



Maine Hospital Association

Legislative Wrap Up

May 2022



Second Session 130th Legislature

130th SECOND SESSION SUMMARY

The second regular session of the 130th Legislature concluded on May 9.

It was a productive session in terms of newly enacted laws. A whopping 51% of the bills reviewed were enacted into law.

	130th (2022)	129th (2020)	128th (2018)	127th (2016)	126th (2014)	125th (2012)	124th (2010)
2nd Session Bills Filed	300	321	281	248	288	328	336
Bills Carried Over from 1st Session	372	411	319	176	213	134	88
Total Bills Considered	672	732	600	424	501	462	424
Bills Enacted	346	182	203	179	229	303	282
% Enacted	51%	25%	34%	42%	46%	66%	67%

Of the 100 bills MHA followed, just over half were also enacted. Keep in mind, some of the rejected bills were accomplished through other means - such as via the budget.

	Number	Percentage
Enacted	54	54%
Rejected	46	46%
Total	100	

While the legislature could return in a special session - you may recall that they came back twice in 2021 for special sessions - it is not anticipated that a special session will be necessary this fall.

This is especially true since it is an election year including a gubernatorial contest.

Leadership

Governor: Janet Mills (Running for Re-election)

DHHS Commissioner: Jeanne Lambrew

MaineCare Director: Michelle Probert

House of Representatives:

Democrats: 80

Republicans: 64

Independents: 3

Vacancies: 4

Speaker: Ryan Fecteau - Biddeford (Termed-out)

Majority Leader: Michelle Dunphy - Old Town (Termed-out)

Majority Whip: Rachel Talbot Ross - Portland

Minority Leader: Kathleen Dillingham - Oxford (Termed-out)

Minority Whip: Joel Stetkis - Canaan (Termed-out)

Senate:

Democrats: 22

Republicans: 13

Independents: 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

New Laws

The effective date for new laws is 90 days after adjournment (Monday, August 8, 2022); unless the bill was an emergency in which case it is immediately effective.

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

The next 12 pages list all of these bills by Committee with a few highlighted.

Insurance Committee (14)

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

Enacted as PL 2021, Chapter 741.

This law requires a carrier to provide coverage to enrollees under 18 years of age for a prosthetic device designed to meet an enrollee's medical needs for recreational purposes. The requirement applies to all health plans issued or renewed on or after January 1, 2023.

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

Enacted as PL 2021, Chapter 603.

Under current law, the Maine Quality Forum has been required to submit an annual report on primary care spending began in 2020. Part A requires the Maine Quality Forum to submit an annual report, beginning January 15, 2023, for behavioral health care spending based on claims data reported to the Maine Health Data Organization and information on methods of reimbursement reported by insurers.

Part B requires carriers to make all credentialing decisions on a completed application within 60 days and requires a carrier to notify a provider if an application is incomplete and needs correction within 30 days of initial receipt of an application. A carrier that is unable to make a credentialing decision on a completed credentialing application within the 60 days shall notify the bureau in writing prior to the expiration of the 60 days on that application and request authorization for an extension on that application. A carrier that requests an extension shall also submit to the bureau an explanation of the reasons why the credentialing decision on an application is taking longer than is permitted, or, if the problem is not specific to a particular application, a written remediation plan to bring the carrier's credentialing practices in line with the 60-day limit.

Part B also requires the Bureau of Insurance to review the requirements in Bureau of Insurance, Rule Chapter 850, Health Plan Accountability, related to the verification of information on credentialing applications from health care practitioners and determine whether amendments may be made to the requirements for carriers to verify certain information on a credentialing application in order to improve the ability of carriers to make a credentialing decision within 60 days without an impact on quality standards or accreditation standards.

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

Enacted as PL 2021, Chapter 691.

The law clarifies that maternity benefits provided by health insurers must include coverage for 12 months of postpartum care that meets the recommendations of the American College of Obstetricians and Gynecologists. It

New Laws

makes the provisions apply to both individual and group contracts issued by insurers and health maintenance organizations and changes the application date to January 1, 2023.

[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*

Enacted as PL 2021, Chapter 715.

This law establishes a process to identify individuals and families who are uninsured but potentially eligible for benefits under the MaineCare program or enrollment in a qualified health plan in the Maine Health Insurance Marketplace through the state income tax filing system. The marketplace must determine eligibility and follow up with the individual filing the tax return. A special enrollment period on the exchange is available to the uninsured individuals. The marketplace must offer assistance with the enrollment process for a qualified health plan and DHHS must offer assistance with MaineCare enrollment.

[LD 1539](#) - *An Act To Provide Access to Fertility Care*

Enacted as PL 2021, Chapter 692.

