



Maine Hospital Association

Legislative Wrap Up

July 2021



First Session 130th Legislature

FIRST SESSION SUMMARY

The First Session (the so-called “long” session) of the Legislature adjourned July 19th. It was actually the first “special” session since they had adjourned the first session back on March 30th.

As you can see below, the 130th Legislature once again enacted just over a third of all bills this first session as it did two years ago.

Overall, hospitals had a good session. There were not many negative bills (outside of the Labor Committee) some relief payments were made available to hospitals and several bills supported by MHA were enacted into law.

HISTORICAL RESULTS

	130 th (2021)	129 th (2019)	128 th (2017)	127 th (2015)	126 th (2013)	125 th (2011)
Bills Filed	1739	1,846	1,646	1,455	1,577	1,588
Bills Enacted	620	652	350	442	524	595
% Enacted	36%	35%	21%	30%	33%	37%

BILLS MHA FOLLOWED

MHA followed 12% of all the bills filed this year; this is consistent with previous sessions.

	Number	Percentage
Enacted	72	34%
Carried Over	54	25%
Rejected	86	41%
Total	212	

Thank You. As always, thank you for all your assistance during this long session.

State Government Leadership

Governor: Janet Mills

DHHS Commissioner: Jeanne Lambrew

MaineCare Director: Michelle Probert

House of Representatives:

Democrats - 80

Republicans - 66

Other - 5

Speaker - Ryan Fecteau (Biddeford)

Majority Leader - Michell Dunphy (Old Town)

Majority Whip - Rachel Talbot Ross (Portland)

Minority Leader - Kathleen Dillingham (Oxford)

Minority Whip - Joel Stetkis (Canaan)

Senate:

Democrats - 22

Republicans - 13

Other - 0

Senate President - Troy Jackson (Aroostook County)

Majority Leader - Eloise Vitelli (Sagadahoc County)

Majority Whip - Matthea Daughtry (Cumberland County)

Minority Leader - Jeffrey Timberlake (Androscoggin County)

Minority Whip - Matt Pouliot (Kennebec County)

Budget

The state enacted its budget (for the period beginning July 1, 2021) in two stages. It also adopted a SFY 2021 supplemental budget.

	SFY 2021	SFY 2022	SFY 2023
Revenue	\$3.73 Billion	\$4.14 Billion	\$4.17 Billion
Expenditures	\$3.89 Billion	\$4.17 Billion	\$4.16 Billion
End of Year Surplus	\$26 Million	\$1.3 Million	\$3.4 Million

It was an unusual year in terms of process. The Legislature first adopted a “baseline” budget (LD 715) in late March, in order to avoid a government shutdown. This budget had virtually no new initiatives. It also adopted a supplemental budget (LD 220) addressing a few issues for SFY 2021.

In June, following a very positive revenue reprojection, they enacted a supplemental budget (LD 221) that had most of the meaningful initiatives, including several positive changes for hospitals.

Relief Payment

The budget provides a one-time payment of \$23M to hospitals that will be distributed pursuant to the supplemental pool formula.

Hospital Tax

The budget re-bases the hospital tax from 2016 to 2018 revenues. It provides “match” at the 100% rate. This has been a long-standing goal for MHA and we are pleased the legislature finally provided full match. A wrinkle is that a small portion of the match (\$600K) will be distributed pursuant to a “value based” formula that has not yet been articulated.

Rate Setting

Probably the most important aspect of the budget is that it foreshadows further Medicaid rate studies and rate setting. It sets aside funding for both rate studies and funding for rate increases. While we don’t know the outcome of that process, we know DHHS is interested in attacking cost-based reimbursement.

340B

We successfully had the proposed 340B cut removed from the budget. However, a note of concern remains about how Medicaid reimburses physician-administered 340B drugs.

Budget

DHHS continues to insist that they must adopt a new methodology and that the methodology will produce a cut of \$7M per year.

Other Budget Items

1. The budget has **no cuts for hospitals** (3 had been proposed);
2. **Nursing Home Relief Payments;**
3. **MaineCare Rate Increases and COLA;**
4. **Intensive Outpatient Program Funding Increase;**
5. **New MaineCare Dental Benefit;**
6. **PNMI-C Relief;**
7. **Direct Care Worker Payment Increase** (set to 125% of minimum wage);
8. **Medicaid expanded to certain immigrants pregnant women/youth;**
9. **Coordinated care for those experiencing a first psychotic episode;**
10. **Office of Behavioral Health, Two Nurse Positions** – two positions are being created within the DHHS’ Office of Behavioral Health in order to review critical incident cases, including all cases where a patient is subject to a hospital’s involuntary hold (blue paper) that lasts beyond 24 hours. We’re not fully aware of what their assignment will be beyond reviewing these incidents, but hospitals would certainly appreciate more assistance from DHHS on this issue;
11. **MaineCare Stabilization Fund** - \$60 million.

Flavored Cigarettes/Tobacco - The proposal to ban flavored cigarettes was not included in the final budget.

SFY 2021 Supplemental Budget

PL 2021, Chapter 1 - LD 220

Baseline Budget (SFY 2022-2023)

PL 2021, Chapter 29 - LD 715

Supplemental / Change Package (SFY 2022-2023)

PL 2021, Chapter 398 - LD 221

Note: The above does **not** include \$15 million in relief payments for hospitals using federal funding nor the \$10 million in relief payments to hospitals made in 2020, both in response to MHA requests.

New Laws

Maine enacted 620 new laws this year. There are two effective dates for non-emergency legislation. For regular laws Chapters 1-41 and resolves Chapter 1-9, the effective date is June 29, 2021. For all other legislation adopted during the “special” session, the effective date is Monday, October 18. If the bill was designated “emergency” legislation it is immediately effective; our list below will indicate emergency bills and the dates they became effective.

The MHA Bills of Interest document with all the bills is still available on the MHA website.

The next 15 pages list all of the enacted bills by committee. Bills enacted that require studies are listed both here and again (on page 21).

Insurance Committee

[LD 1](#) - *An Act To Establish the COVID-19 Patient Bill of Rights*

The law requires hospitals to provide COVID tests with no out-of-pocket costs and for insurance carriers to cover the costs associated with COVID testing and COVID immunization. It also requires providers to provide certain notices when scheduling a test or vaccine. Finally, it authorizes pharmacists to administer COVID vaccines.

