



Maine Hospital Association

May 2024

Legislative Wrap Up



Second Session
131st Legislature

SECOND SESSION SUMMARY

The Second Session (the so-called short session) of the Legislature adjourned May 10.

More bills were filed in the two-year 131st Legislature than in recent memory.

	131st (2023- 2024)	130 th (2021- 2022)	129 th (2019- 2020)	128 th (2017- 2018)	127 th (2015- 2016)	126 th (2013- 2014)	125 th (2011- 2012)
Total Bills	2,291	2,041	2,173	1,927	1,703	1,865	1,916

SECOND SESSION

	131st (2024)	130 th (2022)	129 th (2020)	128 th (2018)	127 th (2016)	126 th (2014)	125 th (2012)
New Bills Filed	272	300	321	281	248	288	328
Bills Carried Over from 1st Session	482	372	411	319	176	213	134
Total Bills Considered	754	672	732	600	424	501	462
Bills Enacted	264	346	182	203	179	229	303
% Enacted	35%	51%	25%	34%	42%	46%	66%

BILLS MHA FOLLOWED

	Number	Percentage
Enacted	39	33%
Rejected	80	67%
Total	119	

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

State Government Leadership

Governor: Janet Mills

DHHS Commissioner: Jeanne Lambrew

MaineCare Director: Michelle Probert

House of Representatives:

Democrats - 80

Republicans - 68

Other - 3 (2 Independents, 1 vacancy)

Speaker - Rachel Talbot Ross (Portland) - Termed Out

Majority Leader - Maureen Terry (Gorham) - Termed Out

Majority Whip - Kristen Cloutier (Lewiston)

Minority Leader - Billy Bob Faulkingham (Winter Harbor)

Minority Whip - Amy Arata (New Gloucester)

Senate:

Democrats - 22

Republicans - 13

Other - 0

Senate President - Troy Jackson (Aroostook County) - Termed Out

Majority Leader - Eloise Vitelli (Sagadahoc County) - Termed Out

Majority Whip - Matthea Daughtry (Cumberland County)

Minority Leader - Trey Stewart (Aroostook County)

Minority Whip - Lisa Keim (Oxford County) - Termed Out

Budget

The state enacted one supplemental budget for SFY 2024—2025. Total spending is roughly \$10.4 billion for the biennium.

	SFY 2024	SFY 2025
Revenue	\$5.2 billion	\$5.1 billion
Expenditures	\$5.1 billion	\$5.4 billion
End of Year Surplus	\$155 million	(\$310 million)
<i>Beginning Balance</i>	<i>\$165 million</i>	<i>\$320 million</i>
Net Balance	\$320 million	\$11 million

Supplemental. The supplemental budget (LD 2214 / Chapter 643) addressed several items of interest for hospitals.

Tax & Match.

1. CAH hospitals were removed from both the tax and the match.
2. New CAH reimbursement rate is 104.5%.
3. For PPS hospitals, tax was re-based from 2018 to 2022.
4. Tax rate was increased from 2.23% to 3.25%.
5. Tax increase is roughly \$60M per year.
6. \$115M (state & federal) was dedicated to PPS hospital reimbursement.

Rate Setting. DHHS process for rate setting is underway and due to be complete in 2024.

PRTF Facility Funding. The budget includes \$2M for capital costs associated with the creation of a psychiatric residential treatment facility for adolescents.

CAH Conversions. The budget contains some nebulous language related to new criteria DHHS will apply to any hospital seeking to convert to CAH status. The language requires information from the applicant regarding how the new CAH will help meet any unmet community health needs.

UPL Limit. The budget also includes language incorporating the federal UPL limits into state law.

Budget

Other Budget Items:

1. **CAH Reimbursement.** Funding to increase routine CAH PIPs;
2. **Sales Tax Exemption.** All non-profits now get a sales-tax exemption;
3. **FMLA.** Budget doubles the budget for the administration of the new state-mandated paid FMLA program from 5% to 10% of the total revenue generated by the new 1% payroll tax;
4. **Nursing home Relief Payments.** There are two tranches of funding; some of it will be immediate and other funding will roll out until DHHS finishes the rate reform process;
5. **One-time Funding for St. Mary's Behavioral Health Programs;**
6. **One-time Funding for Establishment of FQHC-related Pharmacies;**
7. **One-time Funding for HealthInfoNet;**
8. **Kennebec County SUD Treatment Facility Funding;**
9. **Transfer to MaineCare Stabilization of \$30M;**
10. **Veteran's Homes Funding;** and
11. **LD 2237 (Speaker's Response to Lewiston Shooting):**
 - Mobile Crisis Services—Funding for peer support specialists;
 - Two More Crisis Response Centers—Funding for one in Aroostook Cty. and one in Penobscot Cty.;
 - Office of Violence Prevention—New office within the Maine CDC;
 - Medication Management—provides funding for medication management services, including telehealth services and employee recruitment and retention incentives;
 - Suicide Prevention—Funding for the so-called “Gun Shop” project; and
 - Active Shooter Alerts—Funding for the State Police to develop a public notice process for active shooters.

New Laws

Maine enacted 264 new laws this year. For non-emergency legislation, the effective date is Friday, **AUGUST 9, 2024.**

If the bill was designated “emergency” legislation it is immediately effective; our list below will indicate emergency bills and the dates they became effective.

