

STATE OF MAINE
124TH LEGISLATURE
FIRST REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed during the First Regular Session of the 124th Maine Legislature coming from the

JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

July 2009

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Joint Standing Committee on Health and Human Services

LD 16 Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Long-term Care Facilities

**DIED ON
ADJOURNMENT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BEAUDOIN	OTP-AM MAJ ONTP MIN	H-41

This resolve directs the Department of Health and Human Services to amend its rules to provide for increases in the personal needs allowances of residents in nursing facilities and residential care facilities and provide for annual increases after July 1, 2010 that are indexed to the Consumer Price Index for medical services. The rules are designated as routine technical rules.

Committee Amendment "A" (H-41)

This amendment changes the date for increasing the personal needs allowance from July 1, 2009 to October 1, 2009 and adds an appropriations and allocations section.

LD 17 An Act To Prohibit the Sale of Energy Drinks to Minors

ONTP

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

This bill prohibits the sale of energy drinks to minors. In the bill an energy drink is defined as a soft drink that contains 80 or more milligrams of caffeine per 8 fluid ounces.

The Joint Standing Committee on Health and Human Services requests by letter that the Department of Health and Human Services work with stakeholders to examine the issues relative to energy drinks and the impact the drinks may have on the health of children. The letter asks the department to make recommendations related to the labeling, advertising and marketing of energy drinks as well as strategies for consumer education. It asks the department to report those recommendations to the Joint Standing Committee on Health and Human Services by January 15, 2010.

LD 18 An Act To Ensure Access to MaineCare Services

ONTP

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

This bill ensures access to MaineCare services by providing incentives for health care practitioners to serve MaineCare members. The incentives, which will be established by routine technical rulemaking that must be completed by January 1, 2010, may include reimbursement or other incentives.

Joint Standing Committee on Health and Human Services

LD 19 An Act To Amend the Laws Regarding Public Rest Rooms

ONTP

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

This bill requires that all places of public accommodation that provide rest room facilities provide disposable toilet seat covers.

LD 67 An Act To Protect Maine's State Parks and State Historic Sites

**PUBLIC 65
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NUTTING J	OTP-AM	S-38

This bill prohibits smoking on the beaches in Maine's state parks.

Committee Amendment "A" (S-38)

This amendment adds definitions and amends the bill to prohibit smoking in, on or within 20 feet of a beach, playground, snack bar, group picnic shelter, business facility, enclosed area, public place or restroom in a state park or state historic site. The amendment requires the Maine Center for Disease Control and Prevention to erect signs and undertake public education initiatives regarding the prohibition to the extent of available resources.

Enacted Law Summary

Public Law 2009, chapter 65 prohibits smoking in, on or within 20 feet of a beach, playground, snack bar, group picnic shelter, business facility, enclosed area, public place or restroom in a state park or state historic site. The amendment requires the Maine Center for Disease Control and Prevention to erect signs and undertake public education initiatives regarding the prohibition to the extent of available resources.

Public Law 2009, chapter 65 was enacted as an emergency measure effective May 1, 2009.

LD 80 Resolve, Regarding Legislative Review of Portions of Chapter 33: Rules for the Certification of Family Child Care Providers, a Major Substantive Rule of the Department of Health and Human Services, Division of Licensing and Regulatory Services

**RESOLVE 8
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-8

This resolve provides for legislative review of portions of Chapter 33: Rules for the Certification of Family Child Care Providers, a major substantive rule of the Department of Health and Human Services, Division of Licensing

Joint Standing Committee on Health and Human Services

and Regulatory Services.

Committee Amendment "A" (H-8)

This amendment incorporates a fiscal note.

Enacted Law Summary

Resolve 2009, chapter 8 provides for authorization of portions of Chapter 33: Rules for the Certification of Family Child Care Providers, a major substantive rule of the Department of Health and Human Services, Division of Licensing and Regulatory Services. Chapter 33 governs the operation of the in-home child care programs including certification of the providers. Changes to Chapter 33 include fee increases, a change to a biennial licensing cycle, a new "operating without a certificate" provision, a limitation on reapplication after certificate denial or revocation, licensing changes to inspections and additional policies for swimming and wading activities.

Resolve 2009, chapter 8 was enacted as an emergency measure effective April 16, 2009.

LD 81 Resolve, Regarding Legislative Review of Portions of Chapter 10: Exemptions to the Ban on Flavored Cigarettes and Cigars, a Major Substantive Rule of the Office of the Attorney General

**RESOLVE 3
EMERGENCY**

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

This resolve provides for legislative review of portions of Chapter 10: Exemptions to the Ban on Flavored Cigarettes and Cigars, a major substantive rule of the Office of the Attorney General.

Enacted Law Summary

Resolve 2009, chapter 3 approves portions of Chapter 10: Exemptions to the Ban on Flavored Cigarettes and Cigars, a major substantive rule of the Office of the Attorney General. The rule was proposed to align the exemption rule with state law on exemption. The purposed rule provides a process for exemptions based on a determination by the Attorney General that the characterizing flavor is not one known to appeal or likely to appeal to youth.

Resolve 2009, chapter 3 was passed as an emergency measure effective March 6, 2009.

LD 99 An Act To Allow Authorization for the Release of HIV Information on a General Medical Information Release Form

ONTP

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

This bill allows the release of HIV infection status information when a person authorizes the release of general medical information and eliminates the requirement for a specific authorization to be signed at the time a person receives the results of an HIV test.

Joint Standing Committee on Health and Human Services

LD 101 An Act To Extend the Operation of the Maine Health Data Processing Center and To Amend the Maine Health Data Organization Statutes

**PUBLIC 71
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A MARRACHE	OTP-AM	H-55

This bill extends the operation of the Maine Health Data Processing Center to September 1, 2015 and increases the length of time individuals may serve on the centers board of directors. This bill also repeals the requirement for hospitals and ambulatory surgical centers to maintain lists of average charges for procedures specified by the Maine Health Data Organization through rulemaking. In place of the lists, individual hospitals and surgical centers shall, upon request from an individual, provide the charge for any service rendered by the facility. In addition, the bill requires the Maine Health Data Organization to create an interactive website displaying prices paid for specific procedures performed at all Maine hospitals and impacted surgical, diagnostic or other nonhospital facilities. Additionally, this bill makes some minor modifications to definitions in the statutes governing the Maine Health Data Organization and adds a representative from the Bureau of Insurance to the Maine Health Data Organization board of directors.

Committee Amendment "A" (H-55)

This amendment changes the bill by allowing hospitals or ambulatory surgical centers to provide average charges rather than exact charges for inpatient and outpatient services to individuals upon request. It adds the Executive Director of Dirigo Health or a designee to the Maine Health Data Organization board of directors. It removes the requirement that the Superintendent of Insurance appoint an employee of the Bureau of Insurance as a member to the board and adds the Commissioner of Professional and Financial Regulation or a designee, serving in a nonvoting capacity. It adds language to specify that the total number of board members includes one nonvoting member and to reflect the fact that there are representatives of state agencies in addition to the Department of Health and Human Services now serving on the board.

Enacted Law Summary

Public Law 2009, chapter 71 extends the operation of the Maine Health Data Processing Center to September 1, 2015 and increases the length of time individuals may serve on the center's board of directors. It also repeals the requirement for hospitals and ambulatory surgical centers to maintain lists of average charges for procedures specified by the Maine Health Data Organization. In place of the lists, individual hospitals and surgical centers shall, upon request from an individual, provide the average charge for any service rendered by the facility. In addition, the law requires the Maine Health Data Organization to create an interactive website displaying prices paid for specific procedures performed at all Maine hospitals and impacted surgical, diagnostic or other nonhospital facilities. It makes some minor modifications to definitions in the statutes governing the Maine Health Data Organization. The law also replaces an employee of the Department of Health and Human Services with the Executive Director of Dirigo Health as a voting member on the Maine Health Data Organization board of directors and adds the Commissioner of Professional and Financial Regulation to the board in a nonvoting, consultative capacity.

Public Law 2009, chapter 71 was enacted as an emergency measure effective May 4, 2009.

Joint Standing Committee on Health and Human Services

LD 114 An Act To Amend the Laws Regarding Overnight Parking of Recreational Vehicles

ACCEPTED ONTP REPORT

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

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

This bill proposes to amend the laws to resolve the problems presented by the overnight parking of recreational vehicles in shopping center parking lots, including but not limited to the issues of waste disposal resulting from such overnight stays.

LD 119 An Act To Amend the Laws Governing Public Water System Operation Fees

PUBLIC 15

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

This bill changes the annual base fee imposed on public water systems operating in the State from \$50 to \$75. This bill also removes language that limits the base plus per capita fee to no more than \$30,000 per year per public water system.

Enacted Law Summary

Public Law 2009, chapter 15 changes the annual base fee imposed on public water systems operating in the State from \$50 to \$75. This law also removes language that limits the base plus per capita fee to no more than \$30,000 per year per public water system.

LD 155 An Act To Ban Smoking on Public Beaches and in Public Parks

ONTP

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

This bill prohibits smoking on public beaches and in public parks. See LD 67, Public Law 2009, chapter 65.

Joint Standing Committee on Health and Human Services

LD 163 An Act To Require Health Care Practitioners To Distribute Free Samples of Medications in Certain Circumstances ONTP

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

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

LD 217 Resolve, To Increase Transparency in the Long-term Care Planning and Delivery Process To Ensure Maine's Elderly Can Make Informed Choices ONTP

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

This resolve directs the Department of Health and Human Services to amend the rules relating to the transition process for nursing facility patients admitted to hospitals awaiting transition into residential care and improving the hospital discharge planning process. The resolve also directs the Department of Health and Human Services, Bureau of Elder and Adult Services to convene a working group with representatives of the Long-term Care Ombudsman, hospitals, nursing facilities and residential care facilities to find ways to improve the transparency and coordination of services in the hospital and long-term care facility discharge planning process, with the goal of providing patients and their families with a more coordinated, efficient and patient-friendly process that meets the specific needs of individual patients, including behavioral health needs. It also authorizes the Joint Standing Committee on Health and Human Services to submit legislation to the Second Regular Session of the 124th Legislature.

LD 228 An Act To Prevent Teenage Substance Abuse and Suicide ONTP

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

This bill provides funds to prevent and reduce substance abuse and suicide in children in the State by providing Fund for a Healthy Maine allocations of \$60,000 per year for the Maine chapter of the National Alliance on Mental Illness to support the TeenScreen and Up and Running ME programs.

Joint Standing Committee on Health and Human Services

**LD 233 An Act To Include Independent Practice Dental Hygienists in
MaineCare**

Carried Over

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JONES SULLIVAN		H-129

This bill provides for reimbursement under the MaineCare program to directly reimburse dental hygienists practicing independently as authorized under the Maine Revised Statutes, Title 32, section 1094-I for all procedures performed under Title 32, section 1094-Q, subsection 1. The bill directs the Department of Health and Human Services to adopt rules to implement this provision, and designates the rules as routine technical rules.

This bill was carried over by Joint Order, H.P. 1053 to any special or regular session of the 124th Legislature due to action of the Joint Standing Committee on Appropriations and Financial Affairs.

Committee Amendment "A" (H-129)

This amendment allows federally qualified health centers to employ independent practice dental hygienists as core providers under MaineCare rules and provides for the reimbursement of federally qualified health centers for these services. The amendment also adds an appropriations and allocations section.

**LD 239 An Act To Eliminate the Repeal Date on Nonhospital Expenditures in
the Capital Investment Fund**

**PUBLIC 194
EMERGENCY**

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

This bill eliminates the repeal date of the provision in the State Health Plan setting aside 12.5 percent of the capital investment fund, the annual limit established for expenditures approved through the certificate of need program, for nonhospital projects.

Enacted Law Summary

Public Law 2009, chapter 194 eliminates the repeal date of the provision in the State Health Plan setting aside 12.5 percent of the capital investment fund, which is the annual limit established for expenditures approved through the certificate of need program for nonhospital projects.

Public Law 2009, chapter 194 was enacted as an emergency measure effective May 22, 2009.

Joint Standing Committee on Health and Human Services

LD 251 An Act To Protect the Safety of Maine Children by Requiring the Express Consent of a Legal Guardian To Dispense Prescription Medication to a Minor

ONTP

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

This bill prohibits dispensing prescription drugs to a minor without express consent from the minor's parents or legal guardian unless the minor is living independently of parental or guardian support, is or was married, is or was serving in the Armed Forces of the United States or has been legally emancipated.

LD 252 An Act Regarding the Transfer of Nursing Facilities

PUBLIC 97

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
AYOTTE JACKSON	OTP-AM	H-89

This bill provides that, for sales of nursing facilities that occur on or after October 1, 2010, the Department of Health and Human Services may not require repayment of depreciation reimbursed under the MaineCare program. It directs the Department of Health and Human Services to amend the rules of reimbursement under the MaineCare program applicable to nursing facilities to implement the provisions of this bill and designates such rules as routine technical rules.

Committee Amendment "A" (H-89)

This amendment replaces the prohibition proposed in the bill on depreciation recapture under the MaineCare program when a nursing facility is sold. The amendment allows depreciation recapture through repayment by the seller or adjustment of the buyer's basis for the purposes of fixed cost reimbursement under MaineCare. The amendment also makes this change in MaineCare reimbursement applicable to sales of nursing facilities on or after October 1, 2009.

Enacted Law Summary

Public Law 2009, chapter 97 law governs depreciation recapture under the MaineCare program when a nursing facility is sold. The law allows depreciation recapture through repayment by the seller or adjustment of the buyer's basis for the purposes of fixed cost reimbursement under MaineCare. The law applies to sales of nursing facilities on or after October 1, 2009.

Joint Standing Committee on Health and Human Services

LD 254 An Act To Enact a 5-point Welfare Reform Program

**ACCEPTED ONTP
REPORT**

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

This bill enacts a 5-point welfare reform package. The bill imposes a 90-day residency requirement for general assistance, provides the New Hire tax credit for employers hiring recipients of welfare benefits, changes the 20-hour work participation requirement in the ASPIRE-TANF program, adjusts benefits to reflect earned income and imposes a 60-month lifetime limitation on ASPIRE-TANF benefits for adults. This bill specifies that the New Hire tax credit applies to tax years beginning on or after January 1, 2010.

LD 315 Resolve, Directing the Department of Health and Human Services and the Department of Agriculture, Food and Rural Resources To Develop a Plan To Facilitate the Procurement of Local Produce by Food Stamp Recipients

ONTP

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

This resolve requires the Department of Health and Human Services and the Department of Agriculture, Food and Rural Resources to work with local farmers and advocates for low-income people to develop a plan that will encourage food stamp recipients to purchase fresh produce from local farmers and that will facilitate food stamp recipients' access to local farm products. It requires the departments to consider projects that allow farmers to receive electronic benefit transfers or other methods of payment under the federal Supplemental Nutrition Assistance Program and to explore options for grants, pilot projects and waivers that may be available under the federal Food and Nutrition Act of 2008. It requires the departments to present a report to the Joint Standing Committee on Health and Human Services with findings and recommendations, including any necessary legislation, for the plan no later than January 15, 2010. It authorizes the Joint Standing Committee on Health and Human Services to submit a bill to the Second Regular Session of the 124th Legislature.

The Joint Standing Committee on Health and Human Services, in a letter, commends the departments on existing work with farmers markets already underway to allow food supplement recipients to purchase local produce. The letter encourages the departments to explore new ideas to connect Food Supplement recipients with local farmers and requests that the departments investigate federal funding for pilot projects under the Food and Nutrition Act of 2008, which is the second part of the resolve's directive. The letter requests that the departments keep the Joint Standing Committee on Health and Human Services abreast of any new projects or grants that result from this effort.

Joint Standing Committee on Health and Human Services

LD 319 An Act To Track the Prevalence of Childhood Obesity in Maine

PUBLIC 407

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RANKIN ALFOND	OTP-AM MAJ ONTP MIN	H-130 S-164 BRANNIGAN S-324 DIAMOND

This bill requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to create a protocol for all school nurses to follow in the collection of body mass index data from children and provide a method for uniform reporting to the department.

Committee Amendment "A" (H-130)

This amendment changes the bill by allowing trained screeners, in addition to school nurses, to collect body mass index data from students. It also allows a student to be exempt from this collection of data if the student's parent or guardian objects on religious or philosophical grounds. It makes the collection and reporting of data contingent upon the availability of federal funds. It also adds an appropriations and allocations section.

Senate Amendment "B" To Committee Amendment "A" (S-164)

This amendment provides that body mass index data collected by school administrative units are confidential except that data may be reported in the aggregate to the Department of Health and Human Services, Maine Center for Disease Control and Prevention. Data reported in this manner may not identify an individual student.

Senate Amendment "C" To Committee Amendment "A" (S-324)

This amendment removes the appropriations and allocations section from Committee Amendment "A."

Enacted Law Summary

Public Law 2009, chapter 407 requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to create a protocol for school nurses and trained screeners to follow in the collection of body mass index data from children and provide a method for uniform reporting to the department. It also allows a student to be exempt from this collection of data if the student's parent or guardian objects on religious or philosophical grounds. The law provides that body mass index data collected by school administrative units are confidential except that data may be reported in the aggregate to the Department of Health and Human Services, Maine Center for Disease Control and Prevention. Data reported in this manner may not identify an individual student. The collection and reporting of data by the school administrative units is contingent upon the availability of federal funds.

LD 320 Resolve, Regarding the Use of MaineCare for Catastrophic Illness

ONTP

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

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This resolve requires the Department of Health and Human Services, through its office of MaineCare services, to apply for a Medicaid waiver to provide beginning April 1, 2010 MaineCare coverage for persons with physical disabilities who develop a catastrophic illness and requires a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2010 on the progress of the waiver application.

**LD 321 An Act To Impose a State Residency Requirement for Eligibility for
General Assistance**

ONTP

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

This bill requires that a person reside in the State for at least 90 days in order to qualify for municipal general assistance.

**LD 322 An Act To Clarify the Prohibition on Payment for Health Care Facility
Mistakes or Preventable Adverse Events**

PUBLIC 31

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

This bill clarifies that an employer, as defined under the Maine Workers' Compensation Act of 1992, may not be charged by a health care facility to correct a mistake or preventable adverse event caused by that health care facility.

Enacted Law Summary

Public Law 2009, chapter 31 clarifies that an employer, as defined under the Maine Workers' Compensation Act of 1992, may not be charged by a health care facility to correct a mistake or preventable adverse event caused by that health care facility.

**LD 337 An Act Regarding Emergency Involuntary Admission of a Participant
in the Department of Health and Human Services' Progressive
Treatment Program to a State Mental Institute**

PUBLIC 276

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

This bill broadens the list of persons who are authorized to petition the District Court for rehospitalization of a participant in the progressive treatment program to include 2 categories of nurses who are already authorized to certify emergency hospitalization.

Enacted Law Summary

Public Law 2009, chapter 276 broadens the list of persons who are authorized to petition the District Court for

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rehospitalization of a participant in the progressive treatment program to include 2 categories of nurses who are already authorized to certify emergency hospitalization.

LD 341 An Act To Amend the Department of Health and Human Services' Progressive Treatment Program

PUBLIC 321

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NUTTING J	OTP-AM A ONTP B OTP-AM C	S-197

This bill provides for an extension of up to 6 months of the period of participation in the Department of Health and Human Services' progressive treatment program for a person suffering from a severe and persistent mental illness who has been involuntarily committed to a state mental health institute and who has been participating in the progressive treatment program. This bill also changes the age for participating in the progressive treatment program from 21 years of age and older to 19 years of age and older.

Committee Amendment "A" (S-197)

This amendment lowers the minimum age for participation in the progressive treatment program to 18 years of age. The amendment provides the process by which the assertive community treatment team for a person in the progressive treatment program may apply to the District Court for one extension of participation for up to 6 months and the process by which the court makes a determination of whether to order an extension of participation.

Enacted Law Summary

Public Law 2009, chapter 321 lowers the minimum age for participation in the progressive treatment program to 18 years of age. The law provides the process by which the assertive community treatment team for a person in the progressive treatment program may apply to the District Court for one extension of participation for up to 6 months and the process by which the court makes a determination of whether to order an extension of participation.

LD 359 An Act To Ensure That MaineCare Reimbursements to Hospitals Do Not Pay For Hospital Advertisements

ONTP

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

This bill directs the Department of Health and Human Services to amend the MaineCare rules for reimbursement to hospitals to deduct from the reimbursement due to a hospital the cost paid by the hospital for advertisements for its inpatient care or treatment that were paid for during the applicable fiscal year. The rules, which must apply to hospital fiscal years beginning July 1, 2009 or after, are routine technical rules.

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LD 361 An Act To Provide for a Certificate of Birth Resulting in Stillbirth

**PUBLIC 311
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SULLIVAN	OTP-AM	S-275

This bill creates a certificate of birth for a stillborn child. It requires that the certificate be prepared and filed in accordance with the requirements for certificates filed to register live births and that the certificate be offered to the parents, who may choose to include a name for the stillborn child on the certificate. It requires the certificate to be filed within 3 days of the stillbirth and prior to cremation or removal of the stillborn child from the place of the stillbirth. If a certificate has not been registered within a year of the stillbirth, it still may be filed but must be marked "Delayed Registration of Stillbirth" and registered in accordance with the requirements for the delayed registration of a certificate for live birth.

