



*Joint Standing Committee on Health and Human Services*

**LD 14**                      **An Act To Clarify Eligibility for the Temporary Assistance for Needy Families Program**                      **ONTP**

<u>Sponsor(s)</u> GLYNN		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 14 proposed to require the Department of Health and Human Services to coordinate benefits under the Temporary Assistance for Needy Families program with other states for persons who have recently established residency in Maine.

**LD 15**                      **An Act To Inform Patrons of Food Service Establishments about the Use of Latex Gloves in Food Preparation**                      **ONTP**

<u>Sponsor(s)</u> GLYNN		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 15 proposed to require the operator of an eating establishment to display a notice if the workers of the eating establishment use latex gloves in the preparation of food.

**LD 16**                      **Resolve, Regarding the Certificate of Need Process**                      **RESOLVE 60**

<u>Sponsor(s)</u> CARR ROSEN R		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-344
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LD 16 proposed to establish a 90-day period for review and decision on a completed certificate of need application and to provide for issuance of the certificate of need if the Commissioner of Health and Human Services does not meet the 90-day requirement.

***Enacted law summary***

Resolve 2005, chapter 60 directs the Department of Health and Human Services to undertake a study of the certificate of need process and to report to the Joint Standing Committee on Health and Human Services by January 31, 2006.

*Joint Standing Committee on Health and Human Services*

**LD 21**                      **Resolve, Directing the Department of Health and Human Services  
To Adopt Rules Regarding the Licensing of New Opioid Treatment  
Programs**                      **RESOLVE 31**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAZUREK	OTP-AM    MAJ ONTP        MIN	H-235

LD 21 proposed to require the Department of Health and Human Services, Office of Substance Abuse to adopt annual performance standards for the licensure of methadone clinics and to hold a public meeting before granting the initial license for a clinic. The bill proposed to prohibit licensing a new clinic within 2,000 feet of a licensed child care facility or a school.

***Enacted law summary***

Resolve 2005, chapter 31 requires the Department of Health and Human Services, Office of Substance Abuse to adopt rules regarding opioid treatment programs that will clarify certificate of need requirements and provide for meetings prior to licensure and annually after licensure among the programs and municipalities in which they are located and the residents of those municipalities.

**LD 33**                      **Resolve, Regarding Legislative Review of Chapter 101:  
Establishment of the Capital Investment Fund, a Major  
Substantive Rule of the Governor's Office of Health Policy and  
Finance**                      **RESOLVE 115  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM    MAJ OTP-AM    MIN	H-636 H-685    PINGREE

LD 33 proposed to provide for legislative review 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 2005, chapter 115 provides for legislative review of Chapter 101: Establishment of the Capital Investment Fund, a major substantive rule of the Governor's Office of Health Policy and Finance. The resolve approves the rule if it is amended to add language regarding convening a panel of experts to advise the Governor's Office of Health Policy and Finance, to add public notice and meeting requirements that are similar to those provided in the Maine Administrative Procedure Act, to add as a consideration any unused balance in the Capital Investment Fund from the prior year and to exempt hospital and nonhospital projects that are funded fully with public funding from the limit on resource allocations imposed by the Capital Investment Fund.

Resolve 2005, chapter 115 was finally passed as an emergency measure effective June 17, 2005.

*Joint Standing Committee on Health and Human Services*

**LD 52**

**An Act To Authorize Certain Campers To Self-administer  
Emergency Medication**

**PUBLIC 140  
EMERGENCY**

<u>Sponsor(s)</u> BARSTOW COWGER	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-237
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LD 52 proposed to require recreational camps for boys and girls to have policies authorizing certain campers to possess and self-administer emergency medication from an asthma inhaler or epinephrine pen.

***Enacted law summary***

Public Law 2005, chapter 140 requires recreational camps for boys and girls to have policies regarding emergency medications and requires that medication be readily available to the camper. The law requires the Department of Health and Human Services to adopt routine technical rules.

Public Law 2005, chapter 140 was enacted as an emergency measure effective May 20, 2005.

**LD 55**

**Resolve, To Review Rules for Organ and Tissue Donation**

**RESOLVE 27  
EMERGENCY**

<u>Sponsor(s)</u> BARSTOW ROSEN R	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-238
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LD 55 proposed to establish procedures for the donation of all or part of a human body for medical and dental research purposes when the donation is made to a research facility not already covered by the provisions of the Uniform Anatomical Gift Act. The bill proposed to subject donations to a research facility to provisions of the Uniform Anatomical Gift Act, using the definitions of that act and imposing additional requirements regarding training, documentation of the donation and recording of telephone conversations with family members of the donor.

***Enacted law summary***

Resolve 2005, chapter 27 requires the Department of Health and Human Services to review its rules for organ and tissue donation procurement and to report to the Joint Standing Committee on Health and Human Services by January 31, 2006.

Resolve 2005, chapter 27 was passed as an emergency measure effective May 20, 2005.

*Joint Standing Committee on Health and Human Services*

**LD 60**

**Resolve, To Require the Department of Health and Human Services To Adopt Rules Regarding Accrual of Cost Savings**

**RESOLVE 61**

<u>Sponsor(s)</u> CROSTHWAITE DAMON	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-357
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LD 60 proposed to require the Department of Health and Human Services, Office of Management and Budget, Division of Audit to provide a part of any cost savings created by a provider of intermediate care facilities for mental retardation nursing services to the agency demonstrating the ability to generate such cost savings to its operations.

***Enacted law summary***

Resolve 2005, chapter 61 directs the Department of Health and Human Services to provisionally adopt major substantive rules by January 1, 2006 that create incentives for the efficient management of variable costs by intermediate care facilities for mental retardation. The provisionally adopted rules must be submitted for review by the Joint Standing Committee on Health and Human Services during the Second Regular Session of the 122nd Legislature.

**LD 69**

**An Act To Reduce Costs to the Health Services System**

**ONTP**

<u>Sponsor(s)</u> GLYNN	<u>Committee Report</u> ONTP MAJ OTP MIN	<u>Amendments Adopted</u>
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LD 69 proposed to provide a mechanism for reimbursing hospitals and health care providers that contract with the Department of Health and Human Services for services. The bill proposed to require new contracts to be signed prior to the end of the old contracts and proposed to provide for payment if this is not done.

**LD 76**

**Resolve, To Require the Department of Health and Human Services To Amend Rules Regarding Payment for Goods and Services**

**ONTP**

<u>Sponsor(s)</u> CROSTHWAITE SNOWE-MELLO	<u>Committee Report</u> ONTP	<u>Amendments Adopted</u>
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LD 76 proposed to require the Department of Health and Human Services, Bureau of Medical Services, Division of Audit to amend rules in order to fund all goods and services required by licensing and certification survey citations as conducted by state or federal surveyors under Medicaid and MaineCare rules.

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**LD 107**

**An Act Guaranteeing Freedom of Choice Regarding the  
Disposition of One's Own Organs**

**PUBLIC 208**

<u>Sponsor(s)</u> FAIRCLOTH		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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LD 107 proposed to remove the provision of law that allows the next of kin to a person who has expressed intent to donate that person's own body organ or tissue after death to override the intention of that person. It also proposed to remove the provision of law that requires that a donor card be signed in the presence of 2 witnesses who must sign the donor card in the presence of the donor. The bill proposed to clarify that a person may donate that person's own body organ or tissue after death by way of a will, a donor card, an electronic donor registry or a driver's license on which a designation is made by organ donor decal, code or notation.

***Enacted law summary***

Public Law 2005, chapter 208 repeals the law that allows the next of kin to a person who has expressed intent to donate that person's own body organ or tissue after death to override the intention of that person. It also repeals the provision of law that requires that a donor card be signed in the presence of 2 witnesses who must sign the donor card in the presence of the donor. The law also clarifies that a person may donate that person's own body organ or tissue after death by way of a will, a donor card, an electronic donor registry or a driver's license on which a designation is made by organ donor decal, code or notation.

**LD 108**

**An Act To Require the Department of Health and Human Services  
To Analyze Costs before the Legislature Imposes Mandates**

**ONTP**

<u>Sponsor(s)</u> GLYNN		<u>Committee Report</u> ONTP MAJ OTP-AM MIN		<u>Amendments Adopted</u>
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LD 108 proposed to impose on the Legislature a mandate review procedure similar to the procedure used in health insurance matters. The procedure would apply to proposed mandates that would impose costs on physicians and health care providers licensed by the Department of Health and Human Services.

**LD 129**

**An Act To Plan for a Pilot Program for Distributing Unopened  
Medicines and Medical Supplies**

**P & S 20**

<u>Sponsor(s)</u> WATSON		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-347
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LD 129 proposed to establish the unused prescription drug program under which unused prescription drugs are accepted and dispensed to low-income persons. To be eligible for the program a person must have a family income below 350% of the federal poverty level, must not be receiving MaineCare prescription drug benefits, must be a Maine resident and must have a valid prescription for the drug to be dispensed. The program would

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accept unused and unopened prescription drugs from drug manufacturers, drug wholesale and terminal distributors, hospitals, health clinics, federally qualified health centers, Indian health centers and rural health centers and assisted living facilities licensed by the Department of Health and Human Services.

### ***Enacted law summary***

Private and Special Law 2005, chapter 20 directs the Department of Health and Human Services to begin planning for a pilot program for distributing unopened medicines and medical supplies that are not needed by the person for whom they were purchased and requires a report to the Joint Standing Committee on Health and Human Services prior to operation of the pilot program.

**LD 134**

### **An Act To Implement the Recommendations of the Commission To Study Public Health**

**ONTP**

Sponsor(s)

Committee Report

Amendments Adopted

ONTP      MAJ  
OTP-AM    MIN

LD 134 proposed to implement certain recommendations of the Commission to Study Public Health, which was created pursuant to Resolve 2003, chapter 95. The bill proposed to:

1. Create the Maine Obesity Prevention Fund, to be funded from sources determined by the Legislature to be contributing causes of obesity;
2. Extend the Commission to Study Public Health through the Second Regular Session of the 122nd Legislature;
3. Direct the Dirigo Health board and the Department of Health and Human Services to study and report on incentives provided to encourage purchases of healthy food and beverages;
4. Direct the Department of Administrative and Financial Services, Bureau of Human Resources, Division of Employee Health and Benefits to implement a comprehensive employee health program addressing obesity;
5. Direct the Department of Administrative and Financial Services to create an expedited bid process for pilot projects related to employee health;
6. Direct the Department of Labor, Bureau of Rehabilitation Services, Division of the Blind and Visually Impaired to pursue reforms that will increase the availability of healthy foods and beverages in cafeterias, snack bars and vending machines under the division's purview;
7. Direct the State Employee Health Commission to direct health insurance carriers who provide health coverage for state employees, retirees and MaineCare recipients to investigate, and possibly implement, potentially cost-saving services for obesity prevention among their insureds; and
8. Direct the Department of Professional and Financial Regulation, Bureau of Insurance to encourage all health insurance carriers to provide incentives for their insureds to make use of potentially cost-saving services for obesity prevention.

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**LD 142**                      **An Act To Protect Supplemental Security Income Benefits**                      **ONTP**

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

LD 142 proposed to require the Department of Health and Human Services to structure copayments and deductibles in the MaineCare program to ensure that persons receiving Supplemental Security Income benefits do not pay for their MaineCare benefits more than 25% of their Supplemental Security Income benefits. The bill proposed to require the department to adopt rules for that purpose and to designate the rules as routine technical rules.

**LD 146**                      **An Act To Repeal the Tax on Private Nonmedical Institutions**                      **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAVIS P TARDY	ONTP      MAJ OTP-AM    MIN	S-173

LD 146 proposed to repeal the 5% service provider tax imposed on private nonmedical institutions.

This bill was carried over on the Special Appropriations Table by S.P. 640 to the next special or regular session of the 122<sup>nd</sup> Legislature.

**LD 148**                      **An Act To Require Certain Physicians To Provide Information  
about Thimerosal in Vaccines**                      **ONTP**

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

LD 148 proposed to require the Department of Health and Human Services, Bureau of Health to prepare a poster and brochure on the use of thimerosal and other preservatives in vaccines. The bill proposed to require physicians who administer vaccines to make the brochure available to patients and to display the poster. The bill proposed to require the brochure and poster to be available on the Department of Health and Human Services' publicly accessible site on the Internet.

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**LD 151**                      **An Act To Improve the Delivery of Maine's Mental Health Services**                      **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NUTTING J	OTP-AM    MAJ OTP-AM    MIN	H-716   PINGREE S-367 S-373   MARTIN

LD 151 proposed to establish a procedure for the involuntary administration of medication to a patient at a nonstate mental health institution or a state mental health institute, with an appeal procedure within the department and if that appeal is unsuccessful, then a further appeal to the court. The bill proposed to require the Department of Health and Human Services to adopt rules to implement the administration of medication provisions and to require amendment of the department's rules regarding the rights of recipients of mental health services. The bill proposed to designate rules adopted to be routine technical rules.

This bill was carried over on the Special Appropriations Table by S.P. 640 to the next special or regular session of the 122<sup>nd</sup> Legislature.

**LD 154**                      **An Act To Restore MaineCare Mental Health Services to Children, Adults and Senior Citizens**                      **ONTP**

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

LD 154 proposed to restore funding for fiscal years 2005-06 and 2006-07 for cuts made in the fiscal year 2004-05 budget in the MaineCare account for children's mental health services and adult and elderly mental health services.

**LD 160**                      **An Act To Ban Smoking in Bingo Halls, Off-track Betting Facilities and Enclosed Areas of Clubs Licensed for the Sale of Food or Alcohol**                      **ONTP**

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

Current law prohibits smoking in the enclosed areas of restaurants and most other public places, but does not prohibit smoking in bingo halls, off-track betting facilities and private clubs that are licensed for the sale of food and alcohol. LD 160 proposed to prohibit smoking in the enclosed areas of all places licensed for the sale of food and alcohol while those places are open for such purposes.

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**LD 168**                      **An Act To Establish a Statewide Residency Requirement for General Assistance**                      **ONTP**

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

LD 168 proposed to establish a 30-day residency requirement for general assistance benefits.

**LD 173**                      **An Act To Limit Recertification of Nursing Facility Residents to One Regulatory Organization**                      **ONTP**

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

LD 173 proposed to require the Department of Health and Human Services to accept assessments of eligibility for nursing facility services completed for federal purposes for persons with end-stage diseases and persons who are terminally ill.

