

Maine Hospital Association

Bills Enacted

6/28/2016

LD 180 An Act To Allow Terminally Ill Patients To Choose To Use Experimental Treatments

Rep. Longstaff **NEITHER** <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280054329>

Health & Human Services

PL 2015, Chapter 418

As enacted, the law authorizes manufacturers of drugs, biological products and devices that have completed Phase I of a United States Food and Drug Administration-approved clinical trial but have not yet been approved for general use and remain under clinical investigation to make them available to eligible terminally ill patients. The law prohibits licensing boards from revoking, refusing to renew or suspending the license of or taking any other action against a health care practitioner based solely on the practitioner's recommendation to an eligible patient regarding access to or treatment with such a drug, biological product or device. It prohibits any official, employee or agent of the State from blocking or attempting to block access by an eligible patient to such a drug, biological product or device.

LD 622 An Act To Require Training of Mandated Reporters under the Child Abuse Laws

Sen. Diamond <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280055059>

Health & Human Services

PL 2015, CH 407

This bill requires that a person in the professional categories required to report suspected child abuse or neglect must have completed mandated reporter training within the previous year before a professional license or certification for that person may be issued or renewed. As ENACTED, the law requires all mandated reporters of suspected child abuse or neglect to complete training approved by the department at least once every 4 years. The training requirement in the law does not affect the issuing or renewal of professional licenses.



Maine Hospital Association

Bills Enacted

6/28/2016

LD 690 An Act To Ensure the Safety of Home Birth

Sen. Volk

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280055183>

Labor, Commerce, Research and Economic Development PL 2015, CH 502

As enacted, the law creates new license categories for 2 categories of midwives. The licenses shall be subject to the Board of Complementary Health Care Providers. That Board composition is also amended by the law. Among other things, the amendment establishes:

1. Criteria for licensure and oversight of both (i) Certified Midwives ("CM") and (ii) Certified Professional Midwives ("CPM");
2. Procedures to allow other health care providers to consult with, collaborate with or accept transfer of care from a licensed midwife. A health care practitioner or health care provider who consults or collaborates with a midwife or accepts transfer of care of clients of a midwife is not liable for damages for injuries or death alleged to have occurred by reason of an act or omission, unless it is established that the injuries or the death were caused willfully, wantonly or recklessly or by gross negligence on the part of the health care practitioner or health care provider.;
3. Joint rulemaking between the Board of Complementary Health Care Providers and the Board of Licensure in Medicine for certain categories of rules pertaining to midwives until January 1, 2021;
4. Authority for midwives to order and interpret medical laboratory tests, obtain necessary medical equipment and supplies and administer certain classes of drugs. For CPM's, prescriptive authority does not include Schedule II, III and IV; for CMs, prescriptive authority does not include Schedule II.
5. Limitations on one category of licensed midwife from providing birth services when the person giving birth has certain medical conditions; and
6. Guidelines for data collection by licensed midwives in the State and submission to the Board of Complementary Health Care Providers for quality improvement purposes.



Maine Hospital Association

Bills Enacted

6/28/2016

LD 886 Resolve, Directing the Department of Health and Human Services To Increase Reimbursement Rates for Home-based and Community-based Services

Rep. Espling

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280055504>

Health & Human Services

RESOLVE 2015, CH 83

As enacted, \$4M is provided to increase reimbursement rates for direct care workers. There are no increases for Section 40 workers; instead, DHHS is directed to conduct a rate study by January 1, 2017. The \$4M required for the bill is taken from unspent TANF funds.

LD 1000 An Act To Define Prosthetic and Orthotic Devices for Purposes of the Sales Tax Law

Rep. Gideon

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280055686>

Taxation

PL 2015, 495

As enacted, this law creates definitions for "prosthetic or orthotic device" and "prescription." It clarifies the sales tax exemption for prosthetic devices and exempts orthotic devices sold by prescription.



