

STATE OF MAINE
129TH LEGISLATURE
FIRST REGULAR SESSION



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

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

August 2019

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Joint Standing Committee on Health and Human Services

LD 20 An Act To Provide Coverage for Abortion Services for MaineCare Members

Leave to Withdraw Pursuant to Joint Rule

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

This bill requires the Department of Health and Human Services to provide coverage to a MaineCare member for legal abortion services. The bill provides that abortion services that are not approved Medicaid services must be funded by the State. The bill also directs the Department of Health and Human Services to adopt rules no later than March 1, 2020.

LD 21 An Act To Prohibit the Use of Electroconvulsive Therapy for Certain Populations

Leave to Withdraw Pursuant to Joint Rule

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

This bill prohibits the use of electroconvulsive therapy on a child under 18 years of age or a person over 65 years of age or a person who is pregnant.

LD 40 Resolve, To Establish the Commission To Study Children's Mental Health

RESOLVE 96 EMERGENCY

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C BELLOWS S	OTP-AM ONTP	H-246

This resolve establishes the Commission To Study Children's Mental Health to study the mental health of children in the State and federal and state laws, regulations, rules and policies governing the diagnosis and treatment of children with mental health issues.

Committee Amendment "A" (H-246)

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

Enacted Law Summary

Resolve 2019, chapter 96 establishes the Commission To Study Children's Mental Health to study the mental health of children in the State and federal and state laws, regulations, rules and policies governing the diagnosis and treatment of children with mental health issues.

Resolve 2019, chapter 96 was finally passed as an emergency measure effective June 26, 2019.

Joint Standing Committee on Health and Human Services

LD 45 An Act To Amend the Law Regarding Maine's Background Check Center ONTP

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

This bill 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 direct access workers undergoing a background check under the Maine Background Check Center Act.

LD 46 Resolve, To Establish the Cumberland County Jail Substance Use Disorder Rehabilitation Pilot Project CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN M CHENETTE J	OTP-AM	H-354

This bill provides funding to create a substance use disorder clinic at the Cumberland County jail.

Committee Amendment "A" (H-354)

This amendment replaces the bill with a resolve. It provides funding to the Department of Corrections to establish a 24-month pilot project at the Cumberland County jail to assist in the rehabilitation of individuals incarcerated or detained at the jail who need substance use disorder treatment. The pilot project must focus on the health of the individual and provide services that include counseling, medication-assisted treatment, education and employment opportunities and community service. The contract must include outcome measures for those who are no longer in the jail.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 78 An Act To Facilitate Access to the MaineCare Family Planning Benefit PUBLIC 420

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J SANBORN H	OTP-AM	H-132

This bill establishes presumptive eligibility for individuals who are likely to qualify for the family planning benefit under the Maine Revised Statutes, Title 22, section 3173-G and requires the Department of Health and Human Services to provide for presumptive eligibility. It requires the department to automatically review an individual's eligibility for the family planning benefit if, upon application, the individual is found ineligible under Title 22, section 3174-G, subsection 1, paragraph A, C, D, E, F, G or H and to enroll the individual if found eligible for the family planning benefit. It requires the department to automatically review an individual's eligibility for the family planning benefit after an individual loses eligibility for the MaineCare pregnancy benefit under Title 22, section 3174-G, subsection 1, paragraph A due to the birth of a child or an increase in income and to enroll the individual, if found eligible, for the family planning benefit. It also requires the department to use a single application form for individuals applying for eligibility for the family planning benefit under Title 22, section 3173-G and under the adult expansion provisions under Title 22, section 3174-G, subsection 1, paragraph H. The bill directs the Department of Health and Human Services to adopt rules to carry out these requirements.

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Committee Amendment "A" (H-132)

This amendment, which is the unanimous report of the committee, removes the requirement that the Department of Health and Human Services automatically review an individual's eligibility for the family planning benefit if the individual is found ineligible under another MaineCare section. It also removes the requirement that the department use a single application form. This amendment clarifies that presumptive eligibility must be implemented in accordance with 42 United States Code, Section 1396r-1, which outlines the timing and other requirements of presumptive eligibility for states.

Enacted Law Summary

Public Law 2019, chapter 420 establishes presumptive eligibility for individuals who are likely to qualify for the family planning benefit under the Maine Revised Statutes, Title 22, section 3173-G and requires the Department of Health and Human Services to provide for presumptive eligibility. It clarifies that presumptive eligibility must be implemented in accordance with 42 United States Code, Section 1396r-1, which outlines the timing and other requirements of presumptive eligibility for states and directs the Department of Health and Human Services to adopt rules to carry out these requirements.

LD 80 An Act To Create the Department of Substance Use Disorder Services ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A HERBIG E	ONTP	

This bill establishes the Department of Substance Use Disorder Services as a separate cabinet-level department. It removes from the Department of Health and Human Services, and transfers to the Department of Substance Use Disorder Services, functions and services for individuals with substance use disorders, prevention programs and administrative assistance for the Substance Use Disorder Services Commission.

LD 84 Resolve, Directing the Department of Health and Human Services To RESOLVE 102 Allow Spouses To Provide Home and Community-based Services to Eligible MaineCare Members

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COREY P DIAMOND B	OTP-AM	H-135 S-322 BREEN C

This resolve 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 federal 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 spouses who are employed as personal support specialists 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 resolve requires the department to provide an interim report regarding the progress in applying for, receiving and implementing the amended waiver and a final report with data on the number of individuals receiving services from spouses, 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.

Committee Amendment "A" (H-135)

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

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Senate Amendment "A" To Committee Amendment "A" (S-322)

This amendment strikes and replaces the appropriations and allocations section to limit funding to the allowance for eligible MaineCare members to receive services provided by spouses.

Enacted Law Summary

Resolve 2019, chapter 102 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 State's federal 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 spouses who are employed as personal support specialists to provide those services. The department is required to provide to the joint standing committee having jurisdiction over health and human services matters, an interim report regarding the progress in applying for, receiving and implementing the amended waiver and a final report with data on the number of individuals receiving services from spouses, 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.

LD 99 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 17
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP-AM

H-63

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.

Committee Amendment "A" (H-63)

This amendment, which is the unanimous report of the committee, amends the resolve. It authorizes the Department of Health and Human Services to adopt the major substantive rules for portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 29: Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder only if the rule is amended in Appendix I to increase the rate for procedure code T2017 QC from \$1.63 per 1/4 hour to \$2.00 per 1/4 hour. The amendment is necessary to ensure that this procedure code is reimbursed consistently under Chapter 101: MaineCare Benefits Manual, Chapter III, Section 29 and Section 21.

Enacted Law Summary

Resolve 2019, chapter 17 authorizes the Department of Health and Human Services to adopt the major substantive rules for portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 29: Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder only if the rule is amended in Appendix I to increase the rate for procedure code T2017 QC from \$1.63 per 1/4 hour to \$2.00 per 1/4 hour.

Resolve 2019, chapter 17 was finally passed as an emergency measure effective April 30, 2019.

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LD 115 An Act To Appropriate Funds for Home Visiting Services To Provide CARRIED OVER
Child Development Education and Skills Development for New Parents

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M	OTP-AM	H-137

This bill appropriates funds for home visiting services to provide child development education and skills development for new parents.

Committee Amendment "A" (H-137)

This amendment, which is the unanimous report of the committee, directs the Board of the Maine Children's Trust Incorporated to use state funds it receives to maximize its receipt of federal funds. This amendment also adds an appropriation of funds to stabilize the workforce by bringing salaries of home visitors in line with comparable positions. It reduces the additional funding provided in the bill for home visiting services from \$4,000,000 for fiscal year 2019-20 and \$3,000,000 for fiscal year 2020-21 to \$500,000 for each year and provides that the funding must be used to reduce any waiting lists for home visiting services. It directs these funds to go to the Maine Children's Trust.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 129 An Act To Protect a Child from Misuse of Identity ONTP

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

This bill directs the Department of Health and Human Services to adopt rules to protect a child from the misuse of the identity of the child for household, business or commercial purposes. The rules must provide for releases to make an inquiry, to review information and to refer a matter to the Attorney General if the department finds that a child's identity has been misused. The bill requires the department to report by April 1st each year to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the results of child identity inquiries, reviews of information and referrals.

LD 142 An Act To Increase Funding for the Fund for a Healthy Maine To ONTP
Reduce Smoking

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICH L CYRWAY S	ONTP	

This bill adjusts funding between the Maine Center for Disease Control and Prevention program and the Medical Care Payments to Providers program in the Fund for a Healthy Maine within the Department of Health and Human Services to fund tobacco cessation services.

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**LD 152 An Act To Prohibit the Possession and Use of Electronic Smoking
Devices on School Grounds**

PUBLIC 61

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R CARNEY A	OTP-AM	S-32

This bill includes in the prohibition against tobacco use in elementary or secondary schools the possession of an electronic smoking device, which is defined as a device used to deliver nicotine or any other substance intended for human consumption that may be used by a person to simulate smoking through inhalation of vapor or aerosol from the device, including, without limitation, a device manufactured, distributed, marketed or sold as an electronic cigarette, electronic cigar, electronic pipe, electronic hookah or so-called vape pen.

Committee Amendment "A" (S-32)

Current law prohibits in elementary or secondary schools and on school grounds the use of smokeless tobacco and the possession of a lighted cigarette, cigar, pipe or other object giving off or containing any substance giving off smoke. This committee amendment repeals and replaces existing law so that the following is included in the prohibition against tobacco use in elementary or secondary schools and on school grounds:

1. The possession of a lighted or heated cigarette, cigar or pipe or a lighted or heated tobacco or plant product intended for human consumption through inhalation whether natural or synthetic in any manner or in any form;
2. The use or possession of an electronic smoking device;
3. The possession of any product that is made from or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus; and
4. The possession of components or accessories used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids.

The amendment also prohibits tobacco use on a school bus and at any school-sponsored event and removes the exception that permitted tobacco use in classrooms as part of a bona fide demonstration during a class lesson.

Enacted Law Summary

Public Law 2019, chapter 61 prohibits the following items from elementary or secondary schools and on school grounds:

1. A lighted or heated cigarette, cigar or pipe or a lighted or heated tobacco or plant product intended for human consumption through inhalation whether natural or synthetic in any manner or in any form;
2. An electronic smoking device;
3. Any product that is made from or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus; and
4. Components or accessories used in the consumption of a tobacco product, such as filters, rolling papers, pipes

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and liquids.

It also prohibits tobacco use on a school bus and at any school-sponsored event and removes the exception that permitted tobacco use in classrooms as part of a bona fide demonstration during a class lesson.

LD 153 An Act To Strengthen Testing for Lead in School Drinking Water

PUBLIC 158

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R MADIGAN C	OTP-AM OTP-AM	S-84

This bill 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 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 10, 2020. It provides that the department has the authority to issue an order reducing exposure to lead until the elevated water lead levels are abated or mitigated. 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.

Committee Amendment "A" (S-84)

This amendment, which is the majority report of the committee, amends the bill to provide that the State is not establishing a mandate on school administrative units. It provides that a school must test water used for drinking or culinary purposes for lead to the extent the Department of Health and Human Services provides the necessary resources to the school so that the school is not required to expand or modify its activities so as to necessitate additional expenditures from local revenue. It directs the department to adopt rules regarding testing and guidance to reduce exposure to lead but provides that the department may not require a school to expand or modify its activities so as to necessitate additional expenditures from local revenue in implementing the rules. It further provides that the department may provide resources to schools within its existing resources or identify alternative means to achieve the purposes of the legislation. It requires the Department of Health and Human Services to report annually beginning January 1, 2021 on lead testing in schools.

Committee Amendment "B" (S-85)

This amendment, which is the minority report of the committee, replaces the bill. It provides that school boards may adopt a policy governing testing for lead in school drinking water and abating or mitigating lead in school drinking water. It provides that water lead abatement or mitigation efforts receive Priority 1 status for receipt of funds from the School Revolving Renovation Fund in the custody of the Maine Municipal Bond Bank.

This amendment was not adopted.

Enacted Law Summary

Public Law 2019, chapter 158 provides that a school must test water used for drinking or culinary purposes for lead to the extent the Department of Health and Human Services provides the necessary resources to the school so that the school is not required to expand or modify its activities so as to necessitate additional expenditures from local revenue. It directs the department to adopt rules regarding testing and guidance to reduce exposure to lead but provides that the department may not require a school to expand or modify its activities so as to necessitate additional expenditures from local revenue in implementing the rules. It further provides that the department may provide resources to schools within its existing resources or identify alternative means to achieve the purposes of the legislation and 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. It

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requires the Department of Health and Human Services to report annually beginning January 1, 2021 on lead testing in schools.

LD 154 An Act To Amend the Law Governing MaineCare Coverage of Chiropractic Treatment CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N MARTIN J	OTP-AM ONTP	S-37

This bill requires all chiropractic services that are within the scope of practice of chiropractic doctors and performed by a licensed chiropractic doctor to be reimbursed under the MaineCare program. Under current law, the Department of Health and Human Services is required to reimburse for only chiropractic evaluation and management examinations. The bill also corrects a numbering problem created by Public Law 2017, chapters 421 and 454, which enacted two substantively different provisions with the same section number.

Committee Amendment "A" (S-37)

This amendment, which is the majority report of the committee, requires the Department of Health and Human Services to apply for a state plan amendment to allow for Medicaid reimbursement for all chiropractic services within the scope of practice of chiropractic doctors no later than January 1, 2020. If the state plan amendment is not approved by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, chiropractic doctors will not be reimbursed by MaineCare for any additional chiropractic services not currently eligible for reimbursement. The amendment also adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 177 Resolve, To Improve Access to Bariatric Care CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A GRATWICK G	OTP-AM	H-472

This resolve requires the Department of Health and Human Services to provide 16 new specialized bariatric care beds in one or more nursing facilities to serve individuals with a body mass index greater than 40.

Committee Amendment "A" (H-472)

This amendment replaces the resolve. It requires the Department of Health and Human Services to develop a plan to provide up to 16 new specialized bariatric care nursing facility beds by September 1, 2020. The amendment also adds an emergency preamble and emergency clause.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

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LD 181 An Act To Provide Funding to the Department of Health and Human Services To Support Free Health Clinics in the State

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH D	ONTP OTP-AM	H-11

This bill provides funding to support free health clinics in the State.

Committee Amendment "A" (H-11)

This amendment, which is the minority report of the committee, clarifies that the health clinics being funded provide all services to the public at no charge. It also clarifies that the additional funding in the bill is only in the 2020-21 biennium and the funding is distributed through a request for proposals.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 192 An Act To Require an Annual Report on the Activities of the Maine Child Welfare Advisory Panel

PUBLIC 28

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P	OTP-AM	H-21

This bill requires the Department of Health and Human Services to submit an annual report by January 1, 2020 and annually thereafter, to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the activities of and reports produced by the child welfare advisory panel formed pursuant to the federal Children's Justice Act.

Committee Amendment "A" (H-21)

This amendment removes the date by which the Department of Health and Human Services is required to submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the activities of and reports produced by the child welfare advisory panel formed pursuant to the federal Children's Justice Act.

Enacted Law Summary

Public Law 2019, chapter 28 requires the Department of Health and Human Services to submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the activities of and reports produced by the child welfare advisory panel formed pursuant to the federal Children's Justice Act.

LD 195 An Act To Continue MaineCare Coverage for Parents During the Rehabilitation and Reunification Process

PUBLIC 130

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P	OTP-AM	H-133

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This bill requires the Department of Health and Human Services to submit a waiver request no later than January 1, 2020 to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the provisions of this bill that require the department to continue to provide MaineCare coverage to a parent who is a MaineCare member and who is participating in rehabilitation and reunification efforts in accordance with a rehabilitation and reunification plan. The department is required to take all reasonable and necessary steps to seek approval of the waiver. Upon approval of the waiver, the department is directed to adopt rules no later than 180 days after receiving approval. The department is required to report its progress in seeking a waiver and implementing rules on a quarterly basis beginning October 1, 2019 until the process is complete.

Committee Amendment "A" (H-133)

This amendment clarifies that parents who are eligible for the MaineCare program prior to having their minor children removed from the home remain eligible for the MaineCare program if they are engaged in rehabilitation and reunification efforts regardless of any other provision of law. The reference in the bill did not account for new eligibility under Initiated Bill 2017, chapter 1. The amendment also requires the Department of Health and Human Services to provide an annual report, beginning in 2021, on the number of individuals and families who benefit from this provision.

Enacted Law Summary

Public Law 2019, chapter 130 requires the Department of Health and Human Services to submit a waiver request no later than January 1, 2020, to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to allow the department to continue to provide MaineCare coverage to a parent who was eligible for MaineCare coverage prior to having their minor children removed from the home as long as the parent is participating in rehabilitation and reunification efforts. Upon approval of the waiver, the department is directed to adopt rules no later than 180 days after receiving approval. The department is required to report its progress in seeking a waiver and implementing rules on a quarterly basis beginning October 1, 2019 until the process is complete, and an annual report on the number of individuals and families to whom this provision applies.

LD 222	An Act To Prohibit Child Care Providers from Requiring Payment during Vacation Closures	ONTP
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERKINS M	ONTP	

This bill prohibits a nursery school, a certified family child care provider, a licensed child care facility or 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 from charging any fee for any period of time the provider is closed because the provider is on vacation. It prohibits the Department of Health and Human Services from reimbursing providers of child care services or recipients for child care services for any period of time the provider is closed because the provider is on vacation.

LD 227	An Act To Strengthen Maine's Public Health Infrastructure	CARRIED OVER
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CARSON B		

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures designed to strengthen the State's public health infrastructure by:

1. Identifying community-level geographic regions where essential public health services, including competent and

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qualified comprehensive community health coalitions, can be funded equitably;

2. Ensuring that basic and essential public health services be delivered in each public health district and tribal health district;
3. Identifying emerging nonclinical public health workers, including community health workers, community paramedics, recovery coaches and resiliency coaches, who can strengthen the efficiency and effectiveness of public health service delivery;
4. Facilitating, when possible, the integration and collaboration of public and private public health professionals with public safety professionals and emergency preparedness professionals; and
5. Enabling the operation of public health professionals, public safety professionals and emergency preparedness professionals as a cohesive and coordinated public health team to improve the visibility and understanding of public health among Maine children and adults.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 230 An Act To Improve Access to Preventive, Cost-saving Dental Services ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to establish a managed care dental services program within the MaineCare program. It also proposes to provide coverage under the MaineCare program for adult preventive dental services and comprehensive dental services.

LD 231 An Act To Improve Public Health by Maximizing Federal Funding Opportunities CARRIED OVER

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to increase federal funding to improve the State's public health outcomes and workforce by designating the Maine Public Health Institute within the University of Southern Maine's Edmund S. Muskie School of Public Service as an agent of the Department of Health and Human Services for the purpose of applying for federal funds to support public health research and programming. To provide guidance to the Maine Public Health Institute in carrying out this duty, this bill would establish an advisory board composed of officials from the department, including the Director of the Maine Center for Disease Control and Prevention, and representatives of statewide public health organizations and care providers. The bill would require that the Maine Public Health Institute report every two years to the department and the joint standing committee of the Legislature having jurisdiction over health and human services matters.

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LD 232 An Act To Change the Process by Which Designated Nonstate Mental Health Institutions Petition the District Court To Admit Certain Patients to a Progressive Treatment Program CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A MOORE M		

This bill changes the process by which a petition to the District Court is made to admit a patient at a designated nonstate mental health institution to a progressive treatment program. Current law provides that the superintendent or chief administrative officer of a psychiatric hospital, including a designated nonstate mental health institution, directly petition the District Court. This bill provides that the superintendent or chief administrative officer of a designated nonstate mental health institution request the Commissioner of Health and Human Services to petition the District Court on the superintendent's or chief administrative officer's behalf.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order H.P. 1322.

LD 234 Resolve, To Increase Certain Chiropractic Reimbursement Rates under the MaineCare Program CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J LIBBY N	OTP-AM ONTP	H-22

This bill requires the Department of Health and Human Services, by January 1, 2020, 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, 2019. 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.

Committee Amendment "A" (H-22)

This amendment, which is the majority report of the committee, amends the appropriations and allocations section of the bill to reflect a more accurate estimate of the cost of the bill.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 238 An Act To Increase the Minimum Area of Usable Space per Child Required in the Outdoor Area of a Child Care Center ONTP

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

This bill requires a child care facility to provide an outdoor play area that provides a minimum net area of 45 square feet of usable space per child.

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**LD 239 Resolve, Directing the Department of Health and Human Services To
Explore the Development of a Behavioral Health Unit at the
Cumberland County Jail**

RESOLVE 43

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH D SANBORN H	OTP	

This resolve directs the Department of Health and Human Services and the Cumberland County Sheriff's Office to jointly explore the development of a behavioral health unit at the Cumberland County Jail to determine the competency of inmates to stand trial. This resolve directs the Department of Health and Human Services and the Cumberland County Sheriff's Office to submit the results of this directive along with recommendations to the Joint Standing Committee on Health and Human Services, which may report out legislation to the Second Regular Session of the 129th Legislature.

Enacted Law Summary

Resolve 2019, chapter 43 directs the Department of Health and Human Services and the Cumberland County Sheriff's Office to jointly explore the development of a behavioral health unit at the Cumberland County Jail to determine the competency of inmates to stand trial. It directs the Department of Health and Human Services and the Cumberland County Sheriff's Office to submit the results of this directive along with recommendations to the Joint Standing Committee on Health and Human Services no later than January 10, 2020. The committee is authorized to report out legislation pursuant to the report.

**LD 266 An Act To Eliminate the 2-year Limit on MaineCare Coverage for
Approved Drugs for Opioid Use Disorder**

**Leave to Withdraw
Pursuant to Joint
Rule**

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

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

Public Law 2019, chapter 4 (the supplemental budget) included a repeal of the 24-month limit.

**LD 282 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 20
EMERGENCY**

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

This resolve provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21: Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autism

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Spectrum Disorder, a major substantive rule of the Department of Health and Human Services.

Enacted Law Summary

Resolve 2019, chapter 20 authorizes the Department of Health and Human Services to adopt the major substantive rules for 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 2019, chapter 20 was finally passed as an emergency measure effective April 30, 2019.

LD 284 An Act To Improve Care Provided to Forensic Patients

CARRIED OVER

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

This bill establishes a residential forensic step-down facility, which provides treatment of forensic patients who no longer require hospital level care but cannot be safely treated in a community setting, in Augusta in the Capitol Area. It authorizes the Commissioner of Health and Human Services to maintain and operate the 21-bed forensic step-down facility. It provides that the facility must be licensed and that the Department of Health and Human Services must adopt rules that apply specifically to the licensure of a forensic step-down facility and that include the admission and discharge standards of the facility, the staffing model, security, patients' access to treatment and patient rights protections. It requires that the department provisionally adopt rules to implement the licensure of the forensic step-down facility no later than January 11, 2020. It creates an advisory committee to participate in and guide the planning process for the facility and to report to the Joint Standing Committee on Health and Human Services. It authorizes the committee to report out a bill based on the advisory committee's report. It requires the department to report to the committee on the progress of creating the facility and developing rules. It provides that the transfer of a forensic patient into the forensic step-down facility must be approved by a court of appropriate jurisdiction. It includes the forensic step-down facility in the Maine Revised Statutes, Title 34-B, chapter 1 as a "state institution."

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 297 An Act To Strengthen Brain Injury Resources for Underserved Populations, Including Opioid Overdose Brain Injury Survivors

PUBLIC 488

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HEPLER A GRATWICK G	OTP-AM	H-134

This bill authorizes the Department of Health and Human Services to enter into contracts with organizations representing individuals with a brain injury and their families, bringing together state and national expertise to provide core brain injury support for underserved populations of individuals with an acquired brain injury.

Committee Amendment "A" (H-134)

This amendment adds victims of domestic violence to the list of underserved populations of individuals with an acquired brain injury. It also clarifies that the Department of Health and Human Services may adopt rules rather than being required to adopt rules.

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Enacted Law Summary

Public Law 2019, chapter 488 authorizes the Department of Health and Human Services to enter into contracts with organizations to provide core brain injury support services to underserved populations of individuals with an acquired brain injury. These support services include access to a helpline, information and resource education, and family caregiver training.

LD 303 An Act To Require Recovery Residences for Persons with Substance Use Disorder Be Equipped with Naloxone and To Exempt from Criminal Liability Persons Administering Naloxone

PUBLIC 292

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STEWART T DILL J	OTP-AM	H-406

This bill requires organizations that provide housing to persons with substance use disorder to store one unit of naloxone hydrochloride for every three residents. It also requires these organizations to provide training to full-time employees so that an employee may possess and administer naloxone hydrochloride to an individual who appears to be experiencing an opioid-related drug overdose. It directs the Department of Health and Human Services to adopt rules to implement these requirements.

Committee Amendment "A" (H-406)

This amendment, which is the unanimous report of the committee, strikes and replaces the bill and does the following.

1. It makes the requirements of the bill apply only to recovery residences and not to other housing-based programs and expands the definition of "recovery residence."
2. It changes the requirement for on-site storage of naloxone hydrochloride from at least one unit for every three residents of a housing-based program to at least two units for each floor of a recovery residence.
3. It exempts from arrest or prosecution a person who in good faith administers naloxone hydrochloride to another person experiencing a drug-related overdose. The person may not be arrested or prosecuted for a violation of laws prohibiting the unlawful possession of scheduled drugs, acquiring drugs by deception, the illegal possession of hypodermic apparatuses or the use of drug paraphernalia or a violation of probation if the grounds for arrest or prosecution are obtained as a result of the person's administering naloxone hydrochloride.
4. It removes the requirement that full-time employees of a housing-based program receive training and provides instead that residents of a recovery residence, employees of a recovery residence and all other persons involved in the administration of a recovery residence are required to successfully complete training in the administration of naloxone hydrochloride that meets the protocols and criteria established by the Department of Health and Human Services.

Enacted Law Summary

Public Law 2019, chapter 292 requires recovery residences to store on-site at least two units of naloxone hydrochloride for each floor of the recovery residence and requires that residents of a recovery residence, employees of a recovery residence and all other persons involved in the administration of a recovery residence are required to successfully complete training in the administration of naloxone hydrochloride that meets the protocols and criteria established by the Department of Health and Human Services. It also exempts from arrest or prosecution a person who in good faith administers naloxone hydrochloride to another person experiencing a drug-related overdose.

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LD 304 An Act To Improve Stroke Care in Maine

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PIERCE T SANBORN L	ONTP	

This bill provides funding to the Department of Health and Human Services, Maine Center for Disease Control and Prevention for evidence-based education efforts designed to inform residents of the State about the causes, signs and symptoms of stroke, focusing on populations and geographic areas most affected by stroke, and to improve stroke surveillance and epidemiology efforts of the Maine Center for Disease Control and Prevention. The bill also provides funding for one Stroke Care Coordinator position in the Maine Center for Disease Control and Prevention.

LD 315 Resolve, To Promote Healthy Living in Maine

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C POULIOT M	OTP-AM	H-197

This bill appropriates funds for evidence-based programs to promote healthy living of the State's older adults.

Committee Amendment "A" (H-197)

This amendment replaces the bill with a resolve that directs the Department of Health and Human Services to establish a two-year program designed to support and improve the health and well-being of the State's older adults and reduce health care treatment costs by preventing disease, injury and falls. It directs the department to contract for the implementation of this program with one or more community-based organizations that have a demonstrated ability to deliver evidence-based programs to serve older adults statewide, especially in rural, underserved and unserved areas of the State. The amendment describes the criteria that a community-based organization must meet in order to be awarded a contract. It also changes the appropriations and allocations section to indicate that it is one-time funding.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 325 An Act To Provide Emergency Funds for Clients of the Adult Protective Services System

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RECKITT L	OTP-AM ONTP	H-140

This bill provides funding for emergency funds for Adult Protective Services caseworkers to access for needy clients.

Committee Amendment "A" (H-140)

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

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th

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Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 336 An Act To Require That Notice of Lead Abatement Orders Be Filed with the Registry of Deeds

PUBLIC 100

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CLOUTIER K CLAXTON N	OTP-AM	H-136

This bill requires the Department of Health and Human Services to file a notice of the existence of an environmental lead hazard in the registry of deeds in the county in which the relevant property is located. It also requires the department to file a notice in the registry of deeds when the department determines that the environmental lead hazard no longer exists.

Committee Amendment "A" (H-136)

This amendment, which is the unanimous report of the committee:

1. Amends the bill to refer to an order directing that lead-based substances be removed, replaced or securely and permanently covered;
2. Requires that the book and page in the registry of the owner's deed be identified on the notice filed with the registry of deeds that the owner complied with the order issued by the Department of Health and Human Services;
3. Requires that a notice filed with the registry of deeds include a notarized signature of the person issuing the notice; and
4. Directs the Department of Health and Human Services to adopt routine technical rules, including for the form of the notice to be filed in the registry of deeds.

Enacted Law Summary

Public Law 2019, chapter 100 requires the Department of Health and Human Services to file a notice when it issues an order directing that lead-based substances be removed, replaced or securely and permanently covered in the registry of deeds in the county in which the relevant property is located. It also requires the department to file a notice in the registry of deeds when the department determines that the owner has complied with the order.

LD 343 An Act To Promote Equity in Business Opportunity for Tobacco Specialty Stores

Accepted Majority (ONTP) Report

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

This bill allows a tobacco specialty store to be licensed as a cigar lounge, which may serve nonalcoholic and alcoholic beverages. A cigar lounge may not sell cigarettes or prepare food on premises for sale. A tobacco specialty store that is a cigar lounge must provide notice about the dangers of environmental tobacco smoke to applicants for employment and employees. The cigar lounge license fee is \$100 per year.

Committee Amendment "A" (H-23)

This amendment, which is the minority report of the committee, replaces the bill. It provides that the on-premises consumption of food or drink is not prohibited in a tobacco specialty store. It requires a tobacco specialty store to

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provide notice to all applicants for employment and employees that working in a tobacco specialty store may cause serious negative health effects, including an increased risk of cancer and heart disease and that no level of exposure to environmental tobacco smoke is safe.