This law requires carriers offering health plans in this State to provide coverage for fertility diagnostic care, for fertility treatment if the enrollee is a fertility patient and for fertility preservation services. The requirements of the bill apply to health plans issued or renewed on or after January 1, 2023.

[LD 1636](#) - *An Act To Determine Potential Savings in Prescription Drug Costs by Using International Pricing*

Enacted as PL 2021, Chapter 606.

Beginning January 1, 2023, the law requires the Maine Health Data Organization to annually report on the 100 most costly prescription drugs and the 100 most frequently prescribed prescription drugs in the State determined based on the payments reported in the organization's claims database for the most current 12-month period and determine the potential savings that could be achieved by subjecting those drugs to a referenced rate. The referenced rate must be calculated as the lowest cost from official publications of certain Canadian provincial government agencies and the wholesale acquisition cost.

[LD 1776](#) – *An Act To Allow Pharmacists To Dispense an Emergency Supply of Chronic Maintenance Drugs*

Enacted as PL 2021, Chapter 566.

The law allows a pharmacist to dispense an emergency supply of a chronic maintenance drug to a patient without a prescription if the pharmacist is unable to obtain authorization to refill the prescription from a health care provider and the pharmacist has a record of the prescription in the name of the patient, including the amount of the drug dispensed in the most recent prescription or the standard unit of dispensing the drug, and that record does not indicate that no emergency supply is permitted. The law prohibits the dispensing of controlled substances included in Schedules I and II under the federal Controlled Substances Act.

The law limits the amount dispensed to up to a 30-day supply or, if the standard unit of dispensing exceeds a 30-day supply, to the smallest standard unit of dispensing and further prohibits a pharmacist from dispensing the chronic maintenance drug in an emergency supply to the same patient more than twice in a 12-month period except that, if the drug is included on Schedule III or IV of the federal Controlled Substances Act, the amount dispensed may not exceed a 7-day supply.

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The law requires the pharmacist to make a professional judgment that the prescription is essential to sustain the life of the patient or to continue therapy for a chronic condition of the patient and that failure to dispense the drug could reasonably produce undesirable health consequences or cause physical or mental discomfort.

The law adds a requirement that the pharmacist notify the practitioner who issued the prescription or another practitioner responsible for the patient's care no later than 72 hours after the emergency supply is dispensed. It requires health insurance plans to make available coverage for an emergency supply of a chronic maintenance drug dispensed in this manner. Any cost sharing requirement applicable to that chronic maintenance drug may be imposed by a health insurer on an emergency supply.

[LD 1778](#) – *An Act To Improve Health Care Affordability and Increase Options for Comprehensive Coverage for Individuals and Small Businesses in Maine*

Enacted as PL 2021, Chapter 518.

This law directs the Office of Affordable Health Care, beginning in 2023, to analyze barriers to affordable health care and coverage and develop proposals on potential methods to improve health care affordability and coverage for individuals and small businesses in the State. It also requires the office to study the effects of policies aimed at improving health care affordability and coverage, including effects on the affordability of premiums and cost-sharing in the individual and small group health insurance markets, and the effects of the policies on enrollment in comprehensive health coverage. It directs the office to provide a report of its findings no later than January 1, 2024.

[LD 1781](#) - *An Act To Align Postpartum MaineCare Coverage with Federal Law*

Enacted as PL 2021, Chapter 519.

The purpose of this law is to align state law with the requirements under federal law in order to avoid delays in implementation and provide a more efficient rollout of technology and rulemaking without changes to existing appropriations and allocations.

The bill accomplishes the following, if authorized by federal law.

1. It expands postpartum MaineCare coverage for a qualified woman and a noncitizen legally admitted to the United States to 12 months (from 6 months) beginning August 1, 2022.
2. It expands a qualified woman's eligibility for postpartum MaineCare coverage by increasing the nonfarm income official poverty line requirement from 200% to 209%.
3. It clarifies that in order to receive postpartum MaineCare coverage a noncitizen legally admitted to the United States must otherwise be eligible for MaineCare.

[LD 1822](#) - *An Act To Improve Access to Behavioral Health Services by Prohibiting Cost Sharing by Insurers*

Enacted as PL 2022, Chapter 638.

With respect to individual and small group health plans with an effective date on or after January 1, 2023, the law requires that, following the first visit provided without cost sharing, the copay amount for a behavioral health office visit may not be greater than the copayment amount for a primary care office visit and that any copays for a primary care office visit and a behavioral health office visit must count toward the deductible. With respect to a group health plan other than a small group health plan, the law requires that coverage must be provided without cost sharing for the first primary care office visit and first behavioral health office visit in each plan year and that, following the first visit, the copay amount for a behavioral health office visit may not be greater than the copayment amount for a primary care office visit. The law also requires carriers to demonstrate compliance with federal mental health parity

New Laws

laws and directs the Superintendent of Insurance to take certain actions, including examination and reporting requirements, related to enforcement of mental health parity laws. These requirements are repealed on April 30, 2028.