Enacted as PL 2021, [Chapter 28](#). [Emergency - effective 3/25/21]

[LD 4](#) - *An Act To Amend the Maine Pharmacy Act*

The law directs the Office of Professional and Occupational Regulation to have its licensing boards issue a license by endorsement to an applicant who presents proof of licensure by another jurisdiction of the United States as long as the other jurisdiction maintains substantially equivalent license requirements for the licensed profession or occupation and the applicant is in good standing.

Enacted as PL 2021, [Chapter 289](#). [Emergency - effective 6/21/21]

[LD 5](#) - *An Act Concerning the Reporting of Health Care Information or Records to the Emergency Medical Services' Board*

This law authorizes the EMS board to collect health care data from hospitals and other providers. EMS would like to participate in national quality improvement programs but currently does not have access to the data. Specifically, Maine EMS, hopes to participate in the Cardiac Arrest Registry to Enhance Survival (CARES) Program. The law does not allow the collection of certain sensitive data.

Enacted as PL 2021, [Chapter 15](#). [Emergency - effective 3/17/21]

[LD 31](#) - *An Act To Adopt the Occupational Therapy Licensure Compact*

This law enacts the Occupational Therapy Licensure Compact, an interstate compact designed to facilitate the practice of occupational therapy across state boundaries to improve access to occupational therapy services.

Enacted as PL 2021, [Chapter 324](#).

New Laws

[LD 46](#) - *An Act To Further Protect Consumers from Surprise Medical Bills*

This law makes two changes to the surprise billing law adopted last year. First, it improves the calculation of the median rate that is used to reimburse out-of-network providers. Instead of the current law, which uses the median rate in the geographic area where the patient resides, it uses the geographic area where the provider is located.

Second, the law would allow the superintendent of insurance to use another “independent medical claims” database in situations where the MHDO database is “insufficient or otherwise inapplicable.”

Enacted as PL 2021, [Chapter 222](#). [Emergency - effective 6/16/21]

[LD 120](#) - *An Act To Lower Health Care Costs through the Establishment of the Office of Affordable Health Care*

This law establishes the Office of Affordable Health Care as an independent executive agency and requires that the office provide oversight and staffing to the Maine Prescription Drug Affordability Board. The office is charged with analyzing data from the Maine Health Data Organization and the Maine Quality Forum and making recommendations on methods to improve the cost-efficient provision of high-quality health care to the residents of this State.

The office is required to hold an annual public hearing on cost trends no later than October 1st annually at which the public may comment on health care cost trends. The office is required to submit an annual report. The advisory council consists of 11 appointed members, including a member who represents hospital interests, a member who represents primary care provider interests, a member who represents a health care consumer advocacy organization, a member who represents health insurance interests, a member who represents purchasers of health care, a member who represents the health care workforce, a member who represents the interests of older residents of this State and a member with demonstrated expertise in health care delivery, health care management at a senior level or health care finance and administration. The Commissioner of Administrative and Financial Services and the Commissioner of Health and Human Services are ex officio members of the advisory council.

Enacted as PL 2021, [Chapter 459](#).

[LD 172](#) - *An Act To Improve Prescription Information Access*

This resolve directs the Board of Pharmacy to review the issue of how pharmacies accommodate individuals who are visually impaired with respect to labelling.

Enacted as Resolve 2021, [Chapter 9](#).

[LD 254](#) - *An Act To Allow Certified Registered Nurse Anesthetists To Bill for Their Services*

This law requires health insurance carriers to provide coverage for services provided by certified registered nurse anesthetists if those services are within a certified registered nurse anesthetist's scope of practice and are covered services under a health plan. The bill makes the requirement applicable to policies, contracts and certificates executed, issued or renewed on or after January 1, 2022.

Enacted as PL 2021, [Chapter 39](#).

[LD 274](#) - *Resolve, Directing the Maine Health Data Organization To Determine the Best Methods and Definitions To Use in Collecting Data To Better Understand Racial and Ethnic Disparities in the Provision of Health Care in Maine*

This resolve directs the Maine Health Data Organization to determine the best methods and definitions to use in collecting data to assist in analyzing the origins of racial and ethnic disparities in health care (report by Oct. 1, 2021).

Enacted as Resolves 2021, [Chapter 34](#).

New Laws

[LD 299](#) - *An Act To Provide Clarity in the Laws Governing the Profession of Counseling*

The law clarifies that a person may not engage in the practice of professional counseling or profess to the public to be a, or assume or use the title or designation of, clinical professional counselor, professional counselor, marriage and family therapist, licensed pastoral counselor, registered counselor or conditional license holder without holding a valid license or registration in this State. It makes it an unfair trade practice for persons to represent themselves to the public as social workers, psychologists or counseling professionals without a valid license to practice.

Enacted as PL 2021, [Chapter 233](#).

[LD 504](#) - *Resolve, Regarding Certification for Certain Mental Health Rehabilitation Technicians*

This resolve, which is a recommendation from the Working Group on Mental Health, directs the DHHS to amend its guidelines for the mental health rehabilitation technician/community certification, also known as an MHRT/C certification, in order to allow an individual who has completed a 4-year postsecondary educational degree program or obtained a graduate degree in a mental health-related field to receive the MHRT/C certification notwithstanding any other guidelines for certification.

Enacted as Resolves 2021, [Chapter 69](#).

[LD 523](#) – *An Act Regarding Prior Authorizations for Prescription Drugs*

This law clarifies that carriers must make prescription drug standards readily available to enrollees, participating providers, pharmacists and other providers along with prior authorization standards.

It also requires that carriers make available to providers in real time at the point of prescribing electronic benefit tools that are capable of integrating with the electronic prescribing system or electronic medical record system used by the provider according to the following implementation schedule:

1. No later than January 1, 2022, a carrier must make available one or more electronic benefit tools that are capable of integrating with at least one electronic prescribing system or electronic medical record system; and
2. No later than January 1, 2023, a carrier must make available an electronic benefit tool that is capable of integrating with the particular electronic prescribing system or electronic medical record system used by a provider.

Finally, it requires the Bureau of Insurance to monitor compliance by carriers with the requirements and to submit a report to the Insurance Committee on the status of that compliance by June 1, 2023.

Enacted as PL 2021, [Chapter 73](#).

[LD 541](#) - *An Act To Improve Health Care Data Analysis*

1. It reduces the timing of when updates of price information must be posted on the Maine Health Data Organization's website from twice annually to once annually and also repeals the provisions requiring annual reports related to the 15 most common outpatient procedures and to the 10 services and procedures most often provided by physicians in a private office setting.

2. It authorizes the Maine Health Data Organization to adopt rules related to the reporting to the organization of data from the statewide cancer-incidence registry and data related to vital statistics.