Committee Amendment "A" (S-275)

This amendment replaces the bill. It adds an emergency preamble and emergency clause and provides for the issuance of a certificate of birth resulting in stillbirth, at the request of a parent, in the event of an unintentional intrauterine death of a fetus of 20 or more weeks of gestation.

Enacted Law Summary

Public Law 2009, chapter 311 provides for the issuance of a certificate of birth resulting in stillbirth, at the request of a parent, in the event of an unintentional intrauterine death of a fetus of 20 or more weeks of gestation.

Public Law 2009, chapter 311 was enacted as an emergency measure effective June 9, 2009.

LD 362 An Act To Support New Mothers Who Are in Substance Abuse Treatment Programs

ONTP

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

This bill amends the provisions of child protection law that require the Department of Health and Human Services to receive reports of infants who may be affected by illegal substance abuse or suffering from withdrawal symptoms from prenatal drug exposure. The bill establishes an exception for infants born to mothers who are actively enrolled in licensed substance abuse programs and, consistent with this exception, limits the department's duties to infants who are reported under the law.

Joint Standing Committee on Health and Human Services

LD 395 Resolve, To Further Regulate the Use of Tanning Booths by Minors

RESOLVE 119

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARRACHE	OTP-AM MAJ ONTP MIN	H-519 PERRY A S-227

This resolve directs the Department of Health and Human Services to amend the rules adopted by the department concerning tanning devices and minors to require that a parent or legal guardian must sign a consent form in the presence of the tanning device operator and must be present for the initial visit. It also requires that the consent form is only valid for 12 visits. It also requires a licensed physician to authorize that a minor may use a tanning device and requires a licensed physician to authorize more than one visit per week by a minor.

Committee Amendment "A" (S-227)

This amendment is the majority report of the committee and replaces the resolve. It adds emergency language and requires the Department of Health and Human Services to adopt rules regarding the use of tanning facilities by minors. It requires the department to convene a work group of interested parties and to report to the Joint Standing Committee on Health and Human Services by January 15, 2010. It authorizes the committee to submit legislation to the Second Regular Session of the 124th Legislature.

House Amendment "A" To Committee Amendment "A" (H-519)

This amendment removes the emergency preamble and the emergency clause.

Enacted Law Summary

Resolve 2009, chapter 119 requires the Department of Health and Human Services to adopt rules regarding the use of tanning facilities by minors. It requires the department to convene a work group of interested parties and to report to the Joint Standing Committee on Health and Human Services by January 15, 2010. It authorizes the committee to submit legislation to the Second Regular Session of the 124th Legislature.

**LD 400 An Act To Implement the Recommendations of the Blue Ribbon
Commission To Study Long-term Home-based and Community-based
Care**

**PUBLIC 420
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN	OTP-AM	S-343 DIAMOND S-57

This bill contains legislation suggested by the Blue Ribbon Commission to Study Long-term Home-based and Community-based Care.

It amends existing law governing the legislative findings and policy for home-based and community-based long-term care services for the elderly and adults with physical disabilities. It adds statements of findings for in-home and community support services and long-term care services.

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It adds hospice care to the definition of "in-home and community support services."

It directs the Department of Health and Human Services to undertake a planning process for the adoption of a unified budget for long-term care services and supports for the elderly and adults with physical disabilities. It directs the Commissioner of Health and Human Services, the Commissioner of Administrative and Financial Services and the Office of Fiscal and Program Review to work together to prepare a revised chart of accounts. The commissioners are required to report by January 1, 2010 to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and health and human services matters. The report must contain a plan for a unified budget to be implemented by July 1, 2010.

It directs the Department of Health and Human Services to adopt as a priority reduction of the waiting lists for home-based and community-based care and homemaker services for the elderly and adults with disabilities during fiscal year 2008-09 and elimination of the waiting lists during the fiscal years 2009-10 and 2010-11.

It directs the Department of Health and Human Services to work with the Department of Labor to explore uses of and develop funding sources for assistive technologies. It requires the Department of Health and Human Services to report by January 1, 2010 to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

It directs the Department of Health and Human Services to explore alternative non-MaineCare sources of funding for service packages provided to residents in the 7 tax-credit-assisted assisted living facilities that currently use MaineCare funding. The alternative funding must be used in the event MaineCare funding is no longer available to ensure continuation of service packages. The department is required to report by January 1, 2010 to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

It directs the Department of Health and Human Services to work with interested parties to develop a comprehensive and systematic approach to training, reimbursement and benefits for direct care workers in home-based and community-based care, residential facilities and nursing facilities and to report by December 1, 2009 to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and health and human services matters.

It directs the Department of Health and Human Services to undertake efforts to reverse the spending trend in long-term care to increase the number of people served and funds spent in home-based and community-based care as compared to the spending on residential care and nursing facility care and to report annually by February 1 beginning in 2010 to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and health and human services matters.

It directs the Department of Health and Human Services to undertake an effort in the assessment process for eligibility for long-term care services under the MaineCare program to improve the discharge planning process as it pertains to hospitals and residential care facilities, including improving the provision of information to the consumer about facility-based and home-based and community-based options, improving consumer choice in the discharge process, increasing consumer counseling for those choosing self-directed care and education on the availability of hospice services, and to report to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and health and human services matters by February 1, 2010 and February 1, 2011.

It directs the Department of Health and Human Services to work with the 5 area agencies on aging to provide services through Aging and Disability Resource Centers on a statewide basis, provides \$300,000 per year for this purpose and conditions the funding on the area agencies on aging working with hospitals, nursing facilities and residential care facilities to improve the long-term care discharge planning process. It directs the department to report to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and health and human services matters on work done with regard to this initiative by February 1, 2010 and

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February 1, 2011.

It provides funding for long-term care services for the elderly and adults with physical disabilities in the amount of \$500,000 per year for the Priority Social Services Program and \$200,000 per year for the family caregiver initiative.

Committee Amendment "A" (S-57)

This amendment replaces the bill. It combines 4 provisions requiring reports to the joint standing committee of the Legislature having jurisdiction over health and human services matters. It reduces the funding from \$1,000,000 per year to \$800,000 per year. It changes the provision requiring a unified long-term care budget to the provision of a comprehensive presentation of the long-term care budget.

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

This amendment strikes the appropriations and allocations section and requires the Department of Health and Human Services, as resources permit, to work with the 5 area agencies on aging to identify funding to provide services on a statewide basis.

Enacted Law Summary

Public Law 2009, chapter 420 amends existing law governing the legislative findings and policy for home-based and community-based long-term care services for the elderly and adults with physical disabilities. It adds statements of findings for in-home and community support services and long-term care services.

It adds hospice care to the definition of "in-home and community support services."

It directs the Department of Health and Human Services to undertake a process to provide a comprehensive presentation of a budget for long-term care services and supports for the elderly and adults with physical disabilities.

It directs the Department of Health and Human Services to report by January 1, 2010 on waiting lists for home-based and community-based care and homemaker services, funding sources for assistive technologies, a comprehensive and systematic approach to training, reimbursement and benefits for direct care workers in home-based and community-based care, residential facilities and nursing facilities and work done regarding the aging and disability resource centers and efforts to improve discharge planning and the provision of information to consumers and their families.

The law requires the Department of Health and Human Services, as resources permit, to work with the five area agencies to identify funding to provide aging and disability resource services on a statewide basis.

Public Law 2009, chapter 420 was enacted as an emergency measure effective June 12, 2009.

LD 405 An Act To Reevaluate the Scope of Coverage for the Childless Adult Waiver Program

ONTP

Sponsor(s)

MILLS P

Committee Report

ONTP

Amendments Adopted

This bill provides a one-time appropriation of \$150,000 in fiscal year 2009-10 for the Department of Health and Human Services to contract for an independent survey of members enrolled in the MaineCare childless adult waiver program.

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LD 408 An Act To Clarify the Term of a Retail Tobacco License

ONTP

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

Currently, rules adopted by the Department of Health and Human Services, Maine Center for Disease Control and Prevention provide an expiration date of July 29th of each year for retail tobacco licenses that are, under the Maine Revised Statutes, Title 22, section 1552, subsection 2, valid for one year.

This bill clarifies that retail tobacco licenses are valid for one year from the date of issuance. See LD 462, Public Law 2009, chapter 199.

LD 416 An Act To Provide Funding to the ElderCare Network

**ACCEPTED ONTP
REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MCKANE TRAHAN	ONTP MAJ OTP MIN	

This bill requires the State Budget Officer to calculate and transfer by financial order, as adjustments to appropriations, savings from a reduction in out-of-state travel. The bill includes a deappropriation of \$250,000 in fiscal year 2009-10. The bill also includes a \$250,000 one-time appropriation in fiscal year 2009-10 to fund the ElderCare Network.

LD 423 An Act To Provide a Safe Sleeping Environment for Children with Disabilities To Enable Them To Remain in Their Homes

PUBLIC 100

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CLARK H SMITH D	OTP-AM	H-88

This bill requires the Department of Health and Human Services to provide MaineCare reimbursement for durable medical equipment that will provide a safe sleeping environment for individuals under 18 years of age if the equipment is: necessary to correct or ameliorate a behavioral health condition; the least restrictive alternative for the treatment of that condition; approved on a case-by-case basis by a review team specified in the bill; and cost-effective in comparison to other covered services or equipment for correction or amelioration of the condition. The bill authorizes the department to adopt routine technical rules as necessary to implement this proposed section of law.

Committee Amendment "A" (H-88)

This amendment changes the requirement to fund certain durable medical equipment from a MaineCare requirement to a requirement that the Department of Health and Human Services fund it within available resources. It also lowers

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the maximum eligible age to under 16.

Enacted Law Summary

Public Law 2009, chapter 100 requires the Department of Health and Human Services to fund certain durable medical equipment within available resources for children up to age 16.

LD 424 *Resolve, Directing the Department of Education and the Department of Health and Human Services To Adopt Rules Requiring a Tetanus, Diphtheria and Pertussis Booster Vaccination in School-age Children* ONTP

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

This resolve directs the Department of Education and the Department of Health and Human Services to jointly adopt rules setting requirements for a tetanus, diphtheria and pertussis booster vaccination to be given to school-age children.

The Joint Standing Committee on Health and Human Services requests by letter that the Maine Center for Disease Control and Prevention to convene a stakeholders group on childhood immunizations and report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Education and Cultural Affairs by January 15, 2010. The letter requests that the report include findings and recommendations on: 1) other states' school mandated vaccines and criteria used for determining for mandates; 2) criteria agreed upon for use in Maine to determine which vaccines should be mandated for school attendance; 3) application of the criteria to all the childhood vaccines recommended by Advisory Committee on Immunization Practice; 4) recommendations (if any) for any additions to Maine's mandated vaccines for school attendance; 5) strategies to improve vaccination rates among school children; 6) a review of implementation strategies in Maine and other states for controlling disease outbreak in schools when unvaccinated children are enrolled and 7) a review of exemptions to school mandated vaccines in Maine and other states, how these are communicated to schools and parents and suggestions for any changes. The items covered in the letter address concerns raised in this bill and LD 881 as well as issues raised during deliberations of the Joint Standing Committee on Education and Cultural Affairs on LD 735.

**LD 462 *An Act To Amend the Retail Tobacco and Liquor Licensing Laws* PUBLIC 199
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS P	OTP-AM	S-163 BRANNIGAN S-83

This bill clarifies that all retail tobacco licenses expire March 31st each year and requires the Department of Health and Human Services to adopt rules to provide for prorated license fees for new applications received after April 1st. The bill further clarifies the jurisdiction of and provides consistent procedures for the District Court over agents and employees of both retail tobacco licensees and liquor licensees when charged with administrative violations.

Committee Amendment "A" (S-83)

This amendment provides consistent notice and hearing procedures for the District Court to follow when retail

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tobacco licensees and liquor licensees or their agents and employees are charged with administrative violations.

Senate Amendment "A" (S-163)

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

Enacted Law Summary

Public Law 2009, chapter 199 clarifies that all retail tobacco licenses expire March 31st each year and requires the Department of Health and Human Services to adopt rules to provide for prorated license fees for new applications received after April 1st. The law further clarifies the jurisdiction of and provides consistent procedures for the District Court over agents and employees of both retail tobacco licensees and liquor licensees when charged with administrative violations.

This law provides consistent notice and hearing procedures for the District Court to follow when retail tobacco licensees and liquor licensees or their agents and employees are charged with administrative violations.

Public Law 2009, chapter 199 was enacted as an emergency measure effective May 26, 2009.

LD 479 An Act To Recognize Maine Youth Camps

PUBLIC 211

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRANNIGAN	OTP-AM	S-148

This bill addresses ambiguities and inconsistencies in statute concerning youth camps and clarifies the laws governing their operation. Part A defines youth camps as a separate entity and further clarifies the law under the Maine Revised Statutes, Title 22, chapter 562 based on the definition of "youth camps" in rules adopted by the Department of Health and Human Services, 10-144 Code of Maine Rules, chapter 208, section 1.H. Part B corrects other statutory provisions concerning youth camps to eliminate the inconsistent and confusing references.

Committee Amendment "A" (S-148)

This amendment removes a provision in the bill that was not applicable to youth camps and incorporates changes to the Maine Revised Statutes, Title 22, section 4011-A, subsection 1, paragraph A made by Public Law 2009, chapter 41 to avoid a conflict.

Enacted Law Summary

Public Law 2009, chapter 211 addresses ambiguities and inconsistencies in statute concerning youth camps and clarifies the laws governing their operation. Part A defines youth camps as a separate entity and further clarifies the law under the Maine Revised Statutes, Title 22, chapter 562 based on the definition of "youth camps" in rules adopted by the Department of Health and Human Services, 10-144 Code of Maine Rules, chapter 208, section 1.H. Part B corrects other statutory provisions concerning youth camps to eliminate the inconsistent and confusing references.

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LD 480 Resolve, Regarding Legislative Review of Portions of MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a Major Substantive Rule of the Department of Health and Human Services, Office of MaineCare Services, Division of Policy and Performance

**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 MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a major substantive rule of the Department of Health and Human Services, Office of MaineCare Services, Division of Policy and Performance.

Enacted Law Summary

Resolve 2009, chapter 40 approves portions of MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a major substantive rule of the Department of Health and Human Services, Office of MaineCare Services, Division of Policy and Performance. The proposed rule defines a PNMI leave day and does not reimburse the PNMI for leave days. It also repeals the 85 percent occupancy rate for substance abuse, mental health and children's PNMI's except that for non-case mixed medical and remedial facilities it sets the occupancy rate at 90 percent for facilities over six beds and 85 percent for facilities with six or fewer beds.

The Health and Human Services Committee requested from the Department of Health and Human Services a report in early January on bed-hold procedures in other states, involuntary transfer options for new placements.

Resolve 2009, chapter 40 was passed as an emergency measure effective May 14, 2009.

LD 524 An Act To Provide Assistance to Family Members, Friends and Neighbors Who Provide Home Health Care for Senior Citizens

**DIED ON
ADJOURNMENT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CAMPBELL GOOLEY	OTP-AM	H-87

This bill allows family members, friends or neighbors to receive payment for providing personal care and health maintenance services to persons who receive Medicaid.

Committee Amendment "A" (H-87)

This amendment replaces the bill. It appropriates \$200,000 per year in funding for family members, friends and neighbors who provide care for persons who are elderly.

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**LD 552 Resolve, Authorizing Coverage of Enteral Formula under the
MaineCare Program**

ONTP

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

This resolve requires the Department of Health and Human Services to amend the MaineCare rules to require coverage for all Medicaid populations for medically necessary enteral formulas and is modelled after the New York State Medicaid program, which has authorized such coverage since 1997.

LD 563 An Act To Pay a State Share into the HealthInfoNet System

ONTP

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

This bill appropriates \$250,000 in each of fiscal years 2009-10 and 2010-11 for grants to HealthInfoNet for the State's contribution to support Maine's health information exchange system.

See LD 1490.

**LD 572 An Act To Expand the Membership of the Maine Elder Death Analysis
Review Team**

PUBLIC 149

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

This bill amends the section of law that lists the composition of the Maine Elder Death Analysis Review Team in the Attorney General's Office. It makes a change to reflect the updating of a position title and it adds 3 positions: a sexual assault nurse examiner, a physician and an emergency medical services professional.

Enacted Law Summary

Public Law 2009, Chapter 149 amends the section of law that lists the composition of the Maine Elder Death Analysis Review Team in the Attorney General's Office. It makes a change to reflect the updating of a position title and it adds 3 positions: a sexual assault nurse examiner, a physician and an emergency medical services professional.

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LD 573 An Act Requiring Assisted Living Facilities To Provide Automated External Defibrillator Availability

**ACCEPTED ONTP
REPORT**

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

This bill requires the Department of Health and Human Services to establish rules that require a licensed assisted housing program to establish an automated external defibrillator, AED, access plan that includes having an AED on the premises of the facility and at least one employee on duty during each shift who is trained in cardiopulmonary resuscitation and the use of an AED.

LD 574 Resolve, To Increase the Blood Supply

RESOLVE 21

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WAGNER J BRANNIGAN	OTP MAJ ONTP MIN	

This resolve requires the Department of Health and Human Services to provide information and guidance to assist blood donation centers in meeting the United States Department of Health and Human Services, Food and Drug Administration requirements to receive blood and blood components collected through therapeutic phlebotomies from individuals with diagnosed hereditary hemochromatosis.

Enacted Law Summary

Resolve 2009, chapter 21 requires the Department of Health and Human Services to provide information and guidance to assist blood donation centers in meeting the United States Department of Health and Human Services, Food and Drug Administration requirements to receive blood and blood components collected through therapeutic phlebotomies from individuals with diagnosed hereditary hemochromatosis.

LD 575 An Act To Preserve the Commitment Made to Children in the State's Care

**ACCEPTED ONTP
REPORT**

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

This bill requires the Department of Health and Human Services to provide to an adoptive family for a child placed with the family a subsidy through the execution of a renewable contract for a period of 4 years, during which time the level of reimbursement may not be decreased. The bill also prohibits the department from reducing adoption subsidies between October 1, 2009 and September 30, 2013.

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LD 576 Resolve, To Require the Department of Health and Human Services and the Maine State Housing Authority To Create Efficiencies in Existing Services for Persons Who Are Homeless ONTP

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

This resolve directs the Department of Health and Human Services and the Maine State Housing Authority to convene a working group to review the services delivered to persons who are homeless, with the purpose of creating efficiencies while maintaining flexibility. The department and the housing authority shall submit a report to the Joint Standing Committee on Health and Human Services by January 1, 2010. The Joint Standing Committee on Health and Human Services may submit legislation to the Second Regular Session of the 124th Legislature.

The Joint Standing Committee on Health and Human Services requests by letter that the Commissioner of the Department of Health and Human Services and Director of the Maine State Housing Authority supervise this work and report their findings at the beginning of the next legislative session.

LD 599 An Act To Allow Noninvasive Testing of Infants for the Presence of Drugs without a Parent's Consent DIED BETWEEN HOUSES

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS P	OTP MAJ ONTP MIN	

This bill provides for noninvasive testing of newborn infants for the presence of addictive drugs with or without the consent of one or both parents. The bill provides for routine technical rules to be adopted by the Department of Health and Human Services.

LD 600 Resolve, To Encourage Physicians To Administer the Injectable Painkiller Toradol in Lieu of Other Opioids ONTP

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

This resolve requires the Department of Health and Human Services to amend rules governing the MaineCare program to increase the rate of reimbursement for Toradol so that practitioners will have an incentive to administer this injectable painkiller as an alternative to prescribing narcotic pills that are highly divertible.

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**LD 609 An Act To Amend the Laws Governing Involuntary Hospitalization
Procedures**

PUBLIC 281

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS P	OTP-AM	S-228

This bill amends the laws regarding involuntary hospitalization to permit a court to separate hearings on commitment from hearings on involuntary treatment. It also enlarges the time within which the hearing on involuntary treatment may be heard.

Committee Amendment "A" (S-228)

This amendment clarifies the procedures for a person who is hospitalized in a psychiatric hospital who is sentenced to serve time in a county jail.

Enacted Law Summary

Public Law 2009, chapter 281 amends the laws regarding involuntary hospitalization to permit a court to separate hearings on commitment from hearings on involuntary treatment. It also enlarges the time within which the hearing on involuntary treatment may be heard and clarifies the procedures for a person who is hospitalized in a psychiatric hospital who is sentenced to serve time in a county jail.

**LD 611 Resolve, To Provide Reimbursement in the MaineCare Program for
Board-certified Behavior Analysts**

RESOLVE 33

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY J	OTP-AM	S-55

This bill provides for reimbursement under the MaineCare program for board-certified behavior analysts. The bill directs the Department of Health and Human Services to adopt routine technical rules by January 1, 2010.