**LD 176**                      **An Act To Eliminate Limitations on Access to Medications under Certain State Programs**                      **ONTP**

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

LD 176 proposed to provide that beginning October 15, 2005 prescription drug benefits in the MaineCare program, the elderly low-cost drug program and the Maine Rx Plus Program must provide access to medically necessary prescription drugs for members and enrollees in those programs without the imposition of a prior authorization procedure. The Department of Health and Human Services would be directed to adopt routine technical rules to implement this provision.

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**LD 181**                      **Resolve, Requiring the Department of Health and Human Services To Reimburse Henrietta D. Goodall Hospital for 2002 MaineCare Costs**                      **ONTP**

<u>Sponsor(s)</u> TUTTLE COURTNEY		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 181 proposed to direct the Department of Health and Human Services to fully pay Henrietta D. Goodall Hospital for its 2002 MaineCare costs by October 15, 2005.

**LD 182**                      **An Act To Provide Funding for Domestic Violence Shelters**                      **ONTP**

<u>Sponsor(s)</u> GROSE MAYO		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 182 proposed the collection of an additional fee of \$1 for each marriage license issued in the State. The fee would be deposited into a special revenue fund for the operation of domestic violence shelters.

**LD 196**                      **An Act To Enhance MaineCare Reimbursement Rates for Ambulance Services**                      **INDEF PP**

<u>Sponsor(s)</u> TUTTLE MAYO		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-239
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LD 196 proposed to require the Department of Health and Human Services to conduct an annual review of the adequacy of reimbursement rates paid to licensed ambulance services under the MaineCare program. The bill proposed to require the department to adjust reimbursement rates to levels that are no less than the average federal Medicare reimbursement rates for the same services. See PL 2005, chapter 326, Part FF1 & 2 for appropriation and allocation for this purpose.

**LD 201**                      **An Act To Discontinue Transitional Child Care Services**                      **ONTP**

<u>Sponsor(s)</u> DUPREY		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 201 proposed to eliminate transitional child care benefits under the Temporary Assistance for Needy Families program.

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**LD 203**                      **An Act To Make Changes to the ASPIRE-TANF Program**                      **ONTP**

<u>Sponsor(s)</u> DUPREY		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 203 proposed to require the Department of Health and Human Services to charge a copayment based on family income for child care for participants in the ASPIRE-TANF program under the Maine Revised Statutes, Title 22, chapter 1054-A.

**LD 210**                      **An Act To Allow Patients To Keep Medications upon Discharge from a Nursing Facility or Hospital**                      **ONTP**

<u>Sponsor(s)</u> MARRACHE NUTTING J		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 210 proposed to provide that, when a patient or resident is discharged or moves from a hospital, nursing facility or assisted living facility licensed in this State, the patient or resident retains ownership of any medications owned while a patient or resident and may take those medications to the next place of treatment or residence.

**LD 211**                      **An Act To Require the Disclosure by Hospitals and Ambulatory Surgical Centers of Charges to Certain Payors**                      **ONTP**

<u>Sponsor(s)</u> SMITH W STRIMLING		<u>Committee Report</u> ONTP      MAJ OTP-AM    MIN		<u>Amendments Adopted</u>
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LD 211 proposed to amend the law on disclosure of hospital and ambulatory surgical center prices for inpatient, outpatient and emergency services. The bill proposed to require disclosure to the public of amounts charged to each of the 10 most frequent payors for each service or procedure.

**LD 219**                      **An Act To Improve the Child Welfare Ombudsman Function**                      **PUBLIC 410**

<u>Sponsor(s)</u> BROMLEY		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> S-371
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LD 219 proposed to provide strict confidentiality to the reports and records of the director of the ombudsman program, which provides services to children and families who are receiving child welfare services from the Department of Health and Human Services.

### ***Enacted law summary***

Public Law 2005, chapter 410 authorizes the child welfare ombudsman program to create records and case-specific reports and designates all information, records and case-specific reports as confidential and subjects disclosure to the provisions of the Maine Revised Statutes, Title 22, section 4008, subsections 2, 3 and 4.

LD 219, as amended, was reviewed and evaluated by the Joint Standing Committee on Judiciary pursuant to MRSA Title 1, §434, which requires review and evaluation of new exceptions to laws governing public records.

**LD 239**                      **Resolve, To Develop a Partnership To Prevent, Identify and Treat Eating Disorders**                      **RESOLVE 33**

<u>Sponsor(s)</u> TUTTLE MAYO	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-240
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LD 239 proposed to direct the Commissioner of Health and Human Services, the Maine Hospital Association and the Superintendent of Insurance, in consultation with several hospitals throughout the State, to develop a plan to create a partnership between the State and hospitals throughout the State to identify and treat eating disorders in young women. A report on the plan would be submitted to the Second Regular Session of the 122nd Legislature.

### ***Enacted law summary***

Resolve 2005, chapter 33 directs the Department of Health and Human Services to convene an eating disorders work group and to report to the Joint Standing Committee on Health and Human Services by November 2, 2005 on inpatient and outpatient resources for preventing, identifying and treating eating disorders.

**LD 246**                      **An Act To Remove Certain Orthodontic Procedures from MaineCare Coverage BY REQUEST**                      **ONTP**

<u>Sponsor(s)</u> GREELEY	<u>Committee Report</u> ONTP	<u>Amendments Adopted</u>
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LD 246 proposed that beginning January 1, 2006, the MaineCare program may provide orthodontic coverage for children only as required to correct birth defects and debilitating syndromes and as required by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services. The bill proposed to direct the department to adopt implementing rules, which are designated routine technical rules.



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**LD 349**                      **An Act To Require That the Department of Health and Human Services Include a Bureau of Elder Services**                      **INDEF PP**

<u>Sponsor(s)</u> CAMPBELL MAYO		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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LD 349 proposed to require that the bureaus established within the Department of Health and Human Services include the Bureau of Elder Services.

**LD 359**                      **An Act To Change the Child Care Facility Licensing Laws**                      **CARRIED OVER**

<u>Sponsor(s)</u> DUPREY		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-346
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LD 359 proposed to require that a license for a child care facility be issued for a 2-year term, that the Department of Health and Human Services make at least one unannounced inspection of a child care facility within the 2-year license term and that the fee for a 2-year child care facility license be \$160.

The bill was carried over on the Special Appropriations Table by S.P. 640 to the next special or regular session of the 122<sup>nd</sup> Legislature.

**LD 367**                      **An Act To Monitor and Maintain Maximum Levels of Assistance in the General Assistance Program**                      **PUBLIC 231**

<u>Sponsor(s)</u> BRENNAN PINGREE		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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LD 367 proposed to require that beginning October 2005 and annually thereafter, the aggregate maximum level of general assistance must be established at the greater of 110% of the fair market rents and the amount achieved by annually increasing the most recent aggregate maximum level of general assistance by the percentage increase in the federal poverty level of the current year over the prior year.

***Enacted law summary***

Public Law 2005, chapter 231 requires that beginning October 2005 and annually thereafter, the aggregate maximum level of general assistance must be established at the greater of 110% of the fair market rents or the amount achieved by annually increasing the most recent aggregate maximum level of general assistance by the percentage increase in the federal poverty level of the current year over the prior year.

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**LD 382**

**Resolve, To Require the Department of Health and Human Services To Amend Rules Regarding Licensing of Intermediate Care Facilities for Mental Retardation**

**RESOLVE 52**

<u>Sponsor(s)</u> CROSTHWAITE WESTON	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-342
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LD 382 proposed to require the Department of Health and Human Services, Bureau of Medical Services, Division of Licensing and Certification to amend the major substantive rules regarding the granting of licenses to all intermediate care facilities for mental retardation nursing that are approved for Medicaid certification of eligibility.

***Enacted law summary***

Resolve 2005, chapter 52 requires the Department of Health and Human Services to amend its rules pertaining to the licensing of intermediate care facilities for mental retardation in order to eliminate duplicative or nonessential state licensing requirements. Rules adopted to implement these changes are major substantive rules and must be provisionally adopted and submitted to the Joint Standing Committee on Health and Human Services for review no later than January 3, 2006.

**LD 388**

**An Act To Ensure Continued Federal Funding of the Maine Developmental Disabilities Council**

**PUBLIC 137  
EMERGENCY**

<u>Sponsor(s)</u> WEBSTER MARTIN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-207
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LD 388 proposed to authorize the Maine Developmental Disabilities Council to be the designated state agency for the purposes of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000.

***Enacted law summary***

Public Law 2005, chapter 137 authorizes the Maine Developmental Disabilities Council to be the designated state agency for the purposes of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000.

Public Law 2005, chapter 137 was enacted as an emergency measure effective May 20, 2005.

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**LD 401**                      **Resolve, Directing the Department of Health and Human Services  
To Develop a Proposal To Create the Office of Minority Health**                      **ONTP**

<u>Sponsor(s)</u> STRIMLING TWOMEY		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 401 proposed to direct the Department of Health and Human Services to develop a proposal to create the Office of Minority Health within the department and to submit its proposal to the Second Regular Session of the 122nd Legislature.

**LD 402**                      **An Act To Require Able-bodied Welfare Recipients To Seek  
Employment and Work or Volunteer BY REQUEST**                      **ONTP**

<u>Sponsor(s)</u> SNOWE-MELLO CEBRA		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 402 is a concept draft pursuant to Joint Rule 208. It proposed to amend the current law dealing with welfare recipients. The bill proposed to require able-bodied welfare recipients to work with town officials and municipal officers to seek meaningful employment and require them to work or volunteer after having received welfare for a certain period of time.

**LD 442**                      **An Act To Provide Health Care Savings Accounts and Health Care  
Management in MaineCare**                      **ONTP**

<u>Sponsor(s)</u> BOWEN		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 442 proposed to direct the Department of Health and Human Services to establish health savings accounts and a health care management program within the MaineCare program, subject to a waiver from the federal Centers for Medicare and Medicaid Services. The bill proposed to require the department to report by February 15th of each year to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and health and human services matters regarding operation of the health care savings accounts and health care management program within the MaineCare program.

*Joint Standing Committee on Health and Human Services*

**LD 444**                    **An Act Providing Procedures To Protect Members upon Redesign of the MaineCare Program**    **CARRIED OVER**

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

LD 444 proposed to provide that a member of MaineCare whose services are limited under MaineCare Basic is eligible for additional medically necessary services if failure to provide those services creates a substantial likelihood of deterioration of medical condition or if providing those services is cost-effective.

This bill was carried over by H.P. 1203 to any special or regular session of the 122<sup>nd</sup> Legislature.

**LD 451**                    **An Act To Simplify Application for Benefits and Services under the Department of Health and Human Services**                    **ONTP**

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

LD 451 is a concept draft pursuant to Joint Rule 208. It proposed to allow a first-time applicant for benefits or services under the Department of Health and Human Services to make application in person, when so required, at a location geographically and physically nearer the applicant's place of residence.

**LD 454**                    **An Act To Prohibit Private Nonmedical Institutions from Passing Along the Service Provider Tax to Residents**                    **ONTP**

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

LD 454 proposed to prohibit private nonmedical institutions from including the 5% service provider tax in the bill of a resident beginning October 1, 2005.

*Joint Standing Committee on Health and Human Services*

**LD 458**                      **Resolve, To Direct the Department of Health and Human Services  
To Establish a Procedure for the Timely Assessment of an Older  
Individual's Need for Mental Health Services**                      **ONTP**

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

LD 458 proposed to direct the Department of Health and Human Services to establish a procedure for the timely assessment of an older individual's need for mental health services.

**LD 460**                      **An Act To Require That Certain Health Care Staff Be Certified in  
CPR and To Require That Nursing Homes Be Equipped with  
Automated External Defibrillators**                      **ONTP**

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

LD 460 proposed to require that nursing homes and other facilities for adults such as long-term care facilities, residential care facilities, assisted living programs and assisted housing programs be equipped with an automated external defibrillator on each floor of the facility. This bill also proposed to require staff members of such facilities to be trained in CPR and in the operations of automated external defibrillators.

**LD 463**                      **Resolve, To Amend MaineCare Eligibility for the Workers with  
Disabilities Option**                      **CARRIED OVER**

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

LD 463 proposed to require the Department of Health and Human Services to amend the rules to allow workers with disabilities to purchase coverage in the MaineCare program beginning January 1, 2006. The rules would maintain the current income eligibility limits while removing separate limits on earned and unearned income. This resolve proposed to designate the rules as routine technical rules.

This bill was carried over by H.P. 1203 to any next special or regular session of the 122<sup>nd</sup> Legislature.

*Joint Standing Committee on Health and Human Services*

**LD 480**

**An Act To Reduce Costs Caused by New Procedure Changes for Health Care Providers**

**PUBLIC 241**

<u>Sponsor(s)</u> GLYNN		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-341
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LD 480 proposed to provide for a minimum of 6 months between the date of adoption of a rule by the Department of Health and Human Services and the effective date of that rule for health care providers.

***Enacted law summary***

Public Law 2005, chapter 241 provides for a 30 day period during which nonemergency rules adopted by the Department of Health and Human Services pertaining to process or procedural changes for licensed health care providers do not take effect after adoption. The law does not apply to any rule affecting reimbursement rates applicable to those providers.

**LD 481**

**Resolve, To Ensure That Public Assistance Benefits Do Not Exceed Average Wages for a County**

**ONTP**

<u>Sponsor(s)</u> THOMAS DOW		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 481 proposed to direct the Department of Health and Human Services to propose a limit on all forms of public assistance that would be implemented through a cap on public assistance benefits funded from the General Fund in order to encourage adults in families that might otherwise be eligible for benefits to seek employment. The resolve proposed to direct the department to report to the Joint Standing Committee on Health and Human Services by January 1, 2006 on the proposed limit on public assistance.

**LD 482**

**An Act To Ensure Adequate Health Care for Children**

**PUBLIC 373**

<u>Sponsor(s)</u> DUDLEY STRIMLING		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-641
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LD 482 proposed to repeal the following provisions of law regarding spiritual health care treatment of children:

1. The defense against criminal prosecution for endangerment of the welfare of a child for a person who provides treatment for a child or dependent person by spiritual means through prayer alone;
2. The exemption for health care practitioners who provide treatment by spiritual means alone from the requirement of health care providers to report to the Department of Health and Human Services regarding treatment of persons with cancer;

## *Joint Standing Committee on Health and Human Services*

3. The provision that treatment solely by spiritual means by an accredited practitioner of a recognized religious organization is not considered child abuse or neglect; and
4. The provision regarding mandatory reporting of abuse or neglect to the medical examiner for postmortem investigation that a child who has been treated solely by spiritual means by an accredited practitioner of a recognized religious organization is not considered child abuse or neglect.