This amendment was not adopted.

LD 362 Resolve, To Require the Department of Health and Human Services To CARRIED OVER
Submit a State Plan Amendment To Exempt Retirement and
Educational Assets from Calculations for Medicaid Eligibility

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S HARNETT T		

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 under 65 years of age who have dependent children living in the home by disregarding assets held in qualifying retirement and education accounts.

This resolve was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 363 An Act To Protect Residents of Assisted Living Facilities ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MIRAMANT D ALLEY R	ONTP	

This bill requires nursing facilities and assisted living and residential care facilities that provide services to a person who requires assistance with activities of daily living to perform cardiopulmonary resuscitation or use an automated external defibrillator in the event of a suspected sudden cardiac arrest unless the person has made a health care decision that includes an order not to resuscitate. It requires those facilities to store the necessary equipment to perform cardiopulmonary resuscitation or use an automated external defibrillator. It requires those facilities to provide training to their employees on how to perform cardiopulmonary resuscitation and use an automated external defibrillator. The bill also directs those facilities to establish a process for quickly determining in the event of a medical emergency whether an individual residing in the facility has made a health care decision that includes an order not to resuscitate.

LD 373 An Act To Provide MaineCare Coverage for Dental Services to Adults CARRIED OVER
with Intellectual Disabilities or Autism Spectrum Disorder, Brain
Injuries and Other Related Conditions

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TEPLER D GRATWICK G	OTP-AM	H-353

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 support services for adults with intellectual disabilities or autism spectrum disorder. Dental services provided to such a person must be the same as those provided under the MaineCare

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program to an eligible person under 21 years of age.

Committee Amendment "A" (H-353)

This amendment expands the adult dental benefit proposed in the bill to include individuals receiving home-based or community-based services under the brain injury and other related conditions waivers under Medicaid. It requires the Department of Health and Human Services to seek any necessary amendments to the waivers from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. It also reallocates the provisions of the bill to the existing section in the Maine Revised Statutes governing adult dental services under the MaineCare program. The amendment also adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 392 An Act To Fund Maine's School-based Health Centers

PUBLIC 425

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HANDY J	OTP-AM OTP-AM	H-156

This bill provides ongoing funding for school-based health centers from the Fund for a Healthy Maine within the Department of Health and Human Services.

Committee Amendment "A" (H-156)

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

Committee Amendment "B" (H-157)

This amendment, which is the minority report of the committee, changes the funding source for ongoing funding for school-based health centers from the Fund for a Healthy Maine to the General Fund.

This amendment was not adopted.

Enacted Law Summary

Public Law 2019, chapter 425 provides ongoing funding for school-based health centers from the Fund for a Healthy Maine.

LD 399 An Act To Align Wages for Direct Care Workers for Persons with Intellectual Disabilities or Autism with the Minimum Wage

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M LIBBY N	ONTP OTP-AM	H-412

This bill specifies that the MaineCare reimbursement rate for direct care workers for adults with intellectual disabilities or autism must be at least 125% of the state minimum wage.

Committee Amendment "A" (H-412)

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

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This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 408 Resolve, To Require the Department of Health and Human Services To **RESOLVE 88
Develop a Plan for Neurobehavioral Beds**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARREN C BELLOWS S	OTP-AM	H-471

This resolve requires the Department of Health and Human Services to provide by September 1, 2020, 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 in either the community or a long-term care facility.

Committee Amendment "A" (H-294)

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

This amendment was not adopted.

This resolve was reported out of committee with this amendment and then recommitted to committee.

Committee Amendment "B" (H-471)

This amendment is the unanimous report of the committee after the bill was recommitted. It requires the Department of Health and Human Services to develop a plan to provide up to 16 new neurobehavioral beds in the State to serve individuals with brain injury and accompanying significant behavioral challenges who need short-term treatment for no longer than one year before transitioning to a long-term care environment. These individuals must be unable to be served appropriately in the community or in a nursing facility lacking specialized neurobehavioral services but must not need hospitalization. The department shall submit a report with the plan, together with any necessary legislation, to the Joint Standing Committee on Health and Human Services no later than January 30, 2020. The committee is authorized to report out a bill to the Second Regular Session of the 129th Legislature.

Enacted Law Summary

Resolve 2019, chapter 88 requires the Department of Health and Human Services to develop a plan to provide up to 16 new neurobehavioral beds in the State to serve individuals with brain injury and accompanying significant behavioral challenges who need short-term treatment for no longer than one year before transitioning to a long-term care environment. These individuals must be unable to be served appropriately in the community or in a nursing facility lacking specialized neurobehavioral services but must not need hospitalization. The department shall submit a report with the plan, together with any necessary legislation, to the Joint Standing Committee on Health and Human Services no later than January 30, 2020. The committee is authorized to report out a bill to the Second Regular Session of the 129th Legislature.

LD 414 An Act To Increase the Number of Intensive Case Managers **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DODGE J HERBIG E	OTP-AM	H-196

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This bill directs the Department of Health and Human Services to create additional intensive case manager positions so that counties that do not have a county jail or regional jail will have an intensive case manager. An intensive case manager oversees persons who are detained by a law enforcement officer and who have intellectual disabilities or mental health conditions or have misused substances and connects them to the services for which they qualify, works with the court system to ensure that they receive due process and speedy trials and assists persons who qualify for the MaineCare program to apply for and receive MaineCare benefits and services while being detained or incarcerated, including during the implementation of diversion and reentry plans.

Committee Amendment "A" (H-196)

This amendment, which is the unanimous report of the committee, replaces the bill. It provides funding for four additional Intensive Case Manager positions in the Department of Health and Human Services.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 416 An Act To Allow Eating Establishments To Permit Smoking Tobacco in Designated Outdoor Eating Areas **Accepted Majority (ONTP) Report**

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

This bill allows an eating establishment to permit smoking tobacco in a designated outdoor eating area if no one under 21 years of age is allowed in the designated outdoor eating area.

Committee Amendment "A" (H-62)

This amendment, which is the minority report of the committee, replaces the bill. It amends the laws about smoking in public places to not prohibit smoking in an outdoor eating area of an eating establishment as long as no one under 21 years of age is permitted in the outdoor eating area. It requires an eating establishment that allows smoking to prohibit employees of the eating establishment from providing dining and beverage service in an outdoor eating area, require its patrons to obtain and purchase food and drink in an area of the eating establishment that prohibits smoking and maintain and enforce policies that limit the circumstances in which employees of an eating establishment may enter an outdoor eating area during the times in which smoking is allowed.

This amendment was not adopted.

LD 421 Resolve, To Amend the State Plan Regarding the Processing of Vouchers under the Special Supplemental Nutrition Program for Women, Infants and Children by Farmers' Markets **ONTP**

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

This resolve directs the Department of Health and Human Services to amend its state plan to authorize farmers' markets to redeem coupons from the federal Special Supplemental Nutrition Program for Women, Infants and Children.

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LD 428 An Act To Establish Wage and Employment Parity between Adult and Child Protective Services Caseworkers in the Department of Health and Human Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RECKITT L	ONTP OTP-AM	H-139 H-549 MADIGAN C

This bill requires the Department of Health and Human Services to provide at least one week of training to new employees engaged in adult protective services. It requires the number of supervisory positions in adult protective services and child protective services to be identical. It provides funding for the recruitment and retention of employees in Adult Protective Services Caseworker positions and Adult Protective Services Caseworker Supervisor positions with a \$5 per wage-hour stipend payment.

Committee Amendment "A" (H-139)

This amendment, which is the minority report of the committee, amends the bill to require the Department of Health and Human Services to provide at least one week of training to any employee engaged in adult protective services instead of to only new employees. It clarifies that it is the ratio of supervisors to caseworkers, instead of the number of supervisors, that must be identical in adult protective services and child protective services. The amendment also provides that Adult Protective Services Caseworker positions, Adult Protective Services Caseworker Supervisor positions, Adult Protective Services Public Service Manager I positions and Adult Protective Services Public Service Manager II positions receive a \$1 per wage-hour stipend for employees holding or obtaining a relevant master's degree. It provides that the \$5 per wage-hour stipend payment and \$1 per wage-hour stipend payment authorized for Adult Protective Services Caseworker positions, Adult Protective Services Caseworker Supervisor positions, Adult Protective Services Public Service Manager I positions and Adult Protective Services Public Service Manager II positions must be considered part of those employees' base pay for purposes of transfers, promotions, cost-of-living adjustments, merit increases and collectively bargained wage increases. The amendment also replaces the appropriations and allocations section.

House Amendment "A" To Committee Amendment "A" (H-549)

This amendment removes language requiring the Department of Health and Human Services to provide at least one week of training to new employees and removes language regarding the ratio of supervisors to caseworkers. It provides funding to support the recruitment and retention of certain employees in the Department of Health and Human Services, Office of Aging and Disability Services with a stipend payment of up to \$5 per wage-hour and an additional \$1 per wage-hour stipend payment for employees holding a relevant master's degree.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 439 Resolve, Directing the Commissioner of Health and Human Services To Convene a Task Force To Study the Need for Long-term Acute Care Beds

RESOLVE 69

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CLAXTON N	OTP-AM	S-145

This resolve requires the Commissioner of Health and Human Services to convene a task force to evaluate the need for long-term acute care beds in the State. The commissioner is required to submit a report detailing findings of the task force and recommended legislation to the Joint Standing Committee on Health and Human Services, which may

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submit a bill related to the report to the Second Regular Session of the 129th Legislature.

Committee Amendment "A" (S-145)

This amendment clarifies that the Commissioner of Health and Human Services is required to convene a task force of stakeholders to evaluate the need for long-term acute care beds in the State. It changes the reporting date for the department from December 1, 2019 to January 2, 2020.

Enacted Law Summary

Resolve 2019, chapter 69 requires the Commissioner of Health and Human Services to convene a task force to evaluate the need for long-term acute care beds in the State. The commissioner is required to submit a report detailing findings of the task force and recommended legislation to the Joint Standing Committee on Health and Human Services no later than January 2, 2020. The committee is authorized to report out a bill related to the report to the Second Regular Session of the 129th Legislature.

LD 443 An Act To Prevent Vitamin K Deficiency Bleeding and Eye Damage in Infants

PUBLIC 426

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L MASTRACCIO A	OTP-AM	S-153

This bill requires every physician, midwife or nurse in charge at the birth of an infant to administer vitamin K to an infant intramuscularly to prevent vitamin K deficiency bleeding in infants. This bill also removes the exemption for religious tenets and practices for the administration of a prophylactic solution instilled into an infant's eyes at birth.

Committee Amendment "A" (S-153)

This amendment, which is the unanimous report of the committee, replaces the bill. Current law requires every physician, midwife or nurse in charge to instill or cause to be instilled into the eyes of an infant within 24 hours after the infant's birth prophylactic eye drops, except for an infant whose parents object to this procedure on the grounds that it conflicts with their religious tenets and practices. This amendment updates the term "eye drops" to "ophthalmic ointment" to reflect current practice, removes the civil penalties for noncompliance and removes the exemption based on religious tenets and practices.

This amendment also requires every physician, midwife or nurse in charge at the birth of an infant to administer vitamin K to an infant intramuscularly to prevent vitamin K deficiency bleeding in infants within six hours after the infant's birth.

It requires the Department of Health and Human Services to adopt rules to implement this section, including, but not limited to, creating and making publicly available a brochure about the medical benefits and risks of administering the prophylactic ophthalmic ointment and vitamin K injection and providing a form on which a parent can refuse the prophylactic ophthalmic ointment and vitamin K injection for the infant of that parent.

It also requires the Department of Health and Human Services to amend its newborn blood spot screening refusal form to include a section permitting a parent to refuse the prophylactic ophthalmic ointment and vitamin K injection for the infant of that parent.

Enacted Law Summary

Public Law 2019, chapter 426 requires every physician, midwife or nurse in charge at the birth of an infant to administer vitamin K to an infant intramuscularly to prevent vitamin K deficiency bleeding in infants within six hours after the infant's birth and requires every physician, midwife or nurse in charge at the birth of an infant to install or cause to be instilled into the eyes of an infant ophthalmic ointment within 24 hours after the infant's birth.

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It removes the civil penalties for noncompliance and removes the exemption based on religious tenets and practices. It requires the Department of Health and Human Services to adopt rules, including, but not limited to, creating and making publicly available a brochure about the medical benefits and risks of administering the prophylactic ophthalmic ointment and vitamin K injection and providing a form on which a parent can refuse the prophylactic ophthalmic ointment and vitamin K injection for the infant of that parent. It also requires the Department of Health and Human Services to amend its newborn blood spot screening refusal form to include a section permitting a parent to refuse the prophylactic ophthalmic ointment and vitamin K injection for the infant of that parent.

LD 447 An Act Regarding the Substance Use Disorder Continuum of Care

ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to provide support for persons with substance use disorder along a continuum of care that includes prevention, law enforcement diversion, treatment, harm reduction and recovery. The bill proposes to provide:

1. Funding for programs that reduce the use of marijuana and so-called "vaping" by youth in Maine in order to reduce the likelihood of neural pathway changes that can lead to addiction later in life;
2. Ongoing support for detoxification as a path to recovery;
3. Reimbursement under the MaineCare program for substance use disorder peer recovery coaches;
4. Funding to the Bangor Area Recovery Network for addiction recovery support;
5. Support for regional 2-1-1 hotlines to offer referrals to persons with substance use disorder for local services; and
6. Access to evidence-based approaches to prevent substance use and treat substance use disorder in rural areas.

LD 459 An Act Regarding Presumptive Eligibility and Homelessness under the General Assistance Laws

PUBLIC 515

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CHIPMAN B	OTP-AM ONTP	S-215 S-363 BREEN C

This bill defines "homelessness" for the purposes of the laws governing general assistance and specifies that a person experiencing or facing homelessness who meets the conditions for receiving emergency assistance in current law is eligible for emergency general assistance.

Committee Amendment "A" (S-215)

This amendment, which is the majority report of the committee, changes the definition of "homelessness" in the bill to remove references to a need for permanent or safe housing. It adds a requirement for the Department of Health and Human Services to reimburse a municipality 100% of direct general assistance costs after a person has spent 90 consecutive nights homeless or in an emergency shelter for the homeless. It also establishes presumptive eligibility for general assistance for 30 days for persons who are provided shelter at emergency shelters for the homeless and specifies that no other municipality may be determined to be the municipality of responsibility during that 30-day

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period. It also requires the Department of Health and Human Services to establish a work group of stakeholders to examine the municipal general assistance program and report findings to the Joint Standing Committee on Health and Human Services no later than January 2, 2020.

Senate Amendment "A" To Committee Amendment "A" (S-363)

This amendment removes the language requiring the Department of Health and Human Services to reimburse a municipality 100% of direct general assistance costs after a person has spent 90 consecutive nights homeless or living in an emergency shelter for the homeless.

Enacted Law Summary

Public Law 2019, chapter 515 defines "homelessness" for the purposes of the laws governing general assistance and specifies that a person experiencing or facing homelessness who meets the conditions for receiving emergency assistance in current law is eligible for emergency general assistance. It also establishes presumptive eligibility for general assistance for 30 days for persons who are provided shelter at emergency shelters for the homeless and specifies that no other municipality may be determined to be the municipality of responsibility during that 30-day period. The Department of Health and Human Services is required to establish a work group of stakeholders to examine the municipal general assistance program and report findings to the Joint Standing Committee on Health and Human Services no later than January 2, 2020.

LD 463 An Act To Reduce Obesity Rates in Maine

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PIERCE T SANBORN L	ONTP	

This bill requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to develop a comprehensive state plan relating to the reduction of unhealthy weight and obesity. The plan must include coordination of activities within the Department of Health and Human Services and among state departments, efforts to monitor rates of unhealthy weight and obesity, including a survey of food and drink consumption and physical exercise, and a media plan to reduce the consumption of sugary drinks. The department is required to submit the plan to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 1, 2020 and every two years thereafter. The bill also includes a position within the Maine Center for Disease Control and Prevention, or contracted for by the department, as a coordinator of the state plan. The bill also appropriates funds to develop and implement the plan, to improve surveillance and epidemiology related to obesity and to fund one Obesity Care Coordinator position in the Maine Center for Disease Control and Prevention.

LD 472 An Act To Provide Meals to Homebound Individuals

**Died On
Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MATLACK A MIRAMANT D	OTP-AM	H-12

This bill provides for the appropriation of funding to provide meals to homebound individuals. This bill also establishes a work group to research food access barriers and make recommendations to the Joint Standing Committee on Health and Human Services 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.

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Committee Amendment "A" (H-12)

This amendment removes the work group to research food access barriers from the bill.

Public Law 2019, chapter 343 (the biennial budget) included some funding for two years to provide meals to homebound individuals.

LD 474 Resolve, To Establish a Medically Tailored Food Pilot Project

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L PIERCE T	OTP-AM	S-36

This resolve directs the Department of Health and Human Services to request the United States Department of Agriculture to waive the asset test for determining the eligibility for the federal supplemental nutrition assistance program of any household in which there is an individual who is 60 years of age or older. It also directs the department to develop a pilot project to provide home-delivered meals to individuals who are 60 years of age or older and who are homebound or at risk for readmission to a health care facility. It requires the department to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters at the conclusion of the pilot project. The bill also provides funding to eliminate the waiting list for home-delivered meals to homebound individuals who are over 60 years of age who cannot prepare meals and do not have others available to prepare meals for them.

Committee Amendment "A" (S-36)

This amendment removes from the resolve the provisions relating to requesting a waiver from the asset test for the federal supplemental nutrition assistance program and providing additional funds to eliminate the waiting list for home-delivered meals to homebound individuals. The amendment also clarifies that the demonstration waiver for medically tailored foods applies to individuals who are 60 years of age or older, homebound and at risk for readmission to a health care facility. It changes the date for reporting on the two-year pilot project to January 1, 2023 and clarifies that the pilot project goes forward only if the waiver is approved by the federal government. The amendment also includes an appropriations and allocations section.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

**LD 476 Resolve, To Review the Delivery of Services to the Citizens of the State
by the Department of Health and Human Services**

ONTP

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

This resolve requires the Commissioner of Health and Human Services, working with health and human services providers in York County and Cumberland County as well as with other stakeholders, to review the programs, services and operations of the Department of Health and Human Services and determine if any of those programs, services and operations can be delivered more efficiently at the county level. The commissioner is required to submit a report to the Joint Standing Committee on Health and Human Services detailing the findings of the review. The committee is authorized to submit legislation based on the report to the Second Regular Session of the 129th Legislature.

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**LD 493 An Act To Provide Lung Cancer Counseling and Screening for
MaineCare Recipients**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L GATTINE D	OTP-AM	S-223

This bill requires that shared decision-making counseling and 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.

Committee Amendment "A" (S-223)

This amendment adds an appropriations and allocations section. The amendment also reallocates the statutory language to avoid a numbering conflict with a prior enacted section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 494 An Act To Update the Family Planning Statutes

PUBLIC 236

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L GATTINE D	OTP-AM OTP-AM	S-151

This bill updates language in the laws governing family planning.

Committee Amendment "A" (S-151)

This amendment, which is the majority report of the committee, amends the bill to remove conflicts with other provisions in statute relating to consent by minors. Current law provides that the treatment of a minor for a sexually transmitted infection does not require the consent of the minor's parent or guardian. This amendment provides that the prevention or treatment of a sexually transmitted infection does not require the consent of the minor's parent or guardian. Current law also provides that family planning services may be provided to a minor who is a parent, who is married, with the consent of the minor's guardian or if the minor will suffer probable health hazards. This amendment provides that a health care provider may provide family planning services to a minor without requiring the consent of the minor's parent or guardian, just as with sexually transmitted infections. This amendment clarifies that the provisions of the Maine Revised Statutes, Title 22, chapter 406 regarding family planning services are not intended to change the scope of practice of a health care provider. It also makes other technical changes.

Committee Amendment "B" (S-152)

This amendment, which is the minority report of the committee, amends the bill to remove conflicts with other provisions in statute relating to consent by minors. Current law provides that the treatment of a minor for a sexually transmitted infection does not require the consent of the minor's parent or guardian. The amendment provides that the prevention or treatment of a sexually transmitted infection does not require the consent of the minor's parent or guardian. The amendment clarifies that the provisions of the Maine Revised Statutes, Title 22, chapter 406 regarding family planning services are not intended to change the scope of practice of a health care provider. It also makes other technical changes.

This amendment was not adopted.

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Enacted Law Summary

Public Law 2019, chapter 236 updates language in the laws governing family planning, makes technical changes and removes conflicts with other provisions in statute relating to consent by minors. It clarifies that the provisions of the Maine Revised Statutes, Title 22, chapter 406 regarding family planning services are not intended to change the scope of practice of a health care provider.

LD 498 Resolve, Regarding Reimbursement of Physical Medicine and Rehabilitation Codes under MaineCare CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L BRENNAN M	OTP-AM	S-144

This resolve sets the reimbursement rates for occupational therapy and physical therapy services under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 68 and 85 at 70% of the federal Medicare reimbursement rate as long as the rate is no lower than the rate in effect on January 1, 2019.

Committee Amendment "A" (S-144)

This amendment adds an appropriations and allocations section.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 500 An Act To Extend the Limitation on Prescribing Opioids for Certain Individuals with Chronic Pain ONTP

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

Current law prohibits an individual licensed to prescribe opioid medication from prescribing more than a 30-day supply of an opioid medication to a patient under treatment for chronic pain. This bill allows an individual licensed to prescribe opioid medication to prescribe no more than a six-month supply of an opioid medication to a patient under treatment for chronic pain who has been prescribed medication for chronic pain continually for at least five years or is 63 years of age or older.

LD 508 Resolve, To Study the Protection of Youth and Young Adults from Addiction and Premature Death by Restricting Marketing of Tobacco Products CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GROHOSKI N MOORE M		

This resolve requires the Office of the Attorney General to research marketing practices by the tobacco industry and regulatory options for the State to employ to curb youth and young adult use of and addiction to tobacco products, including electronic nicotine delivery systems. The Office of the Attorney General is required to report its findings to the Joint Standing Committee on Health and Human Services by February 1, 2020, and the committee is required

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to submit a bill to the Second Regular Session of the 129th Legislature related to the report.

This resolve was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 511	An Act To Create a Position within the Department of Health and Human Services To Coordinate Dementia Programs and Services	CARRIED OVER
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN M SANBORN L	OTP-AM	H-159

This bill establishes a position within the Department of Health and Human Services, Office of Aging and Disability Services for coordinating programs and services to Maine's population with Alzheimer's disease and other dementias across departments and branches of State Government. The coordinator is required to implement recommendations developed by the United States Department of Health and Human Services, Centers for Disease Control and Prevention and national organizations such as the Alzheimer's Association and plans developed by the Department of Health and Human Services relating to Alzheimer's disease and other dementias. The department is required to submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters outlining the activities and progress of the coordinator and the department. The bill includes funding for the coordinator position.

Committee Amendment "A" (H-159)

This amendment replaces references to "Alzheimer's disease and other dementias" from the bill and uses the term "dementia" instead. It also clarifies that the coordinator oversees the implementation of any state or federal plans related to dementia and that programs and services are for both individuals with dementia and their families.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 538	An Act To Ensure Access to Medical Cannabis for Visiting Qualifying Patients	PUBLIC 209 EMERGENCY
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BLUME L	OTP-AM	H-347

This bill repeals the provision of the Maine Medical Use of Marijuana Act that requires visiting qualifying patients to designate a registered caregiver or dispensary in order to obtain harvested marijuana.

Committee Amendment "A" (H-347)

This amendment, which is the unanimous report of the committee, adds an emergency preamble and emergency clause to the bill. It removes the requirement that a visiting qualifying patient obtain valid written certification pursuant to Maine law from the visiting patient's medical provider. It also directs the Department of Administrative and Financial Services to maintain a list of other jurisdictions that authorize the medical use of marijuana and the images of the valid medical marijuana certifications from those jurisdictions and make that information available to registered caregivers and registered dispensaries.

Enacted Law Summary

Public Law 2019, chapter 209 removes the requirement that a visiting qualifying patient obtain valid written certification pursuant to Maine law from the visiting patient's medical provider. It also directs the Department of

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Administrative and Financial Services to maintain a list of other jurisdictions that authorize the medical use of marijuana and the images of the valid medical marijuana certifications from those jurisdictions and make that information available to registered caregivers and registered dispensaries.

Public Law 2019, chapter 209 was enacted as an emergency measure effective June 6, 2019.

LD 539 Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Nursing Facilities CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREA D MILLETT R	OTP-AM	H-131

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

Committee Amendment "A" (H-131)

This amendment increases the personal needs allowance for residents of nursing facilities to \$50 rather than the \$70 required in the resolve. It removes the section of the resolve that increases the personal needs allowance for residents of residential care facilities. The amendment also specifies the rule chapter of the Department of Health and Human Services that is changed, changes the title of the resolve and adds an appropriations and allocations section.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 551 An Act To Ban Nicotine Liquid Containers ONTP

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

This bill prohibits, beginning January 1, 2020, a person from selling, furnishing or giving away a nicotine liquid container.

LD 552 An Act Relating to Penalties for an Employer for the Retail Sale of Tobacco Products to a Minor when the Employer Possesses a Driver's License Reader ONTP

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

This bill provides that an employer who sells tobacco products and who has an electronic age verification device is not subject to a civil violation if a person employed by the employer does not use the electronic age verification device to verify a person's age for the sale of tobacco products and sells a tobacco product to a person who has not attained 21 years of age.

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LD 578 Resolve, To Create a Pilot Program To Assist the Transition to Recovery of Persons Suffering from Opioid Use Disorder ONTP

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

This resolve directs the Commissioner of Health and Human Services to develop a pilot program designed to assist the transition to recovery of persons suffering from opioid use disorder. The resolve directs the commissioner, by December 2, 2020, to submit a written report to the joint standing committee of the Legislature having jurisdiction over health and human services matters summarizing the results of the pilot program, together with any recommendations for continuation of the program, and authorizes the joint standing committee to submit a bill relating to the subject matter of the report to the First Regular Session of the 130th Legislature.

LD 583 Resolve, Directing the Department of Health and Human Services To Study the State's Long-term Services and Supports System for Older Adults ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FAY J MOORE M	ONTP	

This resolve directs the Department of Health and Human Services to perform a study to determine how to most efficiently manage and fund the various long-term care support programs for older adults operated by the department. It allows the department to accept outside funding to fund the costs of the study and directs the department to report by January 15, 2020, the results of the study to the Joint Standing Committee on Health and Human Services, which is authorized to report out a bill regarding the results of the study to the Second Regular Session of the 129th Legislature.

LD 593 Resolve, To Stabilize the Behavioral Health Workforce and Avert More Expensive Treatments CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BREEN C MADIGAN C	OTP-AM ONTP	S-143 S-161 BREEN C

This resolve provides funding to increase rates by 8% in rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services. The resolve also specifies that the increase in reimbursement rates must be applied to wages and benefits for employees who provide direct care services and not to administrators or managers and that to qualify for the rate increase an agency providing services must demonstrate, to the satisfaction of the Department of Health and Human Services, that an increase in wages and benefits has been granted to employees providing direct care services that equals the amount of the projected increase in reimbursement to be received.

Committee Amendment "A" (S-143)

This amendment, which is the majority report of the committee, updates the appropriations and allocations section to reflect a more recent estimate of the cost.

Senate Amendment "A" To Committee Amendment "A" (S-161)

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This amendment removes the emergency preamble and clause and changes the date by which the Department of Health and Human Services must amend its rule.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 606 Resolve, To Require the Department of Health and Human Services To Provide Cost-based Reimbursement to Maine Veterans' Homes **Died On Adjournment**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LUCHINI L GATTINE D	OTP-AM	S-120

This resolve requires the Department of Health and Human Services to amend its rules governing MaineCare reimbursement in order to provide cost-based reimbursement to Maine Veterans' Homes nursing facilities.

Committee Amendment "A" (S-120)

This amendment adds an appropriations and allocations section.

Public Law 2019, chapter 343 (the biennial budget), Part XXXX, provided one-time funding of \$750,000 in each fiscal year of the biennium for supplemental payments to Maine Veterans' Homes nursing facilities.

LD 613 Resolve, Concerning the Adoption of Rules To Carry Out the Purpose of the Bridging Rental Assistance Program **RESOLVE 60**

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

This resolve directs the Department of Health and Human Services to adopt rules for the Bridging Rental Assistance Program in order to ensure fairness, equity and access to the program for those persons with mental illness who qualify for the program. The department is required to submit a report to the Joint Standing Committee on Health and Human Services if the department anticipates a delay in the adoption of the rules.

Enacted Law Summary

Resolve 2019, chapter 60 directs the Department of Health and Human Services to adopt rules for the Bridging Rental Assistance Program in order to ensure fairness, equity and access to the program for those persons with mental illness who qualify for the program. The department is required to submit a report to the Joint Standing Committee on Health and Human Services if the department anticipates a delay in the adoption of the rules.

LD 615 An Act To Protect the Integrity of the MaineCare Program **PUBLIC 266**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P GRATWICK G	OTP-AM	H-306

This bill provides that, without authorization from the Legislature by proper enactment of a law, the Department of Health and Human Services may not implement changes in the Medicaid program or the federal State Children's Health Insurance Program that significantly change enrollment in the program, the category or scope of covered

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services or the funding mechanisms for the program, unless required by federal law.

Committee Amendment "A" (H-306)

This amendment, which is the unanimous report of the committee, adds language describing the situations in which the Department of Health and Human Services may not implement changes in the Medicaid program or the federal State Children's Health Insurance Program without proper authorization from the Legislature.

Enacted Law Summary

Public Law 2019, chapter 266 provides that, without authorization from the Legislature by proper enactment of a law, the Department of Health and Human Services may not implement changes in the Medicaid program or the federal State Children's Health Insurance Program that significantly change enrollment in the program, the category or scope of covered services or the funding mechanisms for the program, unless required by federal law.

