid medications. It reduces the number of hours required from three hours every two years to one hour every two years. It allows the State Board of Veterinary Medicine to adopt rules rather than requiring rulemaking.

LD 1737 An Act To Preserve Medication Management for Persons with Mental Health Needs

Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BREEN C DENNO D	OTP-AM	S-379

This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill provides funding for a 25% rate increase for the medication management services provided under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services.

Committee Amendment "A" (S-379)

This amendment decreases the rate increase proposed in the bill from 25% to 15% and provides funding for a 15% rate increase for the medication management services provided under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services.

The substance of this bill was incorporated in Public Law 2017, chapter 460.

LD 1742 Resolve, To Support Vulnerable Seniors by Funding Assisted Living Programs

Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DILL J FREDETTE K	OTP-AM ONTP	S-364

This resolve was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This resolve provides increased funding for the provision of assisted living services at facilities currently operating at a loss, including, but not limited to, facilities in Bangor, Millinocket, Camden and Sanford. It directs the Department of Health and Human Services to conduct a review of possible ways to stabilize funding for affordable assisted living facilities that contract with the office of aging and disability services within the Department of

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Health and Human Services, including permanent increases to existing funding levels, paying the medical costs of certain residents until they are eligible for MaineCare coverage, a practice known as Rate Code 53 spending, and designating facilities as private nonmedical institutions. It directs the department to report back with its recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 11, 2019.

Committee Amendment "A" (S-364)

This amendment, which is the majority report of the committee, clarifies that the \$500,000 funding for assisted living services is one-time funding. It also removes the language that specifies that certain assisted living facilities receive the funding, as all seven facilities are operating at a loss.

The substance of this resolve was incorporated in Public Law 2017, chapter 460.

**LD 1748 An Act Regarding Rules Governing Family Child Care Provider ONTP
Licensing**

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

This bill requires the Department of Health and Human Services to amend its rule Chapter 33: Family Child Care Provider Licensing Rule to include provisions relating to parent involvement, the availability of copies of the rule, rights for children, the ages of children living with a provider who are counted in the staff-to-child ratio, compliance with the federal Americans with Disabilities Act of 1990, reasonable modifications and accommodations and rights to a service plan that are identical in substance to the rule Chapter 33 that was in effect on September 15, 2017. It defines the terms "infant," "toddler" and "preschool child," requires providers to complete cardiopulmonary resuscitation, first aid and mandated reporter training within 30 days of employment and requires providers to be at least 18 years of age. It requires the child-to-staff ratio for toddlers to be the same as the child-to-staff ratio for infants. It requires the department to adopt rules pertaining to the quality of the program provided. It provides that rules for family child care providers adopted by the department are major substantive rules.

**LD 1762 An Act To Ensure Sustainable Health Care Access in the Jackman PUBLIC 451
Region EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRIGNON C	OTP-AM ONTP	H-676 S-516 HAMPER J

This bill was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This bill appropriates \$495,000 to the Jackman Community Health Center to ensure sustainable health care access in the Jackman region.

Committee Amendment "A" (H-676)

This amendment is the majority report of the committee. It reduces from \$495,000 to \$150,000 the amount appropriated to the Jackman Community Health Center.

Senate Amendment "A" To Committee Amendment "A" (S-516)

This amendment changes the appropriation of funding from fiscal year 2017-18 to fiscal year 2018-19.

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Enacted Law Summary

Public Law 2017, chapter 451 appropriates \$150,000 to the Jackman Community Health Center to ensure sustainable health care access in the Jackman region.

Public Law 2017, chapter 451 was enacted as an emergency measure effective July 9, 2018.

LD 1771 An Act To Stabilize Vulnerable Families

PUBLIC 415

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
VOLK A VACHON K	OTP-AM	S-449

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

This bill proposes to enact measures designed to help stabilize vulnerable families by encouraging the prioritization of families for subsidized housing and other services.

Committee Amendment "A" (S-449)

This amendment replaces the bill, which is a concept draft. It requires the Department of Health and Human Services to issue a request for proposals for two housing-based programs for mothers affected by substance use disorder who have at least one child under 10 years of age when entering the program. The mothers in the programs must receive stable housing and comprehensive services that support recovery and unification with their children. The services provided include care coordination, health care, child care, early childhood education, home supports, after-school programming, parenting education, treatment for mental health and substance use disorder, postsecondary education, community-based transportation and employment supports. The programs must include data collection to assess long-term recovery outcomes, transition to employment and independence. The amendment also adds an appropriations and allocations section for child care and contracted services in the integrated treatment and recovery for families program.

Enacted Law Summary

Public Law 2017, chapter 415 requires the Department of Health and Human Services to issue a request for proposals for two housing-based programs for mothers affected by substance use disorder who have at least one child under 10 years of age when entering the program. The mothers in the programs must receive stable housing and comprehensive services that support recovery and unification with their children. The services provided include care coordination, health care, child care, early childhood education, home supports, after-school programming, parenting education, treatment for mental health and substance use disorder, postsecondary education, community-based transportation and employment supports. The programs must include data collection to assess long-term recovery outcomes, transition to employment and independence.

LD 1774 An Act To Reduce Child Poverty by Leveraging Investments in Families for Tomorrow

PUBLIC 387

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON S VOLK A	OTP-AM	H-687

This bill establishes two programs intended to strengthen the financial stability of low-income families with children and individuals through increased access to education and training services and the support services needed to participate.