### ***Enacted law summary***

Public Law 2005, chapter 373 balances the right of children to receive necessary health care and the right to spiritual treatment from an accredited practitioner of a recognized religious organization. The law does the following:

1. It adds to the definition of the crime of "endangering the welfare of a child" knowingly depriving a child of necessary health care that places the child in danger of serious harm;
2. It removes the unnecessary word "alone" in the defense to the crime of endangering the welfare of a child or dependent person;
3. It amends the definition of "jeopardy to health or welfare" to a child in the child protective laws to add deprivation of necessary health care that places the child in danger of serious harm; and
4. It repeals an unnecessary and confusing provision regarding reporting to the Medical Examiner under the Maine Revised Statutes, Title 22, section 4013, while leaving in statute the requirement to report a child's death under Title 22, section 3025, subsection 1, paragraph I.

**LD 494**

### **An Act To Establish a Program for the Purchase of Prescription Drugs from out of the Country for the Elderly and Disabled**

**PUBLIC 165**

Sponsor(s)  
CAMPBELL  
MAYO

Committee Report  
OTP-AM

Amendments Adopted  
H-327

LD 494 proposed to require the Department of Health and Human Services to establish a prescription drug program to provide access to drugs from out of the State and out of the country, including Canada, for residents who are elderly or have disabilities. The program proposed to allow access to brand-name drugs in original sealed packaging. The program would not provide access to habit-forming drugs for the alleviation of pain or antibiotics for acute illnesses. The program proposed to require the patient to show evidence of use of a pharmacist licensed in the State to coordinate all prescriptions and prevent harmful drug interactions. The program proposed to include a procedure for random testing. The bill proposed to include authority to adopt rules, which are designated as routine technical rules.

### ***Enacted law summary***

## *Joint Standing Committee on Health and Human Services*

Public Law 2005, chapter 165 requires the Department of Health and Human Services to establish a prescription drug program to provide access to drugs from out of the State and out of the country for residents who are elderly or have disabilities. The program allows access to brand-name drugs in original sealed packaging. The program does not provide access to habit-forming drugs for the alleviation of pain or antibiotics for acute illnesses. The program requires the patient to show evidence of use of a pharmacist licensed in the State to coordinate all prescriptions and prevent harmful drug interactions. The program includes a procedure for random testing. The law includes authority to adopt rules, which are designated as routine technical rules. The law requires the program to operate in conformance with federal and state law and rule and authorizes it to operate when permitted by federal law or under a federal waiver. The law requires the Department of Health and Human Services to specifically approve the use of any pharmacy outside the country that is used by the program.

**LD 514**                      **An Act To Preserve the Fund for a Healthy Maine**                      **ONTP**

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

LD 514 proposed to deallocate \$6,500,000 per year allocated under the 2006-2007 biennium current services budget to the Fund for a Healthy Maine - Bureau of Health program and allocate these funds to a new Fund for a Healthy Maine - Healthy Maine Partnerships program in order to preserve funding for Healthy Maine Partnerships organizations. These funds would remain available until expended for this purpose and would not be available for transfer or use outside of the Fund for a Healthy Maine.

**LD 519**                      **An Act To Strengthen the Laws Concerning Methadone Clinics**                      **ONTP**

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

LD 519 proposed to require an applicant for a methadone clinic to submit to criminal record and other background checks, require a business and treatment plan for a new methadone clinic to provide ongoing counseling for clinic clients and require a new clinic to have been issued a certificate of need.

**LD 545**                      **Resolve, To Improve Procedures for Assessing the Mental Health Services Needs of Older Individuals**                      **RESOLVE 55**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ANDREWS RICHARDSON J	OTP-AM	S-209

LD 545 proposed to direct the Department of Health and Human Services to:

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1. Adopt rules to develop a mental health assessment screen to be used in the needs assessment of applicants for long-term care services;
2. Develop an efficient, cost-effective data collection process to identify consumers in need of mental health services in all long-term care settings;
3. Convene a working group of interested parties to assist the department in developing a mental health assessment screen as part of the needs assessment of applicants for long-term care services and a data collection process to identify consumers in need of mental health services in long-term care settings; and
4. Submit a report on its progress in developing a mental health assessment screen as part of the needs assessment of applicants for, and a data collection process to identify consumers in need of mental health services in, long-term care settings, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than February 1, 2006.

### ***Enacted law summary***

Resolve 2005, chapter 55 directs the Department of Health and Human Services to recommend a procedure for the timely assessment of an older individual's need for mental health services, including recommendations on an efficient, cost-effective data collection process to identify consumer needs for mental health services for older persons, regardless of the setting. The resolve also requires the Department of Health and Human Services and the Joint Advisory Committee on Select Services for Older Persons, in consultation with other consumers, providers and advocates, to undertake a review and make recommendations on a mental health assessment screen as part of the needs assessment of applicants for long-term care services and several other issues pertaining to the status of mental health services to persons over 60 years of age. The resolve also directs the department to consult with the Joint Advisory Committee on Select Services for Older Persons, the State Board of Nursing and the Department of Education to review training curricula for direct care workers in all long-term care settings and to recommend revisions to the curricula necessary to include a stronger focus on the identification of and management of behavioral disorders in the long-term care population.

The department and the Joint Advisory Committee on Select Services for Older Persons are required to jointly submit a report, including recommendations on these issues and suggested legislation, to the Joint Standing Committee on Health and Human Services by January 14, 2006.

**LD 553**

**Resolve, Regarding Responsible Management of Point-of-sale  
Marketing Materials for Tobacco Products**

**RESOLVE 46**

Sponsor(s)  
BOWEN

Committee Report  
OTP-AM

Amendments Adopted  
H-343

LD 553 proposed to prohibit the display of tobacco products, smoking paraphernalia or displays that market tobacco products or smoking paraphernalia in a manner that can be viewed by minors. This bill also proposed to eliminate the exception to the law governing the manner of displaying and offering for sale of tobacco products of the display or offering for sale of tobacco products in packages of 10 or more.

## *Joint Standing Committee on Health and Human Services*

### *Enacted law summary*

Resolve 2005, chapter 46 directs the Department of Health and Human Services, Bureau of Health to develop an education and recognition program to encourage tobacco retailers to manage responsibly point-of-sale marketing materials for tobacco products. The law requires a report by February 1, 2006 to the Joint Standing Committee on Health and Human Services on plans to implement the education and recognition program.

**LD 559**                      **An Act To Require a Study and Comparative Report on Welfare**                      **ONTP**

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

LD 559 proposed to direct the State Planning Office to study welfare in the State and the other New England states and submit a comparative report to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs by January 1, 2006. The report would cover all forms of federal, state and municipal welfare, including the TANF program, food stamps, heating assistance, emergency assistance, general assistance, Social Security and Social Security Disability, the MaineCare, Cub Care, Maine Rx Plus and the elderly low-cost drug programs and other health care and prescription drug programs. The bill proposed to require the State Planning Office to update the report by January 1, 2008 and every 2 years thereafter.

**LD 561**                      **An Act To Rename the Bangor Mental Health Institute the Dorothea Dix Psychiatric Center and To Establish the Dorothea Dix Award**                      **PUBLIC 236**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FAIRCLOTH PERRY J	OTP-AM    MAJ ONTP        MIN	H-349

LD 561 proposed to change the name of the Bangor Mental Health Institute to the Dorothea Dix Center for Public Service and create the Dorothea Dix Award.

### *Enacted law summary*

Public Law 2005, chapter 236 changes the name of the Bangor Mental Health Institute to the Dorothea Dix Psychiatric Center and establishes a biennial Dorothea Dix Award. In addition, the law authorizes the revision of references to the Augusta Mental Health Institute, which was renamed the Riverview Psychiatric Center in 2003.

*Joint Standing Committee on Health and Human Services*

**LD 584**                      **An Act To Encourage Long-term Care Insurance and Expand Eligibility for MaineCare**                      **ONTP**

<u>Sponsor(s)</u> MILLS P		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 584 proposed to provides an exemption to the estate recovery procedures for a MaineCare recipient who resided in a nursing facility or assisted living facility and who used long-term care insurance under specific circumstances. The policy of long-term care insurance would have been approved by the Superintendent of Insurance and would have paid for benefits in a nursing facility or assisted living facility licensed in the State in an amount equal to or greater than \$125 per day or the full cost of care in the facility, whichever is less. The insurance would have paid for care for a time period of at least 2 years or until the death of the recipient, whichever occurred first. The bill proposed to direct the Department of Health and Human Services and the Superintendent of Insurance to adopt routine technical rules to implement the exception.

See PL 2005, chapter 12, section DDD-10.

**LD 604**                      **Resolve, Directing the Department of Health and Human Services To Study Initiatives for Local Pharmacies Participating in the MaineCare Program**                      **RESOLVE 83**

<u>Sponsor(s)</u> PERRY A SULLIVAN		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-556
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LD 604 proposed to direct the Department of Health and Human Services to provide local alternatives to MaineCare's mail-order pharmacy.

*Enacted law summary*

Resolve 2005, chapter 83 requires the Department of Health and Human Services to study access to drugs in state-sponsored programs and initiatives for local pharmacies participating in the MaineCare program. It requires a report to the Joint Standing Committee on Health and Human Services by September 15, 2005 on the telepharmacy initiative and by January 15, 2006 on all initiatives.

**LD 609**                      **An Act To Reconcile General Assistance Prescription Drug Payments with Changes in Federal Prescription Drug Card Benefits and with MaineCare Prescription Drug Payments**                      **ONTP**

<u>Sponsor(s)</u> GLYNN		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 609 proposed to change the law concerning the general assistance program for municipalities to specify that general assistance may not be given for applicants receiving Medicare, MaineCare or Dirigo Health, or other prescription coverage, for coverage denied by those programs.

*Joint Standing Committee on Health and Human Services*

**LD 630**

**An Act Regarding Possession of Prescription Drugs**

**PUBLIC 252**

<u>Sponsor(s)</u> BISHOP MAYO	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-358
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LD 630 proposed to allow a prescription drug prescribed for a person to be kept outside of the container in which it was dispensed. The bill allows close family members and other persons authorized by a person lawfully in possession of a drug, controlled substance or hypodermic apparatus to assist in filling a prescription, preparing the drug or substance for administration or administering the drug or substance.

***Enacted law summary***

Public Law 2005, chapter 252 allows a prescription drug prescribed for a person to be kept outside of the container in which it was dispensed and defines the words "when in use" in the drug laws. It provides an affirmative defense to certain drug prosecutions for a person who holds a valid prescription and who intends to use the drug for legitimate medical use in conformity with the instructions.

**LD 655**

**An Act Allowing for a Contracted Case Manager in Certain Child Welfare Cases**

**ONTP**

<u>Sponsor(s)</u> CRAVEN	<u>Committee Report</u> ONTP	<u>Amendments Adopted</u>
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LD 655 proposed to allow the Department of Health and Human Services to contract with a private agency to perform duties within the Child and Family Services and Child Protection Act that involve full case and court responsibility when a child is in state custody and working toward a specified case goal.

**LD 678**

**An Act To Require Fair and Timely MaineCare Payments to Hospitals**

**CARRIED OVER**

<u>Sponsor(s)</u> MILLS P CROSTHWAITE	<u>Committee Report</u> OTP-AM MAJ OTP-AM MIN	<u>Amendments Adopted</u> S-181
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LD 678 proposed to require the Department of Health and Human Services to use current hospital cost reports to calculate amounts owed to hospitals and pay any amounts due within one year of receiving the hospital cost report.

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This bill was carried over on the Special Appropriations by S.P. 640 to the next special or regular session of the 122<sup>nd</sup> Legislature.

**LD 687**                      **An Act To Amend the Hospital Tax**    **CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DOW MCKANE	ONTP      MAJ OTP-AM    MIN	S-164

LD 687 proposed to return the tax rate ON HOSPITALS to the original rate of .74% of net operating revenues.

This bill was carried over on the Special Appropriations Table by S.P. 640 to the next special or regular session of the 122<sup>nd</sup> Legislature.

**LD 688**                      **An Act To Ensure Access to Swing Beds in Hospitals**    **ONTP**

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

LD 688 proposed to allow a hospital to convert up to 10 acute care beds to hospital swing beds without being required to submit a certificate of need.

**LD 694**                      **An Act To Restore Fair MaineCare Payments to Critical Access Hospitals**    **PUBLIC 342  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DAVIS P AUSTIN	OTP-AM	S-262

LD 694 proposed to require the Department of Health and Human Services to use a current critical access hospital cost report as the basis for determining MaineCare reimbursement rates and restore the full staff enhancement payment for critical access hospitals.

This bill was carried over on the Special Appropriations Table by S.P. 640 to the next special or regular session of the 122<sup>nd</sup> Legislature.

### ***Enacted law summary***

Public Law 2005, chapter 342 requires the Department of Health and Human Services to allocate from hospital tax revenues under the Maine Revised Statutes, Title 36, chapter 375, \$1,000,000 in state and federal funds that

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must be distributed annually among critical access hospitals for staff enhancement payments. The law also provides that the provisions of Title 22, section 1714-B are subject to approval from the federal Centers for Medicare and Medicaid Services.

Public Law 2005, chapter 342 was enacted as an emergency measure effective June 8, 2005.

### **LD 699                      An Act To Repeal Tax and Match                      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
NASS R	ONTP      MAJ OTP-AM    MIN	S-193

LD 699 proposed to repeal the service provider tax imposed on private nonmedical institution services and the tax imposed on health care providers, hospitals and nursing homes.

### **LD 707                      An Act To Improve Care for Adults with Mental Retardation                      ONTP**

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

LD 707 proposed to direct the Department of Health and Human Services to give preference to residential services provided in private homes over residential services provided in privately operated or agency-operated residential care facilities. It proposed to direct the department to undertake an initiative to provide information to the public regarding opportunities for providing residential services for persons with mental retardation, including training on mental retardation and the requirements for obtaining approval as a private home provider of residential services.