Maine Hospital Association

Bills Enacted

6/28/2016

LD 1465 An Act To Require the State To Adequately Pay for Emergency Medical Services

Rep. Lajoie

<http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280058676>

Health & Human Services

RESOLVE 2015, CH 87

As enacted, the bill directs the Department of Health and Human Services to amend its MaineCare rules regarding the reimbursement rate paid to outpatient opioid treatment providers to increase the rate from 60% to 70% of the allowable Medicare rate beginning August 1, 2016. The amendment also requires the Department of Health and Human Services to contract with a 3rd-party consultant to conduct a rate study on ambulance services and as part of that study to review community paramedicine.

LD 1498 An Act To Clarify Medicaid Managed Care Ombudsman Services

Rep. Vachon

<http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280058734>

Health & Human Services

PL 2015, CH 511

Current law requires the Department of Health and Human Services to contract for ombudsman services for the Medicaid managed care population as long as nonstate funding is available.

As enacted, the law continues to require an ombudsman program as long as it is seeded with non-state funding. However, it deletes references to the Medicaid managed care population. It further specifies the duties of the ombudsman program, which include providing services and outreach for members and eligible members of the Medicaid program and the state children's health insurance program under Title XXI of the Social Security Act. It also requires an annual report of activities.



Maine Hospital Association

Bills Enacted

6/28/2016

LD 1499 An Act To Increase the Safety of Social Workers

Rep. Goode

<http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280058735>

Judiciary

PL 2015, CH 476

This bill provides that the home address of a social worker that is in the possession of the Department of Professional and Financial Regulation, State Board of Social Worker Licensure is confidential and not subject to public disclosure under the freedom of access laws. As AMENDED, the bill specifies that the addresses and telephone numbers of applicants for licensure as well as of licensed social workers are confidential; the bill provides that only the home addresses of licensed social workers are confidential. The amendment also revises the language in the bill regarding confidentiality to be consistent with other references to confidential information in the Maine Revised Statutes. The amendment specifies that the confidentiality provision does not prohibit the Department of Professional and Financial Regulation, State Board of Social Worker Licensure from using and disclosing the addresses and telephone numbers of applicants or licensees as necessary to perform the duties and functions of the board.

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Bills Enacted

6/28/2016

LD 1518 An Act To Ensure Children in the Care of Caretaker Relatives Can Access Fundamental Services

Rep. Picchiotti

<http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280058865>

Judiciary

PL 2015, CH 444

As enacted, this law allows the caretaker relative, including a grandparent, aunt, uncle, brother, sister and cousin, of a minor voluntarily left by the minor's parent with the caretaker relative to exercise limited authority to make medical decisions for the minor in place of the parent.

The law amend the laws governing minors' authority to consent to health care. It identifies situations in which caretaker adults who voluntarily and without specific legal authority through a power of attorney or appointment as a legal guardian provide care that a parent normally would. As defined in the law, a surrogate may not be a parent, legal guardian or an adult to whom a parent has given a power of attorney authorizing health care treatment for the minor. Surrogates may include an adult related to a minor by blood, marriage or adoption and from whom the minor receives the ongoing care and support expected of a parent. If no such relatives exist, an adult with whom the minor resides and who has provided the minor with the ongoing care and support expected of a parent may act as a surrogate. The existence of a surrogate does not remove the ability of a minor to give consent under any other existing law.

If a minor needs health care, a surrogate must make a good faith attempt to notify the minor's parents or legal guardian of their right to make those decisions unless parental notification is not required by other provisions of law. Absent a response, the surrogate may make most health care decisions on behalf of the minor without parental consent. A surrogate may not make decisions withholding or withdrawing life-sustaining treatments or denying consent for treatments that are life-saving and medically necessary. A surrogate giving consent on behalf of the minor must attempt to make a good faith effort to notify the absent parents or legal guardian of any health care received by the minor unless parental notification is not required by other provisions of law.

Health care practitioners and providers may rely on the consent given by the surrogate. If they do so, they are immune from liability for providing treatment without receiving informed consent from the parents or legal guardian. Health care practitioners and providers must inform the surrogate of the surrogate's obligation to notify the minor's parents or legal guardian about the minor's treatment.

This law allows the surrogate to use the means of communication the surrogate believes is the most effective way to ensure actual notification of the parents or legal guardian. The means of communication may be regular mail, e-mail, texting, personal website posting or other written means of communication to the last known address or contacting by telephone using the last known telephone number of the absent parents or legal guardian.