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The first program is a food supplement employment and training program that requires partnership agreements to be made between the Department of Health and Human Services and third-party educational institutions or community-based organizations that meet certain standards to provide education, training and support services to eligible adults who are food supplement benefit recipients. This program is supported with federal supplemental nutrition assistance program funds.

The second program is a companion to the current Parents as Scholars Program and is available to persons with minor children who do not qualify for cash assistance under the Temporary Assistance for Needy Families program, who have incomes at or below 185% of the federal poverty level and who are pursuing a postsecondary degree, industry-recognized certificate or similar credential in a field or occupation that has at least an average job outlook as identified by the Department of Labor. This program is funded with Temporary Assistance for Needy Families block grant funds.

Committee Amendment "A" (H-687)

This amendment strikes and replaces the bill. It removes the food supplement employment and training program established in the bill. It makes the following changes to the Working Families Parents as Scholars Program.

1. It renames the program the Higher Opportunity for Pathways to Employment Program and establishes it in a new chapter in the Maine Revised Statutes, Title 22.
2. It changes eligibility for the program from applicants or participants who are not qualified for Temporary Assistance for Needy Families cash assistance to those who are qualified but are not receiving Temporary Assistance for Needy Families cash assistance.
3. It limits participation in the program to 500 participants.
4. It adds an asset limit for eligibility.
5. It allows the Commissioner of Health and Human Services to limit or suspend the program if sufficient funding is not available.
6. It limits participation for four-year undergraduate degrees to those fields of health care, technology and engineering determined by department rules to allow for changing employment needs in the State.
7. It removes the responsibility for determining aptitude for completion of an educational program and determining satisfactory educational progress from the institution providing the educational program.
8. It removes the provision related to expanding work study opportunities.

The amendment also adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2017, chapter 387 establishes the Higher Opportunity for Pathways to Employment Program. A person eligible to participate in the program must qualify for Temporary Assistance for Needy Families but is not receiving Temporary Assistance for Needy Families cash assistance and must be enrolled in an education or training program that results in an industry-recognized certificate, a postsecondary undergraduate two-year degree or a postsecondary four-year degree in a health care, technology or engineering field. The program is limited to no more than 500 participants and may be suspended by the Commissioner of Health and Human Services if there is insufficient funds to support the program.

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LD 1778 Resolve, Regarding Medicaid Reimbursement for Rehabilitation Hospitals

**RESOLVE 41
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JORGENSEN E DION M	OTP-AM	H-622

This resolve directs the Department of Health and Human Services to increase the Medicaid reimbursement rate provided to rehabilitation hospitals. This increase in the Medicaid reimbursement rate must be funded using existing hospital reimbursement resources and have no net cost to the General Fund, Other Special Revenue Funds or the Federal Expenditures Fund.

Committee Amendment "A" (H-622)

This amendment provides the exact amount of the increased reimbursement rate for rehabilitation hospitals and provides that the rate increase is retroactive to July 1, 2017. It clarifies the source of existing hospital reimbursement resources to be used to fund the increase.

Enacted Law Summary

Resolve 2017, chapter 41 directs the Department of Health and Human Services to increase the Medicaid reimbursement rate provided to rehabilitation hospitals retroactive to July 1, 2017. This increase in the Medicaid reimbursement rate must be funded using existing hospital reimbursement resources and have no net cost to the General Fund, Other Special Revenue Funds or the Federal Expenditures Fund.

Resolve 2017, chapter 41 was finally passed as an emergency measure effective April 5, 2018.

LD 1800 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 Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 33
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.

Enacted Law Summary

Resolve 2017, chapter 33 authorizes adoption 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.

Resolve 2017, chapter 33 was finally passed as an emergency measure effective March 7, 2018.

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LD 1801 Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 35
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-623

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

Committee Amendment "A" (H-623)

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 Benefits for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a provisionally adopted major substantive rule, only if the rule is modified. The required modification relates to documentation for the audit of services provided. The proposed rule requires documentation showing the hours and the name of the direct care staff scheduled to work with the member. The required modification requires that the documentation show the hours and the name of the direct care staff scheduled to work at the facility. This conforms with the requirements of Resolve 2017, chapter 15.

Enacted Law Summary

Resolve 2017, chapter 35 authorizes adoption of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a major substantive rule of the Department of Health and Human Services.

Resolve 2017, chapter 35 was finally passed as an emergency measure effective March 26, 2018.

LD 1811 An Act Regarding Rules Governing the Medical Use of Marijuana Program

INDEF PP

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

This bill was reported by the committee pursuant to joint order 2017 H.P. 1241.

This bill prohibits the Department of Health and Human Services from adopting or enforcing rules that are not identical in substance to the rules in effect on January 31, 2018 governing the medical use of marijuana. The prohibition is repealed 90 days after the adjournment of the Second Regular Session of the 128th Legislature. The bill further directs the department to adopt rules governing the medical use of marijuana program that are identical in substance to the rules in effect on January 31, 2018 within two business days of the effective date of the enactment of this legislation.

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**LD 1820 Resolve, Regarding Increases in Reimbursement Rates for Certain
Children's Habilitative Services under MaineCare**

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MALABY R	OTP-AM	H-642

This resolve was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This resolve directs the Department of Health and Human Services to adopt major substantive rules amending rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28 by April 1, 2018, to increase reimbursement rates for children's habilitative services and specialized children's habilitative services in accordance with the April 24, 2017, report "Rate Study for Behavioral Health and Targeted Case Management Services: Final Proposed Rates for Formal Rulemaking" prepared for the department by Burns & Associates, Inc.