### **LD 710                      Resolve, Regarding Clinical Trials of Pharmaceuticals, Treatment Options and Medical Devices                      RESOLVE 77**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS J	OTP-AM    MAJ ONTP      MIN	H-381

Beginning January 1, 2006, LD 710 proposed to require a manufacturer of pharmaceutical drugs or a research organization or other health organization that sponsors a clinical trial of a pharmaceutical drug, treatment option or medical device and that enrolls as a participant in the trial a person who is receiving mental health treatment at a state mental health institute, as defined in the Maine Revised Statutes, Title 34-B, section 3201, at a community or specialty hospital if that treatment is fully or partially reimbursed with state funds, or at a juvenile or adult

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correctional facility to notify the Executive Director of Dirigo Health prior to beginning the clinical trial. The bill proposed to require annual reports from the executive director regarding notifications of clinical trials.

### ***Enacted law summary***

Resolve 2005, chapter 77 directs the Department of Health and Human Services to study the accessibility of information regarding the results of certain clinical trials of pharmaceuticals, treatment options and medical devices and the enrollment of certain persons in those trials. The resolve requires a report by January 30, 2006 to the Joint Standing Committee on Health and Human Services with the results of the study. The resolve requires the Department of Health and Human Services to post on its website links to public information regarding clinical trials of pharmaceuticals, treatment options and medical devices by November 15, 2005.

**LD 725**

### **An Act To Require the Disclosure of Certain Financial Information from Hospitals and Their Affiliates**

**PUBLIC 249**

Sponsor(s)  
CANAVAN  
MAYO

Committee Report  
OTP-AM

Amendments Adopted  
H-339

LD 725 proposed to require a hospital licensed by the Department of Health and Human Services to disclose annually certain financial information regarding the hospital and any entity that is owned, controlled or affiliated with the hospital.

### ***Enacted law summary***

Public Law 2005, requires the annual public disclosure of federal Internal Revenue Service Form 990 for each hospital and for each tax-exempt entity related to that hospital that is required by federal law to submit that form to the Internal Revenue Service. The law also requires hospitals to annually publicly disclose the federal Internal Revenue Service Form 1120 for each for-profit corporation in which the hospital has a controlling interest. This information must be submitted annually to the Department of Health and Human Services, which must make the information available to the public for inspection and photocopying and must post the information on its public website.

**LD 741**

### **An Act To Designate the Department of Health and Human Services as the Official State Agency Responsible for Programs for Persons Affected by Brain Injury**

**PUBLIC 229**

Sponsor(s)  
MARTIN

Committee Report  
OTP-AM

Amendments Adopted  
S-171

LD 741 proposed to designate the Department of Health and Human Services as the official state agency responsible for acquired brain injury services and programs. It proposed to direct the Commissioner of Health and Human Services to appoint an acquired brain injury advisory council to advise the department on all matters related to the administration of acquired brain injury programs and services. It proposed to require that

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membership on the council be broadly representative of persons with acquired brain injury and their families and providers of services to persons with acquired brain injury and their families.

### ***Enacted law summary***

Public Law 2005, chapter 229 requires the Commissioner of Health and Human Services to provide recommendations to the Joint Standing Committee on Health and Human Services by January 16, 2006 on the most appropriate method for creating a permanent, effective and coordinated system within the Department of Health and Human Services for advising the commissioner and the department on all matters pertaining to the administration and provision of services and programs for persons with acquired brain injury and their families.

**LD 742**                      **An Act To Postpone the Repeal Date on Nonhospital Expenditures  
in the Capital Investment Fund**                      **PUBLIC 227**

<u>Sponsor(s)</u> TURNER SHIELDS		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> S-179
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LD 742 proposed to postpone by 3 years the repeal date established in the Dirigo Health laws for setting aside 12.5% 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 2005, chapter 227 changes the repeal date established in the Dirigo Health laws for setting aside 12.5% of the capital investment fund, the annual limit established for expenditures approved through the certificate of need program for nonhospital projects, to 2008.

**LD 768**                      **An Act Regarding General Assistance under Special  
Circumstances**                      **ONTP**

<u>Sponsor(s)</u> GLYNN		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 768 proposed to provide that a municipality remains responsible for 30 days to 6 months for the basic living needs of a person who qualifies for general assistance for whom a social service agency has provided housing if that housing is provided in a new municipality.

*Joint Standing Committee on Health and Human Services*

**LD 769**                      **Resolve, To Examine Smoking Cessation Programs for Maine's Youth**                      **RESOLVE 44**

<u>Sponsor(s)</u> BARSTOW		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-345
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LD 769 proposed to require the Department of Health and Human Services to review and assess the effectiveness of programs in the State that seek to prevent young people from using or to help young people stop using tobacco products. The resolve proposed to require a report of this review to the Joint Standing Committee on Health and Human Services, which may submit a bill to the Second Regular Session of the 122nd Legislature.

***Enacted law summary***

Resolve 2005, chapter 44 requires the Department of Health and Human Services to review and assess the effectiveness of programs in the State that seek to help young people stop using tobacco products. The resolve requires a report of this review to the Joint Standing Committee on Health and Human Services by January 31, 2006, and authorizes the committee to submit a bill to the Second Regular Session of the 122nd Legislature.

**LD 801**                      **Resolve, Directing the Department of Health and Human Services to Develop Strategies to Reduce Tobacco Use and Improve Public Health**                      **ONTP**

<u>Sponsor(s)</u> CUMMINGS COURTNEY		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 801 proposed to direct the Department of Health and Human Services to develop strategies to reduce tobacco use and improve public health.

**LD 817**                      **An Act To Fix within State Government the Responsibility for Mental Health Services to Maine's Elderly**                      **ONTP**

<u>Sponsor(s)</u> MAYO CAMPBELL		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 817 is a concept draft pursuant to Joint Rule 208. It proposed to assign responsibility for the mental health needs of Maine's elderly to the Department of Health and Human Services, Adult Mental Health Services Program and to establish the duties of the Bureau of Elder and Adult Services in order to comply with this assignment.

*Joint Standing Committee on Health and Human Services*

LD 835

**Resolve, To Establish the Blue Ribbon Commission on the Future of MaineCare**

**RESOLVE 117  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CURLEY ROTUNDO	OTP-AM	H-523 S-381 GAGNON

LD 835 proposed to create the Blue Ribbon Commission on the Future of MaineCare. The commission, would be composed of 6 persons, is appointed by the Governor, President of the Senate and Speaker of the House. The commission would be directed to study the future of the MaineCare program, options for coverage, models for financing and coordination with individual and group coverage. The commission would also be required to examine the public policy, various models of responsibility for health care and alternatives for funding and fiscal stability. The commission would be directed to provide recommendations for the future of the MaineCare program. The commission may hold public hearings and public meetings. The commission would be directed to consult with the MaineCare Advisory Committee, the Maine Quality Forum, the Advisory Council on Health Systems Development and associations of health care providers, employers providing health benefits and health carriers. Commission staffing may be provided by the Legislative Council. The Department of Health and Human Services, the Governor's Office of Health Policy and Finance, the Maine Health Data Organization and the Maine Health Data Processing Center would be directed to provide information and assistance as requested to provide reports and any accompanying legislation by January 1, 2006 and December 1, 2006.

***Enacted law summary***

Resolve 2005, chapter 117 creates the Blue Ribbon Commission on the Future of MaineCare. The commission, composed of 10 persons, is directed to study the MaineCare program and make recommendations on how to improve the quality, adequacy, effectiveness and delivery of services under the program in the most cost-effective manner possible in an effort to ensure its sustainability over time, including various options for providing coverage for persons in need of health care services. In conducting this study, the commission is required to make recommendations about the extent to which MaineCare is meeting its current and future responsibilities; review the effectiveness of various models in financing and providing health care coverage to low-income and vulnerable populations; study and report on eligibility levels, service benefits, expenditures and other factors affecting future costs under the MaineCare program; estimate future program costs; review and summarize the economic impact of MaineCare, including its role in maintaining Maine's health care provider network; provide an analysis of changes in funding and health care policy at the federal level, including changes in the federal match rate formula and how such changes will affect MaineCare; and review and make recommendations related to actions taken by the federal Bipartisan Commission on Medicaid and the Medically Underserved.

Commission staffing may be provided by the Office of Policy and Legal Analysis and the Office of Fiscal and Program Review. The Department of Health and Human Services, the Governor's Office of Health Policy and Finance, the Maine Health Data Organization and the Maine Health Data Processing Center are directed to provide information and assistance as requested. The commission is required to provide a report and any accompanying legislation by December 7, 2005. The commission is authorized to accept outside funds to fund any necessary expenses of the commission beyond legislative per diem and expenses of commission members.

Resolve 2005, chapter 117 was finally passed as an emergency measure effective June 21, 2005.

*Joint Standing Committee on Health and Human Services*

**LD 839**

**Resolve, To Alleviate the Negative Impact of Certain Taxes on Hospitals and Private Nonmedical Institutions**

**RESOLVE 45  
EMERGENCY**

Sponsor(s)  
ANDREWS  
KAELIN

Committee Report  
OTP-AM

Amendments Adopted  
S-180

LD 839 proposed to exempt from the tax imposed on hospitals of 2.23% of net operating revenue those hospitals that are acute care, noncritical access hospitals with fewer than 70 licensed beds and MaineCare revenue representing less than 7% of gross patient services revenue.

***Enacted law summary***

Resolve 2005, chapter 45 directs the Department of Health and Human Services and the Governor's Office of Health Policy and Finance to review the impact of the hospital tax and private nonmedical institution portion of the service provider tax on hospitals and private nonmedical institutions with the goal of alleviating the negative impact on those facilities. The resolve requires a report to the Joint Standing Committee on Health and Human Services by September 1, 2005.

Resolve 2005, chapter 45 was finally passed as an emergency measure effective May 25, 2005.

**LD 846**

**An Act To Prevent Discrimination against Persons without Health Insurance CARRIED OVER**

Sponsor(s)  
LERMAN

Committee Report

Amendments Adopted

Beginning January 1, 2006, LD 846 proposed to limit a hospital licensed under the Maine Revised Statutes, Title 22, chapter 405 in the amount the hospital may bill a person who has been served in an inpatient or outpatient capacity and who does not have health insurance or other health coverage. The limit would be 150% of the reimbursement rate provided by the MaineCare program for the same inpatient or outpatient service.

This bill was carried over by H.P. 1203 to any special or regular session of the 122<sup>nd</sup> Legislature.

**LD 863**

**Resolve, To Develop a Comprehensive Plan for Service Reforms and System Improvements Regarding Children's Services Provided by the Department of Health and Human Services**

**RESOLVE 108**

Sponsor(s)  
CRAVEN  
MAYO

Committee Report  
OTP-AM

Amendments Adopted  
H-610

LD 863 proposed to require the Department of Health and Human Services to deliver services to children based on a wraparound model of care and indicate the amount of funding expended for services to children based on the

## *Joint Standing Committee on Health and Human Services*

wraparound funding model. It also proposed to require the department to submit a demonstration waiver application by October 1, 2005 to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to establish a wraparound funding demonstration pilot in 3 areas of the State.

### ***Enacted law summary***

Resolve 2005, chapter 108 requires the Department of Health and Human Services to develop a comprehensive plan for service reforms and system improvements regarding children's services provided by the department and to submit that plan to the Joint Standing Committee on Health and Human Services and the Children's Mental Health Oversight Committee by January 3, 2006. The department must develop the plan in collaboration with consumers, families, providers and advocates. The plan must address, at a minimum, children's services delivery structures, financing of these services, quality assurance and quality improvement strategies as part of the management of the system and must include certain components and must address system values and standards, reform and system improvement, complex multisystem needs, system readiness and a plan for implementation.

**LD 885**

**An Act To Discourage Further the Sale of Tobacco to Minors**

**PUBLIC 223**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TURNER	OTP-AM MAJ ONTP MIN	S-172

LD 885 proposed to prohibit minors from entering tobacco specialty shops, to impose the same restrictions on who may sell tobacco products in retail establishments as are currently imposed for the retail sale of alcohol, to redirect revenue from fines assessed by the courts for underage tobacco sales from the Criminal Justice Academy to the Office of the Attorney General and to correct an accounting inconsistency created when retail tobacco license fees were redirected to the General Fund in 2004.

### ***Enacted law summary***

Public Law 2005, chapter 223 prohibits minors from entering tobacco specialty shops, imposes the same restrictions on who may sell tobacco products in retail establishments as are currently imposed for the retail sale of alcohol, redirects revenue from fines assessed by the courts for underage tobacco sales from the Criminal Justice Academy to the Office of the Attorney General and corrects an accounting inconsistency created when retail tobacco license fees were redirected to the General Fund in 2004. The law specifies that a person under 18 years of age is permitted to enter a tobacco specialty store if accompanied by a parent or legal guardian.

**LD 886**

**An Act To Promote Parity in the Laws Governing Smoking in the Workplace**

**PUBLIC 338**

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

LD 886 proposed to clarify that enclosed areas of workplaces that are open to the public are governed by the public places smoking laws; increase the range of fines that may be imposed for violation of the Workplace

## *Joint Standing Committee on Health and Human Services*

Smoking Act of 1985; add an enforcement provision to the law that is consistent with enforcement provisions in other tobacco-related statutes; and proposed to repeal the provision that exempts workplaces from the Workplace Smoking Act of 1985 if the employer and all employees agree to do so.

### ***Enacted law summary***

Public Law 2005, chapter 338 clarifies that enclosed areas of workplaces that are open to the public are governed by the public places smoking laws; increases the range of fines that may be imposed for violation of the Workplace Smoking Act of 1985; adds an enforcement provision to the law that is consistent with enforcement provisions in other tobacco-related statutes; and repeals the provision that exempts workplaces from the Workplace Smoking Act of 1985 if the employer and all employees agree to do so.

The law allows for fines of up to \$1,500 for each violation of the workplace smoking laws in cases where the employer has engaged in a pattern of conduct that demonstrates a lack of good faith in complying with those laws, and allows the Attorney General to seek injunctive relief, including a preliminary or final injunction and fines, penalties and equitable relief, or to seek to prevent or restrain violations of those laws.