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

The next 11 pages list all of the enacted bills by committee. We also list the dead bills on pages 17-19. Finally, we highlight some of the more important bills by placing them in boxes.

Insurance Committee (18 new laws)

LD 227 - *An Act Regarding Health Care In The State*

PL 2023, Chapter 648

The law provides protections to persons who seek, health care practitioners who provide and those who assist health care practitioners in providing health care services to transgender patients and reproductive health care services.

LD 796 - *An Act Concerning Prior Authorizations For Health Care Provider Services*

PL 2023, Chapter 680

This law does the following:

In Part A, it permits a provider that is actively treating an enrollee to act as an authorized representative of an enrollee for purposes of grievances and appeals of health insurance carrier decisions without requiring prior written authorization from the enrollee. The law requires that a provider must notify an enrollee at least 14 days prior to filing a grievance or appeal and within 7 days after filing a grievance or appeal or withdrawing a grievance or appeal and also permits an enrollee to affirmatively object to the provider's action.

It requires carriers to allow prior authorization approvals to be effective for a 2-week period before and after the date scheduled for service.

It also prohibits carriers from denying claims for nonemergency services that were within the scope of the enrollee's coverage pending medical necessity review and prohibits carriers from imposing a penalty of more than 15% of the contractually allowed amount for the services that required prior authorization approval on the provider for failing to obtain a prior authorization.

It prohibits carriers from making determinations of medical necessity based on whether those services are provided by participating or nonparticipating providers.

If a patient needs immediate post-evaluation or post-stabilization services, a carrier is prohibited from requiring prior authorization for those services provided during the same encounter. If post-evaluation or post-stabilization services necessitate inpatient care, a carrier is permitted to impose prior authorization for those services but carriers are required to respond to the prior authorization request within 24 hours. If the provider does not receive a

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determination from the carrier within 24 hours, the care is deemed approved until the carrier affirmatively notifies the provider otherwise.

The requirements of Part A apply to all policies, contracts or certificates executed, delivered, issued for delivery, continued or renewed on or after January 1, 2025.

Part B requires carriers to report certain information related to prior authorization determinations and also requires the Bureau of Insurance to annually report aggregate data for carriers, including posting information on the bureau's publicly accessible website.

Part B also requires the Superintendent of Insurance to collect data related to prior authorization determinations for calendar years 2021, 2022 and 2023 from health insurance carriers. It requires the superintendent to report this information to the Insurance Committee no later than January 15, 2025.

LD 1407 - An Act To Amend The Maine Insurance Code Regarding Payments By Health Insurance Carriers To Providers

PL 2023, Chapter 574 (Note: MHA Bill)

As enacted, this law makes the following changes to the Maine Insurance Code:

1. It provides that a health insurance carrier may file notice of a proposed amendment to a calendar year provider agreement only 4 times per year on January 1st, April 1st, July 1st and October 1st, except for changes in response to a requirement of the State or Federal Government or due to a change in current procedural terminology codes used by the American Medical Association.
2. It requires a health insurance carrier in certain cases to include an estimate of any adverse financial impact on participating providers as part of a notice of an amendment to a provider agreement if the change is to a reimbursement policy.
3. It requires a health insurance carrier to provide to the participating provider both a clean and a marked-up copy of the provider agreement, manual, policy or procedure document being changed.
4. It restricts the authority of a health insurance carrier in certain cases to retroactively deny a previously paid claim to no later than 36 months from the date of the claims payment.

LD 1498 - An Act To Create A Liaison Program And Complaint Process Within The Bureau Of Insurance For Independent Health Care Providers

PL 2023, Chapter 590

As enacted, this law requires the Bureau of Insurance to establish a liaison program to assist independent health care providers and to establish a process to receive and investigate provider complaints. The law limits the scope of certain services to be provided by the bureau to an independent health care practitioner or group of independent health care practitioners with 6 or fewer health care practitioners and does not include a health care practitioner or group of health care practitioners that is owned or operated, in whole or in part, by a hospital or health system.

Under the liaison program, the law requires the bureau to assist independent health care providers in obtaining information about health insurance laws and rules and to receive concerns regarding regulatory or compliance issues that may have a market-wide impact.

The law also requires the bureau to establish a process to receive and investigate complaints from independent health care providers regarding an alleged violation of any insurance law or rule and also authorizes the bureau to

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receive and investigate complaints from other providers. The law makes clear that the bureau is not authorized to act as a legal representative of a provider or to provide assistance with contract negotiations or interpretations of the terms of contracts between providers and carriers in any manner through the liaison program or complaint process.

LD 1533 – An Act To Provide For Consistent Billing Practices By Health Care Providers

PL 2023, Chapter 521

As enacted, the law requires that claims for facility services that are submitted for payment or reimbursement to nonprofit hospital or medical service organizations, nonprofit health care plans, administrators, insurers or health maintenance organizations must identify the physical location where services are rendered.

LD 1740 – An Act To Protect A Patient's Access To Affordable Health Care With Timely Access To Health Care Prices

PL 2023, Chapter 584

As enacted, this law essentially attempts to incorporate federal provisions into state law.