LD 633 An Act To Create a Kinship Care Navigator Program within the Department of Health and Human Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARREN C BELLOWS S	OTP-AM	H-195

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-195)

This amendment, which is the unanimous report of the committee, replaces the bill. It establishes within the Department of Health and Human Services the kinship care navigator program to provide resources and information to persons providing kinship care to children in the State. It requires the Commissioner of Health and Human Services to designate one person to administer the program. It also adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 646 An Act To Improve Trust with Regard to Home Visitation by the Department of Health and Human Services by Requiring That Certain Visits Be Videotaped

ONTP

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

This bill requires Department of Health and Human Services staff who visit the home of a child to investigate or assess an allegation of abuse or neglect to videotape all interviews conducted during the visit.

LD 653 Resolve, To Establish the Task Force To Study Opportunities for Improving Home and Community-based Services

CARRIED OVER

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

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This resolve establishes the Task Force To Study Opportunities for Improving Home and Community-based Services. The task force membership consists of Legislators, representatives of entities knowledgeable about or involved in home and community-based services, one provider of such services, one recipient of such services, the Commissioner of Health and Human Services, the Commissioner of Labor and one member of the public. The task force's duties include examination and review of the unmet need for home and community-based services, adequacy of the workforce providing home and community-based services, current systems for delivering home and community-based services and reimbursement arrangements in the home and community-based services sector. The task force is required to publish an interim report by October 15, 2019 and then seek input from stakeholders around the State. The task force must report its findings and recommendations, including any necessary implementing legislation, to the Joint Standing Committee on Health and Human Services by December 15, 2019.

This resolve was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 683 An Act To Provide Social Workers to Persons with Mental Illness to Help Them Avoid Incarceration ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to provide social workers to persons with mental illness who are in crisis or pose a threat to themselves or others in order for them to avoid incarceration and protect their safety and the safety of others.

LD 684 Resolve, Relating to the Prevention and Management of Neonatal Abstinence Syndrome ONTP

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

This resolve requires the Department of Health and Human Services to develop recommendations for measures related to the prevention and management of neonatal abstinence syndrome.

LD 692 Resolve, To Address Reimbursement Rates for Licensed Clinical Social Workers under MaineCare CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICH L BELLOWS S	OTP-AM	H-407

This resolve directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter III to increase reimbursement rates for counseling services provided by licensed clinical social workers to no less than the lowest reimbursement rate for the same counseling services paid by an insurance carrier licensed in this State. The rules are routine technical rules and must be amended no later than January 1, 2020.

Committee Amendment "A" (H-407)

This amendment specifies that the services provided by independent licensed clinical social workers are provided

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under Section 65 of rule Chapter 101: MaineCare Benefits Manual, Chapter III. Rather than increasing rates to the lowest reimbursement rate for the same service paid by an insurance carrier licensed in Maine, the amendment increases rates to 70% of the Medicare rate for the closest equivalent service, since there is no exact equivalent rate under Medicare. The amendment also adds an appropriations and allocations section.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 697 *Resolve, Directing the Department of Health and Human Services To Conduct a Review of Rules Governing In-home Personal Care Assistance Services* CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S PEOPLES A		

This resolve directs the Department of Health and Human Services to review and update its rules governing the provision of and reimbursement for in-home personal care assistance services to ensure the provision of high-quality care and to provide protections to vulnerable people who receive personal care assistance services.

This resolve was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 699 *Resolve, To Provide for Outreach Programs To Assist Women at Risk of Giving Birth to Substance-exposed Infants* RESOLVE 103

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARSON B	OTP-AM	S-121 S-328 BREEN C

This resolve requires the Department of Health and Human Services to contract with a community-based nonprofit organization to develop outreach and educational programs regarding reproductive and sexual health care for women and adolescents at highest risk of experiencing an unintended pregnancy. The programming must emphasize the right to individual self-determination regarding family planning and childbearing and be targeted to women and adolescents experiencing substance use disorder, homelessness or other circumstances that indicate a need for family planning services or who are involved in the correctional system.

Committee Amendment "A" (S-121)

This amendment incorporates a fiscal note.

Senate Amendment "A" (S-328)

This amendment changes the funding source from the General Fund to the Fund for a Healthy Maine.

Enacted Law Summary

Resolve 2019, chapter 103 requires the Department of Health and Human Services to contract with a community-based nonprofit organization to develop outreach and educational programs regarding reproductive and sexual health care for women and adolescents at highest risk of experiencing an unintended pregnancy. The programming must emphasize the right to individual self-determination regarding family planning and childbearing and be targeted to women and adolescents experiencing substance use disorder, homelessness or other circumstances that indicate a need for family planning services or who are involved in the correctional system. The

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funding for the contracts comes from the Fund for a Healthy Maine.

LD 706 An Act To Reduce the Incidence of Obesity and Chronic Disease in the State CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N	OTP-AM	S-33

This bill provides for reimbursement under the MaineCare program for medical nutritional therapy and prescription drug therapy.

Committee Amendment "A" (S-33)

This amendment, which is the unanimous report of the committee, amends the bill by changing the term "medical nutritional therapy" to "medical nutrition therapy" to accurately reflect common usage of the term. It adds physician assistants to the group of medical providers authorized to provide medical nutrition therapy that is reimbursable under MaineCare. It clarifies that medical nutrition therapy is reimbursable by MaineCare in any setting in which the authorized medical provider practices. It also removes the provisions of the bill that provide for the reimbursement under the MaineCare program for certain prescription drugs to treat obesity.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 717 An Act To Provide Comprehensive Mental Health Treatment Reform ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to create a seamless crisis services system that allows high-risk patients timely access to inpatient care and to increase communication within the crisis services system to better manage patients after discharge. The purpose of this bill is to save lives and improve the overall quality and integrity of the crisis services system by:

1. Creating a single point of entry for a high-risk patient by designating an independent entity of a hospital to provide clinical assessment of the patient and determine whether the patient meets inpatient criteria of care;
2. Adopting universal criteria under which priority admission for a patient is based on acuteness of crisis and length of stay in an emergency room;
3. Requiring hospitals to communicate with and make referrals to community providers for aftercare within 24 hours following discharge from the emergency room or inpatient treatment when patients are most at risk of suicide; and
4. Exploring further significant upgrades, access and training in developing prevention and postintervention services with the goal of avoiding hospitalization of patients with mental illness who are not in need of psychiatric hospitalization and can be stabilized in the community.

Joint Standing Committee on Health and Human Services

LD 724 An Act To Amend the Maine Background Check Center Act To Provide ONTP
Employers Flexibility To Use Approved Alternate Vendors

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FAY J HERBIG E	ONTP	

This bill allows an employer seeking to conduct a comprehensive background check for a direct access worker under the Maine Background Check Center Act to apply for and obtain at any time from the Department of Health and Human Services approval to use an approved alternate vendor instead of the Background Check Center as long as all other laws and rules pertaining to the use of alternate vendors are complied with in order for the employer to obtain approval.

LD 738 Resolve, Directing the Commissioner of Health and Human Services To ONTP
Convene a Study Group To Review the Crisis Response System in the
State

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

This resolve requires the Commissioner of Health and Human Services to convene a study group of interested parties to review the crisis response system in the State. The study group is required to submit its report, including any recommended legislation, to the Joint Standing Committee on Health and Human Services no later than December 15, 2019. The joint standing committee may submit legislation related to the report to the Second Regular Session of the 129th Legislature.

LD 745 An Act To Support the Northern New England Poison Center CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JORGENSEN E CLAXTON N	OTP-AM	H-67

This bill appropriates funds to the Northern New England Poison Center to ensure continued access to 24-hour expert medical treatment advice and information on potentially harmful substances.

Committee Amendment "A" (H-67)

This amendment incorporates a fiscal note.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 752 An Act To Reduce Food Insecurity and Promote Economic Growth ONTP

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

Joint Standing Committee on Health and Human Services

This bill accomplishes the following.

1. It directs the Department of Health and Human Services to seek a waiver beginning with federal fiscal year 2020, which begins October 1, 2019, and for each federal fiscal year thereafter to allow individuals otherwise subject to a three-month limit on federal food supplement program benefits to continue to receive benefits if those individuals reside in counties, labor market areas or other areas that qualify for a waiver because of high unemployment or a lack of a sufficient number of jobs to provide employment for those individuals.
2. It requires the Department of Health and Human Services to calculate the amount of the food stamp standard utility allowance using reliable data reflecting actual utility costs in Maine.
3. It directs the Department of Health and Human Services to request the United States Department of Agriculture to waive the asset test for determining the eligibility for the federal supplemental nutrition assistance program of any household in which there is an individual who is 60 years of age or older or an individual with a disability or that does not include children.

**LD 761 An Act To Ensure That Incarcerated Individuals Are Eligible for
Medicaid during Incarceration and Receive Food Supplement Program
Benefits upon Release**

PUBLIC 492

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TALBOT ROSS R CARPENTER M	OTP-AM	H-404

This bill clarifies current law regarding Medicaid eligibility for incarcerated individuals to ensure that individuals who are eligible for Medicaid coverage are able to renew their coverage while they are incarcerated and also establishes a mechanism to ensure that individuals who are uninsured and eligible for Medicaid coverage are able to apply for coverage while they are incarcerated. The bill also requires the Department of Health and Human Services to provide Medicaid coverage for treatment received by an incarcerated person outside a correctional facility as long as, at the time treatment is provided, the person is eligible for Medicaid.

Committee Amendment "A" (H-404)

This amendment, which is the unanimous report of the committee, clarifies the provisions in the bill regarding presumptive eligibility. It also directs the Department of Health and Human Services to apply for a waiver in order to provide food supplement program benefits to a person being released from incarceration. It directs the Department of Health and Human Services and the Department of Corrections to enter into a memorandum of understanding in order to assist an incarcerated person with applying for Medicaid benefits and food supplement program benefits. The amendment also adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 492 clarifies current law regarding Medicaid eligibility for incarcerated individuals to ensure that individuals who are eligible for Medicaid coverage are able to renew their coverage while they are incarcerated. It directs the Department of Health and Human Services and the Department of Corrections to enter into a memorandum of understanding in order to assist an incarcerated person with applying for Medicaid benefits and food supplement program benefits. It provides that persons who are uninsured and eligible for Medicaid receive presumptive eligibility at the time of medical treatment. It also directs the Department of Health and Human Services to apply for a waiver in order to provide food supplement program benefits to a person being released from incarceration.

Joint Standing Committee on Health and Human Services

LD 763 An Act To Ensure the Availability of Community Integration Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TALBOT ROSS R MOORE M	OTP-AM ONTP	H-252 S-162 GRATWICK G

This bill provides funding to increase reimbursement rates in the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 17 for community integration services to \$24.25 per quarter-hour.

Committee Amendment "A" (H-252)

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

Senate Amendment "A" To Committee Amendment "A" (S-162)

This amendment removes the emergency preamble and emergency clause, changes the date by which the reimbursement rate increase must start to October 1, 2019 and reduces the appropriation for fiscal year 2019-20 due to the delayed start.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 765 Resolve, To Review Asset Limits for Social Service Programs

RESOLVE 41

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C GRATWICK G	OTP-AM	H-247

This resolve directs the Department of Health and Human Services to review asset limits for social service programs and revise the limits to increase the effectiveness of the programs.

Committee Amendment "A" (H-247)

The amendment replaces the resolve. It requires the Department of Health and Human Services to convene a stakeholder group to examine the asset limits for eligibility applied to the elderly low-cost drug program, the Medicare savings program, the Temporary Assistance for Needy Families program and the statewide food supplement program, otherwise known as SNAP. The department and stakeholder group are required to examine the asset limits to determine if they meet the missions of the programs or present barriers and to determine compliance with federal laws and guidelines. The department is required to submit a report, together with its findings, legislative recommendations and any rulemaking activities to the Joint Standing Committee on Health and Human Services no later than December 1, 2019.

Enacted Law Summary

Resolve 2019, chapter 41 requires the Department of Health and Human Services to convene a stakeholder group to examine the asset limits for eligibility applied to the elderly low-cost drug program, the Medicare savings program, the Temporary Assistance for Needy Families program and the statewide food supplement program, otherwise known as SNAP. The department and stakeholder group are required to examine the asset limits to determine if they meet the missions of the programs or present barriers and to determine compliance with federal laws and guidelines. The department is required to submit a report, together with its findings, legislative recommendations

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and any rulemaking activities to the Joint Standing Committee on Health and Human Services no later than December 1, 2019.

LD 775 Resolve, To Direct the Department of Health and Human Services To Amend Its Rules for Eligibility for Community Support Services

HELD BY GOVERNOR

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICH L MOORE M	OTP-AM ONTP	H-403

This bill directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17, Community Support Services to include access to services to persons who have a diagnosis of bipolar disorder, major depressive disorder, panic disorder or post-traumatic stress disorder.

Committee Amendment "A" (H-403)

This amendment, which is the majority report of the committee, strikes and replaces the bill with a resolve. It directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17, Community Support Services concerning eligibility criteria for services under that section. It requires the department to report to the Joint Standing Committee on Health and Human Services by January 15, 2020 on the rulemaking process, proposed and provisionally adopted rules and justification for the adoption of the proposed rules. It authorizes the committee to report out legislation regarding the subject matter of the rules.

LD 803 An Act To Create 4 Regional Mental Health Receiving Centers

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARREN C BELLOWS S		

This bill establishes four crisis intervention centers regionally throughout the State that will be operated and maintained by the Department of Health and Human Services. It requires the crisis intervention centers to provide treatment 24 hours a day, seven days a week and to provide sufficient staffing. It provides that the Department of Health and Human Services must adopt rules that include the certification of the crisis intervention centers; the location of the crisis intervention centers to ensure regional accessibility throughout the State; admission and discharge standards; requirements for notice of a person's admission; availability of and patients' access to treatment; the staffing model, with specific descriptions of staffing levels, roles and responsibilities; and patient rights protections; and that, to the extent possible, the rules must be consistent with the Maine Revised Statutes, Title 5, chapter 511; Title 34-B, chapter 1, subchapter 8; and Title 34-B, chapter 3, subchapter 4.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 821 Resolve, To Review Case Loads for Child Welfare Caseworkers

RESOLVE 34 EMERGENCY

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C BELLOWS S	OTP-AM	H-209

Joint Standing Committee on Health and Human Services

This bill requires that the Department of Health and Human Services ensure that a caseworker in the Office of Child and Family Services is not assigned a number of cases that exceeds a number established by the department by rule. The number established by the department must be a number recommended by a national organization with expertise in maximum case loads that ensures caseworkers can adequately focus on each case. The bill also provides that the number of caseworkers assigned to any individual support staff may not exceed eight.

Committee Amendment "A" (H-209)

This amendment replaces the bill with a resolve requiring the Department of Health and Human Services to review case load standards for child welfare caseworkers and develop standard case load recommendations with input from child welfare caseworkers and the Public Consulting Group. The Public Consulting Group is currently contracted with the department to evaluate the child welfare program. The department is required to submit a report by October 1, 2019 with its findings and recommendations and then submit annual reports on staffing in the child welfare program in relation to the standard case load recommendations. The reports are submitted to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint legislative committee established to oversee program evaluation and government accountability matters. The amendment adds an emergency preamble and an emergency clause.

Enacted Law Summary

Resolve 2019, chapter 34 requires the Department of Health and Human Services to review case load standards for child welfare caseworkers and develop standard case load recommendations with input from child welfare caseworkers and the Public Consulting Group. The Public Consulting Group is currently contracted with the department to evaluate the child welfare program. The department is required to submit a report by October 1, 2019, with its findings and recommendations and then submit annual reports on staffing in the child welfare program in relation to the standard case load recommendations. The reports are submitted to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint legislative committee established to oversee program evaluation and government accountability matters.

Resolve 2019, chapter 34 was finally passed as an emergency measure effective May 21, 2019.

LD 836 An Act To Expand Maine's School-based Health Centers

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HANDY J BELLOWS S	OTP-AM ONTP	H-158

This bill provides ongoing funding to the school-based health centers within the Fund for a Healthy Maine program within the Department of Health and Human Services to add an additional 15 school-based health center sites.

Committee Amendment "A" (H-158)

This amendment, which is the majority report of the committee, removes the reference to 15 new school-based health centers from the bill but retains the funding amount. The Department of Health and Human Services distributes the funding through a request for proposals process for the number of sites the funding will support.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

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LD 838 Resolve, To Ensure the Continuation of Services to Maine Children and Families ONTP

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

Resolve 2017, chapter 56 requires the Department of Health and Human Services to continue certain contractual agreements entered into by the department with Community Partnerships for Protecting Children until January 31, 2019. This resolve amends that resolve to require the department to extend the contractual agreements until at least the termination date specified in the contractual agreement. This resolve applies retroactively to January 31, 2019.

LD 864 An Act To Make Whole Family Support Available Statewide Leave to Withdraw Pursuant to Joint Rule

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

This bill requires community action agencies to establish support programs to serve families to assist parents with children as they pursue stable employment, pursue education intended to lead to employment or otherwise pursue self-sufficiency. The bill also provides funding for community action agencies to establish the support programs.

LD 876 Resolve, Directing the Department of Health and Human Services, Office of Substance Abuse and Mental Health Services To Build Peer Respite Program Capacity in Maine by Implementing at Least One Peer Respite Program ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C DESCHAMBAULT S	ONTP	

This resolve directs the Department of Health and Human Services, Office of Substance Abuse and Mental Health Services to implement by means of a request-for-proposals process at least one peer respite program in the State to provide a voluntary, short-term residential program designed to support individuals experiencing, or at risk of, a psychiatric crisis.

LD 880 Resolve, Regarding the Impact of Minimum Wage Increases and Paid Time Off Requirements on MaineCare Reimbursement Rates CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P	OTP-AM	H-470

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to provide methods of allowing the State to respond more quickly to changes in federal law affecting social programs used by citizens of Maine.

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Committee Amendment "A" (H-470)

This amendment replaces the bill with a resolve requiring the Department of Health and Human Services to study the impact of increases in the minimum wage and any statutory requirements for earned paid leave on the reimbursement rates for all services reimbursed under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III. The department is required to develop an assessment of future shortfalls and develop a plan to ensure that reimbursement rates remain sufficient to cover any future increases. The department may consult or contract with any experts or stakeholders that the department determines appropriate. The department shall report its findings, recommendations and suggested legislation to the Joint Standing Committee on Health and Human Services no later than March 1, 2020.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 915 An Act To Provide Adequate Reimbursement under MaineCare for Ambulance and Neonatal Transport Services CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T DILLINGHAM K	OTP-AM	S-104

This bill specifies that beginning September 1, 2019 the reimbursement rate for ambulance services under the MaineCare program may not be less than the average allowable reimbursement rate under Medicare and reimbursement for neonatal transport services under MaineCare must be at the average rate for critical care transport services under Medicare.

Committee Amendment "A" (S-104)

This amendment adds an appropriations and allocations section to provide funding to increase the reimbursement rate for ambulance services.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

The substance of this bill was incorporated in Public Law, chapter 530 (LD 1028 in TAX).

LD 931 An Act To Reduce Obesity by Reimbursing for Prescription Drug Therapy Provided by a Member of a Weight Management Team CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P	OTP-AM ONTP	H-138

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to amend the laws governing the Department of Health and Human Services.

Committee Amendment "A" (H-138)

This amendment, which is the majority report of the committee, strikes the bill, which is a concept draft, to provide for reimbursement under the MaineCare program for prescription drug therapy services to treat obesity. The amendment also adds an appropriations and allocations section.

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This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 934 Resolve, To Review the Implementation of the Maine Background Check Center Act

RESOLVE 53

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CLAXTON N	OTP-AM	H-348

This resolve directs the Commissioner of Health and Human Services to convene a study group to assess the effects of the implementation of the system of background checks established by the Maine Background Check Center Act. The commissioner is required to submit a report, including any recommended legislation, by December 15, 2019 to the Joint Standing Committee on Health and Human Services, which may submit legislation based on the report to the Second Regular Session of the 129th Legislature.

Committee Amendment "A" (H-348)

This amendment, which is the unanimous report of the committee, adds a directive to the study group to consider any barriers to implementing all required background checks under one background check system.

Enacted Law Summary

Resolve 2019, chapter 53 directs the Commissioner of Health and Human Services to convene a study group to assess the effects of the implementation of the system of background checks established by the Maine Background Check Center Act and to consider any barriers to implementing all required background checks under one background check system. The commissioner is required to submit a report, including any recommended legislation, by December 15, 2019 to the Joint Standing Committee on Health and Human Services, which may submit legislation based on the report to the Second Regular Session of the 129th Legislature.

LD 935 An Act To Increase the Viability of Assisted Living Facilities by Increasing the Rate of Reimbursement

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A CLAXTON N	OTP-AM	H-198

Under current law, the MaineCare payment rates attributable to wages and salaries for personal care and related services for adult family care services, adult day services and homemaker services must be increased by a cost-of-living adjustment until the Department of Health and Human Services has completed a rate study conducted by a third party, including participation of providers, for adult family care services, adult day services or homemaker services and the rates in the rate study have been implemented. This bill requires that the rates determined by the department pursuant to the rate study also must be increased by a cost-of-living adjustment.

Committee Amendment "A" (H-198)

This amendment adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

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LD 949 An Act To Prevent Overdose Deaths

**Accepted Majority
(ONTP) Report**

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

This bill directs the Department of Health and Human Services to certify two facilities in the State to provide safe and secure locations for people to self-administer previously obtained drugs. The bill requires the facilities to have health care personnel and other trained staff, to provide information concerning drug overdoses and diseases associated with drug use, to administer first aid or other medications in case of an overdose and to provide referrals to other services that clients of the facilities may need. The bill provides immunity from arrest or prosecution to clients and staff members acting in accordance with the provisions of the bill and creates a tolerance zone within a half mile of each facility. The facilities are directed to report certain demographic and other information to the department, which is directed to analyze the information and report to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The department is also directed to review the effectiveness of the facilities to determine whether to open additional facilities.

Committee Amendment "A" (H-571)

This amendment, which is the minority report of the committee, replaces the bill. It makes the following changes to the bill.

1. It changes the term "safer drug use facility" to "overdose prevention site."
2. It establishes qualifications and requirements for an overdose prevention site.
3. It provides for a municipal referendum on the location of an overdose prevention site within that municipality.
4. It includes additional violations for which a person may not be arrested, prosecuted or subject to a revocation of probation.
5. It requires the State to defend in criminal or civil action or provide funding for private defense in the event that the Federal Government attempts to stop the operation of an overdose prevention site.
6. It changes the authority for the Department of Health and Human Services rulemaking from routine technical to major substantive.
7. It adds an appropriations and allocations section for funding for a contract with a third party for program evaluation and two positions within the Department of Health and Human Services, Division of Licensing and Regulatory Services.

This amendment was not adopted.

**LD 964 Resolve, To Study Housing Options for Persons with Mental Health
Challenges and Substance Use Disorder**

ONTP

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

Joint Standing Committee on Health and Human Services

This resolve establishes the Study Commission to Assess Housing Needs of Persons with Mental Health Challenges and Substance Use Disorder and requires the study commission to assess the housing needs of persons who are living with mental health challenges and who have substance use disorder, with a focus on the needs of such individuals located in rural Maine. The study commission is required to explore methods of expanding the options and availability of housing for such individuals, including options that support the unique housing needs of such individuals, and report its findings and recommendations to the Second Regular Session of the 129th Legislature.

LD 966 An Act To Ensure Safer Childhood Vaccines

ONTP

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to require that patient intake forms used by all health care facilities, including hospitals, emergency rooms, urgent care facilities, health care clinics and doctor's offices, include a question on the form regarding the date of the patient's most recent vaccine. This vaccine-related information will then be provided to the United States Department of Health and Human Services to aid its efforts to ensure safer childhood vaccines.

LD 972 Resolve, To Increase Access to Brain Injury Waiver Services

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARREN C	OTP-AM	H-245

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-245)

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 rates for Home Support (Residential Habilitation) Level I to no less than \$8.63 per quarter hour. It also requires the department to include any findings from exploring telehealth opportunities for brain injury services to be submitted to the joint standing committee of the Legislature having jurisdiction over health and human services matters as part of the annual telehealth report. The amendment also adds an appropriations and allocations section.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

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LD 976 An Act To Require Additional Lead Screening for Children

PUBLIC 201

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MORALES V	OTP-AM	H-296

This bill amends the Lead Poisoning Control Act to require blood lead level testing of all children not covered by the MaineCare program at one year of age, two years of age and six years of age.

Committee Amendment "A" (H-296)

This amendment, which is the unanimous report of the committee, replaces the bill. It changes the definition of "lead poisoning" in the Lead Poisoning Control Act to mean a confirmed elevated level of blood lead that is equal to or exceeds five micrograms per deciliter. It also requires the Department of Health and Human Services to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters when the federal Department of Health and Human Services, Centers for Disease Control and Prevention changes the reference level at which it recommends public health actions be taken with respect to blood lead levels in children.

Enacted Law Summary

Public Law 2019, chapter 201 changes the definition of "lead poisoning" in the Lead Poisoning Control Act to mean a confirmed elevated level of blood lead that is equal to or exceeds five micrograms per deciliter. It also requires the Department of Health and Human Services to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters when the federal Department of Health and Human Services, Centers for Disease Control and Prevention changes the reference level at which it recommends public health actions be taken with respect to blood lead levels in children.

LD 981 An Act To Implement the State's Recently Approved Request for a Section 1115 Demonstration for MaineCare

Accepted Majority (ONTP) Report

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
O'CONNOR B TIMBERLAKE J	ONTP OTP-AM	

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to implement the State's request for approval of a so-called Section 1115 demonstration for MaineCare that was recently granted by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. Under the bill, an individual who receives MaineCare benefits will be required to:

1. Work 20 hours a week;
2. Pay monthly premiums of up to \$40; and
3. Contribute \$10 if the individual goes to an emergency department for a nonemergency issue.

Committee Amendment "A" (H-216)

This amendment replaces the concept draft and is the minority report of the committee. The amendment requires the Department of Health and Human Services to submit a request for a Section 1115 waiver similar to the waiver that was approved in 2018 and withdrawn in January 2019. The waiver would require MaineCare members 19 to 64 years of age who are considered able bodied to participate in work or similar activities for 20 hours a week and pay

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monthly premiums based on income. The department is required to examine the possibilities for MaineCare members earning 100% to 138% of the federal poverty level to purchase private health insurance, including on the federal marketplace exchange established under the Patient Protection and Affordable Care Act, and take all practicable steps to assist those members to purchase private insurance. The amendment also adds an appropriations and allocations section.

This amendment was not adopted.

LD 982	Resolve, To Expand the Use of the Women, Infants and Children Special Supplemental Food Program at Farmers' Markets	RESOLVE 93
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAUGHTRY M	OTP-AM	H-427

This resolve directs the Commissioner of Health and Human Services to amend the rules regarding the use of the Women, Infants and Children Special Supplemental Food Program at farmers' markets by expanding the program from seasonal to include all 12 months of the calendar year and by expanding the scope of food products that may be purchased through the program at a farmers' market from only fresh fruits and vegetables to all food products allowed to be purchased through the program in general.

Committee Amendment "A" (H-427)

This amendment strikes and replaces the resolve and adds an appropriations and allocations section.

Enacted Law Summary

Resolve 2019, chapter 93 provides additional funding to the Maine Center for Disease Control and Prevention to expand the use of the Women, Infants and Children's Supplemental Food Program at farmers' markets.

LD 984	Resolve, To Develop Plans To Return to the State Children Housed in Residential Treatment Systems outside of the State	RESOLVE 54
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICH L LIBBY N	OTP-AM	H-352

This resolve requires the Department of Health and Human Services to coordinate with families of children who are receiving certain services out of state to develop plans to bring the children back to the State to receive the required services and care. The resolve also suspends current contracts regarding any psychiatric residential treatment facility licensed by the department and prohibits the department from issuing new contracts for such facilities. The suspension and moratorium are lifted 30 days after the department submits a report, as required by this resolve, to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services regarding the adequacy of beds and staffing levels in those facilities and the need to increase the MaineCare reimbursement rate to allow for additional facilities or staffing.

Additionally, the resolve provides funding to increase rates in rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services, Children's Home and Community Based Treatment and Section 97, Appendix D, Principles of Reimbursement for Child Care Facilities by 30% no later than October 1, 2019.

Committee Amendment "A" (H-352)

This amendment removes from the resolve the sections relating to psychiatric residential treatment facilities and

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increasing MaineCare reimbursement rates under rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65 and Section 97, Appendix D. The amendment requires the Department of Health and Human Services to negotiate reimbursement rates with providers to provide services to children returning to the State, including deviating from reimbursement rates established by department rules in order to access additional services.

Enacted Law Summary

Resolve 2019, chapter 54 requires the Department of Health and Human Services to coordinate with families of children who are receiving certain services out of state to develop plans to bring the children back to the State to receive the required services and care. It authorizes the Department of Health and Human Services to negotiate reimbursement rates with providers to provide services to children returning to the State, including deviating from reimbursement rates established by department rules in order to access additional services.

LD 986 An Act To Expand Lead Inspections to Other Properties of the Owner of ONTP
a Property Determined to Contain Lead

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

This bill requires an owner of a dwelling unit determined by the Department of Health and Human Services to have a case of lead poisoning to provide the name, principal address and contact information for the owner of the dwelling unit. If the owner is a business entity, this bill requires the name, principal address and contact information for each partner, officer, director, member, principal or shareholder of that business entity. If an owner or a partner, officer, director, member, principal or shareholder owns or co-owns another residential property built prior to 1978 and located in a high-density lead poisoning area, the Department of Health and Human Services is authorized to inspect every dwelling unit of that other residential property unless the owner can produce a certified lead inspection report conducted within the past three years showing that the other property is lead-safe. This bill splits any fine for violating the provisions of the law between the Lead Poisoning Prevention Fund and the Lead Abatement Fund administered by the Maine State Housing Authority.