[LD 1837](#) – *An Act To Clarify the Appeals Process for Decisions Related to the Maine Health Insurance Marketplace*

Enacted as PL 2021, Chapter 511 (Emergency).

This law provides that an appeal decision made by the Department of Health and Human Services' administrative hearings unit, which is the appeals entity for the Maine Health Insurance Marketplace, is not subject to judicial review under the Maine Administrative Procedure Act and the Maine Rules of Civil Procedure, Rule 80C. The bill specifies that a decision in such a case may be appealed to the United States Department of Health and Human Services pursuant to 45 Code of Federal Regulations, Section 22.155.520(c).

[LD 1842](#) - *Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization*

Enacted as Resolve, Chapter 129 (Emergency).

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

According to the MHDO summary: These proposed changes updates definitions and several data elements allowable for release to authorized data recipients based on how our data user's needs have changed; and due to new and existing laws that allow for the collection of certain data elements as well as the release of these data, including PL 2021, Chapter 423 and PL 2017, Chapter 218.

[LD 1855](#) - *An Act Regarding Point-of-dispensing Sites for Immunizations against COVID-19*

Enacted as PL 2021, Chapter 509 (Emergency).

Public Law 2021, Chapter 28 governs the permitted delegation of COVID-19 vaccine administration at point-of-dispensing vaccine sites, but that law is effective only during the state of emergency declared by the Governor as of March 15, 2020 and the renewals of that declaration. This bill expands the applicability of that law so that it applies beyond a declared state of emergency.

[LD 1858](#) - *An Act Regarding Delegating Authority for Services Performed by Emergency Medical Services Personnel in Health Care Facilities*

Enacted as PL 2021, Chapter 587 (Emergency).

This law clarifies the criteria for which licensed emergency medical services persons may provide medical services in health care facility settings in addition to hospital settings, as provided in current law, under delegated authority. It authorizes emergency medical services persons to provide services described in a pilot project approved by the Emergency Medical Services' Board on 31 October 6, 2021, which services are within the lawful scope of practice for emergency medical services persons pursuant to statute, as long as the pilot project remains approved.

It also directs the Board of Licensure in Medicine and the Board of Osteopathic Licensure, in consultation with the Emergency Medical Services Board and interested stakeholders, to develop guidance under which physicians and physician assistants may delegate activities to an individual acting contemporaneously pursuant to a contractual arrangement as a medical assistant under delegated authority and as a licensed emergency medical services person. The boards are required to submit a report including the guidance and any recommendations for statutory changes to the Legislature no later than January 31, 2023.

New Laws

Health and Human Services Committee (23)

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

Enacted as Resolve, Chapter 171 (Emergency).

This resolve requires DHHS to amend its rules governing supplemental payments to nursing facilities where the number of MaineCare residents constitutes more than 80% of the total number of residents to remove the requirement that such nursing facilities have base year direct and routine aggregate costs per day that are less than the median aggregate direct and routine allowable costs for the facility's peer group.

[LD 716](#) - *An Act To Enhance and Improve the Maine Developmental Services Oversight and Advisory Board*

Enacted PL 2021, Chapter 686.

The law makes changes to the laws governing the Maine Developmental Services Oversight and Advisory Board, moving the budget of the board from DHHS to the Department of Administrative and Financial Services and requiring disclosure of final reports of investigations pursuant to the Adult Protective Services Act to the board. It also clarifies the appointment process for members of the board.

(Note: The portion of the bill establishing the Aging and Disability Review Panel were removed and enacted in the biennial budget.)

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

Enacted as PL 2021, Chapter 740.

This law creates the Rare Disease Advisory Council to advise DHHS and the public on issues regarding rare diseases. The bill defines a rare disease as a disease that affects fewer than 200,000 persons in the United States. The council is made up of 20 members, who are health care professionals and others involved with or affected by rare diseases. The council is directed to study a variety of issues regarding rare diseases and their treatment within the State. The council must submit an annual report to the Governor, the Commissioner of Health and Human Services and the Legislature and must post the report on a publicly accessible website.

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

Enacted as Resolves 2021, Chapter 132.

This resolve directs DHHS to update the rights of recipients of mental health services regarding treatment, the delivery structure and the entities that oversee the safe and effective delivery of mental health services, including to align the rights with contractual agreements with service providers, current federal and state privacy laws and best practices for the delivery of clinically appropriate assessment and treatment models for persons with mental illness.

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

Enacted as Resolve 2021, Chapter 180.

This resolve requires the Department of Health and Human Services to develop a plan to provide up to 16 new specialized bariatric care nursing facility beds.