Part A does the following:

Upon request of an uninsured or self-pay patient, it requires health care entities to provide a good faith estimate of the cost of medical services to be rendered directly by that health care entity during a single medical encounter. It requires the information to be provided within the following time frames:

1. When a medical encounter is scheduled at least 3 business days in advance or when a patient is seeking urgent care, the estimate must be provided no later than one business day after the date of scheduling or the date of the request;
2. When a medical encounter is scheduled at least 10 business days before in advance, the estimate must be provided no later than 3 business days after the date of scheduling; or
3. In all other circumstances, the estimate must be provided no later than 3 business days after the date of the request.

It requires the health care entity to separately disclose the prices for each component of medical services, including any facility fees or fees for professional services, and the procedure codes for those services. It requires health care entities to post notice on prominent display of a patient's right to request this information and include the notice in a patient's written consent to treatment form that must be signed prior to receiving health care treatment or services.

For insured patients, it requires health care entities to provide a description of the medical services to be rendered during a single medical encounter and the applicable standard medical codes or current procedural terminology codes and to notify the patient that the information can be used to obtain an estimate of the patient's out-of-pocket costs from the patient's health insurance carrier. It requires health insurance carriers to respond to requests from a patient for an estimate of out-of-pocket costs based on the description of the medical services and the codes provided by the patient's health care entity.

It prohibits a health care entity from initiating or pursuing any collection action against an uninsured or self-pay patient for items or services provided on a date the health care entity has provided those items or services to a patient unless the health care entity provided a good faith estimate to a patient that requested an estimate. The prohibition on collection action does not extend to insured patients.

Part B does the following.

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1. It requires that hospitals comply with the price transparency requirements established in 45 Code of Federal Regulations, Part 180, Subparts A and B as in effect on January 1, 2024.
2. It requires a hospital to provide price transparency data in a standardized format as established by rule by the Maine Health Data Organization.
3. It provides that a hospital that fails to comply with the price transparency requirements established by the Maine Health Data Organization may be subject to a fine for noncompliance.

LD 1832 - *An Act To Continue The Study Of Community Paramedicine And To Make Changes Related To Health Insurance Coverage And Prior Authorization Requirements For Certain Ambulance Service Providers*

PL 2023, Chapter 591 [Study Bill]

As enacted, this law re-enacts a provision enacted by the 130th Legislature and repealed October 1, 2021 that clarifies the reimbursement rate to be paid to out-of-network ambulance service providers for covered emergency services. The law prohibits a health insurance carrier from requiring an air ambulance service provider to obtain prior authorization before transporting an enrollee to a hospital or between hospitals for urgent care. The law also authorizes the Insurance Committee to report out legislation in 2025 related to reimbursement by health insurance carriers for health care services provided by community paramedicine personnel.

LD 2043 - *An Act To Add The State Of Maine To The Compact For Licensing Physician Assistants*

PL 2023, Chapter 670

This law enacts the Physician Assistants Licensure Compact, which provides a mechanism to facilitate interstate practice by licensed physician assistants in order to improve public access to the services of physician assistants. The form, format and text of the Physician Assistants Licensure 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 Physician Assistants Licensure Compact that is enacted by other participating states.

LD 2057 - *An Act to Require the State Board of Examiners of Psychologists and the Board of Examiners in Physical Therapy to Obtain Fingerprint-based Federal Bureau of Investigation Criminal Background Checks for Applicants for Licensure*

PL 2023, Chapter 506

As enacted, this law requires the State Board of Examiners of Psychologists and the Board of Examiners in Physical Therapy to obtain national and state fingerprint-based criminal history record information for certain applicants for initial licensure and licensure by endorsement by each board.

LD 2082 - *An Act To Provide Greater Transparency About The Cost Of Insulin And To Promote The Availability Of Low-cost Insulin In The State*

PL 2023, Chapter 610

The law requires a manufacturer of insulin to notify the Maine Health Data Organization no later than February 15th of each year of the wholesale acquisition cost for the insulin produced by the manufacturer in each category of insulin.

New Laws

LD 2096 - An Act To Ensure Access To Pain Management Services In Health Insurance Plans

PL 2023, Chapter 661

As enacted, the law requires health insurance carriers to develop a plan to provide adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, nonopioid, nonnarcotic pain management services and nonmedication pain management services that serve as alternatives to the prescribing of opioid or narcotic medication. Carriers are required to file their plans with the Bureau of Insurance for approval. The bureau must consider the adequacy of access to a broad spectrum of pain management services under a carrier's plan and whether any policies adopted by the carrier may create unduly preferential coverage of and access to prescribed opioids for pain management without consideration of other pain management services. The amendment requires a carrier to distribute educational materials to network providers about the carrier's pain management access plan and to post information about the carrier's pain management access plan on the carrier's publicly accessible website. The requirements apply to health plans issued or renewed on or after January 1, 2026.

LD 2114 – Resolve, Directing The Superintendent Of Insurance To Collect Data From Health Insurers Related To Prescription Drug Coverage Of Generic Drugs And Biosimilars

Resolves 2023, Chapter 177

As enacted, this resolve directs the Superintendent of Insurance to request data from health insurance carriers related to each carrier's placement of generic drugs and biosimilars on the carrier's prescription drug formulary, including whether a generic drug or biosimilar is available on the carrier's formulary with a lower out-of-pocket cost to an enrollee than the brand drug to which the generic drug or biosimilar is equivalent and whether the carrier imposes any limitation on coverage of a generic drug or biosimilar or imposes a restriction on a pharmacy that makes it more difficult for an enrollee to obtain coverage of or access to a generic drug or biosimilar than the brand drug to which the generic drug or biosimilar is equivalent. The amendment requires the Superintendent of Insurance to report on the data submitted by the carriers as requested, together with any findings or recommendations of the superintendent, no later than February 15, 2025. The Insurance Committee may report out a bill to the 132nd Legislature in 2025 based on the report.