3. It establishes the Maine Health Data Organization Health Information Advisory Committee to make recommendations to the organization regarding public reporting of health care trends developed from data reported to the organization.

New Laws

It also directs the Maine Health Data Organization to develop and maintain a multipayor provider database and service locator tool in conjunction with the Department of Health and Human Services.

Enacted as PL 2021, [Chapter 423](#).

[LD 600](#) - *An Act To Require Insurance Coverage for Certified Midwife Services*

This law requires insurance coverage for services performed by certified midwives.

Enacted as PL 2021, [Chapter 79](#).

[LD 603](#) - *An Act Regarding the Practice of Pharmacy*

This law amends the definition of the terms "pharmacist" and "practice of pharmacy" in the Maine Pharmacy Act. It also requires the Maine Board of Pharmacy to establish the specifications for administering medications, drugs, devices and other materials within the practice of pharmacy.

Enacted as PL 2021, [Chapter 146](#).

[LD 673](#) - *An Act To Create the Insulin Safety Net Program*

This law establishes the Insulin Safety Net Program, which is modeled after a program in Minnesota. It requires the Board of Pharmacy to oversee the program. It requires that, by March 1, 2022, insulin manufacturers create a program to make insulin available to pharmacies for dispensing to eligible individuals who are in urgent need of insulin or who need access to an affordable insulin supply. It requires annual reporting on the number of Maine residents accessing insulin through the program and the cost to manufacturers. It includes provision to repeal the program in 5 years.

Enacted as PL 2021, [Chapter 303](#).

[LD 686](#) - *An Act To Increase Prescription Drug Pricing Transparency*

This law amends the law governing prescription drug pricing for purchasers. It changes a requirement that a manufacturer notify the Maine Health Data Organization when the manufacturer has taken certain actions regarding high prescription drug pricing to a requirement that the organization produce and post on its publicly accessible website a list of prescription drugs for which manufacturers have taken those actions. It requires the organization to produce and post on its publicly accessible website a list of drug product families for which it intends to request pricing component data from manufacturers, wholesale drug distributors and pharmacy benefits managers and to notify the manufacturers, wholesale drug distributors and pharmacy benefits managers before requesting pricing component data. It also amends related public reporting and confidentiality requirements.

Enacted as PL 2021, [Chapter 305](#).

[LD 784](#) – *An Act To Amend the Law Governing Approval Authority over and Oversight of Certified Nursing Assistant Educational Programs*

This bill simplifies requirements for approval of educational programs for certified nursing assistants that are carried out by health care facilities by removing the requirement that health care facilities seeking approval must demonstrate that an educational institution cannot also provide such a program within 30 days of the application. Programs carried out by health care facilities must still be approved by the Department of Health and Human Services consistent with the curriculum approved by State Board of Nursing and must still fulfill all standards established by the department and by the board.

Enacted as PL 2021, [Chapter 81](#).

New Laws

[LD 790](#) - *An Act Clarifying Patient Consent for Certain Medical Examinations*

This emergency law clarifies that written informed consent is not required for pelvic, rectal or prostate examinations performed on a conscious patient; in such cases the informed consent must be obtained orally.

Enacted as PL 2021, [Chapter 92](#). [Emergency - effective 6/8/21]

[LD 791](#) – *An Act Regarding Telehealth Regulations*

Part A does the following.

1. It makes necessary changes to the definitions of "telehealth" and "telemonitoring" for consistency. Telehealth shall include telephone only communications.
2. It allows patients receiving MaineCare health services to provide verbal, electronic or written consent to telehealth and telemonitoring services.
3. It makes clear that a health insurance carrier must provide coverage for a health care service through telehealth as long as the provider is acting within the scope of practice of the provider's license and in accordance with any rules adopted by the board that issued the provider's license related to standards of practice for the delivery of a health care service through telehealth. It also removes restrictions related to the technology used to provide services through telehealth.
4. It prohibits a carrier from placing any restriction on the prescribing of medication through telehealth by a provider whose scope of practice includes prescribing medication that is more restrictive than any requirement in state and federal law for prescribing medication through in-person consultation.
5. It clarifies that the availability of health care services through telehealth may not be considered for the purposes of demonstrating network adequacy.

Part B permits Maine licensed health care providers licensed to provide telehealth services as long as the licensee acts within the scope of practice of the licensee's license, in accordance with any requirements and restrictions imposed by law and in accordance with standards of practice. The amendment defines "telehealth services" and authorizes licensing entities to adopt rules to establish standards of practice and restrictions for telehealth services.

Enacted as PL 2021, [Chapter 291](#). [Emergency - effective 6/21/21]

[LD 863](#) - *An Act To Have Maine Join the Interstate Psychology Interjurisdictional Compact To Improve Telehealth Options for Psychologists and Their Patients*

This law enacts the Psychology Interjurisdictional Compact, an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.

Enacted as PL 2021, [Chapter 331](#).

[LD 945](#) - *An Act Regarding Notice by Health Insurance Carriers of Policy Changes*

This law provides that the notice insurance carriers must give to health care providers in order to change a material term of the contract during the contract year must be in writing and be the only subject of the written communication.

Enacted as PL 2021, [Chapter 311](#).

New Laws

[LD 998](#) - *An Act To Amend the Continuing Education Requirement for Pharmacists*

This law amends the continuing pharmacy education requirement by providing that only pharmacists authorized to administer drugs and immunizations must complete at least 2 hours in courses on drug administration.

Enacted as PL 2021, [Chapter 84](#).

[LD 1045](#) - *An Act To Support Universal Health Care*

This law establishes the Maine Health Care Plan to provide universal health care coverage to all residents of this State. The law is modeled on proposed legislation considered in Minnesota. It does not take effect until enabling waivers and funding are provided by the federal government.

Enacted as PL 2021, [Chapter 391](#).

[LD 1258](#) - *An Act To Implement the Recommendations of the Stakeholder Group Convened by the Emergency Medical Services' Board Related to Reimbursement Rates for Ambulance Services by Health Insurance Carriers and To Improve Participation of Ambulance Service Providers in Carrier Networks*

The law implements recommendations related to reimbursement rates and contracting for ambulance services made by a stakeholder group convened by the Emergency Medical Services' Board. It does the following:

1. It requires insurance carriers to reimburse ambulance service providers rendering covered emergency services at the ambulance service provider's rate or 200% of the Medicare rate for that service, for in-network ambulance services. For out-of-network providers, the reimbursement rate is 180% of the Medicare rate. The bill also permits carriers to add an adjustment to increase reimbursement for providers in rural areas.

