Legislative Wrap Up

Second Session
129th Legislature
129th SECOND SESSION SUMMARY

The Second Session (the so-called “short” session) of the Legislature abruptly adjourned on March 17 due to the Coronavirus outbreak.

Because of the abrupt departure, several bills were not finally enacted upon. They were instead carried over to any special session that may get called later this year.

As for second sessions, there were more bills considered this year, primarily due to the high number of carryover bills from last year, than in the recent past.

SECOND SESSION—HISTORICAL RESULTS

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>2nd Session Bills Filed</td>
<td>321</td>
<td>281</td>
<td>248</td>
<td>288</td>
<td>328</td>
<td>336</td>
</tr>
<tr>
<td>Bills Carried Over from 1st Session</td>
<td>411</td>
<td>319</td>
<td>176</td>
<td>213</td>
<td>134</td>
<td>88</td>
</tr>
<tr>
<td>Total Bills Considered</td>
<td>732</td>
<td>600</td>
<td>424</td>
<td>501</td>
<td>462</td>
<td>424</td>
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<tr>
<td>Bills Enacted</td>
<td>182</td>
<td>203</td>
<td>179</td>
<td>229</td>
<td>303</td>
<td>282</td>
</tr>
<tr>
<td>% Enacted</td>
<td>25%</td>
<td>34%</td>
<td>42%</td>
<td>46%</td>
<td>66%</td>
<td>67%</td>
</tr>
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</table>

SECOND SESSION—BILLS MHA FOLLOWED

MHA followed 145 of the 732 bills that were in play during the second session.

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enacted</td>
<td>35</td>
<td>24%</td>
</tr>
<tr>
<td>Carried Over</td>
<td>82</td>
<td>57%</td>
</tr>
<tr>
<td>Rejected</td>
<td>28</td>
<td>19%</td>
</tr>
<tr>
<td>Total</td>
<td>145</td>
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</table>
First Session Total Spending

Heading into the second session, the sum of first session spending, primarily the biennial budget, but also including other stand-alone bills, looked like this:

<table>
<thead>
<tr>
<th></th>
<th>SFY 2020</th>
<th>SFY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$3.894 Billion</td>
<td>$4.021 Billion</td>
</tr>
<tr>
<td>Expenditures</td>
<td>$3.924 Billion</td>
<td>$4.089 Billion</td>
</tr>
<tr>
<td>Surplus / (Loss)</td>
<td>($29 Million)</td>
<td>($67 Million)</td>
</tr>
<tr>
<td>Existing Surplus</td>
<td>$139 Million</td>
<td>$110 Million</td>
</tr>
<tr>
<td>Net Surplus</td>
<td>$110 Million</td>
<td>$43 Million</td>
</tr>
</tbody>
</table>

As you can see, SFYs 2020 and 2021 have more expenditures than revenue; but the $139 Million surplus from SFY 2019 covered the balance. However, that surplus was reduced to $42 Million headed into the second session.

Second Session

The revenue increases in the second session were overwhelmingly the result of revised revenue estimates from the then-strong economy, rather than new or amended taxes.

<table>
<thead>
<tr>
<th></th>
<th>SFY 2020</th>
<th>SFY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Revenue Estimate</td>
<td>$94 Million</td>
<td>$53 Million</td>
</tr>
<tr>
<td>New Expenditures</td>
<td>$11 Million</td>
<td>$63 Million</td>
</tr>
<tr>
<td>Surplus / (Loss)</td>
<td>$83 Million</td>
<td>($10 Million)</td>
</tr>
</tbody>
</table>

When the second session activity is combined with the net surplus of $43 Million from the first session, the state adjourned with a surplus of $114 Million (this is not the “rainy day” fund).

Clearly, the positive revenue reprojections from December 1st and March 1st will not hold-up and the state is likely to lose a significant amount of revenue this Summer.
New Laws

Maine enacted 182 new laws this year, an unusually small number due to the sudden adjournment on March 17—one month prior to the statutory adjournment date.

Only thirty-five bills MHA followed were enacted.

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

The next 10 pages list all of these bills by Committee with a few highlighted.

**Insurance Committee (9)**

**LD 1660 - An Act To Improve Access to Physician Assistant Care**

Enacted as PL 2019, Ch. 627.

In Part A, the amendment requires health insurance carriers to allow physician assistants to serve as primary care providers under managed care plans. It also specifies that carriers are required to provide coverage for services provided by physician assistants if those services are within a physician assistant's scope of practice and are covered services under a health plan and makes that provision applicable to contracts issued or renewed on or after January 1, 2021.

In Part B, the amendment makes the following changes to the laws governing the licensing and scope of practice of physician assistants.