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[LD 1428](#) - *An Act To Increase the Availability of Intranasal Naloxone in Community and 13 Corrections Settings*

Enacted as PL 2021, Chapter 605.

This law increases the availability of intranasal naloxone hydrochloride in community and corrections settings by removing the requirement that a corrections officer possess a current and valid certificate issued by the Board of Trustees of the Maine Criminal Justice Academy in order to administer intranasal naloxone hydrochloride. The law also allows law enforcement officers, corrections officers and municipal firefighters to dispense intranasal naloxone hydrochloride in addition to administering it.

[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*

Enacted as PL 2021, Chapter 661 (Emergency).

The law provides that funds received from opioid litigation may be deposited into the account described by a memorandum of understanding between the Attorney General's office and local stakeholders to receive funding from recently settled litigation. The memorandum establishes the terms under which these funds may be spent. It establishes the Maine Recovery Council to direct fund disbursement. The law requires the Attorney General to, by February 1st of each year, submit a report to the HHS Committee describing the activities of the council and the status of the Maine Recovery Fund and listing information on fund disbursements and information related to the outcomes of funded activities.

[LD 1747](#) - *An Act To Require Screening for Cytomegalovirus in Certain Newborn Infants*

Enacted as PL 2021, Chapter 698.

This law requires DHHS to establish a cytomegalovirus screening program for newborn infants.

[LD 1758](#) – *An Act Regarding Access to Telehealth Behavioral Health Services during Public Health Emergencies*

Enacted as PL 2021, Chapter 637.

This law provides that the Department of Health and Human Services may not require a licensed mental health facility or licensed substance use disorder treatment facility to obtain written informed consent from a client during a federal or state public health emergency. The licensed facility may instead obtain a client's consent verbally, electronically or in writing. The bill directs the DHHS to, no later than January 1, 2023, amend its rules to meet the requirements of this legislation.

[LD 1761](#) – *An Act To Amend the Inspection Requirement for Facilities for Children and Adults with a National Accreditation*

Enacted as PL 2021, Chapter 532.

Current law provides that if a person, firm, corporation or association operating a residential care facility, assisted housing program, drug treatment center, children's home, child placing agency, child care facility or adult day care program has received and maintained accreditation from a national accreditation body approved by the department, the entity must be deemed in compliance with state licensing rules. This bill provides instead that the entity may be determined by the department to be in compliance with state licensing rules.

New Laws

[LD 1787](#) - *An Act To Improve the Quality and Affordability of Primary Health Care Provided by Federally Qualified Health Centers*

Enacted as PL 2021, Chapter 747.

1. By December 31, 2022, the Department of Health and Human Services must provide for a rebasing of federally qualified health center prospective payment system rates to fiscal year 2017-18 and 2018-19 average actual costs inflated to the current year using the federally qualified health center market basket percentage published by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, as an alternative to the existing payment method that relies on costs from 1999 and 2000 inflated using the Medicare Economic Index as published in the Federal Register;
2. Adjustments to federally qualified health center rates for changes in the scope of services must reflect costs incurred and must be made for material changes in type, intensity, duration or quantity of services provided or in the characteristics of the population receiving a service that affect the cost of the service;
3. The Department of Health and Human Services may develop alternative value-based payment models in accordance with federal law; and
4. Rules adopted to implement this legislation are major substantive rules.

[LD 1841](#) - *Resolve, Regarding Legislative Review of Portions of Chapter 283: Newborn Bloodspot Screening Rule, Section 14, a Major Substantive Rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention*

Enacted as PL 2021, Chapter 124 (Emergency).

This resolve provides for legislative review of portions of Chapter 283: Newborn Bloodspot Screening Rule, Section 14, a major substantive rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention.

The rule expands the list of congenital, genetic and metabolic conditions for Maine's newborn bloodspot screening (NBS) panel to include the following four conditions recently added to the U.S. DHHS Recommended Universal Screening Panel and recommended by the Maine Joint Advisory Committee for Newborn Bloodspot Screening: Pompe, Mucopolysaccharidosis Type 1 (MPS-1), X-linked Adrenoleukpdystrophy (X-ALD), and Spinal Muscular Atrophy (SMA). In this same rulemaking, pursuant to 5 MRS 8072, the Department is also proposing a major substantive rule change to increase the filter paper fee from \$110 to \$220, which is required for NBS specimen collection. (22-A MRS 210).

[LD 1848](#) - *An Act To Increase the Availability of Assertive Community Treatment Services*

Enacted as PL 2021, Chapter 540.