Committee Amendment "A" (H-642)

This amendment clarifies that the Burns & Associates, Inc. report recommended increasing rates and establishing new rates for providers of certain types of services under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28. The amendment also adds an appropriations and allocations section.

The substance of this resolve was incorporated in Public Law 2017, chapter 460.

**LD 1863 An Act Regarding the Limit on the Number of Children Who May Be
Placed in a Single Foster Home**

**PUBLIC 372
EMERGENCY**

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

This bill allows a family foster home to exceed the limitation on the total number of children in care if the Department of Health and Human Services determines it to be in the best interest of a child.

Committee Amendment "A" (S-430)

The amendment allows a family foster home to exceed the limitation on the total number of children allowed in the family foster home in an individual case involving unusual circumstances if the Department of Health and Human Services determines it to be appropriate, instead of basing the exception on a determination by the department of the best interest of the child, as proposed in the bill. This amendment also adds an emergency preamble and emergency clause.

Enacted Law Summary

Public Law 2017, chapter 372 allows a family foster home to exceed the limitation on the total number of children allowed in the family foster home in an individual case involving unusual circumstances if the Department of Health and Human Services determines it to be appropriate.

Public Law 2017, chapter 372 was enacted as an emergency measure effective April 9, 2018.

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LD 1864 An Act To Establish Universal Home Care for Seniors and Persons with Disabilities Died Between Houses

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
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This initiated bill was not referred to committee. This initiated bill establishes the Universal Home Care Program to provide in-home and community support services for all people with disabilities living in Maine who require assistance with an activity of daily living and people 65 years of age or older who are living in Maine and who require assistance with an activity of daily living, without regard to income, to be funded by a new tax of 3.8% on income and wages that exceed the maximum wages subject to social security employment taxes.

LD 1868 Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children Died On Adjournment

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C BREEN C	OTP-AM OTP-AM	H-729

This resolve was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This resolve requires the Department of Health and Human Services to increase the MaineCare reimbursement rates for evidence-based therapies for treating emotional and behavioral problems in children to rates that cover all costs to the provider of delivering the services, including additional training, clear waiting lists and attract providers to all areas of the State, including underserved rural areas. These rates must be set on a per-case, per-week basis.

Committee Amendment "A" (H-729)

This amendment, which is the majority report of the committee, replaces the resolve. It requires the Department of Health and Human Services to increase reimbursement rates for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 20% until June 30, 2019. It requires the department to contract for a third-party rate study of the reimbursement rates for those therapies, including developing a rate set on a per-case, per-week basis rather than the current 15-minute increments. The rate study must also take into account the costs to providers of delivering the services, including additional training, and maintenance of fidelity to the treatment models. The rate study must be completed no later than December 1, 2018. The department must submit a report on the results of the study to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 30, 2019. The department is authorized to implement new rates through rulemaking as long as the rates are no lower than those that exist on April 1, 2018, and the rates are approved by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services. It also adds an appropriations and allocations section.

Committee Amendment "B" (H-730)

This amendment, which is the minority report of the committee, replaces the resolve. It requires the Department of Health and Human Services to increase reimbursement rates for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 15% until June 30, 2019. It requires the department to contract for a third-party rate study of the reimbursement rates for those therapies, including developing a rate set on a per case per week basis rather than the current 15-minute increments. The rate study must also take into

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account the costs to providers of delivering the services, including additional training, and maintenance of fidelity to the treatment models. The rate study must be completed no later than December 1, 2018. The department must submit a report on the results of the study to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 30, 2019. The department is authorized to implement new rates through rulemaking as long as the rates are no lower than those that exist on April 1, 2018, and the rates are approved by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services. It also adds an appropriations and allocations section.

The substance of Committee Amendment "A" was incorporated in Public Law 2017, chapter 460.

**LD 1871 An Act To Implement the Recommendations of the Task Force To
Address the Opioid Crisis in the State Regarding Respectful Language**

PUBLIC 407

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	S-463

This bill was reported by the committee pursuant to joint order 2017 S.P. 210, and then referred back to the committee for processing in the normal course. This bill implements a recommendation of the Task Force to Address the Opioid Crisis in the State. The bill replaces statutory references to "substance abuse" with "substance use disorder." It also replaces statutory references to "addict" with "person with substance use disorder." The changes in language are intended to be respectful and minimize stigma for individuals who suffer with this disorder. The bill directs the Department of Health and Human Services to replace references to "substance abuse" in its rules, forms, policies and publications with "substance use disorder." The bill is not intended to change eligibility requirements for services or benefits provided by the department or affect the State's eligibility or requirements for federal programs or grants.

Committee Amendment "A" (S-463)

This amendment removes statutory references to "alcoholic" and "alcoholism" because "substance use disorder" includes both alcohol and drug dependence. It also removes statutory references to "drug-dependent person" as this term is included in the term "person with a substance use disorder." It changes the definition of "person with substance use disorder" that is in the bill to a definition similar to that used in the clinical setting. It also removes provisions from the bill that rename the Office of Substance Abuse and Mental Health in the Department of Health and Human Services. The amendment requires that all executive agencies, rather than only the Department of Health and Human Services, replace references to "substance abuse" with "substance use disorder" in rules, forms, policies and publications and specifies that those changes must occur as agencies amend or create those documents. The amendment also removes the emergency preamble and emergency clause.