1. It increases the membership of the Board of Osteopathic Licensure and the Board of Licensure in Medicine from 10 to 11 members by changing the number of members on each board who are physician assistants from one member to 2 members.

2. It establishes provisions for the scope of practice of physician assistants based on practice setting.

3. It removes registration and physician supervisory requirements and establishes requirements for physician assistants to have collaborative agreements and practice agreements with physicians and other healthcare professionals.

4. It clarifies that physician assistants are legally responsible for any medical services provided in accordance with collaborative and practice agreements and authorizes the licensing boards to adopt rules related to requirements for collaborative and practice agreements.

5. It changes the fee for an application for initial licensure from up to $250 to up to $300.

6. It provides a transition provision for physician assistant licenses that are current and not under investigation.

In Part C, the amendment adds an appropriations and allocations section.
New Laws

**LD 1928 – An Act To Prohibit Health Insurance Carriers from Retroactively Reducing Payment on Clean Claims Submitted by Pharmacies**

Enacted as PL 2019, Ch. 643

Current law prohibits an employer from requesting the social security number of a prospective employee. This law provides an exception to the prohibition when the employer is required to request the social security number by federal law.

**LD 1948 - An Act To Prohibit, Except in Emergency Situations, the Performance without Consent of Pelvic Examinations on Unconscious or Anesthetized Patients**

Enacted as PL 2019, Ch. 602

This law requires that, prior to performing or supervising a pelvic, rectal or prostate examination, a healthcare practitioner must obtain the patient's informed consent to that examination unless the examination of an unconscious patient is required for diagnostic purposes and is medically necessary or the examination is authorized pursuant to the implied consent provision in the Maine Health Security Act relating to forensic examinations of unconscious alleged victims of sexual assault.

The law clarifies that the provisions apply more broadly to licensed healthcare practitioners, not just physicians as in the bill, and reallocates the provision to the Maine Revised Statutes, Title 24, chapter 21, subchapter 5. The amendment expands the scope of the bill to include rectal and prostate examinations and also requires a healthcare practitioner to obtain the patient's informed consent orally and in writing.

**LD 1972- An Act To Increase Access to and Reduce the Cost of Epinephrine Autoinjectors by Amending the Definition of "Epinephrine Autoinjector"**

Enacted as PL 2019, Ch. 560.

This bill amends the definition of "epinephrine autoinjector" in different areas of Maine law to include devices approved by the federal Food and Drug Administration that deliver a specific dose of epinephrine by means other than automatic injection of epinephrine into the human body. The bill changes references to epinephrine pen to epinephrine autoinjector.

**LD 2007 - An Act To Enact the Made for Maine Health Coverage Act and Improve Health Choices in Maine**

Enacted as PL 2019, Ch. 653

This law is the Governor’s primary healthcare legislation for the second session. It does three things. First, it creates a so-called “State Based Exchange” that gives the state some greater control over the market for federally-subsidized, individual insurance. This is the Governor’s proposal that was announced during the Fall. It requires carriers to provide certain preventative services at no cost to the consumer. It also establishes a pooled market for individual health plans and small group health plans and changes reinsurance to be retrospective and applied to the pooled market; and it regulates the content of plans to be sold on the exchange.
New Laws

**LD 2025 – An Act To Authorize Emergency Medical Services Personnel To Provide Treatment within Their Scope of Practice in a Hospital Setting with the Permission of the Hospital**

Enacted as PL 2019, Ch. 609

This law clarifies that licensing requirements for an emergency medical services person may not be construed to prohibit a person licensed under the Maine Emergency Medical Services Act of 1982 from providing medical services as an employee of a hospital if those services are authorized by the hospital and delegated by a physician.

**LD 2096 - An Act To Save Lives by Capping the Out-of-pocket Cost of Certain Medications**

Enacted as PL 2019, Ch. 666

This law provides that a health insurance carrier that provides coverage for prescription insulin drugs may not impose a cost-sharing requirement on the enrollee that results in out-of-pocket costs to the enrollee in excess of $100 per 30-day supply of insulin.

**LD 2105 – An Act To Protect Consumers from Surprise Emergency Medical Bills**

Enacted as PL 2019, Ch. 668

The law amends the law providing consumer protection for surprise medical bills to include surprise bills for emergency services and also extends the same protections to bills for covered emergency services rendered by out-of-network providers. It clarifies that consumers must be held harmless and not subject to balance billing for these services and specifies that consumers are responsible only for any applicable cost sharing determined as if the healthcare services were rendered by a network provider.

In the event of a dispute with respect to only a surprise bill for emergency services or a bill for covered emergency services rendered by an out-of-network provider, the law directs the Superintendent of Insurance to develop an independent dispute resolution process to determine a reasonable payment for healthcare services beginning no later than October 1, 2020.