The law also limits the "opt-out" provision under current workplace smoking laws to federally chartered veterans' service organizations and to private clubs in existence prior to January 1, 2004. The law retains provisions in current law that require the mutual agreement of the employer and all the employees to allow smoking in those facilities, but adds the requirements that they also have a written procedure ensuring that only the employer and employees, members and invited guests accompanied by a member are allowed entry and that they demonstrate, by a written secret ballot vote taken at least once every 3 years, that a majority of the membership has voted to allow smoking.

**LD 892**

### **An Act To Ensure an Adequate Supply of a Skilled Health Care Workforce**

**PUBLIC 327**

Sponsor(s)  
WESTON  
CURLEY

Committee Report  
OTP-AM

Amendments Adopted  
S-241

LD 892 proposed to accomplish the following:

1. Direct the Department of Labor to compile and post on-line a report on health care occupations;
2. Require that certain licensed, registered and certified health care workers receive a voluntary survey to allow the collection of data on health care occupations;
3. Add a representative of the Department of Labor to the health workforce forum established in the Maine Revised Statutes, Title 22, section 257; and
4. Direct the Department of Health and Human Services to post on its website its recommendations based on its review of the health workforce forum's report.

### ***Enacted law summary***

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Public Law 2005, chapter 327 directs the Department of Labor to compile and post on-line a report on health care occupations. It requires that certain licensed, registered and certified health care workers receive a voluntary survey to allow the collection of data on health care occupations. It adds a representative of the Department of Labor to the health workforce forum established in the Maine Revised Statutes, Title 22, section 257. It directs the Department of Health and Human Services to post on its website its recommendations based on its review of the health workforce forum's report. The law directs the Department of Health and Human Services to contract with the Department of Labor and others as appropriate to undertake the research described in the bill using existing federal emergency management funds. It directs both departments to seek additional public and private funds to continue the research and to report on those efforts to the Joint Standing Committee on Health and Human Services at the first meeting of that committee held between October 1, 2005 and December 31, 2005.

### **LD 904                      An Act To Create the Maine Asthma and Lung Disease Research Fund                      CARRIED OVER**

<u>Sponsor(s)</u> MARTIN		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> S-294
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LD 904 proposed to establish the Maine Asthma and Lung Disease Research Fund in the Department of Health and Human Services, Bureau of Health to provide grants for research into the health effects of indoor and outdoor air pollution and the prevention, causes, treatment and cure of lung diseases such as asthma, emphysema and chronic obstructive pulmonary disease. The funding source of the fund would be a voluntary checkoff on the individual income tax form that allows a taxpayer to donate a portion of a tax refund or make a donation with the tax return.

This bill was carried over on the Special Appropriations Table by S.P. 640 to the next special or regular session of the 122<sup>nd</sup> Legislature.

### **LD 941                      An Act To Make an Exception to the Law Regarding Licensing of Fair Vendors Selling Tobacco Products                      PUBLIC 145 EMERGENCY**

<u>Sponsor(s)</u> RICHARDSON M		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-326
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LD 941 proposed to require a person who sells tobacco products at agricultural fairs, festivals or exhibitions to obtain only one license during the fair season. The bill also would establish a fee of \$10 for each cart that a person operates during a fair season in addition to the \$50 license fee. The bill also proposed to define a "seasonal mobile tobacco vendor" as a person who sells tobacco products at more than one location during a fair season.

#### ***Enacted law summary***

Public Law 2005, chapter 145 requires a person who sells tobacco products at agricultural fairs, festivals or exhibitions to obtain only one license during the fair season, a seasonal mobile tobacco vendor license that

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includes the specific name, dates and location of each agricultural fair, festival and exhibition at which the license authorizes the licensee to operate. The law also establishes a fee of \$10 for each cart that a person operates during a fair season in addition to the \$50 license fee. The law also defines a "seasonal mobile tobacco vendor" as a person who sells tobacco products at more than one location during a fair season. The law requires the Department of Health and Human Services to consider the size of the retail establishment to be the square footage of the vending equipment located on the premises when determining the fee.

Public Law 2005, chapter 145 was enacted as an emergency measure effective May 20, 2005.

### **LD 950                      An Act To Allow the Shipment of Cigars into Maine                      CARRIED OVER**

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

LD 950 proposed to provide exceptions for cigars to the laws governing delivery sales of tobacco products in the State.

This bill was carried over by H.P. 1203 to any special or regular session of the 122<sup>nd</sup> Legislature.

### **LD 954                      An Act To Make Fairs and Festivals Safer for Children                      ONTP**

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

LD 954 proposed to prohibit a person from smoking while operating an amusement ride for children 12 years of age or younger.

### **LD 1013                      An Act To Improve Access to Ambulatory Diabetes Education and Follow-up                      ONTP**

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

LD 1013 proposed to direct the Department of Health and Human Services to promote a program for self-management of diabetes known as ambulatory diabetes education and follow-up and to encourage health care providers to offer the program to MaineCare members. The bill proposed to direct the department to provide reimbursement for the program on a basis that reimburses federally qualified health centers and Indian Health Service-supported centers at 100% of their costs. The bill proposed to direct the department to adopt routine technical rules.

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**LD 1034**

**An Act To Prevent Lead Poisoning of Children and Adults**

**PUBLIC 403**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DUPLESSIE	OTP-AM MAJ	H-642
MAYO	OTP-AM MIN	S-358 WOODCOCK

LD 1034 proposed to create the Lead Poisoning Prevention Fund to support grants, contracts and programs for educational outreach to prevent lead poisoning in children and adults. The bill proposed to create a fee to be imposed on manufacturers and other persons who contribute to environmental and occupational lead hazards. The bill proposed to require the Department of Health and Human Services, Bureau of Health to adopt rules by July 1, 2006 to assess fees based on a person's relative contribution to lead hazards, the lead content of products, releases of lead to the environment or known occupational lead exposures. The Bureau of Health would report to the Joint Standing Committee on Health and Human Services by January 15, 2006 with recommendations to implement the fee schedule.

***Enacted law summary***

Public Law 2005, chapter 403 creates the Lead Poisoning Prevention Fund to support grants, contracts and programs for educational outreach to prevent lead poisoning in children and adults. It imposes a fee of 25¢ per gallon of paint estimated to have been sold in the State during the prior year, to be paid by manufacturers or wholesalers of paint sold in the State, as determined by rule adopted by the Department of Health and Human Services. The law includes a provision that repeals the lead poisoning prevention fee effective July 1, 2011.

**LD 1036**

**An Act To Amend the Laws Governing the Burial or Cremation of Certain Persons CARRIED OVER**

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

Under current law, when certain eligible people die, a decision on an application to a municipality for assistance with burial or cremation expenses must be rendered within 10 days. LD 1036 proposed to reduce the time frame for a decision from 10 to 2 days. In addition, this bill proposed to reduce the pool of relatives responsible for burial or cremation costs.

This bill was carried over by H.P. 1203 to any special or regular session of the 122<sup>nd</sup> Legislature.

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**LD 1072**                      **An Act To Require Health Care Providers To Contain Costs**                      **ONTP**

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

LD 1072 proposed to repeal the voluntary requirement under the Dirigo Health laws asking hospitals to contain costs. The bill proposed to enact a mandatory requirement that hospitals contain costs.

**LD 1136**                      **An Act To Implement the Recommendations of the Legislative Youth Advisory Council**                      **PUBLIC 309**

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

LD 1136, submitted by the Legislative Youth Advisory Council, proposed to direct the Department of Health and Human Services to develop a standard form to be used to indicate approval by the department for children in the custody of the department to participate in school sports, field trips and other extracurricular activities.

***Enacted law summary***

Public Law 2005, chapter 309 was submitted by the Legislative Youth Advisory Council. It directs the Department of Health and Human Services to develop a standard form to be used to indicate approval by the department for children in the custody of the department to participate in school sports, field trips and other extracurricular activities.

**LD 1156**                      **An Act To Protect Public Health by Clarifying the Laws Regarding Smoking in Public Places**                      **PUBLIC 257**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WALCOTT MAYO	OTP-AM	H-421

LD 1156 proposed to clarify certain definitions in the law governing smoking in public places, tighten the restrictions regarding exposure of children to secondhand smoke in day care facilities, remove the exemption for privately chartered buses, expand the application of the provision prohibiting retaliation, increase the range of fines that may be imposed for violation of the law and add an enforcement provision to the law that is consistent with enforcement provisions in other tobacco-related statutes.

***Enacted law summary***

Public Law 2005, chapter 257 clarifies certain definitions in the law governing smoking in public places, tightens the restrictions regarding exposure of children to secondhand smoke in day care facilities, removes the exemption

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for privately chartered buses, expands the application of the provision prohibiting retaliation, increases the range of fines that may be imposed for violation of the law and adds an enforcement provision to the law that is consistent with enforcement provisions in other tobacco-related statutes. It sets a new maximum fine for violations of the smoking laws from at \$1,500 and applied only in instances where there is a pattern of violations.

**LD 1178                      An Act Regarding Access to Prescription Drugs and Reimportation                      P & S 26**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN BURNS	OTP-AM	S-293 S-383 GAGNON

LD 1178 proposed to establish the Maine Save program to assist consumers by providing access to drugs through Internet connections to pharmacies and wholesale providers of prescription drugs for residents who lack comprehensive prescription drug coverage. The program would provide access to brand-name drugs in original sealed packaging. The program would provide access to drugs that are controlled substances, drugs that are sensitive to environmental factors such as heat or cold or that are antibiotics for acute illnesses. The program would require the patient to show evidence of use of a pharmacist licensed in the State to coordinate all prescriptions and prevent harmful drug interactions. The program would include an advisory group to review the program, consider issues related to access, quality and safety and advise the Commissioner of Health and Human Services regarding program design and operation. The program would include a requirement for random testing of drugs. The bill proposed to include authority to adopt rules, which are designated as routine technical rules.

***Enacted law summary***

Private and Special Law 2005, chapter 26 reconvenes, adds members to and changes the duties of the Governor's Committee To Study the Feasibility of Importation of Prescription Drugs, and requires a report to the Joint Standing Committee on Health and Human Services. The law authorizes the State to move forward if the United States Congress passes a law allowing drug reimportation or if a federal waiver is granted.

**LD 1183                      An Act Regarding Access to Mental Health Services                      CARRIED OVER**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN DUDLEY	OTP-AM	S-279

LD 1183 proposed to allow more than 16 visits per year for psychological services benefits for individual and group counseling for which a member is eligible under MaineCare Basic if the member obtains prior approval for the extra visits from the department.

This bill was carried over on the Special Appropriations Table by S.P. 640 to the next special or regular session of the 122<sup>nd</sup> Legislature.

*Joint Standing Committee on Health and Human Services*

**LD 1186**

**An Act To Clarify the Smoking Ban for Off-track Betting Facilities**

**PUBLIC 362**

<u>Sponsor(s)</u> HOTHAM	<u>Committee Report</u> ONTP      MAJ OTP-AM    MIN	<u>Amendments Adopted</u> H-528
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LD 1186 proposed to clarify the ban on smoking in off-track betting and simulcast racing facilities licensed after June 30, 2003, allowing existing facilities to move or be sold and without losing their exemption from the smoking ban.

***Enacted law summary***

Public Law 2005, chapter 362 clarifies the ban on smoking in off-track betting and simulcast racing facilities licensed after June 30, 2003, allowing existing facilities to move or be sold without losing their exemption from the smoking ban. The law allows off-track betting facilities and simulcast racing facilities that were in operation on June 30, 2003 to be purchased or moved to a new location within the same municipality without losing their exemption from the laws prohibiting smoking in public places. The law places limits on the size of the smoking area in the newly purchased or relocated off-track betting or simulcast racing facilities, prohibits slot machines in those facilities and requires that the off-track betting or simulcast racing facility be in a separately enclosed area.

**LD 1206**

**Resolve, To Fund a Group Home for Young Adults with Disabilities in Southern Maine**

**ONTP**

<u>Sponsor(s)</u> HOBBINS MERRILL	<u>Committee Report</u> ONTP	<u>Amendments Adopted</u>
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LD 1206 proposed to direct the Department of Health and Human Services to establish a facility in southern Maine to serve as a residential facility for young adults who are in need of continuous care to treat their physical disabilities and who would otherwise be eligible for treatment in a nursing facility. The resolve proposed to direct the department to seek to establish and operate this facility within existing resources but authorizes the department to seek an appropriation should existing resources not be sufficient. It further proposed to direct the department to report on the status of the residential facility, its costs and the extent to which it can be used as a model to develop additional community placements for disabled individuals.

**LD 1208**

**Resolve, Regarding the Prevention of Suicide**

**CARRIED OVER**

<u>Sponsor(s)</u> SCHNEIDER MILLER	<u>Committee Report</u>	<u>Amendments Adopted</u> S-308
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LD 1208 proposed to establish a working group to study the high rate of suicide in Maine. The working group would submit its report to the Joint Standing Committee on Health and Human Services by December 7, 2005.

## *Joint Standing Committee on Health and Human Services*

This bill was carried over on the Special Appropriations Table by S.P. 640 to the next special or regular session of the 122<sup>nd</sup> Legislature.

**LD 1228**                      **An Act To Create Consistency in the Regulation of Small Group Homes**                      **ONTP**

<u>Sponsor(s)</u> LERMAN		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 1228 proposed to amend the number of beds a residential care facility and a children's home must have for fire safety purposes to make the inspection standards consistent between residential care facilities and children's homes.

**LD 1270**                      **Resolve, To Increase Prospective Interim Payments to Certain Rural Hospitals**                      **ONTP**

<u>Sponsor(s)</u> DAMON PINGREE		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 1270 proposed to direct the Department of Health and Human Services to study the prospective interim payments payable to hospitals and to increase those payments to rural hospitals that provide high-quality care, implement cost-control initiatives and are adversely affected by new financial policies.

**LD 1284**                      **Resolve, Regarding Increased Reimbursement for Physicians Caring for MaineCare Members**                      **RESOLVE 104**

<u>Sponsor(s)</u> MARRACHE SNOWE-MELLO		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-569
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LD 1284 proposed to require the Department of Health and Human Services to adopt major substantive rules that establish a MaineCare reimbursement schedule that provides a greater rate of MaineCare reimbursement to physicians in private practice who have a high ratio of patients who are MaineCare recipients. The schedule would provide for a higher rate of MaineCare reimbursement if the physician is located in a rural area of the State.