This law amends the behavioral and developmental services law regarding mental health hospitalization to add the definition of "prescriber," which is defined to mean a licensed health care provider with authority to prescribe, including a licensed physician, certified nurse practitioner or licensed physician assistant who has training or experience in psychopharmacology. It also amends the definition of "assertive community treatment" to change the composition of the multidisciplinary team that provides assertive community treatment by removing reference to the term "psychiatrist" and replacing it with the term "prescriber."

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[LD 1849](#) - *An Act To Clarify Inspection Requirements for Hospitals and Certain Nursing Facilities*

Enacted as PL 2021, Chapter 541.

The law provides that a hospital is exempt from inspection by the Maine Department of Health and Human Services if it submits to the department a copy of its accreditation survey results completed by a health care facility accrediting organization, including a statement of any deficiencies and corresponding plan of correction. Such surveys are not public documents and are exempt from disclosure.

[LD 1853](#) – *Resolve, To Increase Oversight of the Child Welfare System*

Enacted as Resolve 2021, Chapter 142 (Emergency).

The resolve enacts reporting requirements as follows.

1. The child welfare advisory panel and the child death and serious injury review panel are required to submit quarterly reports to the HHS committee on the child welfare system and efforts to collaborate between the citizen review panels required by the federal Child Abuse Prevention and Treatment Act.
2. The Department of Health and Human Services, Office of Child and Family Services is required to submit quarterly reports to the HHS committee regarding progress in implementing the recommendations of the Casey Family Programs and Collaborative Safety report completed for the department in October 2021, responses to recommendations from the child welfare advisory panel and progress in efforts described in the department's annual report on child welfare.

[LD 1867](#) - *An Act To Codify MaineCare Rate System Reform*

Enacted as PL 2021, Chapter 639.

This law formalizes the Department of Health and Human Services' MaineCare provider reimbursement rate system reform effort by establishing rate development principles and processes, specifying rule-making requirements for rate adjustments, ensuring access to a funding source, as needed, for associated rate adjustments and establishing an expert technical advisory panel to assist the DHHS on MaineCare rates and payment models.

[LD 1868](#) – *An Act To Restore Funding to the State's Tobacco Prevention and Control Program*

Enacted as PL 2021, Chapter 748.

This law provides ongoing \$7.5 million allocations to the Tobacco Prevention and Control Program.

[LD 1910](#) - *An Act To Improve Children's Mental Health by Requiring Insurance Coverage for Certain Mental Health Treatment*

Enacted as PL 2021, Chapter 595 (Emergency).

The law clarifies that health insurance carriers may not deny treatment for mental health treatment services that use evidence-based practices and are determined to be medically necessary health care for an individual 21 years of age or younger. It defines "evidence-based practices" as clinically sound and scientifically based policies, practices and programs that reflect expert consensus on the prevention, treatment and recovery science including, but not limited to, policies, practices and programs published and disseminated by the U.S. DHHS, Substance Abuse and Mental Health Services Administration, the California Evidence Based Clearinghouse for Child Welfare, the What Works Clearinghouse, and the Title IV-E Prevention Services Clearinghouse. The amendment also makes technical changes to state law requirements related to mental health parity to be consistent with federal law and regulations. This law makes further technical changes.

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[LD 1920](#) - *An Act To Enact the Interstate Counseling Compact To Address Inequities in Access to Clinical Counseling Services and Increase Maine's Provider Workforce*

Enacted as PL 2021, Chapter 547.

This law enacts the Interstate Counseling Compact, which provides a mechanism to facilitate interstate practice of licensed professional counselors in order to improve public access to professional counseling services. The form, format and text of the Interstate Counseling Compact have been changed minimally so as to conform to Maine statutory conventions. The changes are technical in nature and it is the intent of the Legislature that this compact be interpreted as substantively the same as the Interstate Counseling Compact that is enacted by other member states.

[LD 1954](#) - *An Act To Ensure Access to Prescription Contraceptives*

Enacted as PL 2021, Chapter 609.

This law requires health insurance policies to cover all contraceptive drugs, devices and products approved by the federal Food and Drug Administration without any deductible, coinsurance, copayment or other cost-sharing requirement. If the federal Food and Drug Administration has approved one or more therapeutic equivalents of a contraceptive supply, an insurer or a health maintenance organization is not required to cover all those therapeutically equivalent versions, as long as at least one is covered without any deductible, coinsurance, copayment or other cost-sharing requirement. It also requires all individual and group nonprofit hospital and medical services plan policies and contracts and all nonprofit health plan policies and contracts that provide coverage for prescription drugs or outpatient services to provide coverage for the furnishing or dispensing of prescribed contraceptive drugs, devices and products intended to last for a 12-month period, as is required of other types of health insurance policies.

[LD 1968](#) – *An Act To Expand Access to Mental Health and Crisis Care for Individuals in Jails and Individuals Experiencing Homelessness*

Enacted as PL 2021, Chapter 757.