It also requires the Emergency Medical Services' Board to convene a stakeholder group to review reimbursement rates for ambulance services.

**LD 2111 - An Act To Establish Patient Protections in Billing for Health Care**

Enacted as PL 2019, Ch. 670

This law makes the following changes.

1. It requires a healthcare entity to disclose to a federal Medicare patient who is on observation status in a single notice the required disclosure of that status required by federal Medicare rules, that the patient's observation status may have an impact on the patient's financial liability and that the patient may meet with a representative from the healthcare entity's financial office to discuss the patient's potential financial liability.

2. It requires that a provider receiving a nonemergency referral to disclose to the patient whether the provider is an out-of-network provider.

3. It prohibits a healthcare entity from charging any fee for the transfer of a patient between providers or for the transfer of patient records between providers unless the fee is disclosed and directly related to the costs associated with making that transfer of the patient or the patient's medical records.
Health and Human Services Committee (14)

**LD 227 - An Act To Strengthen Maine's Public Health Infrastructure**

Enacted as Resolve 2019, Ch. 114.

As enacted, the bill directs DHHS to review, with stakeholder input, the State’s public health infrastructure and develop recommendations to strengthen the efficiency and effectiveness of public health service delivery and to submit a report with those recommendations to HHS Committee no later than January 1, 2021.

**LD 775 – Resolve, To Direct the Department of Health and Human Services To Amend Its Rules for Eligibility for Community Support Services**

Enacted as Resolve 2019, Ch. 117

This Resolve authorizes, but does not mandate, that DHHS amend its rule MaineCare Benefits Manual, Section 17, (Community Support Services) concerning eligibility criteria for services under that section. It requires the department to report to the Health and Human Services Committee by January 15, 2021 on this matter.

**LD 1758 – An Act To Clarify and Amend MaineCare Reimbursement Provisions for Nursing and Residential Care Facilities**

Enacted as PL 2019, Ch. 533

This law is emergency legislation to require DHHS to amend the department’s rules regarding MaineCare reimbursement of nursing facility and residential care facility costs, including:

Extension of the 10% one-time supplemental payment provided in Public Law 2017, chapter 460, Part B to nursing facilities and residential care facilities to continue in successive years until rebasing incorporates the increase. It further requires an additional 10% increase that is carried forward until rebasing incorporates the increase.

**LD 1809 – Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children**

Enacted as Resolve 2019, Ch. 110

This resolve requires DHHS to increase reimbursement rates for multisystemic therapy, multisystemic therapy for problem sexualized behavior and functional family therapy by 20% until June 30, 2020. It requires the department to contract for a 3rd-party rate study of the reimbursement rates for those therapies, including developing a rate set on a per case per week basis rather than the current 15-minute increments. The rate study must be completed no later than December 1, 2019 (obviously, that date is now moot; DHHS has indicated it is going forward with a broad rate study; results of that study will be available in March, 2021).

**LD 1838 – Resolve, Requiring the Department of Health and Human Services To Examine Options for Upper Payment Limit Adjustments for MaineCare Services**

Enacted as Resolve 2019, Ch. 111

This resolve requires DHHS to examine upper payment limit options to increase the federally approved limits for services provided under MaineCare. The department may contract with any consultant or 3rd-party organization that it determines appropriate for this purpose ($13,000 is set-aside for this study). The department may also consult with any stakeholders that the department determines appropriate.
**New Laws**

**LD 1934 - An Act Regarding Prior Authorization for Medication-assisted Treatment for Opioid Use Disorder under the MaineCare Program**

Enacted as PL 2019, Ch. 645

This law:

1. It clarifies that the prior authorization limitations in the bill apply to medication-assisted treatment and intensive outpatient therapy services for a diagnosis of opioid use disorder.

2. It allows the Department of Health and Human Services to require prior authorization under the MaineCare program when a dosage increase exceeds the department's dosing criteria as identified on the department's MaineCare preferred drug list.

3. It authorizes the department to adopt routine technical rules to implement the prior authorization limitations.

4. It states that the prior authorization limitations must be applied in a manner that is not inconsistent with the requirements of the Medicaid drug rebate program.

**LD 1974 - An Act To Promote Telehealth**

Enacted as PL 2019, Ch. 649

This law directs DHHS to amend its rules (Section 4, Telehealth and Section 13, Targeted Case Management Services) to provide for reimbursement of case management services delivered through telehealth to targeted populations. The bill makes other changes necessary for the delivery of telehealth services to be expanded to include case management services.

The bill clarifies that telehealth services reimbursable under a health plan or the MaineCare program include consultation between health professionals regarding a patient, whether the consultation occurs in real time or asynchronously.