LD 993 An Act To Expand Recovery Support Services Offered in Penobscot and ONTP
Piscataquis Counties and the Greater Bangor Region To Improve
Access, Treatment and Recovery for Those Affected by Substance Use
Disorder by Designating a Regional Peer-supported Recovery Center

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN K VEROW A	ONTP	

This bill directs the Department of Health and Human Services to contract with a regional peer-supported recovery center to expand recovery support services to all areas in Penobscot and Piscataquis counties and the greater Bangor region and provides funding for the contract.

LD 1005 Resolve, To Establish a Pilot Project To Save Lives and Support People RESOLVE 98
with Substance Use Disorder in Washington County EMERGENCY

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A MOORE M	OTP-AM	H-160

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This resolve establishes a pilot project in Washington County to provide treatment and recovery services for people with substance use disorder. The pilot project is established under the Department of Health and Human Services. The department is required to work with Healthy Acadia to develop the pilot project. The department is required to assist Healthy Acadia with seeking federal funding for the pilot project. The pilot project 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. The pilot project establishes a coordinating council made up of representatives of the community 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 substance use disorder prevention, treatment and recovery and for developing and implementing a recovery resource fund to provide additional individualized services as part of a wraparound continuum of support and services. It requires the department to report on the pilot project to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than November 30, 2020.

Committee Amendment "A" (H-160)

This amendment changes the dates in the resolve for the central coordinating telephone system to be established and the evaluation report to be submitted to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

Enacted Law Summary

Resolve 2019, chapter 98 establishes a pilot project in Washington County to provide treatment and recovery services for people with substance use disorder. The pilot project is established under the Department of Health and Human Services. The department is required to work with Healthy Acadia to develop the pilot project. The department is required to assist Healthy Acadia with seeking federal funding for the pilot project. The pilot project 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. The pilot project establishes a coordinating council made up of representatives of the community 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 substance use disorder prevention, treatment and recovery and for developing and implementing a recovery resource fund to provide additional individualized services as part of a wraparound continuum of support and services. It requires the department to report on the pilot project to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than November 30, 2022.

Resolve 2019, chapter 98 was finally passed as an emergency measure effective June 27, 2019.

LD 1006 Resolve, To Require the Development of Strategies for Reducing Health Disparities Based on Social Determinants ONTP

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

This resolve directs the Department of Health and Human Services to present to the Joint Standing Committee on Health and Human Services an action plan detailing strategies for reducing health disparities based on social determinants.

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LD 1007 Resolve, To Change the Educational Requirements of Certain Behavioral Health Professionals

RESOLVE 99

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D SANBORN L	OTP-AM	H-499

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures to expand and enhance the State's behavioral health direct care workforce, including, but not limited to, community-based mental health rehabilitation technicians, direct support professionals and behavioral health professionals.

Committee Amendment "A" (H-499)

This amendment replaces the concept draft with a resolve. It changes the educational requirements for behavioral health professionals providing children's home and community-based treatment to replace the requirement for a bachelor's degree to a minimum of 60 credit hours in a related field, 90 credit hours in an unrelated field combined with a plan for supervision and training or a high school diploma or equivalent with three years of experience working in the field combined with a plan for supervision and training. The educational requirements do not change the required behavioral health professional training or the prescribed time frames for that training. It also requires the Department of Health and Human Services to amend or establish contracts for training behavioral health professionals to train any additional individuals within existing resources, and authorizes the department to opt to charge individuals or their employers fees for training.

Enacted Law Summary

Resolve 2019, chapter 99 changes the educational requirements for behavioral health professionals providing children's home and community-based treatment from requiring a bachelor's degree to a minimum of 60 credit hours in a related field, 90 credit hours in an unrelated field combined with a plan for supervision and training or a high school diploma or equivalent with three years of experience working in the field combined with a plan for supervision and training. The resolve also requires the Department of Health and Human Services to amend or establish contracts for training behavioral health professionals to train any additional individuals within existing resources, and authorizes the department to opt to charge individuals or their employers fees for training.

LD 1012 An Act To Provide Stable Funding and Support for Child Care Providers

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R GATTINE D	OTP-AM OTP-AM	S-211

This bill amends the child care services provisions in the following ways.

1. It establishes graduated quality differential rates for steps two to four in the four-step child care quality rating system currently required by law.
2. It requires that contracts with providers of child care services prioritize infants, toddlers and preschool children up to four years of age in a variety of ways.
3. It directs the Department of Health and Human Services to develop a shared services program for providers of child care services to realize efficiencies and achieve financial sustainability by sharing administrative and program services and costs.

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Committee Amendment "A" (S-211)

This amendment, which is the majority report, lowers the increases to graduated quality differential rates for child care services for children other than infants from the bill. It also clarifies that the Department of Health and Human Services may use state funds to pay a quality differential rate for high-quality child care services if it chooses to do so. It allows the Department of Health and Human Services to use up to 25% of the State's federal child care and development block grant funding for contracts for high-quality child care to underserved children and areas of the State rather than requiring use of funding for contracts. The department is required to submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the number of contracts, the percentage of block grant funding used for the contracts and the number of children served. It allows, rather than requires as in the bill, the department to develop a shared services program.

Committee Amendment "B" (S-212)

This amendment, which is the minority report, removes the sections of the bill that require increased reimbursement levels for graduated quality differential rates for child care. It allows the Department of Health and Human Services to use up to 25% of the State's federal child care and development block grant funding for contracts for high-quality child care to underserved children and areas of the State rather than requiring the use of contracts. The department is required to submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the number of contracts, the percentage of block grant funding used for the contracts and the number of children served. It allows, rather than requires as in the bill, the department to develop a shared services program.

This amendment was not adopted.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1030 An Act To Amend the Laws Governing the Substance Use Disorder Services Commission

PUBLIC 432

Sponsor(s)

PERRY A

Committee Report

OTP-AM

Amendments Adopted

H-295

This bill revises the membership and duties of the Substance Use Disorder Services Commission.

Committee Amendment "A" (H-295)

This amendment, which is the unanimous report of the committee, amends the bill to require the Substance Use Disorder Services Commission to make recommendations related to substance use disorder to the Department of Health and Human Services and the Governor based on the commission's activities.

The amendment also adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 432 revises the membership and duties of the Substance Use Disorder Services Commission and requires the Substance Use Disorder Services Commission to make recommendations related to substance use disorder to the Department of Health and Human Services and the Governor based on the commission's activities.

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LD 1032 An Act To Ensure Sufficient Representation of Adults Receiving Mental Health Services on Local Councils within the Consumer Council System of Maine ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FOLEY V MIRAMANT D	ONTP	

This bill amends the laws governing the membership of local councils within the Consumer Council System of Maine. It requires that at least 33% of the membership of a local council that consists of six or fewer members and at least 40% of the membership of a local council that consists of seven or more members must consist of adults receiving mental health services.

LD 1039 Resolve, To Establish and Fund Interventions for At-risk Families and Children CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C MOORE M	OTP-AM	H-250

This resolve requires the Department of Health and Human Services to provide grants to behavioral health providers to fund costs to attract, retain and train new professional employees to provide treatment services known as "functional family therapy - child welfare" and "multisystemic therapy for child abuse and neglect" to children and families involved in the child protective services. The department is required to develop a rate of reimbursement for these services under MaineCare and amend its rules in rule Chapter 101: MaineCare Benefits Manual, Sections 28 and 65 accordingly. The department is required to seek federal funding including under the Family First Prevention Services Act of 2017 for the grants. If federal funding is not available, the department is required to provide grants using General Fund money.

Committee Amendment "A" (H-250)

The amendment adds an appropriations and allocations section.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1052 An Act To Require Regular and Transparent Review of MaineCare Reimbursement Rates CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN H FARNSWORTH D		

This bill establishes a regular review process for MaineCare reimbursement rates. The Department of Health and Human Services shall review all rates over a three-year period except those that are already subject to regular review, based on cost, reimbursed at a capitated rate, or tied to Medicare or some other rates. The three-year schedule and the reviews are required to be submitted to the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs. The results of reviews are also submitted to the Governor for consideration for inclusion in the biennial budget. The bill also establishes the MaineCare Reimbursement Rates Review Advisory Committee made up of stakeholders appointed by the

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Presiding Officers and the minority leaders in the Legislature to provide advice and input to the department on rate reviews. The advisory committee also submits an annual review of its activities to the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs. The advisory committee is staffed by the Department of Health and Human Services.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 1062 An Act To Support Maine Families by Providing for Transportation of Parents and Guardians of MaineCare Recipients under 18 Years of Age to Their Appointments **Accepted Majority (ONTP) Report**

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

This bill allows nonemergency medical transportation services that are currently available to MaineCare members for transportation to and from providers of medical services to be used by parents or guardians of MaineCare members under 18 years of age to and from providers of medical services when no other means of transportation is available to the parents or guardians. The bill also requires the Department of Health and Human Services to adopt or amend rules to implement this provision. The Department of Health and Human Services is required to apply for any Medicaid waivers or submit any state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to receive matching funds. In the event that no matching federal funds are available, the Department of Health and Human Services is required to cover the cost using General Fund money.

Committee Amendment "A" (H-428)

This amendment, which is the minority report, replaces the bill. It directs the Department of Health and Human Services to provide nonemergency medical transportation for a parent or guardian of a MaineCare member under 18 years of age who is in a residential care facility or receiving inpatient medical services if certain conditions are met: the transportation is to the facility where the MaineCare member under 18 years of age is receiving medical services, the presence of the parent or guardian at the facility is part of the treatment plan for that MaineCare member and the costs of the transportation are eligible for matching federal funds under the federal Medicaid program. The amendment directs the Department of Health and Human Services to submit any necessary Medicaid waivers or state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services no later than January 1, 2020 to receive federal matching Medicaid funds for nonemergency medical transportation.

This amendment was not adopted.

LD 1079 An Act To Authorize Public Schools To Periodically Test for Radon **PUBLIC 172**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WARREN C GRATWICK G	OTP-AM	H-251

This bill requires school administrative units to test schools and other buildings for radon every five years. The radon testing must comply with the United States Environmental Protection Agency's recommended testing standards for schools. A school administrative unit must notify parents, faculty and staff of the test results and must report test results to the Department of Education and the Department of Health and Human Services. The

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Department of Health and Human Services must report these results every five years to the Governor and the Legislature.

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

Committee Amendment "A" (H-251)

This amendment, which is the unanimous report of the committee, removes the requirement in the bill that school administrative units test for radon, but allows school administrative units to test for radon. It provides that any testing and new school construction must comply with rules adopted by the Department of Health and Human Services instead of recommendations of the United States Environmental Protection Agency as in the bill.

Enacted Law Summary

Public Law 2019, chapter 172 allows school administrative units to test schools and other buildings for radon every five years. The radon testing must comply with the rules adopted by the Department of Health and Human Services testing standards. A school administrative unit must notify parents, faculty and staff of the 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 Governor and the Legislature. The law also requires school administrative units to build new schools and buildings using radon-resistant new construction techniques.

LD 1094 An Act To Increase Funding for the Child Welfare Services Ombudsman Program

PUBLIC 520

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S GATTINE D	OTP-AM	S-180 S-336 BREEN C

This bill provides funding for additional staffing for the child welfare services ombudsman program in the Executive Department.

Committee Amendment "A" (S-180)

This amendment replaces the bill. The amendment preserves the portion of the bill that provides additional staffing for the child welfare services ombudsman program in the Executive Department and adds funding for leasing office space and purchasing necessary office supplies for the program staff. It also changes the title.

Senate Amendment "A" To Committee Amendment "A" (S-336)

This amendment reduces the amount in the appropriations and allocations section to fund one additional person in the Child Welfare Services Ombudsman Program and corresponding office equipment rather than four additional persons in the original bill and committee amendment.

Enacted Law Summary

Public Law 2019, chapter 520 provides funding for one additional staff person and corresponding office equipment for the child welfare services ombudsman program in the Executive Department.

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LD 1106 An Act To Improve the Health and Economic Security of Older Residents

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN M VITELLI E	OTP-AM ONTP	H-355

This bill removes the asset test for the Medicare savings program and the elderly low-cost drug program. It also increases the income eligibility levels for the Medicare savings program and the elderly low-cost drug program to the levels in effect prior to Public Law 2011, chapter 657. The Department of Health and Human Services is required to submit any necessary state plan amendments for approval for the increases in income eligibility.

Committee Amendment "A" (H-355)

This amendment, which is the majority report of the committee, removes the provisions in the bill relating to income eligibility levels for the Medicare savings program and the elderly low-cost drug program. It also removes the asset test for the Medicare savings program and requires the Department of Health and Human Services to submit any necessary Medicaid state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. The amendment adds an appropriations and allocations section.

Public Law 2019, chapter 343 (the biennial budget) changed the income eligibility levels for the Medicare savings program and the elderly low-cost drug program.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1116 An Act To Strengthen the Lead Poisoning Control Act

**PUBLIC 479
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N MOONEN M	OTP-AM	S-122 S-337 BREEN C

This bill:

1. Changes the year for the State's goal to eradicate childhood lead poisoning from 2010 to 2030 and requires that a report on progress toward meeting that goal be submitted to the Legislature by January 1, 2025;
2. Requires that all Maine children be tested for unsafe exposure to lead at one year of age and two years of age;
3. Increases the lead poisoning prevention fee from 25¢ to 50¢ per gallon of paint and allows up to 50% of the fee to be used for mandated dwelling inspections and mandated orders to remove lead hazards; and
4. Makes permanent five Environmental Specialist III positions created in 2015 and necessary to the operation of the lead poisoning risk assessment and blood lead level testing program.

Committee Amendment "A" (S-122)

This amendment, which is the unanimous report of the committee, removes the sections of the bill increasing the lead poisoning prevention fee. It continues funding for five limited-period Environmental Specialist III positions instead of making the positions permanent. It also amends the section that repeals the lead poisoning prevention fee

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when a period of 24 months has elapsed since the Department of Health and Human Services identified a child with an elevated blood lead level from a level of blood lead of 10 micrograms per deciliter to 5 micrograms per deciliter. It adds an appropriations and allocations section.

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

This amendment removes the appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 479 provides that the lead poisoning prevention fee is repealed when a period of 24 months has elapsed since the Department of Health and Human Services identified a child with an elevated blood lead level from a level of blood lead of 10 micrograms per deciliter to 5 micrograms per deciliter.

Public Law 2019, chapter 479 was enacted as an emergency measure effective June 27, 2019.

LD 1125	Resolve, To Require Reimbursement for Bed-hold Days in Adult Family Care Homes	RESOLVE 94
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TIMBERLAKE J MORRIS J	OTP-AM	S-103

This bill requires the Department of Health and Human Services to reimburse up to 50% of the MaineCare rate for patient care for a maximum of six months to nursing homes for bad debt incurred when a patient is provided care but is determined ineligible for MaineCare and the nursing home has made all reasonable efforts to collect on the debt. The bill also requires the Department of Health and Human Services to reimburse adult family care homes for up to 30 bed-hold days per calendar year in the same manner as residential care facilities are reimbursed.

Committee Amendment "A" (S-103)

This amendment removes the section of the bill that reimburses nursing homes for bad debt incurred and changes the bill to a resolve. It changes the title to reflect the remaining provision to provide for reimbursement for bed-hold days in adult family care homes. It also adds an appropriations and allocations section.

Enacted Law Summary

Resolve 2019, chapter 94 requires the Department of Health and Human Services to reimburse adult family care homes for up to 30 bed-hold days per calendar year in the same manner as residential care facilities are reimbursed.

LD 1126	Resolve, To Classify Employee Health Insurance as a Fixed Cost for MaineCare Reimbursement in Nursing Homes	CARRIED OVER
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TIMBERLAKE J MORRIS J	OTP-AM	S-87

This resolve requires the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 67, Principles of Reimbursement for Nursing Facilities no later than January 1, 2020, to move health insurance costs for personnel from direct care and routine cost components to fixed costs components. This was a majority recommendation of the Commission To Study Long-term Care Facilities, which reported in December 2013.

Committee Amendment "A" (S-87)

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This amendment adds an appropriations and allocations section.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1129 An Act To Clarify Certain Provisions of the Maine Medical Use of Marijuana Act PUBLIC 217

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JORGENSEN E DESCHAMBAULT S	OTP-AM	H-346

This bill clarifies the Maine Medical Use of Marijuana Act by:

1. Standardizing the term "caregiver retail store" by creating a definition of the term and replacing other variations of "retail store" in the Act with "caregiver retail store"; and
2. Defining "municipal approval" in the provisions regarding marijuana for medical use caregiver retail stores, dispensaries and facilities operating before the effective date of the Act as a specific examination and approval of the underlying use of the store, dispensary or facility, including a conditional use approval, site plan approval or issuance of a marijuana-specific business license and not including the issuance of a building, electrical or other similar permit that does not address the use of the structure or facility for which the permit was issued.

Committee Amendment "A" (H-346)

This amendment, which is the unanimous report of the committee, provides a different definition of "caregiver retail store" and clarifies the provisions regarding municipal approval of caregiver retail stores, registered dispensaries, marijuana testing facilities and manufacturing facilities.

Enacted Law Summary

Public Law 2019, chapter 217 defines the term "caregiver retail store" and clarifies what is required for a store to receive "municipal approval."

LD 1132 An Act To Provide Additional Food Supplement Assistance for the Elderly and Persons with Disabilities ONTP

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

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

LD 1134 An Act To Set Aside Funds from Federal Block Grants for Certain Communities CARRIED OVER

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

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This bill requires the Department of Health and Human Services to annually set aside 20% of each federal block grant it receives for the most vulnerable communities in the State and 10% of each federal block grant it receives for federally recognized Indian nations, tribes and bands in the State.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 1135 *Resolve, To Increase Funding for Assertive Community Treatment*

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C DESCHAMBAULT S	OTP-AM ONTP	H-253 S-170 GRATWICK G

This resolve requires the Department of Health and Human Services to increase the MaineCare reimbursement rates for assertive community treatment by 25%, contract with a third party to conduct a rate study of reimbursement rates for assertive community treatment and report with findings by January 30, 2020. The department is authorized to set new rates based on the rate study as long as the rates are no lower than those in effect on April 1, 2019.

The resolve also includes an appropriations and allocations section.

Committee Amendment "A" (H-253)

This amendment, which is the majority report of the committee, amends the resolve to provide that the 25% rate increase for assertive community treatment is ongoing. It removes the directive to the Department of Health and Human Services to contract with a third party to conduct a rate study. It also replaces the appropriations and allocations section to reflect a change in funding.

Senate Amendment "A" To Committee Amendment "A" (S-170)

This amendment removes the emergency preamble and emergency clause and removes the fiscal year 2018-19 appropriation and reduces the fiscal year 2019-20 appropriation due to the delayed implementation.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1137 *An Act To Clarify the Background Check Process for Certain Child Care Workers*

ONTP

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

This bill removes the requirement that the Department of Health and Human Services, Background Check Center be used to screen prospective employees of child care facilities and family child care providers. Instead, this bill allows the criminal background check used for new and continuing school employees to fulfill the state and federal requirements for a mandatory criminal background check for a person who provides child care in a child care facility, a family child care provider and 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.

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**LD 1142 Resolve, To Expand Transportation Services for Seniors Who Are
MaineCare Members**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAXMIN C DOW D		

This emergency resolve requires the Department of Health and Human Services to submit an amendment request to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to the 1915(c) waiver that provides services to the elderly under the department's rule Chapter 101: MaineCare Benefits Manual, Section 19 to allow for coverage of transportation services required to access services specified in the individual's service plan that are nonmedical in nature. The waiver request must be submitted no later than October 1, 2019. Upon approval, the department shall amend its rules to cover the new service. The department shall submit a progress report to the Joint Standing Committee on Health and Human Services regarding the waiver request and rulemaking. The resolve also requires the Department of Health and Human Services to convene a stakeholder group to develop a plan to provide nonmedical transportation services to travel to destinations to meet basic needs to persons who are 61 years of age or older with no other means of transportation and who are MaineCare members or receive state-funded services under the department's rule Chapter 5: Office of Elder Services Policy Manual, Section 63. The plan must be submitted to the Joint Standing Committee on Health and Human Services no later than January 30, 2020.

This resolve was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 1146 An Act To Ensure the Provision of Housing Navigation Services to Older
Adults and Persons with Disabilities**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J BELLOWS S		

This bill creates within the Department of Health and Human Services a housing navigator who:

1. Assists disabled and elderly persons in locating housing, transitioning between housing settings and accessing home repair and home modification services and materials;
2. Maintains and makes publicly available housing assistance information and resources; and
3. Identifies gaps in housing assistance needs of elderly persons and persons with disabilities and periodically submits a report on the gaps to the director of the Department of Health and Human Services' Office of Aging and Disability Services for inclusion in the state plan on aging.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

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LD 1153 An Act To Provide Flexibility in the Treatment of Individuals with Intellectual Disabilities or Autism

Leave to Withdraw Pursuant to Joint Rule

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

This bill requires a review team determining whether to approve a behavior modification or behavior management program for a person with an intellectual disability or autism to consider the successful use of the program for the person in another state. It requires that one member of the review team must be qualified by training and experience in the use of behavior change procedures and the assessment and treatment of severe problem behavior. It specifies criteria that a behavior modification or behavior management program submitted for review must meet. It provides for a process for appealing a review team's determination. It allows for temporary restrictions on the possession or use of personal property through the use of reinforcement procedures under a behavior modification or behavior management program.

LD 1161 An Act To Restrict the Use of Mercury in Dental Fillings in State-funded Dental Procedures

Died Between Houses

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

This bill prohibits the use of mercury amalgam fillings as part of a procedure covered by any dental care program funded or partially funded by the State.

Committee Amendment "A" (S-181)

This amendment, which is the minority report of the committee, replaces the bill. This amendment provides that, beginning January 1, 2020, a person licensed as a dentist or dental hygienist with dental hygienist therapy authority may place a mercury amalgam filling in a tooth as part of a procedure that is covered by MaineCare only if the patient or the patient's parent or legal guardian signs a consent form. The signed form must be submitted with the request for reimbursement under MaineCare and a copy of the signed form must be retained in the patient's records for a period of at least three years for review during MaineCare recertification. This amendment also includes an appropriations and allocations section.

This amendment was not adopted.

LD 1171 An Act To Prevent Sexual and Domestic Violence and To Support Survivors

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HERBIG E DUNPHY M	OTP-AM	S-86

This bill provides funding for sexual assault and domestic violence prevention and victim services.

Committee Amendment "A" (S-86)

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This amendment incorporates a fiscal note.

Public Law 2019, chapter 343 (the biennial budget) included funding for sexual assault and domestic violence prevention and victim services at the same level as this bill but only for two years.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1178 *An Act To Address the Needs of Children with Intellectual Disabilities and Autism Spectrum Disorder* CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STOVER H	OTP-AM	H-410

This bill requires the Department of Health and Human Services to apply for a home and community-based waiver from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to provide services to children up to 21 years of age with intellectual disabilities or autism spectrum disorder. Services must be provided according to a care plan process that requires participation by the child's family. The care plan must address safety as the highest priority. The care plan must address the child's developmental, mental health, emotional, social, educational and physical needs in the least restrictive environment. Services must be clinically appropriate, be provided in a location as close to the child's home as possible, be provided in a timely manner and promote early identification and intervention. The department is directed to apply for the waiver no later than January 1, 2020. Upon approval of the waiver, the department is directed to adopt rules within six months. The rules are major substantive rules.

Committee Amendment "A" (H-410)

This amendment removes the requirement for the Department of Health and Human Services to request a waiver pursuant to Section 1915(c) of the United States Social Security Act for services to children with intellectual disabilities or autism spectrum disorder and allows the department to apply for any waiver or state plan amendment that would accomplish this purpose. The amendment also adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1180 *Resolve, To Establish the Task Force To Better Coordinate the Protection of Vulnerable Populations* CARRIED OVER

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

This resolve establishes the Task Force To Better Coordinate the Protection of Vulnerable Populations to identify areas of improvement in the coordination of information and processes of the entities that investigate allegations of abuse and neglect. The task force must report its findings and recommendations, including suggested legislation, to the Joint Standing Committee on Health and Human Services by December 4, 2019.

This resolve was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

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LD 1185 An Act To Facilitate Intervention by and Provision of Services through ONTP
the Department of Health and Human Services for Certain Families
Affected by Substance Use

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

This bill requires the Department of Health and Human Services to provide and pay for services relating to and treatment for substance use disorder in cases in which it does not file a child protection petition under the Maine Revised Statutes, Title 22, section 4032 but does open a case to provide services to the family to alleviate child abuse and neglect in the home, and also to provide and pay for those services as part of the rehabilitation and reunification plan required pursuant to Title 22, section 4041 when a child has been removed from the home. The bill provides that the department is not financially responsible if the person receiving services is insured by MaineCare or other insurance and that insurance covers the cost of those services. The bill establishes a program within the department for families affected by substance use disorder. The department is required to create a process to identify families engaged in a rehabilitation and reunification plan in which substance use disorder is a barrier to the return of a child to the child's home and ensure the family receives intervention and treatment for the disorder.

LD 1190 An Act To Prohibit the Furnishing of Tobacco Products to Minors PUBLIC 495

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT R GROHOSKI N	OTP-AM OTP-AM	S-238

This bill prohibits the sale and distribution of flavored tobacco products, including flavored cigars.

Committee Amendment "A" (S-238)

This amendment, which is the majority report of the committee, replaces the bill. It provides that it is a Class D crime for a person who is 21 years of age or older to procure, furnish, give, sell or deliver a tobacco product to a minor or allow a minor under that person's control or in a place under that person's control to possess or consume a tobacco product. This provision does not apply to a licensee under the Maine Revised Statutes, Title 22, chapter 262-A or an agent of that licensee in the scope of employment. Current law provides that a person is guilty of endangering the welfare of a child if the person knowingly sells, furnishes, gives away or offers to sell, furnish or give away cigarettes to a child under 16 years of age. This amendment instead makes the same conduct illegal with respect to a tobacco product.

Committee Amendment "B" (S-239)

This amendment, which is the minority report of the committee, amends the bill by removing the flavors of menthol, mint and wintergreen from the list of flavors prohibited in the bill. It makes the definition of "electronic smoking device" in the bill consistent with the definition of "electronic smoking device" in the Maine Revised Statutes, Title 22.

It also provides that it is a Class D crime for a person who is 21 years of age or older to procure, furnish, give, sell or deliver a tobacco product to a minor or allow a minor under that person's control or in a place under that person's control to possess or consume a tobacco product. It is an exception to this provision if the person provides a tobacco product to a minor in a home in the presence of the minor's parent, guardian or custodian. This provision does not apply to a licensee under the Maine Revised Statutes, Title 22, chapter 262-A or agents of that licensee in

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the scope of employment. Current law provides that a person is guilty of endangering the welfare of a child if the person knowingly sells, furnishes, gives away or offers to sell, furnish or give away cigarettes to a child under 16 years of age. This amendment instead makes the same conduct illegal with respect to a tobacco product.

This amendment was not adopted.

Enacted Law Summary

Public Law 2019, chapter 495 provides that it is a Class D crime for a person who is 21 years of age or older to procure, furnish, give, sell or deliver a tobacco product to a minor or allow a minor under that person's control or in a place under that person's control to possess or consume a tobacco product. This provision does not apply to a licensee under the Maine Revised Statutes, Title 22, chapter 262-A or an agent of that licensee in the scope of employment. It also provides that a person is guilty of endangering the welfare of a child if the person knowingly sells, furnishes, gives away or offers to sell, furnish or give away a tobacco product to a child under 16 years of age.

LD 1201 An Act To Create a Low-barrier, Permanent Housing Rental Subsidy ONTP
for Individuals in the State Experiencing Long-term Homelessness

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

This bill establishes a rental subsidy program within the Maine State Housing Authority for persons experiencing long-term homelessness. The rental subsidy program provides a rental subsidy and housing retention services to a person eligible for the program.

LD 1202 Resolve, To Develop a Plan To Improve Service Delivery to Individuals ONTP
Receiving Medicaid Home and Community-based Services

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

This resolve directs the Department of Health and Human Services to convene a stakeholder group to review the Medicaid home and community-based settings rules, review past efforts by the State to come into compliance with those rules and make recommendations about how to bring the State into compliance and recommendations on necessary statutory and regulatory changes. The department is required to submit a report by January 15, 2020 to the Joint Standing Committee on Health and Human Services, which may submit a bill to the Second Regular Session of the 129th Legislature.

LD 1218 An Act To Allow Maine Medical Marijuana Caregivers To Measure PUBLIC 256
Cultivation Limits by Plant Canopy Size

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COREY P ROSEN K	OTP	

This bill amends the Maine Medical Use of Marijuana Act provision governing how much medical marijuana caregivers may cultivate. It defines the term "plant canopy" and adds language allowing caregivers to cultivate up to 30 mature marijuana plants or 500 square feet of plant canopy, 60 immature marijuana plants and unlimited seedlings.

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Enacted Law Summary

Public Law 2019, chapter 256 amends the Maine Medical Use of Marijuana Act provision governing how much medical marijuana caregivers may cultivate. It defines the term "plant canopy" and adds language allowing caregivers to cultivate up to 30 mature marijuana plants or 500 square feet of plant canopy, 60 immature marijuana plants and unlimited seedlings.

LD 1225 An Act To Increase Funding for Home Visiting Programs

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY S POULIOT M	ONTP	

This bill increases the State's funding for home visiting programs in the State in order to stabilize the workforce and expand eligibility to foster families caring for infants.

LD 1228 Resolve, Requiring the Department of Health and Human Services To Develop More Comprehensible MaineCare Benefit Letters

RESOLVE 95

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J GRATWICK G	OTP-AM	H-367

This resolve requires the Department of Health and Human Services to create a new limited benefit MaineCare card for individuals who qualify for the Medicare Savings Program, also known as the Medicare Buy-in Program. The department must issue the card to qualified individuals for use at pharmacies and providers of medical, behavioral health and other services. The department must assess the ease of use of the card to cardholders and providers of services and submit a report regarding the limited benefit MaineCare card to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 1, 2021.