Enacted Law Summary

Public Law 2017, chapter 407 removes statutory references to "substance abuse," "addict," "alcoholic," "alcoholism" and "drug-dependent person" and replaces them with "substance use disorder" and "person with substance use disorder." The changes in language are intended to be respectful and minimize stigma for individuals who suffer with this disorder. New definitions are similar to those used in the clinical setting. Executive agencies are directed to replace outdated references in rules, forms, policies and publications as agencies amend or create these documents. The language changes in the law are not intended to change eligibility requirements for services or benefits provided by the Department of Health and Human Services or affect the State's eligibility or requirements for federal programs or grants.

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LD 1873 An Act To Align State-funded Benefits with Federal Eligibility Standards

INDEF PP

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

This bill was not referred to committee.

Part A of this bill does the following:

1. It repeals the provision that requires the Department of Health and Human Services to provide a food supplement program benefit to noncitizens who would be eligible for federal Supplemental Nutrition Assistance Program benefits but for their status as aliens 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 state supplemental security income for noncitizens who would be eligible for federal supplemental security income but for their status as aliens 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 to individuals who would be eligible for Temporary Assistance to Needy Families benefits but for their status as aliens under the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996; and
4. It includes an appropriations and allocations section.

Part B of this bill does the following:

1. It amends the definition of "eligible person" in the municipal general assistance laws to repeal the provision in state law that affirmatively provides that a person who is lawfully present in the United States or who is pursuing a lawful process to apply for immigration relief is eligible for municipal general assistance for up to 24 months and to instead state that these noncitizens are not eligible for state-funded general assistance; and
2. It includes an appropriations and allocations section.

LD 1874 Resolve, To Ensure the Continued Provision of Services to Maine Children and Families

**RESOLVE 56
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BEEBE-CENTER P THIBODEAU M	OTP-AM ONTP	H-738

This resolve prohibits, until April 1, 2019, the Department of Health and Human Services from reducing, eliminating or redirecting services or funding relating to programs designed to protect children and families. The resolve also prohibits the department from cancelling contracts awarded pursuant to RFP number 201509167, Community Partnerships for Protecting Children, and requires the department to renew those contracts.

Committee Amendment "A" (H-738)

This amendment is the majority report of the committee. The amendment replaces the resolve. It provides that:

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1. The Department of Health and Human Services must continue contracts with the Community Partnerships for Protecting Children programs through at least January 31, 2019, either by not terminating the contracts or by reentering and maintaining new contracts; and
2. The department must develop a plan for providing the services currently provided by the Community Partnerships for Protecting Children programs, including the Parents as Partners program, and the role of child abuse and neglect prevention councils. The department must report the plan to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2019. The joint standing committee may report out a bill on the subject matter of this resolve to the First Regular Session of the 129th Legislature.

Enacted Law Summary

Resolve 2017, chapter 56 requires the Department of Health and Human Services to continue contracts with the Community Partnerships for Protecting Children for child abuse prevention programs through at least January 31, 2019, either by not terminating the contracts or by reentering and maintaining new contracts. The department must develop a plan for providing the services currently provided by the Community Partnerships for Protecting Children programs, including the Parents as Partners program, and the role of child abuse and neglect prevention councils. The department must report the plan to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2019. The joint standing committee may report out a bill on the subject matter of this resolve to the First Regular Session of the 129th Legislature.

Resolve 2017, chapter 56 was finally passed as an emergency measure effective May 2, 2018.

LD 1899	Resolve, To Require the Department of Health and Human Services To Submit a State Plan Amendment Regarding Assets in Retirement and Education Accounts	Died On Adjournment
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CASAS O	OTP-AM	H-761

This resolve was carried over on the Special Appropriations Table from the Second Regular Session to the next special session by joint order S.P. 748.

This resolve requires the Department of Health and Human Services to prepare and submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services in order to make a change in Medicaid eligibility requirements for individuals with disabilities who are living with dependent children by disregarding assets held in qualifying retirement and education accounts.

Committee Amendment "A" (H-761)

This amendment adds an appropriations and allocations section.

LD 1906	An Act To Allow Adults To Purchase Tobacco Products	INDEF PP
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANDERSON D		

This bill was carried over from the Second Regular Session to the next special session by joint order S.P. 748.

Joint Standing Committee on Health and Human Services

This bill was not referred to committee.

Public Law 2017, chapter 308 increased the legal age for purchase or possession of tobacco products to 21 years of age, except for those persons who attained 18 years of age by July 1, 2018.

This bill reduces the legal age for purchase and possession of tobacco products to 18 years of age. This bill also allows a person who is 17 years of age to sell tobacco products if supervised by a person who is at least 18 years of age.

LD 1909 **Resolve, To Fund a New Comprehensive Child Welfare Information System**

**Died On
Adjournment**

Sponsor(s)
HAMPER J

Committee Report

Amendments Adopted

This resolve was carried over from the Second Regular Session to the next special session by joint order S.P. 748.

This resolve was not referred to committee.

This resolve directs the Department of Health and Human Services to conduct a needs analysis for its comprehensive child welfare information system, review possible solutions to meet those needs and purchase or develop a new system. It also provides funding for the development of a new comprehensive child welfare information system.