This law provides that a surrogate who makes health care decisions for the minor knowing that those specific decisions may not be made by the surrogate or without attempting to contact the parents or legal guardian about the need for the health care or the health care received commits a Class E crime. A person who makes health care decisions for a minor when not qualified as a surrogate is guilty of a Class E crime.

This law provides that, as long as the health care practitioner or provider acts with good faith reliance on the consent of the surrogate, there is no liability against the health care practitioner or provider on the grounds that the health care treatment was rendered without informed consent.

This law clarifies that a minor may consent to health services associated with a sexual assault forensic examination to collect evidence after an alleged sexual assault regardless of whether a surrogate exists.



Maine Hospital Association

Bills Enacted

6/28/2016

LD 1521 An Act To Create Equity among Essential Nonprofit Health Care Providers in Relation to the Sales Tax

Rep. Gattine

<http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280058868>

Taxation

PL 2015, CH 510

As enacted, the law extends the sales tax exemption to incorporated nonprofit federally qualified health centers and incorporated nonprofit rural community health centers.

LD 1532 An Act To Clarify Financial Responsibility in Gestational Carrier Agreements

Sen. Rosen

<http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280058847>

Judiciary

PL 2015, CH 456

Under the Maine Parentage Act, immediately upon the birth of a child that is the result of a gestational carrier agreement, all parental rights and responsibilities vest exclusively in the intended parent or parents. As enacted, this law provides that the intended parent or parents are liable for the health care costs of a gestational carrier that are not paid by the gestational carrier's health insurance. "Health care costs" is defined to mean the expenses of all health care provided for assisted reproduction, prenatal care, labor and delivery.

This law requires the gestational carrier agreement to provide how the health care costs of the gestational carrier are to be paid. It specifically provides that the agreement is not intended to alter any available health insurance coverage.

The law will go into effect July 1, 2016.



Maine Hospital Association Bills Enacted 6/28/2016

LD 1537 An Act To Combat Drug Addiction Throught Enforcement, Treatment and Recovery

Pres. Thibodeau <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280058862>

Appropriations & Financial Affairs

PL 2015, CH 378

As enacted, this bill uses a variety of different funding sources to combat the opioid problem in the following ways:

- 10 new drug enforcement agents (\$1.2M over 2 years);
- Pilot programs to facilitate pathways to treatment (\$100K over 2 years);
- A 10-bed detoxification center in 'northern or eastern' Maine (\$900K over 2 years);
- Multi-dimensional RFI for services (\$700K over 2 years);

Those services include: (i) the establishment and expansion of peer support recovery centers, (ii) the coordination and provision of substance abuse treatment and recovery programs, (iii) prevention and education in schools and communities and (iv) the maintenance of a publicly available directory of resources.

- Residential treatment for the uninsured (\$600K over 2 years);
- Outpatient treatment for the uninsured (\$200K over 2 years).

LD 1547 An Act To Provide Access to Affordable Naloxone Hydrochloride for First Responders

Rep. Gideon http://www.mainelegislature.org/legis/bills/display_ps.asp?ld=1547&PID=1456&snum=1

Health & Human Services

PL 2015, CH 508

As enacted, this law directs the Maine Board of Pharmacy to establish by rule procedures and standards for authorizing pharmacists to dispense naloxone hydrochloride. The rules must establish adequate training requirements and protocols for dispensing naloxone hydrochloride by prescription drug order or standing order or pursuant to a collaborative practice agreement.

It clarifies current law to allow first responders to obtain the naloxone hydrochloride that they are authorized to administer. It provides criminal, civil and professional disciplinary immunities for persons who, acting in good faith and with reasonable care, possess, store, prescribe, dispense or administer naloxone hydrochloride in accordance with the governing law.



Maine Hospital Association

Bills Enacted

6/28/2016

LD 1552 An Act To Reduce Morbidity and Mortality Related to Injected Drugs

Rep. Vachon

<http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280058940>

Health & Human Services

PL 2015, CH 507

As enacted, the bill makes technical changes to hypodermic apparatus exchange programs certified by the Department of Health and Human Services, Maine Center for Disease Control and Prevention. No additional resources are allocated to the program.