Committee Amendment "A" (H-367)

This amendment replaces the resolve. It requires the Department of Health and Human Services to examine the letters the department sends notifying individuals of their eligibility for MaineCare and the Medicare savings program, also known as the Medicare buy-in program, and make changes to the letters to ensure the format and language of the letters are as user-friendly and comprehensible as possible. The department shall investigate the possibility of a letter that includes a tear-off or cut-out section for use as proof of eligibility for persons eligible for the Medicare savings program to carry if they do not otherwise receive a card from the department for this purpose. Any changes must be made within existing resources. The department shall report any changes to the letters and cards to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 1, 2021.

Enacted Law Summary

Resolve 2019, chapter 95 requires the Department of Health and Human Services to examine the letters the department sends notifying individuals of their eligibility for MaineCare and the Medicare savings program, also known as the Medicare buy-in program, and make changes to the letters to ensure the format and language of the letters are as user-friendly and comprehensible as possible. The department shall investigate the possibility of a letter that includes a tear-off or cut-out section for use as proof of eligibility for persons eligible for the Medicare savings program to carry if they do not otherwise receive a card from the department for this purpose. Any changes must be made within existing resources. The department shall report any changes to the letters and cards to the

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joint standing committee of the Legislature having jurisdiction over health and human services matters by February 1, 2021.

LD 1235 An Act To Increase Safety in Health Care Facilities

ONTP

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

Under current law, hospitals are required to annually adopt a safety and security plan to protect patients, visitors and employees of the hospital from aggressive and violent behavior. This bill extends that requirement to all health care facilities.

LD 1247 Resolve, To Clarify the Good Cause and Sanction Process in the Temporary Assistance for Needy Families and Additional Support for People in Retraining and Employment Programs

RESOLVE 67

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C GRATWICK G	OTP-AM	H-408

This resolve directs the Department of Health and Human Services to amend its rules to include a Temporary Assistance for Needy Families program participant's attendance at the medical and mental health appointments of the participant's children as a life management skill and job readiness activity.

Committee Amendment "A" (H-408)

This amendment replaces the resolve and changes the title. It requires the Department of Health and Human Services to amend its rules to establish a process for a participant in the Temporary Assistance for Needy Families or Additional Support for People in Retraining and Employment - Temporary Assistance for Needy Families program who fails to comply with a program requirement with an opportunity to claim good cause and receive a determination from the department in response to that claim.

Enacted Law Summary

Resolve 2019, chapter 67 requires the Department of Health and Human Services to amend its rules to establish a process for a participant in the Temporary Assistance for Needy Families or Additional Support for People in Retraining and Employment program who fails to comply with a program requirement with an opportunity to claim good cause and receive a determination from the department in response to that claim.

LD 1259 Resolve, Directing the Department of Health and Human Services To Adopt Rules To Streamline and Remove Barriers for Reimbursement for Providers of Dental Care Services

ONTP

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

This resolve directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 25, Dental Services to add certain procedures as covered services and to remove the requirement that independent practice dental hygienists must have two written agreements with dentists, one regarding temporary fillings and another regarding dental radiographs.

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**LD 1275 An Act To Support Access to Health Services for Homeless Youth in
Maine**

PUBLIC 206

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L TALBOT ROSS R	OTP-AM	S-127

Under current law, a minor who has been living separately from parents or legal guardians for at least 60 days and is independent of parental support may provide consent to all medical, mental, dental and other health counseling and services. This bill allows a minor to provide consent to all medical, mental, dental and other health counseling and services by proving that the minor is living separately and is independent of parental support through various means such as a written, signed statement to that fact from the director of a governmental or nonprofit agency that provides services to homeless persons or an attorney representing the minor or proof of filing for emancipation. This bill also provides immunity to a health care practitioner who provides services to a minor if the minor consented to those services and provided proof of living separately and independently. Finally, this bill prohibits a minor or other person from disaffirming the consent given by the minor solely because the minor is a minor.

Committee Amendment "A" (S-127)

This amendment clarifies that a health care practitioner who obtains documentation is immune from civil or criminal liability. It removes the language regarding consent not being subject to later disaffirmance solely by reason of the minor's age.

Enacted Law Summary

Public Law 2019, chapter 206 allows a minor to provide consent to all medical, mental, dental and other health counseling and services by proving that the minor is living separately and is independent of parental support through various means such as a written, signed statement to that fact from the director of a governmental or nonprofit agency that provides services to homeless persons or an attorney representing the minor or proof of filing for emancipation. It also provides immunity to a health care practitioner who obtains documentation from the minor that the minor has consented to those services and provided proof of living separately and independently.

**LD 1277 An Act To Require the Director of the Maine Center for Disease Control
and Prevention To Be Credentialed**

PUBLIC 523

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L GRAMLICH L	OTP-AM OTP-AM	S-101 S-339 BREEN C

This bill establishes qualifications for the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services, and requires that the director report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters on challenges and threats to public health and ways in which the Maine Center for Disease Control and Prevention has responded to those challenges and threats.

Committee Amendment "A" (S-101)

This amendment, which is the majority report of the committee, amends the qualifications for the Director of the Maine Center for Disease Control and Prevention and adds an appropriations and allocations section.

Committee Amendment "B" (S-102)

This amendment, which is the minority report of the committee, removes the required qualifications for the Director

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of the Maine Center for Disease Control and Prevention.

This amendment was not adopted.

Senate Amendment "A" To Committee Amendment "A" (S-339)

This amendment strikes the appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 523 establishes qualifications for the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services, and requires that the director report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters on challenges and threats to public health and ways in which the Maine Center for Disease Control and Prevention has responded to those challenges and threats.

**LD 1288 An Act To Establish a MaineCare Reimbursement Rate Review Process ONTP
and the MaineCare Independent Rate Commission**

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

This bill establishes a process by which the Department of Health and Human Services maintains a schedule of MaineCare program reimbursement rate reviews in which each rate is reviewed at least every five years. Under this process, the department reviews a rate for access, service, quality and use of service and compares the rate reimbursed with available benchmarks, including Medicare rates and usual and customary rates paid by private parties, and uses qualitative tools to assess whether reimbursements are sufficient to allow for provider retention and recipient access and to support appropriate reimbursement of high-value services. The department is required to provide a report of its review to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, the MaineCare Independent Rate Commission, a 24-member group of interested parties providing oversight of the rate review process, and stakeholders. After holding public meetings and consulting stakeholders and stakeholder groups and consultation with the Department of Administrative and Financial Services, Bureau of the Budget, the department makes recommendations on the MaineCare reimbursement rates to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs to assist in developing the department's budget.

**LD 1289 Resolve, To Reduce the Incidence of Infants Exposed to Illegal ONTP
Substances**

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

This resolve 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. See LD 699.

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LD 1297 An Act To Reduce Youth Cancer Risk

PUBLIC 275

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A MOORE M	OTP-AM ONTP	H-293

This bill:

1. Prohibits a tanning facility from allowing an individual who has not attained 18 years of age to use a tanning device;
2. Requires that the owner of a tanning facility or the lessee of a tanning device post a conspicuous notice regarding the laws governing tanning and the health risks associated with tanning;
3. Requires that each customer, prior to that customer's first use in that calendar year of that tanning device, sign an acknowledgment that the customer understands the posted notice and agrees to use protective eyewear; and
4. Authorizes municipalities to adopt more restrictive regulations than required in this bill.

Committee Amendment "A" (H-293)

This amendment, which is the majority report of the committee, specifies that a violation of the section on tanning facilities is subject only to civil penalties. It requires the Department of Health and Human Services to adopt routine technical rules to implement the law and otherwise regulate tanning facilities and directs the department to amend its rules in 10-144 C.M.R. Chapter 223 to be consistent with the law.

Enacted Law Summary

Public Law 2019, chapter 275:

1. Prohibits a tanning facility from allowing an individual who has not attained 18 years of age to use a tanning device;
2. Requires that the owner of a tanning facility or the lessee of a tanning device post a conspicuous notice regarding the laws governing tanning and the health risks associated with tanning;
3. Requires that each customer, prior to that customer's first use in that calendar year of that tanning device, sign an acknowledgment that the customer understands the posted notice and agrees to use protective eyewear;
4. Authorizes municipalities to adopt more restrictive regulations;
5. Specifies that a violation of the section on tanning facilities is subject only to civil penalties; and
6. Requires the Department of Health and Human Services to adopt routine technical rules to implement the law and otherwise regulate tanning facilities and directs the department to amend its rules in 10-144 C.M.R. Chapter 223 to be consistent with the law.

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LD 1308 An Act To Better Fund Nursing Homes in the State To Better Help the Elderly and Disabled **ONTP**

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures designed to improve the funding of nursing homes in the State.

LD 1309 An Act To Index MaineCare Reimbursement to Nursing Homes and Other Adult Care Facilities to Increases in the Minimum Wage **ONTP**

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

This bill increases the reimbursement rates under the MaineCare program to nursing facilities, adult family care homes and residential care facilities by the amount of the minimum wage increase that occurs on January 1st of each year as outlined in the Maine Revised Statutes, Title 26, section 664, subsection 1. The increases in reimbursement rates must be retroactive to the date of the increase in the minimum wage.

LD 1313 An Act To Enact the Maine Death with Dignity Act **PUBLIC 271**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P WOODSOME D	OTP-AM ONTP	H-305

This bill enacts the Maine Death with Dignity Act authorizing a person who is 18 years of age or older, who meets certain qualifications and who has been determined by the person's attending physician to be suffering from a terminal disease, as defined in the Act, to make a request for medication prescribed for the purpose of ending the person's life. The bill establishes the procedures for making these requests, including two waiting periods and one written and two oral requests and requires a second opinion by a consulting physician. The bill requires specified information to be documented in the person's medical record, including all oral and written requests for a medication to hasten death.

The bill requires the attending and consulting physicians to assess the patient for depression or other mental health condition that impairs judgment. If the attending or consulting physician, in the physician's professional opinion, believes such a condition exists, the patient must be evaluated and treated by a state-licensed psychiatrist, psychologist, clinical social worker or clinical professional counselor. Medication to end a patient's life in a humane and dignified manner may not be prescribed until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

The bill prohibits a provision in a contract, will or other agreement from being conditioned upon, or affected by, a person's making or rescinding a request for medication under the Act. The bill prohibits the sale, procurement or issuance of any life, health or accident insurance or annuity policy or the rate charged for any life, health or accident insurance or annuity policy from being conditioned upon or affected by the making or rescinding of such a request.

The bill authorizes a health care provider to prohibit its employees, independent contractors or other persons or

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entities, including other health care providers, from participating in activities under the Act while on premises owned by or under the management or direct control of that prohibiting health care provider or while acting within the course and scope of any employment by, or contract with, the prohibiting health care provider.

The bill makes it a Class A crime to knowingly alter or forge a request for medication to end a person's life without that person's authorization or to conceal or destroy a withdrawal or rescission of a request for medication, if it is done with the intent or effect of causing the person's death. The bill makes it a Class A crime to knowingly coerce or exert undue influence on a person to request medication for the purpose of ending that person's life or to destroy a withdrawal or rescission of a request. The bill provides that the Act does not authorize ending a patient's life by lethal injection, mercy killing or active euthanasia and provides that action taken in accordance with the Act does not constitute, among other things, suicide or homicide.

The bill requires health care providers to submit specified information to the Department of Health and Human Services upon their writing a prescription for or dispensing medication under the Act and after the death of the qualified patient. The bill requires the department to generate and make available to the public an annual statistical report of information collected regarding compliance with the Act. The bill requires a copy of the report to be submitted to the joint standing committee of the Legislature having jurisdiction over health matters annually by March 1st.

Committee Amendment "A" (H-305)

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

1. It creates in the Maine Criminal Code affirmative defenses to prosecution for aggravated attempted murder, for murder and for aiding or soliciting suicide. A person may raise an affirmative defense to prosecution for these crimes if that person's conduct was expressly authorized by the Maine Revised Statutes, Title 22, chapter 418. The amendment also strikes from the bill language that creates new Class A crimes and other penalty language, as the prohibited conduct described is sufficiently covered by existing statute.
2. It changes the rule-making authority of the Department of Health and Human Services for rules for the collection of information from routine technical to major substantive.
3. It makes technical changes to the provisions regarding insurance in order to conform to current Maine law.
4. It allows the physician completing the patient's death certificate to determine the cause of the death recorded on the certificate.
5. It clarifies that an individual health care provider may choose not to participate in providing medication to end a qualified patient's life but, if the patient requests the medical records be provided to another health care provider, the records must be transferred.
6. It includes the Board of Osteopathic Licensure in the list of appropriate licensing boards.

Enacted Law Summary

Public Law 2019, chapter 271 enacts the Maine Death with Dignity Act authorizing a person who is 18 years of age or older, who meets certain qualifications and who has been determined by the person's attending physician to be suffering from a terminal disease, as defined in the Act, to make a request for medication prescribed for the purpose of ending the person's life. It establishes the procedures for making these requests, including two waiting periods and one written and two oral requests and requires a second opinion by a consulting physician. It requires specified information to be documented in the person's medical record, including all oral and written requests for a medication to hasten death.

The law requires the attending and consulting physicians to assess the patient for depression or other mental health

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condition that impairs judgment. If the attending or consulting physician, in the physician's professional opinion, believes such a condition exists, the patient must be evaluated and treated by a state-licensed psychiatrist, psychologist, clinical social worker or clinical professional counselor. Medication to end a patient's life in a humane and dignified manner may not be prescribed until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

The law prohibits a provision in a contract, will or other agreement from being conditioned upon, or affected by, a person's making or rescinding a request for medication under the Act. It prohibits the sale, procurement or issuance of any life, health or accident insurance or annuity policy or the rate charged for any life, health or accident insurance or annuity policy from being conditioned upon or affected by the making or rescinding of such a request.

The law authorizes a health care provider to prohibit its employees, independent contractors or other persons or entities, including other health care providers, from participating in activities under the Act while on premises owned by or under the management or direct control of that prohibiting health care provider or while acting within the course and scope of any employment by, or contract with, the prohibiting health care provider. An individual health care provider may choose not to participate in providing medication to end a qualified patient's life but, if the patient requests the medical records be provided to another health care provider, the records must be transferred.

The law creates in the Maine Criminal Code affirmative defenses to prosecution for aggravated attempted murder, for murder and for aiding or soliciting suicide. A person may raise an affirmative defense to prosecution for these crimes if that person's conduct was expressly authorized by the Maine Revised Statutes, Title 22, chapter 418.

The law requires health care providers to submit specified information to the Department of Health and Human Services upon their writing a prescription for or dispensing medication under the Act and after the death of the qualified patient. The department shall generate and make available to the public an annual statistical report of information collected regarding compliance with the Act. A copy of the report must be submitted to the joint standing committee of the Legislature having jurisdiction over health matters annually by March 1st.

LD 1315 An Act To Support Medically Monitored Crisis Support and Intervention

**HELD BY
GOVERNOR**

Sponsor(s)
GATTINE D

Committee Report
OTP-AM

Amendments Adopted
H-351

This bill directs the Department of Health and Human Services to provide for an enhanced crisis stabilization reimbursement rate under the MaineCare program for medically monitored crisis support and intervention provided to persons 18 years of age or older with mental health and co-occurring substance use disorders who voluntarily seek treatment.

Committee Amendment "A" (H-351)

This amendment clarifies that the Department of Health and Human Services must establish a rate under the MaineCare program that is sufficient to provide medically monitored crisis support and intervention to an adult. The rate must be established in rule by December 31, 2019.

Joint Standing Committee on Health and Human Services

LD 1317 An Act To Restore Services To Help Certain Noncitizens Meet Their Basic Needs

**Died On
Adjournment**

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

This bill removes limitations on food supplement program benefits and Temporary Assistance to Needy Families program benefits, provides MaineCare coverage and modifies language for state-funded supplemental security income to maintain consistency throughout the law for certain noncitizens who are lawfully present in the United States or pursuing a lawful process to apply for immigration relief.

Committee Amendment "A" (H-248)

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

This amendment was adopted in the House but the Legislature adjourned before it was taken up in the Senate.

House Amendment "B" To Committee Amendment "A" (H-645)

This amendment strikes the appropriations and allocations section in Committee Amendment "A" and instead replaces the bill with a resolve that clarifies state law to ensure that, within existing resources, certain noncitizens are able to access certain assistance.

This amendment was adopted in the House but the Legislature adjourned before it was taken up in the Senate.

LD 1318 Resolve, To Increase Access to Housing-related Support Services

RESOLVE 55

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D CHIPMAN B	OTP-AM	H-349

This resolve directs the Department of Health and Human Services to apply for waivers to provide housing-related services, including housing transition and tenancy sustaining services, to individuals with disabilities, older adults needing long-term services and supports and persons experiencing chronic homelessness under the 1915(b) and 1915(c) Medicaid waiver provisions. It also directs the department to amend MaineCare rules to implement the waivers once approved. These allowable benefits are set forth in the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, Center for Medicaid and CHIP Services Informational Bulletin dated June 26, 2015 on Coverage of Housing-Related Activities and Services for Individuals with Disabilities.

The resolve also directs the department to review any waivers or state plan amendments available under Title XIX of the United States Social Security Act to stabilize access to safe and affordable housing for individuals with disabilities, older adults, individuals needing long-term services and supports and persons experiencing chronic homelessness through the provision of housing transition, tenancy sustainment and case management services and to collaborate with the Maine State Housing Authority to determine how resources may be leveraged more effectively to address housing needs. As part of its review, the department is required to convene a stakeholder group to solicit input regarding methods to improve health outcomes through greater housing stability.

Committee Amendment "A" (H-349)

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This amendment replaces the resolve. It directs the Department of Health and Human Services to examine opportunities available pursuant to a home and community-based services waiver available from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, including, but not limited to, a Medicaid 1915(i) state plan amendment to provide housing-related services to persons experiencing chronic homelessness who have mental health or substance use disorders and other vulnerable populations.

It also directs the department to collaborate with Maine State Housing Authority to determine how resources may be leveraged more effectively to address the housing needs of persons experiencing chronic homelessness who have mental health or substance use disorders and other vulnerable populations and to consult with interested stakeholders as it conducts this review. The department must report to the Joint Standing Committee on Health and Human Services with any recommendations related to this review by no later than February 1, 2020, and the committee is authorized to report out a bill to implement the recommendations.

Enacted Law Summary

Resolve 2019, chapter 55 directs the Department of Health and Human Services to examine opportunities available pursuant to a home and community-based services waiver available from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, including, but not limited to, a Medicaid 1915(i) state plan amendment to provide housing-related services to persons experiencing chronic homelessness who have mental health or substance use disorders and other vulnerable populations. It also directs the department to collaborate with Maine State Housing Authority to determine how resources may be leveraged more effectively to address the housing needs of persons experiencing chronic homelessness who have mental health or substance use disorders and other vulnerable populations and to consult with interested stakeholders as it conducts this review. The department must report to the Joint Standing Committee on Health and Human Services with any recommendations related to this review by no later than February 1, 2020, and the committee is authorized to report out a bill to implement the recommendations.

LD 1337 **Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services**

RESOLVE 105

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D	OTP-AM	H-429
SANBORN L	ONTP	S-340 BREEN C

This bill establishes within the Department of Health and Human Services a program 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 bill details the program objectives, eligibility criteria for program 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 bill requires an independent evaluation of the program 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 program by March 15, 2020 and annually thereafter. The joint standing committee is authorized to submit legislation regarding the program.

Committee Amendment "A" (H-429)

This amendment, which is the majority report of the committee, changes the bill into a resolve. The bill established a homeless opioid users service engagement program. The amendment changes it to a pilot project that operates for 24 months. The amendment also adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-340)

This amendment provides that the Maine State Housing Authority, within its existing programs and resources, is

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required to provide funding for costs associated with housing provided under the pilot project. This amendment also allocates funds from the Fund for a Healthy Maine rather than appropriating funds from the General Fund.

Enacted Law Summary

Resolve 2019, chapter 105 establishes a homeless opioid users service engagement program pilot project to operate for 24 months. It provides that the Maine State Housing Authority, within its existing programs and resources, is required to provide funding for costs associated with housing provided under the pilot project. It also allocates funds from the Fund for a Healthy Maine.

LD 1350 An Act To Improve Rural Health Care

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T PERRY A	OTP-AM	S-259

This bill provides that, for taxable years beginning on or after January 1, 2019, student loan payments made by a taxpayer's employer directly to a lender on behalf of a qualified health care employee are not included in federal adjusted gross income for Maine income tax purposes. The bill also directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter II and Chapter III regarding reimbursement to rural and nonrural hospitals, acute care critical access hospitals and rural health clinics.

Committee Amendment "A" (S-259)

This amendment makes the following changes to the bill.

1. It changes the reimbursement for acute care critical access hospitals to 100% for all hospital-based physician costs rather than facility and physician costs.
2. It clarifies that rural health clinics are paid under an alternative payment methodology option that is the same as the current system except for rebasing costs to 2016 and 2017 costs as long as the rural health clinics are not paid less than the current reimbursement rate.
3. It requires the Department of Health and Human Services to submit any necessary state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services no later than January 1, 2020. Rulemaking must be completed by the department within 180 days of receiving federal approval.
4. It adds language to clarify that taxpayers cannot claim a double benefit for educational opportunity tax credits.
5. It adds an appropriations and allocations section.

The substance of this bill was incorporated into Public Law 2019, c. 530 (LD 1028 in TAX).

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

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**LD 1356 Resolve, Regarding Legislative Review of Portions of Chapter 101:
MaineCare Benefits Manual, Chapters II and III, Section 40: Home
Health Services, a Late-filed Major Substantive Rule of the Department
of Health and Human Services**

**RESOLVE 51
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP

This resolve provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 40, Home Health Services, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

Enacted Law Summary

Resolve 2019, chapter 51 authorizes adoption of portions of Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 40, Home Health Services, a major substantive rule of the Department of Health and Human Services.

Resolve 2019, chapter 51 was finally passed as an emergency measure effective June 6, 2019.

**LD 1360 Resolve, To Expand Eligibility for Presumptive Eligibility
Determinations by Hospitals**

ONTP

Sponsor(s)

Committee Report

Amendments Adopted

FECTEAU R
SANBORN L

ONTP

This resolve directs the Department of Health and Human Services to amend the department's rule Chapter 332: MaineCare Eligibility Manual, Part 18: Presumptive Eligibility Determined by Hospitals regarding expanding hospital presumptive eligibility, hospital presumptive eligibility cards, assisting individuals with MaineCare application forms and performance standards for qualified hospitals to require that 85% of presumptive eligibility determinations made will be found eligible for full MaineCare coverage.

**LD 1373 Resolve, To Reduce MaineCare Spending through Targeted Nutrition
Interventions**

CARRIED OVER

Sponsor(s)

Committee Report

Amendments Adopted

MEYER M

This resolve directs the Department of Health and Human Services to file an application with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for a demonstration waiver to allow for reimbursement of medically tailored food and nutrition interventions when a health care provider determines that certain elements of nutrition or foods based upon a nutrition plan developed by a licensed dietitian are necessary for a patient's health. This resolve also directs the Department of Health and Human Services to file the application by October 1, 2019, with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to request that home-delivered meals be reimbursable under MaineCare as directed by Resolve 2015, chapter 54.

This resolve was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P.

Joint Standing Committee on Health and Human Services

1322.

LD 1374 An Act To Amend the Maine Medical Use of Marijuana Act

ONTP

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

This bill prohibits delivery of medical marijuana except from a registered caregiver with an approved retail store or from a registered dispensary. This bill does not prohibit a caregiver from delivery to patients from the caregiver's 30-plant limit.

LD 1377 An Act To Enhance and Improve the Maine Developmental Services Oversight and Advisory Board and To Establish the Aging and Disability Mortality Review Panel

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C	OTP-AM	H-604

This bill 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. 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 bill also makes changes to the laws governing the Maine Developmental Services Oversight and Advisory Board, including the following. It requires disclosure of final reports of investigations pursuant to the Adult Protective Services Act to the board and to the guardian of the person receiving adult developmental services who is the subject of the investigation. It provides the executive director with direct access to client records maintained by the Department of Health and Human Services and to medical examiner reports and records of department investigations into suspicious deaths of persons with intellectual disabilities or autism. It shifts administration of the board's budget to the Department of Administrative and Financial Services. It clarifies the appointment process for members of the board.

Committee Amendment "A" (H-604)

This amendment replaces the bill. It establishes the Aging and Disability Mortality Review Panel to review deaths of and serious injuries to all adults receiving home-based and community-based services under a waiver approved by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services rather than a panel to review only deaths of or injuries to adults with intellectual disabilities or autism. It removes most of the changes to the Maine Developmental Services Oversight and Advisory Board in the bill. It keeps the provision related to moving the budget of the board from the Department of Health and Human Services to the Department of Administrative and Financial Services. It requires the Department of Health and Human Services to provide aggregate data relating to adult protective investigations of individuals with intellectual disabilities or autism to the board and requires an assessment regarding the adequacy of the data after one year. The amendment also adds an appropriations and allocations section.

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This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1378 An Act To Ensure the Provision of Medical Assessments for Youth in Foster Care

PUBLIC 162

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C	OTP-AM	H-215

This bill requires that, when a child is ordered into the custody of the Department of Health and Human Services, the department must provide to the foster home in which the child is placed an overview of the child's medical condition and the name and contact information of the child's health care provider at the time of placement, if known. The bill also requires the department to ensure that a child receives an appointment for a medical examination within 3 working days of when the department's custody commences, instead of within 10 days as in current law, and requires that the department inform the foster parent of the appointment.

Committee Amendment "A" (H-215)

This amendment, which is the unanimous report of the committee, replaces the bill. It clarifies that the Department of Health and Human Services shall ensure that a child ordered into its custody receives a medical examination by a licensed physician or nurse practitioner within 10 working days after the department's custody of the child commences. It requires the department to adopt routine technical rules that allow for reimbursement under MaineCare for a comprehensive medical, dental, educational and behavioral assessment, which includes obtaining relevant records, when a child enters the custody of the department.

Enacted Law Summary

Public Law 2019, chapter 162 clarifies that the Department of Health and Human Services shall ensure that a child ordered into its custody receives a medical examination by a licensed physician or nurse practitioner within 10 working days after the department's custody of the child commences. It requires the department to adopt routine technical rules that allow for reimbursement under MaineCare for a comprehensive medical, dental, educational and behavioral assessment, which includes obtaining relevant records, when a child enters the custody of the department.

LD 1399 An Act To Improve Oral Health and Access to Dental Care for Maine Children

HELD BY GOVERNOR

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GRAMLICH L MOORE M	OTP-AM	H-249 S-343 BREEN C

This bill establishes within the Department of Health and Human Services one Oral Health Coordinator position in the oral health program within the Maine Center for Disease Control and Prevention, rural health and primary care division to lead the State's work on oral health; one Planning and Research Associate II position in the rural health and primary care division within the Maine Center for Disease Control and Prevention tasked with data analysis, performance management reporting and program planning and evaluation; and one Early Periodic Screening Diagnosis and Treatment Dental Coordinator position in the Office of MaineCare Services. The bill also provides funding to expand preventive oral health services provided in schools through the oral health program within the Maine Center for Disease Control and Prevention, rural health and primary care division to all schools in the State and a half-time Office Assistant II position to provide logistical and administrative support for that expansion.

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Committee Amendment "A" (H-249)

This amendment makes the following changes to the bill.

1. It replaces the appropriations and allocations section to remove the funding to expand preventive oral health services provided in schools.
2. It removes the descriptions of the responsibilities of two positions created in the bill to provide the Department of Health and Human Services flexibility.
3. It removes the interim report on the oral health program.
4. It requires a report on the status of the oral health program rather than on the expansion of the program since the funding to expand the program has been removed.

Senate Amendment "A" To Committee Amendment "A" (S-343)

This amendment requires the Department of Health and Human Services, when completing the report on oral health care services provided in schools, to include methods for utilization and maximization of Medicaid funding for oral health staff positions and school-based services. This amendment also changes the date for submission of the report to February 15, 2020. The amendment removes the funding for new positions in the Department of Health and Human Services, Maine Center for Disease Control and Prevention but retains the position in the Office of MaineCare Services.

LD 1403	An Act To Amend the General Assistance Laws Governing Reimbursement	CARRIED OVER
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN M CHIPMAN B	OTP-AM ONTP	H-514

This bill establishes presumptive eligibility for general assistance for persons who are provided shelter at emergency shelters for the homeless. It also reestablishes the 90% reimbursement rate for municipalities that incur net general assistance costs in any fiscal year in excess of .0003 of that municipality's most recent state valuation, which was amended in Public Law 2015, chapter 267, Part SSSS. It retains the 70% reimbursement rate for other municipalities and Indian tribes for costs below the .0003% of all state valuation amount.

Committee Amendment "A" (H-514)

This amendment, which is the majority report of the committee, removes the section of the bill relating to presumptive eligibility. It also grants 100% reimbursement for general assistance costs to Indian tribes. It clarifies that the municipality's most recent state valuation rather than the all state valuation is used for calculating when a municipality begins to be reimbursed 90% for general assistance costs and that the reimbursement is for gross costs rather than net costs. It establishes that the new departmental reimbursement to municipalities begins July 1, 2020.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

Joint Standing Committee on Health and Human Services

LD 1404 **Resolve, To Provide Support Services and Funds To Prevent Homelessness**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN M CHIPMAN B	OTP-AM ONTP	H-368

This resolve requires the Department of Health and Human Services to apply to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for a waiver from the requirements of federal law and regulations to allow Maine to provide Medicaid-funded direct support services to individuals experiencing homelessness. In addition, the bill provides ongoing funds to the Housing First Assistance Program established within the Maine State Housing Authority to be distributed to community action agencies to assist individuals on the verge of becoming homeless.