The substance of this resolve was incorporated in Public Law 2017, chapter 471.

LD 1911 **An Act To Improve Access to Services for Adults with Serious and Persistent Mental Illness**

**Died On
Adjournment**

Sponsor(s)
MALABY R

Committee Report

Amendments Adopted

This bill was carried over from the Second Regular Session to the next special session by joint order S.P. 748.

This bill was not referred to committee.

This bill establishes the right of an adult with serious and persistent mental illness who is denied access to services by a provider contrary to the terms of the provider's contract with the Department of Health and Human Services to seek department review of that action. If department review does not resolve the matter, the consumer may bring a private right of action in District Court for injunctive relief.

Joint Standing Committee on Health and Human Services

LD 1919 An Act To Criminalize the Failure To Make a Report of Child Abuse or Neglect as Required by Statute Accepted Majority (ONTP) Report

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

This bill criminalizes the failure of a person to meet the requirement for certain persons to report or cause a report to be made to the Department of Health and Human Services or the appropriate district attorney's office when they know or have reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Under current law, such a person commits a civil violation. Under this bill, failure to report or cause a report to be made is also a Class E crime, punishable by a fine of not more than \$500 or imprisonment for not more than 30 days.

Committee Amendment "A" (H-810)

This amendment, which is the minority report of the committee, adds "intentionally or knowingly" as the culpable state of mind to the crime of failure to report.

LD 1920 An Act To Modify the Expungement Requirements for Records under the Child and Family Services and Child Protection Act PUBLIC 472

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
KEIM L	OTP-AM ONTP OTP	S-546

This bill allows the department to retain all records created under the Child and Family Services and Child Protection Act and removes the current requirement that the Department of Health and Human Services expunge a record of a child protective services case for which there was a finding that the allegations were unsubstantiated after 18 months. The department may not publicly disclose information in an unsubstantiated record, but may allow information in any record to be introduced into evidence in an administrative or judicial proceeding.

Committee Amendment "A" (S-546)

This amendment, which is the majority report of the committee, replaces the bill. It increases the time for retention of unsubstantiated child protective services case records to no more than five years.

Enacted Law Summary

Public Law 2017, chapter 472 requires the Department of Health and Human Services to expunge a record of a child protective services case for which there was a finding that the allegations were unsubstantiated after five years.

LD 1921 An Act To Grant the Department of Health and Human Services Access to Criminal History Information To Achieve the Purposes of the Child and Family Services and Child Protection Act PUBLIC 473

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
THIBODEAU M	OTP-AM	S-547

Joint Standing Committee on Health and Human Services

This bill authorizes the Department of Health and Human Services to access public and confidential criminal history record information to assist in preventing child abuse and neglect.

Committee Amendment "A" (S-547)

This amendment specifies that the Department of Health and Human Services may request and receive confidential criminal history record information from the Department of Public Safety. It also adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2017, chapter 473 authorizes the Department of Health and Human Services to access public and confidential criminal history record information to assist in preventing child abuse and neglect. It specifies that the Department of Health and Human Services may request and receive confidential criminal history record information from the Department of Public Safety.

LD 1922 An Act To Amend the Child and Family Services and Child Protection Act PUBLIC 470

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

This bill amends the Child and Family Services and Child Protection Act to require that reasonable efforts be made to rehabilitate and reunify families as a means for protecting the welfare of children. Current law requires giving family rehabilitation and reunification priority as a means for protecting the welfare of children.

Enacted Law Summary

Public Law 2017, chapter 470 amends the Child and Family Services and Child Protection Act to require that reasonable efforts be made to rehabilitate and reunify families as a means for protecting the welfare of children.

**LD 1923 An Act To Improve the Child Welfare System PUBLIC 471
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HAMPER J	OTP-AM OTP-AM	S-548 H-811 MALABY R

This bill provides additional funding to enhance the child welfare system and services available to children in the care of the State. This bill also directs the Department of Health and Human Services to conduct a needs analysis for its comprehensive child welfare information system, review possible solutions to meet those needs and purchase or develop a new system. It also provides funding for the development of a new comprehensive child welfare information system.

Committee Amendment "A" (S-548)

This amendment, which is the majority report of the committee, provides funding for the creation of 16 Human Services Caseworker positions and eight Customer Representative Associate II positions within the Department of Health and Human Services, Office of Child and Family Services. It requires the department to report on the progress of the department in implementing the provisions of the legislation to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 31, 2019. It also clarifies that the funding for the new child welfare information system is one-time funding and replaces the appropriations and allocations section.

Joint Standing Committee on Health and Human Services

Committee Amendment "B" (S-549)

This amendment, which is the minority report of the committee, clarifies that the funding for the new child welfare information system is one-time funding. It requires the Department of Health and Human Services to report on the progress of the department in implementing the provisions of the legislation to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 31, 2019. It also replaces the appropriations and allocations section.