LD 1553 An Act To Improve the Workers' Compensation System

<http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=SP0608&SessionID=1>

Labor, Commerce, Research and Economic Development PL 2015, CH 469

The Law requires the Workers' Compensation Board to study the current system for independent contractor predeterminations and report any recommended legislation to the joint standing committee of the Legislature having jurisdiction over labor matters.

It also requires the Workers' Compensation Board to consider an employer's efforts to comply with the coverage requirements of the Workers' Compensation Act when imposing a monetary penalty, establishes that criminal prosecution may be pursued only if the employer has committed a knowing violation and establishes that revocation of authority to operate may be pursued only if the employer has committed a knowing violation, has failed to pay a penalty assessed pursuant to that subsection or continues to operate without required workers' compensation insurance coverage after a penalty has been assessed pursuant to that subsection. Additionally, the law delays the increase to the Workers' Compensation Board assessment cap from fiscal year 2016-17 to fiscal year 2017-18.



**Maine Hospital Association
Bills Enacted
6/28/2016**

LD 1573 An Act To Improve Hospital Governance by Clarifying the Requirement for a Certificate of Need for Intracorporation Transfers

Pres. Thibodeau

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280059140>

Health & Human Services

PL 2015, CH 453

This law clarifies that a certificate of need is not required when there is a change in ownership or acquisition of control in which the entities or health care facilities involved are already in the same corporate family, such as when the entities or health care facilities involved are subsidiaries of the same parent corporation or the transaction involves a parent corporation and its subsidiary.



Maine Hospital Association

Bills Enacted

6/28/2016

LD 1581 Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a Late-filed Major Substantive Rule of the Maine Health Data Organization

Emergency

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280059255>

Health & Human Services

RESOLVE 2015, CH 71

Chapter 270 obligates hospitals to file certain data with MHDO. The proposed changes include:

Proposed deletions/changes:

- Delete remaining SCIP measures, to align with CMS
- Expand CLABSI to house-wide, to align with CMS
- Delete most of the Nursing-Sensitive System-Centered Health Care Quality Data (.e.g. percentage of inpatients who have a vest or limb restraint, percentage of RN care hours to total nursing care hours), but retain falls and pressure ulcer prevalence that will be reported on the quality section of MHDO's CompareMaine* website.
- Delete the 3 patient survey question Care Transition Measure because MHDO can/will now download with HCAHPS results from Hospital Compare

Proposed "clean-up" provisions:

- Deleting definitions for terms no longer used in the rule, such as beta blocker.
- Adjusted the data submission timeline to align with CMS.
- Clarified, but did not change, the provision that requires every PPS hospital to provide access to all current and future CMS HAI measures submitted to NHSN to the MHDO for public reporting purposes and to the MeCDC to be used for data validation, public health surveillance and performance improvement purposes.



Maine Hospital Association

Bills Enacted

6/28/2016

LD 1606 An Act To Provide Funding to the Maine Budget Stabilization Fund

Governor's Bill

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280059479>

PL 2015, CH 481

This bill requires the transfer of \$67,292,995 in fiscal year 2015-16 and \$5,389,377 in fiscal year 2016-17 from the unappropriated surplus of the General Fund to the Maine Budget Stabilization Fund.

As AMENDED, it transfers \$10 million from a lawsuit settlement (State of Maine v. McGraw-Hill Companies, Inc. and Standard & Poor's Financial Services, LLC,) to the Maine Budget Stabilization Fund and another \$10.5 million to the General Fund.

It extends a sales tax exemption or refund to fuel used in commercial agricultural production, aquacultural production and wood harvesting.

It provides one-time funds for the Jobs for Maine's Graduates Program.

It provides for 2 cost-of-living rate increases for private nonmedical institutions. The first increase is a 4% cost-of-living rate increase in funding in the fiscal year beginning July 1, 2016 and the 2nd rate increase, for fiscal year 2017-18, is based on the Consumer Price Index medical care services index.

It establishes the Substance Abuse Assistance Program to provide grants to municipalities and counties to carry out projects designed to reduce substance abuse, substance abuse-related crimes and recidivism. It includes a total appropriation of \$1.1 million.