Committee Amendment "A" (H-368)

This amendment, which is the majority report of the committee, clarifies that the Department of Health and Human Services is required to examine opportunities to provide home and community-based services to individuals experiencing homelessness using a state plan amendment option under Section 1915(i) of the federal Social Security Act or any other Medicaid-funded mechanism that may be appropriate. It requires the department to report its progress in examining options and submitting a waiver to the Joint Standing Committee on Health and Human Services. The amendment also corrects the appropriations and allocations section to reflect funding from the Temporary Housing Assistance Fund and changes the initiative language to be more consistent with the statute governing the fund.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1417 **An Act To Expand Access to Head Start To Assist Opioid-affected and Other At-risk Families**

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J SANBORN L	OTP-AM ONTP	H-265

This bill establishes eligibility standards for the Head Start program that allow participation for a child up to 5 years of age who is or whose family is affected by substance use disorder or whose family's income is at or below 185% of the federal poverty level. This bill also provides appropriations to be distributed to nontribal Head Start program service providers proportionately in an amount based upon the percentage of children up to 5 years of age who live at or below the federal poverty level in each provider's service area compared to the percentage of children up to 5 years of age who live at or below the federal poverty level statewide, with preference given to children who are at risk or whose families are at risk.

Committee Amendment "A" (H-265)

This amendment, which is the majority report of the committee, clarifies that eligibility for the Head Start program is limited to children who have not met the minimum age requirement to enroll in a school administrative unit in accordance with the Maine Revised Statutes, Title 20-A, section 5201, subsection 2.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

Joint Standing Committee on Health and Human Services

LD 1418 An Act To Address Maine's Shortage of Behavioral Health Services for Minors

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCCREIGHT J SANBORN L		

This bill:

1. Defines "behavioral health needs" to mean a wide range of mental health disorders and illnesses, substance use disorder, developmental disabilities and autism spectrum disorder;
2. Directs the Department of Health and Human Services to take measures to address the issue of extended stays in hospital emergency departments by minors with behavioral health needs by:
 - A. Maintaining a daily updated online statewide list of available mental health facility or program and community service provider placements for referral purposes by hospital emergency departments;
 - B. Maintaining a quarterly updated online resource list of mental health programs or facilities and community service providers that treat behavioral health needs; and
 - C. Collecting monthly data on and study the issue of extended stays of minors with behavioral health needs in hospital emergency departments and annually submitting a report with a summary of the study along with any recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters;
3. Directs the department to study the data and analysis on extended stays in hospital emergency departments by minors with behavioral health needs and submit an annual report to the Legislature that identifies:
 - A. Reasons for the extended stays;
 - B. Specific behavioral health needs treatment programs and the waiting list for admission to each program; and
 - C. Funding mechanisms to provide short-term transitional assistance to minors with behavioral health needs discharged from a hospital emergency department to residential placements, partial hospitalizations or home-based programs; and
4. Directs the department to study the feasibility of adding a child behavioral needs advocate within the department to coordinate the department's activities with those of various agencies and programs that provide behavioral health needs services to minors and to submit a report to the Legislature by January 1, 2020.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 1429 An Act To Fund Opioid Use Disorder Prevention and Treatment

CARRIED OVER

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

Joint Standing Committee on Health and Human Services

This bill establishes the Opioid Use Disorder Prevention and Treatment Fund administered by the Department of Health and Human Services for the purpose of supporting opioid use disorder analysis, prevention and treatment. The fund is funded by a 2¢ fee per morphine milligram equivalent assessed against prescription opioid drug manufacturers for prescription opioid drugs distributed in the State as well as appropriations, allocations and contributions from private and public sources.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 1450 Resolve, To Mitigate the Increasing Waiting List for Services under the **ONTP
MaineCare Section 21 Waiver Program**

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

This resolve establishes a two-year pilot project to provide housing to adults with intellectual disabilities or autism spectrum disorder who are on the waiting list for home and community-based benefits provided under the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 21. The pilot project must be modeled on a program operated in the Town of Kittery by A House for ME and must provide housing to two to three residents in each home and, with the assistance of community volunteers, assist those residents in becoming active, contributing members of the community.

LD 1453 Resolve, To Establish a Stakeholder Group To Develop an Adult Dental **HELD BY
Benefit under MaineCare **GOVERNOR****

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GATTINE D BREEN C	OTP-AM	H-409 S-371 BREEN C

This bill adds access to comprehensive medically necessary preventive, diagnostic and restorative dental services to the limited dental services currently available to MaineCare members 21 years of age and over. It also establishes a dental incentive payment program for dentists to increase access to dental care for MaineCare members, including children, and requires the Department of Health and Human Services to convene a working group to make recommendations on the design of the program. It provides for the establishment of benchmarks to measure the effectiveness of the dental incentive payment program over time.

Committee Amendment "A" (H-409)

This amendment removes from the bill provisions establishing the dental incentive payment program and the working group that would have designed it. It retains the adult dental benefit under MaineCare and the rulemaking implementing it. It also adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-371)

This amendment replaces the bill with a resolve. This amendment requires the Department of Health and Human Services to convene a stakeholder group to develop a plan for an adult dental benefit under MaineCare. The plan must be submitted to the Joint Standing Committee on Health and Human Services no later than January 1, 2020.

Joint Standing Committee on Health and Human Services

LD 1461 An Act To Support Early Intervention and Treatment of Mental Health Disorders

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BREEN C WARREN C	OTP-AM	S-244 S-300 BREEN C

This bill requires the Department of Health and Human Services to establish a funding mechanism and reimbursement rate for the treatment of individuals showing early signs of a psychotic disorder using a coordinated specialty care model. Services must be evidence-based and treat both the individual and the family. The Department of Health and Human Services is directed to establish a funding mechanism to reimburse for the treatment of individuals in cooperation with the Department of Education and the Department of Labor. The Department of Health and Human Services is directed to apply to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for any necessary waivers and state plan amendments and to seek federal funding under the community mental health services block grant.

Committee Amendment "A" (S-244)

This amendment, which is the unanimous report of the committee, clarifies that the department must establish a bundled rate for coordinated specialty care. It also provides that the department may review, develop or apply for any source of funds that may be available to implement reimbursement for the coordinated specialty care model. The amendment also adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-300)

This amendment amends the committee amendment. This amendment retains the emergency preamble and emergency clause and, as in the committee amendment and the bill, requires the Department of Health and Human Services to establish a reimbursement rate for a coordinated specialty care model to treat individuals showing early signs of psychotic disorder. Services must be evidence-based and treat both the individual and the family. Under this amendment, the Department of Health and Human Services is directed, in cooperation with the Department of Education and the Department of Labor and no later than July 1, 2020, to establish a bundled rate to reimburse for services provided under the coordinated specialty care model that are not otherwise covered under the MaineCare program. This amendment moves the statutory requirements for the reimbursement to the Maine Revised Statutes, Title 22. This amendment retains the requirement that the Department of Health and Human Services apply to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services for any necessary waivers and state plan amendments and to seek federal funding under the community mental health services block grant but changes cross-references and requires that necessary applications be submitted no later than 90 days after the effective date of this legislation.

The amendment also changes the appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1484 An Act To Create a System Using the Permit for Disposition of Human Remains To Track the Burial of Cremated Remains in a Public Cemetery

PUBLIC 257

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DOORE D DESCHAMBAULT S	OTP	

Joint Standing Committee on Health and Human Services

This bill changes the requirements for persons responsible for public burying grounds by changing the documentation of cremated remains buried in a burying ground from a permissive function to a mandated duty to be performed by the responsible person within seven days of the cremated remains being buried.

Enacted Law Summary

Public Law 2019, chapter 257 changes the requirements for persons responsible for public burying grounds by changing the documentation of cremated remains buried in a burying ground from a permissive function to a mandated duty to be performed by the responsible person within seven days of the cremated remains being buried.

LD 1486 An Act To Strengthen Supports for Adults with Intellectual Disabilities or Autism in Crisis

PUBLIC 290

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FARNSWORTH D	OTP-AM	H-411

This bill requires the Department of Health and Human Services to provide a system of crisis and respite services specific to persons with intellectual disabilities or autism and their families. It requires the department to adopt rules by January 1, 2020. The rules are major substantive rules.

Committee Amendment "A" (H-411)

This amendment replaces the bill. It amends the current law regarding crisis and respite services for persons with intellectual disabilities or autism by requiring the Department of Health and Human Services to provisionally adopt major substantive rules on crisis and respite services no later than April 1, 2020. It also requires the Department of Health and Human Services to study the existing services for persons with intellectual disabilities or autism and determine the adequacy of the MaineCare reimbursement methodology and rates paid to providers for meeting the needs of persons at risk for out-of-home placement due to challenging behavior that affects health and safety. The department is required to report its findings and recommendations to the Joint Standing Committee on Health and Human Services no later than January 30, 2020.

Enacted Law Summary

Public Law 2019, chapter 290 requires the Department of Health and Human Services to provisionally adopt major substantive rules on crisis and respite services for persons with intellectual disabilities or autism no later than April 1, 2020. It requires the Department of Health and Human Services to study the existing services for persons with intellectual disabilities or autism and determine the adequacy of the MaineCare reimbursement methodology and rates paid to providers for meeting the needs of persons at risk for out-of-home placement due to challenging behavior that affects health and safety. The department is required to report its findings and recommendations to the Joint Standing Committee on Health and Human Services no later than January 30, 2020.

LD 1505 An Act To Amend the Marijuana Laws To Correct Inconsistencies in Recently Enacted Laws

PUBLIC 331

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

This bill is a concept draft pursuant to Joint Rule 208. This bill, as emergency legislation, proposes to make technical changes to and correct errors in the adult use marijuana and medical marijuana laws.

Committee Amendment "A" (H-513)

Joint Standing Committee on Health and Human Services

This amendment, which is the unanimous report of the committee, replaces the bill, which is a concept draft. It corrects technical conflicts and other errors or inconsistencies that resulted when both Public Law 2017, chapter 447 and Public Law 2017, chapter 452 were enacted in the 128th Legislature. It also provides that a registered caregiver, registered dispensary, marijuana testing facility and manufacturing facility are required to pay all costs and fees associated with the use of the statewide electronic portal for record keeping.

Enacted Law Summary

Public Law 2019, chapter 331 corrects technical conflicts and other errors or inconsistencies that resulted when both Public Law 2017, chapter 447 and Public Law 2017, chapter 452 were enacted in the 128th Legislature. It also provides that a registered caregiver, registered dispensary, marijuana testing facility and manufacturing facility are required to pay all costs and fees associated with the use of the statewide electronic portal for record keeping.

LD 1510 **Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97: Private Non-Medical Institution Services and Appendices B, C, D, E and F, a Late-filed Major Substantive Rule of the Department of Health and Human Services**

**RESOLVE 39
EMERGENCY**

Sponsor(s)

Committee Report

Amendments Adopted

OTP

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

Enacted Law Summary

Resolve 2019, chapter 39 authorizes the Department of Health and Human Services to adopt the major substantive rules for portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97: Private Non-Medical Institution Services and Appendices B, C, D, E and F.

Resolve 2019, chapter 39 was finally passed as an emergency measure effective May 30, 2019.

LD 1512 **An Act Regarding Persons Who Are Found Not Criminally Responsible and Are Sent out of State for Treatment**

PUBLIC 405

Sponsor(s)

Committee Report

Amendments Adopted

GATTINE D
BREEN C

OTP-AM

H-469

This bill concerns persons charged with crimes who are judged not criminally responsible by reason of insanity who are placed in an institution outside the State.

The bill:

1. Requires the court, before placing a person in an institution outside the State or upon request of the person after being placed outside the State, to conduct a hearing to find that the institution is the least restrictive placement, that there is not an equivalent placement within the State and that the institution outside the State will comply with state reporting requirements;
2. Requires an institution outside the State in which a patient is placed to provide quarterly status reports on the

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patient to the Commissioner of Health and Human Services; and

3. Directs the Commissioner of Health and Human Services to convene an oversight committee to review the status of forensic patients placed in institutions outside the State to determine if a patient is in the least restrictive environment and receiving adequate care and if the Department of Health and Human Services is actively working on a plan to return the patient to the State and to make recommendations to the commissioner, the head of the institution where the patient is placed, the court of record, a family member designated by the patient and the patient's attorney or, if the patient does not have an attorney, the patient's attorney of record.

Committee Amendment "A" (H-469)

This amendment, which is the unanimous report of the committee:

- 1. Removes the requirement in the bill that the court, before placing a person in an institution outside the State or upon request of the person after being placed outside the State, conduct a hearing;
- 2. Reduces the frequency of required status reports on a forensic patient placed outside the State from quarterly to every six months and requires the report be filed in the Superior Court in the county in which the state institution monitoring the person's placement is located; and
- 3. Replaces the proposed oversight committee of forensic patients in the bill with a committee for the oversight of patient human rights, for patients in state institutions or forensic patients placed outside the State, to review practices that affect, or potentially affect, the civil liberties or other rights of patients; review patient grievances; review reports regarding the placement of forensic patients outside the State and, among other duties, to report concerns and make recommendations to the superintendent of the state institution.

Enacted Law Summary

Public Law 2019, chapter 405 requires status reports on a forensic patient placed outside the State every 6 months and requires the report be filed in the Superior Court in the county in which the state institution monitoring the person's placement is located. It also creates a committee for the oversight of patient human rights, for patients in state institutions or forensic patients placed outside the State, to review practices that affect, or potentially affect, the civil liberties or other rights of patients; review patient grievances; review reports regarding the placement of forensic patients outside the State and, among other duties, to report concerns and make recommendations to the superintendent of the state institution.

LD 1523 An Act To Ensure the Quality of and Increase Access to Recovery Residences

PUBLIC 524

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BELLOWS S MADIGAN C	OTP-AM	S-240 S-345 BREEN C

This bill adds definitions of "person recovering from substance use disorder" and "recovery residence" to the laws governing the substance use disorder programs of the Department of Health and Human Services and directs the department 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 substance use disorder to reside in a certified recovery residence that provides medication-assisted treatment.

This bill also adds "recovery" to "substance use disorder prevention and treatment" in the context of activities and services under the laws addressing alcohol and drug use. The bill also adds an appropriations and allocations section.

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Committee Amendment "A" (S-240)

This amendment, which is the unanimous report of the committee, amends the bill as follows.

1. It makes the definition of "recovery" consistent with the definition of "recovery support services."
2. It allows for a short-term rental subsidy to be provided for a person in recovery so that the rental subsidy may be provided to an administrator of the recovery residence not only the person in recovery directly.
3. It removes the requirement that recovery residences provide medication-assisted treatment as a condition of receiving a short-term rental subsidy and instead requires that the recovery residences must permit medication-assisted treatment.
4. It makes the Maine State Housing Authority's rule-making authority permissive with respect to providing a short-term rental subsidy for a person in recovery.
5. It removes the appropriations and allocations section so that the short-term rental subsidy can be provided within existing budgeted resources.
6. It removes certain provisions that add "recovery" to "substance use disorder prevention and treatment" that have substantive implications beyond the scope of this legislation.
7. It adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-345)

This amendment removes the appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 524:

1. Updates the definition of "recovery";
2. Allows for a short-term rental subsidy to be provided for a person in recovery so that the rental subsidy may be provided to an administrator of the recovery residence not only the person in recovery directly.
3. Requires, in order to receive a short-term rental subsidy under this law, that recovery residences must permit medication-assisted treatment; and
4. Makes the Maine State Housing Authority's rule-making authority permissive with respect to providing a short-term rental subsidy for a person in recovery.

LD 1526 An Act To Increase the Availability of Foster Homes

PUBLIC 444

Sponsor(s)

KEIM L

Committee Report

OTP-AM

Amendments Adopted

S-178

This bill eliminates the requirement that the State Fire Marshal inspect a family foster home and certify that it meets all elements of the fire safety code before the Department of Health and Human Services may issue a license to operate as a family foster home. The bill moves the inspection responsibility to the Department of Health and

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Human Services, which is directed to adopt rules governing the method of inspection.

Committee Amendment "A" (S-178)

This amendment adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 444 eliminates the requirement that the State Fire Marshal inspect a family foster home and certify that it meets all elements of the fire safety code before the Department of Health and Human Services may issue a license to operate as a family foster home. It moves the inspection responsibility to the Department of Health and Human Services, which is directed to adopt rules governing the method of inspection.

LD 1539 An Act To Provide Maine Children Access to Affordable Health Care

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARNEY A MILLETT R	OTP-AM OTP-AM	H-578

This bill makes the following changes to the Cub Care program.

1. It changes the maximum eligibility level for family income from 200% of the federal poverty level to 325% of the federal poverty level.
2. It removes the three-month waiting period for enrollment in the Cub Care program following the loss of health insurance or coverage under an employer-based plan.
3. It establishes that eligibility is not subject to an asset test.
4. It provides coverage to persons 19 and 20 years of age and to noncitizens under 21 years of age. The Department of Health and Human Services is required to use state funds to fund the program but may apply for waivers or state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to receive federal matching funds.
5. It repeals the provisions regarding premium payments for the Cub Care program.
6. It requires the department to contract for outreach activities rather than providing them directly. The department must have a contract or contracts in place no later than January 1, 2020. The department is also required to seek federal grant funds for additional outreach activities under the federal Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act, Public Law 115-120 and the federal Advancing Chronic Care, Extenders and Social Services (ACCESS) Act, Public Law 115-123.
7. It requires the department to submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the use of the express lane eligibility option no later than January 1, 2020 and to implement it no later than six months after receiving approval.

Committee Amendment "A" (H-578)

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

1. It changes the maximum eligibility level for family income from 325% of the federal poverty level to 300% of the federal poverty level.

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2. It directs the Department of Health and Human Services to submit any waivers or state plan amendments to accomplish the eligibility criteria established in this legislation, including but not limited to removing the three-month waiting period for enrollment in the Cub Care program following the loss of health insurance or coverage under an employer-based plan.
3. It removes the provision that eligibility is not subject to an asset test because current rules do not make eligibility subject to an asset test.
4. It removes the requirement to provide coverage to persons 19 and 20 years of age and to noncitizens under 21 years of age.
5. It removes the requirement that the department contract for outreach activities and removes the reference to specific federal grant funds the department must seek for additional outreach activities.
6. It removes the requirement for the department to submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the use of the express lane eligibility option.
7. It makes the repeal of the waiting period and premium payment requirements under the Cub Care program contingent on the approval of a waiver of those requirements by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.
8. It adds an appropriations and allocations section.

Committee Amendment "B" (H-579)

This amendment, which is the minority report of the committee, makes the following changes to the bill.

1. It keeps the maximum eligibility level for family income at 200% of the federal poverty level, which is the amount established in current law.
2. It directs the Department of Health and Human Services to submit any waivers or state plan amendments to accomplish the eligibility criteria established in this legislation, including but not limited to removing the three-month waiting period for enrollment in the Cub Care program following the loss of health insurance or coverage under an employer-based plan.
3. It removes the provision that eligibility is not subject to an asset test because current rules do not make eligibility subject to an asset test.
4. It removes the requirement to provide coverage to persons 19 and 20 years of age and to noncitizens under 21 years of age.
5. It removes the requirement that the department contract for outreach activities and removes the reference to specific federal grant funds the department must seek for additional outreach activities.
6. It removes the requirement for the department to submit a state plan amendment to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the use of the express lane eligibility option.
7. It makes the repeal of the waiting period and premium payment requirements under the Cub Care program contingent on the approval of a waiver of those requirements by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

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8. It adds an appropriations and allocations section.

This amendment was not adopted.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

**LD 1548 Resolve, To Promote Quality and Transparency in the Provision of
Services by Assisted Housing Programs That Provide Memory Care**

RESOLVE 106

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N	OTP-AM	S-142 S-346 BREEN C

This resolve requires the Department of Health and Human Services to contract with the University of Southern Maine's Edmund S. Muskie School of Public Service to conduct a study to determine the amount of time assisted housing program staff devote to meeting the needs of residents in assisted housing programs, with a focus on residents with Alzheimer's disease or dementia. It requires the department to amend certain provisions in the department's rule governing the licensing and functioning of assisted housing programs. It requires the department to establish a work group to review department rules governing training for direct care staff in Alzheimer's or dementia care units and other memory care units to determine the adequacy of the training.

Committee Amendment "A" (S-142)

This amendment requires the Department of Health and Human Services to issue a request for proposals to conduct the time study. It also requires the Department of Health and Human Services to submit a report, together with recommendations and suggested legislation, to the Joint Standing Committee on Health and Human Services describing the department's activities and actions regarding the time study and of the Alzheimer's and dementia care and other memory care work group established to review training of direct care staff. The amendment also adds an appropriations and allocations section.

Senate Amendment "A" To Committee Amendment "A" (S-346)

This amendment requires the State Controller to transfer \$355,501 from available balances in Other Special Revenue Funds accounts within the Department of Professional and Financial Regulation to the General Fund unappropriated surplus at the close of fiscal year 2019-20. The amendment also requires the Commissioner of Professional and Financial Regulation to determine from which accounts the funds will be transferred so that the sum equals \$355,501 and to notify the State Controller and the Joint Standing Committee on Appropriations and Financial Affairs of the amounts to be transferred from each account on or before June 30, 2020.

Enacted Law Summary

Resolve 2019, chapter 106 requires the Department of Health and Human Services to issue a request for proposals for a contract to conduct a time study to determine the amount of time assisted housing program staff devote to meeting the needs of residents in assisted housing programs, with a focus on residents with Alzheimer's disease or dementia. The time study is funded by available balances in Other Special Revenue Funds accounts within the Department of Professional and Financial Regulation.

Resolve 2019, chapter 106 also requires the Department of Health and Human Services to amend certain provisions in the department's rule governing the licensing and functioning of assisted housing programs and to establish a work group to review department rules governing training for direct care staff in Alzheimer's or dementia care units and other memory care units to determine the adequacy of the training. The department shall submit a report, together with recommendations and suggested legislation, to the Joint Standing Committee on Health and Human Services describing the department's activities and actions regarding the time study and of the Alzheimer's and

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dementia care and other memory care work group established to review training of direct care staff.

LD 1577 An Act To Assist Nursing Homes in the Management of Facility Beds

CARRIED OVER

Sponsor(s)

PERRY A

Committee Report

OTP-AM

Amendments Adopted

H-350

This bill restores the ability of nursing facilities to voluntarily reduce the number of their licensed beds and then later increase the number of their licensed beds to the prior level after obtaining a certificate of need and meeting certain conditions. It modifies the process to obtain certificate of need approval to reopen reserved beds. Applications that seek to reopen reserved beds must be approved if the projected incremental costs of reopening and operating the reopened beds are consistent with the facility's costs of operating its other beds. Applicants are not required to demonstrate that any increases in MaineCare costs are offset by other MaineCare savings. The costs of ongoing operation of both the restored beds and the complement of facility beds at the time the reserved beds are reopened must be recognized as allowable costs and incorporated into the facility's MaineCare payment rates.

The bill requires the Department of Health and Human Services to include in its calculation of reimbursement for services provided by a nursing facility the cost incurred by the facility for a medical director.

The bill requires the cost incurred by a nursing facility for the acquisition, use and maintenance of computer or cloud-based software systems to be included as a fixed cost.

The bill requires the Department of Health and Human Services to amend its rules governing adult family care services to provide reimbursement for up to 30 bed hold days per calendar year when a resident is absent from a facility.

The bill requires the Department of Health and Human Services to amend its rules governing principles of reimbursement for nursing facilities to include the cost of health insurance for employees attributable to MaineCare residents as a fixed cost.

The bill requires the department to amend these rules to include reimbursement for 50% of a nursing facility's charges for a maximum of six months for a newly admitted resident who is determined to be financially ineligible for MaineCare after the resident is admitted to the nursing facility and the charges remain unpaid after reasonable efforts are made by the nursing facility to collect the debt based on these charges.

Committee Amendment "A" (H-350)

This amendment removes from the bill the sections related to bed hold days, health insurance and bad debt and adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1595 An Act To Enhance the Child Welfare Ombudsman Program

ONTP

Sponsor(s)

MASTRACCIO A
GRATWICK G

Committee Report

ONTP

Amendments Adopted

Joint Standing Committee on Health and Human Services

This bill makes the following changes to the laws governing the ombudsman program that provides ombudsman services to the children and families of the State regarding child welfare services provided by the Department of Health and Human Services.

1. It provides that the program is an independent program operated as a nonprofit organization to provide investigative, oversight and advocacy services on a statewide basis.
2. It requires the program to provide oversight of child welfare practice and policy to ensure the rights and safety of children and their families.
3. It specifies staffing for the program.
4. It provides that the Governor appoints the ombudsman, subject to review by the joint standing committee of the Legislature having jurisdiction over health and human services matters and to confirmation by the Legislature.
5. It provides that the ombudsman serves a seven-year term of office.
6. It requires the ombudsman to submit the ombudsman's budget recommendations, using a format prescribed by the State Budget Officer, as part of the unified current services budget legislation.
7. It provides full-time program employees access to health insurance benefits provided to state employees and retirement benefits provided to state employees.
8. It requires the program to provide services directly to individuals and families and authorizes the program to provide systemwide comment to the department and the joint standing committee of the Legislature having jurisdiction over health and human services matters.
9. It requires the department to inform the ombudsman of any statewide policy or practice changes in child welfare before they take effect.
10. It allows the ombudsman to participate in trainings, studies or policy development activities conducted by the department.
11. It requires the ombudsman to be available to provide information about child welfare issues on a statewide basis to individuals and entities outside the department.
12. It authorizes the ombudsman to disclose confidential information, records or case-specific reports to a joint standing committee, joint select committee or oversight committee of the Legislature meeting in executive session.

LD 1602 Resolve, Establishing the Working Group on Mental Health

**RESOLVE 100
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BREEN C WARREN C	OTP-AM	S-213 S-310 LIBBY N

This resolve establishes the Working Group on Mental Health to assess the State's capacity to serve Maine citizens with behavioral health needs and propose a comprehensive mental health plan for the State.

Committee Amendment "A" (S-213)

This amendment, which is the unanimous report of the committee, changes the membership of the working group.

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Senate Amendment "A" To Committee Amendment "A" (S-310)

This amendment increases from one to two the number of Senators appointed to the working group and increases from one to two the number of members of the House of Representatives appointed to the working group.

Enacted Law Summary

Resolve 2019, chapter 100 establishes the Working Group on Mental Health to assess the State's capacity to serve Maine citizens with behavioral health needs and propose a comprehensive mental health plan for the State.

Resolve 2019, chapter 100 was finally passed as an emergency measure effective June 28, 2019.

LD 1616 An Act To Establish the Vaccine Consumer Protection Program

Accepted Majority (ONTP) Report

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
O'CONNOR B FOLEY R	ONTP OTP-AM	

This bill establishes the Vaccine Consumer Protection Program within the Department of Health and Human Services and describes the activities under the program.

Committee Amendment "A" (H-405)

This amendment, which is the minority report of the committee, clarifies the activities of the Vaccine Consumer Protection Office in investigating a death that is suspected to have been caused by the administration of a vaccine. It also requires a health care provider who provides primary care to a child under the age of 18 to provide to the parent, guardian or custodian of the child a form for the parent, guardian or custodian to complete requesting the child's most recent immunization and the date of that immunization and requires the health care provider to remove the personally identifying information of the child from the form and submit it to the Vaccine Consumer Protection Office. The Vaccine Consumer Protection Office is directed to submit a report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding information received on the forms and any trends. The amendment also repeals Public Law 2019, chapter 154, "An Act To Protect Maine Children and Students from Preventable Diseases by Repealing Certain Exemptions from the Laws Governing Immunization Requirements."

The amendment retains the provisions in the bill that establish the Vaccine Consumer Protection Program; establish treatment and administration guidelines for vaccines; specify a health care provider's rights to refuse to administer a vaccine and a patient's right to refuse a vaccine; prohibit incentives to administer vaccines, vaccine administration without a prescription and vaccine prescription by standing order; require an annual report on adverse event reports; provide for religious and medical exemptions; add the vaccine injury table to a provider reference manual; and require health care provider licensing boards to amend their rules to conform to the provisions in the bill, among other provisions. The amendment also adds an appropriations and allocations section.

This amendment was not adopted.

LD 1630 Resolve, To Ensure Access to Opiate Addiction Treatment

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GIDEON S WOODSOME D		

Joint Standing Committee on Health and Human Services

This resolve directs the Department of Health and Human Services to set the weekly MaineCare reimbursement rate paid to outpatient opioid treatment providers at \$110 per week, or at a higher rate if the department determines a higher rate is justified.

Public Law 2019, chapter 343 (the biennial budget) increased the weekly reimbursement rate for medication assisted treatment.

This resolve was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 1635 Resolve, To Improve Access to Early and Periodic Screening, Diagnostic and Treatment Services for Children from Birth to 8 Years of Age RESOLVE 66
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CARSON B FARNSWORTH D	OTP-AM	S-182

This resolve requires the Department of Health and Human Services, in consultation with the Department of Education, to convene the participants of the federally funded Developmental Systems Integration initiative to determine the capacity of the State to provide child find and early and periodic screening, diagnostic and treatment services to children from birth to eight years of age, the gaps in services and the costs of addressing those gaps. The report must be submitted to the Joint Standing Committee on Health and Human Services no later than December 30, 2019.

Committee Amendment "A" (S-182)

This amendment requires the Department of Health and Human Services to convene a stakeholder group rather than convene the participants of the federally funded Developmental Systems Integration initiative. It also adds additional requirements to the report submitted to the Joint Standing Committee on Health and Human Services.

Enacted Law Summary

Resolve 2019, chapter 66 requires the Department of Health and Human Services, in consultation with the Department of Education, to convene a stakeholder group to determine the capacity of the State to provide child find and early and periodic screening, diagnostic and treatment services to children from birth to eight years of age, the gaps in services and the costs of addressing those gaps. The report must be submitted to the Joint Standing Committee on Health and Human Services no later than December 30, 2019.

Resolve 2019, chapter 66 was finally passed as an emergency measure effective June 13, 2019.