House Amendment "A" To Committee Amendment "A" (H-811)

This amendment requires the Department of Health and Human Services to contract for a third-party independent rate study to develop a separate rate for MaineCare reimbursement for trauma-focused cognitive behavioral therapy to be billed under rule Chapter 101: MaineCare Benefits Manual, Section 65. Currently, this therapy is available as outpatient therapy and home-based and community-based treatment under Section 65. The rate study must take into consideration the costs to providers of delivering the service, including certification and continuing education, quality assurance and continuous quality improvement, the need to attract enough providers to clear waiting lists and serve all areas of the State and the costs to ensure fidelity to the therapy model. The rate study must be completed no later than April 1, 2019, and the department must report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by May 1, 2019. The department must amend its rules to establish the new rate. The amendment also adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2017, chapter 471:

1. Provides funding to increase the daily reimbursement rates for the various categories of foster homes;
2. Provides funding to create a new Child Welfare Investigator position;
3. Provides funding for the creation of 16 Human Services Casework Supervisor positions and two Regional Associate Director for Child Welfare positions;
4. Provides funding for the creation of 16 Human Services Caseworker positions and eight Customer Representative Associate II positions within the Department of Health and Human Services, Office of Child and Family Services;
5. Provides funding for a \$5 per wage-hour stipend payment for Caseworkers, Caseworker Supervisors, Assistant Program Administrators and Program Administrator positions;
6. Provides funding for a \$1 per wage-hour stipend payment for Caseworkers, Caseworker Supervisors, Services Assistant Program Administrators and Program Administrator positions for those holding or obtaining a relevant master's degree;
7. Provides funding for the procurement of a pilot program to provide supportive visitation, including supervision of court-ordered visitation with the child's relatives and evaluation of parental capacity;
8. Provides funding for the procurement of clinical support and guidance of caseworker practice, including direct consultation with a clinician, training, staff functioning and debriefing;
9. Provides one-time funding for the development of a new comprehensive child welfare information system and directs the Department of Health and Human Services to conduct a needs analysis for its comprehensive child welfare information system, review possible solutions to meet those needs and purchase or develop a new system;
10. Requires the Department of Health and Human Services to contract for a third-party independent rate study to develop a separate rate for MaineCare reimbursement for trauma-focused cognitive behavioral therapy to be billed

Joint Standing Committee on Health and Human Services

under rule Chapter 101: MaineCare Benefits Manual, Section 65; and

11. Requires the department to report on the progress of the department in implementing the provisions of the legislation to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 31, 2019.

Public Law 2017, chapter 471 was enacted as an emergency measure effective September 7, 2018.

Joint Standing Committee on Health and Human Services

SUBJECT INDEX

Aging and Long-term Care

Not Enacted

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	Died On Adjournment
LD 59	An Act To Provide Funding for a Therapeutic Adult Day Service Center	Died On Adjournment
LD 643	Resolve, Directing the Department of Health and Human Services To Increase Reimbursement Rates for Home-based and Community-based Services	Died On Adjournment
LD 692	Resolve, To Provide Meals to Homebound Individuals	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	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	Died On Adjournment
LD 1214	An Act To Create Fairness in Home-based Care Fees for Service	ONTP
LD 1314	Resolve, To Improve Access to Neurobehavioral Services	Died On Adjournment
LD 1612	An Act To Support Maine Families through Universal Family Care	ONTP
LD 1713	An Act To Improve Housing Support in the Bridging Rental Assistance Program	Died On Adjournment
LD 1742	Resolve, To Support Vulnerable Seniors by Funding Assisted Living Programs	Died On Adjournment
LD 1864	An Act To Establish Universal Home Care for Seniors and Persons with Disabilities	Died Between Houses

Child Care

Enacted

LD 166	An Act To Increase Reimbursement for Child Care Services	PUBLIC 412
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LD 274	An Act To Implement the Recommendations of the Working Group To Study Background Checks for Child Care Facilities and Providers	PUBLIC 457
LD 383	Resolve, Directing the Department of Health and Human Services To Develop a Plan To Strengthen the Quality and Supply of Child Care Services	RESOLVE 50
LD 1661	Resolve, Regarding Legislative Review of Portions of Chapter 33: Rule Relating to the Licensing of Family Child Care Providers, a Major Substantive Rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention	RESOLVE 48 EMERGENCY

Not Enacted

LD 230	An Act To Increase Access to Head Start	Died On Adjournment
LD 561	An Act To Remove the Requirement That Child Care Facility Workers and Family Child Care Providers Submit to Criminal Background Checks	Majority (ONTP) Report
LD 566	An Act To Improve Access to High-quality Child Care by Increasing Child Care Rates	ONTP
LD 765	An Act To Allow In-home Child Care Providers To Care for up to 5 Children without State Certification	ONTP
LD 999	An Act To Provide a Healthy Learning Environment in Early Care Settings by Requiring Rules Concerning Nutrition and Physical Activity	ONTP
LD 1148	An Act To Safeguard the Rights of Private Child Care Businesses	Died Between Houses
LD 1177	An Act To Create an Appeals Process for Child Care Providers	ONTP
LD 1374	Resolve, Directing the Department of Health and Human Services To Assess and Improve the Availability of Child Care Services	ONTP
LD 1423	An Act To Amend Certain Laws Governing Child Care Providers	Majority (ONTP) Report
LD 1474	An Act To Reduce the Regulation of Child Care Facilities	ONTP
LD 1748	An Act Regarding Rules Governing Family Child Care Provider Licensing	ONTP

Children's Mental Health

Enacted

LD 384	Resolve, To Clarify Reimbursement for Parent-only Programs under the MaineCare Program	RESOLVE 47
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Not Enacted

LD 902	Resolve, To Develop MaineCare Reimbursement Rates for Trauma-focused Cognitive Behavioral Therapy	Died On Adjournment
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Children's Services