LD 2115 - An Act To Prohibit Unfair Practices Related To The Collection Of Medical Debt

PL 2023, Chapter 663

As enacted, the law does the following:

1. It prohibits "debt collectors" from charging any interest on debt or fees in connection with the collection of debt that the debt collector knows is medical debt.
2. It prohibits "debt collectors" from pursuing litigation to compel payment of medical debt without providing proof that the consumer was sent a written notice indicating that litigation may not be pursued when the debt collector or collection agency knows the consumer's household income is not more than 300% of the federal poverty guidelines, as defined by the federal Office of Management and Budget and revised annually, and the debt collector or collection agency provided the consumer with at least 30 days to provide evidence that the consumer's household income is not more than 300% of the federal poverty guidelines.
3. It prohibits "debt collectors" from making false, deceptive or misleading representations when attempting to collect debt that the debt collector or collection agency knows is medical debt or to obtain information

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about a consumer in relation to an attempt to collect medical debt that interest will accumulate on the debt principal, that a fee will be charged in connection with the debt or that the debt collector will pursue litigation to compel payment of the debt.

LD 2126 – *An Act Relating To Delegation Of Nursing Activities And Tasks To Unlicensed Assistive Personnel By Registered Professional Nurses*

PL 2023, Chapter 592

This law authorizes the delegation of specific nursing activities and tasks by a nurse to unlicensed assistive personnel, but preserves the authority of a nurse, in the exercise of the nurse's professional judgment, to refuse to delegate specific nursing activities and tasks in any care setting. The law also specifies that the authorization to delegate may not be construed to require a nurse to delegate, or permit a person to coerce a nurse into delegating, specific nursing activities and tasks against the nurse's professional judgment. The law defines "unlicensed assistive personnel" and requires the State Board of Nursing to adopt major substantive rules concerning delegation.

LD 2140 - *An Act To Enact The Interstate Social Work Licensure Compact*

PL 2023, Chapter 674

This law enacts the Social Work Licensure Compact to facilitate the interstate practice of regulated social workers by improving public access to competent social work services. The compact preserves the regulatory authority of a state to protect public health and safety through that state's current system of state licensure and promote mobility and address workforce shortages by eliminating the necessity for licenses in multiple states by providing for the mutual recognition of other member state licenses. The changes made to the compact by the law are technical in nature, and the law specifies that it is the intent of the Legislature that this compact be interpreted as substantively the same as the Social Work Licensure Compact that is enacted by other member states.

LD 2156 – *An Act To Authorize The Provision Of Emergency Medical Treatment For Certain Dogs*

PL 2023, Chapter 857

This law authorizes licensed emergency medical services personnel to provide emergency medical treatment to law enforcement dogs and search and rescue dogs in accordance with protocols adopted by the Medical Direction and Practices Board and specifies that licensed emergency medical services personnel may provide emergency medical treatment to these dogs notwithstanding the Maine Veterinary Practice Act as long as emergency medical treatment is provided in accordance with the protocols. It also requires the Medical Direction and Practices Board to consult with an individual with expertise in emergency veterinary medicine, designated by the State Board of Veterinary Medicine, when adopting or amending protocols for providing emergency medical treatment to law enforcement dogs or search and rescue dogs.

LD 2165 – *Resolve, Regarding Legislative Review Of Portions Of Chapter 270: Uniform Reporting System For Quality Data Sets, A Major Substantive Rule Of The Maine Health Data Organization*

Resolves 2023, Chapter 138 [Emergency Legislation—Effective Date March 12, 2024.]

This resolve adopts amendments including a new UTI measure for nursing homes; a measure for hospitals related to antimicrobial utilization resistance (AUR) and a patient identification modifier for both nursing homes and hospitals to report.

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LD 2271 – *An Act To Implement The Recommendations Of The Task Force To Evaluate The Impact Of Facility Fees On Patients To Improve Facility Fee Transparency And Notification*

PL 2023, Chapter 672

The law requires a health care entity to post notice in a location readily accessible to patients, including patient waiting areas, and on the entity's publicly accessible website if the health care entity is a hospital-based facility that is part of a hospital or health system and whether a facility fee will be charged for receiving services. The law also requires the Maine Health Data Organization to post information on its publicly accessible website relating to facility fees to educate the public about what facility fees are and the circumstances when facility fees may or may not be charged in association with the delivery of health care services.

Health and Human Services Committee (9 new laws)

LD 299 - *An Act To Correct Language Related To Medicaid Coverage For Children*

PL 2023, Chapter 36

As enacted, this law updates language in the laws regarding Maine's federally approved state plan for Medicaid and the Children's Health Insurance Program by making the following modifications to statutory language.

1. It removes the Children's Health Insurance Program references to higher family income and lower family income limits for infants and children under 19 years of age to provide the department with future flexibility to maximize funding sources through the Children's Health Insurance Program.
2. It standardizes language for Medicaid coverage for persons 19 and 20 years of age to be consistent with current policy.
3. It changes the name of the Cub Care program to the Children's Health Insurance Program.