**LD 1637 An Act To Prevent Medicaid Payment from a Savings Account PUBLIC 348
Established under the Federal ABLÉ Act of 2014**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LIBBY N RILEY T	OTP-AM	S-179

This bill:

1. Prohibits the State, or any agency or instrumentality of the State, from seeking payment from an ABLÉ account or its proceeds for MaineCare benefits provided to a beneficiary, unless otherwise required by federal law;

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2. Provides that funds held in an ABLE account must be disregarded when determining the designated beneficiary's eligibility for any means-tested public assistance program; and
3. Provides that earnings on funds held in an ABLE account are exempt from taxation by the State.

Committee Amendment "A" (S-179)

This amendment, which is the unanimous report of the committee, clarifies the provisions regarding the exemption of an account established under a qualified ABLE program that complies with the requirements of the federal Achieving a Better Life Experience Act of 2014, Public Law 113-295 from Medicaid estate recovery to the extent permitted under federal law.

Enacted Law Summary

Public Law 2019, chapter 348:

1. Prohibits the State, or any agency or instrumentality of the State, from seeking payment from an ABLE account or its proceeds for MaineCare benefits provided to a beneficiary, unless otherwise required by federal law;
2. Provides that funds held in an ABLE account must be disregarded when determining the designated beneficiary's eligibility for any means-tested public assistance program; and
3. Provides that earnings on funds held in an ABLE account are exempt from taxation by the State.

LD 1655 An Act To Improve and Modernize Home-based Care

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MEYER M MOORE M	OTP-AM	H-524

This bill:

1. Establishes the Social Determinants of Health Stakeholder Advisory Group to collaborate with providers of home health care services and other services relating to the social determinants of health and make recommendations to the Department of Health and Human Services;
2. Provides for reimbursement for telehealth or telemonitoring private duty nursing, home health services and personal care services for an adult MaineCare member with a physical disability or an adult who is elderly who is receiving MaineCare services under a waiver granted by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services for home-based and community-based services or state-funded home-based and community-based support services. The services must include:
 - A. Services that support a member's ability to remain in the member's home, including, but not limited to, telehealth and telemonitoring services that support a member's safety, mobility or medication compliance, or that support virtual home visits and clinical consultation; and
 - B. Services of a pharmacist to provide medication evaluation or consultation to a member;
3. Expands the duties of the Maine Telehealth and Telemonitoring Advisory Group to include making recommendations about home technology to the Department of Health and Human Services;
4. Directs the Department of Health and Human Services, beginning in 2020 and at least every two years thereafter and whenever legislation is enacted that affects the costs of providing private duty nursing, home health services

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and personal care services, to review the rates for providers of services under a waiver granted by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services for home-based and community-based services or state-funded home-based and community-based support services;

5. Directs the Department of Health and Human Services to amend its rules for services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter II, Sections 19, 40 and 96 and rule Chapter 5, Office of Elder Services Policy Manual, Section 63 so that:

- A. A certified nurse practitioner licensed under the Maine Revised Statutes, Title 32, chapter 31 and a physician assistant licensed under Title 32, chapter 36 or 48 may authorize or amend a plan of care; and
- B. Reimbursement is provided for activities performed outside of the home by a registered nurse licensed under Title 32, chapter 31 that are directly related to a member's care and are part of the member's plan of care;

6. Directs the Department of Health and Human Services to convene a work group to review options for adjusting rates in order to provide health care coverage and paid sick leave to home-based and community-based care providers and to report the recommendations of the work group to the Joint Standing Committee on Health and Human Services; and

7. Directs the Department of Health and Human Services to review its in-person supervisory requirement for home-based and community-based care providers to determine whether the use of technology that provides interactive, real-time communication is feasible and practical and to report its recommendations to the Joint Standing Committee on Health and Human Services.

Committee Amendment "A" (H-524)

This amendment removes the sections of the bill that establish the Social Determinants of Health Stakeholder Advisory Group within the Department of Health and Human Services, require review of certain home-based and community-based MaineCare reimbursement rates every two years and require the department to convene a work group to review options for adjusting reimbursement rates for home-based and community-based services. The amendment newly requires the department to amend its rules for reimbursement for pharmacists conducting a medication evaluation or consultation in the home. It clarifies that certified nurse practitioners and physician assistants may only authorize or amend a plan of care under rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 40 after the federal government allows for it. It adds making recommendations to the department on best practices to the additional duties of the Maine Telehealth and Telemonitoring Advisory Group included in the bill. It also adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

LD 1662 An Act To Save Lives by Establishing the Low Barrier Opioid Treatment Response Program

CARRIED OVER

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

This bill requires the Department of Health and Human Services to establish the Low Barrier Opioid Treatment Response Program in Maine's federally qualified health centers to improve the availability of medication-assisted treatment and enhance the effectiveness and sustainability of acute care responses to persons in urgent need of treatment for substance use disorders, including opioid use disorder. The department is required to implement the program on a pilot basis initially and expand the program statewide after reviewing initial outcomes of the pilot.

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It also directs the department and representatives of federally qualified health centers to examine the extent to which existing structures for reimbursement and delivery of services by federally qualified health centers and other providers may hamper or facilitate access to opioid use disorder treatment and develop proposed changes to address identified barriers, reduce unnecessary costs and enhance coordination between federally qualified health centers and other providers serving persons at risk of opioid overdose. The department is required to report findings on these subjects and on initial pilot implementation of the Low Barrier Opioid Treatment Response Program to the Joint Standing Committee on Health and Human Services no later than January 15, 2020.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 1689 An Act To Address the Opioid Crisis through Evidence-based Public Health Policy

CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L MCCREIGHT J	OTP-AM	S-177

This bill expands the scope and capabilities of hypodermic apparatus exchange programs certified by the Department of Health and Human Services, Maine Center for Disease Control and Prevention. This bill requires the center to adopt rules that:

1. Allow the programs to distribute naloxone hydrochloride and other safer drug use supplies; and
2. Expand the criteria a program must meet in order to be awarded funds, including distributing naloxone hydrochloride and other safer drug use supplies; providing HIV, AIDS and hepatitis C testing; and maintaining referral agreements or having the capacity to provide counseling services, medication-assisted treatment services and infectious disease care.

The center is also required to consider geographic distribution of services provided by a program when allocating funding.

This bill also amends the Maine Criminal Code to remove the crimes of furnishing hypodermic apparatuses and illegal possession of hypodermic apparatuses and makes changes to other statutes to reflect that decriminalization.

Committee Amendment "A" (S-177)

This amendment, which is the unanimous report of the committee, removes the sections of the bill that decriminalize the crimes of furnishing or possessing hypodermic apparatuses. It removes the changes to the requirement to distribute educational materials. It removes the requirement to distribute naloxone hydrochloride and other safer drug use supplies. Instead of requiring that a hypodermic apparatus exchange program have a board, the amendment requires a program to have a process or system to regularly seek input from persons with a history of drug use. The amendment also makes changes to the allocation of funds appropriated for hypodermic apparatus exchange programs. The amendment also adds an appropriations and allocations section.

This bill was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

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LD 1696 Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28: Allowances for Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations, a Late-filed Major Substantive Rule of the Department of Health and Human Services

**RESOLVE 40
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 28: Allowances for Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations, a major substantive rule of the Department of Health and Human Services that was filed outside the legislative rule acceptance period.

Enacted Law Summary

Resolve 2019, chapter 40 authorizes the department of Health and Human Services to adopt the major substantive rules for portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28: Allowances for Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations.

Resolve 2019, chapter 40 was finally passed as an emergency measure effective May 30, 2019.

LD 1735 An Act To Clarify the Pathway for a Registered Dispensary under the Maine Medical Use of Marijuana Act To Become a For-profit Entity

**PUBLIC 312
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T O'CONNOR B	OTP-AM	S-214

Public Law 2017, chapter 452 authorized registered dispensaries under the Maine Medical Use of Marijuana Act operating as nonprofit entities to become for-profit entities, but did not outline a pathway to follow for such a transaction.

This bill:

1. Specifies the possible pathways of merger, purchase and conversion for such a dispensary to become a for-profit entity;
2. Provides that a registered dispensary operating as a nonprofit entity that reorganizes as a for-profit entity retains its registration certificate;
3. Requires that a registered dispensary that reorganizes as a for-profit entity pay to the Medical Use of Marijuana Fund a percentage of the value of the sale or transfer of interest; and
4. Requires that a registered dispensary that reorganizes as a for-profit entity pay to the Medical Use of Marijuana Fund 2% of gross sales for discounts to certain qualified patients.

Committee Amendment "A" (S-214)

This amendment, which is the unanimous report of the committee:

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1. Provides that the reorganization of a registered dispensary operating as a nonprofit entity to a for-profit entity may be accomplished only by any of the eight registered dispensaries that were issued registration certificates as of April 1, 2018 and that operate as any type of nonprofit entity;
2. Specifies that any exemptions from fiduciary duty and conflicts of interest otherwise required by the law do not apply for the limited purposes required in order for a registered dispensary operating as a nonprofit entity to reorganize as a for-profit entity;
3. Clarifies that the triggering event for a registered dispensary to pay a fine to the Medical Use of Marijuana Fund is only upon the sale or transfer of interest within four years after the reorganization to a for-profit entity and provides that the cost of an appraisal required to determine the value of the sale or transfer of interest must be paid from the Medical Use of Marijuana Fund;
4. Requires a registered dispensary that reorganizes as a for-profit entity or the dispensary's successor in interest to provide discounts in an amount that is not less than 2% of gross sales of the dispensary in the previous year to certain qualifying patients as a condition of registration. The Department of Administrative and Financial Services is required to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2023 regarding the discounts provided. The requirement to provide discounts is repealed July 1, 2023; and
5. Directs the Secretary of State to develop a form for use by registered dispensaries to accomplish the reorganization from a nonprofit to a for-profit entity.

Enacted Law Summary

Public Law 2019, chapter 312:

1. Specifies the possible pathways of merger, purchase and conversion for such a dispensary to become a for-profit entity;
2. Provides that the reorganization of a registered dispensary operating as a nonprofit entity to a for-profit entity may be accomplished only by any of the eight registered dispensaries that were issued registration certificates as of April 1, 2018 and that operate as any type of nonprofit entity;
3. Specifies that any exemptions from fiduciary duty and conflicts of interest otherwise required by the law do not apply for the limited purposes required in order for a registered dispensary operating as a nonprofit entity to reorganize as a for-profit entity;
4. Requires a registered dispensary to pay a fine to the Medical Use of Marijuana Fund upon the sale or transfer of interest within four years after the reorganization to a for-profit entity and provides that the cost of an appraisal required to determine the value of the sale or transfer of interest must be paid from the Medical Use of Marijuana Fund;
5. Requires a registered dispensary that reorganizes as a for-profit entity or the dispensary's successor in interest to provide discounts in an amount that is not less than 2% of gross sales of the dispensary in the previous year to certain qualifying patients as a condition of registration. The Department of Administrative and Financial Services is required to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2023 regarding the discounts provided. The requirement to provide discounts is repealed July 1, 2023; and
6. Directs the Secretary of State to develop a form for use by registered dispensaries to accomplish the reorganization from a nonprofit to a for-profit entity.

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Public Law 2019, chapter 312 was enacted as an emergency measure effective June 17, 2019.

LD 1737 An Act Relating to the Retention and Hiring of Mental Health Staff at the Department of Health and Human Services CARRIED OVER

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

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures designed to promote the hiring and retention of mental health professionals at the Department of Health and Human Services.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

**LD 1738 An Act Regarding Medical Marijuana PUBLIC 354
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY J	OTP-AM	H-545

This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to amend the current law regarding medical marijuana.

Committee Amendment "A" (H-545)

This amendment, which is the unanimous report of the committee, replaces the bill, which is a concept draft. The amendment:

1. Adds an emergency preamble and clause to the legislation;
2. Establishes a certification program within the Department of Health and Human Services, Maine Center for Disease Control and Prevention for marijuana testing facilities under the Maine Medical Use of Marijuana Act and testing facilities under the adult use laws;
3. Establishes the Marijuana Testing Facility Certification Fund as an Other Special Revenue Funds account within the Maine Center for Disease Control and Prevention;
4. Requires marijuana testing facilities under the Maine Medical Use of Marijuana Act, like testing facilities under the adult use laws, to be certified by the Maine Center for Disease Control and Prevention; and
5. Adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 354:

1. Establishes a certification program within the Department of Health and Human Services, Maine Center for Disease Control and Prevention for marijuana testing facilities under the Maine Medical Use of Marijuana Act and testing facilities under the adult use laws;

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- 2. Establishes the Marijuana Testing Facility Certification Fund as an Other Special Revenue Funds account within the Maine Center for Disease Control and Prevention; and
- 3. Requires marijuana testing facilities under the Maine Medical Use of Marijuana Act, like testing facilities under the adult use laws, to be certified by the Maine Center for Disease Control and Prevention.

Public Law 2019, chapter 354 was enacted as an emergency measure effective June 18, 2019.

**LD 1758 An Act To Clarify and Amend MaineCare Reimbursement Provisions
for Nursing and Residential Care Facilities**

**HELD BY
GOVERNOR**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JACKSON T	OTP-AM	S-265 S-368 BREEN C

This bill is emergency legislation amending statutory and unallocated provisions to require the Department of Health and Human Services to amend the department's rules regarding MaineCare reimbursement of nursing facility and residential care facility costs, including:

- 1. Clarifying and requiring additional cost-of-living adjustments to reimbursed costs based upon:
 - A. The costs paid by nursing facilities for goods and services required to provide patient care;
 - B. The forecasted increase in the skilled nursing facility market basket index for the coming federal fiscal year published by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services; and
 - C. Any further changes to the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index or market basket index projections over the payment year when the department is carrying out cost report audits and determining final prospective rates pursuant to department rules regarding costs related to resident care under principles of reimbursement for nursing facilities during the payment year;
- 2. Clarifying and amending nursing facility reimbursement provisions enacted in Public Law 2017, chapter 460 regarding a 10% special supplemental wage allowance by:
 - A. Requiring the allowance to include contract labor and requiring an additional 10% wage allowance in state fiscal year 2019-20 and incorporating both requirements into a rebasing of the reimbursement rates in future years;
 - B. Prohibiting department rules that require a nursing facility to ensure or otherwise demonstrate that the increase in rates applies only to wages and benefits;
 - C. Changing the low-cost, high Medicaid facility supplemental payment by removing the low-cost requirement; and
 - D. Providing a supplemental allowance of 60¢ per reimbursed MaineCare resident day for each 1% over 70% MaineCare occupancy to nursing facilities with specialty medical-psychiatric beds or units and to nursing facilities that provide intensive acquired brain injury rehabilitation services; and
- 3. Clarifying and amending residential care facility reimbursement provisions enacted in Public Law 2017, chapter

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460 regarding a 10% special supplemental wage allowance by:

- A. Requiring the allowance to include contract labor and requiring an additional 10% wage allowance in state fiscal year 2019-20 and incorporating both requirements into a rebasing of the reimbursement rates in future years;
- B. Prohibiting department rules that require a residential care facility to ensure or otherwise demonstrate that the increase in rate applies only to wages and benefits; and
- C. Requiring reimbursement rates for allowable direct care, personal care services and routine care costs to be adjusted yearly for inflation.

Committee Amendment "A" (S-265)

This amendment removes the sections of the bill that require additional cost-of-living adjustments to nursing facilities and residential care facilities and supplemental allowances for facilities with a high proportion of MaineCare residents and facilities with specialty beds. It retains the requirements for the 10% one-time supplemental payment provided in Public Law 2017, chapter 460, Part B to nursing facilities and residential care facilities to continue in successive years until rebasing incorporates the increase, but the amendment removes the retroactive requirement to include contract labor. It retains the requirement to grant an additional 10% increase that is carried forward until rebasing incorporates the increase, but it removes the language relating to requiring increases to go to routine care cost components of the rates. It removes the specific prohibition upon the Department of Health and Human Services to require a nursing facility or residential care facility to demonstrate how increased reimbursement is applied to wages and benefits to direct care workers but specifies that the increased reimbursement is not limited to only wages and wage-related costs. It removes the retroactivity section of the bill but retains the emergency provision of the bill. It adds an appropriations and allocations section.

Senate Amendment "B" To Committee Amendment "A" (S-368)

This amendment directs the Department of Health and Human Services to amend its rules to determine, of the funds provided in the bill, the proportional amount to be distributed to each provider based on the supplemental allowances and additional special wage allowances established in the bill as amended by Committee Amendment "A". This amendment also replaces the appropriations and allocations section.

LD 1760 An Act To Support Children's Healthy Development and School Readiness

CARRIED OVER

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

This bill creates the First 4 ME Early Care and Education Program under the Department of Health and Human Services to provide comprehensive, high-quality early child care and education services for at-risk children under six years of age who have not entered kindergarten and the children's parents by funding projects that integrate comprehensive resources and services with traditional center-based and family child care settings. The projects are sponsored by coalitions of stakeholders, providers and other community members within the communities that the projects serve. Each project is led and coordinated by a community contractor who staffs the project's operations and contracts with community providers to provide health care, education or parenting services, which may include services provided in a licensed child care center or by a licensed family child care provider, in a home visit or by an individual providing services to a family member within the individual's or family member's residence. The community contractor employs or contracts with community coaches who train and provide support to community providers. This bill also directs the department to request proposals for up to 10 pilot projects to implement the program and to report to the Legislature on the progress of the pilot projects toward the objectives, goals and

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intended outcomes of the projects in 2024.

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 1772 An Act To Secure Transitions to Economic Prosperity for Maine Families and Children

PUBLIC 484

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STEWART T DOW D	OTP-AM	H-606

This bill:

1. Increases the income amounts that are disregarded when calculating benefits from the Temporary Assistance for Needy Families program, or TANF program, for recipients who have earnings from employment. It also replaces for a limited period food assistance lost as a result of increased earnings from employment and the increased income amounts that are disregarded;
2. Increases the transitional food benefits available under the TANF program from \$50 per month per family to \$100 per month per family;
3. Establishes a whole family economic security initiative as part of the TANF program to increase the economic security of the entire family; and
4. Requires the Department of Health and Human Services to count the participation of a participant in the ASPIRE-TANF program in basic skills education, which includes programs to assist individuals in obtaining a high school equivalency diploma, toward the first 20 hours of the participant's weekly work participation requirements.

Committee Amendment "A" (H-606)

This amendment makes the following changes to the bill.

1. It clarifies that employment earnings in the months when earnings are subject to disregards do not affect special housing allowances.
2. It reduces the number of months that the Department of Health and Human Services disregards the earnings of a recipient of temporary assistance for needy families, or TANF, benefits and removes the requirement that the earnings be continuous for more than two months to be counted.
3. It stipulates that a month in which earnings are insufficient to change a benefit amount is not counted as a month in which earnings are disregarded.
4. It changes the requirement for food supplement assistance for a TANF recipient to be the same amount as prior to employment to a minimum of \$50 in food supplement assistance.
5. It requires the Department of Health and Human Services to approve an extension from the 60-month limit for TANF recipients who have employment earnings that are subject to disregards rather than not counting those months in the 60-month limit.
6. It changes the amount of TANF block grant funds that can be used for initiatives in the bill from \$3,000,000 to \$2,000,000.

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7. It corrects the language for basic skills education to refer to a high school diploma or equivalent or comparable credential. It also states that basic skills education counting as work participation requirements may be suspended if the State no longer meets the work participation rates required by the Federal Government. The amendment also adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 484 makes the following changes to the Temporary Assistance for Needy Families program, or TANF program.

1. It increases the income amounts that are disregarded when calculating benefits from the TANF program for recipients who have earnings from employment and determines that those earnings subject to disregard do not affect special housing allowances. It also allows for additional food assistance for recipients receiving income disregards.
2. It increases the transitional food benefits available under the TANF program from \$50 per month per family to \$100 per month per family.
3. It requires the Department of Health and Human Services to approve an extension from the 60-month limit for TANF recipients who have employment earnings.
4. It requires the Department of Health and Human Services to count the participation of a participant in the ASPIRE-TANF program in basic skills education, which includes programs to assist individuals in obtaining a high school diploma or equivalent or comparable credential, toward the first 20 hours of the participant's weekly work participation requirements. This requirement may be suspended if the State no longer meets the work participation rates required by the federal government.
5. It allows for \$2,000,000 of TANF block grant funds to be used for initiatives in this Act.

LD 1774 An Act To Reduce Child Poverty by Leveraging Investments so Families Can Thrive

PUBLIC 485

<u>Sponsor(s)</u> GIDEON S JACKSON T	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-605
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This bill makes the following changes, which are intended to reduce child poverty, increase food security and create stronger bridges to employment for families with children.

1. It requires the Department of Health and Human Services to collect data to measure access to and the performance of certain programs administered by the Department of Health and Human Services and establish improvement targets on an annual basis to monitor year-to-year improvements related to program accessibility and participant well-being.
2. It reallocates the provisions relating to transitional Medicaid from the Maine Revised Statutes, Title 22, chapter 1053-B, which pertains to temporary assistance for needy families, to Title 22, chapter 855, which pertains to aid to needy persons, to reflect that the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 110 Stat. 2105 no longer just applies to families losing eligibility for Medicaid as a result of losing eligibility for the Temporary Assistance for Needy Families program but instead applies to all parents who lose eligibility for Medicaid.
3. It removes the requirement that a family must have received Medicaid assistance for at least three of the last six months in order for that family to receive transitional Medicaid.

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4. It requires that the Department of Health and Human Services provide transitional Medicaid for a 12-month extension period pursuant to the state option provided in 42 United States Code, Section 1396r-6, Subsection (a), Paragraph (5) when a person's eligibility was terminated because of an increase in earned income or hours of employment or a loss of a time-limited earnings disregard.
5. It eliminates the TANF gross income test for applicants to conform the eligibility methodology for both applicants and recipients.
6. It establishes a procedure by which the Department of Health and Human Services must consider referrals made in accordance with department rule from educational institutions and similar programs as applications for the Parents as Scholars Program under the Maine Revised Statutes, Title 22, section 3790.
7. It provides funds from the TANF block grant to provide personalized professional guidance, support and navigation services for participants in the Parents as Scholars Program in order to promote program completion and student success and requires the Commissioner of Health and Human Services to convene a working group to make recommendations related to the most effective way to achieve this goal, along with other suggestions to improve the program.
8. It requires the Commissioner of Health and Human Services to convene a working group to review and make recommendations to improve the operations of systems and programs administered by the Department of Health and Human Services providing services to people in need.
9. It provides that additional costs to the State resulting from implementation of this legislation must be paid from funds provided to the Department of Health and Human Services under the Temporary Assistance for Needy Families block grant or from resources representing the State's maintenance of effort to qualify for federal funds.

Committee Amendment "A" (H-605)

This amendment makes the following changes to the bill.

1. It removes the requirement for the Department of Health and Human Services to establish annual improvement targets to ensure access to public assistance programs.
2. It clarifies that sources of information to compile data measures of child and family economic security are not limited to the data sources in the bill and specifies that data from other state agencies including the Department of Labor and the Department of Administrative and Financial Services, Bureau of Revenue Services must be compiled.
3. It includes a data requirement that includes families earning below 50% of the federal poverty level at the time participation in the Temporary Assistance for Needy Families program was terminated and during the second and fourth quarters after participation was terminated.
4. It clarifies the language regarding the ratio of persons receiving food supplement assistance to those eligible to specify that the ratio applies to the number of persons overall, the number of persons 60 years of age and older, nonelderly persons with a disability and children under 18 years of age.
5. It specifies that data collected regarding waiting times for calls to Department of Health and Human Services call centers are to a person and not to an interactive voice response system.
6. It changes the requirements of the Department of Health and Human Services to measure and report on the effect of departmental initiatives to improve child and family economic security rather than establishing improvement targets with reporting requirements.
7. It changes the amount of funding for navigators at educational institutions and programs from \$500,000 to

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\$250,000.

The amendment also adds an appropriations and allocations section.

Enacted Law Summary

Public Law 2019, chapter 485 makes the following changes to public assistance programs intended to reduce child poverty, increase food security and employment for families with children.

1. It requires the Department of Health and Human Services to collect data to measure access to and the performance of certain programs administered by the Department of Health and Human Services and report annually on those measures including an assessment of how these measures may be improved through department programming.
2. It reallocates the provisions relating to transitional Medicaid from the Maine Revised Statutes, Title 22, chapter 1053-B, which pertains to temporary assistance for needy families, to Title 22, chapter 855, which pertains to aid to needy persons, to reflect that the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 110 Stat. 2105 no longer just applies to families losing eligibility for Medicaid as a result of losing eligibility for the Temporary Assistance for Needy Families program but instead applies to all parents who lose eligibility for Medicaid.
3. It removes the requirement that a family must have received Medicaid assistance for at least three of the last six months in order for that family to receive transitional Medicaid.
4. It requires that the Department of Health and Human Services provide transitional Medicaid for a 12-month extension period pursuant to the state option provided in 42 United States Code, Section 1396r-6, Subsection (a), Paragraph (5) when a person's eligibility was terminated because of an increase in earned income or hours of employment or a loss of a time-limited earnings disregard.
5. It eliminates the TANF gross income test for applicants to conform the eligibility methodology for both applicants and recipients.
6. It establishes a procedure by which the Department of Health and Human Services must consider referrals made in accordance with department rule from educational institutions and similar programs as applications for the Parents as Scholars Program under the Maine Revised Statutes, Title 22, section 3790.
7. It provides \$250,000 annually from the TANF block grant to provide personalized professional guidance, support and navigation services for participants in the Parents as Scholars Program in order to promote program completion and student success and requires the Commissioner of Health and Human Services to convene a working group to make recommendations related to the most effective way to achieve this goal, along with other suggestions to improve the program.
8. It requires the Commissioner of Health and Human Services to convene a working group to review and make recommendations to improve the operations of systems and programs administered by the Department of Health and Human Services providing services to people in need.
9. It provides that additional costs to the State resulting from implementation of the law must be paid from funds provided to the Department of Health and Human Services under the Temporary Assistance for Needy Families block grant or from resources representing the State's maintenance of effort to qualify for federal funds.

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LD 1792 An Act To Ensure Compliance with Federal Family First Prevention Services Legislation

PUBLIC 399

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MADIGAN C	OTP-AM	H-611

This bill requires the Department of Health and Human Services to adopt rules for children's residential care facilities that include procedures for fingerprint-based background checks and child abuse and neglect registry checks for all staff working in the facility to ensure compliance with the requirements governing fingerprint-based background checks contained in federal family first prevention services legislation.

Committee Amendment "A" (H-611)

This amendment strikes and replaces the bill to be consistent with criminal history record check practices. It incorporates provisions that address existing technical conflicts in the criminal history record check statutes. It also defines "staff member" to allow fingerprinting of applicants for employment as well as employees of children's residential care facilities.

Enacted Law Summary

Public Law 2019, chapter 399 requires the Department of Health and Human Services to conduct fingerprint-based background checks consistent with criminal history record check practices and child abuse and neglect registry checks for all staff members working in the facility to ensure compliance with the requirements governing fingerprint-based background checks contained in federal family first prevention services legislation. It addresses existing technical conflicts in the criminal history record check statutes.

LD 1801 An Act To Ensure Compliance with Federal Requirements for Background Checks of Certain Department of Health and Human Services Employees

PUBLIC 402

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HYMANSON P	OTP-AM	H-612

This bill amends the child support enforcement laws to implement background investigative checks for employees, prospective employees and contractors with access to federal tax information in compliance with the United States Internal Revenue Services' Publication 1075, which requires fingerprinting of all affected individuals. This bill amends provisions relating to the Department of Public Safety, Bureau of State Police, State Bureau of Identification that set forth the procedures for taking and processing fingerprints. This bill authorizes the department to adopt rules to conduct background checks. This bill also corrects a conflict created by Public Law 2017, chapters 452 and 457, which affected the same provision of law, by incorporating the changes made by both laws.

Committee Amendment "A" (H-612)

This amendment strikes and replaces the bill to be consistent with criminal history record check practices. It incorporates provisions that address existing technical conflicts in the criminal history record check statutes.

Enacted Law Summary

Public Law 2019, chapter 402 amends the child support enforcement laws to implement background investigative checks for employees, prospective employees and contractors with access to federal tax information in compliance with the United States Internal Revenue Services' Publication 1075, which requires fingerprinting of all affected individuals. It amends provisions relating to the Department of Public Safety, Bureau of State Police, State Bureau

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of Identification that set forth the procedures for taking and processing fingerprints. It authorizes the department to adopt rules to conduct background checks. This bill also corrects a conflict created by Public Law 2017, chapters 452 and 457, which affected the same provision of law, by incorporating the changes made by both laws.

LD 1803 An Act To Update the Laws Regarding Death and Marriage Records

PUBLIC 340

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

This bill makes changes to the laws governing marriage records and the filing, correction and amendment of death records, including removing language from the statutes that describes marriage as the union of a man and a woman to conform with the laws in the State. This bill also authorizes people to record their intentions to marry with the State Registrar of Vital Statistics.

Enacted Law Summary

Public Law 2019, chapter 340 makes changes to the laws governing marriage records and the filing, correction and amendment of death records, including removing language from the statutes that describes marriage as the union of a man and a woman to conform with the laws in the State. It also authorizes people to record their intentions to marry with the State Registrar of Vital Statistics.

LD 1809 Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children

HELD BY
GOVERNOR

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

This resolve 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, 2020. 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, 2019. The department must submit a report on the results of the study to the Joint Standing Committee on Health and Human Services no later than January 30, 2020. 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, 2019 and the rates are approved by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Committee Amendment "A" (H-500)

This amendment adds an appropriations and allocations section.

This amendment was originally adopted in both the House and Senate but subsequently removed from the resolve.