Enacted

LD 1863	An Act Regarding the Limit on the Number of Children Who May Be Placed in a Single Foster Home	PUBLIC 372 EMERGENCY
LD 1874	Resolve, To Ensure the Continued Provision of Services to Maine Children and Families	RESOLVE 56 EMERGENCY
LD 1920	An Act To Modify the Expungement Requirements for Records under the Child and Family Services and Child Protection Act	PUBLIC 472
LD 1921	An Act To Grant the Department of Health and Human Services Access to Criminal History Information To Achieve the Purposes of the Child and Family Services and Child Protection Act	PUBLIC 473
LD 1922	An Act To Amend the Child and Family Services and Child Protection Act	PUBLIC 470
LD 1923	An Act To Improve the Child Welfare System	PUBLIC 471 EMERGENCY

Not Enacted

LD 270	An Act To Support Kinship Families by Creating a Kinship Care Navigator Program	Died On Adjournment
LD 1494	An Act To Increase the Availability of Foster Homes	Died On Adjournment
LD 1820	Resolve, Regarding Increases in Reimbursement Rates for Certain Children's Habilitative Services under MaineCare	Died On Adjournment
LD 1868	Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children	Died On Adjournment
LD 1909	Resolve, To Fund a New Comprehensive Child Welfare Information System	Died On Adjournment
LD 1919	An Act To Criminalize the Failure To Make a Report of Child Abuse or Neglect as Required by Statute	Majority (ONTP) Report

Departmental Organization and Administration

Not Enacted

LD 562	An Act Concerning the Department of Health and Human Services	Leave to Withdraw Pursuant to Joint Rule 310
LD 1435	An Act To Ensure Transparency in the Distribution of Federal Block Grant Funds	Veto Sustained

Developmental Disabilities

Enacted

LD 1800	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 Major Substantive Rule of the Department of Health and Human Services	RESOLVE 33 EMERGENCY
LD 1801	Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autism Spectrum Disorder, a Major Substantive Rule of the Department of Health and Human Services	RESOLVE 35 EMERGENCY

Not Enacted

LD 106	An Act To Provide MaineCare Coverage for Dental Services to Adults with Intellectual Disabilities or Autism Spectrum Disorder	Died On Adjournment
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	Died On Adjournment
LD 967	An Act To Ensure Access to Community Services for Persons with Intellectual Disabilities or Autism	Died On Adjournment
LD 1676	An Act Expanding the Authority of the Maine Elder Death Analysis Review Team To Investigate Deaths and Serious Injuries of Persons with Intellectual Disabilities or Autism	Veto Sustained
LD 1709	An Act To Allow the Maine Developmental Services Oversight and Advisory Board Access to Investigations of Suspicious Deaths and Mortality Reviews Performed by the Department of Health and Human Services	Veto Sustained

Disabilities

Not Enacted

LD 1481	Resolve, To Establish a Pilot Project To Provide Travel Vouchers to Persons with Disabilities in Rural Communities	ONTP
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Health Care

Not Enacted

LD 386	An Act To Establish Universal Health Care for Maine	ONTP
LD 1710	An Act To Restore Maine's School-based Health Centers	Died On Adjournment

Health Care Workforce

Not Enacted

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	Died On Adjournment
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Hospitals

Enacted

LD 401	An Act To Require Reimbursement to Hospitals for Patients Awaiting Placement in Nursing Facilities	PUBLIC 454
LD 1762	An Act To Ensure Sustainable Health Care Access in the Jackman Region	PUBLIC 451 EMERGENCY
LD 1778	Resolve, Regarding Medicaid Reimbursement for Rehabilitation Hospitals	RESOLVE 41 EMERGENCY

Not Enacted

LD 898	An Act To Address Mandatory Overtime for Hospital Professionals	ONTP
LD 1715	An Act To Ensure Rural Patient Populations Receive Safe and Effective Health Care	ONTP

Immunizations

Enacted

LD 1664	Resolve, Regarding Legislative Review of Portions of Chapters 126 and 261: Immunization Requirements for School Children, Joint Major Substantive Rules of the Department of Education and the Department of Health and Human Services	RESOLVE 32 EMERGENCY
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Not Enacted

LD 272	An Act Requiring Meningococcal Meningitis Vaccinations for Teenagers	ONTP
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Lead Poisoning

Not Enacted

LD 40	An Act To Strengthen Requirements for Water Testing for Schools	Veto Sustained
LD 691	An Act To Prevent Lead Poisoning in Children	ONTP

Licensing

Enacted

LD 1675	An Act To Clarify Definitions in the Laws Regarding the Licensing of Eating Establishments and Lodging Places	PUBLIC 322
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Maternal/Infant

Not Enacted

LD 1063	Resolve, To Reduce the Number of Substance-exposed Infants	Veto Sustained
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Medicaid/MaineCare

Enacted

LD 320	An Act To Provide MaineCare Coverage for Chiropractic Treatment	PUBLIC 421
LD 687	Resolve, Regarding Reimbursement for Speech and Language Pathology Services	RESOLVE 60