Committee Amendment "A" (S-55)

This amendment replaces the bill. It directs the Department of Health and Human Services to amend the federally approved Medicaid state plan and adopt rules to provide for reimbursement for supervisory services only for board-certified behavior analysts.

Enacted Law Summary

Resolve 2009, chapter 33 directs the Department of Health and Human Services to amend the federally approved Medicaid state plan and adopt rules to provide for reimbursement for supervisory services only for board-certified behavior analysts.

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**LD 623 An Act To Provide the Office of Chief Medical Examiner Access to
Controlled Substances Prescription Monitoring Program Data for the
Purpose of Conducting Cause of Death Investigations**

PUBLIC 196

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A BRANNIGAN	OTP-AM	H-203

This bill amends the controlled substances prescription monitoring laws to authorize Office of Chief Medical Examiner access to prescription monitoring information for the limited purpose of conducting investigations into the cause, manner and circumstances of death in medical examiner cases. The bill specifies that prescription monitoring information under the possession or control of the Office of Chief Medical Examiner is confidential and may not be further disseminated.

Committee Amendment "A" (H-203)

This amendment clarifies that information the Office of Chief Medical Examiner acquires separately from the prescription monitoring information is still subject to the provisions of the Maine Revised Statutes, Title 22, section 3022 related to confidentiality, access, use and dissemination.

Enacted Law Summary

Public Law 2009, chapter 196 amends the controlled substances prescription monitoring laws to authorize Office of Chief Medical Examiner access to prescription monitoring information for the limited purpose of conducting investigations into the cause, manner and circumstances of death in medical examiner cases. It specifies that prescription monitoring information under the possession or control of the Office of Chief Medical Examiner is confidential and may not be further disseminated. It clarifies that information the Office of Chief Medical Examiner acquires separately from the prescription monitoring information is still subject to the provisions of the Maine Revised Statutes, Title 22, section 3022 related to confidentiality, access, use and dissemination.

**LD 624 Resolve, To Implement Certain Recommendations of the Report of the
Governor's Task Force on Expanding Access to Oral Health Care for
Maine People**

Carried Over

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

This resolve would increase MaineCare dental reimbursement rates in accordance with recommendation #1 of the 2008 Governor's Task Force on Expanding Access to Oral Health Care for Maine People.

This bill was carried over to any special or regular session of the 124th Legislature by Joint Order, H.P. 1053. This bill was carried over on the chance that funding may be available in 2010.

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LD 625 Resolve, To Ensure All Children Covered by MaineCare Receive Early and Periodic Screening, Diagnosis and Treatment Services

RESOLVE 26

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

This resolve directs the Department of Health and Human Services to form a work group to evaluate the current system for providing early and periodic screening, diagnosis and treatment services in the State and to report the work group's findings to the Joint Standing Committee on Health and Human Services. The joint standing committee is authorized to submit legislation to the Second Regular Session of the 124th Legislature.

Enacted Law Summary

Resolve 2009, chapter 26 directs the Department of Health and Human Services to form a work group to evaluate the current system for providing early and periodic screening, diagnosis and treatment services in the State and to report the work group's findings to the Joint Standing Committee on Health and Human Services. The resolve authorizes the joint standing committee to submit legislation to the Second Regular Session of the 124th Legislature.

LD 637 An Act To Ensure Services for Adults with Developmental Disabilities

Carried Over

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

This bill requires the Department of Health and Human Services to provide health coverage under the MaineCare program for an adult with mental retardation or autism who is incapacitated and financially eligible for MaineCare.

This bill was carried over to any special or regular session of the 124th Legislature by Joint Order, H.P. 1053. This bill was carried over in order to obtain data on waiting lists, unmet needs, trends in providing services, planning for future needs and initiatives in other states.

LD 654 Resolve, To Review Statutes, Rules and Policies Regarding Mental Retardation, Pervasive Developmental Disorders and Other Cognitive and Developmental Disorders

RESOLVE 123

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

This resolve directs the Department of Health and Human Services to complete its work conducted pursuant to Resolves 2007, chapter 78 regarding the review of laws, rules and policies regarding services, definitions, limitations, eligibility and levels of care for adults with mental retardation, pervasive developmental disorders and other cognitive and developmental disorders and to report to the Joint Standing Committee on Health and Human Services. It authorizes the committee to submit legislation related to the recommendations of the working group to

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the Second Regular Session of the 124th Legislature.

Enacted Law Summary

This resolve directs the Department of Health and Human Services to complete its work conducted pursuant to Resolves 2007, chapter 78 regarding the review of laws, rules and policies regarding services, definitions, limitations, eligibility and levels of care for adults with mental retardation, pervasive developmental disorders and other cognitive and developmental disorders and to report to the Joint Standing Committee on Health and Human Services. It authorizes the committee to submit legislation related to the recommendations of the working group to the Second Regular Session of the 124th Legislature.

LD 675 An Act To Lower the Cost of State Government in the Departments ONTP
under the Purview of the Joint Standing Committee on Health and
Human Services

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

This bill eliminates 3 managerial positions from the Department of Health and Human Services including one Director of Fiscal and Program Coordination position and 2 Director of Special Projects positions.

LD 700 An Act To Restore Funding for Bed-hold Days at Private Nonmedical ACCEPTED ONTP
Institutions REPORT

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J L BRANNIGAN	ONTP MAJ OTP-AM MIN	

This bill provides funding to the Department of Health and Human Services to restore reimbursement to private nonmedical institutions for holding beds for up to 45 days annually for each resident determined to qualify for medical or therapeutic absences and up to 7 days annually for personal or family-related absences. Public Law 2007, chapter 539 limits the preexisting reimbursement of costs associated with holding beds by limiting the costs that would be recognized to the first 30 days per year per resident. Effective August 1, 2008, the department implemented emergency rules to deny this funding entirely under MaineCare and to continue recognizing only the portion of bed-hold costs that is reimbursed from the General Fund for the room and board portion of residential care facility costs under Chapter 115 of the department's rules and analogous guidelines for certain types of private nonmedical institutions.

This bill requires the Department of Health and Human Services to amend its MaineCare rules to restore this reimbursement and states that the provisions of this bill supersede the currently existing contrary rules. It also provides that the limit on days per resident per year is a maximum of 52 days, rather than 30, but that additional days may be approved by the department.

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LD 701 An Act To Fund the Screening and Early Detection Elements of the Carried Over
Statewide Cancer Plan

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STRANG BURGESS MARRACHE		H-250

This bill provides funding for a portion of the comprehensive cancer screening, detection and prevention program by providing an ongoing appropriation from the Fund for a Healthy Maine.

This bill was carried over by Joint Order, H.P. 1053 to any special or regular session of the 124th Legislature due to action of the Joint Standing Committee on Appropriations and Financial Affairs.

Committee Amendment "A" (H-250)

This amendment changes the name of the account in the appropriations and allocations section of the bill. The amount proposed for appropriations remains the same as the original bill.

LD 721 Resolve, Directing the Department of Health and Human Services To ONTP
Raise Public Awareness of Reflex Sympathetic Dystrophy Syndrome

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

This resolve directs the Department of Health and Human Services to establish, promote and maintain a reflex sympathetic dystrophy syndrome education initiative to raise public awareness of, and educate consumers, health professionals, teachers and human services providers about, the causes and nature of this syndrome, personal risk factors, the value of early detection and prompt treatment and options for diagnosing and treating the disease. The department is to consult with the State of Delaware and the Commonwealth of Pennsylvania, both of which have instituted this sort of initiative.

The Joint Standing Committee on Health and Human Services requests by letter that the Director of Maine Center for Disease Control and Prevention in the Department of Health and Human Services create awareness of Reflex Sympathetic Dystrophy Syndrome through articles in newsletters to nurse practitioners, physicians and other health care practitioners.

LD 724 Resolve, To Create a Working Group To Provide Transparency RESOLVE 66
Concerning Operating Expenses for Hospitals

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

This bill requires hospitals to report annually to the Department of Health and Human Services a detailed description of their annual operating budgets and requires the department to report all information gathered to the joint standing

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committee of the Legislature having jurisdiction over health matters.

Committee Amendment "A" (S-149)

This amendment changes the bill to a resolve and changes the title. It directs the Maine Health Data Organization and the Governors Office of Health Policy and Finance to convene a working group, including representatives of the Maine Hospital Association, the Maine Health Data Organization and the Governors Office of Health Policy and Finance and other stakeholders, to examine and make recommendations for hospital data reporting that will provide transparency concerning operating expenses, including, but not limited to, annual operating budgets and other financial information. The resolve requires the Maine Health Data Organization and the Governors Office of Health Policy and Finance to submit a report to the Joint Standing Committee on Health and Human Services by January 1, 2010. It authorizes the Joint Standing Committee on Health and Human Services to submit legislation to the Second Regular Session of the 124th Legislature.

Enacted Law Summary

Resolve 2009, chapter 66 directs the Maine Health Data Organization and the Governor's Office of Health Policy and Finance to convene a working group to examine and make recommendations for hospital data reporting that will provide transparency concerning operating expenses, including, but not limited to, annual operating budgets and other financial information. The resolve requires the Maine Health Data Organization and the Governor's Office of Health Policy and Finance to submit a report to the Joint Standing Committee on Health and Human Services by January 1, 2010. It authorizes the Joint Standing Committee on Health and Human Services to submit legislation to the Second Regular Session of the 124th Legislature.

LD 738 An Act To Require Patients of Opioid Treatment Programs To Release Medical Information to a Designated Primary Care Physician ONTP

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

This bill prohibits a person from participating in an opioid treatment program unless the person signs a release authorizing the program to provide monthly clinical information to a primary care provider licensed to practice in the State who is responsible for the person's general health care. It requires opioid treatment programs to report clinical information to each participant's primary care provider once a month. It requires the Department of Health and Human Services, Office of Substance Abuse to adopt routine technical rules.

LD 752 Resolve, To Require the Department of Health and Human Services To Request a Waiver To Prohibit the Use of Food Stamps for the Purchase of Soft Drinks ONTP

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

This resolve requires the Department of Health and Human Services to request a waiver from the United States Department of Agriculture to allow the State to prohibit the use of benefits under the Supplemental Nutrition Assistance Program, previously referred to as "the Food Stamp Program," for the purchase of soft drinks and, upon receipt of the waiver, to prohibit such use.

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LD 753 Resolve, To Require the Department of Health and Human Services To Request a Waiver To Prohibit the Use of Food Stamps for the Purchase of Taxable Food Items ONTP

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

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

LD 757 An Act To Improve the Transparency of Certain Hospitals Carried Over

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

This bill makes medical organizations that receive over \$250,000 annually in public funds for medical services subject to the freedom of access laws.

This bill was carried over by joint order, H.P. 1053 to any special or regular session of the 124th Legislature to allow the Joint Standing Committee on Health and Human Services to consult with the Right to Know Committee about how the public proceedings and open meetings provisions of the Freedom of Access laws might be applied to hospital board meeting before having further deliberations on the bill.

LD 768 An Act To Improve the Dental Health of Children by Making Fluoride Treatments More Available ONTP

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

This bill requires a pediatrician or a physician who treats children to offer a fluoride treatment to a patient who is a minor and allows a pediatrician or a physician to recommend a fluoride treatment without being a licensed dentist or dental hygienist.

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LD 794 Resolve, To Adjust Copayment Rules To Ensure Access to Home-based Care Services **ONTP**

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

This resolve directs the Department of Health and Human Services to amend its rules for home-based care copayments to eliminate the copayment waiver and simplify the determination of financial eligibility for the home-based care program. The resolve allows for consideration of expenses for housing, transportation, life insurance, allowable personal expenses and a spouse's unreimbursed medical expenses. The resolve also increases allowable household assets to no more than \$30,000.

The Health and Human Services Committee requested from the Department of Health and Human Services a report by January 15, 2010 on progress that the department is making on long-term care asset tests and copayments.

LD 795 Resolve, To Enhance Public Information about the MaineCare Program **ONTP**

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

This resolve requires the Department of Health and Human Services to include in the weekly public notice any changes or any department application for a waiver to the MaineCare program. The department shall include in the notice that a person has 20 business days to request a hearing on any change or application for a waiver.

LD 802 An Act To Require Reporting on Medical Services or Treatment Provided to Minors without Parental Consent **ONTP**

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

This bill requires a health care practitioner or health care provider who provides health care services or health treatment to a minor without the consent of that minor's parent or guardian to file a report containing specified information with the Department of Health and Human Services.

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**LD 809 An Act To Preserve the Viability of Services to Maine's Citizens with
Mental Retardation**

ONTP

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

This emergency bill makes a one-time appropriation for the Mental Retardation Waiver - MaineCare program in the event that the temporary increase in Maine's federal matching assistance percentage exceeds \$98,800,000 to restore services that have been cut this fiscal year to pay for a shortfall in the program incurred due to the payment of claims from prior fiscal years resulting from computer problems that delayed Medicaid claims processing.

**LD 819 An Act To Encourage Transparency in Disclosing the Ingredients in
Vaccinations for Children to Parents and Guardians**

ONTP

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

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

LD 820 An Act To Prohibit Smoking in Outdoor Eating Areas

PUBLIC 140

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COHEN CRAVEN	OTP-AM	H-132

This bill prohibits smoking in outdoor eating areas until 10:00 p.m.

Committee Amendment "A" (H-132)

This amendment replaces the bill and changes the title. It prohibits smoking in outdoor eating areas of eating establishments without the time limit proposed in the bill and removes the penalty. It requires eating establishments to notify their patrons of the prohibition on smoking and to request that persons in the outdoor eating area comply with the law.

Enacted Law Summary

Public Law 2009, chapter 140 prohibits smoking in outdoor eating areas of eating establishments. It requires eating establishments to notify their patrons of the prohibition on smoking and to request that persons in the outdoor eating

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area comply with the law.

LD 821 An Act To Support Collection and Proper Disposal of Unwanted Drugs Carried Over

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

This bill establishes a system to collect and safely dispose of unwanted drugs from households and other residential sources.

This bill was carried over to any special or regular session of the 124th Legislature by Joint Order, H.P. 1053. This bill was carried over to enable interested parties to work out alternative wording for the bill.

LD 854 Resolve, Directing the Department of Health and Human Services To ONTP
Create a New Health Care Internet Infrastructure

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

This resolve directs the Department of Health and Human Services to create an Internet-based system to access data concerning the availability of nursing home beds.

The Health and Human Services Committee requested from the Department of Health and Human Services a report by January 15, 2010 on progress that the department is making on a health care internet infrastructure.

LD 865 An Act To Change the Maine HIV Advisory Committee PUBLIC 203

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CAREY BARTLETT	OTP-AM	H-243

This bill adjusts the statutory duties of the Maine HIV Advisory Committee to ensure that its activities are performed on behalf of those individuals in the State who are infected by, at risk for or affected by HIV and to provide a more proactive role for the committee regarding issues surrounding HIV. This bill removes funeral directors from the list of representatives that may be chosen to be on the Maine HIV Advisory Committee.

Committee Amendment "A" (H-243)

This amendment replaces the bill. It changes the duties of the Maine HIV Advisory Committee by adding budgeting to the areas on which the committee advises the Governor and other agencies and removing the annual assessment of budget proposals at state agencies related to HIV. It also changes the date by which the committee must report to the Governor and the Legislature from January 15th to January 31st. It reduces the size of the committee from 21 members to 19. It changes the composition of the committee membership to two members of the Legislature, five

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state agency representatives, three members that have HIV or AIDS, two health care professionals, two HIV-related prevention or social services providers, a member of a state HIV community planning group, a representative of the statewide AIDS alliance, a representative of a statewide coordinating council for public health and two at-large members selected from certain specified groups. Members who represent state agencies are nonvoting members and serve only for the duration of the term of the commissioner of the agency each member represents. It removes the names of positions and offices no longer used and updates them with current names. It provides that those members currently serving on the committee continue to serve for the balance of their 3-year terms.

Enacted Law Summary

Public Law 2009, chapter 203 changes the duties of the Maine HIV Advisory Committee by adding budgeting to the areas on which the committee advises the Governor and other agencies and removing the annual assessment of budget proposals at state agencies related to HIV. It also changes the date by which the committee must report to the Governor and the Legislature from January 15th to January 31st. It reduces the size of the committee from 21 members to 19. It changes the composition of the committee membership to two members of the Legislature, five state agency representatives, three members that have HIV or AIDS, two health care professionals, two HIV-related prevention or social services providers, a member of a state HIV community planning group, a representative of the statewide AIDS alliance, a representative of a statewide coordinating council for public health and two at-large members selected from certain specified groups. Members who represent state agencies are nonvoting members and serve only for the duration of the term of the commissioner of the agency each member represents. It removes the names of positions and offices no longer used and updates them with current names. It provides that those members currently serving on the committee continue to serve for the balance of their 3-year terms.

Public Law 2009, chapter 203 has an effective date of October 1, 2009.

LD 877 Resolve, To Review the Maine Registry of Certified Nursing Assistants

RESOLVE 68

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLER	OTP-AM	H-259

Current law prohibits an individual from employment as a certified nursing assistant in certain settings if the individual has been convicted of a crime involving abuse, neglect or misappropriation of property in a health care setting. This bill amends the list of crimes that preclude an individual from employment as a certified nursing assistant in certain settings to add crimes involving sexual assault, domestic violence and stalking.

Committee Amendment "A" (H-259)

This amendment changes the bill to a resolve and changes the title. It directs the Department of Health and Human Services to convene a working group to examine and make recommendations for changes to the current law, which prohibits individuals with certain criminal convictions from employment as a certified nursing assistant in certain settings. The resolve requires the department to submit a report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Criminal Justice and Public Safety by January 1, 2010. It authorizes the Joint Standing Committee on Health and Human Services to submit legislation to the Second Regular Session of the 124th Legislature.

Enacted Law Summary

Resolve 2009, chapter 68 directs the Department of Health and Human Services to convene a working group to examine and make recommendations for changes to the current law, which prohibits individuals with certain criminal convictions from employment as a certified nursing assistant in certain settings. It requires the department to submit a report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee

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on Criminal Justice and Public Safety by January 1, 2010. It authorizes the Joint Standing Committee on Health and Human Services to submit legislation to the Second Regular Session of the 124th Legislature.

LD 881 *Resolve, To Ensure the Health of Maine Children by Requiring a Certain Vaccination* ONTP

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

This resolve requires the Department of Health and Human Services, Maine Center for Disease Control to amend its rules governing immunizations of school children to require vaccinations against meningococcal meningitis for students who are 11 years of age or older, beginning with the 2010-2011 school year.

The Joint Standing Committee on Health and Human Services requests by letter that the Maine Center for Disease Control and Prevention to convene a stakeholders group on childhood immunizations and report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Education and Cultural Affairs by January 15, 2010. The letter requests that the report include findings and recommendations on: 1) other states' school mandated vaccines and criteria used for determining for mandates; 2) criteria agreed upon for use in Maine to determine which vaccines should be mandated for school attendance; 3) application of the criteria to all the childhood vaccines recommended by Advisory Committee on Immunization Practice; 4) recommendations (if any) for any additions to Maine's mandated vaccines for school attendance; 5) strategies to improve vaccination rates among school children; 6) a review of implementation strategies in Maine and other states for controlling disease outbreak in schools when unvaccinated children are enrolled and 7) a review of exemptions to school mandated vaccines in Maine and other states, how these are communicated to schools and parents and suggestions for any changes. The items covered in the letter address concerns raised in this bill and LD 424 as well as issues raised during deliberations of the Joint Standing Committee on Education and Cultural Affairs on LD 735.

LD 916 *An Act Regarding Trans Fat* ONTP

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

This bill defines "food containing artificial trans fat" and prohibits the storage, distribution or use of these foods in an eating establishment. It requires the owner or manager of an eating establishment to maintain labels or provide documentation to facilitate enforcement of the prohibition.

LD 939 *An Act To Amend the Laws Governing Assisted Living Programs* ONTP

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

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This bill amends the laws governing assisted living programs to permit The Atrium, a nonprofit charitable housing program affiliated with The Cedars senior living community in Portland, Maine, to be licensed as an assisted living program and authorized to provide physical therapy, nursing services and medication management services to its residents.

**LD 940 An Act To Estimate the Financial Costs to Providers in Implementing
MaineCare Rules**

ONTP

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

This bill requires that, when adopting, amending or repealing a rule pursuant to the administration of the MaineCare program, the Department of Health and Human Services shall provide an estimate to providers of services of anticipated costs that may reasonably result from the adoption, amendment or repeal of that rule.

The Health and Human Services Committee requested from the Department of Health and Human Services a report by January 15, 2010 on the issue of provider costs when MaineCare rules are adopted or amended.

LD 941 Resolve, To Assist Families with Substance Abuse Issues

ONTP

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

This resolve requires the Department of Health and Human Services, Office of Substance Abuse to develop a plan and recommendations, including any necessary legislation, for a parent-initiated process of involuntary treatment for adults with addiction and substance abuse treatment needs. It requires the office to submit the plan and legislation to the Joint Standing Committee on Health and Human Services by January 1, 2010 and authorizes the joint standing committee to submit a bill to the Second Regular Session of the 124th Legislature.