### *Enacted law summary*

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Resolve 2005, chapter 104 directs the Department of Health and Human Services to convene a working group to develop standards for the distribution of \$3,000,000 in increased physician incentive payment funding in the MaineCare program and to report to the Joint Standing Committee on Health and Human Services by January 15, 2006.

**LD 1302**                      **Resolve, Establishing The Task Force To Study Cervical Cancer Prevention, Detection and Education**                      **RESOLVE 121 EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARRACHE PLOWMAN	OTP-AM	H-570 S-325 MAYO S-385 GAGNON

LD 1302 proposed to establish the Task Force to Study Cervical Cancer Prevention, Detection and Education. The purpose of the task force would be to raise public awareness of the causes and nature of cervical cancer, personal risk factors, value of prevention, early detection, options for testing, treatment costs, new technology and medical care reimbursement. The task force would also be charged with several other duties, including, but not limited to, identifying preventive strategies and new technologies, including newly introduced vaccines that are effective in preventing and controlling the risk of cervical cancer. The members of the task force would be appointed by the Governor, the President of the Senate and the Speaker of the House. The task force would submit its final report to the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2007.

***Enacted law summary***

Resolve 2005, chapter 121 establishes the Task Force to Study Cervical Cancer Prevention, Detection and Education to raise public awareness of the causes and nature of cervical cancer, personal risk factors, value of prevention, early detection, options for testing, treatment costs, new technology and medical care reimbursement. The task force is also charged with several other duties, including, but not limited to, identifying preventive strategies and new technologies, including newly introduced vaccines that are effective in preventing and controlling the risk of cervical cancer. The law requires an initial report by November 15, 2005 and a final report by November 15, 2006 and authorizes the joint standing committee of the Legislature having jurisdiction over health and human services matters to report out legislation. The Task Force to Study Cervical Cancer Prevention, Detection and Education is required to seek outside funds to fully fund all costs of the task force.

Resolve 2005, chapter 121 was finally passed as an emergency measure effective June 21, 2005.

**LD 1307**                      **An Act Requiring Public Disclosure of Health Care Prices**                      **ONTP**

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

## *Joint Standing Committee on Health and Human Services*

LD 1307 proposed to require health care practitioners to provide the same consumer price information required of hospitals and ambulatory surgical centers, effective January 1, 2006.

**LD 1310**                      **An Act To Ensure Rural Access to Prescription Drugs**                      **ONTP**

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

LD 1310 is a concept draft pursuant to Joint Rule 208.

This bill proposed to require the Legislature to undertake an immediate overview of prescription drug policies of the Department of Health and Human Services under all programs in this State that improve access to prescription drugs, including MaineCare, the elderly low-cost drug program and the Maine Rx Plus Program, to ensure that rules for these programs do not limit access to prescription drugs in rural areas.

The bill also proposed that an overview of the pharmacy incentive payment be undertaken and an alternative change in the reimbursement per prescription be considered.

This bill proposed to direct the Department of Health and Human Services to undertake emergency rulemaking to implement rules that allow rural clients who are taking consistent schedules of prescription drugs to have 3-month prescriptions and allow an 8-day window when a prescription drug may be refilled, an increase from the current 5-day window and the one-month prescription allowed. A client would be considered a rural client if that client lives more than 15 miles from a pharmacy. The Department of Health and Human Services would also adopt rules that allow doctors to identify both experimental and likely short-term prescriptions and long-term prescriptions to reduce the rate of waste from prescriptions that are filled but not used.

**LD 1324**                      **An Act To Improve Access to Affordable Prescription Drugs**                      **PUBLIC 343**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAUTIGAM MAYO	OTP-AM	H-571

LD 1324 proposed to establish the Pharmacy Cost Management Council to develop and implement measures to control the cost of prescription drugs and expand the State's purchasing power. The council would be required to provide annual reports to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs by March 1, 2006 and each year thereafter. The meetings of the council and its records would be public.

### *Enacted law summary*

## *Joint Standing Committee on Health and Human Services*

Public Law 2005, chapter 343 amends the Pharmaceutical Cost Management Council enacted in Public Law 2005, chapter 12, section PP-1 and established in Title 5, section 2031, to add 3 consumer members, changes the parameters of the council to duties and adds to those duties coordinating and exchanging information, examining cost containment tools and reporting to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 1, 2006.

**LD 1325**                      **An Act To Ensure Continuity of Care Related to Implementation**                      **PUBLIC 401**  
**of the Federal Medicare Drug Benefit**

<u>Sponsor(s)</u> BRAUTIGAM		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-686
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LD 1325 proposed to provide for continuity of care related to implementation of the Medicare D prescription drug benefit as follows.

1. The bill proposed to authorize the Department of Health and Human Services to provide assistance to persons applying for and enrolled in the elderly low-cost drug program so that they may obtain benefits under Medicare D.
2. The bill proposed to allow coverage under the elderly low-cost drug program for persons enrolled in Medicare D under certain circumstances.
3. The bill proposed to provide for wrap services, continuity of care and education and outreach in the elderly low-cost drug program.
4. The bill proposed to direct the Department of Health and Human Services to adopt routine technical rules for the provisions of the bill in the elderly low-cost drug program.
5. The bill proposed to direct the Department of Health and Human Services to provide transitional prescription and nonprescription drug benefits under the elderly low-cost drug program for persons enrolled in the program who may be eligible for or are enrolled in Medicare D.
6. The bill proposed to retain funding appropriated in the elderly low-cost drug program for state fiscal years 2004-05, 2005-06 and 2006-07.
7. The bill proposed to require the Department of Health and Human Services to coordinate benefits among the elderly low-cost drug program, the MaineCare program and Medicare D in order to increase access to needed prescription and nonprescription drugs at affordable costs.
8. The bill proposed to direct the Department of Health and Human Services to amend the rules regarding the amount of income that may be retained by a resident of a nursing, residential care or assisted living facility to allow an increase to cover the cost of the person's copayment for needed prescription and nonprescription drugs under the elderly low-cost drug program, the MaineCare program and Medicare D.

### *Enacted law summary*

## *Joint Standing Committee on Health and Human Services*

Public Law 2005, chapter 401 provides for continuity of care related to implementation of the Medicare D prescription drug benefit. The law enacts in a new statutory section the elderly low-cost drug program in order to better organize the statute. It authorizes the Department of Health and Human Services to provide administrative services, information and enrollment and prescription drug services through the elderly low-cost drug program and MaineCare program that coordinate with the benefits that will be available beginning January 1, 2006 under the new Medicare Part D benefit. It requires the department to adopt emergency rules, after receiving advice from a stakeholders group, for the elderly low-cost drug program and the MaineCare program by January 1, 2006.

**LD 1350**

**An Act Regarding the Office of Substance Abuse**

**ONTP**

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

LD 1350 is a concept draft pursuant to Joint Rule 208. It proposed to create a task force to develop a proposal to establish an Office of Alcohol and Addiction Services, which would have responsibility for the entire spectrum of substance abuse services currently provided by the State. Under this proposal, the services that were provided by the Department of Health and Human Services, Office of Substance Abuse would be provided by a new Division of Drug Control Policy within the newly established Office of Alcohol and Addiction Services. The task force would submit its report and implementing legislation to the First Regular Session of the 123rd Legislature.

**LD 1359**

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

**PUBLIC 253  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PINGREE	OTP-AM	H-422

LD 1359 proposed to extend the statutory authority of the Maine Health Data Processing Center from September 1, 2005 to September 1, 2010. The bill also proposed to eliminate the major substantive rule requirement for the Maine Health Data Organization enforcement rules and the quality data rules, make a number of modifications to provide consistency within the statutes and repeal language that is obsolete.

### *Enacted law summary*

Public Law 2005, chapter 253 extends the statutory authority of the Maine Health Data Processing Center from September 1, 2005 to September 1, 2009.

Public Law 2005, chapter 253 was enacted as emergency measure effective May 31, 2005.

*Joint Standing Committee on Health and Human Services*

LD 1382

**An Act To Establish Permanent Subsidized Guardianship**

**PUBLIC 372**

<u>Sponsor(s)</u> ROSEN R SOCKALEXIS	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-305
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LD 1382 proposed to add the concept of permanent legal guardianship to the dispositional alternatives available to District Courts under the Maine Revised Statutes, Title 22. This concept allows relatives and other parties to be awarded permanent legal guardianship of children subject to child protection orders and actions and allow payment of a guardianship subsidy for special needs children who have been in the custody of the State or for Native American children in the custody of the tribe who move into a permanent legal guardianship status.

***Enacted law summary***

Public Law 2005, chapter 372 adds the concept of permanent legal guardianship to the dispositional alternatives available to District Courts under the Maine Revised Statutes, Title 22. This concept would allow relatives and other parties to be awarded permanent legal guardianship of children subject to child protection orders and actions and allow payment of a guardianship subsidy for special needs children who have been in the custody of the State or for Native American children in the custody of the tribe who move into a permanent legal guardianship status. It establishes a guardianship subsidy for special needs children placed under permanency guardianship by the District Court.

LD 1389

**Resolve, Regarding Legislative Review of Chapter 100:  
Enforcement Procedures, a Major Substantive Rule of the Maine  
Health Data Organization**

**RESOLVE 49  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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LD 1389 proposed to provide for legislative review of Chapter 100: Enforcement Procedures, a major substantive rule of the Maine Health Data Organization.

***Enacted law summary***

Resolve 2005, chapter 49 provides for legislative review of Chapter 100: Enforcement Procedures, a major substantive rule of the Maine Health Data Organization and approves that rule.

Resolve 2005, chapter 49 was finally passed as an emergency measure effective May 25, 2005.

*Joint Standing Committee on Health and Human Services*

**LD 1390**                      **Resolve, Regarding Legislative Review of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization**                      **RESOLVE 95  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM    MAJ	H-592
	OTP-AM    MIN	

LD 1390 proposed to provide for legislative review of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization.

***Enacted law summary***

Resolve 2005, chapter 95 provides for legislative review of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization. It requires that the rules be amended to provide a health care quality exception to the review criteria for requests for clinical data.

Resolve 2005, chapter 95 was finally passed as an emergency measure effective June 7, 2005.

**LD 1401**                      **An Act To Further Coordinate the Laws Regarding Certificate of Need, the State Health Plan and the Capital Investment Fund**                      **PUBLIC 369**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN MILLETT	OTP	S-333

LD 1401 proposed to provide coordination among the State Health Plan and the capital investment fund, adopted by the Governor under the Maine Revised Statutes, Title 2, chapter 5, and the certificate of need process under Title 22, chapter 103-A as follows.

1. It proposed to clarify that the capital investment fund serves as a limit for allocating resources under the certificate of need program.
2. It proposed to specify that demographic, health care service and health care cost data must be used by the Governor in drafting the State Health Plan. It proposed to require that the State Health Plan be consistent with the requirements of the certificate of need program. It proposed to require review of the process for the development of the State Health Plan and the plan itself by the joint standing committee of the Legislature having jurisdiction over health and human services matters prior to its being finalized and issued by the Governor.
3. It proposed to specify that demographic, health care service and health care cost data must be used by the Commissioner of Health and Human Services in making determinations regarding issuance of certificates of need. It proposed to require certificate of need decisions to further the goals of the State Health Plan. It proposed to add to the certificate of need standards protection of the public health and safety. It proposed to

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require the Commissioner of Health and Human Services in making decisions regarding certificate of need to consider the State Health Plan.

### ***Enacted law summary***

Public Law 2005, chapter 369 provides coordination among the State Health Plan and the capital investment fund, adopted by the Governor under the Maine Revised Statutes, Title 2, chapter 5, and the certificate of need process under Title 22, chapter 103-A. It clarifies that the capital investment fund serves as a limit for allocating resources under the certificate of need program. It specifies that demographic, health care service and health care cost data must be used by the Governor in drafting the State Health Plan. It requires that the State Health Plan be consistent with the requirements of the certificate of need program. It requires review of the process for the development of the State Health Plan and the plan itself by the joint standing committee of the Legislature having jurisdiction over health and human services matters prior to its being finalized and issued by the Governor. It clarifies that the biennial State Health Plan must be issued by December 1, 2005 and every 2 years thereafter. It specifies that demographic, health care service and health care cost data must be used by the Commissioner of Health and Human Services in making determinations regarding issuance of certificates of need.

**LD 1404**                      **Resolve, To Increase the Quality of Care and Reduce Administrative Burdens in the Pharmacy Prior Approval Process**                      **RESOLVE 113**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN BRAUTIGAM	OTP-AM	S-332

LD 1404 proposed to establish prior authorization pharmacy benefit procedures for the MaineCare and elderly low-cost drug programs. The bill proposed to establish a drug utilization review committee within MaineCare. The bill proposed to require the Department of Health and Human Services to publish a MaineCare handbook and to contract for a MaineCare study and survey and to report the results to the Joint Standing Committee on Health and Human Services by March 1, 2006.

### ***Enacted law summary***

Resolve 2005, chapter 113 directs the Department of Health and Human Services to undertake a number of initiatives, including rulemaking regarding prior authorization, preferred drug lists and procedures for providers to follow for members of the MaineCare program.

**LD 1411**                      **An Act Regarding the Reporting of Hospital and Ambulatory Surgical Center Prices**                      **PUBLIC 391**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CANAVAN MARTIN	OTP-AM	H-660

## *Joint Standing Committee on Health and Human Services*

LD 1411 proposed to direct the Department of Health and Human Services to adopt rules to standardize the reporting of pricing information on the most common inpatient and emergency services and outpatient procedures by hospitals and ambulatory surgical centers. It also proposed to repeal the confidentiality provision in the laws covering mandatory reporting of sentinel events.

### ***Enacted law summary***

Public Law 2005, chapter 391 directs the Maine Health Data Organization to develop and produce annual reports on average private-payer payments in health care facilities and to health care practitioners. It directs the Maine Health Data Organization to adopt routine technical rules to establish criteria for services and procedures and to standardize the manner of listing prices by hospitals and ambulatory surgical centers pursuant to the Maine Revised Statutes, Title 22, section 1718.