It provides funding for 3 new peer centers in different parts of the State to coordinate and run peer support programs to help persons in recovery from drug addiction. In order to serve populations in rural parts of the State, 2 of these peer centers must be located in currently underserved areas that are outside of Maine's largest cities. The peer centers may be coordinated and housed within existing health care settings, such as a rural health care center.

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Bills Enacted

6/28/2016

LD 1617 An Act Regarding the Long-term Care Ombudsman Program

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280059539>

Health & Human Services

PL 2015, CH 506

As enacted, this law, which is a recommendation of the Commission To Study Difficult-to-place Patients, amends the law governing the long-term care ombudsman program to clarify that the long-term care ombudsman has the authority to act as a resource during the hospital discharge process to assist patients with complex medical needs who experience significant barriers to admission in a residential care facility, nursing facility or assisted living facility or program. It also provides funds to allow the program to contract for 2 new full-time positions within the program.

LD 1624 An Act To Eliminate Inactive Boards and Commissions

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280059562>

State & Local Government

PL 2015, CH 491

As enacted, the law eliminates 4 boards and commissions that have reported inactivity during 2014 and 2015. The boards and commissions eliminated for inactivity are:

1. The ATV Trail Advisory Council;
2. The Citizens' Code of Conduct Working Group;
3. The Legislative Youth Advisory Council;
4. The Maine Biomedical Research Board;

The law does not include 5 additional boards that had been proposed for elimination in the original bill, including the Maine Quality Forum Advisory Council.



**Maine Hospital Association
Bills Enacted
6/28/2016**

LD 1638 An Act To Increase Payments to MaineCare Providers That Are Subject to Maine's Service Provider Tax

Rep. Malaby

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280059642>

Health & Human Services

PL 2015, CH 477

This bill provides for an increase in reimbursement rates to eligible MaineCare providers who are subject to the service provider tax (PNMIs, not hospitals).

LD 1645 An Act To Address Employee Recruitment and Retention Issues at State Mental Health Institutions

Sen. Katz

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280059787>

Appropriations

PL 2015, CH 505

This law increases wages for select personnel at the state mental health institutions.



Maine Hospital Association

Bills Enacted

6/28/2016

LD 1646 An Act To Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program

Sen. Cushing

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280059789>

Health & Human Services

PL 2016, CH 488`

The law requires:

- Mandatory PMP Check – Starting January 1, it requires all prescribers and dispensers to check the PMP prior to initiating a new opioid or benzodiazepine prescription and every 90-days thereafter for as long as the prescription is renewed.
- Prescriber Education – It requires 3 hours of CME training/education for prescribers and dispensers every two years.
- Electronic Prescribing - Requires all opioid prescriptions to be transmitted electronically beginning July 1, 2017 for those entities capable of doing so; for all other prescribers, the bill would require a request for exemption. Such request must include a plan for how/when the prescriber will be capable of meeting the e-prescribing requirement.
- Dosage Limits - It establishes prescribing limits as follows:
 - i. Dosage may not exceed 100 morphine milligram equivalents (MME) per day for new patients beginning on the effective date of the legislation (90 days following adjournment; or approximately August 1).
 - ii. Dosage for patients currently above 300 MME will need to taper to 100MME by July 1, 2017.
 - iii. There will be a statute-based exceptions process to exceed these limits until January 1, 2017. At that time, DHHS is to have adopted a more specific rule-based exceptions process.
 - iv. Quantity prescribed may not exceed 7 days for acute pain or 30 days for chronic pain. There will be rulemaking to define acute and chronic pain.
- Penalties. The law also lays out several penalties for failure to adhere to these rules and requires pharmacists to register with PMP, check it in connection with new prescriptions and check all prescriptions paid for with cash when pharmacist has reason to believe patient has insurance.
- Exceptions I. Prescribers may exceed the MME limits for active cancer care, hospice and palliative care patients with serious disease, end-of-life care, medication assisted drug treatment as well as for additional patients/conditions via DHHS rulemaking;
- Exceptions II. All aspects of the rule do not apply to patients residing in nursing homes, hospital inpatients and ED patients (to the extent opioids are administered at (but not dispensed from) the ED);
- PMP Upgrades I. The law also now requires DHHS to pursue upgrades to the Prescription Monitoring Program, including having the PMP provide an MME calculator;
- PMP Upgrade II. The law allows hospital-based physicians to delegate to nurses and other hospital staff authority to check the PMP for patients receiving care as inpatients or in an emergency department.
- Temporary Penalty Waiver. The penalties imposed on prescribers for exceeding the various MME limitations are suspended until the PMP is upgraded to include the MME calculator.