It provides that private insurance carriers may provide coverage for healthcare services delivered through telehealth that is consistent with the Medicare coverage policy for interprofessional Internet consultations and provides that if a carrier provides such coverage the carrier may also provide coverage for interprofessional Internet consultations that are provided by a federally qualified health center or rural health clinic.

**LD 2054 - An Act To Consolidate Certain Reporting Requirements of the Department of Health and Human Services**

Enacted as PL 2019, Ch. 612

This bill consolidates reporting requirements regarding DHHS planning for and activities concerning the State's aging population and incapacitated and dependent adults and the department's quality assurance review committee's recommendations and activities. It also repeals requirements for annual press releases and reports by the Commissioner of Health and Human Services regarding department spending, welfare fraud-related statistics, contracting services, grants received from the Federal Government and total out-of-state travel costs for employees.
New Laws

**LD 2057** – An Act To Ensure an Efficient Contracting Process for the Department of Health and Human Services

Enacted as PL 2019 Ch. 590.

This bill amends the law regarding performance-based contracts entered into by DHHS to give the Commissioner discretion in holding informational meetings and requiring notices of intent to bid.

**LD 2059** – An Act To Clarify the Provision for Care of Infants after Birth

Enacted as PL 209, Ch. 613

This law makes the following changes to the laws governing the administration of prophylactic ophthalmic ointment and vitamin K injections to infant that was enacted last year:

1. It specifies that the incidence of inflamed or reddened eyes in an infant be reported to the infant's primary care provider rather than to an unspecified physician;

2. It removes language that the ophthalmic ointment is provided without cost by DHHS; and

3. It requires the department to develop a form to be used by a parent wishing to refuse the prophylactic ophthalmic ointment or vitamin K injection.

**LD 2068** – Resolve, Regarding Legislative Review of Portions of Chapter 15: Death with Dignity Act Reporting Rule, a Major Substantive Rule of the Department of Health and Human Services, Center for Disease Control and Prevention

Enacted as Resolve 2019, Ch. 130

This resolve provides for legislative review of portions of Chapter 15: Death with Dignity Act Reporting Rule, a major substantive rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention.

**LD 2078** - Resolve, Regarding Legislative Review of Portions of Chapter 100: Enforcement Procedures, a Major Substantive Rule of the Maine Health Data Organization

Enacted as Resolve 2019, Ch. 123

This resolve provides for legislative review of portions of Chapter 100: Enforcement Procedures, a major substantive rule of the Maine Health Data Organization. The amendments provide for changes related to the new laws regarding data reporting by pharmaceutical manufacturers.

**LD 2080** - Resolve, Regarding Legislative Review of Portions of Chapter 104: Maine State Services Manual, Section 8, Wholesale Prescription Drug Importation Program, a Major Substantive Rule of the Department of Health and Human Services

Enacted as Resolve 2019, Ch. 136

This resolve adopts portions of Chapter 104: Maine State Services Manual, Section 8, Wholesale Prescription Drug Importation Program, a major substantive rule of the Department of Health and Human Services.

The legislature required three amendments to the proposed rule:
New Laws

1. The rule must be amended in Section 8.01 in the last sentence to provide that the department shall submit an application no later than May 1, 2020, and, if the federal rule is not finalized prior to May 1, 2020, that the department shall submit a subsequent or revised application as soon as practicable after finalization of the federal rule.

2. The rule must be amended in Section 8.02 by amending the time allowed for input from between January 1, 2020 and July 1, 2020 to between January 1, 2020 and March 16, 2020 and to allow for additional input from stakeholders as necessary after the federal rule is finalized.

3. The rule must be amended in Section 8.03 to require the department, following the conclusion of the stakeholder input process and as required by Title 5, section 2042, to submit an application to the United States DHHS to establish a state importation program no later than May 1, 2020. The rule must be amended to also require that, if the final federal rule is not released before May 1, 2020, the department shall submit a subsequent or revised application to establish a state importation program as soon as is practicable after the release of the final federal rule. The rule must be amended to also require that, if the department determines further rulemaking is necessary to implement the requirements of the program design, additional rules will be proposed.

LD 2119 - An Act To Amend the Laws Governing the Maternal, Fetal and Infant Mortality Review Panel
Enacted as PL 2019, Ch. 671
This law amends the laws governing the maternal, fetal and infant mortality review panel to require the review of maternal deaths that occur within one year of giving birth. Current law requires the panel to review maternal deaths that occur within 42 days of giving birth.

Labor Committee (2)

LD 1911 - An Act To Amend the Unemployment Compensation Laws
Enacted as PL 2019, Ch. 585
This bill makes the following changes to the laws governing unemployment compensation.