**LD 960 Resolve, Requiring Rulemaking by the Maine Health Data Organization
in Consultation with the Maine Quality Forum Regarding Clostridium
Difficile and Methicillin-resistant Staphylococcus Aureus**

RESOLVE 82

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SANBORN BRANNIGAN	OTP-AM	H-280

This resolve directs the Maine Quality Forum to adopt routine technical rules to establish procedures for reporting the rate of Clostridium difficile infection and methicillin-resistant Staphylococcus aureus, MRSA, infection in hospitals. The Maine Quality Forum shall report its findings to the Maine Health Data Organization.

Committee Amendment "A" (H-280)

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This amendment replaces the resolve and directs the Maine Health Data Organization in consultation with the Maine Quality Forum to adopt rules to require that each hospital publicly report on the adoption of a methicillin-resistant Staphylococcus aureus and Clostridium difficile prevention program and the number of patients at high risk for methicillin-resistant Staphylococcus aureus surveilled in the hospital's targeted surveillance of high-risk populations. It requires the Maine Quality Forum, with input from stakeholders, to design metrics for assessing these reporting functions and to establish performance measures, which must be posted on the Maine Quality Forum's website and included in its annual report to the Legislature.

Enacted Law Summary

Resolve 2009, chapter 82 directs the Maine Health Data Organization in consultation with the Maine Quality Forum to adopt rules to require that each hospital publicly report on the adoption of a methicillin-resistant Staphylococcus aureus and Clostridium difficile prevention program and the number of patients at high risk for methicillin-resistant Staphylococcus aureus surveilled in the hospital's targeted surveillance of high-risk populations. It requires the Maine Quality Forum, with input from stakeholders, to design metrics for assessing these reporting functions and to establish performance measures, which must be posted on the Maine Quality Forum's website and included in its annual report to the Legislature.

LD 969 An Act To Amend the Laws Governing the Maine Children's Growth Council

**PUBLIC 392
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BERRY PERRY J	OTP-AM	H-159 S-318 BARTLETT

This bill strikes the provision in the laws that repeals the chapter governing the Maine Children's Growth Council on October 1, 2009. This bill also amends the membership of the council to add as a member the director of the Head Start collaboration project and up to seven additional public members appointed by the Governor.

Committee Amendment "A" (H-159)

This amendment incorporates a fiscal note.

Senate Amendment "A" (S-318)

This amendment allows expenses and per diem reimbursement for Legislators on the Maine Children's Growth Council to be funded for fiscal year 2009-10 but prohibits funding in fiscal year 2010-11 unless such funding is authorized by the Legislative Council.

Enacted Law Summary

Public Law 2009, chapter 392 strikes the provision in the laws that repeals the chapter governing the Maine Children's Growth Council on October 1, 2009. It also adds to the membership of the council the director of the Head Start collaboration project and up to seven additional public members appointed by the Governor. The law allows expenses and per diem reimbursement for Legislators on the Maine Children's Growth Council to be funded for fiscal year 2009-10 but prohibits funding in fiscal year 2010-11 unless such funding is authorized by the Legislative Council.

Public Law 2009, chapter 392 was enacted as an emergency measure effective June 15, 2009.

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LD 975 An Act To Establish the Maine Medical Marijuana Act

ONTP

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

Current law allows a person who has been diagnosed by a physician as suffering from certain medical conditions to possess marijuana for medical use. This initiated bill changes the description of the medical conditions for which the medical use of marijuana is permitted. It directs the Department of Health and Human Services to issue registry identification cards to patients who qualify to possess marijuana for medical use and to their designated primary caregivers. It sets limits on the amount of marijuana that may be possessed by qualifying patients and their designated primary caregivers. It allows the establishment of nonprofit dispensaries to provide marijuana to qualifying patients and directs the Department of Health and Human Services to issue a registration certificate to a nonprofit dispensary that meets certain criteria. It directs the Department of Health and Human Services to establish application and renewal fees sufficient to pay the expenses of implementing and administering the provisions of the initiated bill.

LD 1000 An Act To Amend the Provision Creating the Long-term Care Partnership Program

**PUBLIC 101
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PRIEST BLISS	OTP-AM	H-86

This bill makes the provisions establishing the Long-term Care Partnership Program consistent with the federal Deficit Reduction Act of 2005, which enabled creation of the state program, and allows flexibility in the operation of the program.

Committee Amendment "A" (H-86)

This amendment specifies that the benefits of the Long-term Care Partnership Program are available to a person who has used, but not necessarily exhausted, available coverage and benefits purchased under a long-term care policy.

Enacted Law Summary

Public Law 2009, chapter 101 specifies that the benefits of the Long-term Care Partnership Program are available to a person who has used, but not necessarily exhausted, available coverage and benefits purchased under a long-term care policy.

Public Law 2009, chapter 101 was enacted as an emergency measure effective May 8, 2009.

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LD 1015 Resolve, To Study Aging and Outdated Long-term Care Facilities

RESOLVE 52

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARRACHE	OTP-AM	S-116

This resolve establishes the Commission To Study the Replacement of Aging and Outdated Long-term Care Facilities.

Committee Amendment "A" (S-116)

This amendment removes those provisions of the resolve establishing a commission. The amendment removes emergency language from the resolve. It adds a new title. It directs the Department of Health and Human Services to use existing resources available for long-term care purposes to perform a study of aging and outdated long-term care facilities. The department is required to report to the Joint Standing Committee on Health and Human Services by January 15, 2010. The committee is authorized to submit legislation to the Second Regular Session of the 124th Legislature.

Enacted Law Summary

Resolve 2009, chapter 52 directs the Department of Health and Human Services to use existing resources available for long-term care purposes to perform a study of aging and outdated long-term care facilities. The department is required to report to the Joint Standing Committee on Health and Human Services by January 15, 2010. The committee is authorized to submit legislation to the Second Regular Session of the 124th Legislature.

LD 1024 Resolve, To Establish the Commission To Examine Restructuring the Management of the Institutional Long-term Care Delivery System

ONTP

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

This resolve establishes the Commission To Examine Restructuring the Management of the Institutional Long-term Care Delivery System to improve quality of service while reducing the costs of services. The commission is to focus on the best ways to change basic systems within long-term care, such as restructuring the reimbursement and inspection systems, as well as the approach to the delivery of nursing services. The commission is to report its findings to the Joint Standing Committee on Health and Human Services, which is authorized to introduce a bill on the commission's findings and suggestions.

The Health and Human Services Committee requested from the Department of Health and Human Services a report on long-term care system design by January 15, 2010.

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LD 1038 An Act Regarding Screening for Methicillin-resistant Staphylococcus Aureus

PUBLIC 346

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GOODE BRANNIGAN	OTP-AM	H-498

This bill establishes a system for preventing methicillin-resistant Staphylococcus aureus, or MRSA, infections in order to improve the health of Maine citizens and the quality of health care. It establishes a system for testing hospital patients for MRSA upon admission and periodically during admission. It requires hospitals to establish procedures and protective measures to minimize exposure to MRSA infection, including procedures with regard to wearing a mask, the use of gloves and gowns, hand washing, washing and disinfecting portions of the patient's room and assignment of staff known to be ill. It requires reporting of positive MRSA test results, whether the patient was infected or colonized prior to admission to the hospital and MRSA deaths. It requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to disseminate information on MRSA exposure and infection and information reported by hospitals. It requires hospitals to provide information regarding MRSA to staff, patients and former patients. The bill prohibits hospitals and nursing facilities from refusing to admit, readmit or provide treatment or care for a person who has been infected with MRSA on the basis of that person's MRSA status. It directs the Department of Health and Human Services to adopt rules to implement the law.

Committee Amendment "A" (H-498)

This bill requires all hospitals to perform targeted surveillance for methicillin-resistant Staphylococcus aureus in high-risk populations, as defined by the Maine Quality Forum, consistent with the federal Centers for Disease Control and Prevention guidelines.

Enacted Law Summary

Public Law 2009, chapter 346 requires all hospitals to perform targeted surveillance for methicillin-resistant Staphylococcus aureus in high-risk populations, as defined by the Maine Quality Forum, consistent with the federal Centers for Disease Control and Prevention guidelines.

LD 1050 An Act To Establish a Waiting Period for MaineCare Participants

ONTP

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STRANG BURGESS MILLS P	ONTP	

This bill establishes a waiting period of 30 days before a person may receive assistance except in an emergency situation.

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LD 1055 An Act To Alter MaineCare Benefits as Allowed by the Federal Deficit Reduction Act of 2005

**ACCEPTED ONTP
REPORT**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
STRANG BURGESS MILLS P	ONTP MAJ OTP-AM MIN	

This bill imposes cost sharing in the form of premiums and copayments for services, items and prescription drugs in the MaineCare program consistent with the provisions of the federal Deficit Reduction Act of 2005.

LD 1057 An Act To Require Hospitals To Make Publicly Available the Cost of Medical Procedures

ONTP

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

This bill requires hospitals and ambulatory surgical centers to post their price lists for their most common inpatient and outpatient procedures and services in an easily accessible place on their publicly accessible websites.

The Joint Standing Committee on Health and Human Services requests by letter that the Maine Hospital Association make its members aware of the comprehensive interactive website, Maine “HealthCost,” which provides access to information on prices of medical procedures at Maine hospitals and other health care facilities. The letter also asks the association to encourage its members to provide information on their websites about health care costs including a link to Maine “HealthCost” and instructions on how to obtain average charges upon request at their health care facility.

LD 1058 Resolve, To Eliminate the Regional Wage Adjustment Applied to Nursing Homes

**ACCEPTED ONTP
REPORT**

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

This resolve directs the Department of Health and Human Services to amend its rules regarding principles of reimbursement for nursing facilities to eliminate regional variations in labor costs for purposes of rebasing nursing home expenditures.

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**LD 1069 Resolve, To Direct the Maine Children's Growth Council To Study the
Connections between Higher Education and Early Childhood Education**

RESOLVE 77

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
O'BRIEN ALFOND	OTP-AM	H-221 S-169 ALFOND

This resolve directs the Maine Children's Growth Council to convene a working group to make recommendations for creating opportunities for higher education for licensed child care providers. The resolve requires the Department of Health and Human Services and the Department of Education to participate in the working group. The resolve requires the council to invite representatives from public universities, community colleges and child care providers to participate in the working group. It requires the working group to make recommendations for creating a partnership between licensed child care providers and state institutions of higher learning that would allow child care providers to enroll in classes and degree programs at reduced tuition rates in exchange for reserving a certain number of child care slots for the institution's students and faculty, which would be paid for at a reduced rate subsidized by the State. It requires the working group to provide a report to the Joint Standing Committee on Health and Human Services with findings and recommendations, including any draft legislation necessary, no later than January 15, 2010 and authorizes the committee to submit a bill to the Second Regular Session of the 124th Legislature.

Committee Amendment "A" (H-221)

This amendment replaces the resolve and directs the Maine Children's Growth Council to convene a working group to make recommendations for strengthening the reciprocal relationship between the State's early childhood education system and the State's higher education system. The resolve requires the Department of Health and Human Services and the Department of Education to participate in the working group as well as representatives from public universities, community colleges, child care providers, Head Start and other stakeholders invited by the council. It requires the working group to make recommendations for creating a partnership between child care providers and state institutions of higher learning that will allow for ongoing communications about the health and needs of the State's early childhood education and higher education systems. It requires the working group to provide a report to the Joint Standing Committee on Health and Human Services with findings and recommendations, including any draft legislation necessary, no later than January 15, 2010. It authorizes the Joint Standing Committee on Health and Human Services to submit a bill to the Second Regular Session of the 124th Legislature.

Senate Amendment "A" To Committee Amendment "A" (S-169)

This amendment amends the committee amendment to direct the working group to review the extent to which the use of "professional judgment" (terminology used related to the federal law and regulations for granting student aid) provides additional opportunity to increase access to child care for students in need. The amendment also directs the working group to consult with the Maine Association of Student Financial Aid Administrators to review the current practice of financial aid officers in administering the professional judgment provisions.

Enacted Law Summary

Resolve 2009, chapter 77 directs the Maine Children's Growth Council to convene a working group to make recommendations for strengthening the reciprocal relationship between the State's early childhood education system and the State's higher education system. The resolve requires the Department of Health and Human Services and the Department of Education to participate in the working group as well as representatives from public universities, community colleges, child care providers, Head Start and other stakeholders the council identifies. It requires the working group to make recommendations for creating a partnership between child care providers and state

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institutions of higher learning that will allow for ongoing communications about the health and needs of the State's early childhood education and higher education systems. It directs the working group to review the extent to which the use of "professional judgment" (terminology used related to the federal law and regulations for granting student aid) provides additional opportunity to increase access to child care for students in need. It also directs the working group to consult with the Maine Association of Student Financial Aid Administrators to review the current practice of financial aid officers in administering the professional judgment provisions. It requires the working group to provide a report to the Joint Standing Committee on Health and Human Services with findings and recommendations, including any draft legislation necessary, no later than January 15, 2010 and authorizes the Committee to submit a bill to the Second Regular Session of the 124th Legislature.

LD 1070 *Resolve, Directing the University of Maine at Orono To Conduct a Pilot Project Regarding the Benefits of Medical Marijuana* **ONTP**

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

This resolve directs the University of Maine College of Natural Sciences, Forestry and Agriculture and the University of Maine School of Nursing to collaborate in a project to grow and dispense medical marijuana to authorized individuals and to study pain reduction and other beneficial effects of marijuana. The resolve also directs any revenue from the sale of marijuana to the University of Maine at Orono to support the expenses of the pilot project.

LD 1071 *An Act To Add a Member to the Advisory Council on Health Systems Development* **PUBLIC 179**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BOLAND HOBBINS	OTP-AM	H-204

This bill adds an individual with expertise in the discipline of food science to the membership of the Advisory Council on Health Systems Development.

Committee Amendment "A" (H-204)

The amendment changes the member added to the Advisory Council on Health Systems Development from one with expertise in the discipline of food science to one with expertise in health disparities and who also represents the State's racial and ethnic minority communities.

Enacted Law Summary

Public Law 2009, chapter 179 adds one member to the Advisory Council on Health Systems Development from who has expertise in health disparities and who also represents the State's racial and ethnic minority communities.

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LD 1072 An Act To Provide Support for Children with Special Needs in Adoptive Families

**ACCEPTED ONTP
REPORT**

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

This bill allows the Department of Health and Human Services to pay an adoption subsidy for a special needs child and, if there is a subsidy, provides for an annual adjustment in accordance with the change in the Consumer Price Index. The bill provides that a subsidy ends when the child reaches 18 years of age or the adoption fails through disruption or dissolution. The bill directs the department to adopt routine technical rules.

LD 1078 An Act To Strengthen Sustainable Long-term Supportive Services for Maine Citizens

PUBLIC 279

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PETERSON MILLS P	OTP-AM	H-351

This bill requires the Department of Health and Human Services to develop a unified system of in-home and community support services, including self-directed care, for adults with long-term care needs who are eligible for services under the Maine Revised Statutes, Title 22, subtitle 5 and Title 34-B, chapter 5, subchapter 3, article 2. The bill does the following.

1. It includes findings and policies related to legislative intent.
2. It adds to Title 22, subtitle 5 definitions for "activities of daily living," "assessment," "consumer," "instrumental activities of daily living," "qualified provider agency," "self-directed care services" and "surrogate."
3. It adds a new chapter for a program of coordinated in-home and community support services for the elderly and disabled adults. The program must be established by July 1, 2010 and include:
 - A. A unified system for intake and eligibility determination, consumer assessment and the development of authorized plans of care for eligible consumers. The program must seek proposals from qualified provider agencies and must provide standardized provider rates and worker wages;
 - B. A single system for the intake and eligibility determination functions of existing programs for in-home and community support services;
 - C. An assessment to be completed by the department with the consumer's physician determining medical eligibility and the department determining the requirements for support services as well as personal care assistant hours needed to maintain the consumer in a home or community-based setting;
 - D. An authorized plan of care for each consumer to be developed by the department; and
 - E. Proposals from qualified provider agencies to provide or coordinate services for the authorized plan of care

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solicited by the department.

4. It requires the department to adopt major substantive rules.
5. By January 15, 2010, prior to the implementation of the new program, the bill requires the department to develop a plan, including any necessary legislation for consolidating in-home and community support services that includes:
 - A. An evaluation of self-directed care models authorized in the federal Deficit Reduction Act to examine the possible use of these models in combination or instead of existing programs without diminishing the benefits consumers currently receive;
 - B. A description of the process proposed for consolidating the in-home and community support services including any reorganization or staffing needs for developing the consolidated intake, eligibility and assessment system as well as the assessment methodology and the components of the authorized plan of care; and
 - C. The process and methodology for achieving standardized rates and worker wages.
6. The bill authorizes the Joint Standing Committee on Health and Human Services to report out to the Second Regular Session of the 124th Legislature a bill to implement the plan, if necessary.

Committee Amendment "A" (H-351)

This amendment replaces the bill. It directs the Department of Health and Human Services to undertake a planning process on long-term care, with stakeholder input, every 4 years. It adds to policy statements and findings in the statutes on in-home and community support services for adults with long-term care needs. It adds to the definitions in that section of law, amending some definitions and providing new definitions for "activities of daily living," "consumer assessment," "instrumental activities of daily living," "qualified providers," "self-directed services" and "surrogate." It enacts a new chapter on coordinated in-home and community support services for the elderly and adults with disabilities. It establishes a coordinated program of in-home and community support services for adults with long-term care needs effective July 1, 2010 and directs the department to adopt major substantive rules for the administration of the program. It directs the department to convene a work group to make recommendations on the State's long-term care system and report to the Joint Standing Committee on Health and Human Services by January 15, 2010. It directs the department to submit to the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services any amendments or waivers needed to establish any part of a consolidated program, including a program of consumer-directed care.

Enacted Law Summary

Public Law 2009, chapter 279 directs the Department of Health and Human Services to undertake a planning process on long-term care, with stakeholder input, every 4 years. It adds to policy statements and findings in the statutes on in-home and community support services for adults with long-term care needs. It adds to the definitions in that section of law, amending some definitions and providing new definitions for "activities of daily living," "consumer assessment," "instrumental activities of daily living," "qualified providers," "self-directed services" and "surrogate." It enacts a new chapter on coordinated in-home and community support services for the elderly and adults with disabilities. It establishes a coordinated program of in-home and community support services for adults with long-term care needs effective July 1, 2010 and directs the department to adopt major substantive rules for the administration of the program. It directs the department to convene a work group to make recommendations on the State's long-term care system and report to the Joint Standing Committee on Health and Human Services by January 15, 2010. It directs the department to submit to the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services any amendments or waivers needed to establish any part of a consolidated program, including a program of consumer-directed care.

The Health and Human Services Committee requested from the Department of Health and Human Services a report on long-term care system design by January 15, 2010.

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LD 1086 Resolve, Directing the Department of Health and Human Services To Implement an Oral Health Capitated Care System for Children Covered by MaineCare and the Children's Health Insurance Program **ONTP**

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

This resolve directs the Department of Health and Human Services to establish and implement a 4-tiered capitated oral care system for children covered by MaineCare and SCHIP based on assigning each child's initial needs into one of 4 levels of care: diagnostic, preventive and disease management services; basic restorative care; advanced restorative care; and catastrophic care.

LD 1113 An Act To Exempt Private Nonmedical Institutions from the Service Provider Tax **ONTP**

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

This bill repeals the service provider tax on private nonmedical institution services. The bill also makes a technical correction of an oversight from Public Law 2007, chapter 539.

LD 1115 Resolve, To Establish the Task Force on Kinship Families **RESOLVE 136
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CAIN ROSEN R	OTP-AM	H-147 S-320 BARTLETT

This resolve establishes a task force to study issues concerning kinship families, which are families who are caring for a relatives child. The task force shall examine the issues facing kinship families and how state policies and practices can be crafted to meet their special needs. In examining this issue, the task force shall identify existing resources within the State for kinship families, determine the needs of kinship families and gaps in services, review legal and custody issues and concerns for kinship families and create strategies for sustaining and maintaining resources for kinship families. The task force will report its findings and suggested legislation to the Joint Standing Committee on Health and Human Services, which is authorized to report out a bill on the suggestions.

Committee Amendment "A" (H-147)

This amendment incorporates a fiscal note.

Senate Amendment "A" (S-320)

This amendment requires the task force to obtain outside funding to fund all costs associated with the task force.

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Outside funding must be approved by the Legislative Council and is to be administered by the Executive Director of the Legislative Council. This amendment also adds an appropriations and allocations section.

Enacted Law Summary

Resolve 2009, chapter 136 establishes a task force to study issues concerning kinship families, which are families who are caring for a relative's child. The task force shall examine the issues facing kinship families and how state policies and practices can be crafted to meet their special needs. In examining this issue, the task force shall identify existing resources within the State for kinship families, determine the needs of kinship families and gaps in services, review legal and custody issues and concerns for kinship families and create strategies for sustaining and maintaining resources for kinship families. The resolve requires the task force to obtain outside funding to fund all costs associated with the task force. The resolve requires that the outside funding be approved by the Legislative Council and be administered by the Executive Director of the Legislative Council. The task force will report its findings and suggested legislation to the Joint Standing Committee on Health and Human Services, which is authorized to report out a bill.