**LD 1417                      An Act To Amend the Law Banning Smoking in Buildings Where                      ONTP**  
**Bingo or Beano Is Played BY REQUEST**

<u>Sponsor(s)</u> HUTTON		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 1417 proposed to allow a beano or bingo hall to maintain a designated smoking area as long as the area is segregated from the main hall and sealed with a door; is equipped with a ventilation system; has a public address system and has the master board, flashboard or chalkboard visible to all players in both the smoking and nonsmoking areas; has a member of the licensee present in both the smoking and nonsmoking areas; and posts a sign listing the toll-free telephone number of the Maine Tobacco HelpLine administered by the Department of Health and Human Services in a visible location in the designated smoking area. This bill also proposed to direct the Department of Health and Human Services to provide signs listing the Maine Tobacco HelpLine toll-free telephone number to licensed beano or bingo hall operators who request the sign.

**LD 1420                      An Act To Establish a Maternal and Infant Death Review Panel                      CARRIED OVER**

<u>Sponsor(s)</u> PINGREE MARTIN		<u>Committee Report</u>		<u>Amendments Adopted</u>
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LD 1420 proposed to direct the Department of Health and Human Services to establish a multidisciplinary panel to review maternal and infant death cases in this State. This panel, in accordance with the Maine Revised Statutes, Title 22, chapter 1071, subchapter 11-A, would provide the panel with authority to gain access to relevant data including medical, public health, social service and mental health records and ensures that proceedings and records in the possession of the panel remain confidential and exempt from subpoena and legal discovery. The bill also proposed to permit the panel to contact families of the deceased to request additional information and offer grief support resources.

This bill was carried over by H.P. 1203 to any special or regular session of the 122<sup>nd</sup> Legislature.

*Joint Standing Committee on Health and Human Services*

**LD 1438**                      **Resolve, Regarding Discharges from Hospitals**                      **RESOLVE 112**

<u>Sponsor(s)</u> CURLEY MARTIN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-557
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LD 1438 proposed to require a hospital that has so-called "swing bed" services to establish admissions policies limiting the types of patients that hospital may accept and requiring the hospital to discharge patients to that hospital's own swing beds or to licensed nursing facilities of the patients' choice.

***Enacted law summary***

Resolve 2005, chapter 112 requires the Department of Health and Human Services to convene a working group to develop hospital discharge guidelines. The guidelines must take into consideration the resources that are available to meet the clinical needs of the patient, the recommendations of the patient's health care provider and the preferences of the patient and patient's family. The resolve requires a report regarding the discharge guidelines to the Joint Standing Committee on Health and Human Services by February 1, 2006.

**LD 1468**                      **An Act To Protect the Public from Secondhand Smoke**                      **ONTP**

<u>Sponsor(s)</u> THOMPSON	<u>Committee Report</u> ONTP      MAJ OTP      MIN	<u>Amendments Adopted</u>
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LD 1468 proposed to prohibit smoking within 20 feet of the entrance or exit of a health care facility. The bill also proposed to prohibit smoking in a private vehicle when a child under 18 years of age is in the vehicle.

**LD 1483**                      **An Act To Amend the Laws Governing Reimbursement of Nursing Facilities and Nursing Home Admission Contracts**                      **PUBLIC 242**

<u>Sponsor(s)</u> MARTIN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-211
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LD 1483 proposed to provide that a nursing facility or a private nonmedical institution is entitled to reimbursement through the MaineCare program to provide a return on equity capital. It proposed to require the Department of Health and Human Services to include in its calculation of reimbursement for services provided by nursing facilities an allowance for the cost of a medical director. It proposed to allow a nursing facility to enter into a contract with a resident or a resident's legal representative that provides that payment of the nursing facility's services is the highest priority for the application of a resident's financial resources. It proposed to provide that if timely payment has not been made to the nursing facility, the resident or resident's legal representative may be obligated to pay the resident's income or other assets directly to the nursing facility, including through direct deposit or electronic transfer means; to designate the nursing facility as the representative

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payee for Social Security or other payments; to otherwise apply the resident's resources to fulfill the resident's obligations; or to pay to the nursing facility money that has been improperly diverted. The bill proposed to allow a nursing facility to collect attorney's fees and costs from an agent under a power of attorney who breaches that agent's fiduciary duty.

### *Enacted law summary*

Public Law 2005, chapter 242 raises the cap, for MaineCare reimbursement purposes, on the medical director's salary to \$10,000 for a nursing facility or a private nonmedical institution that receives reimbursement through the MaineCare program. That amount is subject to an annual cost-of-living adjustment and is subject to a cap on indirect costs.

**LD 1487**                      **An Act To Repeal Certificate of Need as It Applies to Hospitals, Ambulatory Surgical Units and Physician Offices**                      **ONTP**

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

LD 1487 proposed to remove hospitals, ambulatory surgical facilities, physician offices and other health care facilities from the certificate of need process. The bill proposed to retain certificate of need for nursing facilities. The bill also proposed to require the Department of Health and Human Services to submit a report on alternative methods of reimbursement under the MaineCare program to the Legislature by January 15, 2006.

**LD 1492**                      **An Act To Permit the Department of Health and Human Services To Charge Fees to Homestead Facility Residents**                      **PUBLIC 256**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LERMAN	OTP-AM	H-423

LD 1492 proposed to include the Homestead facility among state institutions for which the Commissioner of Health and Human Services is directed to establish charges for the care and treatment of residents. The bill proposed to define "resident" for this purpose and changes "Augusta Mental Health Institute" to "Riverview Psychiatric Center."

### *Enacted law summary*

Public Law 2005, chapter 256 includes the Homestead facility at the Riverview Psychiatric Center in Augusta among state institutions for which the Commissioner of Health and Human Services is directed to establish charges for the care and treatment of residents.

*Joint Standing Committee on Health and Human Services*

**LD 1507**

**An Act To Control the Spread of Methamphetamines**

**ONTP**

Sponsor(s)  
MILLS P

Committee Report  
ONTP

Amendments Adopted

LD 1507 proposed to require that only licensed retailers dispense pseudoephedrine, that the amount of pseudoephedrine dispensed be limited to 9 grams per day per person and that pseudoephedrine be dispensed only when the recipient of the product has been identified. The bill also proposed to require that retailers maintain a log of persons to whom pseudoephedrine is dispensed. Violation of any of these requirements would be a civil violation for which a fine of not more than \$300 may be imposed for each occurrence. Multiple violations would be grounds for suspension or revocation of a retail license.

The bill also proposed to make it a Class D crime for any person to provide more than 90 grams of pseudoephedrine to another. It proposed to make it a Class E crime for any person to acquire improperly more than 9 grams of pseudoephedrine products.

**LD 1515**

**Resolve, To Establish a Responsive, Community-based, Cost-effective and Comprehensive Adult Mental Health System**

**RESOLVE 85**

Sponsor(s)  
PINGREE  
MAYO

Committee Report  
OTP-AM

Amendments Adopted  
H-479

LD 1515 proposed to require the Department of Health and Human Services to develop a regional system for the financing, management and oversight of the state mental health system.

***Enacted law summary***

Resolve 2005, chapter 85 requires the Department of Health and Human Services to ensure that the plan presented to the court to achieve compliance with the Augusta Mental Health Institute Consent Decree Plan and the system transformation plan required in Public Law 2005, chapter 12, Part XXX are consumer-directed, community-based and comprehensive. The resolve also specifies the values and standards, service reform and improvement components and readiness parameters to be used in the transformation of the adult mental health services system. The resolve also requires the Department of Health and Human Services to provide a report and recommendations, including any recommendations of the working group required under section 1 of this resolve, to the Joint Standing Committee on Health and Human Services no later than January 15, 2006.

**LD 1538**

**An Act To Amend the Laws Authorizing the Medical Use of Marijuana BY REQUEST**

**ONTP**

Sponsor(s)  
GAGNON  
THOMPSON

Committee Report  
ONTP

Amendments Adopted

## *Joint Standing Committee on Health and Human Services*

LD 1538 proposed to amend the law authorizing the medical use of marijuana in the following ways.

1. It proposed to increase the amounts considered a useable amount for medical use. It also proposed to authorize a physician to indicate a greater amount if necessary to meet the medical needs of the patient or to accommodate the various means of administering marijuana.
2. It proposed to require the Department of Health and Human Services to issue identification cards to an eligible patient or that person's designated caregiver so that a person's lawful possession may be easily and expeditiously verified.
3. This bill also proposed to clearly articulate that the fact that a parent was or is a user of marijuana under the medical exemption may not be used against that parent in any matter relating to the care and custody of a child.

**LD 1539**                      **An Act Pertaining to Reporting of Prescription Drug Advertising Costs**                      **PUBLIC 286**

<u>Sponsor(s)</u> BRENNAN FISCHER		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> S-210
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LD 1539 proposed to delay implementation of the deadline for filing reports regarding marketing activities by pharmaceutical manufacturers.

The bill also proposed to clarify that the Department of Health and Human Services may disclose that information to an entity that provides services to the department under the laws requiring those reports, but proposed to specify that such disclosure does not change the confidential status of the information.

### *Enacted law summary*

Public Law 2005, chapter 286 delays implementation of the deadline for filing reports regarding marketing activities by pharmaceutical manufacturers. The law also clarifies that the Department of Health and Human Services may disclose that information to a contractor that provides services to the department under the laws requiring those reports, but specifies that such disclosure does not change the confidential status of the information.

**LD 1541**                      **An Act Pertaining to Disclosure of Prescription Drug Prices**                      **PUBLIC 402  
EMERGENCY**

<u>Sponsor(s)</u> WESTON CROSBY		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-639 PINGREE S-292
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## *Joint Standing Committee on Health and Human Services*

LD 1541 proposed to limit the pricing information that a manufacturer must report to the Department of Health and Human Services to average manufacturer price and best price as defined by federal law. It proposed to eliminate the instructions on calculating other pharmaceutical pricing information and the requirement to describe the methodology for calculating pricing information that is reported to the department and modify the certification provisions and strengthens the confidentiality protection afforded to the reported information.

### ***Enacted law summary***

Public Law 2005, chapter 402 clarifies details of the reporting of prescription drug pricing, including the methodology of pricing and certification requirements. It maintains current law on confidentiality, extending confidentiality explicitly to information disclosed to an entity under contract to the Department of Health and Human Services and restricting use of disclosed information to the purposes for which it was disclosed. It directs the department to adopt routine technical rules to implement actual price disclosure and certification.

Public Law 2005, chapter 402 was enacted as an emergency measure effective June 17, 2005.

**LD 1554**                      **Resolve, To Establish the Commission To Study the Delivery of Services to Maine Citizens with Brain Injuries**                      **ONTP**

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

LD 1554 proposed to create the Commission to Study the Delivery of Services to Maine Citizens with Brain Injuries and proposed to require the commission to submit its report to the Joint Standing Committee on Health and Human Services by December 7, 2005.

**LD 1555**                      **An Act To Improve Quality, Effectiveness and Efficiency in the Department of Health and Human Services**                      **CARRIED OVER**

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

LD 1555 proposed to address the following issues in the field of community-based services for persons with developmental disabilities and mental retardation: reimbursement, audit and appeal procedures, rules, regulations and administrative requirements, standardized data, contract formats and financial reports, medication courses, deemed status licensure, maintenance of the Child Development Services System, gastroonomy tubes, rules regarding residential options, advocacy regarding federal legislation, cost-of-living adjustments and Dirigo Health insurance.

This bill was carried over by H.P. 1203 to any special or regular session of the 122<sup>nd</sup> Legislature.

*Joint Standing Committee on Health and Human Services*

**LD 1568**

**An Act To Allow Nurse Practitioners To Sign Death Certificates**

**PUBLIC 359  
EMERGENCY**

<u>Sponsor(s)</u> PINKHAM		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-594
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LD 1568 proposed to authorize a certified nurse midwife or a nurse practitioner who is present at a death or after a death to sign a death certificate in the case of a fetal death. The bill proposed to authorize a nurse practitioner to sign a death certificate in the case of the death of a patient in the care of the nurse practitioner or in the case of the death of a patient whose recent medical condition is known to the nurse practitioner.

*Enacted law summary*

Public Law 2005, chapter 359 authorizes a certified nurse midwife or a nurse practitioner who is present at a death or after a death to sign a death certificate in the case of the death of a patient in the care of the nurse practitioner or in the case of the death of a patient whose recent medical condition is known to the nurse practitioner.

Public Law 2005, chapter 359 was enacted as an emergency measure effective June 9, 2005.

**LD 1580**

**An Act To Enhance Maine's Medical Errors Reporting System**

**ONTP**

<u>Sponsor(s)</u> TRAHAN SNOWE-MELLO		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 1580 is a concept draft pursuant to Joint Rule 208. It proposed to enhance the system for reporting of medical errors by hospitals, ambulatory surgical centers and mental health hospitals.

**LD 1601**

**An Act To Prevent the Manufacturing of Methamphetamine in  
Maine**

**PUBLIC 430**

<u>Sponsor(s)</u> EDMONDS RICHARDSON J		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> S-334
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LD 1601 proposed to place several restrictions on over-the-counter decongestant cold medicines that can be used in the toxic chemical process of making the illegal drug methamphetamine. The bill proposed to affect medicines in solid pill or dry form that contain ephedrine, pseudoephedrine or phenylpropanolamine because those products are commonly used to manufacture methamphetamine. The bill proposed to define those products as "targeted methamphetamine precursors."

The bill proposed to exempt medicines in liquid, gel cap or liquid-filled capsule form because those products are not commonly used to manufacture methamphetamine.

## *Joint Standing Committee on Health and Human Services*

The bill proposed to restrict the sale of targeted methamphetamine precursors to blister packs containing less than 3 grams of the targeted active ingredients and allows no more than 3 packages to be sold in a single transaction. It proposed to require targeted methamphetamine precursors to be sold by a pharmacist or pharmacy technician and stored in a location that is locked or otherwise not accessible to the public. It proposed to authorize but does not require a pharmacy to request identification and log sales of these products.

The bill proposed to allow single-dose packages to continue to be sold at any store as long as they are close to and within sight of store staff.

The bill proposed to allow a pharmacist or pharmacy technician to refuse to make a suspicious sale of targeted methamphetamine precursors and to report the situation to a law enforcement agency. It proposed to confer immunity from civil liability on a pharmacist or technician who in good faith refuses to sell the drug or who makes a report to law enforcement.

The bill also proposed to designate more than 9 grams of a targeted methamphetamine precursor as a schedule Z illegal drug, but provides an affirmative defense if it is possessed for a legitimate medical purpose. The bill proposed to require the Department of Health and Human Services, Office of Substance Abuse to create a Maine Meth Watch Program, based on a national so-called "Meth Watch" program, which would help deter suspicious sales and theft of precursor-containing medicines and other products used in the illegal manufacturing of methamphetamine.

