

SENATE

JOSEPH M. BALDACCI, DISTRICT 9, CHAIR
HENRY L. INGWERSEN, DISTRICT 32
MARIANNE MOORE, DISTRICT 6

SAMUEL SENFT, LEGISLATIVE ANALYST
ANNA BROOME, PRINCIPAL LEGISLATIVE ANALYST
JACKSON NICHOLS, COMMITTEE CLERK



HOUSE

MICHELE MEYER, ELIOT, CHAIR
COLLEEN M. MADIGAN, WATERVILLE
MARGARET CRAVEN, LEWISTON
SAMUEL LEWIS ZAGER, PORTLAND
DANIEL JOSEPH SHAGOURY, HALLOWELL
ANNE P. GRAHAM, NORTH YARMOUTH
KATHY IRENE JAVNER, CHESTER
ABIGAIL W. GRIFFIN, LEVANT
MICHAEL H. LEMELIN, CHELSEA
ANN FREDERICKS, SANFORD

STATE OF MAINE
ONE HUNDRED AND THIRTY-FIRST LEGISLATURE
COMMITTEE ON HEALTH AND HUMAN SERVICES

TO: Senator Margaret Rotundo, Senate Chair
Representative Melanie Sachs, House Chair
Joint Standing Committee on Appropriations and Financial Affairs

FROM: Senator Joseph Baldacci, Senate Chair JS (AB)
Representative Michele Meyer, House Chair MM (AB)
Joint Standing Committee on Health and Human Services

DATE: March 27, 2024

SUBJECT: Appropriations Table Priorities

The Health and Human Services Committee appreciates the opportunity to provide feedback to the Appropriations and Financial Affairs Committee regarding our priorities in funding items on the Special Appropriations Table. The HHS Committee has had a busy, yet productive session. Our committee has worked hard to achieve consensus on many issues regardless of party affiliation. Many of our recommendations reflect that bipartisan spirit. In order to determine funding priorities, the chairs polled all members.

In order to determine funding priorities, the chairs and leads polled their caucuses. The following bills are priorities that received unanimous committee votes and a plurality of bipartisan committee member votes for inclusion on the priority list. These bills are listed in LD number order and not in any priority order.

Committee priorities (unanimous committee reports)

- LD 445 *Resolve, Directing the Department of Health and Human Services to Apply for a Waiver from the Federal Government for the Medicaid Limitation on Payment to a Facility With More than 16 Inpatient Beds for Psychiatric Treatment*
- LD 472 *An Act to Support Certified Community Behavioral Health Clinic Projects*
- LD 505 *An Act to Update Reimbursement Rates for Transportation of Deceased Persons by Funeral Homes*
- LD 539 *An Act to Provide Substance Use Disorder Counseling for MaineCare Members with an Acquired Brain Injury*
- LD 540 *An Act to Establish Peer Respite Centers for Adults with Mental Health Challenges in Maine*
- LD 566 *An Act to Provide Funding for Sexual Assault Services*

- LD 587 *Resolve, To Increase Residential Care and Nursing Facility Residents' Personal Needs Allowances Under the MaineCare Program*
- LD 816 *An Act to Provide Integrated Behavioral Health Services to Sexual Violence Survivors*
- LD 857 *An Act to Improve Family Team Meetings in Child Welfare Cases to Ensure Better Outcomes for Children by Providing Adequate Funding*
- LD 1664 *An Act to Increase Reimbursement Under the General Assistance Program*
- LD 1666 *An Act to Modernize the State Supplement to Supplemental Security Income by Updating the State Supplement and Removing Marriage Disincentives*
- LD 1684 *An Act to Invest in the Health and Wellness of Older Maine Residents by Expanding Coordinated Community Programming*
- LD 1837 *An Act to Increase Oral Health Services*
- LD 2078 *An Act to Increase Participation by the Department of Health and Human Services Regarding Federal Benefits for Which Children in the Custody of the Department are Eligible*
- LD 2097 *Resolve, To Establish a Pilot Project to Alleviate the Staffing Crisis in the Child Protective System*
- LD 2125 *An Act to Establish the Alzheimer's Disease and Other Dementias Advisory Council within the Department of Health and Human Services and to Require a State Plan to Address Alzheimer's Disease and Other Dementias*
- LD 2199 *An Act to Ensure Subsidy Reimbursements and Emergency Financial Assistance for Certain Childcare Providers*
- LD 2237 *An Act to Strengthen Public Safety, Health and Well-being by Expanding Services and Coordinating Violence Prevention Resources*

Additional information from the Republican members

The Republican caucus would like to identify, among the bills listed above, that the top priorities for the caucus are (in order of priority): LDs 2097, 1837, 566, 816, 2237, 1664 (with the amendments outlined in the separate general assistance memo), 1684 and 1666.