Resolve 2009, chapter 136 was finally passed as an emergency measure effective June 17, 2009.

LD 1116 An Act To Ensure Health Care Practitioners Understand and Screen for Domestic Abuse for Pregnant Women and New Mothers ONTP

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

This bill requires the Department of Health and Human Services, the Board of Licensure in Medicine, the Board of Osteopathic Licensure and the State Board of Nursing to develop policies and procedures and adopt any rules necessary to mandate the screening by health care practitioners of pregnant women and new mothers for domestic abuse. This bill requires that the practitioners educate these patients about domestic abuse services as well as attend training on domestic abuse, approved by the department and the Department of the Attorney General. The bill requires health care practitioners during a specific time segment designated for the purpose in each patient visit and in a private setting to assess the patient's risk of domestic abuse and to discuss concerns about domestic violence. The bill specifies the use of a nationally recognized domestic abuse risk and lethality assessment tool and requires the assessment to be part of regular hospital care for new mothers immediately following a birth and must include a specific time for the new mother to discuss any concerns about domestic abuse with a health care practitioner in a private setting. The bill requires practitioners to provide specific information about domestic abuse services available and to monitor each patient closely for signs and symptoms of abuse. It requires the practitioners to report the number and frequency of assessments and results of the assessments, absent the names of the parties, to the department. It requires the department to track the results statewide.

LD 1117 An Act To Create a Statewide Breast-feeding Resource System at Women, Infants and Children Offices ONTP

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

This bill requires Women, Infants and Children, WIC, offices in Maine to provide written materials on breast-feeding, provide counseling on breast-feeding and provide breast pumps to any woman upon request,

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regardless of whether the woman is participating in the program.

**LD 1122 **Resolve, Regarding Legislative Review of Portions of Chapter 101:
Establishment of the Capital Investment Fund, a Major Substantive
Rule of the Governor's Office of Health Policy and Finance****

**RESOLVE 83
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: Establishment of the Capital Investment Fund, a major substantive rule of the Governor's Office of Health Policy and Finance.

Enacted Law Summary

Resolve 2009, chapter 83 provides for authorization of portions of Chapter 101: Establishment of the Capital Investment Fund, a major substantive rule of the Governor's Office of Health Policy and Finance. Chapter 101 establishes the process to be used in the determination of the amount of the Capital Investment Fund (CIF), which is a limit on what hospitals and other health care providers may spend on capital investment. This rule specifies the manner in which a value for the CIF will be calculated, how that amount will be allocated between hospital and non-hospital projects, as well as large and small projects subject to review under Maine's Certificate of Need Act and rules. This rule changes the effective CIF period from one year to three years. There will be a single year transition CIF in 2009, followed by a three-year CIF determined once every three years thereafter. This rule also revises debiting rules and the formula used to calculate the CIF.

Resolve 2009, chapter 83 was enacted as an emergency measure effective June 2, 2009.

LD 1127 **An Act To Define Services for Maine Runaway and Homeless Youth**

PUBLIC 155

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

This bill repeals the youth in need of services program in the Maine Revised Statutes, Title 22, chapter 1071, subchapter 15 and establishes a comprehensive program for homeless youth and runaways. The bill requires the Department of Health and Human Services to implement the comprehensive program through performance-based contracts with organizations and agencies licensed by the department that provide street and community outreach, drop-in programs, emergency shelter and transitional living services. The bill specifies the type of services the program should provide and requires the department to collect data from its licensed organizations and agencies for quality assurance purposes and to monitor the success of the program as well as changes in the rates of homelessness among Maine's youth. The department is authorized to adopt routine technical rules as may be necessary for the effective administration of the program.

Enacted Law Summary

Public Law 155 repeals the youth in need of services program in the Maine Revised Statutes, Title 22, chapter 1071, subchapter 15 and establishes a comprehensive program for homeless youth and runaways. It requires the Department of Health and Human Services to implement the comprehensive program through performance-based contracts with organizations and agencies licensed by the department that provide street and community outreach,

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drop-in programs, emergency shelter and transitional living services. It specifies the type of services the program should provide and requires the department to collect data from its licensed organizations and agencies for quality assurance purposes and to monitor the success of the program as well as changes in the rates of homelessness among Maine's youth. The department is authorized to adopt routine technical rules as may be necessary for the effective administration of the program.

LD 1142 *Resolve, To Ensure Access to Speech and Hearing Services*

ONTP

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

This resolve directs the Department of Health and Human Services to increase by rule the rates of reimbursement under the MaineCare program set in 1999 for speech and hearing services provided through speech and hearing agencies by the increase since 1999 in the federal Consumer Price Index. The new reimbursement rates must comply with federal Medicaid requirements for billing codes, must result in an increase over reimbursement rates paid in 2008 and may not result in decreased reimbursement rates for any speech and hearing agency services. The new rules are designated as routine technical rules. The resolve also requires the Department of Education to maximize private insurance reimbursement to the Child Development Services System and the Department of Health and Human Services to maximize private insurance reimbursement for MaineCare services and directs savings to the speech and hearing agency reimbursement increase.

The resolve includes an appropriations and allocations section that appropriates funds to increase reimbursement rates for speech and hearing services and deappropriates funds by increasing 3rd-party liability collections from MaineCare members and from enhanced private insurance reimbursements to the Child Development Services System.

See LD 353, Public Law 2009, chapter 213, in MaineCare - MAP account for general fund appropriation of \$100,000 in FY10 and \$102,500 in FY11 to increase reimbursement to speech and hearing centers and corresponding increases in child development services funding in the Department of Education.

LD 1153 *An Act To Require the Department of Health and Human Services To Procure an Equal Supply of Vaccine from Each Manufacturer of That Vaccine under Certain Circumstances*

ONTP

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

This bill requires the Department of Health and Human Services to procure an equal supply of vaccine from each manufacturer of that vaccine if two or more manufacturers produce equivalent vaccines and the cost to the department of providing each equivalent vaccine is not more than 110 percent of the lowest-priced equivalent vaccine.

The Health and Human Services Committee requested a report from the Department of Health and Human Services on this issue by January 15, 2010.

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LD 1164 An Act To Amend the Maine Certificate of Need Act of 2002 To Change Nursing Facilities Review Thresholds for Energy Efficiency Projects and for Replacement Equipment

PUBLIC 430

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLER	OTP-AM	H-534

This bill amends the Maine Certificate of Need Act of 2002 in the following ways.

1. It increases the capital expenditure threshold for nursing facility projects to \$1,000,000. It also clarifies that nursing facility projects involving replacement equipment are not subject to review.
2. It amends generic capital expenditure provisions to clarify that any type of replacement equipment is not subject to review.
3. It exempts from the full certificate of need approval nursing facility projects that implement certain energy-efficient improvements.
4. It requires a simplified approval process for these nursing facility energy-efficient improvements, administered by the audit division of the Department of Health and Human Services, consistent with department rules.
5. It requires amendments to these rules to be effective on or before January 1, 2010 and to require that the minimum depreciation periods between three and seven years are determined based on the value and efficiency of the assets and the depreciation periods are not extended to mirror the terms of the financing.

Committee Amendment "A" (H-534)

This amendment replaces the bill. Beginning January 1, 2010, it increases the threshold amount for nursing facility projects to \$1,000,000. It exempts from the full certificate of need approval certain nursing facility projects including capital expenditures under limited circumstances, nonmedical replacement equipment, information systems, communication systems, parking lots, garages and projects that implement certain energy-efficient improvements. It requires the costs associated with energy-efficient projects to be excluded from the total cost of a project in determining whether the project is subject to review. It requires the department to amend the rules governing special reimbursement provisions for energy-efficient improvements and to include requirements that the Department of Health and Human Services respond to provider requests for prior approval of energy-efficient improvements within 30 days following the receipt of a request supported by sufficient information.

Enacted Law Summary

Public Law 2009, chapter 430 amends the Certificate of Need Act of 2002. Beginning January 1, 2010, it increases the threshold amount for nursing facility projects to \$1,000,000. It exempts from the full certificate of need approval certain nursing facility projects including capital expenditures under limited circumstances, nonmedical replacement equipment, information systems, communication systems, parking lots, garages and projects that implement certain energy-efficient improvements. It requires the costs associated with energy-efficient projects to be excluded from the total cost of a project in determining whether the project is subject to review. It requires the department to amend the rules governing special reimbursement provisions for energy-efficient improvements and to include requirements that the Department of Health and Human Services respond to provider requests for prior approval of energy-efficient improvements within 30 days following the receipt of a request supported by sufficient information.

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LD 1165 An Act To Improve Children's Safety in Public Swimming Pools

PUBLIC 206

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HUNT	OTP-AM	H-261

The federal Virginia Graeme Baker Pool and Spa Safety Act requires all public swimming pools and public spas to be equipped with anti-entrapment devices, unblockable drains or safety vacuum release systems to prevent the entrapment of persons in the pool or spa. This bill requires the Maine Center for Disease Control and Prevention to enforce the provisions of that federal law, including closing any public pool or public spa that does not comply with the federal law.

Committee Amendment "A" (H-261)

This amendment requires the Maine Center for Disease Control and Prevention to enforce the federal law only if federal funds are provided to cover the costs of enforcement.

Enacted Law Summary

Public Law 2009, chapter 206 requires the Maine Center for Disease Control and Prevention to enforce the provisions of federal Virginia Graeme Baker Pool and Spa Safety Act, including closing any public pool or public spa that does not comply with the federal law, only if federal funds are provided to cover the costs of enforcement.

LD 1228 Resolve, To Direct Action on Health Disparities of the Passamaquoddy Tribe and Washington County

**RESOLVE 93
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SOCTOMAH RAYE	OTP-AM	H-403

This resolve directs the Department of Health and Human Services, Maine Center for Disease Control and Prevention, offices of minority health and data, research and vital statistics and a Washington County health organization to work with the Passamaquoddy health directors to help reduce health disparities between the Passamaquoddy Tribe and the State and the United States and Washington County and the State and the United States. This work must include development of an action plan to address health disparities found between Washington County and the State and the United States and the Passamaquoddy Tribe and the State and the United States and the development of recommendations for data collection methods to address the disparities. A report must be submitted to the Joint Standing Committee on Health and Human Services by January 15, 2010, and the committee may submit legislation related to the report to the Second Regular Session of the 124th Legislature.

Committee Amendment "A" (H-403)

This amendment changes the date of the report from January 15, 2010 to January 15, 2011. It changes the authorization to submit legislation from the Second Regular Session of the 124th Legislature to the First Regular Session of the 125th Legislature.

Enacted Law Summary

Resolve 2009, chapter 93 directs the Department of Health and Human Services, Maine Center for Disease Control

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and Prevention, offices of minority health and data, research and vital statistics and a Washington County health organization to work with the Passamaquoddy health directors to help reduce health disparities between the Passamaquoddy Tribe and the State and the United States and Washington County and the State and the United States. This work must include development of an action plan to address health disparities found between Washington County and the State and the United States and the Passamaquoddy Tribe and the State and the United States and the development of recommendations for data collection methods to address the disparities. A report must be submitted to the Joint Standing Committee on Health and Human Services by January 15, 2011, and the committee may submit legislation related to the report to the First Regular Session of the 125th Legislature.

Resolve 2009, chapter 93 was passed as an emergency measure effective June 8, 2009.

**LD 1229 Resolve, Directing the Department of Health and Human Services To
Extend MaineCare Dental and Oral Health Services**

**LEAVE TO
WITHDRAW**

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

This resolve directs the Department of Health and Human Services to amend its rules regarding MaineCare services to extend MaineCare dental and oral health services to a pregnant woman who is eligible to receive MaineCare benefits through the duration of her pregnancy and for 60 days after the birth of her child regardless of the pregnant woman's age.

LD 1230 An Act To Prohibit the Delivery of Tobacco Products to Minors

PUBLIC 398

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A	OTP MAJ OTP-AM MIN	H-438 S-308 BRANNIGAN

This bill prohibits delivery sales of tobacco products in the State to anyone other than a licensed tobacco distributor or a licensed tobacco retailer.

Committee Amendment "A" (H-438)

This amendment is the minority report of the committee. It exempts delivery sales of large cigars to adult purchasers from the prohibition on delivery sales of tobacco products to consumers.

This amendment amends Committee Amendment "A" as follows:

1. It exempts premium cigars from the requirement that delivery sales of tobacco products must be shipped to a licensed tobacco distributor or retailer;
2. It retains current law on shipment of tobacco products, narrowing it beginning October 1, 2009 to apply to premium cigars, and retaining the requirement that shippers of premium cigars into the State be licensed as tobacco retailers;

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3. It repeals a provision of the law that has been enjoined by the federal court and a provision that does not apply to premium cigars; and
4. It adds an effective date of October 1, 2009.

Senate Amendment "B" To Committee Amendment "A" (S-308)

This amendment incorporates Senate Amendment "A" except that the definition of "premium cigar" is amended by taking out the word "hand."

This amendment amends Committee Amendment "A" as follows:

1. It exempts premium cigars from the requirement that delivery sales of tobacco products must be shipped to a licensed tobacco distributor or retailer;
2. It retains current law on shipment of tobacco products, narrowing it beginning October 1, 2009 to apply to premium cigars, and retaining the requirement that shippers of premium cigars into the State be licensed as tobacco retailers;
3. It repeals a provision of the law that has been enjoined by the federal court and a provision that does not apply to premium cigars; and
4. It adds an effective date of October 1, 2009.

Enacted Law Summary

Public Law 2009, chapter 398 prohibits delivery sales of tobacco products in the State to anyone other than a licensed tobacco distributor or a licensed tobacco retailer but exempts premium cigars. For premium cigars it retains current law on shipment of tobacco products, narrowing it beginning October 1, 2009 to apply to premium cigars, and retaining the requirement that shippers of premium cigars into the State be licensed as tobacco retailers. It repeals a provision of the law that has been enjoined by the federal court and a provision that does not apply to premium cigars.

Public Law 2009, chapter 398 takes effect October 1, 2009.

LD 1244 *Resolve, To Advance Health Care in Maine*

ONTP

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

This resolve requires the State Budget Officer to transfer funds from the Federal Relief Funds Reserve account to the Medical Care - Payments to Providers program to pay MaineCare settlements for hospital fiscal year 2007 and hospital fiscal year 2008.

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LD 1245 Resolve, To Improve the Continuity of Care for Individuals with Behavioral Issues in Long-term Care

**RESOLVE 122
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
INNES	OTP-AM	H-460

This resolve directs the Department of Health and Human Services:

1. To implement the recommendations contained in the report to the Joint Standing Committee on Health and Human Services pursuant to Resolve 2007, chapter 61, which was enacted by the 123rd Legislature;
2. To work with interested parties to review the current case mix reimbursement system used to establish payment for individuals in long-term care facilities to determine if current reimbursement is adequate and reasonable for the provision of high-quality care for individuals with behavioral issues;
3. In conjunction with interested parties, including but not limited to representatives from long-term care facilities and hospitals, to develop and implement a standardized transfer protocol, including improving the support offered to long-term care facilities once a hospital has determined an individual is ready to be discharged back to the facility;
4. To review existing and potential payment sources for psychiatric assessments and psychiatric treatments that are currently unavailable to individuals with behavioral issues because the individuals do not have a diagnosis of severe and persistent mental illness; and
5. To work with interested parties to explore the need for a supplementary level of care to accommodate the needs of individuals with behavioral issues who, because of the severity of their behaviors, are not appropriate candidates for return to an existing long-term care facility but who no longer require an acute geropsychiatric hospital setting.
6. It requires the Department of Health and Human Services to report by February 1, 2010 to the Joint Standing Committee on Health and Human Services.

Committee Amendment "A" (H-460)

This amendment changes the resolve by clarifying language, removing certain terms and adding to the reporting requirements for the Department of Health and Human Services. It requires certain groups to be included in the department's work on the standardized transfer protocol and improved discharge planning and that this work to include a review of specific discharge planning processes and methods, patients' rights and resources and contact information and provides specific guidance on areas of review related to patient behavioral health issues. It authorizes the Joint Standing Committee on Health and Human Services to submit legislation related to the standardized transfer protocol and improved discharge planning to the Second Regular Session of the 124th Legislature. It requires the department to conduct the work within existing resources and to coordinate the work with similar work addressing similar issues.

Enacted Law Summary

Resolve 2009, chapter 122 directs the Department of Health and Human Services:

1. To implement the recommendations contained in the report to the Joint Standing Committee on Health and Human Services pursuant to Resolve 2007, chapter 61, which was enacted by the 123rd Legislature;
2. To work with interested parties to review the current reimbursement system used to establish payment for

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individuals in long-term care facilities to determine if current reimbursement is adequate and reasonable for the provision of high-quality care for individuals with behavioral issues;

3. In conjunction with specified interested parties, including but not limited to representatives from long-term care facilities and hospitals, to develop and implement a standardized transfer protocol, which is detailed in the law and includes improving the support offered to long-term care facilities once a hospital has determined an individual is ready to be discharged back to a long-term care facility.
4. To review existing and potential payment sources for assessments and treatments that are currently unavailable to individuals with behavioral issues because the individuals do not have a diagnosis of severe and persistent mental illness.
5. To work with interested parties to explore the need for a supplementary level of care to accommodate the needs of individuals with behavioral issues who, because of the severity of their behaviors, are not appropriate candidates for return to an existing long-term care facility but who no longer require an acute hospital setting.
6. It requires the department to conduct the work within existing resources and to coordinate it with similar work addressing similar issues.
7. It requires the Department of Health and Human Services to report on all of this work by February 1, 2010 to the Joint Standing Committee on Health and Human Services.
8. It authorizes the Joint Standing Committee on Health and Human Services to submit legislation related to the standardized transfer protocol and improved discharge planning to the Second Regular Session of the 124th Legislature.

Resolve 2009, chapter 122 was enacted as an emergency measure effective June 10, 2009.

LD 1259 An Act To Increase Access to Nutrition Information

PUBLIC 395

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PINGREE BRANNIGAN	OTP-AM MAJ ONTP MIN	H-481 S-314 PERRY J

This bill requires a chain restaurant, which is a restaurant with the same trade name and the same type of food, meals and menus as 15 or more restaurants nationwide, to provide accurate calorie information on its menus, menu boards and food display labels for the food and beverage items it regularly sells, not including limited-time offers, condiments, items in sealed manufacturer's packaging with nutrition information or custom orders. The bill also requires a chain restaurant to state on its menu and menu boards: "To maintain a healthy weight, a typical adult should consume approximately 2,000 calories per day; however, individual calorie needs may vary." This bill allows a chain restaurant to state on its menu and menu boards: "Nutrition information is based upon standard recipes and product formulations; however, modest variations may occur due to differences in preparation, serving sizes, ingredients or special orders."

Committee Amendment "A" (H-481)

This amendment is the majority report of the committee. The amendment adds a definition for "calories per serving," amends the definition of "chain restaurant" by deleting reference to nationwide locations and extends the time period for limited time offerings to 60 days per year. It specifies the process for determining caloric content,

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allowing rounding of caloric values. It exempts from the definition of "chain restaurant" a hotel or motel that contains a separately owned eating establishment but applies the provisions of the bill to that separately owned eating establishment. It exempts food items provided at a self-service salad bar or buffet. It establishes a separate caloric labeling requirement for beer, wine and spirits. It specifies that enforcement is by the Attorney General against the owner or franchisee of the eating establishment and that there are no private remedies. The amendment provides an effective date of February 1, 2011.

Senate Amendment "B" To Committee Amendment "A" (S-314)

This amendment:

1. Adds movie theaters to the places that are not considered a chain restaurant;
2. Increases from 60 to 90 the number of days an item must appear on a menu before the chain restaurant is required to provide caloric information regarding that item;
3. Specifies that this legislation does not create any additional rights or liabilities; and
4. Asserts that state regulation of nutritional information by chain restaurants occupies the whole field of regulation and prohibits municipalities from enacting any ordinance regulating the dissemination of such information.

Enacted Law Summary

Public Law 2009, chapter 395 requires a chain restaurant, which is a restaurant with the same trade name and the same type of food, meals and menus as 20 or more restaurants at least one of which is in Maine, to provide accurate calorie information on its menus, menu boards and food display labels for the food and beverage items it regularly sells, not including limited-time offers, condiments, items in sealed manufacturer's packaging with nutrition information or custom orders. The law also requires a chain restaurant to state on its menu and menu boards: "To maintain a healthy weight, a typical adult should consume approximately 2,000 calories per day; however, individual calorie needs may vary." This law allows a chain restaurant to state on its menu and menu boards: "Nutrition information is based upon standard recipes and product formulations; however, modest variations may occur due to differences in preparation, serving sizes, ingredients or special orders."