2. It requires insurance carriers to offer a standard contract to ambulance service providers with certain minimum requirements related to the length of the contract, the ability to terminate the contract and the time period in which ambulance service providers may submit claims for payment.

3. It requires the Emergency Medical Services' Board to adopt rules and protocols to evaluate the need for any new ambulance service in this State before granting a license for five years.

4. It requires the Emergency Medical Services' Board to establish by rule a program for collecting and reporting cost and performance metrics related to emergency services, including ambulance services.

5. It directs the Emergency Medical Services' Board to convene a stakeholder group to review issues related to financial health and costs of ambulance service providers and the delivery of services by ambulance service providers in this State and to report its findings no later than February 1, 2023.

Enacted as PL 2021, [Chapter 241](#).

[LD 1268](#) – *An Act To Provide Greater Access to Treatment for Serious Mental Illness by Prohibiting an Insurance Carrier from Requiring Prior Authorization or Step Therapy Protocol*

This law requires a health insurance carrier to approve a prior authorization request for medication on the carrier's formulary prescribed to assess or treat an enrollee's serious mental illness. It also requires a carrier to provide an exception to step therapy protocols for prescription drugs selected by the enrollee's health care provider intended to assess or treat the enrollee's serious mental illness.

Enacted as PL 2021, [Chapter 345](#).

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[LD 1293](#) – *An Act To Improve Access to Certain Injectable Medications for Treatment of Mental Illness and Substance Use Disorder*

This bill permits pharmacists licensed within the State to administer to adults injections of drugs approved by the United States Food and Drug Administration for the treatment of mental illness and substance use disorder upon the order of a licensed practitioner or as part of a collaborative practice agreement.

Enacted as PL 2021, [Chapter 271](#).

[LD 1317](#) – *An Act To Regulate Insurance Carrier Concurrent, Prepayment and Postpayment Review*

This law establishes requirements for carriers performing practice or facility-wide prepayment review of claims for payment made by providers for covered health care services. The requirements apply to any claim of a provider that has been subjected to practice or facility-wide prepayment review that has not yet been resolved as of the effective date of the bill and any claim submitted by a provider on or after the effective date of the legislation.

Enacted as PL 2021, [Chapter 272](#).

[LD 1629](#) – *An Act Regarding the Qualifications for Licensure as a Physician or Surgeon*

This law states that the Board of Licensure in Medicine may accept in fulfillment of the requirements for licensure postgraduate training of an applicant that occurs following graduation from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor organization, but before graduation from a medical school accredited by the Liaison Committee on Medical Education or its successor organization.

Enacted as PL 2021, [Chapter 229](#). [Emergency - effective 6/16/21]

[LD 1646](#) - *An Act To Amend the Occupational Therapy Licensing Statutes*

This law amends the laws governing occupational therapy by expanding the description of occupational therapy services and directing the Board of Occupational Therapy Practice to adopt requirements for continuing education for license renewals and continuing education for reinstated licenses.

Enacted as PL 2021, [Chapter 278](#).

Health and Human Services Committee

[LD 24](#) - *An Act Regarding Certificates of Birth, Marriage and Death*

This law makes a number of technical changes to vital records processing. Of note, it requires that deaths occurring in the unorganized territories to be reported to a municipal clerk in the electronic registration system as specified by the state registrar in the same manner as births are recorded.

Enacted as PL 2021, [Chapter 49](#).

[LD 38](#) - *An Act To Clarify the Timing of an Appeal of a Finding Regarding Involuntary Mental Health Treatment at a Designated Nonstate Mental Health Institution*

This bill refines the timelines associated with appeals of decisions by clinical review panels at psychiatric hospitals. It requires the hospital to provide full clinical review panel record to DHHS within 3 business days of receipt of request for review and gives DHHS 3 additional days to make a decision.

Enacted as PL 2021, [Chapter 165](#).

New Laws

[LD 47](#) - *An Act To Fund the State's Free Health Clinics*

This law provides one-time funding of \$90,000 per year to support free health clinics in the State during the upcoming biennium.

Enacted as PL 2021, [Chapter 458](#).

[LD 118](#) – *An Act To Address Maine's Shortage of Behavioral Health Services for Minors*

This law requires the Department of Health and Human Services to work with hospitals to develop a system of data definitions and data collection to identify the number of children with behavioral needs who remain in hospital emergency rooms after they no longer need a medical hospital level of care. The amendment changes the requirements for annual reports on the children's mental health program that are submitted to the Legislature and includes data on the number of children served by crisis providers and the number of children who waited for the appropriate level of behavioral health treatment in a hospital emergency room for the preceding year.

Enacted as PL 2021, [Chapter 191](#).

[LD 265](#) - *An Act To Provide Women Access to Affordable Postpartum Care*

This law extends from 60 days to 12 months the period of time following delivery of a baby that a woman may be eligible for services under MaineCare.

Enacted as PL 2021, [Chapter 461](#).

[LD 330](#) - *An Act To Prevent Accidental Overdoses by Establishing a Protocol for Prescription Drug Recovery*

This law requires the Department of Health and Human Services to establish minimum criteria for the written policy for medication disposal that is required for use by hospice providers who provide services in the home. The written policy must include guidance that a care plan may include controlled substances, safe use and storage of controlled substances, documentation that the family is expected to dispose of any medications after the death of the client, information on safe disposal, return envelopes or other appropriate disposal kits and advance notice that the hospice provider will be contacting the family after death with a reminder that the family is expected to dispose of medications. The hospice provider must retain signed documentation that the written policy was provided and discussed. It also requires the hospice provider to send a letter within 30 days of the death of the patient reminding the family of the disposal policy.

Enacted as PL 2021, [Chapter 193](#).

[LD 450](#) - *Resolve, To Increase Public Awareness Regarding Bone Marrow Donation*

This law requires DHHS to develop and disseminate to the public and health care providers, in coordination with the national marrow donor program, information regarding bone marrow donation.

Enacted as Resolve 2021, [Chapter 17](#).

[LD 475](#) – *Resolve to Create the Frequent Users System Engagement Collaborative*

This resolve establishes the Frequent Users System Engagement Collaborative in order to develop a plan to provide stable housing and community services to 200 persons who are homeless or at risk of homelessness who are the most frequent consumers of high-cost services, such as psychiatric hospitals, emergency shelters, emergency rooms, police, jails and prisons. The Collaborative will include an appointee representing a psychiatric hospital.