LD 842	Resolve, To Support Home Health Services	RESOLVE 61
LD 1714	An Act To Clarify Liability Pertaining to the Collection of Debts of MaineCare Providers by the Department of Health and Human Services	PUBLIC 442 EMERGENCY
<u>Not Enacted</u>		
LD 267	Resolve, To Increase Certain Chiropractic Reimbursement Rates under the MaineCare Program	Died On Adjournment
LD 470	An Act To Strengthen Maine's Hospitals and Increase Access to Health Care	ONTP
LD 720	An Act To Provide Lung Cancer Screening for MaineCare Recipients	Died On Adjournment
LD 763	An Act To Support Individuals with Disabilities by Exempting Certain Wages from Consideration for MaineCare	ONTP
LD 998	An Act To Adequately Pay for Emergency Medical Services	Died On Adjournment
LD 1000	Resolve, To Increase Access to Brain Injury Waiver Services	Died On Adjournment
LD 1162	An Act To Reduce the Incidence of Obesity and Chronic Disease in Maine	Died On Adjournment
LD 1708	Resolve, Directing the Department of Health and Human Services To Allow Relatives and Legal Guardians To Provide Home and Community-based Services to Eligible Members	Died On Adjournment
LD 1712	An Act Regarding Health Care Ombudsman Services	ONTP
LD 1737	An Act To Preserve Medication Management for Persons with Mental Health Needs	Died On Adjournment
LD 1899	Resolve, To Require the Department of Health and Human Services To Submit a State Plan Amendment Regarding Assets in Retirement and Education Accounts	Died On Adjournment

Medical Use of Marijuana

<u>Enacted</u>		
LD 238	An Act To Amend the Maine Medical Use of Marijuana Act	PUBLIC 447 EMERGENCY
LD 1539	An Act To Amend Maine's Medical Marijuana Law	PUBLIC 452
<u>Not Enacted</u>		
LD 411	An Act To Add Addiction to or Dependency on Opiates or Prescription Drugs to the List of Qualifying Conditions for Medical Marijuana	ONTP
LD 762	An Act To Allow a Percentage of Funds from the Medical Use of Marijuana Fund To Fund Health Care Research	ONTP
LD 1098	An Act To Ensure Reasonable Accommodations for Children for Whom Medical Marijuana Has Been Recommended	ONTP

LD 1135	An Act To Strengthen the Efficacy of the Medical Marijuana Laws	ONTP
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	ONTP
LD 1811	An Act Regarding Rules Governing the Medical Use of Marijuana Program	INDEF PP

Mental Health

Enacted

LD 1133	An Act Regarding Access to Appropriate Residential Services for Individuals Being Discharged from Psychiatric Hospitalization	PUBLIC 461
LD 1665	An Act To Maintain Mental Health Staffing at the Dorothea Dix Psychiatric Center and Support Statewide Forensic Services	PUBLIC 380

Not Enacted

LD 186	An Act To Improve Peer Support Services	Leave to Withdraw Pursuant to Joint Rule 310
LD 966	An Act Regarding Persons with Mental Illness and Substance Use Disorders in Jails and Correctional Facilities	Died On Adjournment
LD 1189	An Act To Define the Age of Consent for Alcohol or Drug Treatment and Mental Health Services	Majority (ONTP) Report
LD 1517	Resolve, To Ensure Access to Behavioral Health Services	Died On Adjournment
LD 1911	An Act To Improve Access to Services for Adults with Serious and Persistent Mental Illness	Died On Adjournment

Oral Health/Dental Care

Not Enacted

LD 1301	An Act To Improve Access to Preventive, Cost-saving Dental Services	Died On Adjournment
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Prescription Drugs

Enacted

LD 1730	An Act To Change the Procedures for Veterinarians in the Controlled Substances Prescription Monitoring Program	PUBLIC 360
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Not Enacted

LD 1273	Resolve, To Redispense Donated Prescription Drugs	ONTP
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Public Assistance

Enacted

LD 1774	An Act To Reduce Child Poverty by Leveraging Investments in Families for Tomorrow	PUBLIC 387
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Not Enacted

LD 1109	An Act To Establish Homelessness as an Emergency in the General Assistance Laws	Veto Sustained
LD 1873	An Act To Align State-funded Benefits with Federal Eligibility Standards	INDEF PP

Public Health

Not Enacted

LD 1433	An Act To Protect Maine Children from Lung Cancer by Requiring Radon Testing in Schools	Died On Adjournment
LD 1495	An Act To Break the Generational Cycle of Domestic Violence	ONTP

Substance Use Disorder

Enacted

LD 565	An Act Regarding the Prescribing and Dispensing of Naloxone Hydrochloride by Pharmacists	PUBLIC 364
LD 1707	An Act To Reduce the Cost of Care Resulting from Blood-borne Infectious Diseases	PUBLIC 464
LD 1771	An Act To Stabilize Vulnerable Families	PUBLIC 415
LD 1871	An Act To Implement the Recommendations of the Task Force To Address the Opioid Crisis in the State Regarding Respectful Language	PUBLIC 407

Not Enacted

LD 605	An Act To Support Evidence-based Treatment for Opioid Use Disorder	ONTP
LD 812	Resolve, To Establish a Pilot Project To Save Lives and Support People with Substance Use Disorder in Washington County	Veto Sustained
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	Died On Adjournment
LD 1682	An Act To Ensure the Quality of and Increase Access to Recovery Residences	Died On Adjournment
LD 1711	Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services	Veto Sustained

Tobacco Sale and Use

Not Enacted

LD 1329	An Act To Allow Tobacco Retail Establishments To Serve Alcohol	Majority (ONTP) Report
LD 1906	An Act To Allow Adults To Purchase Tobacco Products	INDEF PP