The law provides a definition for "calories per serving," the law exempts limited time offerings to 90 days per year. It exempts from the definition of "chain restaurant" a movie theater and a hotel or motel that contains a separately owned eating establishment but applies the provisions of the bill to that separately owned eating establishment. It exempts food items provided at a self-service salad bar or buffet. It establishes a separate caloric labeling requirement for beer, wine and spirits. It specifies that enforcement is by the Attorney General against the owner or franchisee of the eating establishment and that there are no private remedies.

The law states that state regulation of nutritional information by chain restaurants occupies the whole field of regulation and prohibits municipalities from enacting any ordinance regulating the dissemination of such information.

The law takes effect February 1, 2011.

LD 1260 An Act To Amend the Certificate of Need Act of 2002 for Nursing Facility Projects

PUBLIC 429

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J L MARRACHE	OTP-AM	H-535

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This bill amends the Certificate of Need Act of 2002 governing the conversion of nursing facility beds to residential care beds to permit such conversions as long as the terms of the conversion are approved by the Department of Health and Human Services under applicable provisions permitting transfers that are MaineCare-neutral in their overall impact.

The bill also amends provisions governing the nursing facility MaineCare funding pool to create certain exceptions to the constraints of the pool. A provision is enacted to permit the transfers of beds and other nursing facility resources to residential care facilities and to exclude such beds and resources from the pool if prior approval is obtained from the department.

The bill also changes the provisions governing nursing facility projects in several respects:

1. To permit certificate of need approval of different types of nursing facility projects as long as MaineCare neutrality is demonstrated and to permit transfers of MaineCare resources between nursing facilities and residential care facilities to satisfy these requirements;
2. To permit the exchange of bed rights between nursing facilities and residential care facilities in order to permit nursing facilities to satisfy MaineCare neutrality requirements;
3. To permit nursing facilities to satisfy MaineCare neutrality requirements for projects that do not involve relocation of beds from one facility to another or a new facility when the entity proposing the changes is able to satisfy MaineCare neutrality requirements by delicensing beds under common ownership or acquiring beds from other facilities including residential care facilities; and
4. To permit approval of nursing facility projects that propose transfers of ownership when any increases in MaineCare costs are offset by transfers of bed rights or the increase in MaineCare costs is limited to changes in fixed-costs reimbursement due to changes in approved financing or applicable depreciation schedules.

Committee Amendment "A" (H-535)

This amendment replaces the bill and amends the Certificate of Need Act of 2002. Beginning January 1, 2010, it increases the threshold amount for nursing facility projects to \$1,000,000. It exempts from the full certificate of need approval certain nursing facility projects including capital expenditures under limited circumstances, nonmedical replacement equipment, information systems, communication systems, parking lots and garages. It changes the nursing facility MaineCare funding pool to create certain exceptions to the constraints of the pool. It permits certificate of need approval of different types of nursing facility projects as long as MaineCare neutrality is demonstrated. It permits nursing facilities to satisfy MaineCare neutrality requirements for projects that do not involve relocation of beds from one facility to another or a new facility when the entity proposing the changes is able to satisfy MaineCare neutrality requirements by delicensing beds under common ownership or acquiring beds from other nursing facilities. It charges the Department of Health and Human Services with working with stakeholders to identify possible methods for creating more flexibility in the laws governing nursing facility projects that are subject to MaineCare budget neutrality requirements.

Enacted Law Summary

Public Law 2009, chapter 429 amends the Certificate of Need Act of 2002. Beginning January 1, 2010, it increases the threshold amount for nursing facility projects to \$1,000,000. It exempts from the full certificate of need approval certain nursing facility projects including capital expenditures under limited circumstances, nonmedical replacement equipment, information systems, communication systems, parking lots and garages. It changes the nursing facility MaineCare funding pool to create certain exceptions to the constraints of the pool. It permits certificate of need approval of different types of nursing facility projects as long as MaineCare neutrality is demonstrated. It permits nursing facilities to satisfy MaineCare neutrality requirements for projects that do not involve relocation of beds from one facility to another or a new facility when the entity proposing the changes is able to satisfy MaineCare

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neutrality requirements by delicensing beds under common ownership or acquiring beds from other nursing facilities. It charges the Department of Health and Human Services with working with stakeholders to identify possible methods for creating more flexibility in the laws governing nursing facility projects that are subject to MaineCare budget neutrality requirements.

LD 1261 *Resolve, To Require the Department of Health and Human Services To Provide Cost-of-living Adjustments for Nursing Facilities and Certain Medical and Remedial Private Nonmedical Institutions* **ONTP**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN J L MARRACHE	ONTP	

This resolve requires the Department of Health and Human Services to provide nursing facilities and residential care facilities with cost-of-living adjustments in fiscal years 2009-10 and 2010-11. The adjustment must be 3 percent for nursing facilities where 80 percent or more of the facility's annual resident days are covered by MaineCare. A 1.5 percent adjustment must be provided for all other nursing and residential care facilities. This bill also has an appropriations and allocations section.

LD 1262 *An Act To Restrict Gifts to Health Care Practitioners from Pharmaceutical and Medical Device Manufacturers* **Carried Over**

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

This bill:

1. Prohibits most gifts and payments to health care practitioners from pharmaceutical and medical device manufacturers;
2. Includes medical devices in the definition of "prescription drug" for the purposes of requirements involving a pharmaceutical manufacturer's giving of gifts to health care practitioners and reporting marketing expenses;
3. Establishes requirements for pharmaceutical manufacturers' giving sample products to health care practitioners;
4. Requires the Department of Health and Human Services to report a pharmaceutical manufacturer's gifts and payments per health care practitioner instead of in the aggregate;
5. Limits the confidentiality of pharmaceutical manufacturers' reporting information to trade information protected by state and federal law;
6. Requires the Department of Health and Human Services to post the department's annual report regarding a pharmaceutical manufacturer's marketing expenses on a publicly accessible portion of the department's website; and
7. Allows the Department of Health and Human Services to raise the fees of pharmaceutical manufacturers to cover reasonable costs of the department.

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LD 1278 An Act To Exempt Services Provided by Alzheimer Care Facilities from the Tax on Private Nonmedical Institution Services

ONTP

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

This bill excludes services provided in an Alzheimer's or dementia care unit from the service provider tax.

LD 1281 An Act To Increase the Efficiency and Effectiveness of Licensing Behavioral Health Care Providers

Carried Over

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

The purpose of this bill is to increase the efficiency and effectiveness of licensing behavioral health providers by requiring the Department of Health and Human Services to approve and license substance abuse treatment, child and adult welfare and behavioral health agencies, programs and facilities that receive and maintain accreditation by nationally recognized accrediting bodies. The department shall include such an agency, program or facility on any list of approved and licensed agencies, programs and facilities maintained by the department. Notwithstanding an agency's, program's or facility's maintenance of accreditation, the department may revoke the certificate of approval and remove a treatment program or facility from the department's list of approved programs and facilities for failure to provide data, statistics, schedules and other information reasonably required by the department pursuant to the Maine Revised Statutes, Title 5, section 20024. All agencies, programs and facilities may have approval and licensing revoked or modified by the department for findings resulting from the investigation of a critical incident.

This bill was carried over by Joint Order, H. P. 1053 to any special or regular session of the 124th Legislature so that the Health and Human Services Committee may ensure the deeming process moves forward and has a legislative instrument to make this change should the department fail to do so through rule making.

LD 1291 Resolve, Establishing a Study Commission on In Utero Narcotic Drug Exposure

ONTP

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

This resolve establishes the Study Commission on In Utero Narcotic Drug Exposure.

The Health and Human Services Committee requested from the Department of Health and Human Services a report by January 15, 2010 on issues related to in utero drug exposures.

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LD 1302 An Act To Prohibit Full-time State Employees from Enrollment in MaineCare

ONTP

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

This bill provides that full-time employees of the State are not eligible to receive services under the laws governing the MaineCare program.

LD 1303 An Act To Improve the General Assistance Program

ONTP

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

This bill changes the general assistance reimbursement rate methodology, which has been in place since 1991. It replaces the 50 percent/90 percent option with a flat reimbursement of 80 percent of all general assistance. The bill raises the temporary maximum levels of assistance to 150 percent of the applicable existing housing fair market rents. The bill also makes an ongoing General Fund appropriation of \$8,800,000 for general assistance reimbursement to cities and towns to bring funding to levels appropriate to meet the needs of people experiencing economic hardship.

The Joint Standing Committee on Health and Human Services requests by letter that the Department of Health and Human Services review the general assistance program, the concepts presented in LD 1303 and LD 1375, and amount of funding needed to adequately fund the general assistance needs of the State. The letter asks the department to make recommendations to the Joint Standing Committee on Health and Human Services by February 15, 2010.

LD 1339 An Act To Improve Oversight of Pharmaceutical Purchasing

Carried Over

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

This bill requires pharmacy benefits managers to register with the Department of Professional and Financial Regulation, Bureau of Insurance before entering into any contracts for pharmacy benefits management in the State. The bill also sets forth standards for audits conducted by pharmacy benefits managers. The bill requires the State Auditor to develop audit procedures to ensure state agencies that have pharmacy benefits management contracts are compliant with state law relating to pharmacy benefits management and prescription drug rebates. The bill also expands the privacy provisions applicable to pharmacy benefits managers to ensure that patient prescription information, even deidentified information, is not used directly by the pharmacy benefits manager or sold by or transferred to others for use in pharmaceutical marketing or by insurance companies in making benefits decisions.

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This bill was carried over to any special or regular session of the 124th Legislature by joint order, H.P. 1053. This bill was carried over to await federal legislation, so as not to interfere with litigation and to allow the Bureau of Insurance time to consider a system for registering pharmacy benefit managers.

LD 1340 An Act To Protect Consumers' Health Information Records

ONTP

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

This bill concerns the confidentiality of health care information. This bill:

1. Asserts that medical records in the possession of a health care practitioner are the property of the patient and limits the costs a health care practitioner may recoup for providing electronic medical records;
2. Creates a definition of "business associate" of a health care practitioner and applies health care information confidentiality provisions to a business associate;
3. Excepts from the definition of "health care" the activity of communicating with a patient for the purpose of selling or using a product or service in most circumstances;
4. Allows business associates of a health care practitioner to obtain or create health care information only pursuant to a written contract with the health care practitioner;
5. Requires the written authorization from an individual for the sale or payment for the individual's health care information with certain exceptions;
6. Limits the ability of a health care practitioner or business associate to pay or be paid for the exchange of health care information concerning the sale or use of a product or service;
7. Clarifies that a health care practitioner or business associate is subject to the Notice of Risk to Personal Data Act in case of a security breach of health care information;
8. Requires the Department of Health and Human Services to designate an individual in the department to advise health care practitioners, business associates and individuals and to create educational material about the provisions of health care information confidentiality;
9. Clarifies that the provisions concerning the sale of health care information do not prevent a pharmacist from recouping costs in communicating with individuals to reduce medication errors and to improve patient safety; and
10. Requires the Department of Health and Human Services to study and report to the Joint Standing Committee on Health and Human Services on what health care information can be exchanged without authorization after removing individuals' identifiable information and what must require authorization.

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**LD 1354 Resolve, Directing the Department of Health and Human Services To
Limit Prescriptions for Narcotic Drugs under MaineCare without Prior
Authorization**

ONTP

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

This resolve directs the Department of Health and Human Services to:

1. Require that narcotic prescription drugs for each MaineCare patient be prescribed by a single medical provider unless prior authorization is obtained;
2. Require that narcotic prescription drugs for each MaineCare patient be dispensed by only one pharmacy or drug dispenser at a time unless prior authorization is obtained;
3. Require that narcotic prescription drugs for MaineCare patients not be prescribed for the treatment of pain arising from a noncancerous or nonterminal condition beyond a period of 30 days except by prior authorization; and
4. Require that narcotic prescription drugs for MaineCare patients not be prescribed for the treatment of chronic pain arising from a noncancerous or nonterminal condition except by a physician recognized by MaineCare as having specialized training and expertise in managing patients suffering from chronic pain.

**LD 1359 An Act To Improve the Use of Data from the Controlled Substances
Prescription Monitoring Program**

PUBLIC 298

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS P	OTP-AM MAJ ONTP MIN	S-125

This bill amends the Controlled Substances Prescription Monitoring Program as follows:

1. It provides that "dispenser" includes a prescriber and a licensed substance abuse treatment program, such as a methadone clinic, that administers or dispenses controlled substances. It further clarifies that "prescriber" includes nonphysician prescribers.
2. It requires the Department of Public Safety, State Bureau of Identification to report to the Controlled Substances Prescription Monitoring Program information related to arrests and convictions for crimes that include the use, possession, furnishing, sale or diversion of a controlled substance.
3. It requires the Office of the Chief Medical Examiner to file with the Controlled Substances Prescription Monitoring Program information concerning the death of a person in which a controlled substance or other drug may have contributed to the person's death.
4. If the Office of the Chief Medical Examiner has reported to the Controlled Substances Prescription Monitoring Program that a controlled substance or other drug may have contributed to a person's death, it requires the program to notify all prescribers and dispensers who reported information pertaining to the deceased person.

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5. It authorizes health care licensing boards to make the determination of "reasonable cause" that would allow the boards access to prescription monitoring information.
6. It expands access to prescription monitoring information to the MaineCare program and the Office of the Chief Medical Examiner and contains provisions regarding the confidentiality of prescription monitoring information possessed by the Office of the Chief Medical Examiner.
7. It directs the Department of Health and Human Services, Office of Substance Abuse to adopt rules to implement the law.

Committee Amendment "A" (S-125)

This amendment is the majority report of the committee. It replaces the bill. It authorizes release of information from the Controlled Substances Prescription Monitoring Program under the Maine Revised Statutes, Title 22, chapter 1603 to the MaineCare program for the purposes of managing care, monitoring the purchase of controlled substances and avoiding duplicate dispensing of controlled substances.

Enacted Law Summary

Public Law 2009, chapter 298 authorizes release of information from the Controlled Substances Prescription Monitoring Program under the Maine Revised Statutes, Title 22, chapter 1603 to the MaineCare program for the purposes of managing care, monitoring the purchase of controlled substances and avoiding duplicate dispensing of controlled substances.

LD 1360 An Act To Allow Law Enforcement and Family Members To Petition the District Court To Initiate Assisted Outpatient Treatment

Carried Over

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

This bill enables law enforcement or a family member of a person with a severe and persistent mental illness who is in need of assisted outpatient treatment to petition the District Court for an order that the person must participate in assisted outpatient treatment. The assisted outpatient treatment order lasts for 6 months and is renewable for an additional 12 months. The application, hearing, review and appeal process includes notice, a mental health examination, court-appointed or retained counsel, the right to present evidence and cross-examine witnesses and a record of the proceedings. The order to participate in assisted outpatient treatment includes within it an individualized treatment plan.

The bill requires the Department of Health and Human Services to provide community mental health services, including assignment of an assertive community treatment team, for a person who is ordered to participate in assisted outpatient treatment.

The bill requires providers of mental health services who apply for grants and contracts with the Department of Health and Human Services to provide community mental health treatment to persons ordered by a court to participate in assisted outpatient treatment.

The bill includes as a duty of the Department of Health and Human Services, under the category of safety net services, providing services for persons ordered to participate in assisted outpatient treatment.

This bill requires pharmacy benefits managers to register with the Department of Professional and Financial

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Regulation, Bureau of Insurance before entering into any contracts for pharmacy benefits management in the State. The bill also sets forth standards for audits conducted by pharmacy benefits managers. The bill requires the State Auditor to develop audit procedures to ensure state agencies that have pharmacy benefits management contracts are compliant with state law relating to pharmacy benefits management and prescription drug rebates. The bill also expands the privacy provisions applicable to pharmacy benefits managers to ensure that patient prescription information, even deidentified information, is not used directly by the pharmacy benefits manager or sold by or transferred to others for use in pharmaceutical marketing or by insurance companies in making benefits decisions.

This bill was carried over to any special or regular session of the 124th Legislature by Joint Order, H.P. 1053.

**LD 1363 An Act To Establish and Promote Statewide Collaboration and
Coordination in Public Health Activities and To Enact a Universal
Wellness Initiative**

PUBLIC 355

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLER ROSEN R	OTP-AM	H-407 H-436 PERRY A

This bill coordinates and streamlines the public health system in this State. It prepares the state public health system for national federally recognized public health accreditation and ensures the effective, efficient and evidence-based delivery of essential public health services. The bill recognizes and formally establishes Healthy Maine Partnerships, district coordinating councils for public health and the Statewide Coordinating Council for Public Health.

The bill also establishes a universal wellness initiative using the existing resources of the public health infrastructure. The initiative requires the development and distribution of a resource toolkit for the uninsured and a health risk assessment for all people of the State with a focus on the uninsured and those facing health disparities. It also requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to issue an annual report card on health for each public health district in the State and for the state health plan to publish the report cards.

Committee Amendment "A" (H-407)

This amendment provides a definition for "municipal health department" and provides for accreditation of municipal health departments. It adds a provision that allows municipal health departments to enter into data-sharing agreements with the Department of Health and Human Services if the agreement protects the confidentiality and security of individually identifiable health information.

House Amendment "A" (H-436)

This amendment removes from the membership of the Statewide Coordinating Council for Public Health the 4 appointed Legislators.

Enacted Law Summary

Public Law 2009, chapter 355 coordinates and streamlines the public health system in this State. It prepares the state public health system for national federally recognized public health accreditation and ensures the effective, efficient and evidence-based delivery of essential public health services. The law recognizes and formally

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establishes Healthy Maine Partnerships, district coordinating councils for public health and the Statewide Coordinating Council for Public Health.

The law also establishes a universal wellness initiative using the existing resources of the public health infrastructure. The law requires the development and distribution of a resource toolkit for the uninsured and a health risk assessment for all people of the State with a focus on the uninsured and those facing health disparities. It also requires the Department of Health and Human Services, Maine Center for Disease Control and Prevention to issue an annual report card on health for each public health district in the State and for the state health plan to publish the report cards. The law allows municipal health departments to enter into data-sharing agreements with the Department of Health and Human Services if the agreement protects the confidentiality and security of individually identifiable health information.

LD 1364 An Act To Stimulate the Economy by Expanding Opportunities for Personal Assistance Workers

Carried Over

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

This bill establishes the reimbursement by the Department of Health and Human Services for personal assistance services through standardized rates, beginning October 1, 2009, that apply to all providers and workers in programs, institutional settings, in-home services and community support services.

This bill was carried over by Joint Order, H.P. 1053 to any special or regular session of the 124th Legislature in order to allow the Department of Health and Human Services to conduct a thorough analysis that considers the potential economic benefit of increasing the wages of direct care workers as well as the cost of turnover, training requirements, federal dollars leveraged, and costs to the state. The department will present the result to the Joint Standing Committee on Health and Human Services during the next legislative session.

LD 1375 An Act Regarding the Formula for the General Assistance Program

ONTP

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

This bill requires the Department of Health and Human Services to reimburse a municipality 90 percent of the municipality's general assistance costs if the unemployment rate of the municipality for the previous three months exceeds the average of the statewide unemployment rate for the comparable calendar quarters for the previous five years. This bill also requires the department to pay a statutorily increased reimbursement of general assistance costs for certain economic conditions as long as those conditions exist.

The Joint Standing Committee on Health and Human Services requests by letter that the Department of Health and Human Services review the general assistance program, the concepts presented in LD 1303 and LD 1375, and amount of funding needed to adequately fund the general assistance needs of the State. The letter asks the department to make recommendations to the Joint Standing Committee on Health and Human Services by February 15, 2010.

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LD 1376 **Resolve, To Reduce Homelessness for People with Mental Illness or Dual Diagnoses**

ONTP

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

This resolve directs the Department of Health and Human Services to conduct a 2-year pilot program to demonstrate the effectiveness of placing homeless individuals who have been diagnosed with mental illness or dually diagnosed with mental illness and chemical dependency in stable housing and providing long-term support in accordance with Maine's Plan to End and Prevent Homelessness adopted March 11, 2008 by the Maine State Housing Authority's Statewide Homeless Council. The program involves 9 caseworkers serving 20 clients each in finding the clients stable housing using rental assistance vouchers and continuing outreach and support to the clients for the term of the program.

LD 1395 **An Act To Amend the Maine Certificate of Need Act of 2002**

**PUBLIC 383
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLER	OTP-AM MAJ OTP-AM MIN	H-497 H-541 PERRY A

This bill clarifies that a portion of an ambulatory surgical facility functioning as the office of a health care practitioner that contains major medical equipment is considered to be a health care facility.

This bill adds medical office buildings owned or subsidized by a hospital or a hospital's parent company to the definition of "hospital" and deletes the definition of "replacement equipment."

This bill eliminates indexing and changes the capital expenditure threshold from \$2,400,000 to \$2,000,000.

This bill eliminates the exemption of replacement equipment from the certificate of need requirements.

This bill changes the category of rules adopted for procedures after voluntary nursing facility reductions from major substantive to routine technical rules.

This bill exempts energy-efficient improvements in nursing facilities from MaineCare neutrality calculations. This bill includes the cost of energy-efficient improvements in nursing facilities in the overall improvement cost when determining whether the thresholds are triggered.