The bill proposed to authorize the Commissioner of Public Safety to adopt major substantive rules on further restrictions if the commissioner finds that certain circumstances pose a threat to the public health, safety and welfare.

### ***Enacted law summary***

Public Law 2005, chapter 430 places several restrictions on over-the-counter decongestant cold medicines that can be used in the toxic chemical process of making the illegal drug methamphetamine. It affects medicines in solid pill or dry form that contain ephedrine, pseudoephedrine or phenylpropanolamine because those products are commonly used to manufacture methamphetamine and defines those products as "targeted methamphetamine precursors."

The law restricts the sale of multiple-dose packages of targeted methamphetamine precursors to blister packs containing no more than 3 grams and allows no more than 3 packages to be sold in a single transaction. It requires targeted methamphetamine precursors to be sold by a pharmacist, pharmacy technician or employee under that person's supervision after the pharmacist's approval and requires that the product be stored in a location that is locked or otherwise not accessible to the public. It authorizes but does not require a pharmacy to request identification and log sales of these products.

The law allows single-dose packages to continue to be sold at any store as long as they are close to and within sight of store staff.

The law allows a pharmacist or pharmacy technician to refuse to make a sale of targeted methamphetamine precursors and to report the situation to a law enforcement agency. It confers immunity from civil liability on a pharmacist or technician who in good faith refuses to sell the drug or who makes a report to a law enforcement agency.

## *Joint Standing Committee on Health and Human Services*

The law designates more than 9 grams of a targeted methamphetamine precursor possessed by a person as a Schedule Z illegal drug and provides an affirmative defense if it is possessed for a legitimate medical purpose. The law requires the Department of Health and Human Services, Office of Substance Abuse to create the Maine Meth Watch Program, based on a national so-called "Meth Watch" program, which helps deter suspicious sales and theft of targeted methamphetamine precursor-containing medicines and other products used in the illegal manufacturing of methamphetamine.

The law authorizes the Director of the Office of Substance Abuse in the Department of Health and Human Services to adopt major substantive rules on further restrictions for the liquid or gel forms of targeted methamphetamine precursors, on mandatory identification and on requiring a purchase log if the Director of the Maine Drug Enforcement Agency finds circumstances that pose a threat to the public health, safety and welfare and the Director of the Office of Substance Abuse has consulted with the joint standing committee of the Legislature having jurisdiction over health and human services matters.

### **LD 1614                      An Act To Sustain and Strengthen Community Health Coalitions      CARRIED OVER**

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

LD 1614 proposed to establish the Commission to Certify and Recertify Comprehensive Community Health Coalitions, to establish a system of comprehensive community health coalitions and to appropriate \$200,000 in fiscal year 2006-07 for the Commission to Certify and Recertify Comprehensive Community Health Coalitions. The bill proposed to enact effective date of January 1, 2006.

This bill was carried over by H.P. 1203 to any special or regular session of the 122<sup>nd</sup> Legislature.

### **LD 1618                      An Act Regarding Advertising by Drug Manufacturers and                      PUBLIC 392 Disclosure of Clinical Trials**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LERMAN	OTP-AM    MAJ ONTP      MIN	H-661 H-675 LERMAN

LD 1618 proposed to require the Department of Health and Human Services to adopt rules incorporating by reference federal laws and regulations concerning misbranded drugs and devices and prescription drug advertising. The bill also requires drug manufacturers to provide information concerning clinical trials of prescription drugs advertised in the State, provides immunity for disclosure of that information, directs the department to maintain this information on an Internet website and enables the department to collect a fee from manufacturers to support a clinical trial database. The bill proposed to make violations of these requirements violations of the Maine Unfair Trade Practices Act, which are subject to a fine of not more than \$10,000.

#### *Enacted law summary*



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Resolve 2005, chapter 69 provides for legislative review of Chapter 270: Uniform Reporting System for Quality Data Sets, a major substantive rule of the Maine Health Data Organization. The resolve approves the rule.

Resolve 2005, chapter 69 was finally passed as an emergency measure effective May 31, 2005.

**LD 1631                      Resolve, Requiring the State To Reimburse Providers for Costs                      CARRIED OVER  
Incurred Due to MaineCare Reimbursement Delays**

<u>Sponsor(s)</u> KAELIN WESTON		<u>Committee Report</u>		<u>Amendments Adopted</u>
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LD 1631 proposed to require the Department of Health and Human Services to reimburse providers for costs, including, but not limited to, interest, bank fees and accounting fees, incurred due to MaineCare reimbursement delays.

This bill was carried over by H.P. 1203 to any special or regular session of the 122<sup>nd</sup> Legislature.

**LD 1642                      An Act To Further the Transition to the New Department of                      PUBLIC 412  
Health and Human Services**

<u>Sponsor(s)</u> MAYO PINGREE		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> S-349
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LD 1642 proposed to further the transition to the new Department of Health and Human Services as follows.

1. It proposed to eliminate from the law governing salary ranges certain now-defunct positions from the former Department of Human Services and the former Department of Behavioral and Developmental Services.
2. It proposed to establish the salaries of the Deputy Commissioner of Integrated Services and the Deputy Commissioner of Health, Integrated Access and Strategy in the Department of Health and Human Services.
3. It proposed to establish a number of positions as major policy-influencing positions within the Department of Health and Human Services.
4. It proposed to establish within the department the Health, Integrated Access and Strategy Unit; the Operations and Support Unit; the Finance Unit; and the Integrated Services Unit.
5. It proposed to direct the Commissioner of Health and Human Services to create a new budget and financial management system and reporting structure for the department.

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6. It proposed to specify that the units established within the department assume the functions and duties of the bureaus, divisions and offices established under the Maine Revised Statutes, Title 22 and Title 34-B and the Office of Substance Abuse established under Title 5, chapter 521. It also proposed to specify that the rules, guidelines, policies and manuals adopted or distributed by the former Department of Human Services or the former Department of Behavioral and Developmental Services continue in effect without regard to references to offices, bureaus, divisions, units or employee titles that no longer exist.

### ***Enacted law summary***

Public Law 2005, chapter 412 furthers the transition to the new Department of Health and Human Services as follows.

1. It eliminates from the law governing salary ranges certain now-defunct positions from the former Department of Human Services and the former Department of Behavioral and Developmental Services.
2. It establishes the salaries of the Deputy Commissioner of Integrated Services and the Deputy Commissioner of Health, Integrated Access and Strategy in the Department of Health and Human Services and lists in statute positions that serve at the pleasure of the Commissioner.
3. It establishes a number of positions as major policy-influencing positions within the Department of Health and Human Services.
4. It establishes within the department the Health, Integrated Access and Strategy Unit; the Operations and Support Unit; the Finance Unit; and the Integrated Services Unit.
5. It directs the Commissioner of Health and Human Services to create a new budget and financial management system and reporting structure for the department.
6. It specifies that the units established within the department assume the functions and duties of the bureaus, divisions and offices established under the Maine Revised Statutes, Title 22 and Title 34-B and the Office of Substance Abuse established under Title 5, chapter 521. It also specifies that the rules, guidelines, policies and manuals adopted or distributed by the former Department of Human Services or the former Department of Behavioral and Developmental Services continue in effect without regard to references to offices, bureaus, divisions, units or employee titles that no longer exist.
7. It adds provisions allowing the commissioner to transfer savings within personal services lines during fiscal year 2005-06 in order to fund reallocations of pay ranges to achieve pay equity, requires the commissioner to report to the Joint Standing Committee on Health and Human Services on the progress towards goals established for the merger of the former Department of Human Services and the former Department of Behavioral and Developmental Services.
8. It requires the child welfare ombudsman program, the long-term care ombudsman program and the Office of Advocacy within the Department of Health and Human Services to report to the committee by February 15, 2006 on ways to maximize their independence, effectiveness and ability to provide consumer advocacy and ombudsman services and long-term budget stability.

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LD 1673

**An Act To Implement Certain Recommendations of the  
Commission To Study Maine's Community Hospitals**

**PUBLIC 394**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO	OTP-AM A	S-356
PINGREE	ONTP B	S-363 MAYO
	OTP-AM C	

LD 1673 proposed to enact the recommendations of the Commission to Study Maine's Community Hospitals established in Public Law 2003, chapter 469, which created Dirigo Health. The Commission to Study Maine's Community Hospitals was charged with the duty to study the role of community hospitals in the 21st century, including assessing cost efficiencies, cost effectiveness and overall affordability of available health care services. Specifically, the bill proposed to accomplish the following.

1. Amend the Hospital Cooperation Act to make it easier for hospitals to collaborate by reducing concerns relative to antitrust ramifications. It also extends the Act to include health care providers other than hospitals, and changes the short title of the law to "the Hospital and Health Care Provider Cooperation Act."
2. Require hospitals to submit to the Maine Health Data Organization their annual financial information using electronic standardized accounting template software designed by the Governor's Office of Health Policy and Finance and provided to hospitals by the Maine Health Data Organization.
3. Continue voluntary targets for hospitals for:
  - A. Hospital entity operating margins;
  - B. Cost increases for a mixed inpatient and outpatient measure; and
  - C. Cost increases for an inpatient-only measure.

The operating margin target would not be more than 3%. The mixed inpatient and outpatient cost increase target would not be more than the forecasted increase in the hospital market basket index for the coming federal fiscal year. The inpatient-only cost increase target would be negotiated between the Maine Hospital Association and the Governor's Office of Health Policy and Finance and determined no later than October 1, 2005.

4. Instruct the Maine Hospital Association and the Governor's Office of Health Policy and Finance to agree by January 1, 2006 on a timetable, format and methodology for the hospital association to measure and report on outpatient cost-efficiency. The methodology would use the ambulatory payment classification system as the unit of cost.
5. Request that the Maine Hospital Association develop, by January 1, 2006, standardized definitions of various administrative cost categories that hospitals may use when establishing budgets and reporting spending on administrative costs.
6. Instruct the Governor's Office of Health Policy and Finance to convene a health care administrative streamlining work group to facilitate the creation and implementation of a single portal through which hospitals can access and transmit member eligibility, benefit and claims information from multiple insurers. The work group would be directed to investigate funding mechanisms, including seeking outside funding for

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start-up and ongoing operational costs, with the intention that the portal become independent and sustainable over time, and ways to ensure that savings resulting from implementation of such a portal are passed on to purchasers in the form of rate reduction by hospitals and other providers and by reduction in administrative costs by insurers and 3rd-party administrators. The work group would also consider the incorporation of medical and quality data to the extent possible in the future. The work group would be directed to submit a report and any necessary suggested legislation to the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters no later than November 1, 2006.

7. Instruct the Department of Health and Human Services to review the existing hearing process provided in the laws governing certificates of need to determine whether that process ensures that the Commissioner of Health and Human Services has all the information needed to make a fair and accurate determination of whether each project proposed for certification meets the needs of Maine citizens. It would direct the Department of Health and Human Services to conduct the review described and then report its findings and any proposed changes to the law to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 1, 2006. It also proposed to require that the department, by January 1, 2006, review and make recommendations regarding the certificate of need program's staffing needs and fee structure, including comparisons to other states, and report its findings to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

### ***Enacted law summary***

Public Law 2005, chapter 394 enacts certain recommendations of the Commission to Study Maine's Community Hospitals established in Public Law 2003, chapter 469, which created Dirigo Health. It requires hospitals to submit to the Maine Health Data Organization their annual financial information using an electronic standardized accounting template. It continues voluntary targets for hospitals for hospital entity operating margins; cost increases for a mixed inpatient and outpatient measure; and cost increases for an inpatient-only measure. The operating margin target is not more than 3% applied to the consolidated hospital system. The mixed inpatient and outpatient cost increase target is no more than 110% of the forecasted increase in the hospital market basket index for the coming federal fiscal year. The inpatient-only cost increase target will be negotiated between the Maine Hospital Association and the Governor's Office of Health Policy and Finance and determined no later than October 1, 2005. It instructs the Maine Hospital Association and the Governor's Office of Health Policy and Finance to agree by January 1, 2006 on a timetable, format and methodology for the hospital association to measure and report on outpatient cost-efficiency. The methodology must use the ambulatory payment classification system as the unit of cost. It requests that the Maine Hospital Association develop, by January 1, 2006, standardized definitions of various administrative cost categories that hospitals may use when establishing budgets and reporting spending on administrative costs. It instructs the Governor's Office of Health Policy and Finance to convene a health care administrative streamlining work group to facilitate the creation and implementation of a single portal through which hospitals can access and transmit member eligibility, benefit and claims information from multiple insurers. The work group is directed to investigate funding mechanisms, including seeking outside funding for start-up and ongoing operational costs, with the intention that the portal become independent and sustainable over time, and ways to ensure that savings resulting from implementation of such a portal are passed on to purchasers in the form of rate reduction by hospitals and other providers and by reduction in administrative costs by insurers and 3rd-party administrators. The work group may also consider the incorporation of medical and quality data to the extent possible in the future. The work group is directed to submit a report and any necessary suggested legislation to the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters no later than November 1, 2006. The

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law requires review in 2006 of the proposals in the bill that were not enacted by the joint standing committee of the Legislature having jurisdiction over health and human services matters. The law requires that the rule-making provisions of the Maine Administrative Procedure Act apply to rulemaking by the Governor's Office of Health Policy and Finance. The law directs that legislative oversight of Dirigo Health be governed by the joint rules and requires consideration of ensuring thorough and ongoing oversight, normal budgetary procedures and controls and consistency with the subject matter jurisdiction of the joint standing committees.

**LD 1683**

**An Act To Clarify Entities Eligible for Funding by the Maine Health and Higher Educational Facilities Authority**

**PUBLIC 407  
EMERGENCY**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO SMITH N	OTP-AM	S-339

LD 1683 proposed to expand the list of entities and facilities that qualify for financing by the Maine Health and Higher Educational Facilities Authority to include certain licensed air ambulances.

***Enacted law summary***

Public Law 2005, chapter 407 expands the list of entities and facilities that qualify for financing by the Maine Health and Higher Educational Facilities Authority to include certain licensed air ambulances.

Public Law 2005, chapter 407 was enacted as an emergency measure effective June 17, 2005.