Enacted as Resolve 2021, [Chapter 23](#). [Emergency - effective 6/8/21]

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[LD 529](#) - *Resolve, To Direct the Department of Health and Human Services To Review the Needs of Persons with Low-incidence Health Conditions*

This resolve directs DHHS to conduct a review of the needs of persons with low-incidence health conditions and develop a plan to address the unmet needs of those persons and submit its report to the Legislature no later than January 15, 2022.

Enacted as Resolve 2021, [Chapter 22](#).

[LD 590](#) - *An Act To Require MaineCare Coverage for Ostomy Equipment*

This law requires DHHS to amend its Section 60 rule to reimburse ostomy equipment and supplies at no less than 85% of the federal Medicare reimbursement rate as long as the rate is no lower than the rate reimbursed by the department as of January 1, 2021. It also provides reimbursement for ostomy equipment and supplies when prescribed or recommended by an authorized health care practitioner, not just a physician.

Enacted as PL 2021, [Chapter 467](#).

[LD 745](#) - *Resolve, Directing the Maine Vaccine Board To Review and Make Recommendations Regarding Expanding the Universal Childhood Immunization Program To Include Adults*

This resolve directs the Maine Vaccine Board to convene a stakeholder group to review and make recommendations regarding expanding the Universal Childhood Immunization Program to include adults. It also requires a report to the Health and Human Services Committee no later than December 1, 2021.

Enacted as Resolve 2021, [Chapter 90](#).

[LD 869](#) - *Resolve, Directing the Department of Health and Human Services To Review the Progressive Treatment Program and Processes by Which a Person May Be Involuntarily Admitted to a Psychiatric Hospital or Receive Court-ordered Community Treatment*

This law directs the DHHS to convene a stakeholder group to review the progressive treatment program (so-called "Green Paper") under Title 34-B, section 3873-A to increase participation in that program and to review for efficiency and effectiveness the processes by which a person may be involuntarily admitted to a psychiatric hospital or receive court-ordered community treatment.

Enacted as Resolve 2021, [Chapter 60](#). [Emergency - effective 6/15/21]

[LD 1064](#) – *An Act To Advance Palliative Care Utilization in the State*

This law directs DHHS to provide reimbursement under the MaineCare program for palliative care for the entire interdisciplinary team as appropriate to the plan of care, regardless of setting, including hospitals, nursing homes, outpatient clinics and home care providers. It also requires the department to periodically convene a stakeholder group to advise the department on educational materials and outreach so that providers of palliative care understand the reimbursement system and rules.

Enacted as PL 2021, [Chapter 438](#).

[LD 1262](#) - *Resolve, Directing the Department of Health and Human Services To Develop a Comprehensive Statewide Strategic Plan To Serve Maine People with Behavioral Health Needs throughout Their Lifespans*

This resolve directs DHHS, including the department's Office of Child and Family Services, office of behavioral health

New Laws

and office of aging and disability services and a variety of other interested parties and stakeholders, to develop a vision and comprehensive statewide strategic plan to serve people in the State with behavioral health needs throughout their lifespans.

Enacted as Resolve 2021, [Chapter 80](#).

[LD 1333](#) – *An Act Concerning the Controlled Substances Prescription Monitoring Program and the Dispensing of Naloxone Hydrochloride by Emergency Medical Services Providers*

This law authorizes emergency medical services persons, ambulance services and nontransporting emergency medical services to administer intranasal naloxone hydrochloride if they have received medical training in accordance with protocols adopted by the Medical Direction and Practices Board.

This law accomplishes the following:

1. It authorizes emergency medical services persons, ambulance services and nontransporting emergency medical services to dispense naloxone hydrochloride to an individual who is at risk of experiencing an opioid-related drug overdose or to another person in a position to assist the individual; and

2. It authorizes the chief medical officer, medical director or other administrative prescriber employed by a federally qualified health center or group practice to access prescription monitoring information pursuant to the Controlled Substances Prescription Monitoring Program when the access relates to the prescriptions written by the prescribers employed at the center or practice.

Enacted as PL 2021, [Chapter 161](#). [Emergency - effective 6/11/21]

[LD 1344](#) – *An Act To Clarify the Authority of the Department of Health and Human Services during a Public Health Emergency*

This law allows the Department of Health and Human Services to impose administrative fines and license suspensions for violations of department rules regarding disease control and public health emergencies. The department is also authorized to close a business or entity when that business or entity directly and repeatedly violates public health control measures during an extreme public health emergency.

Enacted as PL 2021, [Chapter 349](#).

[LD 1392](#) – *An Act Directing the Maine Center for Disease Control and Prevention To Release Annually Public Health Data Regarding Certain Fatalities and Hospitalizations*

This law requires the Director of the Maine CDC to annually report on public health data concerning firearm fatalities separated by homicides, including the number of domestic violence homicides, suicides and unintentional discharges, further separated by the ages of the victims of each category, and hospitalizations that occurred as a result of a firearm that did not result in death and to make the report publicly available. It directs the Commissioner of Public Safety, the Office of Chief Medical Examiner, the Office of the Attorney General and the Maine Health Data Organization to assist the director with the required data collection. It also adds unintentional and intentional firearm discharges as a type of category of data contained in uniform crime reports required by the Department of Public Safety, State Bureau of Identification.

Enacted as PL 2021, [Chapter 369](#).

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[LD 1469](#) - *Resolve, To Provide Add-on Payments for Ambulance Services Reimbursed by the MaineCare Program and To Increase Reimbursement Rates for Physical Therapy under the MaineCare Program*

This law provides funding in the amount of \$750,000 for DHHS to provide additional add-on supplement payments for ambulance services in the Medicaid program that are equivalent to payments required under Medicare pursuant to 42 United States Code, 33 Section 1395m(l).

Enacted as Resolve 2021, [Chapter 118](#).

[LD 1470](#) - *Resolve, Regarding Reimbursement for Providing Inpatient Care to Individuals with Acute Mental Health Care Needs*

This resolve requires DHHS to provide reimbursement for patients discharged from Southern Maine Health Care's psychiatric inpatient unit in the amount of \$10,166 per distinct discharge. The resolve directs the Department of Health and Human Services to seek and apply for federal funds and funds from any other sources to pay the costs of providing psychiatric services to uninsured patients. It also directs the department to submit a report to the Legislature regarding the progress the department has made.

Enacted as Resolve 2021, [Chapter 119](#).