LD 435 - *Resolve, To Require The Department Of Health And Human Services To Report On Children's Residential Treatment Services And Implementation Of The Department's Strategic Priorities For Children's Behavioral Health Services*

Resolves 2023, Chapter 158 [Emergency Measure—Effective March 28, 2024] [Study Bill]

As enacted, this Resolve requires the Department of Health and Human Services to review relevant data and conduct an analysis on the capacity, occupancy and availability of and access to children's residential treatment services in the State and the residential treatment services located outside of the State that are being provided to children who normally reside in this State. By January 2, 2025, the department must submit to the Legislature a report summarizing the data and results of the analysis of children's residential treatment services, an update on the department's progress in implementing its strategic priorities developed in 2019 to implement the children's behavioral health services plan for Maine developed by the department's Office of Child and Family Services and a summary of the department's current priorities to ensure the availability, quality and consistency of and access to behavioral health care services for children.

LD 2009 - *Resolve, to Establish a Stakeholder Group to Address the Problem of Long Stays for Children and Adolescents in Hospital Emergency Departments*

Resolve 2023, Chapter 134 [Emergency Measure—Effective March 6, 2024] [Study Bill]

As enacted, this Resolve requires DHHS to convene a stakeholder group to address the problem of children and

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adolescents experiencing long stays in hospital emergency departments after the children and adolescents are medically stable and no longer require medical treatment but appropriate community or residential placements are not available. The Commissioner of Health and Human Services must appoint the members of the stakeholder group, which must include representatives from offices within the department and organizations dealing with child welfare, behavioral health and medicine in addition to affected parents and other interested parties. The department must submit a report to the HHS Committee no later than November 6, 2024.

LD 2050 - *An Act To Expand Accreditation Options For Laboratories That Conduct Blood-alcohol Or Drug Testing*

PL 2023, Chapter 498

Under current law, a laboratory certified under the federal Clinical Laboratory Improvement Amendments of 1988 may test blood samples to determine blood-alcohol level or the presence of a drug or drug metabolite. This law adds an additional accreditation option for laboratories.

LD 2055 - *An Act To Delay Implementation Of Electronic Visit Verification For Hospice Providers Within The Mainecare Program*

PL 2023, Chapter 576

As enacted, this law replaces the bill and changes the title. It makes rules regarding electronic visit verification for providers offering hospice services under the MaineCare program major substantive rules, prohibits DHHS from implementing electronic visit verification earlier than March 1, 2025 and directs the department by February 1, 2025 to report to the HHS Committee on efforts to combat fraud, waste and abuse in the delivery of hospice services, to include in the report information on federal initiatives that include Medicaid hospice providers and to make recommendations regarding the application of electronic visit verification to hospice services under the MaineCare program.

LD 2082 - *Resolve, To Review The Timeliness Of Contract Payments By The Department Of Health And Human Services*

Resolves 2023, Chapter 182

The resolve requires DHHS to review the timeliness of payments made to grantees of contracts awarded by the office within the department responsible for the provision of behavioral health services and housing assistance programs in fiscal year 2023-24 and in fiscal year 2024-25 through December 2024. It requires the department to identify the reasons for any delays of payments and to compile its data into a report. It requires the department to review its process for the payment of late fees in accordance with statute and to provide written guidance to grantees of contracts regarding the process to request payment of late fees.

LD 2083 – *Resolve, Directing The Department Of Health And Human Services To Establish A Stakeholder Group To Study Timely Access To Psychiatric Medication Management Services Across The State*

Resolves 2023, Chapter 157 [Study Bill]

This law directs DHHS to convene a stakeholder group to study access to psychiatric medication management services in the State. The study must examine the availability of psychiatric medication management services, including a review of geographic and other disparities in access, the availability of psychiatric nurse practitioners to provide medication management and challenges to sustaining and expanding the psychiatric nurse practitioner workforce. It directs the department to report to the HHS Committee no later than February 1, 2025 on the study.

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LD 2139 - *An Act To Add Schedule V Substances To The Controlled Substances Prescription Monitoring Program*

Resolves 2023, Chapter 544

This law expands the required reporting on controlled substances under the Controlled Substances Prescription Monitoring Program to include drugs, substances and chemicals listed in the federally determined Schedule V. Schedule V drugs, substances and chemicals consist of preparations containing limited quantities of certain narcotics and are generally used for antidiarrheal, antitussive and analgesic purposes.

LD 2153 – *An Act To Clarify Mainecare Copayments*

PL 2023, Chapter 546

This law amends the laws authorizing MaineCare member copayments. It removes references to certain service categories subject to copayments, prohibits copayments for community-based behavioral health and primary care services, clarifies the list of service categories subject to copayments and provides the Department of Health and Human Services authority to set copayment amounts.

Labor Committee (2 new laws)

LD 372 - *An Act To Increase Enforcement And Accountability For Wage Violations*

PL 2023, Chapter 651

The law allows the Director of the Bureau of Labor Standards within the Department of Labor to order an employer, officer, agent or other person to pay unpaid wages determined to be due as well as an additional amount equal to twice the amount of unpaid wages as liquidated damages and a reasonable rate of interest. It requires the Attorney General to institute a civil action to recover any unpaid wages, liquidated damages and interest, along with the fine as in current law. It clarifies that an employee may not receive payment more than once for the same unpaid wages and liquidated damages owed to the employee. It also provides that the Department of Labor is authorized to receive the unpaid wages, liquidated damages and interest on behalf of an employee, which the director must pay to the employee.