This bill states that the certificate of need record opens on the day the Department of Health and Human Services receives a certificate of need application instead of the day the department receives a letter of intent.

This bill requires the certificate of need applicant to schedule a meeting within 30 days of filing a letter of intent, instead of requiring the meeting to occur within 30 days. The department is required to give public notice that there will be a public informational meeting within 10 business days, instead of 5, of receipt of an applicant's certificate that the complete certificate of need application is on file with the department.

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This bill eliminates the requirement for a public informational meeting and a public hearing for simplified reviews.

This bill authorizes the department to collect fines without a civil court action and gives the recipient of the notice of imposition of a fine an opportunity to request an administrative hearing on the matter. This bill increases the civil fine from a maximum of \$5,000 to not more than \$50,000.

This bill removes redundancies and aligns the procedural timelines when applicants seek both a certificate of public advantage and a certificate of need.

This bill specifies that activity newly subject to certificate of need as a result of this Act is not subject to the capital investment fund until the certificate of need review cycle beginning January 1, 2013.

Committee Amendment "A" (H-496)

The amendment is the majority report of the committee. The amendment changes the bill by:

1. Retaining the current exemption from certificate of need for medical office buildings owned or subsidized by a hospital or a hospital's parent company;
2. Bringing the threshold amounts up to the current levels, which brings the thresholds for major medical equipment and new technology to \$1,600,000 and the threshold for capital expenditures to \$3,100,000;
3. Eliminating the exemption for the replacement of major medical equipment from the certificate of need requirements and instead applying a simplified review and approval process for certificate of need;
4. Removing provisions in the bill related to energy-efficient projects for nursing facilities;
5. Lowering the proposed increase in the penalty for violations from \$50,000 to \$10,000; and
6. Removing the provision for a combined application for applicants seeking both a certificate of need and a certificate of public advantage.

Committee Amendment "B" (H-497)

This amendment is the minority report of the committee. The amendment changes the bill by:

1. Retaining the current exemption from certificate of need for medical office buildings owned or subsidized by a hospital or a hospital's parent company;
2. Bringing the threshold amounts up to the current levels, which brings the thresholds for major medical equipment and new technology to \$1,600,000 and the threshold for capital expenditures to \$3,100,000;
3. Retaining the exemption from the certificate of need requirements for the replacement of major medical equipment by the owner and instead applying a threshold of \$2,000,000 for review;
4. Applying a simplified review process for major medical equipment that costs more than \$2,000,000;
5. Including replacement equipment that is not major medical equipment in the list of capital equipment that does not require a certificate of need;
6. Removing provisions in the bill related to energy-efficient projects for nursing facilities;
7. Lowering the proposed increase in the penalty for violations from \$50,000 to \$10,000; and

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8. Removing the provision for a combined application for applicants seeking both a certificate of need and a certificate of public advantage.

House Amendment "A" To Committee Amendment "B" (H-541)

This amendment corrects an error by inserting a word that was inadvertently omitted from Committee Amendment "B."

Enacted Law Summary

Public Law 2009, chapter 383 makes the following changes to the Maine Certificate of Need Act of 2002:

- 1) Clarifies that a portion of an ambulatory surgical facility functioning as the office of a health care practitioner that contains major medical equipment is considered to be a health care facility,
- 2) Retains the current exemption from certificate of need for medical office buildings owned or subsidized by a hospital or a hospital's parent company;
- 3) Brings the threshold amounts up to the current levels, which brings the thresholds for major medical equipment and new technology to \$1,600,000 and the threshold for capital expenditures to \$3,100,000;
- 4) Eliminates of all indexing, which annually adjusts threshold amounts to reflect changes in the Consumer Price Index medical index;
- 5) Allows the exemption from the certificate of need requirements for the replacement major medical equipment by the owner that is a cost of \$2,000,000 or less;
- 6) Applies a simplified review and approval process for certificate of need to major medical equipment above the \$2,000,000 threshold;
- 7) Including replacement equipment that is not major medical equipment in the list of capital expenditures that do not require a certificate of need;
- 8) Changes the category of rules from major substantive to routine technical rules for procedures after voluntary nursing facility reductions;
- 9) Clarifies and changes provisions related to maintenance of record, the schedule for related meetings, the amount of time for public notice, and the elimination of the requirement for a public informational meeting and a public hearing for simplified reviews; and
- 10) Authorizes the department to collect fines up to \$10,000 without a civil court action and provisions that give the recipient of the notice of the fine an opportunity to request an administrative hearing on the matter.

Public Law 2009, chapter 383 was enacted as an emergency measure effective June 12, 2009.

**LD 1396 An Act To Establish a Mental Health Services Advisory Commission To
Improve Mental Health Services in the State**

ONTP

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

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This bill establishes the Mental Health Services Advisory Commission to look at how mental health services are delivered statewide and to advise, consult and assist the Governor and the executive, legislative and judicial branches of State Government with activities of State Government related to the delivery of mental health services.

LD 1408 An Act To Establish the Universal Childhood Immunization Program

Carried Over

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

This bill creates the Universal Childhood Immunization Program to provide immunizations and cover the costs of recommended vaccines for children in the State not covered by the federal Vaccines for Children Program. The bill creates the Maine Vaccine Board to determine the costs of purchasing and administering the vaccines and directs the board to assess these costs to appropriate health insurers in the State based on each insurer's share of nonelderly insureds in the State.

This bill requires pharmacy benefits managers to register with the Department of Professional and Financial Regulation, Bureau of Insurance before entering into any contracts for pharmacy benefits management in the State. The bill also sets forth standards for audits conducted by pharmacy benefits managers. The bill requires the State Auditor to develop audit procedures to ensure state agencies that have pharmacy benefits management contracts are compliant with state law relating to pharmacy benefits management and prescription drug rebates. The bill also expands the privacy provisions applicable to pharmacy benefits managers to ensure that patient prescription information, even deidentified information, is not used directly by the pharmacy benefits manager or sold by or transferred to others for use in pharmaceutical marketing or by insurance companies in making benefits decisions.

This bill was carried over to any special or regular session of the 124th Legislature by Joint Order, H.P. 1053. This bill was carried over in anticipation of available funding.

**LD 1411 Resolve, Regarding Legislative Review of Portions of Chapter 120:
Release of Data to the Public, a Major Substantive Rule of the Maine
Health Data Organization**

**RESOLVE 84
EMERGENCY**

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

This resolve provides for legislative review of portions of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization.

Enacted Law Summary

Resolve 2009, chapter 84 provides for authorization of portions of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization. Chapter 120 governs the manner and extent to which data submitted to or assembled by the Maine Health Data Organization (MHDO) or its predecessor agencies will be made available to the public. It defines the scope of the exceptions to the Freedom of Access Law and outlines procedures for determining whether data are confidential or privileged and for protecting file data. The rule changes several definitions to be consistent with MHDO statutes and rules. It adds the insured group or policy number to the

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list of data elements that may indirectly identify patients and are subject to external review and comments. It also establishes a data advisory committee composed of individuals listed in the rule who may be impacted by the release of group numbers.

Resolve 2009, chapter 84 was enacted as an emergency measure effective June 2, 2009.

LD 1412 Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services, Office of MaineCare Services **RESOLVE 85
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, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder, a major substantive rule of the Department of Health and Human Services, Office of MaineCare Services.

Enacted Law Summary

Resolve 2009, chapter 85 approves portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder, a major substantive rule of the Department of Health and Human Services, Office of MaineCare Services. The proposed rule makes changes in rates for the home and community based services waiver. It reduces rates for home support, community support, employment specialist services and work support. It removes the behavioral ad on for services. It eliminates intensive family centered support as a type of home support. The rule creates an additional level of support for home support shared living and home support family centered support model.

Resolve 2009, chapter 85 was passed as an emergency measure effective June 2, 2009.

LD 1416 An Act To Update Terms and Make Changes in Child Care and Transportation Benefits under the Temporary Assistance for Needy Families Program **PUBLIC 291**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT	OTP-AM	H-405

This bill makes the following changes relating to the food stamp program and to the TANF and ASPIRE-TANF programs:

It changes the terms "food stamp" to "food supplement" and "food stamp program" to "food supplement program."

It changes references to mailing food stamps or coupons to the issuance of food allotments by an electronic benefits transfer system. It eliminates the requirement to print brochures in other languages and to print announcements in French.

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It adds cross-references to the federal Deficit Reduction Act of 2005 in the statute that authorizes the administration of the TANF program and the ASPIRE program.

It eliminates a requirement that transitional transportation benefits be given for 90 days and inserts a maximum benefit duration of 12 months. For transitional child care benefits, it eliminates references to income standards and rates of payment and authorizes the department instead to establish those by rule.

It reinstates authority to transfer certain funds and a reporting requirement that were mistakenly repealed during the First Regular Session of the 123rd Legislature.

It eliminates a reporting requirement comparing TANF benefit levels to those in other New England states; the provision was intended to have been repealed in the First Regular Session of the 123rd Legislature.

It eliminates a minimum participation requirement in the ASPIRE program to require the department to operate the ASPIRE program in accordance with the federal Deficit Reduction Act of 2005 requirements.

It allows the Department of Health and Human Services to establish maximum eligibility limits, for fiscal year 2009-10 only, that are not less than 200% of the federal poverty guidelines for certain families for transitional child care services.

It requires the Department of Health and Human Services to report back with legislation correcting the Maine Revised Statutes to reflect the change in the name of the food stamp program and benefits.

Committee Amendment "A" (H-405)

This amendment authorizes the Department of Health and Human Services to make certain transfers of funds to the ASPIRE-TANF program account from the TANF program account. It requires the department to establish maximum rates for child care beginning October 1, 2011. The amendment deletes sections of the bill regarding fund transfers and authorization to decrease maximum income eligibility for transitional child care services.

Enacted Law Summary

Public Law 2009, chapter 291 changes the terms "food stamp" to "food supplement" and "food stamp program" to "food supplement program." It changes references to mailing food stamps or coupons to the issuance of food allotments by an electronic benefits transfer system. It eliminates the requirement to print brochures in other languages and to print announcements in French.

It adds cross-references to the federal Deficit Reduction Act of 2005 in the statute that authorizes the administration of the TANF program and the ASPIRE program.

It eliminates a requirement that transitional transportation benefits be given for 90 days and inserts a maximum benefit duration of 12 months. For transitional child care benefits, it eliminates references to income standards and rates of payment and authorizes the department instead to establish those by rule.

The law eliminates a reporting requirement comparing TANF benefit levels to those in other New England states; the provision was intended to have been repealed in the First Regular Session of the 123rd Legislature.

It eliminates a minimum participation requirement in the ASPIRE program to require the department to operate the ASPIRE program in accordance with the federal Deficit Reduction Act of 2005 requirements.

It requires the Department of Health and Human Services to report back with legislation correcting the Maine Revised Statutes to reflect the change in the name of the food stamp program and benefits.

The law authorizes the Department of Health and Human Services to make certain transfers of funds to the

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ASPIRE-TANF program account from the TANF program account. It requires the department to establish maximum rates for child care beginning October 1, 2011.

**LD 1417 An Act To Add Unlicensed Assistive Persons with Notations to the
Maine Registry of Certified Nursing Assistants**

PUBLIC 215

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

This bill authorizes the Department of Health and Human Services to investigate complaints against unlicensed assistive persons of abuse, neglect or misappropriation of property of a client, patient or resident in a home or health care setting. It requires the Maine Registry of Certified Nursing Assistants to list and include a notation to the unlicensed assistive person's listing on the registry when the department's decision becomes final that a complaint was substantiated. This is a limited expansion of the registry. The bill identifies the information that must be included in registry notations. It requires the department to notify an individual of the right to request a hearing to contest a finding that a complaint was substantiated and gives the individual the right to petition the department to have a finding of neglect removed from the registry if the finding of neglect is a one-time occurrence and there is no pattern of neglect. It identifies unlicensed assistive persons who may not be employed or placed by a licensed, certified or registered agency or facility and authorizes the department to adopt routine technical rules.

Enacted Law Summary

Public Law 2009, chapter 215 authorizes the Department of Health and Human Services to investigate complaints against unlicensed assistive persons of abuse, neglect or misappropriation of property of a client, patient or resident in a home or health care setting. It requires the Maine Registry of Certified Nursing Assistants to list and include a notation to the unlicensed assistive person's listing on the registry when the department's decision becomes final that a complaint was substantiated. This is a limited expansion of the registry and identifies specific information that must be included in registry notations. The law requires the department to notify an individual of the right to request a hearing to contest a finding that a complaint was substantiated and gives the individual the right to petition the department to have a finding of neglect removed from the registry if the finding of neglect is a one-time occurrence and there is no pattern of neglect. It identifies unlicensed assistive persons who may not be employed or placed by a licensed, certified or registered agency or facility and authorizes the department to adopt routine technical rules.

LD 1419 An Act To Implement Respectful Language Amendments

PUBLIC 299

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WEBSTER	OTP-AM	H-402

This bill makes several changes throughout the Maine Revised Statutes to avoid certain terms or phrases that might be construed as disrespectful. The terminology removed is replaced with more respectful alternatives that place people first. Part A removes the terms "common drunkard," "lunatic," "mentally deranged" and "senile" from the statutes and removes language that refers to persons being "afflicted" with a condition. Part B removes references to "mental retardation" and "mentally retarded" and changes the reference to "persons with developmental disabilities."

Committee Amendment "A" (H-402)

This amendment removes a section of the bill that changes terminology in the section of law related to licensing of

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private mental hospitals. It removes all of Part B in the bill, which proposes to change references in law related to "mental retardation" to respectful terminology. The amendment directs the Department of Health and Human Services to review the statutes and identify the sections that use the terms "mental retardation" and "mentally retarded" and report recommendations for changes to the Joint Standing Committee on Health and Human Services. The amendment authorizes the Joint Standing Committee on Health and Human Services to submit a bill to the Second Regular Session of the 124th Legislature based on these recommendations.

Enacted Law Summary

Public Law 2009, chapter 299 makes several changes throughout the Maine Revised Statutes to avoid certain terms or phrases that might be construed as disrespectful. The terminology removed is replaced with more respectful alternatives that place people first. Part A removes the terms "common drunkard," "lunatic" and "senile" from the statutes and removes language that refers to persons being "afflicted" with a condition. Part B directs the Department of Health and Human Services to review the statutes and identify the sections that use the terms "mental retardation" and "mentally retarded" and report recommendations for changes to the Joint Standing Committee on Health and Human Services. The amendment authorizes the Joint Standing Committee on Health and Human Services to submit a bill to the Second Regular Session of the 124th Legislature based on these recommendations.

LD 1429 An Act To Strengthen the Workplace Smoking Laws and Other Laws Governing Smoking

PUBLIC 300

Sponsor(s)

MILLS P

Committee Report

OTP-AM

Amendments Adopted

S-177

This bill does the following:

1. It prohibits designated smoking areas indoors in places of employment and provides a definition of permitted outdoor designated smoking areas;
2. It repeals the laws on smoking in hospitals, nursing homes and jury rooms that differed from the public place and workplace laws;
3. It clarifies in the laws governing workplace smoking that "business facility" may include a private residence or unit or apartment within a residential facility during the period of time that the private residence or unit or apartment is a place of employment; and
4. It clarifies that "residential facility" means a facility licensed by the Department of Health and Human Services.

Committee Amendment "A" (S-177)

This amendment removes the provision of the bill relating to exposure to secondhand smoke being a nuisance and trespass.

Enacted Law Summary

Public Law 2009, chapter 300 does the following:

1. It prohibits designated smoking areas indoors in places of employment and provides a definition of permitted outdoor designated smoking areas;
2. It repeals the laws on smoking in hospitals, nursing homes and jury rooms that differed from the public place and workplace laws;

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3. It clarifies in the laws governing workplace smoking that "business facility" may include a private residence or unit or apartment within a residential facility during the period of time that the private residence or unit or apartment is a place of employment; and
4. It clarifies that "residential facility" means a facility licensed by the Department of Health and Human Services.

LD 1433 An Act Regarding the Creation of Capitated Behavioral Health Pilot Programs

ONTP

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

This bill establishes 2 capitated behavioral health pilot programs, one in Kennebec County and Somerset County and one in Aroostook County, to serve eligible adult residents of those counties. The programs must provide an array of behavioral health services that meets the State's obligations under the consent decree in Bates v. Harvey, Kennebec County Superior Court Civil Action Docket No. 89-88; provide a core set of behavioral health services that are necessary, efficient and effective; and reduce the use of expensive treatment options, such as inpatient hospitalization, in favor of less intensive, community-based behavioral health service. The pilot programs will be overseen by an oversight committee consisting of Legislators and evaluated by an entity with experience in evaluating capitated behavioral health systems.

LD 1435 An Act To Amend Sentinel Events Reporting Laws To Reduce Medical Errors and Improve Patient Safety

PUBLIC 358

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BOWMAN	OTP-AM	S-248

This bill defines additional terms in the law dealing with sentinel event reporting, including "health care facility acquired infection," "immediate jeopardy," "near miss" and "root cause analysis." It also amends the definition of "sentinel event." The bill adds a list of serious reportable events derived from a publication of the National Quality Forum and requires health care facilities to report suspected sentinel events as well as sentinel events. The bill also requires hospitals to follow a standardized procedure for the identification, notification and reporting requirements and allows health care facilities to voluntarily notify the Department of Health and Human Services, Division of Licensing and Regulatory Services of the occurrence of a near miss. This bill gives immunity to a person who in good faith reports a suspected sentinel event or a sentinel event, or expresses regret or an apology to the patient or the patient's family. This bill also increases the civil penalty to no more than \$25,000, instead of \$5,000, authorizes the division to collect the civil penalty without going to court and gives the health care facility the right to request an administrative hearing to contest the imposition of a penalty. In addition, it provides injunctive relief to require compliance with the sentinel events reporting law.

Committee Amendment "A" (S-248)

This amendment replaces the bill. It removes the definition of "health care facility acquired infection," modifies the definitions of "major permanent loss of function" and "sentinel event" and modifies notification requirements related to transfers of patients from one facility to another. It removes provisions related to mandatory reporting of suspected sentinel events, immunity for expressions of regret or apologies, the Department of Health and Human

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Services' responsibility for determining the reportability of sentinel events and the confidentiality of records for final administrative actions. The amendment also gives the Joint Standing Committee on Health and Human Services authority to submit a bill related to the recommendations of the CY 2008 Sentinel Events report dated April 28, 2009 to the Second Regular Session of the 124th Legislature. The amendment excludes protected professional competence review information from the root cause analysis submitted to the department's Division of Licensing and Regulatory Services. It requires the division to determine whether a suspected sentinel event constitutes a sentinel event, to complete an initial review and to take other action within the jurisdiction of the division. It provides that personnel responsible for sentinel event oversight shall report to the division's licensing personnel only immediate jeopardy as defined in the Maine Revised Statutes, Title 22, section 8752, subsection 2-A and each condition of participation in the federal Medicare program related to the immediate jeopardy for which the provider is out of compliance.

It maintains the provisions related to compliance, which increases the penalty for violations and authorizes the division to collect the penalty without going to court, but reduces the penalty from the bill's proposal of \$25,000 per unreported sentinel event to \$10,000 per violation.

Enacted Law Summary

Public Law 2009, chapter 358 modifies the sentinel event reporting laws. The law defines additional terms related to sentinel event reporting, including "immediate jeopardy," "near miss" and "root cause analysis" and modifies the definitions of "major permanent loss of function" and "sentinel event." It requires hospitals to follow a standardized procedure for identification, notification and reporting requirements and allows health care facilities to voluntarily notify the Department of Health and Human Services, Division of Licensing and Regulatory Services of the occurrence of a near miss. It modifies notification requirements related to transfers of patients from one facility to another. The law adds root cause analysis to the reporting requirements but includes a provision to exclude protected professional competence review information from the root cause analysis submitted to the department's Division of Licensing and Regulatory Services. The law gives immunity to a person who in good faith reports a near miss, suspected sentinel events, actual sentinel events or root cause analysis. It requires the division to determine whether a suspected sentinel event constitutes a sentinel event, to complete an initial review and to take other action within the jurisdiction of the division. The law allows the division to conduct on-site visits. Personnel responsible for sentinel event oversight shall report only immediate jeopardy to the division's licensing personnel along with each condition of participation in the federal Medicare program related to the immediate jeopardy for which the provider is out of compliance. This law also authorizes the division to collect penalties without going to court, increases the penalty to no more than \$10,000 and gives the health care facility the right to request an administrative hearing to appeal the imposition of a penalty. In addition, it provides injunctive relief to require compliance with the sentinel events reporting law. The law also gives the Joint Standing Committee on Health and Human Services authority to submit a bill related to the recommendations of the CY 2008 Sentinel Events report dated April 28, 2009 to the Second Regular Session of the 124th Legislature.

**LD 1452 **Resolve, Establishing the Committee To Study the Feasibility of
Instituting Testing for Sports-related Head Injuries****

ONTP

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

This resolve establishes the Committee To Study the Feasibility of Instituting Testing for Sports-related Head Injuries.