[LD 1718](#) - *An Act To Establish the Accidental Drug Overdose Death Review Panel*

This law establishes the Accidental Drug Overdose Death Review Panel to review a subset of deaths caused by accidental drug overdoses and to recommend methods of preventing deaths as the result of accidental drug overdoses including modification or enactment of laws, rules, policies and procedures.

Enacted as PL 2021, [Chapter 292](#).

Labor Committee

[LD 61](#) - *An Act To Include Grandparents under Maine's Family Medical Leave Laws*

This law allows a grandparent to request employee family medical leave in order to care for a grandchild who has a serious health condition.

Enacted as PL 2021, [Chapter 189](#).

[LD 1167](#) - *An Act Relating to Fair Chance in Employment*

This law prohibits an employer from requesting criminal history record information on an initial employee application form or stating on an initial employee application form or advertisement or specifying prior to determining a person is otherwise qualified for the position that a person with a criminal history may not apply or will not be considered for a position.

The law provides exceptions to those prohibitions, including instances in which federal or state law or regulation or rule mandates for a position that a criminal conviction disqualifies an applicant, or imposes an obligation on an employer not to hire an applicant who has been convicted of a certain type of offense, or requires that an employer conduct a criminal history record check.

Enacted as PL 2021, [Chapter 404](#).

New Laws

[LD 1559](#) - *Resolve, To Create the Commission To Develop a Paid Family and Medical Leave Benefits Program*
Enacted as *Resolve, Chapter 122*.

[LD 1564](#) – *An Act To Amend the Laws Governing Unemployment Compensation*

This law, filed on behalf of the Department of Labor, makes the following changes to the laws governing unemployment compensation.

1. It increases the amount of wages a person may receive and still be considered partially unemployed.
2. It provides the Commissioner of Labor or the commissioner's designee discretion to handle erroneous overpayments. Current law vests this judgment in the commission.
3. It transfers rule-making authority pertaining to unemployment insurance from the Unemployment Insurance Commission to the Commissioner of Labor.
4. It increases the allowance for dependents and the cap on the allowance for dependents.
5. It provides eligibility for unemployment compensation for a person who leaves employment due to the unexpected loss of child or elder care under certain circumstances.
6. It provides that evidence presented at a fact-finding interview by interested parties who personally participate in the interview by telephone or email or other electronic means is permitted for a determination of eligibility for unemployment compensation.
7. It specifies additional conditions that trigger an extended benefit period.
8. It increases the total extended benefit amount in a high unemployment period.
9. It establishes a peer workforce navigator program.
10. It requires that the bureau to estimate the effect any proposal to change benefits would have on the State's unemployment insurance reciprocity rate.
11. It requires the Commissioner of Labor to convene an unemployment insurance working group to examine the unemployment insurance program. The commissioner must submit a report of the working group's recommendations to the Labor Committee no later than January 15, 2022.

Enacted as *PL 2021, Chapter 456*.

Judiciary Committee

[LD 366](#) - *An Act Regarding Emergency Guardianship*

This law provides that the delay of discharge of a patient in a hospital until the appointment of a guardian constitutes substantial harm, thereby meeting one of the criteria for the appointment of an emergency guardian.

Enacted as *PL 2021, Chapter 463*.

[LD 560](#) - *An Act To Amend the Safe Haven Laws*

This law amends the DHHS must adopt rules governing the design, installation and use of safe haven baby boxes to ensure necessary safety specifications are met, including but not limited to an alarm that alerts both the facility where the safe haven baby box is located and a public safety answering point when a baby has been placed inside. Other

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states require specifications about dimensions, insulation, temperature, locks and the ability for a person to access the box anonymously; this amendment does not incorporate such specifications.

Enacted as PL 2021, [Chapter 466](#).

[LD 642](#) - *An Act To Ensure That Children Receive Behavioral Health Services*

This law authorizes psychologists, social workers and professional counselors to provide services with the consent of one of the minor's parents or the minor's guardian. The provisions do not prohibit the provider from informing another parent or guardian of the minor of the services.

Enacted as PL 2021, [Chapter 302](#).

[LD 778](#) - *An Act To Enable Electronic Reporting of Suspected Child Abuse and Neglect for Certain Mandated Reporters*

This law amends outdated language regarding electronic submission of reports of suspected abuse or neglect to the Department of Health and Human Services by removing the language regarding secure e-mail and fax transmissions. Instead, electronic reports are submitted through a portal provided by the department linked to the department's comprehensive child welfare information system. The law also expands the types of mandated reporters who may report electronically to include school personnel.

Enacted as PL 2021, [Chapter 116](#).

[LD 785](#) – *An Act To Change the Standard for Assessing Risk of Serious Harm*

This bill allows a medical practitioner to consider a person's treatment history, current behavior and inability to make an informed decision in determining whether there is a likelihood of serious harm when examining a patient for the purposes of recommending hospitalization. Current law allows this consideration only for PTP treatment.

Enacted as PL 2021, [Chapter 377](#).

[LD 868](#) - *An Act To Provide Consistency Regarding Persons Authorized To Conduct Examinations for Emergency Involuntary Commitment and Post-admission Examinations*

This bill changes the provision of law governing post-admission examination and post admission discharge from a psychiatric hospital by replacing the term "physician or licensed clinical psychologist" with the term "medical practitioner," which is a defined term.

Enacted as PL 2021, [Chapter 389](#).

[LD 1144](#) - *An Act To Amend the Law Regarding Advance Health Care Directives*

This law describes a special audiovisual protocol for signing advance health care directives in a hospital or residential health care setting. It may be used by staff, employees or agents of the hospital or residential health care facility to help a patient who is medically isolated in a room or ward to prevent the spread of infectious disease to complete the patient's advance health care directives. In addition to allowing a patient to direct an individual outside the patient's room to sign an advance health care directive for the patient, it allows the patient to communicate signing directions to an individual by means of 2-way audiovisual technology. It also allows other individuals who contemporaneously view the signing through audiovisual means to sign the document as witnesses. It includes an opportunity for the patient or the patient's agent to review a copy of the advance health care directive prior to its execution and after it has been signed. It allows the patient or the patient's agent to revoke the advance health care

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directive if a substantive difference is discovered upon review. It provides immunity for good faith acts or omissions by staff, employees or agents of the hospital or residential care facilities for their use of the remote signing process. It does not apply to any other documents or settings or when advance health care directives are notarized.

Enacted as PL 2021, [Chapter 452](#).