Additional priorities for the caucus include LDs 505, 540, and 587 from the above list as well as the following bills:

- LD 907 *An Act to Meet the Needs of Individuals with Severe Behavioral Health Diagnoses*
- LD 1236 *Resolve, to Increase the Provision of Children's Behavioral Health Services in Rural Areas to Provide Support for Families of Children Receiving Services*
- LD 1712 *An Act Regarding Driver's Licenses for Individuals in Foster Care*

The caucus also note that several bills have low fiscal notes that could be funded off the table. They include LDs 505 and 1666 from the above list as well as the following bills:

- LD 838 *An Act to Identify the State's Unidentified Human Remains*
- LD 1751 *Resolve, to Direct the Department of Health and Human Services to Explore the Feasibility of an Ambulance Service Assessment Fee*
- LD 1858 *An Act to Ensure Access to Newly Born Male Infant Circumcision by Requiring MaineCare Coverage*

Democratic member priorities on divided committee reports

The following bills are priorities for the Democratic members of the committee. These bills are divided reports. The bills are listed in LD number order and not in any priority order.

- LD 599 *An Act to Provide Support Services for a Transitional Housing Program for Homeless Persons*
- LD 1161 *An Act to Fund Free Health Clinics*
- LD 1478 *An Act to Improve Women's Health and Economic Security by Funding Family Planning Services*
- LD 1558 *An Act to Prohibit the Sale of Tobacco Products in Pharmacies and Retail Establishments Containing Pharmacies*
- LD 1955 *An Act to Require Hospitals and Hospital-affiliated Providers to Provide Financial Assistance for Medical Care*

We appreciate your consideration of these priorities and we are available to answer any questions you may have.

cc: Health and Human Services Committee members
Molly Bogart, Government Relations Director, DHHS
Maureen Dawson, Office of Fiscal and Program Review
Luke Lazure, Office of Fiscal and Program Review
Anna Broome, Office of Policy and Legal Analysis
Sam Senft, Office of Policy and Legal Analysis

SENATE

JOSEPH M. BALDACCI, DISTRICT 9, CHAIR
HENRY L. INGWERSEN, DISTRICT 32
MARIANNE MOORE, DISTRICT 6

SAMUEL SENFT, LEGISLATIVE ANALYST
ANNA BROOME, PRINCIPAL LEGISLATIVE ANALYST
JACKSON NICHOLS, COMMITTEE CLERK



HOUSE

MICHELE MEYER, ELIOT, CHAIR
COLLEEN M. MADIGAN, WATERTVILLE
MARGARET CRAVEN, LEWISTON
SAMUEL LEWIS ZAGER, PORTLAND
DANIEL JOSEPH SHAGOURY, HALLOWELL
ANNE P. GRAHAM, NORTH YARMOUTH
KATHY IRENE JAVNER, CHESTER
ABIGAIL W. GRIFFIN, LEVANT
MICHAEL H. LEMELIN, CHELSEA
ANN FREDERICKS, SANFORD

STATE OF MAINE
ONE HUNDRED AND THIRTY-FIRST LEGISLATURE
COMMITTEE ON HEALTH AND HUMAN SERVICES

TO: Senator Margaret Rotundo, Senate Chair
Representative Melanie Sachs, House Chair
Joint Standing Committee on Appropriations and Financial Affairs

FROM: Senator Joseph Baldacci, Senate Chair JB (ATS)
Representative Michele Meyer, House Chair MM (ATS)
Joint Standing Committee on Health and Human Services

DATE: March 27, 2024

SUBJECT: General Assistance Bills

During the course of the 131st Legislature, the Health and Human Services Committee has spent significant time discussing the general assistance program and its many challenges. This memo is intended to describe the work of the committee and our recommendations for a path forward.

During the first session, the committee considered the following bills, which were not enacted:

- **LD 182** *An Act to Create a 9-month Time Limit on General Assistance Benefits for Able-bodied Adults Without Dependents* – received unanimous ONTP report
- **LD 183** *An Act to Incorporate Time Limits on the Temporary Assistance for Needy Families Program into Municipal General Assistance Programs* – received unanimous ONTP report
- **LD 268** *An Act to Establish a 45-day Municipal Residency Requirement for General Assistance Programs* – received unanimous ONTP report
- **LD 364** *An Act to Prohibit the Use of General Assistance as a Replacement for Available Resources* – received unanimous ONTP report
- **LD 454** *An Act to Establish a 180-day State Residency Requirement for Municipal General Assistance* – received unanimous ONTP report
- **LD 784** *An Act to Establish Welfare Work Requirements for Able-bodied Adults Without Dependents* - received divided report out of committee, and ultimately failed to pass.

The committee also considered the following bills:

- **LD 81**, *An Act to Address Recovery Residence Participation in the Municipal General Assistance Program* requires a municipality to issue a general assistance housing assistance payment to the operator of a certified recovery residence upon request by an eligible person rather than to a landlord, including a property owner. Public Law 2023, chapter 133 was enacted as an emergency measure effective June 8, 2023.
- **LD 1664** *An Act to Increase Reimbursement Under the General Assistance Program* LD 1664 increases, from 70% to 90%, the amount of state reimbursement for the costs of general assistance incurred by each municipality and Indian tribe. This bill received an ought to pass as amended vote out of committee and was carried over on the special appropriations table.