Maine Hospital Association

Bills Enacted

6/28/2016

LD 1651 An Act To Exempt Certain Natural Gas Consumers from an Assessment and To Extend a Moratorium on Assessments for Other Large-volume Consumers of Natural Gas

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280059828>

PL 2015, CH 425

As enacted, this law establishes a moratorium on assessments for large-volume consumers by gas utilities until 90 days after the next session of the Legislature (2017). This law specifies that the Public Utilities Commission may not allow a natural gas utility to collect an assessment through its rates from large volume consumers and may not make a final decision regarding the appropriateness of or size of such collections from large-volume consumers. The law specifies that the PUC may not order or authorize a natural gas utility to exempt from collection of an assessment through its rates any consumers other than large-volume consumers. The law specifies that, during this same time period, large-volume consumers are not eligible to participate in any Efficiency Maine Trust natural gas conservation programs.

LD 1665 Resolve, Regarding Legislative Review of Chapter 120: Release of Data to the Public, a Late-filed Major Substantive Rule of the Maine Health Data Organization

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280060055>

Health & Human Services

RESOLVE 2015, CH 79

MHDO Chapter 120 is the rule that governs the release of data from any of the MHDOs data sets. Currently all data requests go through the same review process prior to any data being released. This bill proposes establishing 3 different levels of data that can be requested. Level 1 data contains no potentially identifiable data at all and its use is subject to very few restrictions. Level 2 and 3 data contain some potentially identifiable data and are therefore subject to many more restrictions and conditions and a more rigorous review process before the data will be released. The MHDO Board unanimously approved these changes earlier this winter.



**Maine Hospital Association
Bills Enacted
6/28/2016**

**LD 1696 Resolve, To Establish a Moratorium on Rate Changes Related to Rule Chapter 101:
MaineCare Benefits Manual, Sections 13, 17, 28 and 65**

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280060596>

Health & Human Services

RESOLVE 2015, CH 88

This resolve requires the Department of Health and Human Services to present a completed rate study to the Health and Human Services Committee on Sections 13, 17, 28 and 65 of Chapter 101 of the MaineCare Manual by January 2, 2017. The Department of Health and Human Services may not begin any rulemaking connected with rate changes under those sections until at least 60 days after the completed rate study has been presented to the committee.

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Page 17 of 18

Maine Hospital Association

Bills Enacted

6/28/2016

LD 1698 Resolve, Related To Legislative Review of a Change to the MaineCare Benefits Manual, Chapters II and III, Section 17

<http://www.legislature.maine.gov/LawMakerWeb/summary.asp?ID=280060611>

Health & Human Services

RESOLVE 2015, CH 82

This resolve:

1. Requires the Department of Health and Human Services to extend eligibility for community support services to an individual who received services under the MaineCare Benefits Manual, Chapter II, Section 17 before Section 17 was updated on March 22, 2016 if that individual is found to no longer meet the eligibility requirements under the updated Section 17 until that individual is able to access appropriate services under any other section of the MaineCare Benefits Manual. This extension of eligibility may not exceed a period of 120 days after that individual's current authorization period has expired;
2. Establishes that an individual who was receiving bridging rental assistance program housing subsidy vouchers due to Section 17 eligibility immediately before Section 17 was updated on March 22, 2016 continues to remain eligible for the housing subsidy vouchers, unless the individual becomes ineligible for the housing subsidy vouchers for a reason unrelated to Section 17 eligibility;
3. Until June 30, 2017, requires the Office of MaineCare Services to authorize 90-day extensions of community support services under Section 17 for an individual who received Section 17 services before Section 17 was updated on March 22, 2016 if that individual is able to reasonably demonstrate to the department that that individual has been unable to access appropriate services under any other section of the MaineCare Benefits Manual; and
4. Provides the department with the authority to adopt emergency rules as necessary for implementation of this resolve.

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Page 18 of 18