Other Committees

[LD 8](#) - *An Act To Support Collection and Proper Disposal of Unwanted Drugs*

This law requires pharmaceutical manufacturers to establish a take-back program for unused household drugs. Certain retail pharmacies would be obligated to participate as collection sites. As drafted, it appears to try to exclude drugs used at health care facilities from the program it also appears to exclude institutional pharmacies from serving as collection sites.

Enacted as PL 2021, [Chapter 94](#).

[LD 693](#) – *An Act To Make the Pilot Program Providing Mental Health Case Management Services to Veterans a Permanent Program*

As enacted, the bill deletes the requirement that hospitals collect veteran status of certain emergency room visitors. However, it creates a new obligation to screen patients for military service and to inform those with prior military service that the Bureau of Veterans' Services may be able to assist the patient with veterans services and to inform them that the Bureau's website has a resource guide.

Enacted as PL 2021, [Chapter 430](#).

[LD 769](#) - *An Act To Increase the Availability of Mental Health Services for a Defendant Who Has Been Found Incompetent To Stand Trial*

This law authorizes the Commissioner of Corrections to accept the placement of an adult defendant in a mental health unit of a correctional facility when the adult defendant has been found incompetent to stand trial and committed to the custody of the Commissioner of Health and Human Services and certain conditions are met. It sets out the procedural steps that must be taken to review each case.

Enacted as PL 2021, [Chapter 259](#).

[LD 1290](#) - *An Act To Amend the Statement of Purpose of the Maine Emergency Medical Services Act of 1982 To Include Emergency Responses That Do Not Require Transportation*

This law amends the statutory purpose of the Maine Emergency Medical Services Act of 1982 to provide that the treatment and nontransport of the sick and injured is a key element of an emergency medical services system. It paves the way for the reimbursement of patients treated but not transported.

Enacted as PL 2021, [Chapter 159](#).

[LD 1327](#) – *An Act To Create the Maine Health Care Provider Loan Repayment Program*

This law creates a new loan repayment program, administered by the Finance Authority of Maine, for health care providers who agree to live and work in the State for a minimum of 3 years. Under the program, the authority will pay up to \$30,000 per year and the lesser of \$90,000 in aggregate and 50% of the recipient's outstanding loan

New Laws

balance. It establishes a fund for the program, sets parameters for the administration of the program and establishes an advisory committee to guide the work of the Finance Authority of Maine in administering the program.

Enacted as PL 2021, [Chapter 346](#).

[LD 1605](#) – *An Act To License Ambulance Drivers Who Are Not Licensed To Provide Emergency Medical Services*

This law establishes a licensing requirement for a person associated with a ground ambulance service who is not a licensed emergency medical services person and who operates an ambulance in emergency mode or transports patients.

Enacted as PL 2021, [Chapter 220](#).

[LD 1699](#) - *An Act To Establish the Southern Aroostook County Emergency Medical Services Authority*

This bill establishes the Southern Aroostook County Emergency Medical Services Authority to facilitate the provision of emergency medical services to residents of southern Aroostook County (defined as: Amity, Hammond, Hodgdon, Linneus, Littleton, Ludlow, Merrill, Monticello and Smyrna) Other municipalities may join as well.

Enacted as Private & Special Law 2021, [Chapter 12](#). [Emergency - effective 6/30/21].

[LD 1733](#) - *An Act To Provide Allocations for the Distribution of State Fiscal Recovery Funds*

This law appropriates \$1 billion which is Maine's share of the federal American Rescue Plan Act of 2021; with respect to hospitals:

1. It provides \$2.5 million for workforce training funding for hospitals and nursing homes;
2. It provides \$1 million for nurse faculty loan repayments (the substance of LD 119);
3. It provides \$2,000,000 for the Doctor's For Maine's Future Program (the substance of LD 440);
4. It provides \$1.6 million for to providers to serve as preceptors and clinical sites for health care 3 students who require clinical hours and related oversight;
5. It provides \$80 million to defray unemployment insurance cost increases on business.

The scope of several other workforce and business grant programs in the law is unclear as to whether hospitals may participate. We will provide more information as we learn more.

Enacted as PL 2021, [Chapter 483](#).

Studies

Several bills created studies to look at various issues between sessions.

[LD 118](#) – *An Act To Address Maine's Shortage of Behavioral Health Services for Minors*

This law requires the Department of Health and Human Services to work with hospitals to develop a system of data definitions and data collection to identify the number of children with behavioral needs who remain in hospital emergency rooms after they no longer need a medical hospital level of care.

(Full description on pages 12 - 13.)

[LD 745](#) - *Resolve, Directing the Maine Vaccine Board To Review and Make Recommendations Regarding Expanding the Universal Childhood Immunization Program To Include Adults*

This resolve directs the Maine Vaccine Board to convene a stakeholder group to review and make recommendations before the end of 2021 regarding expanding the Universal Childhood Immunization Program to include adults.

(Full description on page 13.)

[LD 869](#) - *Resolve, Directing the Department of Health and Human Services To Review the Progressive Treatment Program and Processes by Which a Person May Be Involuntarily Admitted to a Psychiatric Hospital or Receive Court-ordered Community Treatment*

This law directs the DHHS to convene a stakeholder group to review the progressive treatment program (so-called "Green Paper") under Title 34-B, section 3873-A to increase participation in that program and to review for efficiency and effectiveness the processes by which a person may be involuntarily admitted to a psychiatric hospital or receive court-ordered community treatment.

(Full description on pages 13 - 14.)

[LD 1258](#) - *An Act To Implement the Recommendations of the Stakeholder Group Convened by the Emergency Medical Services' Board Related to Reimbursement Rates for Ambulance Services by Health Insurance Carriers and To Improve Participation of Ambulance Service Providers in Carrier Networks*

The law implements recommendations related to reimbursement rates and contracting for ambulance services made by a stakeholder group convened by the Emergency Medical Services' Board. It includes the requirement that the Emergency Medical Services' Board to convene a stakeholder group to review issues related to financial health and costs of ambulance service providers and the delivery of services by ambulance service providers in this State. The stakeholder group is required to report its findings no later than February 1, 2023.

(Full description on pages 10-11.)

[LD 1262](#) - *Resolve, Directing the Department of Health and Human Services To Develop a Comprehensive Statewide Strategic Plan To Serve Maine People with Behavioral Health Needs throughout Their Lifespans*

This resolve directs DHHS, including the department's Office of Child and Family Services, office of behavioral health and office of aging and disability services and a variety of other interested parties and stakeholders, to develop a vision and comprehensive statewide strategic plan to serve people in the State with behavioral health needs throughout their lifespans.

(Full description page 14.)