LD 1896 - *Resolve, Directing The Workers' Compensation Board To Analyze Data On The Adequacy Of Certain Maine Workers' Compensation Benefits*

Resolve 2023, Chapter 139

As enacted, this law replaces the bill with a resolve directing the Workers' Compensation Board to collect data from insurers, third-party administrators, group self-insurers and self-insured employers and to analyze that data to make recommendations to the Labor Committee on the adequacy of workers' compensation benefits to claimants under the Maine Revised Statutes, Title 39-A, sections 212, 213 and 215. It also requires the board to provide monthly updates to the Labor Committee and submit a final report no later than August 16, 2025.

Judiciary Committee (4 new laws)

LD 870 - *An Act To Strengthen Freedom Of Speech Protections By Enacting The Uniform Public Expression Protection Act*

PL 2023, Chapter 626

New Laws

This law expands Maine's protections against strategic lawsuits against public participation to include protection for any statement in connection with an issue of public interest made in a public forum or other place open to the public and any statement made in a media publication. It is very broadly worded and may also protect defamatory comments in some contexts.

LD 2192 - *Resolve, To Ensure That The Independent Commission To Investigate The Facts Of The Tragedy In Lewiston Has Necessary Authority To Discharge Its Fact-finding Mission*

Resolve 2023, Chapter 129

This resolve authorizes the Independent Commission to Investigate the Facts of the Tragedy in Lewiston to issue subpoenas to compel the testimony of witnesses and the production of documents until July 1, 2024. It also authorizes the independent commission to request and receive records in the possession of any state agency or instrumentality that it determines are necessary to fulfill the independent commission's fact-finding mission, including confidential records and records not otherwise subject to public disclosure.

LD 2224 - *An Act To Strengthen Public Safety By Improving Maine's Firearm Laws And Mental Health System*

PL 2023, Chapter 674

This is the Governor's proposal for gun reform.

1. **POSSESSION.** It provides that a person may not own, possess or have under that person's control a firearm if that person is a restricted person under an order issued by another jurisdiction that is similar to an extreme risk protection order in this State.
2. **GUN SALES.** It provides that a person may not recklessly sell or transfer a firearm to a person who is prohibited from owning, possessing or having under that person's control a firearm.
3. **GUN SALES.** It changes the classification of the crime of recklessly, knowingly or intentionally selling or transferring a firearm to a person who is prohibited from owning, possessing or having under that person's control a firearm from a Class D to a Class C crime.
4. **GUN SALES.** It provides that a seller who is not a federally licensed firearms dealer and may not complete the transaction unless the seller facilitates the transaction through a federally licensed firearms dealer. The dealer must perform a background check of the putative buyer by using the National Instant Criminal Background Check System as if the dealer were the seller of the firearm that is the subject of the transaction.
5. **YELLOW FLAG CHANGES.** It provides that if a law enforcement officer is unable to take a person into protective custody to conduct an assessment in connection with an extreme risk protection order, the law enforcement officer may apply for a protective custody warrant. The officer must submit an affidavit of probable cause for a protective custody warrant to a Justice of the Superior Court or a Judge of the District Court who must issue a protective custody warrant where appropriate and promptly transmit that warrant to the officer for execution; probable cause to believe that the person possesses, controls or may acquire a dangerous weapon; and that the officer has made reasonable attempts to take the person into custody without a warrant. It also provides that an assessment performed in connection with an extreme risk protection order may be facilitated using telehealth technology. It changes the required timing of certain events related to an extreme risk protection order. It changes the crime of possession of a dangerous weapon by a restricted person from a Class D to a Class C crime.
6. **DATA COLLECTION.** It requires the Department of Health and Human Services to provide injury and violence

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prevention programs, including data collection, synthesis and evaluation.

7. MORE CRISIS CENTERS. It requires DHHS to plan for and assist a statewide network of crisis receiving centers to provide immediate and short-term mental health and substance use disorder crisis stabilization services.

LD 2238 – *An Act To Address Gun Violence In Maine By Requiring A Waiting Period For Certain Firearm Purchases*
PL 2023, Chapter 678

As enacted, this law requires a 72-hour waiting period between an agreement for the purchase and sale of a firearm and the delivery of that firearm. Certain exemptions, such as the sale to a federally licensed firearm dealer or a law enforcement officer, are specified as well as exceptions if the sale is between family members, if the firearm being sold is a curio, relic or antique firearm or if the sale does not require a background check under federal or state law.

Other Committees (5 new laws)

LD 1537 – *An Act To Amend The Laws Relating To The Prevention Of PFAS Pollution*
PL 2023, Chapter 630.

This 12-page law makes a number of substantial changes to Maine's PFAS law. It essentially eases the regulatory burden on industry in a number of ways to numerous to summarize here.

LD 1815 - *An Act To Increase Penalties For Violations Of The Law Governing Monopolies And Profiteering*
Resolve 2023, Chapter 538.