1. Current law provides that, beginning January 1, 2022, benefits paid to an individual under the laws governing unemployment compensation must be charged against the experience rating record of the claimant's employers in a ratio inversely proportional to the claimant's employment beginning with the most recent employer. This bill strikes that language and instead restores the previous language governing the employer benefit charging model.

2. It provides that the experience rating record of the most recent subject employer may not be charged with benefits paid to a claimant whose work record with that employer totals 5 or fewer consecutive weeks.

3. It provides that, in the absence of an application for redetermination filed within 30 days after the mailing of notification of benefits paid and chargeable to the employer's experience rating, the notification is conclusive and binding. Under the bill, any request for reconsideration must be made under the laws governing appeals of determination or assessment.
New Laws

**LD 1986** — An Act To Clarify the Law Protecting Job Applicants from Identity Theft

Enacted as PL 2019, Ch. 567

Current law prohibits an employer from requesting the social security number of a prospective employee. This bill provides an exception to the prohibition when the employer is required to request the social security number by federal law.

**Judiciary Committee (2)**


Enacted as PL 2019, Ch. 611

This law eliminates municipal paper record retention requirements for maintaining death disposition permits and requires those permits to be maintained in the electronic death registration system.

**LD 2050** — An Act To Establish the Central Aroostook County Emergency Medical Services Authority

Enacted as P&S 2019, c. 17.

This law establishes the Central Aroostook County Emergency Medical Services Authority to facilitate the provision of emergency medical services to the citizens of Mars Hill, Bridgewater and Blaine.

**Appropriations Committee (3)**

**LD 1563** — An Act To Encourage the Development of Broadband Coverage in Rural Maine

Enacted as PL 2019, Ch. 625

1. Renames the ConnectME Authority the ConnectMaine Authority in the Maine Revised Statutes;
2. Amends the law governing collection of data by the ConnectMaine Authority to require, rather than permit, certain data collection and to specify the purposes for which data may be required. It also specifies that the authority may initiate a proceeding to determine whether to remove confidential designation of specific information;
3. Repeals the broadband sustainability fee;
4. Amends the law regarding broadband plans funded by broadband planning grants to remove the requirement that the plans include certain elements, instead allowing these elements to be included; and
5. Requires the authority to initiate rulemaking within 90 days of the effective date of the Act to implement the provisions of the Act.

**LD 2126** — Supplemental Budget

Enacted as PL 2019, Ch. 616

**LD 2134** — An Act To Authorize a General Fund Bond Issue for Infrastructure To Improve Transportation and Internet Connections [Bond Bill]
New Laws

Enacted as PL 2019, Ch. 673

The funds provided by the bond issue under Part A, in the amount of $105,000,000, will be used for improvement of highways and bridges statewide and for multimodal facilities or equipment related to transit, freight and passenger railroads, aviation, ports, harbors, marine transportation and active transportation projects, to be matched by an estimated $275,000,000 in federal and other funds.

The funds provided by the bond issue under Part B, in the amount of $15,000,000, will be used for investments in high-speed internet infrastructure for unserved and underserved areas, to be matched by up to $30,000,000 in federal, private, local or other funds.

Other Committees (5)

**LD 1900** – An Act To Amend the Laws Governing Motor Vehicle Child Restraint Systems To Allow Certain Exceptions

Enacted as PL 2019, Ch. 577

This bill amends the laws governing motor vehicle child restraint systems to provide exceptions for children who exceed a manufacturer's recommended height limit and for children who have a medical condition that necessitates a different child restraint system.

**LD 2029** - An Act To Make March Maine Childhood Cancer Awareness Month

Enacted as PL 2019, Ch. 569

This law establishes March of each year as Maine Childhood Cancer Awareness Month

**LD 2042** – Resolve, To Allow the Department of Public Safety To Transfer Certain Property to the LifeFlight Foundation

Enacted as Resolve 2019, Ch. 129

This resolve:

1. Transfers to the LifeFlight Foundation title and ownership of a motor vehicle and computer training equipment that were purchased by the Department of Public Safety with funds provided by the LifeFlight Foundation;

2. Transfers to the LifeFlight Foundation funds provided by the LifeFlight Foundation and remaining in a special revenue account; and

3. Terminates the Memorandum of Understanding, dated June 1, 2014, between the Department of Public Safety, Maine Emergency Medical Services and the LifeFlight Foundation.

**LD 2163** - An Act To Address Funding Needs Related to COVID-19

Enacted as PL 2019, c. 618.

This law authorizes transfers of up to $11M from the Reserve for General Fund Operating Capital to a COVID-19 response fund in order to address funding needs associated with COVID-19 through January 15, 2021.
**New Laws**


Enacted as PL 2019, c. 617

This law has 12 parts dealing with a broad range of issues including education, FAME and the Bureau of Motor Vehicles.