Joint Standing Committee on Health and Human Services

LD 1816 An Act To Ensure the Safety and Well-being of Infants Affected by Substance Exposure

PUBLIC 342

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

This bill modifies reporting requirements and the Department of Health and Human Services' responsibility for establishment of a plan of safe care to include infants affected by substance use regardless of whether the mother's substance use was legal or illegal. In addition, this bill clarifies provisions regarding withdrawal symptoms so that the infant is no longer required to demonstrate withdrawal symptoms and instead is required to be affected by withdrawal symptoms. This bill also changes the requirement for the safe plan of care to require that service referrals be made not just for a mother but for any caregivers of the infant. These changes reflect changes in the federal Child Abuse Prevention and Treatment Act.

Enacted Law Summary

Public Law 2019, chapter 342 modifies reporting requirements and the Department of Health and Human Services' responsibility for establishment of a plan of safe care to include infants affected by substance use regardless of whether the mother's substance use was legal or illegal. It clarifies provisions regarding withdrawal symptoms so that the infant is no longer required to demonstrate withdrawal symptoms and instead is required to be affected by withdrawal symptoms. The law also changes the requirement for the safe plan of care to require that service referrals be made not just for a mother but for any caregivers of the infant. These changes reflect changes in the federal Child Abuse Prevention and Treatment Act.

LD 1822 An Act To Protect Access to Services for Adults with Serious and Persistent Mental Illness

CARRIED OVER

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

This bill establishes the right of an adult with serious and persistent mental illness who is denied access to certain services by a provider contrary to the terms of the provider's contract with the Department of Health and Human Services to seek informal department review of the provider's action and informal dispute resolution by the department to facilitate access to the service. If the adult continues to be denied access to the mental health service following department review, the adult may bring a private civil action in Superior Court for injunctive relief to enforce the terms of the provider's contract with the department. The bill requires the department to adopt routine technical rules governing the process for informal department review, which must include a definition of "adult with serious and persistent mental illness."

This bill was carried over to any special or regular session, or both, of the 129th Legislature by joint order, H.P. 1322.

LD 1825 An Act To Authorize Limited Disclosure of Cigarette Sales Information To Ensure Continued Receipt of Tobacco Settlement Funds

PUBLIC 381

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN L	OTP-AM	S-268

Joint Standing Committee on Health and Human Services

This bill authorizes the Attorney General to share information received under the laws governing tobacco product manufacturers, other than information received from the Department of Administrative and Financial Services, Bureau of Revenue Services, with courts, arbitrators, data clearinghouses or similar entities for the purpose of assessing compliance with, resolving disputes arising under or making calculations required by the Master Settlement Agreement or agreements resolving disputes arising under the Master Settlement Agreement, and with counsel for the parties or expert witnesses in any such proceeding, if the information otherwise remains confidential.

Committee Amendment "A" (S-268)

This amendment incorporates a fiscal note.

Enacted Law Summary

Public Law 2019, chapter 381 authorizes the Attorney General to share information received under the laws governing tobacco product manufacturers, other than information received from the Department of Administrative and Financial Services, Bureau of Revenue Services, with courts, arbitrators, data clearinghouses or similar entities for the purpose of assessing compliance with, resolving disputes arising under or making calculations required by the Master Settlement Agreement or agreements resolving disputes arising under the Master Settlement Agreement, and with counsel for the parties or expert witnesses in any such proceeding, if the information otherwise remains confidential.

LD 1838 Resolve, Requiring the Department of Health and Human Services To Examine Options for Upper Payment Limit Adjustments for MaineCare Services

**HELD BY
GOVERNOR**

Sponsor(s)

Committee Report

Amendments Adopted

S-369 BREEN C

This resolve, which was a committee bill, requires the Department of Health and Human Services to examine upper payment limit options to increase the federally approved limits for services provided under MaineCare. The department may contract with any consultant or third-party organization that the department determines appropriate for this purpose. The department may also consult with any stakeholders that the department determines appropriate. The department shall report its findings, actions taken, adjustments to upper payment limits, negotiations with United States Department of Health and Human Services, Centers for Medicare and Medicaid Services and any necessary legislation to the Joint Standing Committee on Health and Human Services no later than January 15, 2020.

Senate Amendment "A" (S-369)

This amendment decreases funding to contract with a third party to examine upper payment limit options to increase federally approved limits for services provided under MaineCare from \$26,000 to \$13,000.

LD 1839 Resolve, To Provide Sustainable Funding for Assisted Living Facilities

CARRIED OVER

Sponsor(s)

Committee Report

Amendments Adopted

This emergency resolve, which was a committee bill, includes the recommendations of the sustainable funding review conducted by the Department of Health and Human Services pursuant to Public Law 2017, chapter 460, Part

Joint Standing Committee on Health and Human Services

H. The resolve requires the Department of Health and Human Services, by July 1, 2019, to increase the total reimbursement amount by \$569,111 in each year to the seven assisted living facilities that have contracts with the department. The Department of Health and Human Services shall also amend its Section 63 rules of the Office of Elderly Services Policy Manual, 10-149 C.M.R. Chapter 5, to increase the number of medication passes per consumer per day from three to six. The rules must allow for reimbursement for this service beginning July 1, 2019.

This resolve was reported out of committee and then carried over to any special or regular session, or both, of the 129th Legislature on the Special Appropriations Table by joint order, H.P. 1322.

Joint Standing Committee on Health and Human Services

SUBJECT INDEX

Aging and Long-term Care

Enacted

LD 1125	Resolve, To Require Reimbursement for Bed-hold Days in Adult Family Care Homes	RESOLVE 94
LD 1548	Resolve, To Promote Quality and Transparency in the Provision of Services by Assisted Housing Programs That Provide Memory Care	RESOLVE 106

Not Enacted

LD 177	Resolve, To Improve Access to Bariatric Care	CARRIED OVER
LD 315	Resolve, To Promote Healthy Living in Maine	CARRIED OVER
LD 325	An Act To Provide Emergency Funds for Clients of the Adult Protective Services System	CARRIED OVER
LD 363	An Act To Protect Residents of Assisted Living Facilities	ONTP
LD 472	An Act To Provide Meals to Homebound Individuals	Died On Adjournment
LD 474	Resolve, To Establish a Medically Tailored Food Pilot Project	CARRIED OVER
LD 539	Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Nursing Facilities	CARRIED OVER
LD 583	Resolve, Directing the Department of Health and Human Services To Study the State's Long-term Services and Supports System for Older Adults	ONTP
LD 606	Resolve, To Require the Department of Health and Human Services To Provide Cost-based Reimbursement to Maine Veterans' Homes	Died On Adjournment
LD 653	Resolve, To Establish the Task Force To Study Opportunities for Improving Home and Community-based Services	CARRIED OVER

LD 697	Resolve, Directing the Department of Health and Human Services To Conduct a Review of Rules Governing In-home Personal Care Assistance Services	CARRIED OVER
LD 935	An Act To Increase the Viability of Assisted Living Facilities by Increasing the Rate of Reimbursement	CARRIED OVER
LD 1106	An Act To Improve the Health and Economic Security of Older Residents	CARRIED OVER
LD 1126	Resolve, To Classify Employee Health Insurance as a Fixed Cost for MaineCare Reimbursement in Nursing Homes	CARRIED OVER
LD 1142	Resolve, To Expand Transportation Services for Seniors Who Are MaineCare Members	CARRIED OVER
LD 1202	Resolve, To Develop a Plan To Improve Service Delivery to Individuals Receiving Medicaid Home and Community-based Services	ONTP
LD 1308	An Act To Better Fund Nursing Homes in the State To Better Help the Elderly and Disabled	ONTP
LD 1309	An Act To Index MaineCare Reimbursement to Nursing Homes and Other Adult Care Facilities to Increases in the Minimum Wage	ONTP
LD 1577	An Act To Assist Nursing Homes in the Management of Facility Beds	CARRIED OVER
LD 1655	An Act To Improve and Modernize Home-based Care	CARRIED OVER
LD 1758	An Act To Clarify and Amend MaineCare Reimbursement Provisions for Nursing and Residential Care Facilities	HELD BY GOVERNOR
LD 1839	Resolve, To Provide Sustainable Funding for Assisted Living Facilities	CARRIED OVER

Brain Injury

Enacted

LD 297	An Act To Strengthen Brain Injury Resources for Underserved Populations, Including Opioid Overdose Brain Injury Survivors	PUBLIC 488
LD 408	Resolve, To Require the Department of Health and Human Services To Develop a Plan for Neurobehavioral Beds	RESOLVE 88

Not Enacted

LD 972 Resolve, To Increase Access to Brain Injury Waiver Services CARRIED OVER

Child Care

Not Enacted

LD 222 An Act To Prohibit Child Care Providers from Requiring Payment during Vacation Closures ONTP

LD 238 An Act To Increase the Minimum Area of Usable Space per Child Required in the Outdoor Area of a Child Care Center ONTP

LD 1012 An Act To Provide Stable Funding and Support for Child Care Providers ONTP

Child Development

Enacted

LD 443 An Act To Prevent Vitamin K Deficiency Bleeding and Eye Damage in Infants PUBLIC 426

**LD 1635 Resolve, To Improve Access to Early and Periodic Screening, Diagnostic and Treatment Services for Children from Birth to 8 Years of Age RESOLVE 66
EMERGENCY**

Not Enacted

LD 1760 An Act To Support Children's Healthy Development and School Readiness CARRIED OVER

Children's Mental Health

Enacted

**LD 40 Resolve, To Establish the Commission To Study Children's Mental Health RESOLVE 96
EMERGENCY**

Not Enacted

LD 1418 An Act To Address Maine's Shortage of Behavioral Health Services for Minors CARRIED OVER

**LD 1809 Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children HELD BY
GOVERNOR**

Children's Services

Enacted

LD 192	An Act To Require an Annual Report on the Activities of the Maine Child Welfare Advisory Panel	PUBLIC 28
LD 821	Resolve, To Review Case Loads for Child Welfare Caseworkers	RESOLVE 34 EMERGENCY
LD 984	Resolve, To Develop Plans To Return to the State Children Housed in Residential Treatment Systems outside of the State	RESOLVE 54
LD 1094	An Act To Increase Funding for the Child Welfare Services Ombudsman Program	PUBLIC 520
LD 1275	An Act To Support Access to Health Services for Homeless Youth in Maine	PUBLIC 206
LD 1378	An Act To Ensure the Provision of Medical Assessments for Youth in Foster Care	PUBLIC 162
LD 1526	An Act To Increase the Availability of Foster Homes	PUBLIC 444

Not Enacted

LD 115	An Act To Appropriate Funds for Home Visiting Services To Provide Child Development Education and Skills Development for New Parents	CARRIED OVER
LD 633	An Act To Create a Kinship Care Navigator Program within the Department of Health and Human Services	CARRIED OVER
LD 646	An Act To Improve Trust with Regard to Home Visitation by the Department of Health and Human Services by Requiring That Certain Visits Be Videotaped	ONTP
LD 838	Resolve, To Ensure the Continuation of Services to Maine Children and Families	ONTP
LD 1039	Resolve, To Establish and Fund Interventions for At-risk Families and Children	CARRIED OVER
LD 1225	An Act To Increase Funding for Home Visiting Programs	ONTP
LD 1417	An Act To Expand Access to Head Start To Assist Opioid-affected and Other At-risk Families	CARRIED OVER
LD 1595	An Act To Enhance the Child Welfare Ombudsman Program	ONTP

Departmental Organization and Administration

Enacted

LD 1277	An Act To Require the Director of the Maine Center for Disease Control and Prevention To Be Credentialed	PUBLIC 523
LD 1801	An Act To Ensure Compliance with Federal Requirements for Background Checks of Certain Department of Health and Human Services Employees	PUBLIC 402

Not Enacted

LD 45	An Act To Amend the Law Regarding Maine's Background Check Center	ONTP
LD 80	An Act To Create the Department of Substance Use Disorder Services	ONTP
LD 428	An Act To Establish Wage and Employment Parity between Adult and Child Protective Services Caseworkers in the Department of Health and Human Services	CARRIED OVER
LD 476	Resolve, To Review the Delivery of Services to the Citizens of the State by the Department of Health and Human Services	ONTP
LD 511	An Act To Create a Position within the Department of Health and Human Services To Coordinate Dementia Programs and Services	CARRIED OVER
LD 1134	An Act To Set Aside Funds from Federal Block Grants for Certain Communities	CARRIED OVER
LD 1146	An Act To Ensure the Provision of Housing Navigation Services to Older Adults and Persons with Disabilities	CARRIED OVER
LD 1180	Resolve, To Establish the Task Force To Better Coordinate the Protection of Vulnerable Populations	CARRIED OVER
LD 1377	An Act To Enhance and Improve the Maine Developmental Services Oversight and Advisory Board and To Establish the Aging and Disability Mortality Review Panel	CARRIED OVER

Developmental Disabilities

Enacted

LD 99	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 17 EMERGENCY
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LD 282	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 20 EMERGENCY
LD 1486	An Act To Strengthen Supports for Adults with Intellectual Disabilities or Autism in Crisis	PUBLIC 290
LD 1637	An Act To Prevent Medicaid Payment from a Savings Account Established under the Federal ABLE Act of 2014	PUBLIC 348

Not Enacted

LD 373	An Act To Provide MaineCare Coverage for Dental Services to Adults with Intellectual Disabilities or Autism Spectrum Disorder, Brain Injuries and Other Related Conditions	CARRIED OVER
LD 399	An Act To Align Wages for Direct Care Workers for Persons with Intellectual Disabilities or Autism with the Minimum Wage	CARRIED OVER
LD 1153	An Act To Provide Flexibility in the Treatment of Individuals with Intellectual Disabilities or Autism	Leave to Withdraw Pursuant to Joint Rule 310
LD 1178	An Act To Address the Needs of Children with Intellectual Disabilities and Autism Spectrum Disorder	CARRIED OVER
LD1450	Resolve, To Mitigate the Increasing Waiting List for Services under the MaineCare Section 21 Waiver Program	ONTP

Disposition of Human Rights

Enacted

LD 1484	An Act To Create a System Using the Permit for Disposition of Human Remains To Track the Burial of Cremated Remains in a Public Cemetery	PUBLIC 257
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End of Life

Enacted

LD 1313	An Act To Enact the Maine Death with Dignity Act	PUBLIC 271
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Fund for a Healthy Maine

Enacted

LD 1825 An Act To Authorize Limited Disclosure of Cigarette Sales Information To PUBLIC 381
Ensure Continued Receipt of Tobacco Settlement Funds

Not Enacted

LD 142 An Act To Increase Funding for the Fund for a Healthy Maine To Reduce ONTP
Smoking

Health Care

Enacted

LD 392 An Act To Fund Maine's School-based Health Centers PUBLIC 425

LD 494 An Act To Update the Family Planning Statutes PUBLIC 236

Not Enacted

LD 181 An Act To Provide Funding to the Department of Health and Human CARRIED OVER
Services To Support Free Health Clinics in the State

LD 745 An Act To Support the Northern New England Poison Center CARRIED OVER

LD 836 An Act To Expand Maine's School-based Health Centers CARRIED OVER

LD 1235 An Act To Increase Safety in Health Care Facilities ONTP

LD 1539 An Act To Provide Maine Children Access to Affordable Health Care CARRIED OVER

Health Care Workforce

Enacted

LD 1007 Resolve, To Change the Educational Requirements of Certain Behavioral RESOLVE 99
Health Professionals

Health Information and Data

Enacted

LD 1803 An Act To Update the Laws Regarding Death and Marriage Records PUBLIC 340

Health Planning

Enacted

**LD 439 Resolve, Directing the Commissioner of Health and Human Services To
Convene a Task Force To Study the Need for Long-term Acute Care Beds RESOLVE 69**

Hospitals

Not Enacted

LD 1350 An Act To Improve Rural Health Care CARRIED OVER

**LD 1360 Resolve, To Expand Eligibility for Presumptive Eligibility Determinations
by Hospitals ONTP**

Immunizations

Not Enacted

LD 966 An Act To Ensure Safer Childhood Vaccines ONTP

**LD 1616 An Act To Establish the Vaccine Consumer Protection Program Majority (ONTP)
Report**

Lead Poisoning

Enacted

LD 153 An Act To Strengthen Testing for Lead in School Drinking Water PUBLIC 158

**LD 336 An Act To Require That Notice of Lead Abatement Orders Be Filed with
the Registry of Deeds PUBLIC 100**

LD 976 An Act To Require Additional Lead Screening for Children PUBLIC 201

**LD 1116 An Act To Strengthen the Lead Poisoning Control Act PUBLIC 479
EMERGENCY**

Not Enacted

LD 986 An Act To Expand Lead Inspections to Other Properties of the Owner of a Property Determined to Contain Lead ONTP

Licensing

Enacted

LD 934 Resolve, To Review the Implementation of the Maine Background Check Center Act RESOLVE 53

LD 1792 An Act To Ensure Compliance with Federal Family First Prevention Services Legislation PUBLIC 399

Not Enacted

LD 724 An Act To Amend the Maine Background Check Center Act To Provide Employers Flexibility To Use Approved Alternate Vendors ONTP

LD 1137 An Act To Clarify the Background Check Process for Certain Child Care Workers ONTP

Maternal/Infant

Enacted

LD 699 Resolve, To Provide for Outreach Programs To Assist Women at Risk of Giving Birth to Substance-exposed Infants RESOLVE 103

LD 1816 An Act To Ensure the Safety and Well-being of Infants Affected by Substance Exposure PUBLIC 342

Not Enacted

LD 684 Resolve, Relating to the Prevention and Management of Neonatal Abstinence Syndrome ONTP

LD 1289 Resolve, To Reduce the Incidence of Infants Exposed to Illegal Substances ONTP

Medicaid/MaineCare

Enacted

LD 78 An Act To Facilitate Access to the MaineCare Family Planning Benefit PUBLIC 420

LD 84	Resolve, Directing the Department of Health and Human Services To Allow Spouses To Provide Home and Community-based Services to Eligible MaineCare Members	RESOLVE 102
LD 195	An Act To Continue MaineCare Coverage for Parents During the Rehabilitation and Reunification Process	PUBLIC 130
LD 615	An Act To Protect the Integrity of the MaineCare Program	PUBLIC 266
LD 1228	Resolve, Requiring the Department of Health and Human Services To Develop More Comprehensible MaineCare Benefit Letters	RESOLVE 95
LD 1356	Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 40: Home Health Services, a Late-filed Major Substantive Rule of the Department of Health and Human Services	RESOLVE 51 EMERGENCY
LD 1510	Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97: Private Non-Medical Institution Services and Appendices B, C, D, E and F, a Late-filed Major Substantive Rule of the Department of Health and Human Services	RESOLVE 39 EMERGENCY
LD 1696	Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 28: Allowances for Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations, a Late-filed Major Substantive Rule of the Department of Health and Human Services	RESOLVE 40 EMERGENCY

Not Enacted

LD 20	An Act To Provide Coverage for Abortion Services for MaineCare Members	Leave to Withdraw Pursuant to Joint Rule 310
LD 154	An Act To Amend the Law Governing MaineCare Coverage of Chiropractic Treatment	CARRIED OVER
LD 234	Resolve, To Increase Certain Chiropractic Reimbursement Rates under the MaineCare Program	CARRIED OVER
LD 362	Resolve, To Require the Department of Health and Human Services To Submit a State Plan Amendment To Exempt Retirement and Educational Assets from Calculations for Medicaid Eligibility	CARRIED OVER
LD 493	An Act To Provide Lung Cancer Counseling and Screening for MaineCare Recipients	CARRIED OVER
LD 498	Resolve, Regarding Reimbursement of Physical Medicine and Rehabilitation Codes under MaineCare	CARRIED OVER
LD 593	Resolve, To Stabilize the Behavioral Health Workforce and Avert More Expensive Treatments	CARRIED OVER

LD 692	Resolve, To Address Reimbursement Rates for Licensed Clinical Social Workers under MaineCare	CARRIED OVER
LD 880	Resolve, Regarding the Impact of Minimum Wage Increases and Paid Time Off Requirements on MaineCare Reimbursement Rates	CARRIED OVER
LD 915	An Act To Provide Adequate Reimbursement under MaineCare for Ambulance and Neonatal Transport Services	CARRIED OVER
LD 981	An Act To Implement the State's Recently Approved Request for a Section 1115 Demonstration for MaineCare	Majority (ONTP) Report
LD 1052	An Act To Require Regular and Transparent Review of MaineCare Reimbursement Rates	CARRIED OVER
LD 1062	An Act To Support Maine Families by Providing for Transportation of Parents and Guardians of MaineCare Recipients under 18 Years of Age to Their Appointments	Majority (ONTP) Report
LD 1288	An Act To Establish a MaineCare Reimbursement Rate Review Process and the MaineCare Independent Rate Commission	ONTP
LD 1373	Resolve, To Reduce MaineCare Spending through Targeted Nutrition Interventions	CARRIED OVER
LD 1838	Resolve, Requiring the Department of Health and Human Services To Examine Options for Upper Payment Limit Adjustments for MaineCare Services	HELD BY GOVERNOR

Medical Use of Marijuana

Enacted

LD 538	An Act To Ensure Access to Medical Cannabis for Visiting Qualifying Patients	PUBLIC 209 EMERGENCY
LD 1129	An Act To Clarify Certain Provisions of the Maine Medical Use of Marijuana Act	PUBLIC 217
LD 1218	An Act To Allow Maine Medical Marijuana Caregivers To Measure Cultivation Limits by Plant Canopy Size	PUBLIC 256
LD 1505	An Act To Amend the Marijuana Laws To Correct Inconsistencies in Recently Enacted Laws	PUBLIC 331
LD 1735	An Act To Clarify the Pathway for a Registered Dispensary under the Maine Medical Use of Marijuana Act To Become a For-profit Entity	PUBLIC 312 EMERGENCY
LD 1738	An Act Regarding Medical Marijuana	PUBLIC 354 EMERGENCY

LD 803	An Act To Create 4 Regional Mental Health Receiving Centers	CARRIED OVER
LD 876	Resolve, Directing the Department of Health and Human Services, Office of Substance Abuse and Mental Health Services To Build Peer Respite Program Capacity in Maine by Implementing at Least One Peer Respite Program	ONTP
LD 1032	An Act To Ensure Sufficient Representation of Adults Receiving Mental Health Services on Local Councils within the Consumer Council System of Maine	ONTP
LD 1135	Resolve, To Increase Funding for Assertive Community Treatment	CARRIED OVER
LD 1315	An Act To Support Medically Monitored Crisis Support and Intervention	HELD BY GOVERNOR
LD 1461	An Act To Support Early Intervention and Treatment of Mental Health Disorders	CARRIED OVER
LD 1737	An Act Relating to the Retention and Hiring of Mental Health Staff at the Department of Health and Human Services	CARRIED OVER
LD 1822	An Act To Protect Access to Services for Adults with Serious and Persistent Mental Illness	CARRIED OVER

Oral Health/Dental Care

Not Enacted

LD 230	An Act To Improve Access to Preventive, Cost-saving Dental Services	ONTP
LD 1161	An Act To Restrict the Use of Mercury in Dental Fillings in State-funded Dental Procedures	Died Between Houses
LD 1259	Resolve, Directing the Department of Health and Human Services To Adopt Rules To Streamline and Remove Barriers for Reimbursement for Providers of Dental Care Services	ONTP
LD 1399	An Act To Improve Oral Health and Access to Dental Care for Maine Children	HELD BY GOVERNOR
LD 1453	Resolve, To Establish a Stakeholder Group To Develop an Adult Dental Benefit under MaineCare	HELD BY GOVERNOR

Poverty and Homelessness

Enacted

LD 613	Resolve, Concerning the Adoption of Rules To Carry Out the Purpose of the Bridging Rental Assistance Program	RESOLVE 60
LD 1318	Resolve, To Increase Access to Housing-related Support Services	RESOLVE 55
LD 1337	Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services	RESOLVE 105

Not Enacted

LD 964	Resolve, To Study Housing Options for Persons with Mental Health Challenges and Substance Use Disorder	ONTP
LD 1006	Resolve, To Require the Development of Strategies for Reducing Health Disparities Based on Social Determinants	ONTP
LD 1201	An Act To Create a Low-barrier, Permanent Housing Rental Subsidy for Individuals in the State Experiencing Long-term Homelessness	ONTP
LD 1404	Resolve, To Provide Support Services and Funds To Prevent Homelessness	

Prescription Drugs

Not Enacted

LD 500	An Act To Extend the Limitation on Prescribing Opioids for Certain Individuals with Chronic Pain	ONTP
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Public Assistance

Enacted

LD 459	An Act Regarding Presumptive Eligibility and Homelessness under the General Assistance Laws	PUBLIC 515
LD 761	An Act To Ensure That Incarcerated Individuals Are Eligible for Medicaid during Incarceration and Receive Food Supplement Program Benefits upon Release	PUBLIC 492
LD 765	Resolve, To Review Asset Limits for Social Service Programs	RESOLVE 41
LD 982	Resolve, To Expand the Use of the Women, Infants and Children Special Supplemental Food Program at Farmers' Markets	RESOLVE 93

LD 1247	Resolve, To Clarify the Good Cause and Sanction Process in the Temporary Assistance for Needy Families and Additional Support for People in Retraining and Employment Programs	RESOLVE 67
LD 1772	An Act To Secure Transitions to Economic Prosperity for Maine Families and Children	PUBLIC 484
LD 1774	An Act To Reduce Child Poverty by Leveraging Investments so Families Can Thrive	PUBLIC 485

Not Enacted

LD 129	An Act To Protect a Child from Misuse of Identity	ONTP
LD 421	Resolve, To Amend the State Plan Regarding the Processing of Vouchers under the Special Supplemental Nutrition Program for Women, Infants and Children by Farmers' Markets	ONTP
LD 752	An Act To Reduce Food Insecurity and Promote Economic Growth	ONTP
LD 864	An Act To Make Whole Family Support Available Statewide	Leave to Withdraw Pursuant to Joint Rule 310
LD 1132	An Act To Provide Additional Food Supplement Assistance for the Elderly and Persons with Disabilities	ONTP
LD 1317	An Act To Restore Services To Help Certain Noncitizens Meet Their Basic Needs	Died on Adjournment
LD 1403	An Act To Amend the General Assistance Laws Governing Reimbursement	CARRIED OVER

Public Health

Enacted

LD 1079	An Act To Authorize Public Schools To Periodically Test for Radon	PUBLIC 172
LD 1297	An Act To Reduce Youth Cancer Risk	PUBLIC 275

Not Enacted

LD 227	An Act To Strengthen Maine's Public Health Infrastructure	CARRIED OVER
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LD 231	An Act To Improve Public Health by Maximizing Federal Funding Opportunities	CARRIED OVER
LD 304	An Act To Improve Stroke Care in Maine	ONTP
LD 463	An Act To Reduce Obesity Rates in Maine	ONTP
LD 706	An Act To Reduce the Incidence of Obesity and Chronic Disease in the State	CARRIED OVER
LD 931	An Act To Reduce Obesity by Reimbursing for Prescription Drug Therapy Provided by a Member of a Weight Management Team	CARRIED OVER
LD 1171	An Act To Prevent Sexual and Domestic Violence and To Support Survivors	CARRIED OVER

Substance Use Disorder

Enacted

LD 303	An Act To Require Recovery Residences for Persons with Substance Use Disorder Be Equipped with Naloxone and To Exempt from Criminal Liability Persons Administering Naloxone	PUBLIC 292
LD 1005	Resolve, To Establish a Pilot Project To Save Lives and Support People with Substance Use Disorder in Washington County	RESOLVE 98 EMERGENCY
LD 1030	An Act To Amend the Laws Governing the Substance Use Disorder Services Commission	PUBLIC 432
LD 1523	An Act To Ensure the Quality of and Increase Access to Recovery Residences	PUBLIC 524

Not Enacted

LD 46	Resolve, To Establish the Cumberland County Jail Substance Use Disorder Rehabilitation Pilot Project	CARRIED OVER
LD 266	An Act To Eliminate the 2-year Limit on MaineCare Coverage for Approved Drugs for Opioid Use Disorder	Leave to Withdraw Pursuant to Joint Rule 310
LD 447	An Act Regarding the Substance Use Disorder Continuum of Care	ONTP
LD 578	Resolve, To Create a Pilot Program To Assist the Transition to Recovery of Persons Suffering from Opioid Use Disorder	ONTP

LD 949	An Act To Prevent Overdose Deaths	Majority (ONTP) Report
LD 993	An Act To Expand Recovery Support Services Offered in Penobscot and Piscataquis Counties and the Greater Bangor Region To Improve Access, Treatment and Recovery for Those Affected by Substance Use Disorder by Designating a Regional Peer-supported Recovery Center	ONTP
LD 1185	An Act To Facilitate Intervention by and Provision of Services through the Department of Health and Human Services for Certain Families Affected by Substance Use	ONTP
LD 1429	An Act To Fund Opioid Use Disorder Prevention and Treatment	CARRIED OVER
LD 1630	Resolve, To Ensure Access to Opiate Addiction Treatment	CARRIED OVER
LD 1662	An Act To Save Lives by Establishing the Low Barrier Opioid Treatment Response Program	CARRIED OVER
LD 1689	An Act To Address the Opioid Crisis through Evidence-based Public Health Policy	CARRIED OVER

Tobacco Sale and Use

Enacted

LD 152	An Act To Prohibit the Possession and Use of Electronic Smoking Devices on School Grounds	PUBLIC 61
LD 1190	An Act To Prohibit the Furnishing of Tobacco Products to Minors	PUBLIC 495

Not Enacted

LD 343	An Act To Promote Equity in Business Opportunity for Tobacco Specialty Stores	Majority (ONTP) Report
LD 416	An Act To Allow Eating Establishments To Permit Smoking Tobacco in Designated Outdoor Eating Areas	Majority (ONTP) Report
LD 508	Resolve, To Study the Protection of Youth and Young Adults from Addiction and Premature Death by Restricting Marketing of Tobacco Products	CARRIED OVER
LD 551	An Act To Ban Nicotine Liquid Containers	ONTP

LD 552

An Act Relating to Penalties for an Employer for the Retail Sale of Tobacco Products to a Minor when the Employer Possesses a Driver's License Reader

ONTP