The committee carried over three bills from the first session, as follows:

- **LD 1426** *An Act to Secure Housing for the Most Vulnerable Maine Residents by Amending the Laws Governing Municipal General Assistance;*
- **LD 1675** *An Act to Amend the Laws Governing the General Assistance Program Regarding Eligibility, Housing Assistance and State Reimbursement and to Establish a Working Group;* and
- **LD 1732** *An Act to Expand the General Assistance Program*

The HHS Committee met on September 20, October 4, October 25 and December 14. During these interim meetings members heard from general assistance overseers in a number of municipalities, community providers, advocates and the Department of Health and Human Services regarding the administration of general assistance and the challenges the system is currently facing.

The work sessions for the three carryover bills was held on January 30, 2024. The committee voted unanimously to report out LDs 1426 and 1675 as “ought not to pass.”

The committee recommends a three-pronged approach to general assistance, involving three bills: LD 1540, LD 1664 and LD 1732. Details of this approach are described below:

1. **LD 1540**, *Resolve, to Establish an Eviction Prevention Pilot Program* received a divided report out of the Housing Committee. As amended, this bill directs the Maine State Housing Authority to develop a pilot program to provide support for eviction prevention. The pilot program will provide rental assistance, paid directly to the landlord of an eligible person in an amount up to \$300 per month for up to 24 months. The resolve establishes eligibility criteria for assistance under the pilot program. The resolve directs the Maine State Housing Authority to delegate the administration of the pilot program to one or more of any of the following: a municipal housing authority, a community action agency or another qualified entity determined by the Maine State Housing Authority.

The resolve establishes a fund for the purposes of the pilot program and provides a General Fund appropriation.

LD 1540 is currently on the special appropriations table. The HHS committee considers this bill vital to begin to address the pressures currently placed on general assistance programs to provide support to people struggling to afford the costs of housing. However, we also recognize that \$300 is likely to be insufficient to provide the necessary support for individuals struggling with rising housing costs. **We therefore recommend increasing the rental assistance account from \$300 to reflect an amount consistent with the statewide median cost of residential rentals, or another similar objective measure.**

2. **LD 1664, *An Act to Increase Reimbursement Under the General Assistance Program*** is also currently on the special appropriations table. In its amended form, this bill increases, from 70% to 90%, the amount of state reimbursement for the costs of general assistance incurred by each municipality and Indian tribe.

The HHS committee recommends amending to this bill:

(1) to implement an incremental increase, up to 90% reimbursement, and

(2) to incorporate language originally appearing (and struck via committee amendment) in LD 1732 that stated if a municipality elects to determine need without consideration of funds from a municipally controlled trust, the State is required to reimburse the municipality for 66 2/3% of the amount in excess of expenditures.

3. **LD 1732, *An Act to Expand the General Assistance Program***. The committee voted unanimously to reported out an amended version of this bill. The amendment focuses the bill on changes to policy and training changes, rather than changes to reimbursements to municipalities by the state, and the bill is intended to work in concert with LD 1664. The amendment:
 - a) Requires overseers and others administering general assistance programs to complete training within 120 days of election or appointment;
 - b) Requires municipalities to accept applications for non-emergency general assistance during regular business hours;
 - c) Amends provisions governing the municipality of responsibility to increase the provision of assistance from 30 days to 6 months when a municipality assists an applicant in relocating to another community and from 6 months to 12 months when an applicant is residing in a group home, shelter, rehabilitation center, nursing home or hospital or in a hotel, motel or other temporary housing;
 - d) Requires that overseers and others administering general assistance programs deliver services in a trauma-informed and culturally and linguistically appropriate manner;

- e) Requires the Department of Health and Human Services to ensure that each municipality complies with its duty to provide trauma-informed services and culturally and linguistically appropriate services and requires the Department to provide mandatory training to municipalities to ensure that a municipality is able to comply;
- f) Beginning on July 1, 2025, requires the department to provide overseers access to an Internet-based, real-time database containing the information necessary to properly determine an applicant's eligibility; and
- g) Adds a reporting requirement for a biennial report to be submitted to the committee of jurisdiction in the legislature no later than January 30 in each odd numbered calendar year, except that the initial report shall be submitted in 2026. The initial report shall include recommendations regarding a potential extension of the eligibility period beyond 30 days.

The HHS committee believes that this multi-faceted approach to general assistance will go a long way towards stabilizing this struggling yet vital program. Thank you for your consideration of our proposals. We are happy to further discuss this report at any time.

cc: Health and Human Services Committee members
Commissioner Jeanne M. Lambrew, Department of Health and Human Services
Deputy Commissioner Benjamin Mann, Department of Health and Human Services
Molly Bogart, Government Relations Director, Department of Health and Human Services
Maureen Dawson, OFPR
Luke Lazure, OFPR
Anna Broome, OPLA
Samuel Senft, OPLA