Of most relevance to hospitals are three provisions:

- Part C allows the Medical Direction and Practices Board of the Maine EMS system to use videoconferencing and other technologies to conduct its meetings and, until December 31, 2020, to delegate its duties to the statewide emergency medical services medical director and the statewide associate emergency medical services medical director.

- Part H allows the Governor to modify or suspend the requirements for professional or occupational licensing or registration by any agency, board or commission if strict compliance with such requirements would in any way prevent, hinder or delay necessary action in dealing with the state of emergency.

- Part K authorizes the Department of Health and Human Services to require a designated healthcare facility to report specific information to the department, such as the healthcare facility's emergency management plan and, on a daily basis, the number of beds available within that facility.
Eighty-two bills MHA is following were carried over. There are two kinds of carryovers:

- Committee & Chamber Carryovers (43 bills we’re following): where the bill is either still in Committee or up in the House or Senate, and

- Appropriations Table Carryovers (39 bills we’re following): where the bill is on the Appropriations Table.

Obviously, its unusual for a second session to carryover bills, but it is anticipated that the Legislature will return for a special session sometime in the fall.

A total of 458 bills were carried over. That is a lot of bills to try and digest in a special session. Obviously, given the financial challenges the state is about to face, most of the 163 bills on the Appropriations Table will have a difficult path to enactment.

The Legislature carried over 39 bills we followed that were on the Appropriations Table.

LD 46 – An Act To Establish a Substance Use Disorder Clinic at the Cumberland County Jail
LD 73 - An Act To Provide an Income Tax Credit for Certain Student Loan Repayments
LD 177 - Resolve, To Improve Access to Bariatric Care
LD 181 - An Act To Provide Funding to the Department of Health and Human Services To Support Free Health Clinics in the State
LD 215 – An Act To Increase the Reimbursement Rate for Ambulance Service Paid by the Department of Corrections
LD 315 - An Act To Promote Healthy Living in Maine
LD 362 - Resolve, To Require the Department of Health and Human Services To Submit a State Plan Amendment To Exempt Retirement and Educational Assets from Calculations for Medicaid Eligibility
LD 493 – An Act To Provide Lung Cancer Counseling and Screening for MaineCare Recipients
LD 498 – Resolve, Regarding Reimbursement of Physical Medicine and Rehabilitation Codes under MaineCare
LD 511 - An Act To Create an Alzheimer's Disease and Dementia Coordinator Position within the Department of Health and Human Services
LD 539 - Resolve, To Ensure Appropriate Personal Needs Allowances for Persons Residing in Long-term Care Facilities
LD 593 - Resolve, To Stabilize the Behavioral Health Workforce and Avert More Expensive Treatments
LD 692 - Resolve, To Address Reimbursement Rates for Licensed Clinical Social Workers under MaineCare
### Appropriations Table Carryovers