As enacted, this law increases the cap on monetary penalties from \$100,000 to \$250,000 for violations of provisions of law relating to antimonopoly provisions. It also clarifies that the State may recover equitable monetary relief in proceedings related to antitrust violations.

LD 2021 - *An Act To Clarify The Laws Regarding Pharmaceutical Product Stewardship*
Resolve 2023, Chapter 504

As enacted, this law clarifies that the entity that manufactures a drug is the regulated entity under the drug take-back stewardship program and that retailers are not regulated as manufacturers of generic drugs.

LD 2046 – *An Act Regarding The Placement Of Certain Defendants Found Incompetent To Stand Trial*
PL 2023, Chapter 600

As enacted, this law extends until July 1, 2027, the authorization for the Commissioner of Corrections to accept the placement of an adult defendant in a mental health unit of a correctional facility when the adult defendant has been found incompetent to stand trial and has been committed to the custody of the Commissioner of Health and Human Services. A stakeholder group must be formed to review the issue and submit a report before 2027.

LD 2071 - *Resolve, To Fill All Vacant And Expired Seats On The Emergency Medical Services' Board*
Resolves 2023, Chapter 154 [Emergency Measure—Effective March 26, 2024]

This resolve requires the Governor to appoint members to the Emergency Medical Services' Board to fill all vacancies and replace those members whose terms have expired within 30 days of the effective date of the resolve.

Dead Bills

Eighty of the bills we followed were not enacted during the second session. Some could be revived if the Legislature were called back into special session (which is not expected at this time). **Notable bills in red.**

LD 132 - An Act To Require Health Insurance Carriers To Provide Coverage For Blood Testing For Perfluoroalkyl And Polyfluoroalkyl Substances

LD 208 - An Act To Require Mainecare Assessments For Children

LD 223 - Resolve, Directing The Department Of Health And Human Services To Amend Mainecare Rules Regarding Pharmacy Services

LD 225 - An Act Regarding Reimbursement To Hospitals For Patients Awaiting Placement In Nursing Facilities

LD 251 - Resolve, To Classify Employee Health Insurance As A Fixed Cost For Mainecare Reimbursement In Nursing Facilities

LD 307 - An Act To Lower The State's Health Care Costs

LD 321 - An Act To Create A Bill Of Rights For Temporary Workers

LD 324 - An Act To Prevent The Wrongful Firing Of Maine Workers

LD 353 - An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention And Education

LD 361 - Resolve, To Review Mainecare Reimbursement For Electronic Consultation Services

LD 373 - An Act To Ensure Employer And Employee Harmony In Clean Energy Development Projects

LD 445 - Resolve, Directing The Department Of Health And Human Services To Apply For A Waiver From The Federal Government For The Medicaid Limitation On Payment To A Facility With More Than 16 Inpatient Beds For Psychiatric Treatment

LD 472 - An Act To Support Certified Community Behavioral Health Clinic Projects

LD 513 - An Act Regarding Overtime Protections For Certain Salaried Employees

LD 663 - An Act To Require Health Insurance Coverage For Pediatric Autoimmune Neuropsychiatric Disorders Associated With Streptococcal Infections And Pediatric Acute-onset Neuropsychiatric Syndrome

LD 738 - An Act To Establish A Paid Family And Medical Leave System

LD 741 - An Act To Prohibit Certain Training Repayment Agreements By Employers

LD 780 - Resolution, Proposing An Amendment To The Constitution Of Maine To Protect Reproductive Autonomy

LD 821 - Resolve, To Improve Access To Neurobehavioral Services

LD 840 - An Act To Support Individuals With Personality Disorder Or Disorders Associated With Primary Emotional Dysregulation By Requiring Reimbursement Under The Mainecare Program

LD 904 - An Act Supporting The Rural Health Care Workforce In Maine

LD 906 - An Act To Ensure Physicians Receive Full Diagnostic Test Data Concerning Tick-borne Diseases

LD 936 - An Act To Require Employers To Disclose Pay Ranges And Maintain Records Of Employees' Pay History

LD 938 - An Act To Assist Nursing Homes In The Management Of Facility Beds

LD 949 - An Act To Protect Workers From Employer Surveillance

LD 997 - Resolve, To Reduce Workforce Barriers For Mental Health Professionals In Maine