As enacted, this law requires an appropriate placement in an institution for the care and treatment of persons with mental illness within 30 days from the time the court transmits an order to the State Forensic Service committing a defendant to the custody of the Commissioner of Health and Human Services unless there are extraordinary circumstances.

[LD 1994](#) - *An Act To Establish the Progressive Treatment Program Fund*

Enacted as PL 2021, Chapter 745.

This law establishes the Progressive Treatment Program Fund as a fund under the administration of DHHS. The purpose of the fund is to reimburse the legal costs incurred by private entities for initiation of progressive treatment programs. It requires a private entity seeking reimbursement to submit to DHHS an itemized bill of legal costs incurred to initiate the progressive treatment program. It limits the amount DHHS may reimburse a private entity for the legal costs to initiate a progressive treatment program to a maximum of \$800.

[LD 2007](#) - *An Act To Create the Amyotrophic Lateral Sclerosis Incidence Registry*

Enacted as PL 2021, Chapter 613.

This law requires health care practitioners and health care facilities to report diagnoses of amyotrophic lateral

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sclerosis (ALS) to DHHS in order for the Maine CDC to create and maintain a statewide registry for surveillance of the disease in the State. It provides confidentiality protections regarding information that directly or indirectly identifies individual persons. It also requires the department to complete annual reports containing statewide prevalence and incidence estimates of amyotrophic lateral sclerosis, including any trends occurring over time across the State.

Judiciary Committee (2)

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

Enacted as Resolve 2021, Chapter 160.

As enacted, the law will require the Department of Public Safety to conduct training of law enforcement on the yellow flag (temporary weapons restriction) program and to collect data and report back to the legislature on the utilization of this law.

[LD 1804](#) – *An Act To Provide Consistency in the Laws Regarding Domestic Partners*

Enacted as PL 2021, Chapter 567.

This law provides consistency throughout the Maine Revised Statutes by enacting as a subsection in the general words and phrases statute that applies to all of the Maine Revised Statutes the definition of "domestic partner" included in the Maine Uniform Probate Code. The law repeals all other definitions of "domestic partner." It incorporates into the laws governing custody of the remains of deceased persons and governing anatomical gifts language from the Uniform Health Care Decisions Act that is used to determine who may act as a surrogate to make health care decisions. In circumstances in which evidence is required to verify the existence of a domestic partnership, those who have registered as domestic partners with the Department of Health and Human Services, Vital Statistics need only show that they are registered.

Labor Committee (5)

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

Enacted as PL 2021, Chapter 561.

This law requires unused vacation pay accrued pursuant to the employer's vacation policy on and after January 1, 2023 must be paid to the employee on cessation of employment unless the employee is employed by an employer with 10 or fewer employees or by a public employer. It also provides that, if the employee's employment is governed by a collective bargaining agreement and that agreement includes provisions addressing payment of vacation pay upon cessation of employment, the collective bargaining agreement supersedes this provision of law.

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

Enacted as PL 2021, Chapter 563.

The law requires the Department of Labor to provide outreach and education about the existing overtime threshold law.

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

Enacted as PL 2021, Chapter xxx. [Note: Not enacted by Legislature until May 9; will become law within 10 days.]

This law limits the use of nondisclosure agreements.

[LD 1879](#) – *An Act To Support Law Enforcement Officers, Corrections Officers, E-9-1-1 Dispatchers, Firefighters and Emergency Medical Services Persons Diagnosed with Post-traumatic Stress Disorder*

Enacted as PL 2021, Chapter 629.

This law extends the sunset of the underlying ‘rebuttable presumption’ statute that is due to occur in 2022. It also creates a series of ‘report-back’ obligations to the legislature so it can monitor the cost impact of the presumption.

[LD 1889](#) - *An Act To Amend the Whistleblowers' Protection Act To Ensure Coverage in Unionized Workplaces*

Enacted as PL 2021, Chapter 589.

This law changes the Whistleblowers' Protection Act in order to clarify its scope. It repeals a section of the Whistleblowers' Protection Act that was interpreted by the Maine Supreme Judicial Court in *Nadeau v. Twin Rivers Paper Company, LLC*, 2021 ME 16, 247 A.3d 717 as a bar to enforcement of the Act in many cases in which a collective bargaining agreement is in place.

Appropriations Committee (2)

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

Enacted as PL 2021, Chapter 746 (Emergency).

This law establishes the Hospital System Loan Fund Program within the Finance Authority of Maine. The program is established to alleviate the hardship of hospitals resulting from loan payments through the Medicare accelerated payment program.

LD 1995 – Supplemental Budget

Enacted as PL 2021, [Chapter 635](#).