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LD 1464 An Act To Amend Licensing, Certification and Registration Requirements for Health Care Providers and Other Facilities

Carried Over

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
JONES		H-364

This bill requires licensed, certified or registered providers to secure a criminal background check prior to hiring or placing a person who will have direct contact with a consumer. Providers will pay for the criminal background checks. Some providers are currently required by statute to obtain criminal background checks, and this bill adds several more providers, including hospitals, nursing facilities, ambulatory surgical facilities, intermediate care facilities for persons with mental retardation, assisted housing programs, children's homes, end-stage renal disease facilities, drug treatment centers, child placing agencies, hospice programs, agencies and facilities providing mental health services, temporary nurse agencies and nursery schools. This bill authorizes the Department of Health and Human Services to investigate complaints against temporary nurse agencies and provides enforcement mechanisms for violations. This bill requires the department to use income from penalties to improve the quality of care for residents of long-term care facilities.

This bill was carried over by Joint Order, H.P. 1053 to any special or regular session of the 124th Legislature due to action of the Joint Standing Committee on Appropriations and Financial Affairs.

Committee Amendment "A" (H-364)

This amendment adds an appropriations and allocations section.

LD 1490 An Act Regarding the Transfer of Patient Health Care Information through an Electronic Health Information Exchange

**PUBLIC 387
EMERGENCY**

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

This bill is emergency legislation.

This bill amends the law on the confidentiality of patient health care information by adding a health information exchange to the provision that allows health care practitioners and health care facilities to disclose information to agents, employees and contractors of practitioners and facilities to carry out the usual and customary activities relating to the delivery of health care and for the purposes of billing, risk management, quality assurance, utilization review and peer review. The bill provides an opt-out mechanism for individuals.

It authorizes the MaineCare program to transfer that same information for the purposes of diagnosis, treatment or care of MaineCare members while retaining protection for sensitive health information that is controlled by other provisions of state or federal law and providing an opt-out mechanism for members.

This bill requires a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2011.

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See LD 563. See biennial budget, LD 353, Public Law 2009, chapter 213 which provides funding for a statewide demonstration of an electronic health information exchange in the Bureau of Medical Services 0129 account of \$1,000,000 General Fund funds in FY10 and \$700,000 federal ARRA funds in FY10.

Enacted Law Summary

Public Law 2009, chapter 387 amends the law on the confidentiality of patient health care information by adding a health information exchange to the provision that allows health care practitioners and health care facilities to disclose information to agents, employees and contractors of practitioners and facilities to carry out the usual and customary activities relating to the delivery of health care and for the purposes of billing, risk management, quality assurance, utilization review and peer review. The law provides an opt-out mechanism for individuals.

It authorizes the MaineCare program to transfer that same information for the purposes of diagnosis, treatment or care of MaineCare members while retaining protection for sensitive health information that is controlled by other provisions of state or federal law and providing an opt-out mechanism for members.

This law requires a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2011.

Public Law 2009, chapter 387 was enacted as an emergency measure effective June 12, 2009.

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Enacted

LD 400	An Act To Implement the Recommendations of the Blue Ribbon Commission To Study Long-term Home-based and Community-based Care	PUBLIC 420 EMERGENCY
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LD 877	Resolve, To Review the Maine Registry of Certified Nursing Assistants	RESOLVE 68
LD 1000	An Act To Amend the Provision Creating the Long-term Care Partnership Program	PUBLIC 101 EMERGENCY
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LD 1078	An Act To Strengthen Sustainable Long-term Supportive Services for Maine Citizens	PUBLIC 279
LD 1164	An Act To Amend the Maine Certificate of Need Act of 2002 To Change Nursing Facilities Review Thresholds for Energy Efficiency Projects and for Replacement Equipment	PUBLIC 430
LD 1245	Resolve, To Improve the Continuity of Care for Individuals with Behavioral Issues in Long-term Care	RESOLVE 122 EMERGENCY
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Not Enacted

LD 16	Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Long-term Care Facilities	DIED ON ADJOURNMENT
LD 217	Resolve, To Increase Transparency in the Long-term Care Planning and Delivery Process To Ensure Maine's Elderly Can Make Informed Choices	ONTP
LD 416	An Act To Provide Funding to the ElderCare Network	ACCEPTED ONTP REPORT
LD 524	An Act To Provide Assistance to Family Members, Friends and Neighbors Who Provide Home Health Care for Senior Citizens	DIED ON ADJOURNMENT

LD 573	An Act Requiring Assisted Living Facilities To Provide Automated External Defibrillator Availability	ACCEPTED ONTP REPORT
LD 794	Resolve, To Adjust Copayment Rules To Ensure Access to Home-based Care Services	ONTTP
LD 939	An Act To Amend the Laws Governing Assisted Living Programs	ONTTP
LD 1024	Resolve, To Establish the Commission To Examine Restructuring the Management of the Institutional Long-term Care Delivery System	ONTTP
LD 1261	Resolve, To Require the Department of Health and Human Services To Provide Cost-of-living Adjustments for Nursing Facilities and Certain Medical and Remedial Private Nonmedical Institutions	ONTTP
LD 1276	An Act To Ensure That High-quality Services Are Provided to Behavioral Health Clients	ONTTP
LD 1364	An Act To Stimulate the Economy by Expanding Opportunities for Personal Assistance Workers	

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Enacted

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LD 1122	Resolve, Regarding Legislative Review of Portions of Chapter 101: Establishment of the Capital Investment Fund, a Major Substantive Rule of the Governor's Office of Health Policy and Finance	RESOLVE 83 EMERGENCY
LD 1260	An Act To Amend the Certificate of Need Act of 2002 for Nursing Facility Projects	PUBLIC 429
LD 1395	An Act To Amend the Maine Certificate of Need Act of 2002	PUBLIC 383 EMERGENCY

Child Care

Enacted

LD 80	Resolve, Regarding Legislative Review of Portions of Chapter 33: Rules for the Certification of Family Child Care Providers, a Major Substantive Rule of the Department of Health and Human Services, Division of Licensing and Regulatory Services	RESOLVE 8 EMERGENCY
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Child Development

Enacted

LD 969	An Act To Amend the Laws Governing the Maine Children's Growth Council	PUBLIC 392 EMERGENCY
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LD 1069 **Resolve, To Direct the Maine Children's Growth Council To
Study the Connections between Higher Education and Early
Childhood Education** **RESOLVE 77**

Children's Services

Enacted

LD 423 **An Act To Provide a Safe Sleeping Environment for Children
with Disabilities To Enable Them To Remain in Their Homes** **PUBLIC 100**

LD 1115 **Resolve, To Establish the Task Force on Kinship Families** **RESOLVE 136
EMERGENCY**

LD 1263 **An Act To Amend the Laws Concerning Child Abuse and Neglect
Councils** **PUBLIC 204**

Not Enacted

LD 575 **An Act To Preserve the Commitment Made to Children in the
State's Care** **ACCEPTED ONTP
REPORT**

LD 1072 **An Act To Provide Support for Children with Special Needs in
Adoptive Families** **ACCEPTED ONTP
REPORT**

Departmental Organization and Administration

Enacted

LD 361 **An Act To Provide for a Certificate of Birth Resulting in
Stillbirth** **PUBLIC 311
EMERGENCY**

Not Enacted

LD 675 **An Act To Lower the Cost of State Government in the
Departments under the Purview of the Joint Standing Committee
on Health and Human Services** **ONTP**

Developmental Disabilities

Enacted

LD 654 **Resolve, To Review Statutes, Rules and Policies Regarding
Mental Retardation, Pervasive Developmental Disorders and
Other Cognitive and Developmental Disorders** **RESOLVE 123**

LD 1419 **An Act To Implement Respectful Language Amendments** **PUBLIC 299**

Not Enacted

LD 637 **An Act To Ensure Services for Adults with Developmental
Disabilities**

LD 809 **An Act To Preserve the Viability of Services to Maine's Citizens
with Mental Retardation** **ONTP**

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Enacted

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LD 395	Resolve, To Further Regulate the Use of Tanning Booths by Minors	RESOLVE 119 EMERGENCY
LD 574	Resolve, To Increase the Blood Supply	RESOLVE 21
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LD 1228	Resolve, To Direct Action on Health Disparities of the Passamaquoddy Tribe and Washington County	RESOLVE 93 EMERGENCY
LD 1259	An Act To Increase Access to Nutrition Information	PUBLIC 395
LD 1363	An Act To Establish and Promote Statewide Collaboration and Coordination in Public Health Activities and To Enact a Universal Wellness Initiative	PUBLIC 355

Not Enacted

LD 17	An Act To Prohibit the Sale of Energy Drinks to Minors	ONTP
LD 19	An Act To Amend the Laws Regarding Public Rest Rooms	ONTP
LD 99	An Act To Allow Authorization for the Release of HIV Information on a General Medical Information Release Form	ONTP
LD 163	An Act To Require Health Care Practitioners To Distribute Free Samples of Medications in Certain Circumstances	ONTP
LD 251	An Act To Protect the Safety of Maine Children by Requiring the Express Consent of a Legal Guardian To Dispense Prescription Medication to a Minor	ONTP
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LD 701	An Act To Fund the Screening and Early Detection Elements of the Statewide Cancer Plan	
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LD 1070	Resolve, Directing the University of Maine at Orono To Conduct a Pilot Project Regarding the Benefits of Medical Marijuana	ONTP
LD 1153	An Act To Require the Department of Health and Human Services To Procure an Equal Supply of Vaccine from Each Manufacturer of That Vaccine under Certain Circumstances	ONTP
LD 1408	An Act To Establish the Universal Childhood Immunization Program	
LD 1452	Resolve, Establishing the Committee To Study the Feasibility of Instituting Testing for Sports-related Head Injuries	ONTP

Health Information and Data

Enacted

LD 101	An Act To Extend the Operation of the Maine Health Data Processing Center and To Amend the Maine Health Data Organization Statutes	PUBLIC 71 EMERGENCY
LD 1411	Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization	RESOLVE 84 EMERGENCY
LD 1490	An Act Regarding the Transfer of Patient Health Care Information through an Electronic Health Information Exchange	PUBLIC 387 EMERGENCY

Not Enacted

LD 563	An Act To Pay a State Share into the HealthInfoNet System	ONTP
LD 854	Resolve, Directing the Department of Health and Human Services To Create a New Health Care Internet Infrastructure	ONTP
LD 1340	An Act To Protect Consumers' Health Information Records	ONTP

Hospitals

Enacted

LD 322	An Act To Clarify the Prohibition on Payment for Health Care Facility Mistakes or Preventable Adverse Events	PUBLIC 31
LD 724	Resolve, To Create a Working Group To Provide Transparency Concerning Operating Expenses for Hospitals	RESOLVE 66
LD 960	Resolve, Requiring Rulemaking by the Maine Health Data Organization in Consultation with the Maine Quality Forum Regarding Clostridium Difficile and Methicillin-resistant Staphylococcus Aureus	RESOLVE 82
LD 1038	An Act Regarding Screening for Methicillin-resistant Staphylococcus Aureus	PUBLIC 346
LD 1435	An Act To Amend Sentinel Events Reporting Laws To Reduce Medical Errors and Improve Patient Safety	PUBLIC 358

Not Enacted

LD 757	An Act To Improve the Transparency of Certain Hospitals	
LD 1057	An Act To Require Hospitals To Make Publicly Available the Cost of Medical Procedures	ONTP

Licensing

Enacted

LD 119	An Act To Amend the Laws Governing Public Water System Operation Fees	PUBLIC 15
LD 479	An Act To Recognize Maine Youth Camps	PUBLIC 211
LD 1165	An Act To Improve Children's Safety in Public Swimming Pools	PUBLIC 206

Not Enacted

LD 114	An Act To Amend the Laws Regarding Overnight Parking of Recreational Vehicles	ACCEPTED ONTP REPORT
LD 1464	An Act To Amend Licensing, Certification and Registration Requirements for Health Care Providers and Other Facilities	

Maternal/Infant

Not Enacted

LD 1116	An Act To Ensure Health Care Practitioners Understand and Screen for Domestic Abuse for Pregnant Women and New Mothers	ONTP
LD 1117	An Act To Create a Statewide Breast-feeding Resource System at Women, Infants and Children Offices	ONTP

Medicaid/MaineCare

Enacted

LD 252	An Act Regarding the Transfer of Nursing Facilities	PUBLIC 97
LD 480	Resolve, Regarding Legislative Review of Portions of MaineCare Benefits Manual, Chapter III, Section 97, Private Non-Medical Institution Services, a Major Substantive Rule of the Department of Health and Human Services, Office of MaineCare Services, Division of Policy and Performance	RESOLVE 40 EMERGENCY
LD 611	Resolve, To Provide Reimbursement in the MaineCare Program for Board-certified Behavior Analysts	RESOLVE 33

LD 625	Resolve, To Ensure All Children Covered by MaineCare Receive Early and Periodic Screening, Diagnosis and Treatment Services	RESOLVE 26
LD 1412	Resolve, Regarding Legislative Review of Portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder, a Major Substantive Rule of the Department of Health and Human Services, Office of MaineCare Services	RESOLVE 85 EMERGENCY
<u>Not Enacted</u>		
LD 18	An Act To Ensure Access to MaineCare Services	ONTP
LD 320	Resolve, Regarding the Use of MaineCare for Catastrophic Illness	ONTP
LD 359	An Act To Ensure That MaineCare Reimbursements to Hospitals Do Not Pay For Hospital Advertisements	ONTP
LD 405	An Act To Reevaluate the Scope of Coverage for the Childless Adult Waiver Program	ONTP
LD 552	Resolve, Authorizing Coverage of Enteral Formula under the MaineCare Program	ONTP
LD 700	An Act To Restore Funding for Bed-hold Days at Private Nonmedical Institutions	ACCEPTED ONTP REPORT
LD 795	Resolve, To Enhance Public Information about the MaineCare Program	ONTP
LD 940	An Act To Estimate the Financial Costs to Providers in Implementing MaineCare Rules	ONTP
LD 1050	An Act To Establish a Waiting Period for MaineCare Participants	ONTP
LD 1055	An Act To Alter MaineCare Benefits as Allowed by the Federal Deficit Reduction Act of 2005	ACCEPTED ONTP REPORT
LD 1058	Resolve, To Eliminate the Regional Wage Adjustment Applied to Nursing Homes	ACCEPTED ONTP REPORT
LD 1113	An Act To Exempt Private Nonmedical Institutions from the Service Provider Tax	ONTP
LD 1142	Resolve, To Ensure Access to Speech and Hearing Services	ONTP
LD 1244	Resolve, To Advance Health Care in Maine	ONTP
LD 1278	An Act To Exempt Services Provided by Alzheimer Care Facilities from the Tax on Private Nonmedical Institution Services	ONTP
LD 1302	An Act To Prohibit Full-time State Employees from Enrollment in MaineCare	ONTP

Mental Health

Enacted

LD 337	An Act Regarding Emergency Involuntary Admission of a Participant in the Department of Health and Human Services' Progressive Treatment Program to a State Mental Institute	PUBLIC 276
LD 341	An Act To Amend the Department of Health and Human Services' Progressive Treatment Program	PUBLIC 321
LD 609	An Act To Amend the Laws Governing Involuntary Hospitalization Procedures	PUBLIC 281

Not Enacted

LD 1281	An Act To Increase the Efficiency and Effectiveness of Licensing Behavioral Health Care Providers	
LD 1360	An Act To Allow Law Enforcement and Family Members To Petition the District Court To Initiate Assisted Outpatient Treatment	
LD 1396	An Act To Establish a Mental Health Services Advisory Commission To Improve Mental Health Services in the State	ONTP
LD 1433	An Act Regarding the Creation of Capitated Behavioral Health Pilot Programs	ONTP

Oral Health/Dental Care

Not Enacted

LD 233	An Act To Include Independent Practice Dental Hygienists in MaineCare	
LD 624	Resolve, To Implement Certain Recommendations of the Report of the Governor's Task Force on Expanding Access to Oral Health Care for Maine People	
LD 768	An Act To Improve the Dental Health of Children by Making Fluoride Treatments More Available	ONTP
LD 1086	Resolve, Directing the Department of Health and Human Services To Implement an Oral Health Capitated Care System for Children Covered by MaineCare and the Children's Health Insurance Program	ONTP
LD 1229	Resolve, Directing the Department of Health and Human Services To Extend MaineCare Dental and Oral Health Services	LEAVE TO WITHDRAW

Poverty and Homelessness

Enacted

LD 1127	An Act To Define Services for Maine Runaway and Homeless Youth	PUBLIC 155
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Not Enacted

LD 576 **Resolve, To Require the Department of Health and Human Services and the Maine State Housing Authority To Create Efficiencies in Existing Services for Persons Who Are Homeless** ONTP

LD 1376 **Resolve, To Reduce Homelessness for People with Mental Illness or Dual Diagnoses** ONTP

Prescription Drugs

Not Enacted

LD 821 **An Act To Support Collection and Proper Disposal of Unwanted Drugs**

LD 1262 **An Act To Restrict Gifts to Health Care Practitioners from Pharmaceutical and Medical Device Manufacturers**

LD 1291 **Resolve, Establishing a Study Commission on In Utero Narcotic Drug Exposure** ONTP

LD 1339 **An Act To Improve Oversight of Pharmaceutical Purchasing**

Public Assistance

Enacted

LD 1416 **An Act To Update Terms and Make Changes in Child Care and Transportation Benefits under the Temporary Assistance for Needy Families Program** PUBLIC 291

Not Enacted

LD 254 **An Act To Enact a 5-point Welfare Reform Program** ACCEPTED ONTP REPORT

LD 315 **Resolve, Directing the Department of Health and Human Services and the Department of Agriculture, Food and Rural Resources To Develop a Plan To Facilitate the Procurement of Local Produce by Food Stamp Recipients** ONTP

LD 321 **An Act To Impose a State Residency Requirement for Eligibility for General Assistance** ONTP

LD 752 **Resolve, To Require the Department of Health and Human Services To Request a Waiver To Prohibit the Use of Food Stamps for the Purchase of Soft Drinks** ONTP

LD 753 **Resolve, To Require the Department of Health and Human Services To Request a Waiver To Prohibit the Use of Food Stamps for the Purchase of Taxable Food Items** ONTP

LD 1303 **An Act To Improve the General Assistance Program** ONTP

LD 1375 An Act Regarding the Formula for the General Assistance Program ONTP

Public Health

Not Enacted

LD 721 Resolve, Directing the Department of Health and Human Services To Raise Public Awareness of Reflex Sympathetic Dystrophy Syndrome ONTP

LD 819 An Act To Encourage Transparency in Disclosing the Ingredients in Vaccinations for Children to Parents and Guardians ONTP

LD 881 Resolve, To Ensure the Health of Maine Children by Requiring a Certain Vaccination ONTP

LD 916 An Act Regarding Trans Fat ONTP

Substance Abuse

Enacted

LD 623 An Act To Provide the Office of Chief Medical Examiner Access to Controlled Substances Prescription Monitoring Program Data for the Purpose of Conducting Cause of Death Investigations PUBLIC 196

LD 1359 An Act To Improve the Use of Data from the Controlled Substances Prescription Monitoring Program PUBLIC 298

Not Enacted

LD 228 An Act To Prevent Teenage Substance Abuse and Suicide ONTP

LD 362 An Act To Support New Mothers Who Are in Substance Abuse Treatment Programs ONTP

LD 599 An Act To Allow Noninvasive Testing of Infants for the Presence of Drugs without a Parent's Consent DIED BETWEEN HOUSES

LD 600 Resolve, To Encourage Physicians To Administer the Injectable Painkiller Toradol in Lieu of Other Opioids ONTP

LD 738 An Act To Require Patients of Opioid Treatment Programs To Release Medical Information to a Designated Primary Care Physician ONTP

LD 941 Resolve, To Assist Families with Substance Abuse Issues ONTP

LD 1354 Resolve, Directing the Department of Health and Human Services To Limit Prescriptions for Narcotic Drugs under MaineCare without Prior Authorization ONTP

Tobacco Sale and Use

Enacted

LD 67	An Act To Protect Maine's State Parks and State Historic Sites	PUBLIC 65 EMERGENCY
LD 81	Resolve, Regarding Legislative Review of Portions of Chapter 10: Exemptions to the Ban on Flavored Cigarettes and Cigars, a Major Substantive Rule of the Office of the Attorney General	RESOLVE 3 EMERGENCY
LD 462	An Act To Amend the Retail Tobacco and Liquor Licensing Laws	PUBLIC 199 EMERGENCY
LD 820	An Act To Prohibit Smoking in Outdoor Eating Areas	PUBLIC 140
LD 1230	An Act To Prohibit the Delivery of Tobacco Products to Minors	PUBLIC 398
LD 1429	An Act To Strengthen the Workplace Smoking Laws and Other Laws Governing Smoking	PUBLIC 300

Not Enacted

LD 155	An Act To Ban Smoking on Public Beaches and in Public Parks	ONTP
LD 408	An Act To Clarify the Term of a Retail Tobacco License	ONTP

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