LD 1009 - An Act Regarding The Reduction And Recycling Of Food Waste

LD 1010 - An Act To Provide Tax Relief For Working Families

LD 1161 - An Act To Fund Free Health Clinics

Dead Bills

- LD 1165** - An Act To Enhance Cost Savings To Consumers Of Prescription Drugs
- LD 1184** - An Act Regarding Sales And Use Tax Exemptions For Durable Medical Equipment, Breast Pumps And Mobility Enhancing Equipment
- LD 1190** - An Act To Require Minimum Pay For Reporting To Work
- LD 1205** - An Act Regarding The Scope Of Practice Of Certified Professional Midwives And Certified Midwives
- LD 1222** - An Act To Expand Child Care Services Through An Employer-supported Tax Credit
- LD 1224** - Resolve, Directing The Department Of Health And Human Services To Seek Federal Approval For Reimbursement Of Community-based Mobile Crisis Intervention Services
- LD 1236** - Resolve, To Increase The Provision Of Children's Behavioral Health Services In Rural Areas To Provide Support For Families Of Children Receiving Services
- LD 1304** - Resolve, To Establish The Task Force To Study Barriers To Achieving Behavioral Health Integration And Parity
- LD 1305** - Resolve, To Design And Implement A Community-based Model Of Care For Adolescent Mental Health
- LD 1494** - An Act To Help Address The Worker Shortage In Behavioral Health Care Services By Allowing Provisional Licensure And Providing For Reimbursement For Out-of-state Licensees
- LD 1496** - An Act To Restrict Noncompete Clauses
- LD 1506** - Resolve, Directing The Department Of Health And Human Services To Study The Scarcity Of Licensed Clinical Behavioral Health Professionals Across The State
- LD 1515** - An Act To Implement The Recommendations Of The Blue Ribbon Commission To Study Emergency Medical Services In The State
- LD 1575** - An Act To Promote Quality And Innovation In Nursing And Residential Care Facilities
- LD 1577** - An Act To Require Health Insurance Coverage For Biomarker Testing
- LD 1639** - An Act To Address Unsafe Staffing Of Nurses And Improve Patient Care
- LD 1705** - An Act To Give Consumers Control Over Sensitive Personal Data By Requiring Consumer Consent Prior To Collection Of Data
- LD 1751** - Resolve, To Direct The Department Of Health And Human Services To Explore The Feasibility Of An Ambulance Service Assessment Fee
- LD 1792** - Resolve, To Establish The Rural Health Services Task Force
- LD 1797** - An Act To Expand Maine's Health Care Workforce By Expanding Educational Opportunities
- LD 1827** - Resolve, To Establish The Blue Ribbon Commission To Make Recommendations On The Continuum Of Long-term Care Options
- LD 1829** - An Act To Direct The Maine Prescription Drug Affordability Board To Assess Strategies To Reduce Prescription Drug Costs And To Take Steps To Implement Reference-based Pricing
- LD 1902** - An Act To Protect Personal Health Data
- LD 1914** - Resolve, To Establish The Commission To Study Pathways For Creating A Psilocybin Services Program In Maine
- LD 1955** - An Act To Require Hospitals To Provide Accessible Financial Assistance For Medical Care
- LD 1973** - An Act To Enact The Maine Consumer Privacy Act
- LD 1977** - An Act To Enact The Maine Data Privacy And Protection Act

Dead Bills

- LD 1990** - Resolve, To Establish The Commission To Evaluate The Requirements For Licensing Of Social Workers
- LD 2075** - An Act To Protect Health Care Workers From HIV
- LD 2077** - Resolve, To Study The Role Of Natural Gas In An Equitable Clean Energy Transition For Maine
- LD 2100** - An Act To Require The Reporting Of Alpha-gal Syndrome To The Maine Center For Disease Control And Prevention
- LD 2105** - Resolve, To Protect And Enhance Access To Behavioral Health Services In Androscoggin County And Surrounding Communities
- LD 2122** - An Act To Create Parity In The Licensing Of Emergency Medical Services Professionals And Other Health Care Professionals Who Enter Private Residences
- LD 2123** - An Act Regarding Licensure Of Emergency Medical Services Persons
- LD 2125** - An Act To Establish The Alzheimer's Disease And Other Dementias Advisory Council Within The Department Of Health And Human Services And To Require A State Plan To Address Alzheimer's Disease And Other Dementias
- LD 2129** - An Act To Establish A Statewide Sexual Assault Forensic Examination Kit Tracking System And Conduct An Inventory Of Existing Forensic Examination Kits In The Possession Of Law Enforcement
- LD 2151** - An Act Regarding The Cost Of Copies Of Medical Records
- LD 2174** - An Act To Protect Consumers From Predatory Medical Credit Card Providers
- LD 2175** - An Act To Improve Access To Affordable Prescription Drugs In Underserved Areas
- LD 2200** - Resolve, To Attract And Retain Behavioral Health Clinicians
- LD 2211** - An Act Regarding Quality Of Care And The Board Of Trustees At The Maine Veterans' Homes
- LD 2217** - Resolve, To Require The Department Of Health And Human Services To Amend Its Mainecare Reimbursement Rules To Provide Reimbursement To Veterans' Facilities On A Per Resident Basis
- LD 2223** - Resolve, To Direct The Department Of Health And Human Services To Amend Rules And Establish A Study Group Related To Funding And Reimbursement For Mental Health Crisis Resolution Services
- LD 2237** - An Act To Strengthen Public Safety, Health And Well-being By Expanding Services And Coordinating Violence Prevention Resources
- LD 2243** - Resolve, To Expedite And Improve Reimbursement To Certain Private Nonmedical Institutions
- LD 2249** - An Act To Protect The Fund For A Healthy Maine
- LD 2255** - Resolve, To Reestablish The Task Force On Accessibility To Appropriate Communication Methods For Deaf And Hard-of-hearing Patients
- LD 2267** - An Act To Implement The Recommendations Of The Commission Regarding Foreign-trained Physicians Living In Maine To Support International Medical Graduates In Securing Employment
- LD 2268** - An Act To Implement The Recommendations Of The Commission Regarding Foreign-trained Physicians Living In Maine To Establish A Sponsorship Program For Foreign-trained Physicians
- LD 2283** - An Act To Enact The Crisis Intervention Order Act To Protect The Safety Of The Public
- LD 2287** - Resolve, To Fully Fund Nursing Homes



Maine Hospital Association

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