This is the SFY 2022-2023 supplemental budget. Total spending was \$1.2 billion, with most being returned to Mainers as \$850 checks. With respect to hospitals and health care, the supplemental budget includes:

- \$25 million one-time payment to hospitals;
- \$25 million one-time payment to nursing homes/residential care;
- \$12 million for expansion of CHIP
- \$6 million for inpatient psychiatric rates at community hospitals;
- \$2.5 million for expansion of community college nursing education program.
- Reduces the commitment to work as full-time faculty in Maine from 5 to 3 years under the nurse educator loan program;
- \$20 million increases to behavioral health providers;
- \$8.5 million more for a COVID response reserve fund.

New Laws

Other Committees (4)

[LD 1859](#) - *An Act To Establish the Maine Emergency Medical Services Community Grant Program*

Enacted as PL 2021, Chapter 700.

This law creates a pilot program to provide financial assistance to communities that plan to examine or are examining the provision of emergency medical services and are considering a new, financially stable structure for delivering emergency medical services that provides high quality services effectively and efficiently. It requires recipients of grant funding to report to the Emergency Medical Services Board as required by the board.

[LD 2001](#) - *An Act To Fund and Support the Veterans Homes in Caribou and Machias and Require Legislative Approval for the Establishment and Closure of Veterans Homes*

Enacted as PL 2021, Chapter 528 (Emergency).

The law requires the Board of Trustees of the Maine Veterans' Homes to obtain legislative approval for the establishment or closure of a facility managed by the board. It requires the Department of Health and Human Services to amend its rules to allocate emergency payments made in fiscal years 2021-22 and 2022-23 to the veterans homes located in Caribou and Machias. It provides for one-time appropriations and allocations for the emergency payments.

[LD 2035](#) – *An Act To Make Changes to the Laws Regarding Licensure of Certain Individuals from Other Jurisdictions*

Enacted as PL 2021, Chapter 642.

The law clarifies that certain documentation and fee waivers may be authorized only in situations of extreme and demonstrated hardship and only for individuals educated or trained in jurisdictions outside the United States. The bill also allows a licensing entity the opportunity to issue licenses by endorsement prior to the conclusion of the rule-making process.

In addition, the law adds language to the powers of the Office of Professional and Occupational Regulation and to certain licensing entities within the office to clarify that the licensing entities are required to establish a process for licensure by endorsement despite any conflicting statutory language.

This law clarifies that an applicant to the licensing entities within the office may apply under the application process of the applicant's choice.

[LD 2040](#) - *An Act To Maintain a Comprehensive Substance Use Disorder Treatment Program for Maine's Incarcerated Population*

Enacted as PL 2021, Chapter 706.

The law directs the Commissioner of Corrections to maintain a comprehensive substance use disorder treatment program in all state correctional facilities.

Study Bills

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

[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*

Enacted as Resolve 2021, Chapter 173 (Emergency).

This resolve establishes the Task Force To Study Improving Safety and Provide Protection from Violence for Health Care Workers in Hospitals and Mental Health Care Providers. The task force is directed to submit a report and any suggested legislation for presentation to the Legislature by November 2, 2022.

[LD 1771](#) – *Resolve, To Establish the Advisory Panel To Better Understand and Make Recommendations Regarding the Implications of Genome-editing Technology for the Citizens of the State*

Enacted as Resolve 2021, Chapter 177.

This resolve establishes the Advisory Panel To Better Understand and Make Recommendations Regarding the Implications of Genome-editing Technology for the Citizens of the State to study the implications of genome-editing technology and the legislative, administrative or other steps that the State should take to capitalize on the potential and avoid the hazards of genome-editing technology. The panel is directed to submit its report, including suggested legislation, by December 31, 2023.

[LD 1988](#) - *An Act To Establish That the Provision of Emergency Medical Services by an Ambulance Service Is an Essential Service and To Establish the Blue Ribbon Commission To Study Emergency Medical Services in the State*

Enacted as PL 2021, Chapter 749.

This law establishes the Blue Ribbon Commission To Study Emergency Medical Services in the State. The commission must examine and make recommendations on the support of and delivery of emergency medical services in the State and may look at all aspects of emergency medical services, including but not limited to workforce development, training, compensation, retention, costs, reimbursement rates, organization and local and state support.

No later than December 7, 2022, the commission must submit a report that includes its findings and recommendations, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over public safety matters.

[LD 2008](#) - *Resolve, To Establish the Committee To Study Court-ordered Treatment for Substance Use Disorder*

Enacted as Resolve, Chapter 183.

The Resolve establishes the 16-member Committee To Study Court-ordered Treatment for Substance Use Disorder. The study committee is directed to explore the legal issues and best medical practices and related issues concerning substance use disorder treatment that is involuntary or includes some form of leverage to ensure adherence to treatment. The study committee shall submit a report that includes a summary of its activities and recommendations, including suggested legislation, to the Health and Human Services and the Judiciary Committees.