Carryovers

The following bills will be taken-up during the Second Session in 2022.

Insurance Committee

[LD 867](#) – *An Act To Prohibit Mandatory COVID-19 Vaccinations for 5 Years To Allow for Safety Testing and Investigations into Reproductive Harm*

[LD 1003](#) - *An Act To Improve Outcomes for Persons with Limb Loss*

[LD 1196](#) - *An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health*

[LD 1357](#) – *An Act To Require Private Insurance Coverage for Postpartum Care*

[LD 1463](#) – *An Act To Make Health Care Coverage More Affordable for Working Families and Small Businesses*

[LD 1636](#) - *An Act To Reduce Prescription Drug Costs by Using International Pricing*

[LD 1706](#) - *An Act To Require Appropriate Coverage of and Cost-sharing for Generic Drugs and Biosimilars*

HHS Committee

[LD 197](#) - *Resolve, To Ensure That Community Mental Health Service Providers Can Access Pandemic Stimulus Funds*

[LD 372](#) – *An Act To Provide Maine Children Access to Affordable Health Care*

[LD 393](#) - *An Act To Amend the Laws Regarding Health and Human Services (empty shell)*

[LD 1059](#) - *An Act To Provide Substance Use Disorder Treatment to Adolescents*

[LD 1080](#) – *Resolve, Directing the Department of Health and Human Services To Update the Rights of Recipients of Mental Health Services*

[LD 1428](#) - *An Act To Increase the Availability of Nasal Naloxone in Community Settings*

[LD 1523](#) - *An Act To Establish the Trust for a Healthy Maine*

[LD 1586](#) - *An Act To Strengthen Statewide Mental Health Peer Support, Crisis Intervention Mobile Response and Crisis Stabilization Unit Services and To Allow E-9-1-1 To Dispatch Using the Crisis System*

[LD 1608](#) – *An Act To Expand the MaineCare Program To Cover All Citizens of the State*

[LD 1693](#) – *An Act To Advance Health Equity, Improve the Well-being of All Maine People and Create a Health Trust*

[LD 1701](#) - *An Act To Establish a Managed Care Program for MaineCare Services*

[LD 1722](#) – *An Act To Ensure Access to All Paths to Recovery for Persons Affected by Opioids Using Money Obtained through Litigation against Opioid Manufacturers*

Labor Committee

[LD 225](#) - *An Act Regarding the Treatment of Vacation Time upon the Cessation of Employment*

[LD 607](#) - *An Act To Restore Overtime Protections for Maine Workers*

[LD 632](#) - *An Act To Facilitate the Conversion of Children's Private Nonmedical Institutions to Qualified Residential Treatment Programs as Required by Federal Law*

[LD 965](#) - *An Act Concerning Nondisclosure Agreements in Employment*

Judiciary Committee

[LD 861](#) - *Resolve, Directing the Department of Health and Human Services to Contract for Assessments for Involuntary Hospitalizations*

Carryovers

Appropriations Committee

[LD 17](#) - *Resolve, To Provide Rural Nonmedical Transportation Services to the Elderly and Adults with Disabilities Receiving Home and Community Benefits under the MaineCare Program*

[LD 119](#) - *An Act To Increase Faculty in Nursing Education Programs by Amending the Nursing Education Loan Repayment Program*

[LD 250](#) – *An Act To Assist Nursing Homes in the Management of Facility Beds*

[LD 273](#) - *An Act To Sustain the Doctors for Maine's Future Scholarship Program*

[LD 415](#) - *Resolve, Directing the Department of Health and Human Services To Increase MaineCare Reimbursement Rates for Targeted Case Management Services To Reflect Inflation*

[LD 432](#) - *Resolve, To Improve Behavioral Health Care for Children*

[LD 496](#) - *An Act To Clear Waiting Lists for and Ensure Timely Access to Mental Health Services for Maine Children*

[LD 527](#) - *An Act To Exempt MaineCare Appendix C Private Nonmedical Institutions from the Service Provider Tax*

[LD 582](#) - *An Act To Support the Fidelity and Sustainability of Assertive Community Treatment*

[LD 629](#) – *Resolve, To Establish the Task Force To Study Improving Safety and Provide Protection from Violence for Health Care Workers in Hospitals and Mental Health Care Providers*

[LD 674](#) - *An Act To Support Early Intervention and Treatment of Psychotic Disorders*

[LD 684](#) - *Resolve, To Amend MaineCare Reimbursement Provisions Governing Supplemental Payments to Nursing Facilities with High MaineCare Use*

[LD 716](#) - *An Act To Enhance and Improve the Maine Developmental Services Oversight and Advisory Board and To Establish the Aging and Disability Mortality Review Panel*

[LD 949](#) – *Resolve, To Restore the MaineCare Nursing Facility COVID-19 Temporary Rate Increase*

[LD 972](#) - *An Act To Establish the Rare Disease Advisory Council*

[LD 1135](#) - *An Act Regarding Substance Use Disorder Treatment Services and Increasing Reimbursement Rates for Those Services*

[LD 1147](#) - *To Enhance Access to Medication Management for Individuals with Serious and Persistent Mental Illness*

[LD 1338](#) – *An Act to Prohibit Employers from Retaliating against the Use of Earned Paid Leave*

[LD 1386](#) – *Resolve, To Improve Access to Bariatric Care*

[LD 1390](#) – *An Act To Maximize Health Care Coverage for the Uninsured through Easy Enrollment in the MaineCare Program or in a Qualified Health Plan in the Marketplace*

[LD 1424](#) - *Resolve, To Change the Educational Requirements of Behavioral Health Professionals Providing Services for Children*

[LD 1543](#) - *An Act To Improve and Modernize Home-based Care*

[LD 1573](#) - *An Act To Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues*

[LD 1584](#) – *An Act To Make Donated Medicines Available to Maine Patients at an Affordable Cost*

[LD 1586](#) - *An Act To Strengthen Statewide Mental Health Peer Support, Crisis Intervention Mobile Response and Crisis Stabilization Unit Services and To Allow E-9-1-1 To Dispatch Using the Crisis System*

[LD 1597](#) – *An Act To Authorize a General Fund Bond Issue To Strengthen Maine's Health Care Workforce*

Budget Vehicles

[LD 42](#) - *An Act Making Certain Supplemental Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government*

[LD 240](#) – *An Act Making Certain Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government*

[LD 304](#) – *An Act To Make Certain Supplemental Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government*

[LD 371](#) – *An Act To Make Adjustments to General Fund Appropriations Related to the Supplemental Budget*



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