<table>
<thead>
<tr>
<th>Bill</th>
<th>Title</th>
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<tbody>
<tr>
<td>LD 706</td>
<td>An Act To Reduce the Incidence of Obesity and Chronic Disease in the State</td>
</tr>
<tr>
<td>LD 745</td>
<td>An Act To Support the Northern New England Poison Center</td>
</tr>
<tr>
<td>LD 763</td>
<td>An Act To Ensure the Availability of Community Integration Services</td>
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<tr>
<td>LD 799</td>
<td>An Act To Increase Faculty in Nursing Education Programs</td>
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<tr>
<td>LD 836</td>
<td>An Act To Expand Maine's School-based Health Centers</td>
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<tr>
<td>LD 880</td>
<td>An Act To Respond to Federal Changes to Social Programs</td>
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<tr>
<td>LD 915</td>
<td>An Act To Provide Adequate Reimbursement under MaineCare for Ambulance and Neonatal Transport Services</td>
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<tr>
<td>LD 931</td>
<td>An Act Concerning the Department of Health and Human Services</td>
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<tr>
<td>LD 972</td>
<td>Resolve, To Increase Access to Brain Injury Waiver Services</td>
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<tr>
<td>LD 1106</td>
<td>An Act To Improve the Health and Economic Security of Older Residents</td>
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<tr>
<td>LD 1126</td>
<td>Resolve, To Classify Employee Health Insurance as a Fixed Cost for MaineCare Reimbursement in Nursing Homes</td>
</tr>
<tr>
<td>LD 1135</td>
<td>Resolve, To Increase Funding for Assertive Community Treatment</td>
</tr>
<tr>
<td>LD 1229</td>
<td>Resolve, To Establish the Committee To Study and Develop Recommendations To Address Guardianship Challenges That Delay Patient Discharges from Hospitals</td>
</tr>
<tr>
<td>LD 1256</td>
<td>An Act To Provide a Health Care Preceptor Tax Credit</td>
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<tr>
<td>LD 1350</td>
<td>An Act To Improve Rural Health Care</td>
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<tr>
<td>LD 1362</td>
<td>An Act To Fund Opioid Treatment by Establishing an Excise Tax on Manufacturers of Opioids</td>
</tr>
<tr>
<td>LD 1377</td>
<td>An Act To Enhance and Improve the Maine Developmental Services Oversight and Advisory Board and To Establish an Independent Oversight Panel To Review Deaths of and Serious Injuries to Persons with Intellectual Disabilities or Autism</td>
</tr>
<tr>
<td>LD 1461</td>
<td>An Act To Support Early Intervention and Treatment of Mental Health Disorders</td>
</tr>
<tr>
<td>LD 1539</td>
<td>An Act To Provide Maine Children Access to Affordable Health Care</td>
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<tr>
<td>LD 1577</td>
<td>An Act To Assist Nursing Homes in the Management of Facility Beds</td>
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<tr>
<td>LD 1655</td>
<td>An Act To Improve and Modernize Home-based Care</td>
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<tr>
<td>LD 1661</td>
<td>An Act To Create the Drug Donation and Redispensing Program</td>
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<tr>
<td>LD 1662</td>
<td>An Act To Save Lives by Establishing the Low Barrier Opioid Treatment Response Program</td>
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<tr>
<td>LD 1689</td>
<td>An Act To Address the Opioid Crisis through Evidence-based Public Health Policy</td>
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<tr>
<td>LD 1957</td>
<td>An Act To Provide Women Access to Affordable Postpartum Care</td>
</tr>
<tr>
<td>LD 2110</td>
<td>An Act To Lower Health Care Costs</td>
</tr>
</tbody>
</table>
Insurance Committee (6)

LD 30 - An Act To Improve Health Care Data Analysis
LD 519 - An Act To Expand Adult Dental Health Insurance Coverage
LD 1434 - An Act To Allow Certified Registered Nurse Anesthetists To Bill for Their Services
LD 1611 – An Act To Support Universal Health Care
LD 1650 – An Act To Strengthen Consumer Protections in Health Care
LD 2133 - An Act To Implement Recommendations for Review of the Licensing Laws for Certain Licensed Health Professionals Pursuant to the State Government Evaluation Act

HHS Committee (18)

LD 232 - An Act To Change the Process by Which Designated Nonstate Mental Health Institutions Petition the District Court To Admit Certain Patients to a Progressive Treatment Program
LD 803 - An Act To Create 4 Regional Mental Health Receiving Centers
LD 1418 - An Act To Address Maine's Shortage of Behavioral Health Services for Minors
LD 1822 – An Act To Protect Access to Services for Adults with Serious and Persistent Mental Illness
LD 1856 - Resolve, To Support Individuals with Acute Mental Health Needs
LD 1937 - An Act To Provide Timely Access to Behavioral Health Services for Maine Children and To Address Trauma and the Impacts of the Opioid Crisis
LD 1940 - Resolve, Directing the Department of Health and Human Services To Increase MaineCare Reimbursement Rates for Targeted Case Management Services To Reflect Inflation
LD 1946 - An Act To Improve Access to Mental and Behavioral Health Care by Providing Care in Clinical Reproductive and Sexual Health Care Settings
LD 1955 - An Act To Promote Cost-effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children
LD 1961 - An Act To Establish the Trust for a Healthy Maine
LD 1984 - An Act To Eliminate Waiting Lists for Home and Community-based Services for Adults with Intellectual Disabilities, Autism, Brain Injury and Other Related Conditions
LD 1990 - An Act To Amend the Laws Governing Access to Prescription Monitoring Information
LD 1996 - An Act Concerning the Reporting of Health Care Information to the Emergency Medical Services' Board
LD 2046 - An Act Regarding Immunizations
LD 2106 – An Act Regarding Prior Authorizations for Prescription Drugs
LD 2107 – An Act To Amend the Nursing Facility Licensing Rules To Enhance Cost of Care Collection
LD 2109 - An Act To Implement the Recommendations of the Commission To Study Long-term Care Workforce Issues
LD 2117 – An Act To Expand and Rename the Controlled Substances Prescription Monitoring Program
Committee Carryovers

Judiciary Committee (3)

LD 433 - RESOLUTION, Proposing an Amendment to the Constitution of Maine To Explicitly Prohibit Discrimination Based on the Sex of an Individual
LD 531 - An Act To Provide Counsel for a Person Who Is the Subject of an Adult Guardianship, Conservatorship or Other Protective Arrangement Proceeding
LD 2153 - An Act To Establish an Accidental Drug Overdose Death Review Panel