Dead Bills

Of the bills MHA followed, 46 were killed; though some were enacted by other means.

[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 42](#) - *An Act Making Certain Supplemental Appropriations and Allocations and Changing Certain Provisions of the Law*

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

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

[LD 240](#) - *An Act Making Certain Appropriations and Allocations and Changing Certain Provisions of the Law*

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

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

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

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

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

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

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

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

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

Dead Bills

- [LD 1338](#) - *An Act to Prohibit Employers from Retaliating against the Use of Earned Paid Leave*
- [LD 1424](#) - *Resolve, To Change the Educational Requirements of Behavioral Health Professionals Providing Services for Children*
- [LD 1463](#) - *An Act To Make Health Care Coverage More Affordable for Working Families and Small Businesses*
- [LD 1523](#) - *An Act To Establish the Trust for a Healthy Maine*
- [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*
- [LD 1601](#) - *Resolve, To Establish an Advisory Panel To Study the Implications of Genome-editing Technology for the Citizens of the State* [Note: Enacted as LD 1771.]
- [LD 1608](#) – *An Act To Expand the MaineCare Program To Cover All Citizens of the State*
- [LD 1791](#) - *An Act Directing the Department of Health and Human Services To Provide Notice to Hospitals of Nursing Facility Closures* [Note: DHHS will direct that notice be given by rule.]
- [LD 1693](#) - *An Act To Advance Health Equity and Improve the Well-being of All Maine People*
- [LD 1701](#) - *An Act To Establish a Managed Care Program for MaineCare Services*
- [LD 1706](#) - *An Act To Require Appropriate Coverage of and Cost-sharing for Generic Drugs and Biosimilars*
- [LD 1755](#) - *An Act To Enhance the Child Welfare Ombudsman Program*
- [LD 1790](#) - *An Act To Ensure Equitable Geographic Access to Long-term Care Services in DHHS*
- [LD 1807](#) - *An Act To Expand Nursing Education Programs*
- [LD 1877](#) - *An Act To Prohibit Prior Authorization Requirements and Step Therapy Protocols for Medications Addressing Serious Mental Illness for MaineCare Recipients*
- [LD 1881](#) - *An Act To Clarify the Laws Related to the Use of Medical Marijuana and Workers' Compensation*
- [LD 1938](#) - *An Act To Prohibit Discriminatory Practices Related to the 340B Drug Pricing Program*
- [LD 1945](#) - *An Act To Regulate the Use of Biometric Identifiers*
- [LD 1952](#) - *Resolve, To Extend the Commission To Develop a Paid Family and Medical Leave Benefits Program*
- [LD 1973](#) - *An Act To Support Frontline Health Care Workers by Waiving Professional Licensing Fees*
- [LD 1993](#) - *An Act To Establish a Progressive Treatment Program Monitor*

MHA Public Policy Council

Thank you for your service and assistance during the session.

Chair, Lois Skillings, RN, MSN, President - Mid Coast Hospital

Jeanine Chesley, Chief Executive Officer - New England Rehabilitation Hospital

Kris Doody, Chief Executive Officer - Cary Medical Center

Katie Fullam Harris, Sr. VP, Government Relations & Accountable Care Strategy - MaineHealth

Chuck Hays, President & Chief Executive Officer - MaineGeneral Medical Center

Nathan Howell, President - Southern Maine Health Care-Biddeford Campus

Trampas Hutches, President - Franklin Memorial Hospital

Steve Jorgensen, President - St. Mary's Regional Medical Center

Gregory T. LaFrancois, President - Northern Light A.R. Gould Hospital

Steve Lail, Chief Executive Officer - Down East Community Hospital & Calais Community Hospital

Crystal Landry, RN, Chief Executive Officer - Penobscot Valley Hospital

Steven G. Littleson, FACHE, President - CMHC & Central Maine Medical Center

Christina Maguire, President and CEO - Mount Desert Island Hospital

Rand O'Leary, FACHE, President - Northern Light Eastern Maine Medical Center

Andrea Patstone, President - Stephens Memorial Hospital

Robert Peterson, FACHE, D.Sc., Chief Executive Officer - Millinocket Regional Hospital

Patrick Taylor, M.D., President & CEO - York Hospital

Charles D. Therrien, President - Northern Light Mercy Hospital

Marie Vienneau, President - Northern Light Mayo Hospital & Northern Light CA Dean Hospital

Cynthia Wade, RN, BSN, CPHQ, President - LincolnHealth

Richard D. Willett, Chief Executive Officer - Redington-Fairview General Hospital

Peter J. Wright, FACHE, President - Bridgton Hospital & Rumford Hospital



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