Labor Committee (4)

LD 402 - An Act To Restore Overtime Protections for Maine Workers
LD 1410 – An Act To Create Paid Family and Medical Leave Benefits
LD 1639 - An Act To Require Comprehensive Responsible Contracting Practices for Public Construction Projects
LD 2087 - An Act Relating to Fair Chance in Employment

Appropriations Committee (7)

LD 455 – An Act To Authorize a General Fund Bond Issue To Expand Maine's Research, Development, Commercialization and Clinical Infrastructure Assets To Improve Outcomes for Maine Families with Members Suffering from Alzheimer's, Dementia and Other Diseases of Aging
LD 611 – An Act To Provide Supplemental Appropriations and Allocations for the Operations of State Government
LD 968 – Supplemental Budget (Biennial SFY 2020-21)
LD 969 – Supplemental Budget (SFY 2019)
LD 1315 - An Act To Support Medically Monitored Crisis Support and Intervention

Other Committees (5)

LD 1295 – An Act To Determine the Need To Increase the Number of Forensic Emergency and Crisis Beds
LD 1460 – An Act To Support Collection and Proper Disposal of Unwanted Drugs
LD 1466 - An Act To Allow Community-based Organizations To Participate in Diversion Projects for Persons with Substance Use Disorder
LD 1923 - An Act To Define as a Hazardous Substance under Maine Law Any Substance Defined under Federal Law as a Hazardous Substance, Pollutant or Contaminant
LD 2076 - Resolve, Regarding Legislative Review of Portions of Chapter 40: Rule for Medication Administration in Maine Schools, a Major Substantive Rule of the Department of Education
Dead Bills

Of the bills MHA followed during the second session, 28 of the bills were rejected.

**LD 51** - An Act To Implement the Recommendations of the Task Force on Health Care Coverage for All of Maine

**LD 231** - An Act To Improve Public Health by Maximizing Federal Funding Opportunities

**LD 284** – An Act To Improve Care Provided to Forensic Patients

**LD 294** - An Act To Require the Fiscal Impact Estimate of a Direct Initiative of Legislation To Be Included on the Ballot

**LD 606** – Resolve, To Require the Department of Health and Human Services To Provide Cost-based Reimbursement to Maine Veterans' Homes

**LD 653** - Resolve, To Establish the Task Force To Study Opportunities for Improving Home and Community-based Services

**LD 697** - Resolve, Directing the Department of Health and Human Services To Conduct a Review of Rules Governing In-home Personal Care Assistance Services

**LD 1052** - An Act To Require Regular and Transparent Review of MaineCare Reimbursement Rates

**LD 1085** – An Act To Ensure That Maine Residents Have Adequate and Affordable Access to Health Care

**LD 1138** – An Act To Ensure Health Insurance Coverage for Treatment for Childhood Postinfectious Neuroimmune Disorders Including Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome

**LD 1146** - An Act To Ensure the Provision of Housing Navigation Services to Older Adults and Persons with Disabilities

**LD 1387** - An Act To Increase Access to Safe and Affordable Prescription Drugs

**LD 1429** - An Act To Fund Opioid Use Disorder Prevention and Treatment

**LD 1591** - An Act To Provide Access to Health Care for Maine Citizens

**LD 1617** - An Act To Create a Single-payer Health Care Program in Maine

**LD 1673** - An Act To Prohibit Prescription Drug Advertising

**LD 1630** - Resolve, To Ensure Access to Opiate Addiction Treatment
Dead Bills

**LD 1755** - An Act To Move Maine Toward Affordable Health Care for Everyone

**LD 1854** - An Act To Increase the Minimum Amount of Insurance Coverage Required for Medical Payments for Vehicle Liability Insurance

**LD 1873** – An Act To Improve Response to Sudden Cardiac Arrest by Requiring Training in the Delivery of Cardiopulmonary Resuscitation Methods by Telecommunications Technology

**LD 1935** - An Act To Address the Needs of Pregnant Women Affected by Opioid Use Disorder

**LD 1939** - Resolve, To Ensure High-quality Long-term Care for Maine Veterans

**LD 1944** - An Act To Expand Eligibility for Home Accessibility Adaptation Benefits under the MaineCare Program

**LD 1950** - An Act To Advance Palliative Care Utilization in the State

**LD 1951** - An Act To Assist Persons with Disabilities Who Are Subject to Pill Count Requirements

**LD 1970** - An Act To Establish Electronic Visit Verification for In-home and Community-based Health Care Workers

**LD 2095** - An Act To Require Appropriate Coverage of and Cost-sharing for Generic Drugs and Biosimilars

**LD 2116** –An Act To Improve Prescription Information Access